

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

**February 13, 2026
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, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Holly Brink, Gina Maniaci, Kristi Chittenden, Tasha Kuklewski, Kim Davis, Casey Olson, Helen Dobb, Gina Kim, Amber Berndt, Michelle Lyons, Mickey Wallace, Lea Streblov, Stephanie Bowen, Rachel Rowell

MINUTES

It was moved by Mr. Weerstra, seconded by Mr. Hardy, to approve the minutes of the February 13, 2026 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest policy and procedure for Assisted Outpatient Treatment Resolution effective April 20, 2026

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Policy and procedure for Medication Management effective April 20, 2026.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Ms. Anthony, Director of Health Information Services, provided CCBHC summary updates.

DIRECTOR'S COMMENTS

There was no Director's comments.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:20 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb



PROGRAM AND PERSONNEL COMMITTEE

Friday, April 3, 2026
8:00 a.m.

376 E. Apple Ave., Muskegon, MI 49442

<https://healthwest.zoom.us/j/94259223301?pwd=1jL64lYh445eFUkwvH4v06Q4ahLLjl.1>

Webinar ID: **942 5922 3301** Passcode: **997543**

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, February 13, 2026
(Attachment #1 – pg. 1-3) Action
- 4) Public Comment (on an agenda item)
- 5) Items for Consideration
 - A) Authorization to Approve the HealthWest Policy and
Procedure for Assisted Outpatient Treatment Action
(Attachment #2 – pg. 4-13)
 - B) Authorization to Approve the HealthWest Policy and
Procedure for Medication Management Action
(Attachment #3 – pg. 14-19)
- 6) Old Business
- 7) New Business
- 8) Communication
 - A) HealthWest CCBHC Summary Update: Information
Linda Anthony, Director of Health Information Services
(Attachment #4 – pg. 20-31)

Main Office

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9) Audience Participation / Public Comment

10) Adjournment

Action

/hb

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

**February 13, 2026
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, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Anissa Goodno, D Bora Wilson, Joseph Marshak, Patty Mapes, Laura Ritchie, Amber Pickard, Gina Kim, Tony Huston, Rachel Hindman, Amber Berndt, Brandon Baskin, Stephanie Baskin, Amy Adamos, Amie Bakos, Evan Slayton, Michelle Lyons, Lauren Thomas, Sandy Kotecki

MINUTES

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the December 5, 2025 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest policy and procedural for Provider Dispute Resolution effective March 1, 2026

MOTION CARRIED.

It was moved by Ms. Vazquez, seconded by Mr. Hardy, to approve the HealthWest Use of Artificial Intelligence Policy.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

The Intellectual Developmental Disabilities Teams presented program overviews and updates.

DIRECTOR'S COMMENTS

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

- **CSU Update:**
We are continuing to pursue the feasibility of starting a CSU for Muskegon County. We continue to have ongoing meetings with Trinity Health leadership to evaluate how we can start one. Four of our staff members met with Trinity onsite, at a possible location for a CSU on 125 Southern. The old Hackley location and current location of Trinity Behavioral Health. Initial impression of the location is that it would work well but may need renovations to implement the various requirements of CSU standards per the administrative rules currently in draft form.
- **Legislative Update: CCBHC**
Linda Anthony and I attended a small workgroup (2.12.2026) along with other CCBHCs around the state to discuss legislative language proposal to ensure the CCBHC program is sustainable, improved and maintained. CMHA is working with this workgroup to propose this new language. The group has solicited data from CCBHCs to be used as advocacy material to provide information to Legislators on the efficacy and success of CCBHCs. HW has submitted data for this effort and initiative. There will be a hearing on March 5th regarding CCBHC and this group will be sending a couple individuals from this workgroup to speak and report to legislators.
- **Leadership Training:** HW is committed to training our staff in becoming better leaders. One of the efforts is getting our managers and supervisors through High-Performance Leadership Training. In addition, HW is in the process of getting approval for a "Crucial Conversations" training for staff. This training will allow staff to have the skills to help with difficult conversations and have the skills to resolve conflicts. Susan Plotts, our HR manager, has worked hard to solicit this training. The training model we would like to use is "Train the trainer model," which would allow us to continue to train staff internally on this. To start with we will likely have six to seven staff trained first.
- **Same Day Access:** HW is currently reviewing our process for Same Day Access and Christy LaDronka, our Chief Clinical Officer, presented to HW leadership the need to update our existing system. I wanted to inform the board that these changes are important for HW to continue to align with CCBHC program and external

requirements allowing us to meet certain state-required indicators for access into service.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:37 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on April 3, 2026.

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Clinical	REQUEST DATE April 3, 2026	REQUESTOR SIGNATURE Stephanie Bowen, Clinical Services Manager	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Assisted Outpatient Treatment (AOT).</p> <p>It is a state mandate that local Community Mental Health agencies are responsible for monitoring all individuals ordered to participate in Assisted Outpatient Treatment. This Policy and Procedure outlines the guidelines of best practices to ensure quality and continuity of care across our agency.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Assisted Outpatient Treatment (AOT) effective April 20, 2026.			
COMMITTEE DATE April 3, 2026	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE April 17, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy/Procedure Title: Assisted Outpatient Treatment	Policy and Procedure #: 06-XXX	<u>Review Dates</u>	
Category: Clinical Subject: To set up a robust, uniform program standard that supports and maintains Assisted Outpatient Treatment Program fidelity.	Prepared by: Name: Rachelle Rowell Title: Assisted Outpatient Treatment Coordinator		
	Approved by: <hr/> Rich Francisco, Executive Director		
	Effective Date: 04/20/2026	Last Revised Date:	

I. POLICY

The Assisted Outpatient Treatment (AOT) Program is a collaborative effort between HealthWest, the Muskegon County Probate Court, The Muskegon County Prosecutor's Office, Trinity Health Emergency Department, Trinity Health Behavioral Health, Law Enforcement, and contracted providers. The AOT program provides a legal framework that allows for involuntary treatment for individuals who repeatedly do not adhere to their mental health treatment plans. Key features include:

- A. Legal Authority: Allows for involuntary treatment under the criteria outlined in the mental health code.
- B. Court involvement: An interested party petitions the court for AOT, which ensures due process.
- C. Cross-System Coordination: Promotes communication among mental health providers, courts, hospitals, law enforcement, and community services.
- D. Engagement and Safety: Focuses on engaging individuals in treatment and ensuring community safety.
- E. Continuous Assessment: Regular evaluations and tailored protocols guide treatment and decisions about ending or renewing involuntary commitment.
- F. Transition to Voluntary Care: the program supports transitions from involuntary to voluntary treatment when proper.

II. APPLICATION

HealthWest Access, ICS, and Treatment Teams

III. DEFINITIONS

- A. Assisted outpatient treatment (AOT) is civil commitment court-ordered treatment for individuals with a serious mental illness who meet strict legal criteria per the Michigan Mental Health Code. The court order includes a treatment plan for individuals who need ongoing behavioral health care to prevent relapses, re-hospitalization, and/or dangerous behavior and who have difficulty following through with community-based treatment. AOT orders may or may not also have hospital days included in the order.
- B. NUNC PRO TUNC -A legal phrase applied to acts which are allowed after the time when they should be done, with a retroactive effect.
- C. Petition for Mental Health Treatment- This is a State Court Administrative Office (aka SCAO) form PCM 201. This form is used as an initial petition for an AOT, combined AOT and hospitalization, or hospital only order request. This form shall be accompanied by the SCAO form MC 97 protected person health information. AOT only petitions do not require a report on PCM 208 when submitting, however, for combined AOT and hospitalization or hospitalization only two PCM 208 forms are required. An order for examination/transport PCM 209a can be requested in this form. The PCM 209a order is given to law enforcement to execute.
- D. Petition for Second Mental Health Treatment Order: This is a SCAO form PCM 218. This form is used when an individual is currently on an initial order and it is decided to petition to continue the AOT, combined AOT and hospitalization, or hospital only order. This form and a report on examination and clinical certificate from a psychiatrist must be submitted to probate no later than 14 days before the initial order expires.
- E. Petition for Continuing Mental Health Treatment Order This is a SCAO form PCM 218a. This form is used when an individual is currently on a second order and it is decided to petition to continue the AOT, combined AOT and hospitalization, or hospital only order. This form and a report on examination and clinical certificate from a psychiatrist must be submitted to probate no later than 14 days before the second order expires.
- F. Report on Examination and Clinical Certificate: This is a SCAO form PCM 208. This form is filled out by the doctor who completed the assessment for the mental health petition and is most often turned in with the petition.
- G. Order and Report on Alternative Mental Health Treatment (aka ATR): This is a SCAO form (PCM 216) that is submitted to the court prior to a hearing to give information on pertinent resources and recommendations.
- H. Deferral (aka Deferred) is when an individual says they will voluntarily participate in the services petitioned for them for a specific duration of time (PCM 235). During this time, if they do not participate as agreed or if the individual requests it, a Demand for Hearing (PCM 236) is submitted to probate, and a hearing is scheduled based off the original petition filed.

- I. Demand for Hearing (PCM 236) is submitted to probate, and a hearing is scheduled based off the original petition filed. This can or cannot include a request for a pickup order to have the individual assessed for involuntary hospitalization.
- J. Initial Order for Mental Health Treatment: This is a SCAO form PCM 214 signed by the Judge after judgement on the petition for mental health treatment PCM201. This form describes if the petition was denied, dismissed or granted. If granted, it also describes the exact type of services that are ordered and the duration of those services under the "it is ordered" section.
- K. Second Order for Mental Health Treatment This is a SCAO form PCM 219 signed by the Judge after judgement on the petition for second mental health treatment PCM 218. This form describes if the petition was denied, dismissed or granted. If granted, it also describes the exact type of services that are ordered and the duration of those services under the "it is ordered" section.
- L. Continuing Order for Mental Health Treatment This is a SCAO form PCM 219a signed by the Judge after judgement on the petition for second mental health treatment PCM 218a. This form describes if the petition was denied, dismissed or granted. If granted, it also describes the exact type of services that are ordered and the duration of those services under the "it is ordered" section.
- M. Notification of Noncompliance/Request to Modify Order- This is a SCAO form PCM 230. This form is used by the CMH or hospital to inform courts of non-adherence, request a pickup order, request involuntary hospitalization, or modify a current order. This form can be accompanied by the Order for Report after Notification and Report (PCM 231) when submitted to probate, or probate may order the report be done after the notification of noncompliance/request to modify order is submitted. PCM 231 can provide recommendations for court's response to the notification of noncompliance/request to modify order.
- N. Order after notice of noncompliance with assisted outpatient treatment or combined hospitalization and assisted outpatient treatment order: This is a SCAO form PCM 244 signed by the judge. This form describes the judge's decision for a response to the submitted notification of noncompliance/request to modify order. Order regarding request to modify order for assisted outpatient treatment or combined hospitalization and AOT: This is a SCAO form PCM 217a-which describes the judge's decision when the notification of noncompliance was a request to modify the order. The PCM 244 is often used when there is not a request to modify the order or the request was for a pickup order. Both the PCM 244 and PCM 217a can be used after a notification of noncompliance to have someone involuntarily admitted to the hospital.
- O. Petition for discharge from continuing mental health treatment: This is a SCAO form PCM 220. This form may be used by the CMH or Hospital to petition to drop an AOT order when the psychiatrist decides the individual no longer meets criteria for an AOT Order In

addition, the individual has the right to submit this petition for discharge at their six-month review (PCM 226).

- P. Six-month review report: PCM 226. This is a SCAO form that must be filled out by a psychiatrist or fully licensed psychologist for all one-year orders, 180 days into the order. A copy of the six-month review and a petition for discharge is served to the individual, attorney, and all interested parties. The six-month review report and a proof of service PC 564 must be submitted to probate court within 5 days of the Dr.'s signature.
- Q. Order after Petition for discharge from continuing mental health treatment: This is a SCAO form PCM 222a. This form is signed by the judge after hearing on a petition for discharge from continuing mental health treatment with the verdict.
- R. Notice of inability to secure eval/examination PCM 245. This SCAO form is used when a petition for AOT only has been submitted, however the individual will not make themselves available for the AOT evaluation with the doctor. It provides an order for transport, PCM 209a for law enforcement to bring them to the outpatient clinic for the examination.
- S. Biopsychosocial Assessment. This is a comprehensive assessment that explores biological, psychological, and social factors to understand an individual's overall health and wellbeing especially regarding mental health.

IV. PROCEDURES

Referrals:

- A. A referral can be started by family members, mental health professionals, hospitals, law enforcement, or other parties concerned who recognize that an individual may need AOT.

Petitions:

- A. To petition an individual for an AOT order, you can file with your local probate court. A petition for mental health treatment (PCM 201) along with an accompanying MC 97 form and clinical certificates as appropriate, is filed with the probate court for hospitalization only, combined hospitalization and AOT, or AOT only.
- B. If you are filing as a family member, you may contact HealthWest to aid in filing out the petition. HealthWest staff will complete the AOT Screening Tool to determine eligibility for AOT. HealthWest staff will ensure that Face to Face contact has been made prior to the agency supporting the filling of the petition.
- C. Muskegon County probate court may need specific forms or cover sheets. Contact them or visit their website to learn about the filing process and their procedure for rejecting incomplete forms, and for support in filing.

Assessments:

- A. AOT Only:

1. Purpose of the Assessment: to determine whether the individual meets the legal and clinical criteria for AOT, is only in need of outpatient level of care, and to develop a tailored treatment plan that addresses the individual's specific mental health needs.
 2. AOT assessments are to be completed by a psychiatrist or fully licensed psychologist.
 3. A clinical certificate is not required to be submitted with the petition, however if the individual waives the hearing a clinical certificate must be submitted prior to the date the hearing was scheduled.
 4. The psychiatrist or fully licensed psychologist who completes the assessment must testify at any scheduled AOT hearings.
- B. Combined AOT and hospitalization:
1. Purpose of the assessment: to determine whether the individual meets the legal and clinical criteria for AOT and due to the severity of their presenting symptoms require hospitalization days court ordered, along with outpatient days.
 2. Assessments require a clinical certificate. Two clinical certificates must be turned in on initial petitions, with one of them being by a psychiatrist. One clinical certificate from a psychiatrist is needed for second or continuing petitions.
 3. Physician, psychiatrist or fully licensed psychologist who completes the assessment must testify at any scheduled hearings.
- C. Hospitalization Only:
1. Purpose of the Assessment: to determine whether the individual meets the legal and clinical criteria for AOT, and due to the severity of their presenting symptoms may require hospitalization days that are court ordered. No court ordered outpatient services are considered/needed.
 2. Assessments require a clinical certificate. Two Clinical Certificates must be turned in on initial petitions, with one of them by a psychiatrist. One clinical certificate from a psychiatrist is needed for second and continuing petitions.
 3. The physician, psychiatrist or fully licensed psychologist who completes the assessment must testify at any scheduled hearings.
- D. After a petition, the judge may order the individual to undergo an initial evaluation. The evaluation is then scheduled by the court, a designated agency, or the mental health professional assigned to the case. The individual and any relevant parties are notified of the evaluation, date, time and location. The evaluation can take anywhere from one to three hours depending on the complexity of the individual's case. The evaluation will be conducted by a qualified mental health professional, such as a psychiatrist or fully licensed psychologist who is trained in conducting assessments for AOT and is qualified to fill out a clinical certificate.

1. Purpose of the assessment is to determine whether the individual meets the legal and clinical criteria for AOT and to develop a tailored treatment plan that addresses the individual specific mental health needs.
2. Assessment areas:
 - a) mental health status: evaluation of current psychiatric symptoms (e.g., depression, anxiety, psychosis); assessment of cognitive functioning and insight into illness; identification of any co-occurring disorders (e.g., substance abuse, developmental disabilities).
 - b) History of treatment adherence: review of past mental health treatment history, including hospitalizations, outpatient treatment, and medication adherence; exploration of barriers to treatment adherence, such as lack of insight, side effects, or logistical issues; Assessment of the individual's attitudes towards treatment and their motivation for engaging in care.
 - c) Risk factors: assessment of risk to self or others, including suicidal ideation, self-harm behaviors, or aggressive behavior; Evaluation of any history of legal issues or encounters with law enforcement related to mental health crisis; identification of potential triggers or stressors that may exacerbate symptoms.
 - d) Current needs: determination of immediate needs for safety, housing, and necessities; Assessment of social support systems, including family, friends, and community resources; Identification of specific treatment needs, such as medication management, therapy, or case management services.
3. Outcome of the assessment:
 - a) determination of whether the individual meets the criteria for AOT.

Orders:

A. AOT Only:

1. This type of order is designed to provide ongoing treatment and monitoring for individuals with severe mental illness who are not currently in the hospital but require assistance to adhere to treatment plans while living in the community.
2. The individual is mandated to comply with outpatient treatment, such as attending therapy sessions, taking prescribed medications, or participating in other forms of treatment.
3. The order does not involve hospitalization but may be used for individuals who have a history of hospitalization due to non-compliance.
4. It aims to prevent relapses or deterioration that could lead to hospitalization.

B. Combined AOT & Hospitalization:

1. This order is used for individuals who may need both outpatient treatment and the option for short-term hospitalization if their condition worsens.

2. A qualified clinician will screen the individual for eligibility criteria if they are Medicaid funded or uninsured. If the individual is Medicare or commercially funded, hospital emergency department social worker will complete the assessment.
3. The individual is required to participate in outpatient treatment as specified by the AOT order.
4. The order includes provisions for temporary hospitalization if the individual's condition deteriorates to the point where they cannot be safely managed in an outpatient setting.
5. This type of order provides flexibility, allowing for a seamless transition between outpatient care and hospitalization without needing separate court orders.

C. Hospitalization Only:

1. This order focuses solely on involuntary hospitalization for individuals who are deemed unable to safely remain in the community due to the severity of their mental illness.
2. The individual is accepted to a hospital or psychiatric facility for treatment.
3. This type of order is typically used when an individual is in immediate danger to themselves or others and requires intensive inpatient care.
4. The order does not include provisions for outpatient treatment once the individual is discharged, although discharge planning may include recommendations for follow-up care.

D. Order types and duration:

1. Initial = 60 days hospitalization; 180 days outpatient; or a combined 60/180
2. Second = 90 days hospitalization; 90 days outpatient; or a combined 90/90
3. Continuing = 365 days hospitalization; 365 days outpatient; or a combined 365/365

A petition and clinical certificate executed by a psychiatrist or fully licensed psychologist must be submitted to probate no later than 14 days before the current order's expiration date to extend the order. The petitions and orders must go in order from initial to second, to continuing, and then repeating continuing.

Deferrals:

- A. Deferrals take place after an individual who has been petitioned speaks to their attorney and chooses to voluntarily follow a treatment plan that is decided upon at their deferral conference. A deferral can be granted for up to 60 days for hospitalization and up to 180 days for outpatient services during which the original petition stays active. If the individual is not engaging with their voluntary treatment, the provider can file a demand for hearing (PCM 236), and a probate hearing will be scheduled.

1. A hearing on a demand for hearing is based on the original petition submitted and psychiatrist or fully licensed psychologist testimony must be secured for the hearing.
- B. It is a requirement of the mental health code that a CMH representative be present at all deferral conferences. If the deferral request is originating from someone who is currently inpatient, it is the hospital's responsibility to coordinate with all necessary parties and set the deferral conference time. During this conference, a voluntary treatment plan is developed. It is important that the CMH be present at the deferral conference so there is input as HealthWest will be responsible for coordinating, delivering, and monitoring those services throughout the deferral period.
- C. Deferrals are recorded in the Electronic Health Record so that the current treatment team is aware of recommendations from the deferral to ensure compliance is achievable. If the consumer is not engaged in the treatment plan they agreed to at the deferral conference and sufficient attempts have been made to encourage participation, the court needs to know as soon as possible. A Demand for Hearing (PCM 236) should be filed. The individual's noncompliance with the deferral can be used as evidence of their need to be on an order.

Request to Modify Order with Hospitalization or No Hospitalization:

- A. PCL 230 notification of non-compliance.
- B. PCM 231 to report on the adequacy and suitability of the current outpatient treatment and make any recommendations to the court (e.g. set a hearing date on the notice, modify the order, transport the individual to the hospital, ETC.). This can be found under item 5e on page two of the form.
- C. Proposed PCM 217a.
- D. Pre-sent out notice of hearing with the date/slash time of the hearing blank.
- E. Take/send completed forms to probate court and prepare to testify.
- F. If you are only asking to modify orders without hospitalization, have psychiatrist or fully licensed psychologist testimony secured to testify that change is needed. Remember, the hearing is not regarding whether the person is "a person requiring treatment" but rather is this modification the least restrictive intervention and necessary to the individual's recovery.

AOT Moves Out of County:

- A. If ever the AOT monitor finds a current consumer has moved out of county, the petition to transfer the AOT to the county the consumer is residing in, if in Michigan, should be initiated. The petition/order follows the consumer.

Intensive Service Guidelines during periods of Noncompliance and Hospitalizations:

- A. If a consumer misses an appointment and you are unable to make contact to reschedule the appointment, the following steps need to be done and documented for due diligence:

1. Week 1: 2 phone calls to consumer.
2. Week 2: One phone call and one general engagement letter.
3. Week 3: One phone call and one appointment letter with the appointment scheduled at their house. Contact the emergency contact to inform them you are trying to reach the consumer and when you will go out to the house for the appointment.
4. Week 4: one phone call and you go to their house for the scheduled appointment.
5. Maintain contact with the consumer during the hospitalization. You should have 1-2 times a week contact with the consumer and once a week contact with the social worker. Ideally, you will recognize when your consumer is returning to baseline and have another face-to-face appointment with them in the hospital before discharge.
6. Repeat as needed.
7. If Consumer is opened to services, primary treatment teams are responsible for outreach attempts, and documentation of Chart Memo's of attempts.
8. For Closed or Not Yet Open consumers, the AOT Coordinator is responsible for outreach attempts, and documentation of Chart Memo's of attempts.

V. ATTACHMENTS

- a. Wayne State University CBHJ
- b. Michigan Mental Health Code

Authors Initials /RR

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE April 3, 2026	REQUESTOR SIGNATURE Helen Dobb, Compliance Manager	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for HealthWest Medication Management</p> <p><u>Policy</u></p> <p>It is the policy of HealthWest to establish policies and procedures for prescribing, monitoring, administering, storing, and documenting the use of medications.</p> <p>HealthWest's original policy was written in 1989, the goal was to review the information that was offered to staff and providers for guidance, but much of the information included in the policy was obsolete including forms noted and additional policies that were embedded into the original medication management policy. This policy aligns with the medication management information offered by other CMHs in our region with the same credentialing requirements. This information has been reviewed with our Medical Director, and the guidance aligns with what we would expect staff to adhere to for guidance with all medication related concerns.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Medication Management, effective April 20, 2026.			
COMMITTEE DATE April 3, 2026	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE April 17, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy/Procedure Title: Medication Management	Policy and Procedure #: 06-010	<u>Review Dates</u>	
Category: Medical Subject: To establish policies and procedures for prescribing, monitoring, administering, storing, and documenting the use of medications.	Prepared by: Name: Greg Green, MD Title: Medical Director		
	Approved by:		

	Rich Francisco, Executive Director		
	Effective Date: 04/20/2026	Last Revised Date:	

- I. POLICY
 - a. It is the policy of HealthWest to establish and implement procedures governing the administration of medication to customers by its employees and network providers.

- II. APPLICATION
 - a. All programs operated by the HealthWest Board of Muskegon County or contracted providers as identified in their contract. This policy does not supersede or replace licensing requirements but rather supplements any state and federal regulations which apply.

- III. DEFINITIONS
 - a. Consumer: Any person receiving mental health services at HealthWest.
 - b. Designated Staff: A primary worker such as a case manager, primary therapist, clinical or medical staff person as described below, or a contracted staff member of a provider organization.
 - c. Medication: Prescription medications given for the treatment of psychiatric disorders, or for treatment of side effects of psychotropic medications, or any medications stored or administered by HealthWest staff or kept on HealthWest premises.
 - d. Health/Medical Professional: A staff that is licensed in Michigan and employed or under contract with HealthWest.
 - i. M.D.: Medical Doctor
 - ii. D.O.: Doctor of Osteopathic Medicine
 - iii. N.P. Nurse Practitioner
 - iv. P.A. Physicians Assistant
 - v. R.N. Registered Nurse
 - e. Psychotropic Drug (Medicine): Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.
 - f. (Clinical) Record: The established electronic health database which stores consumer health information and treatment information.

IV. PROCEDURES

- a. Providers shall supervise all procedures regarding the administration and storage of medication at all HealthWest sites and ensure that medication use conforms to federal and state standards.
- b. Designated Staff shall maintain an accounting of all medications that are stored on HealthWest premises.
- c. Designated Staff shall complete a quarterly review at all drug storage units on HealthWest premises, to ensure that adequate precautions are taken to store medications properly, keep drugs double locked, limit access to trained staff, ensure qualified staff administer intramuscular injections or rescue medications, and separate hazardous substances from internal medications.
- d. Designated Staff and/or approved training platform courses will provide medication administration training for all HealthWest employees responsible for administering medications to consumers. Only trained employees may administer medications in approved routes. Training shall follow MDHHS protocol and be documented in the designated training platform.
- e. There shall be a prescriber's medication order along with Consent for Medication Treatment form signed by consumer, parent and/or guardian for all medication administered to consumers by HealthWest employees.
 - i. A provider will only administer medication at the order of a physician.
 - ii. The use of psychotropic medication will not be administered unless the individual gives informed consent, or the administration is necessary to prevent physical injury to person or another, or with a court order.
 1. A provider will review the administration of psychotropic medication periodically as set forth in the recipient's individual plan of service and based upon the recipient's clinical status.
 2. A provider may administer psychotropic medication to prevent physical harm or injury after signed documentation of the physician is placed in the resident's clinical record and when the actions of a recipient or other objective criteria clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself, or others.
 3. Before initiating a course of psychotropic drug treatment for a recipient, the prescriber or a licensed health professional acting under the delegated authority of the prescriber will do both of the following:
 - a. Explain the specific risks and most common adverse side effects associated with that drug.
 - b. Provide the individual with a written summary of those common adverse side effects.
 4. Initial administration of psychotropic medication may not be extended beyond 48 hours unless there is consent. The initial administration of psychotropic medication will be as short as possible and at the lowest possible dosage that is therapeutically effective. The medication will be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself, or others.
 - iii. All PRN medication shall have a written/electronic prescriber's order.
 - iv. A provider will not use medication as punishment, for the convenience of the staff, or as a substitute for other appropriate treatment.

- v. Written orders from the prescriber shall be maintained in the agency electronic prescribing system and the consumer's electronic health record.
- vi. In instances where safety or other concerns require staff assistance with medication management, the consumers' Person-Centered Plan must include supporting documentation.
- vii. Telephone/verbal/email orders are acceptable in emergency situations. Emergency orders may be accepted and transcribed by a staff nurse or certified/registered medical assistant. The following procedure will be followed for these orders:
 - 1. The nurse/MA receiving the prescriber's verbal/telephone order shall read the order back to the prescriber for verification. Email orders may be accepted.
 - 2. Medication orders will include the consumer's name, drug name, dosage form; exact strength or concentration; the dose, frequency; route, quantity; duration if appropriate; specific instructions for use; prescriber name.
 - 3. A written progress note describing the incident, symptoms, and the prescriber's order shall be completed (this does not include standing orders).
- viii. The prescriber may, in addition to the above, delegate authority to the agency staff nurse/MA to telephone medication orders or send them electronically via the agency electronic prescribing system, to local pharmacies during emergency situations. When phoning the medication order to the pharmacy, the nurse/MA will speak slowly and clearly, spelling out sound alike medications; and require the pharmacist to read-back the order to them thus providing verification of the order. If the order is left on a pharmacy's automated line, the nurse/MA shall speak slowly, clearly and spell out the medication being ordered. The nurse/MA shall also leave the agency phone number where the pharmacy may contact them if clarification of the order is needed. When communicating directions, the nurse will pronounce digits separately (i.e., three zero instead of thirty and take one at bedtime rather than take 1 at HS).
- f. All designated staff shall implement the following procedures prior to and when administering any medication to any consumer:
 - i. Check the electronic record/medication management log to ensure there is a written order for the medication being administered.
 - ii. Check the medication sheet/electronic record for any allergies the consumer may have.
 - 1. A provider will ensure that medication errors and adverse drug reactions are immediately and properly reported to a physician and recorded in the recipient's clinical record.
 - iii. If the consumer is not routinely cared for by the staff member passing the medication, that staff member must verify the name of the consumer, by at least two of the following methods:
 - 1. Ask consumer to state their name without prompting.
 - 2. Have a second person verify the consumer's name.
 - 3. If available compare consumer picture ID with name to consumer present.
 - 4. Ask the consumer their date of birth.
 - 5. Ask the consumer their telephone number.
 - 6. Ask the consumer their address.
 - iv. If the consumer is nonverbal, the designated staff shall observe the following:
 - 1. Unusual behaviors such as head banging, hitting self, pointing at body part, loss of appetite, facial expressions.

2. Obvious signs of distress such as loss of consciousness, painful injury, open wounds, elevated temperature, running nose, body chills, gastrointestinal upset, grimacing with body movements, etc.
 - v. If during the administration of a medication the medication becomes contaminated and needs to be destroyed, staff will complete an incident report, and the medication shall be disposed of according to the agency procedure for medication disposal.
 - vi. The emergency protocol for incident reporting does not replace or override emergency procedures required to address immediate medication concerns or medication errors.
- g. The administration of medications to consumers shall be documented by the designated employee administering the medication. Consumers receiving an injectable medication from a Designated staff or nurse/MA shall have the administration of the medication documented in an injection progress note. Consumers who fail to keep injection appointments will have this action documented in a progress note which shall also indicate that the prescriber and case holder were notified. Pertinent locations will work with the program's Coordinator/Designee to appoint at least one qualified employee for each program day to administer medications.
- h. Assigned case holders, in consultation with a parent, spouse, guardian, physician, or other primary care provider, shall determine if consumers can administer their own medication. If determined to be capable, the following procedures are to be followed:
- i. Medications shall not be kept in lunch bags/boxes, consumer lockers, or other unsecured places.
 - ii. Consumers may choose to keep their medication on their person and/or give it to a designated staff for storage in a locked cabinet. The bottle shall be labeled with the consumer's name, medication, dosage, time/s of administration, and prescriber. At the correct time, the designated staff will return the medication to the consumer. The consumer, after taking the medication, shall keep the medication bottle and take it home at the end of the program day.
 - iii. Consumer medication found in unsecured places shall be confiscated and placed in a locked cabinet. The designated staff shall attempt to determine the identity of the consumer who is responsible for the medication. The consumer's responsible care manager shall be notified immediately. The care manager shall again determine whether or not the consumer is capable of administering his/her own medication. If an individual cannot administer their own medication, a provider will ensure that medication is administered by or under the supervision of personnel who are qualified and trained.
- i. Only medications authorized by a physician are to be given at discharge or leave and that enough medication is made available to ensure the recipient has an adequate supply until they can become established with another provider.
- j. Network Providers: Network providers are contractual providers of mental health services that may be independent practitioners or service providing organizations.
- i. Individuals who prepare and administer medications in contractual residential settings are required to successfully complete training on Medication Administration and documentation through the predetermined training platform and face to face training in the home.

- ii. Storage: Storage of medications in contractual residential settings shall meet the instructions identified in an approved DHHS Group Home curriculum and applicable Adult Foster Care Licensing rules.
- iii. Audits:
 - 1. The designated staff member responsible for managing client care will review medication logs at sites that prepare and administer medications.
 - 2. As needed, designated staff will review health care plans and medication orders and logs as needed.
 - 3. Provider Network staff and Quality Assurance staff will review staff training records for documented trainings, inspect medication orders in the record or logbook, inspect the storage area, and create a written report of the findings.

V. REFERENCES

- a. FORMS used for medication management:
 - i. C033 Report of Serious Adverse Drug Reaction
 - ii. C148 Consent for Use of Psychiatric Medications & General Medication Teaching
 - iii. C154 Identity Verification & Photo Consent for Medication Administration
 - iv. C260 HealthWest Incident Report
 - v. C264 Injection Record
 - vi. M010 Request for Changes in the Formulary of Approved Medications
 - vii. M145 Consumer Controlled Substance Standard
 - viii. M169 Medication Container Log
 - ix. M170 Scheduled Drugs Count Log
 - x. Q052-Q052a Destroyed Schedule II-V Medications/Common Schedule II-V Medications that Require Monitoring
- b. 06-009 HealthWest Formulary of Approved Medications:
- c. Medication Administration Guidelines
- d. 04-003 Consent
- e. Laboratory Monitoring Guidelines for the Use of Psychotropic Medications
- f. 12-010 Simultaneous Use of Multiple Psychotropic Medications

HealthWest CCBHC Summary

Overview & Statewide Significance

- CCBHC designation: October 2021

- Advances Michigan goals: access, population health, reduced high-cost care

- PPS supports reinvestment in workforce and services

- Statewide growth from 13 to 30+ CCBHCs by 2024

- 95% increase in core behavioral health services

Local Impact in Muskegon County

- Wait times reduced to start services

- Expansion of mobile crisis services

- Reduced non-emergent ED utilization

- Improved community stabilization

Growth in Individuals Served

- 2020 baseline: 5,000–6,000 individuals
- 2022: 10,743 individuals
- 2023: 14,311 individuals
- 2024: 16,899 individuals
- 2025: 19,038 individuals

Service Expansion & Outcomes



- Crisis services increased >200%



- Screenings and assessments increased >200%



- Reduced avoidable ED visits



- Increased engagement and continuity of care

CCBHC Quality Measures



CCBHCS ARE EVALUATED ON ACCESS,
SCREENING, AND FOLLOW-UP MEASURES



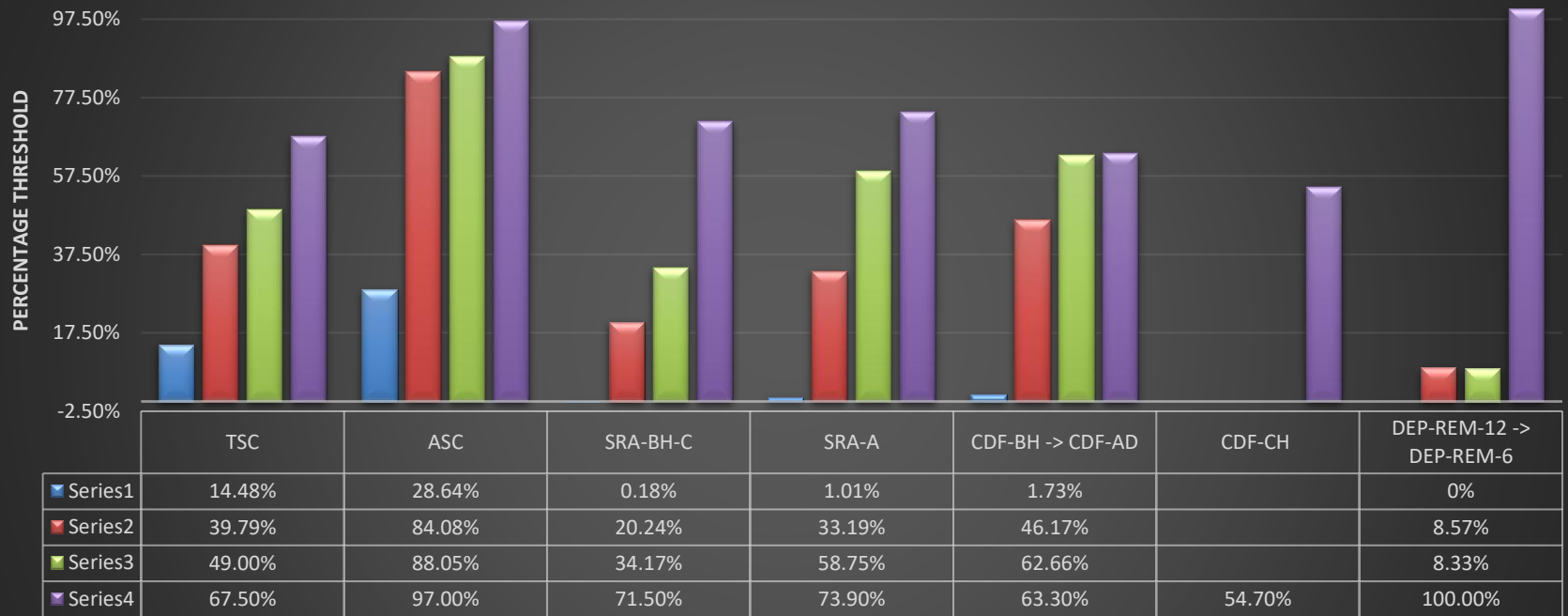
CCBHC MEASURES AND STATE MEASURES
TAKEN INTO CONSIDERATION



SOME MEASURES ARE CONSIDERED
QUALITY BONUS PAYMENT (QBPS) AND, IF
MET, ALLOW CCBHC TO RECEIVE
SUPPLEMENTAL FUNDS THE FOLLOWING
YEAR

Clinic Reported Measures (DY1–DY3) Key Trends

CCBHC CLINIC REPORTED MEASURES (DY1-DY4)



CLINIC REPORTED MEASURES

Series1 Series2 Series3 Series4

Outcome Measures & Clinical Follow-Up

- Clinical Depression Follow-Up (CDF-BH) increased to 62.66%
- Depression Remission tracking initiated and stabilized
- Access and Screening reached 97% by DY24
- Transition Support Coordination increased to 67.5%
- Substance Use Risk Assessments exceeded 70%
- Reflects maturation of measurement-based care
- Continued growth across key measures through DY24
- Positions HealthWest for future value-based initiatives
- Demonstrates long-term system stabilization

Why This Matters



Quality measure
performance drives CCBHC
credibility



Supports continued state
and federal investment



Protects PPS sustainability



Demonstrates accountability
and outcomes to funders
and community

QBP Payments

FY 22: \$823,843.67

FY23: \$1,005,965.45

FY24: \$1,060,490

FY25: TBD

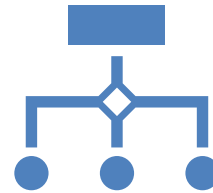
Changes to CCBHC model FY26

- Fee for service for CCBHC services
 - Significant impact to billing department
 - EHR Updates
 - Bundling of same day services
 - LRE no longer involved
 - Reporting changes
 - BA/QSOA executed

Additional Services available this year



Behavioral Health Urgent Care



ASAM Level 1.7 (medically managed outpatient withdrawal services)

New ASAM link required

- BA/QSOA/DUA will be signed

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

**Friday, April 3, 2026
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 8:21 a.m.

ROLL CALL

Members Present: Cheryl Natte, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Holly Brink, Gina Maniaci, Kristi Chittenden, Tasha Kuklewski, Casey Olson, Helen Dobb, Anissa Goodno, Stephanie Bowen, Amber Berndt, Michelle Lyons

APPROVAL OF MINUTES

It was moved by Mr. Weerstra, seconded by Ms. Natte, to approve the minutes of the February 13, 2026 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for February 2026 / March 2026

It was moved by Mr. Weerstra, seconded by Ms. Natte to approve the Recipient Rights Reports for February 2026 / March 2026.

MOTION CARRIED.

For the months of February 2026 / March 2026, there were 77 HealthWest and 57 provider employees trained:

Rights Updates HealthWest	63
Rights Updates Provider	18
New Employee Training HealthWest/Contracted	54
New Employee Training Provider	39

For the months of February 2026 / March 2026 there were 558 incident reports and 22 rights allegations.

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

There were a total of 4 deaths reported in February 2026 / March 2026.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Policy 04-001 Confidentiality and Disclosures; Policy 04-003 Informed Consent Basics; Policy 04-004 Duty to Warn; and Policy 04-006 How Rights are Safeguarded.

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 8:47 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb



RECIPIENT RIGHTS ADVISORY COMMITTEE
April 3, 2026 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

<https://healthwest.zoom.us/j/94259223301?pwd=1jL64lYh445eFUkwvH4v06Q4ahLLj.1>

Webinar ID: **942 5922 3301** Passcode: **997543**

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 February 13, 2026
(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
February 2026 / March 2026
(Attachment #2 – pg. 3-10) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Recipient Rights Policy Training:
Tasha Kuklewski, Recipient Rights Advisor
(Attachment #3 – pg. 11-16) | Information |
| 9) | Audience Participation / Public Comment | Action |
| 10) | Adjournment | |

Main Office

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

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

HEALTHWEST**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

Friday, February 13, 2026
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, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Anissa Goodno, Gina Kim, Amber Berndt, Brandon Baskin, Amie Bakos, Michelle Lyons

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the December 5, 2025 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION***A. Motion to Accept Recipient Rights Reports for December 2025 / January 2026***

It was moved by Ms. Thomas, seconded by Ms. Natte to approve the Recipient Rights Reports for December 2025 / January 2026.

MOTION CARRIED.

For the months of December 2025 / January 2026, there were 67 HealthWest and 55 provider employees trained:

Rights Updates HealthWest	47
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	13
New Employee Training Provider	55
SUD Orientation HealthWest	7

For the months of December 2025 / January 2026 there were 524 incident reports and 28 rights allegations.

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

There were a total of 6 deaths reported in December 2025 / January 2026.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Policy 04-020 Reporting Abuse and Neglect; Policy 04-022 Recipient Rights Complaint Process and Appeals; and Policy 04-026 Recipient Rights for Substance Abuse Programs.

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 8:57 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting April 3, 2026.***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE April 3, 2026	REQUESTOR SIGNATURE Casey Olson, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested to accept the Recipient Rights Reports of February 2026 and March 2026. The report includes:</p> <ul style="list-style-type: none"> • Training sessions conducted by the Rights Office from February 1, 2026, through March 31, 2026. • Site Reviews from February 1, 2026, through March 31, 2026. • Incident Reports and Rights Allegations for February 1, 2026, through March 31, 2026. • Formal Complaints and Interventions for February 1, 2026, through March 31, 2026. • Deaths reported for February 1, 2026, through March 31, 2026. 			
<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 February 1, 2026, through March 31, 2026.			
COMMITTEE DATE April 3, 2026	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE April 17, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 70-R



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: April 3, 2026
To: Recipient Rights Advisory Committee
From: The Office of Recipient Rights
Subject: Recipient Rights Report for February and March 2026

I. TRAINING

February 12, 2026, New Employee Recipient Rights Training was provided for 2 HealthWest and 4 Provider Employees.

February 13, 2026, Annual Recipient Rights Update Training was provided for 28 HealthWest Employees.

February 19, 2026, New Employee Virtual Recipient Rights Training was provided for 11 Provider Employees.

February 26, 2026, New Employee Recipient Rights Training was provided for 5 HealthWest and 8 Provider Employees.

March 12, 2026, New Employee Recipient Rights Update Training was provided for 6 HealthWest Employees and 2 Provider Employees.

March 13, 2026, Annual Recipient Rights Training was provided for 35 HealthWest Employees.

March 19, 2026, Virtual New Employee Recipient Rights Training was provided for 10 Provider Employees.

March 19, 2026, Annual Employee Recipient Rights Training was provided for 18 Pioneer Resources (Provider) Employees.

March 26, 2026, New Employee Recipient Rights Update Training was provided for 41 HealthWest Employees and 4 Provider Employees.

77 HealthWest and 57 Provider employees were trained for the months of February and March 2026.

II. SITE REVIEWS

March 4, 2026, Harbor Homes Building A & B, specialized residential, Harbor Homes, Norton Shores, MI. (New contract)

March 5, 2026, Forest Trail, specialized residential, MOKA, Fruitport, MI

March 12, 2026, NIMS 2nd Floor, Youth - outpatient services, HealthWest, Muskegon, MI

March 24, 2026, Harbor Pines, specialized residential, MOKA, Norton Shores, MI

March 24, 2026, Day Break, community living supports, Day Break Adult Services, Muskegon, MI (New location)

March 25, 2026, Organic Care, specialized residential, Organic Care LLC, Muskegon Heights, MI

III. STATISTICAL INFORMATION

The Office of Recipient Rights reviewed **558** incident reports and received **22** rights allegations for the months of February and March. Provided for your review is the statistical data showing type and location.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. December 01, 2025, Merriam, CLS skill building, MOKA. The Rights Office received a complaint regarding issues with the unisex restrooms and a recipient not being provided support while using the restroom. **The investigation into DIGNITY AND RESPECT, MENTAL HEALTH SERVICES SUITED TO CONDITION, AND FAMILY RIGHTS were not substantiated.**
- B. December 4, 2025, Ludington Home, specialized residential, Beacon Specialized Living Services. The Rights Office received a complaint alleging that a home staff slammed a dinner plate and drink down on the table in front of a recipient, making the recipient uncomfortable. **The investigation into DIGNITY AND RESPECT is substantiated. The staff received a written reprimand and wrote a letter of apology to the recipient involved.**
- C. December 8, 2025, Home at Hart, specialized residential, Beacon Specialized Living Services. The Rights Office received a complaint alleging that a recipient became agitated and when one of the staff stepped in, it escalated the situation further. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- D. December 10, 2025, Mill Iron Home specialized residential Pioneer Resources. The Rights Office received a complaint alleging that during a staff meeting in the common area of the home,

two staff members engaged in an altercation within earshot and sight of recipients. **The investigation into DIGNITY AND RESPECT was substantiated. The staff involved no longer work for Pioneer Resources.**

- E. December 22, 2025, Beacon at Wavecrest, *specialized residential*, Beacon Specialized Living Services. The Rights Office received a complaint alleging that home staff used unapproved physical management techniques on a recipient. ***A 30 day status report was completed on 1/19/26. The investigation into ABUSE CLASS II – UNREASONABLE FORCE is substantiated. The staff involved are no longer working for Beacon Specialized Living Services.**
- F. December 30, 2025, HealthWest, *youth services*. The Rights Office received a complaint alleged that a parent of a recipient was spoken to in a rude and accusatory manner by a HealthWest employee regarding misplaced/lost medications. *** A 30 day status report was completed on 1/28/26. The investigation into FAMILY RIGHTS is substantiated. The staff involved received verbal counseling and additional training.**
- G. January 5, 2026, Lilac Home, *specialized residential*, HGA Support Services. The Rights Office received a complaint outlining concerns that a recipient is not receiving appropriate/adequate personal care and concerns related to catheter care. ***A 30 day status report was completed on 1/30/26. The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION and COMPLETE RECORD is substantiated. Four of the staff involved received written reprimands and additional training. One of the staff involved is no longer working at HGA Support Services.**
- H. January 5, 2026, Virginia's Home, *specialized residential*, HGA Support Services. The Rights Office received a complaint to investigate the circumstances regarding the passing of a recipient in the home. **The investigation into NEGLECT CLASS III and DISCLOSURE OF CONFIDENTIAL INFORMATION is substantiated. Five staff involved received a written reprimand and additional training. One of the staff involved is no longer working for HGA Support Services.**
- I. January 5, 2026, Horton Home, *specialized residential*, MOKA. The Rights Office received a complaint alleging that a staff member answered the door at the home and was greeted by a community member that had escorted a recipient back to the home. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**
- J. January 9, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint regarding a recipient who was brought into the community to meet a friend and the recipient arrived late and was dressed in pajamas. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- K. January 15, 2026, The Oaks, *specialized residential*, Beacon Specialized Living Services. The Rights Office received a complaint alleging that staff are not assisting a recipient with

changing their brief or assisting the recipient to bed. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**

- L. January 20, 2026, Brooks Home, *specialized residential*, MOKA. The Rights Office received a complaint alleging that the home is not providing a recipient's as-needed medications as required by their plan. ***A 30-day status report was completed on 2/27/26. The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**

- M. January 27, 2026, Virginia's Home, *specialized residential*, HGA Support Services. The Rights Office received a complaint regarding a recipient sliding off the couch and a staff member refusing to assist them, while using degrading language towards the recipient during the situation. **The investigation into ABUSE CLASS III is substantiated. The staff involved received a written reprimand including a one-day suspension and completed additional training.**

- N. January 28, 2026, Beacon at Lakeview Manor, *specialized residential*, Beacon Specialized Living Services. The Rights Office received a complaint alleged that a staff member was on FaceTime and pointed the camera at a recipient to say hi. **The investigation into DISCLOSURE OF CONFIDENTIAL INFORMATION is not substantiated.**

- O. January 29, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint alleging that a recipient's food is not being prepared properly, the recipient isn't receiving personal cares as they should, and there is a concern with how much weight the recipient has lost. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not yet complete. A 30-day status report was completed on 2/27/26 and a 60-day status report was completed on 3/27/26.**

New Business:

- A. February 3, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint regarding home staff not providing a recipient their as-needed medication and missing several doses of regularly prescribed medications. ***A 30-day status report was completed on 3/3/26. The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The remedial action plan has not yet been received.**

- B. February 9, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint alleging that a staff member blamed a recipient for a Recipient Rights investigation and made comments about being happy that individual was moving out of the home. **The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand.**

- C. February 9, 2026, Lakeview Manor, *specialized residential*, Beacons Specialized Living Services. The Rights Office received a complaint alleging that a staff member yelled and cursed at a recipient. ***A 30-day status report was completed on 3/5/26. The investigation into DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand and wrote a letter of apology to the recipient involved.**
- D. February 13, 2026, Maplewood, *specialized residential*, Turning Leaf. The Rights Office received a complaint alleging that a recipient was left at the Emergency Department for several days without AFC staff. ***A 30 day status report was sent on 3/16/26. The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The remedial action plan has not yet been received.**
- E. February 17, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint alleging that two staff members are inappropriately redirecting a resident, one staff required residents go to bed right after dinner, and one staff member did not properly assist a recipient with getting into bed. **The investigation into ABUSE CLASS II – UNREASONABLE FORCE, DIGNITY AND RESPECT, AND MENTAL HEALTH SERVICES SUITED TO CONDITION is not yet complete. A 30 day status report was sent on 3/19/26.**
- F. March 2, 2026, HealthWest, *Behavior Supports*. The Rights Office received a complaint alleging that a staff member overheard a conversation and shared that information with another staff member and a staff member let themselves into the home and yelled at a parent. **The investigation into FAMILY RIGHTS is substantiated. The investigation into CONFIDENTIALITY is not substantiated. The remedial action plan has not yet been received.**
- G. March 2, 2026, Graceland, *specialized residential*, MOKA. The Rights Office received a complaint alleging that a recipient was yelled at by a staff member. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- H. March 9, 2026, Organic Care, *specialized residential*, Organic Care LLC. The Rights Office received a complaint alleging that home staff used a spray bottle to spray a recipient in the face. **The investigation into ABUSE CLASS II – NONACCIDENTAL ACT is not yet complete.**
- I. March 10, 2026, Brooks, *specialized residential*, MOKA. The Rights Office received a complaint alleging that staff administered the wrong medications to a recipient, leading to an Emergency Department visit. **The investigation into NEGLECT CLASS II is not yet complete.**
- J. March 10, 2026, Ducey, *specialized residential*, MOKA. The Rights Office received a complaint alleging that staff failed to obtain appropriate medical care for a recipient. **The investigation into NEGLECT CLASS II is not yet complete.**

- K. March 10, 2026, Morton Terrace, *specialized residential*, Beacon Specialized Living Services. The Rights Office received a complaint alleging that staff said dismissive and rude comments to a recipient and would not allow him to sit at the dining room table. **The investigation into DIGNITY AND RESPECT is not yet complete.**
- L. March 16, 2026, Harbor Home, *specialized residential*, Cardinal Senior Living. The Rights Office received a complaint alleging a staff member sexually assaulted a recipient. **The investigation into ABUSE CLASS I- SEXUAL ABUSE is not yet complete.**
- M. March 16, 2026, Harbor Home, *specialized residential*, Cardinal Senior Living. The Rights Office received a complaint alleging a staff member sexually assaulted a recipient. **The investigation into ABUSE CLASS I- SEXUAL ABUSE is not yet complete.**
- N. March 17, 2026, Virginia's House, *specialized residential*, HGA Support Services. The Rights Office received a complaint alleging that a staff member had unknown individuals in the home during their shift and residents in the home were asked not to tell anyone about it. **The investigation into SAFE, SANITARY, AND HUMANE TREATMENT ENVIRONMENT is not yet complete.**
- O. March 17, 2026, Walker Home, *specialized residential*, HGA Support Services. The Rights Office received a complaint alleging that a recipient's mattress was stuffed with blankets where it was worn out and no one was notified that it needed to be replaced. **The investigation into SAFE, SANITARY, AND HUMANE TREATMENT ENVIRONMENT is not yet complete.**
- P. March 25, 2026, Harbor Home, *specialized residential*, Cardinal Senior Living. The Rights Office received a complaint alleging a staff member sexually assaulted a recipient. **The investigation into ABUSE CLASS I- SEXUAL ABUSE is not yet complete.**
- Q. March 25, 2026, Organic Care, *specialized residential*, Organic Care LLC. The Rights Office received a complaint alleging that home staff pushed a recipient down the stairs, resulting in a large contusion on their back. **The investigation into ABUSE CLASS II – NONACCIDENTAL ACT is not yet complete.**

V. INTERVENTIONS

Old Business:

- A. December 10, 2025, Oxford Circle, MOKA. The Rights Office received a complaint stating that a recipient grabbed another recipient's private area. **The issue in the complaint does not fall under a CODE PROTECTED RIGHT in which the Rights Office would investigate as it involves two recipients. The staff was encouraged to speak with the Case Managers of the recipients and provided with Adult Protective Services phone number.**

B. January 15, 2026, Community. A member of the community filed a Rights complaint regarding their landlord and their failure to provide reasonable accommodations for parking at their apartment complex. **The issue in the complaint is OUT OF JURISDICTION as the Rights Office cannot investigate private landlords. The individual was given the phone numbers for Legal Aid of West Michigan and Disability Rights Michigan.**

New Business:

A. March 5, 2026, Beacon at Leslie, Beacon Specialized Living Services. The Rights Office received a complaint alleging a staff member was rude to a recipient. **The issue in the complaint is OUT OF JURISDICTION as the recipient does not receive services through HealthWest. This complaint was forwarded to the appropriate Community Mental Health Recipient Rights Office, and the recipient was provided with the phone number for their Rights Office.**

VI. Summary of ORR Complaint Status for February 2026 and March 2026

Complaints Received	Complaints Investigated	Complaints in Process	Complaints Substantiated	Completed in 30 Days	Completed in 60 Days	Completed in 90 Days
22	21	13	5	5	3	

VII. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VIII. DEATHS

February 14, 2026, a 54-year-old male who lived independently and was recently opened for services, died in the hospital after a reported overdose.

February 17, 2026, a 70-year-old male who was living independently in the community and received HealthWest MI Adult Case Management Services, passed away while at the Poppen Hospice House.

February 27, 2026, a 35-year-old male who lived in a family home and received HealthWest I/DD Adult Case Management Services, unexpectedly died from cardiovascular failure.

March 8, 2026, a 77-year-old female who lived at Walker AFC Home and received HealthWest MI Adult Case Management Services, died at home after having a diagnosis of cancer.

RRAC QUICK TRAINING

Policies 04-001, 04-003, 04-004, and 04-006

10-minute version: clear, practical, and straight to the point.

Today we are covering

- 04-001: Confidentiality and Disclosures
- 04-003: Informed Consent Basics
- 04-004: Duty to Warn - when a threat is real
- 04-006: How Rights are Safeguarded System-Wide

The goal is not to memorize every line. It is to know the big rule, the red flags, and when RR needs to be looped in.

Think: protect the recipient, document your steps, and do not go rogue.

How these four policies fit together

04-001 Confidentiality

Protect recipient information. Only disclose when law or proper consent allows it.

04-003 Consent

Services require consent. Consent must be informed, understood, and voluntary.

04-004 Duty to Warn

A real, specific threat changes the response. Safety steps must happen quickly.

04-006 Safeguarding Rights

Defines the structure: RRAC, RRO, advisors, training, access, appeals, and oversight.

Bottom line: these policies work together to protect privacy, support choice, address safety threats, and keep the rights system independent and functioning.

Confidentiality: private means private

The default is do not disclose unless there is consent or a lawful exception.

Core rule

- Recipient record information and other service-related information must be kept confidential.
- Staff with a legitimate need to know may access records to do their job duties.
- Disclosures must be documented, including what was released, to whom, why, and what legal basis allowed it.
- Privileged communications have extra protection and are not disclosed unless an exception or waiver applies.

Red flags and reminders

- A release is not just “because someone asked.”
- SUD records have added federal protections under 42 CFR Part 2.
- Unauthorized disclosure can lead to legal consequences and discipline.
- When in doubt, slow down and check before releasing information.

Easy memory cue: curious is not the same as authorized.

Consent and Duty to Warn

One protects choice. One kicks in when there is a serious safety threat.

04-003 Consent

- Mental health services require written consent unless an involuntary evaluation or treatment exception applies.
- Informed consent requires legal competency, knowledge, comprehension, and voluntariness.
- The person seeking consent must explain risks, benefits, alternatives, and answer questions.
- Consent can be withdrawn at any time without prejudice.

04-004 Duty to Warn

- Duty to warn applies when there is an actual, foreseeable threat toward an identifiable victim or class of people.
- Do not handle it alone: consult leadership and involve RR when duty to warn is required.
- Hospitalization is considered first when appropriate; if the threat remains, warn the victim and notify police.
- Document every step and file an incident report each time duty to warn is discharged.

Safeguarding recipient rights

This is the structure that keeps the rights system independent, accessible, and accountable.

System responsibilities

- The Board appoints RRAC, adopts rights-protective policies, funds rights services, and requires provider training.
- RRAC serves in an advisory role, reviews reports, protects the independence of the rights office, and serves as the appeals committee.
- The Director must ensure access, coverage, implementation, and non-retaliation protections.

Rights Office Role

- Rights staff are not to have direct service duties or conflicting roles.
- They must stay impartial, accessible, and knowledgeable.
- They investigate allegations and make independent findings using a preponderance standard.

What this means in practice

- Complaints and investigation records are kept separate from the clinical record and personnel file.
- Recipients must be told about rights, complaint options, and appeal rights.
- All sites must have access to rights information and complaint forms.

Five takeaways to leave with

1. Confidentiality is the default. Do not share because it feels harmless.
2. Consent must be informed and voluntary, not rushed or assumed.
3. A specific, serious threat changes the response fast: consult, protect, warn, document.
4. 04-006 keeps rights work independent and gives RRAC a real oversight role.
5. When the situation feels messy, pause and loop in the Recipient Rights Office.

Suggested ending line

“These policies are different lanes, but they all point to the same thing: protect the person, protect the process, and document what you did.”

Questions?