HEALTHWEST

FULL BOARD MINUTES

September 25, 2026

8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

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

ROLL CALL

Members Present: Janet Thomas, Cheryl Natte, Jeff Fortenbacher, Thomas Hardy, Michelle Hazekamp, Janice Hilleary, John M. Weerstra, Mary Vazquez, Remington Sprague, M.D.

Members Absent: Chris McGuigan, Charles Nash, Mary Vazquez, Tamara Madison

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Kristi Chittenden, Jennifer Hoeker, Melina Barrett, Lea Streblow, Gary Ridley, Amber Berndt, Susan Plotts, Helen Dobb, Kim Davis, Brittani Duff, Mickey Wallace, Kaitlin Shaffer, Suzanne Beckeman, Madison Rosel

Guests Present: Stephanie VanDerKooi

MINUTES

HWB 131-B - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the August 28, 2026 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Finance Committee

HWB 126-F - It was moved by Dr. Sprague, seconded by Ms. Thomas, to approve the Finance Committee meeting minutes from August 21, 2026 as written.

MOTION CARRIED

HWB 127-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve expenditures for the month of August 2026, in the total amount of $8,850,095.63.

MOTION CARRIED

HWB 128-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Executive Director to sign a contract with Samaritan Way Recovery Community from November 1, 2026 through September 30, 2027.

MOTION CARRIED

HWB 129-F - It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Board of Directors to approve the purchase of and / or reimbursement from VitalCore and/or other utilized pharmacies for FY2027.

MOTION CARRIED

HWB 130-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Executive Director to sign the FY27 Lakeshore Regional Entity and HealthWest Agreement of the Medicaid Managed Specialty Supports and Services under Section 1115 Behavioral Health Demonstration Waiver, including concurrent 1915(c)/(i) Waiver Programs, Flint 1115 Demonstration Waiver, and the Healthy Michigan Program, effective October 1, 2026, through September 30, 2027.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 132-B – It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve Janice Hilleary as a recommendation for re-appointment for the Executive Board Member for the LRE (Lakeshore Regional Entity), and authorizes the HealthWest Board Chairperson, Janet Thomas, to recommend her on behalf of the HealthWest Board of Directors.

MOTION CARRIED

HWB 133-B – It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve acceptance of the sub-recipient agreement with MPHI to be awarded $80,291.00 and use funds as directed by the agreement

MOTION CARRIED

HWB 134-B – It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve acceptance of the FY2027 – FY2029 Strategic Plan.

MOTION WAS MADE ON THE FLOOR: MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Gary Ridley, Training and Communication Manager, presented the FY2027 – FY2029 Strategic Plan.

DIRECTOR'S COMMENTS

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

Director's Update

MDHHS Updates:

- September 18, 2026, HW has received our ICSS – Intensive Crisis Stabilization Services certification. The Certification Letter was sent to both the LRE and HW. HW staff are now reviewing the letter as there are some final items that need to be addressed with the certification such as updating program information. The certification comes with Technical Assistance and is valid until September 30, 2029.
- No RFP update.
- FY22 Cost Settlement Litigation: One of the most significant issues facing LRE:
  - MDHHS has already recovered $4.8 million
  - Approximately $13.7 million remains disputed
  - Judge Patel denied dismissal and consolidated LRE's case with NorthCare litigation
  - Discovery will now proceed.

LRE Level Updates:

1. LRE Board meeting occurred on 09/23/2026
   - Budget was shared for FY27 – The LRE board work session covered the budget as part of the Annual Budget Hearing. **FY2027 Budget**
     - Proposed FY2027 budget totals **$454.5 million**, a decrease of approximately **$23.6 million (4.9%)** from FY2026.
     - Significant revenue declines are projected in:
       - Medicaid State Plan funding (**-11.6%**)
       - Healthy Michigan funding (**-12.8%**)
       - Growth areas include:
         - ✓ Children's Waiver (**+88.8%**)
         - ✓ Substance Use State Plan (**+59%**)
         - ✓ Substance Use Healthy Michigan (**+28.6%**)

   - **Regional Deficits**
     - LRE continues to face significant funding uncertainty:
     - Current projected FY26 regional deficit: **$16.7 million**
     - Budgeted regional deficit: **$18.8 million**
     - Largest projected deficits:
       - **Network180:** approximately **$13.9 million**
       - **Ottawa CMH:** approximately **$9.1 million**
       - HealthWest, OnPoint, and West Michigan CMH continue to project surpluses.

   - **H.R. 1 Concerns**
     - Leadership expressed substantial concern regarding federal Medicaid changes under **H.R. 1**:
       - MDHHS rate-setting assumes only a **10% Healthy Michigan disenrollment**

- Other states have experienced **30–40% disenrollment**
- Potential impact on regional behavioral health funding remains uncertain

- LRE "Needs Based" funding assessment – The LRE will continue to seek and bring back to the LRE board a proposal to proceed with doing the "needs-base" analysis. The LRE CEO presented that with one estimate received for quote, it could cost the LRE about 80k which includes 3 phases: Assessment, Comparison/Development, Implementation. This will include an assessment to determine whether the region is funded appropriately.

CMH Level:

- On Wednesday, September 23, HealthWest joined consumers in Lansing for the annual Walk a Mile in My Shoes Rally. This statewide event brings together hundreds of Michiganders and provides an opportunity to advocate for increased mental health funding, raise awareness about mental health challenges, and help reduce stigma. By sharing our stories and engaging with legislators, we help ensure that the voices of individuals receiving mental health services are heard and valued. While attending the rally, they had the opportunity to connect with a staff member from Representative Luke Meerman's office, and Representative Will Snyder took time to meet with the HealthWest group personally. These conversations provided a valuable opportunity for staff and consumers to ask questions, share concerns, and discuss the importance of sustaining and strengthening Michigan's public mental health system. Both were welcoming, attentive, and eager to hear from those with lived experience and the professionals who support them. Special thanks to the HealthWest staff who volunteered their time and energy to make this event a success. Your dedication, compassion, and commitment helped create a meaningful experience for our consumers and ensured that their voices were represented. There are about 300,000 citizens that seek and utilize behavioral health services.

- SDA (Same Day Access) – I would like to applaud and recognize the work of clinical staff in the SDA project. Christy LaDronka and the clinical teams at HW have made this possible. This was a concerted effort of many. Special thanks to the clinical staff and their role in defining the new processes that are needed to accomplish going to SDA. The work of the clinical teams included time doing: Process mapping, storyboarding, time studies, stakeholder engagement and consulting other partners for best practices.
  - HW received notice that we were awarded the $500,000 requested to assist with "Enhancing Behavioral Health Crisis Response and Stabilization in Muskegon County" (CSU). HW is now waiting on the CDS – Congressional Designated Spending that we submitted for federal funds $2M – HW should hear something by the end of the month. This will get HW started on the CSU project.
  - Next Month at the Full Board meeting – Helen Dobb our Compliance Manager will present and provide an update on the Corporate Compliance Plan.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:47a.m.

Respectfully,

Janet Thomas
Board Chair
/hb

PRELIMINARY MINUTES
To be approved at the Full Board Meeting on
October 23, 2026

HealthWest
Muskegon's Behavioral Wellness Connection

TO: **HealthWest Board Members**

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

SUBJECT: **Full Board Meeting**
September 25, 2026
376 E. Apple Ave., Muskegon, MI 49442
https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWhnQmF5NVAybWRQVG54Tk1GZz09
One tap mobile: (309)205-3325, *92330401570# Passcode: 428623*

REVISED AGENDA

1) Call to Order — Action

2) Approval of Agenda — Action

3) Approval of Minutes

A) Approval of the Full Board Minutes of August 28, 2026 — Action
(Attachment #1 – pg. 1-5)

4) Public Comment (on an agenda item)

5) Committee Reports

A) Finance Committee — Action
(Attachment #2 – pg. 6-9)

6) Items for Consideration

A) Authorization to Approve the LRE Board Recommendation — Action
(Attachment #3 – pg. 10)

B) Authorization to Approve Agreement with — Action
Michigan Public Health Institute (MPHI)
(Attachment #4 – pg. 11-71)

7) Old Business

8) New Business

9) Communication

A) FY2027 -FY2029 Strategic Plan: — Information
Gary Ridley, Training & Communication Manager
(Attachment #5 – pg. 72-113)

B) Save the Date: CMHA Fall Conference — Information
(Attachment #6 – pg. 114-133)

C) October Meeting Notice — Information
(Attachment #7 – pg. 134)

D) Director's Report — Information
(Attachment #8 – pg. 135-136)

10) Public Comment

11) Adjournment — Action

/hb

HEALTHWEST

FULL BOARD MINUTES

August 28, 2026

8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

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

ROLL CALL

Members Present: Janet Thomas, Charles Nash, Cheryl Natte, Chris McGuigan, Jeff Fortenbacher, John M. Weerstra, Thomas Hardy, Remington Sprague, M.D., Michelle Hazekamp, Janice Hilleary, Tamara Madisson

Members Absent: Mary Vazquez

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Kristi Chittenden, Brandy Carlson, Christy LaDronka, Amber Berndt, Jennifer Hoeker, Carly Hysell, Melina Barrett, Casey Olson, Helen Dobb, Brittani Duff, Mickey Wallace, Linda Anthony, Lea Streblow, Gary Ridley, Jason Bates, Natalie Walther, Kim Davis, Chianti Brown, Jackie Farrar

Guests Present: Matt Farrar, Stephanie VanDerKooi

MINUTES

HWB 124-B - It was moved by Mr. Hardy, seconded by Commissioner Hazekamp, to approve the minutes of the July 31, 2026 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Program Personnel Committee

HWB 103-P - It was moved by Commissioner McGuigan, seconded by Mr. Hardy, to approve the minutes of the April 3, 2026 meeting as written.

MOTION CARRIED

HWB 104-P - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest policy and procedure for Direct Care Worker Wages, effective August 31, 2026.

MOTION CARRIED

HWB 105-P - It was moved by Mr. Hardy, seconded by Commissioner McGuigan, to approve the HealthWest position changes, and related equipment costs, listed in the attached FY 2027 Budget Position Change Requests spreadsheet, effective October 1, 2026.

Recipient Rights Committee

HWB 106-R - It was moved by Commissioner McGuigan, seconded by Ms. Hilleary, to approve the minutes of the April 3, 2026 meeting as written.

MOTION CARRIED

HWB 107-R - It was moved by Commissioner McGuigan, seconded by Mr. Weerstra to approve the Recipient Rights Reports for April 2026 / May 2026.

MOTION CARRIED

HWB 108-R - It was moved by Ms. Natte, seconded by Ms. Hilleary to approve the Recipient Rights Reports for June 2026 / July 2026.

MOTION CARRIED

Finance Committee

HWB 109-F - It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the Finance Committee meeting minutes from July 10, 2026 as written.

MOTION CARRIED

HWB 110-F - It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve expenditures for the month of July 2026, in the total amount of $11,900,352.72.

MOTION CARRIED

HWB 111-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest FY2026 Projected Budget in the amount of $115,819,593 for both revenues and expenditures

MOTION CARRIED

HWB 112-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest FY2027 Recommended Budget in the amount of $118,839,765 for both revenues and expenditures.

MOTION CARRIED

HWB 113-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve acceptance of the FY2027 awarded grants identified on the attached grant schedule, including MDHHS grants. Federal grants, and LRE Sub-Awards, and to accept the requirements associated with those grants, for a total awarded amount of $4,232,826. Further, the Board acknowledges and accepts the FY2027 grant applications submitted and pending award consideration as identified in the Applied/Not Yet Awarded section of the attachment.

MOTION CARRIED

HWB 114-F - It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve the FY26. Contracted Vendors/Providers listed under the five funding sources. The total budget for the five funding services is $54,725,429 effective August 28, 2026. Through September 30, 2026.

MOTION CARRIED

HWB 115-F - It was moved by Dr. Sprague, seconded by Ms. Thomas, to approve the HealthWest Board of Directors to approve the FY27 budget for the contracted Vendors/Providers listed under the five funding sources effective October 1, 2026. The total budget for the five funding services is $54,605,309. The agreements are dated October 1, 2025, through September 30, 2027.

MOTION CARRIED

HWB 116-F - It was moved by Ms. Thomas, seconded by Dr. Sprague, to approve the HealthWest Board of Directors to approve the Vendors listed on Attachment A and further authorize the payment of the contracts.

Mr. Hardy abstained from voting due to conflict of interest.

MOTION CARRIED

HWB 117-F - It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the HealthWest Executive Director to approve the above landlords for the HUD grant funding for Fiscal Year 2027, at a cost not to exceed the final HUD grant awarded dollars of $411,497 and approve departmental signature of the MSHDDA Agreement.

MOTION CARRIED

HWB 118-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Chief Financial Officer to sign the contract between Michigan Department of Health and Human Services and HealthWest for Managed Mental Health Supports and Services for the period of October 1, 2026, through September 30, 2027.

MOTION CARRIED

HWB 119-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest to contract with Rehmann, LLC, 675 Robinson Road, Jackson for consulting services for FY2027.

MOTION CARRIED

HWB 120-F - It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve HealthWest to contract with TBD Solutions, Inc., 2930 Luceme Dr. SE, Grand Rapids, for professional services related to a crisis stabilization unit feasibility assessment.

MOTION CARRIED

HWB 121-F - It was moved by Mr. Weerstra, seconded by Mr. Hardy, to approve the HealthWest Executive Director to approve Allen Crossing Limited Dividend Housing Association for the HUD grant funding for Fiscal Year 2026.

MOTION CARRIED

HWB 122-F - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to sign an Interagency Cash Transger Agreement with Michigan Rehabilitation Services, effective October 1, 2026, through September 30, 2027, with a projected expenditure not to exceed $69,200.00.

MOTION CARRIED

HWB 123-F - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the HealthWest Executive Director to sign Designated Collaborative Organization (DCO) contracts with ACAC, Arbor Circle Corporation, Catholic Charities West Michigan, Family Outreach Center, and Wedgwood Christian Services, contingent upon approval by the Michigan Department of Health and Human Services (MDHHS), for the period of October 1, 2026, through September 30, 2028. Funding for these agreements is available within the approved substance use disorder (SUD) budget.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 125-B – It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve the changes to the HealthWest Consumer Advisory Committee members, effective August 31, 2026.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Ms. Betts, Lead Customer Service Specialist, presented the FY26 Regional Satisfaction Survey.

DIRECTOR'S COMMENTS

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

Director's Update

MDHHS Updates:

- ➢ I attended 2 webinars provided by MDHHS related to Medicaid enrollment and the advent of HR1 coming in October of this year. The first one was related to Medicaid coverage for Immigrants and their status. The second one relates more to youth re-entry from juvenile justice system and their eligibility for Medicaid.

    - Webinar 1: H.R. 1 Immigrant Medicaid Eligibility Changes
      This webinar focused on federal Medicaid eligibility changes beginning October 1, 2026. Certain immigrant adults may lose full Medicaid coverage unless they qualify through another eligibility pathway. MDHHS emphasized that Michigan will review alternative coverage options before terminating benefits, with children and pregnant individuals receiving additional protection through CHIPRA-214. For HealthWest, the key issue is that Medicaid enrollment support, MI Bridges assistance, and renewal/documentation help will be important to prevent unnecessary coverage loss and reduce General Fund exposure.
    - Webinar 2: CAA Juvenile Justice Reentry Services
      This webinar focused on new Medicaid-covered services for eligible justice-involved youth before and after release from correctional settings. Covered activities include screening, diagnostic services, and targeted case management beginning up to 30 days before release and continuing post-release. MDHHS identified CMHSPs and CCBHCs as potential providers, making this a possible service and reimbursement opportunity for HealthWest. The main operational issue will be coordinating services to avoid duplication with existing supports such as Behavioral Health TCM, Wraparound, Health Home, or Behavioral Health Home. Together, the webinars point to a growing need for HealthWest to strengthen eligibility navigation, coverage retention efforts, and transition-of-care coordination. These areas are increasingly important for maintaining Medicaid coverage, limiting General Fund exposure, and positioning HealthWest for emerging Medicaid service opportunities.

- ➢ PIHP RFP – no new updates, even at the LRE, they have not heard anything. I finally got access to the SIGMA system which publishes RFPs from DTMB (Dept. of Technology, Management and Budget).

- ➢ 4 PIHP Lawsuit - The lawsuit filed by four PIHPs against MDHHS remains active. The Court has already issued an opinion and order, dismissed some claims but allowed several major issues to proceed into discovery and mediation. The LRE did not originally join the lawsuit, although the LRE signed a redlined FY25 PIHP contract and has been monitoring the litigation closely. More recently, the Court ordered the parties into mediation. The mediation was initially scheduled. However, it was later postponed because of developments in the LRE's separate FY22 Cost Settlement lawsuit. The Attorney General's office indicated that the LRE should likely be included if Judge Patel combines the cases.

LRE Level Updates:

- LRE Board meeting occurred on 08/26/2026
  - The LRE board approved the execution of the FY27 PIHP/CMSHP contract.
  - There was good discussion and feedback from the CMHSPs regarding some changes to the contract between the CEOs and LRE executive team. I offered several language changes to the contract that I believe the LRE and CMHSPs should be able to come to an agreement on them.
  - The CMHSPs feedback to the LRE were similarly related to the provider network adequacy and noticing related to delegated functions. I shared in a previous update more detail on these two concerns.
  - The LRE board of directors have also approved the LRE Strategic Plan and the SUD prevention plan.

CMH Level:

- HealthWest continues with various projects:
  - Utilization reviews and productivity: I updated the board last month that work related to reviewing services at HW is a priority and various teams continue to work on this project.
  - SDA (Same Day Access) is going well as the clinical teams prepare for a go live date at the end of September. There will have to be some policies updated.
  - HW is currently under a site review with the LRE right now. Pam Kimble provided me with an update that this review has gone so much smoother as far as the process. The quality improvement team continues to coordinate, obtaining remaining proofs for the LRE and should be wrapping up soon. Kudos to Pam, Bennie, and the QI team and HW staff for their work on a time-consuming audit.

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,

Janet Thomas
Board Chair
/hb

PRELIMINARY MINUTES
To be approved at the Full Board Meeting on
September 25, 2026

HEALTHWEST

FINANCE COMMITTEE REPORT TO THE BOARD

via Jeff Fortenbacher, Committee Chair

1. The Finance Committee met on September 11, 2026.

*2 It was recommended, and I move to approve the minutes of the August 21, 2026 meeting as written.

*3. It was recommended, and I move to approve expenditures for the month of August 2026, in the total amount of $8,850,095.63.

*4. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Samaritan Way Recovery Community from November 1, 2026 through September 30, 2027.

* 5. It was recommended, and I move to approve the HealthWest Board of Directors to approve the purchase of and / or reimbursement from VitalCore and/or other utilized pharmacies for FY2027.

*6. It was recommended, and I move to approve the HealthWest Executive Director to sign the FY27 Lakeshore Regional Entity and HealthWest Agreement of the Medicaid Managed Specialty Supports and Services under the Section 1115 Behavioral Health Demonstration Waiver, including concurrent 1915(c)/(i) Waiver Programs, Flint 1115 Demonstration Waiver, and the Healthy Michigan Program, effective October 1, 2026, through September 30, 2027

*7. It was recommended, and I move to approve the FY26. Contracted Vendors/Providers listed under the five funding sources. The total budget for the five funding services is $54,725,429 effective August 28th, 2026. Through September 30th, 2026.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

September 11, 2026
8:00 a.m.

CALL TO ORDER

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

ROLL CALL

Committee Members Present:	Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Remington Sprague, M.D.
Committee Members Absent:	Charles Nash, John Weerstra, Michelle Hazekamp
Also Present:	Holly Brink, Rich Francisco, Brandy Carlson, Gina Maniaci Christy LaDronka, Kristi Chittenden, Casey Olson, Gina Kim, Carly Hysell, Anissa Goodno, Justin Robillard, Lea Streblow, Gary Ridley, Tasha Kuklewski, Jennifer Stewart, Melina Barrett, Kim Davis, Kaitlin Shaffer, Brandon Baskin, Jason Bates

ITEMS FOR CONSIDERATION

A. *Approval of the Minutes of August 21, 2026*

It was moved by Dr. Sprague, seconded by Ms. Thomas, to approve the Finance Committee meeting minutes from August 21, 2026 as written.

MOTION CARRIED

B. *Approval of Expenditures for August 2026*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve expenditures for the month of August 2026, in the total amount of $8,850,095.63.

MOTION CARRIED

C. *Monthly Report from the Chief Financial Officer*

Ms. Carlson, Chief Financial Officer, presented the July report, noting an overall cash balance of $4,421,401.22 as of July 31, 2026.

D. *Finance Update Memorandum*

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

E. *Authorization to Approve Contracting with Samaritan Way*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Executive Director to sign a contract with Samaritan Way Recovery Community from November 1, 2026 through September 30, 2027.

MOTION CARRIED

F. *Authorization to Approve Payment / Reimbursement from VitalCore Health Strategies, LLC*

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the HealthWest Board of Directors to approve the purchase of and / or reimbursement from VitalCore and/or other utilized pharmacies for FY2027.

MOTION CARRIED

G. *Authorization to Approve Signing of the Lakeshore Regional Entity (LRE) Agreement*

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the HealthWest Executive Director to sign the FY27 Lakeshore Regional Entity and HealthWest Agreement of the Medicaid Managed Specialty Supports and Services under the Section 1115 Behavioral Health Demonstration Waiver, including concurrent 1915(c)/(i) Waiver Programs, Flint 1115 Demonstration Waiver, and the Healthy Michigan Program, effective October 1, 2026, through September 30, 2027

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director provided an update:

- **MDHHS/LRE updates:**
  - HW submitted some data to the LRE to understand the cost for some of our consumers in specialized residential settings. There is a greater need to understand the residential per diem rates we pay our providers on a regional basis. Ottawa County provided a template to review individuals that receive enhanced care and receive enhanced safety services from HW. The summary of the preliminary data revealed that we have about 58 individuals in these programs that utilize about 10 to 13% percent of the revenue (about 11M). Ottawa shared their data of about 17 consumers using about 6M of their revenue. We do serve individuals with high behavioral and high medical needs. The rest of the partner CMHSPs have also submitted the data and the LRE will be aggregating the results. The goal is to advocate with MDHHS for this population of individuals.
  - LRE/CMHSP FY27 contract review is completed and HW is ready to sign. We have resolved contract language changes and the areas of concern for HW have been removed from the contract. I mentioned that there were two areas of concern for HW in my past update to the board. One relates to provider network adequacy (inadequacy), and the other is related to notification to CMH related to delegated functions.

- CCBHC listening sessions continue to happen at the state level with CCBHCs and MDHHS. The goal is to hear back from CCBHCs on the pain points as CCBHC ends the demonstration. The last session was on the critical component of Care coordination and Targeted Case Management. It was an in-depth look at what the differences are and what the similarities are and how each is currently funded.

➢ **CMH Level updates:**

- HW has submitted an RFQ (Request for Qualifications) with the County to review our current role as a CMH and a county department. I have been in conversation with County leadership over the topic of becoming an authority. County leadership has been talking with other CMHSPs/County going through the process and what is involved. I have also been in contact with Lapeer County (from region 10) who is also going to pursue authority status. The goal of RFQ is to procure legal counsel who is an expert at the Mental Health code and is knowledgeable about the inner workings of the various CMHSP set ups, risks, and responsibilities. There will be only 3 more CMHSPs that will be tied to the County as department after Ottawa and Lapeer transitions. Macomb, Washtenaw, and Muskegon.
- HW Continues to focus on General Fund line item in the budget. With the impacts of CCBHC non-Medicaid and HR 1, we will surely need more funding in this area. At the director's forum, the same concern was brought by over 50% of the directors. There is going to be a separate discussion with the CCBHC Caucus in two weeks to discuss the issues related to this. The goal is to advocate for more GF dollars with MDHHS.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:27 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

PRELIMINARY MINUTES
To be approved at the Finance Meeting on
October 16, 2026

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Full Board		X	

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
HealthWest Board	September 25, 2026	Janet Thomas, Chairperson

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest board authorization is requested to recommend re-appointing Janice Hilleary, as representative for the LRE (Lakeshore Regional Entity) Executive Board of Directors. Janice Hilleary serves on the HealthWest Board, and knows the importance and support needed for Mental Health Services here in Muskegon County. This recommendation is effective October 1, 2026, through September 30, 2029.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

The HealthWest Board moves to approve Janice Hilleary as a recommendation for a re-appointment for the Executive Board Member for the LRE (Lakeshore Regional Entity), and authorizes the HealthWest Board Chairperson, Janet Thomas, to recommend her on behalf of the HealthWest Board of Directors.

COMMITTEE DATE	COMMITTEE APPROVAL
	_____ Yes _____ No _____ Other
BOARD DATE	**BOARD APPROVAL**
September 25, 2026	_____ Yes _____ No _____ Other

HWB 132-B

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE	BUDGETED	NON-BUDGETED	PARTIALLY BUDGETED
Full Board	X		

REQUESTING DIVISION	REQUEST DATE	REQUESTOR SIGNATURE
Finance Department	September 25, 2026	Kristi Chittenden, Chief Information Officer

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

Authorization requests that HealthWest enter into agreement as a sub-recipient to the Michigan Public Health Institute (MPHI) grant received from Michigan Department of Health and Human Services (MDHHS) to receive $80,291.00 to be used for care coordination improvements to meet CCBHC requirements per terms of the agreement with MPHI.

The services to be performed by the Subcontractor are as follows:
Improve care coordination through the electronic medical record by identifying, designing, and implementing targeted modifications that streamline communication, improve SUD assessments, reduce care gaps, and enhance continuity across the patient care team.

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize acceptance of the sub-recipient agreement with MPHI to be awarded $80,291.00 and use funds as directed by the agreement.

COMMITTEE DATE	COMMITTEE APPROVAL
	_____Yes _____No _____Other
BOARD DATE	**BOARD APPROVAL**
September 25, 2026	_____Yes _____No _____Other

HWB 133-B

SUBCONTRACTOR AGREEMENT BETWEEN

Michigan Public Health Institute 2436 Woodlake Circle, Suite 300 Okemos, MI 48864	and	County of Muskegon 376. E. Apple Ave. Muskegon, MI 49442 FEIN: XX-XXX6063

THIS AGREEMENT by and between the MICHIGAN PUBLIC HEALTH INSTITUTE, a Michigan nonprofit corporation ("MPHI"), and the County of Muskegon , ("Subcontractor"), shall become effective on the date this contract is signed by both parties, ("Effective Date"), and continue through September 30, 2026 ("End Date").

1. **Acknowledged Facts**. MPHI has entered into a contract with the Michigan Department of Health and Human Services (MDHHS) to improve care coordination through the electronic medical record ("Funding Source Agreement"). MPHI desires to subcontract with Subcontractor to provide services necessary for MPHI to carry out its obligations under the Funding Source Agreement. This agreement constitutes a vendor relationship.

2. **Subcontractor Services**. Subcontractor shall perform the services described in Exhibit A. Subcontractor shall perform the services in compliance with all terms of the Funding Source Agreement. In the event of a conflict between the Funding Source Agreement and any term in this Agreement, the Funding Source Agreement shall control. A copy of the Funding Source Agreement is attached to this Agreement as Exhibit C. Subcontractor shall provide the necessary administrative, professional, and technical staff for performance of the services.

3. **Period of Performance.** The Subcontractor shall begin providing the services described above on July 1, 2026 ("Start Date") or the Effective Date, whichever is later, and shall continue those services through the End Date or the date of termination, whichever occurs first. No service shall be provided and no costs to MPHI will be incurred prior to Start Date or the Effective Date of the Agreement, whichever is later. No costs to MPHI will be incurred after the date of termination or End Date, whichever occurs first.

4. **Payment.** Payments shall be paid according to the program budget or schedule attached as Exhibit B.

5. **Reimbursement and Return of Funds by Subcontractor**. Upon termination of this Agreement, Subcontractor shall immediately return to MPHI any funds in the Subcontractor's possession that Subcontractor has not earned or is otherwise not entitled to keep under this Agreement. If any court or governmental agency orders MPHI to return any grant funds, Subcontractor shall return to MPHI on demand any portion of those grant funds that were paid to Subcontractor.

6. **Fees, Charges or Contributions**. Subcontractor shall not solicit or require any fees or charges from any third party for services or materials provided by Subcontractor under this Agreement without the prior written approval of MPHI.

7. **Records, Reporting, and Access.** Subcontractor shall maintain records relating to its services provided under this Agreement in accordance with generally accepted accounting practices and in accordance with reasonable requirements of MPHI and the Funding Source Agreement, and in a form sufficient to permit MPHI to verify the Subcontractor's costs, expenditures and other activities incurred pursuant to this Agreement. MPHI and any funding sources identified in the Funding Source Agreement, shall have access to all of Subcontractor's records relating to its services under this Agreement within 10 calendar days of providing notification at reasonable times, including but not limited to canceled checks, invoices,

vouchers, purchase orders, subcontracts, time sheets, mileage records and all other records relating to services and expenditures. MPHI and the funding source shall be entitled to perform audits of all of Subcontractor's records described in this section. Subcontractor shall maintain records relating to the services provided under this Agreement until a final audit has been performed to MPHI's satisfaction or until four (4) years after termination of this Agreement, whichever occurs first.

8. **Ownership of Property Purchased with Funding Source Funds.** All property purchased by Subcontractor in whole or in part with funds authorized under this Agreement, the cost of any single item of which exceeds $10,000, shall be owned by and remain the property of MPHI. Upon termination of this Agreement, all of that property shall be returned immediately to MPHI if requested by MPHI in writing.

9. **Compliance with Laws, Regulations, and MPHI Policies and Assurances.**

A. **Nondiscrimination**. **This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to protected veteran status or disability.**

The Subcontractor further agrees that every subcontract entered into for the performance of any contract or purchase order resulting here from, will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor.

The Subcontractor shall adhere to all other applicable Federal, State and local laws, ordinances, rules and regulations prohibiting discrimination, including, but not limited to, the following:

1. The Elliott Larsen Civil Rights Act, 1976 PA 453, as amended.
2. The Michigan Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended.
3. Americans with Disabilities Act of 1990
4. Titles VI and VII of the Civil Rights Act of 1964 (P.L. 88-352)
5. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683 and 1685-1686)
6. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794)
7. The Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107)
8. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended
9. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended
10. §§523 and 527 of Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records;
11. Any other nondiscrimination provisions in the specific statute(s) under which federal assistance is being made;
12. The requirements of any other nondiscrimination statute(s) which may apply to the Agreement.

The Subcontractor shall not discriminate against businesses owned by persons with disabilities in subcontracting.

Subcontractor acknowledges that discrimination is a material breach of this agreement.

B. **Pro-Children Act**. The Subcontractor will comply with the Pro-Children Act of 1994 (PL 103-227; 20 USC 6091 et seq.), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; services providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children(WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor also assures that this language will be included in any subawards which contain provisions for children's services.

The Subcontractor also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this Contract will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

C. **Anti-Lobbying Act**. The Subcontractor will comply with the Anti-Lobbying Act, 31 USC 1352, as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-208). Further, the Subcontractor shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

D. **Trafficking Victims Protection Act.** The Subcontractor will comply with the Trafficking Victims Act of 2000, as amended. This agreement and anyone working on this agreement will be subject to the Trafficking Victims Protection Act and must comply with all applicable standards, orders or regulations issued pursuant to this Act. Violations must be reported to MPHI.

E. **Human Research Subject Protections.** The subcontractor will comply with MPHI's Federalwide Assurance of Protection for Human Subjects. This assurance specifies: guidance of research activities involving human subjects according to the ethical principles of The Belmont Report; compliance with the procedural standards of 45 CFR 46 (and its Subparts A, B, C, and D) for all human subject research regardless of funding source; and the designation of the MPHI Institutional Review Board (IRB) for review of research under the assurance.

F. **HIPAA**. The Subcontractor will comply with all applicable Administrative Simplification requirements specified in the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 and all regulations promulgated thereunder. The Subcontractor will comply with the HIPAA Privacy Rule and Security Rule (45 CFR Parts 160, 162 and 164, Standards for Privacy of Individually Identifiable Health Information).

G. **Mandatory Disclosures**. The subcontractor must disclose to MPHI, in writing within 10 days of receiving notice of any litigation, investigation, arbitration, or other proceeding involving subcontractor, or an officer or director of Subcontractor or subcontract, or that arises during the term of this Agreement including:

1. A criminal proceeding;
2. A parole or probation proceeding;
3. A proceeding under the Sarbanes-Oxley Act;
4. A civil proceeding involving:
   a. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability; or
   b. A governmental or public entity's claim or written allegation of fraud; or
   c. A proceeding involving any license that Subcontractor is required to possess in order to perform under this Agreement.

H. **Conflict of Interest and Code of Conduct Standards**.

1. The Subcontractor is subject to the provisions of Michigan 1968 PA 317, Michigan 1973 PA 196, and Title 2 CFR, Section 200.318(c)(1) and (2).
2. The Subcontractor will uphold high ethical standards and is prohibited from:
   a. Having an interest that would conflict with this Agreement;
   b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
   c. Attempting to influence or appearing to influence any MPHI or state employee by direct or indirect offer of anything of value; or
   d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. The Subcontractor must immediately notify MPHI of any violation or potential violation of these standards. This Section applies to Subcontractor and any of its subcontractors.

I. **Confidentiality and Privacy Practice**. Subcontractor shall not use MPHI's name in any way without MPHI's prior written consent. Other than in the performance of this Agreement, subcontractor shall not disclose, publish or use at any time, either before or after termination of this Agreement, any confidential information concerning MPHI or any other person or entity. Confidential information shall include, but not be limited to, data collected, stored or managed on behalf of MPHI, information concerning MPHI or any other person or entity not generally known to the public, including, but not limited to, personal or private information concerning any individual, contracts, criminal records, financial information or other processes, records or documents, or any other information allowing the identification of which person or entity furnished data in connection with services provided under this Agreement. Subcontractor must have appropriate safeguards in place to protect the confidentiality of MPHI data. If the Subcontractor is handling identifiable data on behalf of MPHI on a project classified as privacy-sensitive by the MPHI IRB/Privacy Panel, the Subcontractor agrees to implement the privacy requirements detailed in Exhibit E (see Exhibit E attached). Subcontractor must provide, if requested, adequate information on the scope of work to facilitate screening of the project by the MPHI IRB/Privacy Panel. The MPHI program contact will notify the Subcontractor if the project is classified as privacy-sensitive. Failure to implement appropriate safeguards and/or to abide by the terms of Exhibit E is grounds for termination of this contract. The inadvertent disclosure through negligence of confidential information or data concerning MPHI is grounds for termination of this contract.

J. **Other Laws.** Subcontractor shall comply with all other applicable federal, state and local laws, ordinances, guidelines, rules and regulations in carrying out the terms of this Agreement, including, but not limited to, the following clauses incorporated by reference, with the same effect as if they were given in full text:

1. The provisions of the Clean Air Act (42 U.S.C. 7401-7671q.) and Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended.
2. The provisions of 29 CFR Part 471, Appendix A to Subpart A: Notification of Employee Rights Under Federal Labor Laws. Appendix A is available at http://www.dol.gov/olms/regs/compliance/EO13496.htm.
3. The whistleblower rights and remedies in the Pilot Program on Contractor Employee Whistleblower Protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

10. **Criminal Background Check.**

A. Prior to beginning any work, conduct or cause to be conducted an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with clients or has access to client information.
1. ICHAT: http://apps.michigan.gov/ichat
2. Michigan Public Sex Offender Registry: http://www.mipsor.state.mi.us
3. National Sex Offender Registry: http://www.nsopw.gov

B. Prior to beginning any work, conduct or cause to be conducted a Central Registry (CR) check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement works directly with children or vulnerable adults.
1. Central Registry: http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330---,00.html

C. Require each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Subcontractor in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.

D. Require each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement, may have access to any databases of information maintained by the federal government that contains confidential or personal information, including, but not limited to, federal tax information, to have a fingerprint background check performed by the Michigan State Police.

E. Subcontractor shall notify MPHI in writing of any new employee, employee, subcontractor, subcontractor employee, or volunteer who works directly with clients or has access to client information of any positive ICHAT response, CR response, reported criminal felony conviction, or reported perpetrator identification prior to individual performing work under this Agreement. MPHI will make a determination on eligibility of the individual to provide such services. Positive responses, criminal reports, or reported perpetrator identification shall be reported to Heather White via email at hwhite@mphi.org.

F. Prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on a determination by MPHI that the results of a positive ICHAT response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide such services.

G. Prohibit any employee, subcontractor, subcontractor employee or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on a determination MPHI that the results of a positive CR response or reported perpetrator identification make the individual ineligible to provide such services.

11. **Independent Contractor.** The Subcontractor is an independent contractor for MPHI and neither the Subcontractor nor any of its employees or agents shall be treated as employees of MPHI. Subcontractor will not represent either itself or any of its employees or agents as employees of MPHI. Subcontractor shall be responsible for all compensation, fringe benefits, and other obligations due to its employees, including but not limited to the withholding and payment of all applicable employment, income and social security taxes to federal, state and local governments. Subcontractor shall also comply with all workers' compensation laws applicable to its business and will provide to MPHI proof of its compliance with this section upon request by MPHI. If any court or administrative agency determines that Subcontractor or any of its employees or agents should be treated as employees of MPHI instead of independent contractors, Subcontractor agrees to reimburse MPHI on demand for all expenses and costs incurred by MPHI as a result of that determination, including but not limited to reasonable attorneys' fees, taxes, interest, penalties and damages.

12. **Indemnification and Insurance**. Subcontractor shall defend, indemnify and hold MPHI and its officers, directors, agents and employees harmless from all claims, liabilities, and expenses (including but not limited to reasonable attorney fees and costs) arising out of any action by Subcontractor or any of its agents, employees or subcontractors in connection with the services to be provided under this Agreement. During the term of this Agreement, Subcontractor, if working under an FEIN, shall maintain at its own expense Commercial General Liability insurance, including broad form contractual liability insurance, in amounts satisfactory to MPHI and in amounts sufficient to cover Subcontractor's liability under this Agreement. During the term of this Agreement, Subcontractor, if working under their SSN, shall maintain at its own expense insurance satisfactory to MPHI and in amounts sufficient to cover Subcontractor's liability under this Agreement. This insurance shall name MPHI as an additional insured. By signing this agreement, subcontractor certifies that this insurance is in effect, that MPHI is named as an additional insured on all such policies, and that none of the coverages will be terminated or modified without giving at least 30 days prior written notice to MPHI. MPHI reserves the right to request and receive proof of insurance coverage and proof of additional insured status.

13. **Cap on Salaries.** None of the funds awarded to the Subcontractor through this Agreement shall be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel Management web site, http://www.opm.gov, by navigating to Policy — Pay & Leave — Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

Note: In the instance that Subcontractor has more than one agreement funded under the Funding Source Agreement, no individual may be paid at a rate in excess of Executive Level II cumulatively across all agreements entered into with MPHI that they work on under the Funding Source Agreement attached in Exhibit C.

14. **Intellectual Property Rights.** Subcontractor hereby acknowledges that the State is and will be the sole and exclusive owner of all right, title, and interest in the Work Product produced as part of the Agreement Activities, and all associated intellectual property rights, if any. In general, Work Product constitutes works made for hire as defined in Section 101 of the Copyright Act of 1976. To the extent any Work Product, and related intellectual property do not qualify as works made for hire under the Copyright Act, Subcontractor will, and hereby does, immediately on its creation, assign, transfer and otherwise convey to the State, irrevocably and in perpetuity, throughout the universe, all right, title and interest in and to the Work Product, including all intellectual property rights therein. Subcontractor also irrevocably waives any and all claims Subcontractor may have now or hereafter have in any jurisdiction to so called "moral rights" or rights of droit moral with respect to the Work Product.

15. **Representations and Warranties by Subcontractor.** Subcontractor represents and warrants to MPHI that each of the following are true and will remain true during the term of this Agreement:

A. Subcontractor has the authority to enter into this Agreement and to perform all of its obligations under this Agreement.

B. Subcontractor's execution and performance of this Agreement shall not create a breach or default in any other agreement or court order to which Subcontractor is a party or by which it is bound.

C. Neither Subcontractor nor any of its employees or agents is currently barred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from providing any services under this Agreement by any federal, state or local department or agency.

D. Subcontractor has not within a 5-year period preceding this Agreement been convicted of or had a civil judgment rendered against it or any of its officers for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property.

E. Neither Subcontractor nor any of its officers are presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above.

F. Subcontractor has not within a 5-year period preceding the date of this Agreement had one or more public transactions (federal, state or local) terminated for cause or default.

G. No actual or potential conflict of interests exists between Subcontractor or any of its employees, agents or any of their respective business interests, financial interests or family members, and MPHI or any other entity that would create a conflict of interest. Subcontractor will immediately notify MPHI if any conflict of interest arises during the term of this Agreement.

H. Subcontractor will immediately notify MPHI of any act or circumstance that would create a breach of any of these representations or warranties either immediately or with the mere passage of time.

16. **Default and Remedies.** Subcontractor shall be in default if it fails to perform any of its obligations as described in this Agreement within ten (10) days after MPHI gives written notice of failure to Subcontractor. Upon the occurrence of a default by Subcontractor, MPHI shall be entitled to exercise any and all remedies available to it in law or in equity, including but not limited to the right to terminate this Agreement without further notice to Subcontractor, the right to seek damages for the default, the right to seek specific performance of Subcontractor's obligations, and the right to reduce, diminish or terminate any payments otherwise owing to Subcontractor set forth above in a manner that reflects the noncompliance. Subcontractor shall reimburse MPHI on demand for all expenses, including but not limited to court costs and reasonable attorney's fees, incurred by MPHI in enforcing any of its rights under this Agreement, whether or not enforcement requires any litigation.

17. **Force Majeure.** The performance of this Agreement is subject to termination without liability upon the occurrence of any circumstance beyond the control of either party – such as acts of God, war, acts of terrorism, government regulations, government shutdown, disaster, strikes, civil disorder, threat of communicable disease or curtailment of transportation facilities – to the extent that such circumstance makes it illegal, impossible, or impracticable for a Party to carry out the planned work. The ability to terminate this Agreement without liability pursuant to this paragraph is conditioned upon delivery of written notice to the other party setting forth the basis for such termination as soon as reasonably practical - but in no event longer than ten (10) days - after learning of such basis.

18. **Termination of Agreement.** This Agreement may be terminated under the following conditions:

A. **Termination Without Cause.** Either party may terminate this Agreement at any time without cause by giving thirty (30) days advance written notice to the other party. Termination under this section shall not prejudice either party's remedies for any breach occurring before termination.

B. **Stop Work Order.** The funder may suspend or terminate any or all activities under this Agreement at any time. Upon receiving notice from the funder to suspend activities under this Agreement, MPHI will provide the Subcontractor with a written stop order detailing the suspension or termination. Subcontractor must comply with the stop work order upon receipt. MPHI will not pay for any Activities, Subcontractor's lost profits, or any additional compensation during a suspension or those incurred beyond the date of termination.

19. **Notices.** Any notice required or permitted to be given to either party under this Agreement shall be deemed given on the date of personal delivery to a representative of the party at its email address. In addition, a hard copy may also be sent via regular mail or via overnight mail service to the following addresses:

If to MPHI:
Sharon Simmons,
Grants and Contracts Administrator
Michigan Public Health Institute
2436 Woodlake Circle, Suite 300
Okemos, MI 48864
grants@mphi.org

If to the Subcontractor:
County of Muskegon
376. E. Apple Ave
Muskegon, MI 49442
Phone Number: 231- 670-7831
Email Address: Christy.LaDronka@Healthwest.net

Either party may, by written notice, designate a different address other than a post office box to which notices may be sent.

20. General Provisions.

A. **Waivers.** No failure or delay on the part of MPHI in exercising any right under this Agreement shall operate as a waiver, nor shall a single or partial exercise of any right preclude any other or further exercise of that right or any other right.

B. **Entire Agreement and Amendment.** This Agreement and any documents to which it refers contain all of the terms of the Agreement between the parties with respect to its subject matter and all Exhibits are incorporated by reference. This Agreement supersedes any previous discussions, writings, or other communications with respect to its subject matter. Any amendment or waiver of any term in this Agreement shall be enforceable only if it is in writing and signed by both parties.

C. **No Assignment or Subcontracting.** The Subcontractor shall not assign, subcontract or otherwise transfer any of its rights or duties without the prior written consent of MPHI.

D. **Invalid Provisions.** If any term of this Agreement is held to be invalid, the remainder of the Agreement shall nevertheless be enforced to the maximum extent permitted by law.

E. **Third Party Beneficiaries.** No third party shall have the right to enforce any term in this Agreement against either party, except that any funding source identified in the Funding Source Agreement shall be entitled to enforce any of MPHI's rights under this Agreement.

F. **Individual Authority.** Any persons signing on behalf of the Subcontractor represent and warrant that they are duly authorized to sign this Agreement on behalf of the Subcontractor and that this Agreement has been authorized by the Subcontractor.

G. **Governing Law.** This Agreement shall be governed by the laws of the State of Michigan.

MICHIGAN PUBLIC HEALTH INSTITUTE

DocuSigned by:
Kate Platte
181A7DDB91C34D9...
Kate Platte — Controller — 8/20/2026 Date

COUNTY OF MUSKEGON

Signed by:
Christy LaDronka
47AC1A1F1178482...
Christy LaDronka — Chief Clinical Officer — 8/19/2026 Date

EXHIBIT A
WORK STATEMENT & PROGRESS REPORTS

Contract Between
Michigan Public Health Institute
and
County of Muskegon

Work Plan

The services to be performed by the Subcontractor are as follows:

Improve care coordination through the electronic medical record by identifying, designing, and implementing targeted modifications that streamline communication, improve SUD assessments, reduce care gaps, and enhance continuity across the patient care team.

Task 1 – EMR Workflows

- Deliverable:
  - EMR workflow evaluation and care-coordination improvement plan
  - Detailed plan that includes necessary subscriptions to meet required State of Michigan requirements.

Task 2 – EMR Modifications

- Deliverable:
  - A detailed plan outlining timelines, resources and rollout steps for EMR modifications.

Certified Community Behavioral Health Clinic (CCBHC) will be reimbursed for completed EMR modifications that have prior approval from the State of Michigan.

Progress Reports

Subcontractor shall send progress reports with each invoice submission to MPHIinvoicing@mphi.org.

The content of the progress reports should be very brief, should be written in paragraph format, and should describe:

- What activities were accomplished in the previous month,
- What activities are planned for the next month,
- Any anticipated problems that may delay completion of the project on schedule,
- Any significant staff changes on the project,
- Whether the budget for the project is on-track, and
- Whether any amendments to the original subcontract should be expected.

Quarter Reports

Subcontractor shall provide a quarter report, in addition to the progress report. The quarter report is a summary of the monthly progress reports.

Quarter reports are due five (5) days following the end of the calendar quarter. The content of the quarterly reports should be very brief, should be written in paragraph format, and should summarize work completed in the previous quarter.

EXHIBIT B
BUDGET, STATEMENT, & INVOICE INFORMATION

Contract Between
Michigan Public Health Institute
and
County of Muskegon

Description of payment amounts and payment methods:

Tasks 1: EMR Workflow $35,291.00

- Deliverable:
  - EMR workflow evaluation and care-coordination improvement plan, to include necessary subscriptions, needed to meet required State of Michigan requirements.

Tasks 2: EMR Modification $45,000.00

- Deliverable:
  - A detailed plan outlining timelines, resources and rollout steps for EMR modifications.

All invoices must be detailed and describe work completed, during the invoice period, towards the purposes and objectives established in the Workplan of this Agreement.

Total payments from MPHI to the Subcontractor under this Agreement, shall not exceed the sum of EIGHTY THOUSAND TWO HUNDRED NINETY-ONE and 00/100 DOLLARS ($80,291.00). MPHI shall make payments to Subcontractor within forty-five (45) days after receipt by the Business Office of an invoice that has been approved by the project coordinator indicating the amount due and the subcontract reference number.

MPHI's fiscal year is January to December. Subcontractor invoices that cross more than one of MPHI's fiscal years cannot be submitted. All invoices must be separated by MPHI's fiscal year. **An invoice for any expenses incurred during one fiscal year must be submitted to MPHI within thirty (30) days of the start of the following fiscal year.** For example, for work performed on a subcontract between December 1st and January 31st, an invoice must be submitted for the December 1st-31st portion of expenses by January 30th. **Invoices for expenses incurred prior to December 31st of one fiscal year, but received over 30 days after the start of the following fiscal year will not be paid.**

Subcontractor shall send invoices no more frequently than monthly and all invoices must conform to requirements in the Funding Source Agreement. A final invoice must be submitted to MPHI within fifteen (15) days after the termination date of this contract, unless otherwise agreed in writing by the Grants and Contracts Manager of MPHI. Invoices received after this date without prior approval will not be honored. Payment by the MPHI to the Subcontractor is subject to the availability of funds under the Funding Source Agreement.

Statements/Invoices should be mailed to: MPHIinvoicing@mphi.org

EXHIBIT C

COPY OF FUNDING SOURCE AGREEMENT
(see attached)

EXHIBIT D

PRIVACY REQUIREMENTS FOR SUBCONTRACTORS TO MPHI PRIVACY-SENSITIVE PROJECTS

Contact Information/Definitions:

Privacy-sensitive project: A project may be classified as privacy-sensitive due to applicable federal laws such as HIPAA, because of state or local laws or regulations, or by the MPHI Privacy Panel decision. Privacy-sensitive projects are required to comply with additional and/or modified procedures and safeguards that are not normally applied to standard MPHI projects.

MPHI Program Contact: Erin Wise
Michigan Public Health Institute
2465 Woodlake Circle, Suite 180
Okemos, MI 48864
(517) 324-6046

MPHI Privacy Officer: Ta-Tanisha Manson
Michigan Public Health Institute
2436 Woodlake Circle, Suite 340
Okemos, MI 48864
(517) 324-6084

Maintaining Security & Confidentiality of Privacy-Sensitive Data
Subcontractor staff working on privacy-sensitive projects will comply with the additional confidentiality and security procedures described below.

1. Controlling Access to Data on Privacy-Sensitive Projects:
    a. Subcontractor staff will be assigned by the Subcontractor to appropriate levels of authorization limiting access to data. These levels of authorization apply to both electronic data and data stored in hardcopy.
    b. The Subcontractor will maintain a log of who has been granted access to the project data, their level of authorization, their role, when access was granted, and when access was changed or revoked.
    c. Subcontractor staff with access to MPHI data will be required to sign a Confidentiality Agreement annually prior to being granted access to project data or information. Signed and dated copies of these Confidentiality Agreements will be supplied to the MPHI program contact.
    d. Subcontractor staff will receive training in the Subcontractor's privacy and security policies and procedures, including any enhanced procedures applicable to MPHI projects.

2. Physical Safeguards to Protect Privacy-Sensitive Data:
    a. Any paper documents containing processed or unprocessed MPHI data that contains personal identifiers, or data that are broken out at the individual level are subject to the following security measures:
        i. Documents will not be left in an unattended, unsecured room.
        ii. If paper documents containing data are out on a desk or an open data file is on the computer screen, unauthorized persons will not be allowed in the room. Unauthorized persons will not be allowed to use a workstation or laptop computer while project data is in use on that workstation.

iii. When leaving the office unattended for extended periods, documents must be placed in a locked drawer or safe accessible only to authorized staff members.
iv. Document shredding is required for documents containing data that have been superseded and/or determined to be obsolete. All documents will be shredded with a cross cut shredder.

3. Technical Safeguards to Protect Privacy-Sensitive Data:
    a. MPHI privacy-sensitive data files may routinely be stored on removable media. Removable media must be placed in a locked drawer or safe accessible only to authorized staff members when not in use.
    b. MPHI data for privacy-sensitive projects may routinely be stored in "Secure" data folders on servers or hard drives with appropriate firewalls and controlled access.
    c. MPHI reserves the right to specify how data will routinely be stored on a project-by-project basis.

4. Sending, Receiving and Transporting MPHI Privacy-Sensitive Data: The data transfer protocols described under this section help to ensure that data are not accessed by unauthorized persons and are neither inadvertently lost nor destroyed.
    a. All incoming and outgoing data transfers, regardless of transmission method, will be logged.
    b. Both paper and electronic MPHI data being retrieved or delivered in person by the Subcontractor must be carried by an authorized staff member and, to the extent practicable, must remain in close physical proximity to that person during the transfer. The staff member must retain knowledge and control over the data's whereabouts at all times and may not entrust it to any person except an authorized staff member or other person to whom the data are being delivered in compliance with the project workplan or other project needs.
    c. Both paper and electronic MPHI privacy-sensitive data may be transferred via the U.S. Postal Service. Because tampering with the U.S. mail is a federal offense, this should provide adequate protection for the data when coupled with the use of certified or registered mail (including return receipt, restricted delivery, signature confirmation or other additional services). Any electronic files sent in the mail must be encrypted; password protection alone is not an adequate level of security. Subcontractor will use U.S. Postal Service's registered or certified mail with return receipt service for delivering data or another courier service, such as by United Parcel Service, that offers traceable delivery. For incoming MPHI data, the Subcontractor will require use of courier services that provide tracking information and other security mechanisms similar to those provided by the US Postal Service, and will make every reasonable effort to ensure that project partners comply with secure transfer expectations, including encryption of data.
    d. Subcontractor use of facsimile transfers for confidential MPHI data is strongly discouraged. However, if it is necessary to send outgoing faxes with privacy-sensitive data, Subcontractor staff will maximize the security of the transmission by using a fax cover sheet that clearly identifies the person or entity that should receive the data and clearly states that the remaining pages in the fax contain confidential, privacy-sensitive information. They will also do everything in their control to assure that the intended recipient is at the fax machine at the time of transmission. Staff must request confirmation that the intended person or entity received the fax. For incoming data, Subcontractor will strongly discourage the use of faxes and will make every reasonable effort to ensure that project partners comply with secure transfer expectations.
    e. Electronic data transfers of MPHI data over publicly shared networks, such as email or the Internet, are only permitted when both sender and receiver are using federally approved encryption methods approved by MPHI. The software used to encrypt data should implement a U.S. government approved encryption algorithm called Advanced Encryption Standard (AES).

5. Subcontractor staff that have obtained permission to telecommute while working on an MPHI privacy-sensitive project are required to follow the procedures detailed in EXHIBIT D.

Disclosing Privacy-Sensitive Data

The state and federal laws that apply to the project often regulate the disclosure of privacy-sensitive data. Subcontractor should be familiar with the requirements of applicable laws. Subcontractors must follow guidelines for appropriate disclosure (including disclosure to clients, project partners, funders, and subcontractors) outlined in the project workplan or other applicable contractual agreements.

Report Adverse Events

Non-compliant data transfers, inadvertent data disclosures, and non-compliance with any of the security procedures required for privacy-sensitive projects must be reported to the MPHI Program contact and MPHI Privacy Officer immediately and documented as an adverse event.

EXHIBIT E

OTHER PROGRAM SPECIFIC REQUIREMENTS

1. State Data

a. Ownership

The Department's data ("State Data," which will be treated by Grantee as Confidential Information) includes: (a) the Department's data, user data, and any other data collected, used, processed, stored, or generated as the result of this Agreement; (b) personally identifiable information ("PII") collected, used, processed, stored, or generated as the result of this Agreement, including, without limitation, any information that identifies an individual, such as an individual's social security number or other government-issued identification number, date of birth, address, telephone number, biometric data, mother's maiden name, email address, credit card information, or an individual's name in combination with any other of the elements here listed; and, (c) protected health information ("PHI") collected, used, processed, stored, or generated as the result of this Agreement, which is defined under the Health Insurance Portability and Accountability Act (HIPAA) and its related rules and regulations. State Data is and will remain the sole and exclusive property of the Department and all right, title, and interest in the same is reserved by the Department.

b. Grantee Use of State Data

Grantee is provided a limited license to State Data for the sole and exclusive purpose of providing the activities outlined in the Agreement's Statement of Work, including a license to collect, process, store, generate, and display State Data only to the extent necessary in the provision of the Agreement's Statement of Work. Grantee must: (a) keep and maintain State Data in strict confidence, using such degree of care as is appropriate and consistent with its obligations as further described in this Agreement and applicable law to avoid unauthorized access, use, disclosure, or loss; (b) use and disclose State Data solely and exclusively for the purpose of providing the activities described in the Statement of Work, such use and disclosure being in accordance with this Agreement, any applicable Statement of Work, and applicable law; (c) keep and maintain State Data in the continental United States and (d) not use, sell, rent, transfer, distribute, commercially exploit, or otherwise disclose or make available State Data for Grantee's own purposes or for the benefit of anyone other than the Department without the Department's prior written consent. Grantee's misuse of State Data may violate state or federal laws, including but not limited to MCL 752.795.

c. Extraction of State Data

Grantee must, within five business days of the Department's request, provide the Department, without charge and without any conditions or contingencies whatsoever (including but not limited to the payment of any fees due to Grantee), an extract of the State Data in the format specified by the Department.

d. Backup and Recovery of State Data

Grantee is responsible for maintaining a backup of State Data and for an orderly and timely recovery of such data. Grantee must maintain a contemporaneous backup of State Data that can be recovered within two hours at any point in time.

e. Loss or Compromise of Data

In the event of any act, error or omission, negligence, misconduct, or breach on the part of Grantee that compromises or is suspected to compromise the security, confidentiality, or

integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Grantee that relate to the protection of the security, confidentiality, or integrity of State Data, Grantee must, as applicable: (a) notify the Department as soon as practicable but no later than 24 hours of becoming aware of such occurrence; (b) cooperate with the Department in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the Department; (c) in the case of PII or PHI, at the Department's sole election, (i) with approval and assistance from the Department, notify the affected individuals who comprise the PII or PHI as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within five calendar days of the occurrence; or (ii) reimburse the Department for any costs in notifying the affected individuals; (d) in the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals; (e) perform or take any other actions required to comply with applicable law as a result of the occurrence; (f) pay for any costs associated with the occurrence, including but not limited to any costs incurred by the Department in investigating and resolving the occurrence, including reasonable attorney's fees associated with such investigation and resolution; (g) without limiting Grantee's obligations of indemnification as further described in this Agreement, indemnify, defend, and hold harmless the Department for any and all claims, including reasonable attorneys' fees, costs, and incidental expenses, which may be suffered by, accrued against, charged to, or recoverable from the Department in connection with the occurrence; (h) be responsible for recreating lost State Data in the manner and on the schedule set by the Department without charge to the Department; and, (i) provide to the Department a detailed plan within 10 calendar days of the occurrence describing the measures Grantee will undertake to prevent a future occurrence. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, not be tangentially used for any solicitation purposes, and contain, at a minimum: name and contact information of Grantee's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Grantee has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Grantee. The Department will have the option to review and approve any notification sent to affected individuals prior to its delivery. Notification to any other party, including but not limited to public media outlets, must be reviewed, and approved by the Department in writing prior to its dissemination. The parties agree that any damages relating to a breach of this section are to be considered direct damages and not consequential damages.

f. Surrender of Confidential Information upon Termination

Except where otherwise legally required to be maintained for longer by agreement or by law, upon termination or expiration of this Agreement or a Statement of Work, in whole or in part, each party must, within 5 Business Days from the date of termination, return to the other party any and all Confidential Information received from the other party, or created or received by a party on behalf of the other party, which are in such party's possession, custody, or control. Upon confirmation from the State, of receipt of all data, Grantee must permanently sanitize or destroy the State's Confidential Information, including State Data, from all media including backups using National Security Agency ("NSA") and/or National Institute of Standards and Technology ("NIST") (NIST Guide for Media Sanitization 800-88) data sanitization methods or as otherwise instructed by the State. If the State determines that the return of any Confidential

Information is not feasible or necessary, Grantee must destroy the Confidential Information as specified above. The Grantee must certify the destruction of Confidential Information (including State Data) in writing within 5 Business Days from the date of confirmation from the State. Any requirement on the Grantee's part to retain data beyond the end of this contract must be authorized by the State.

2. Data Privacy and Information Security

a. Undertaking by Subcontractor

Without limiting Subcontractor's obligation of confidentiality as further described, Subcontractor is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Subcontractor, if any, comply with all of the foregoing. In no case will the safeguards of Subcontractor's data privacy and information security program be less stringent than the safeguards used by the State, and Subcontractor must at all times comply with all applicable State IT policies and standards, which are available to Subcontractor upon request.

b. Audit by Subcontractor

No less than annually, Subcontractor must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the State.

c. Right of Audit by the State

Without limiting any other audit rights of the State, the State and MPHI have the right to review Subcontractor's data privacy and information security program prior to the commencement of Agreement Activities and from time to time during the term of this Agreement. During the providing of the Agreement Activities, on an ongoing basis from time to time and without notice, the State and MPHI, at their own expense, are entitled to perform, or to have performed, an on-site audit of Subcontractor's data privacy and information security program. In lieu of an on-site audit, upon request by the State or MPHI, Subcontractor agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the State or MPHI regarding Subcontractor's data privacy and information security program.

d. Audit Findings

Subcontractor must implement any required safeguards as identified by the State, MPHI, or by any audit of Subcontractor's data privacy and information security program.

e. MPHI's Right to Termination for Deficiencies

MPHI reserves the right, at its sole election, to immediately terminate this Agreement or a Statement of Work without limitation and without liability if the State determines that Subcontractor fails or has failed to meet its obligations under this Section.

Agreement #: 20260441-00

Grant Agreement Between
Michigan Department of Health and Human Services
hereinafter referred to as the "Department"
and
MICHIGAN PUBLIC HEALTH INSTITUTE
DBA: Michigan Public Health Institute
2436 Woodlake Circle, Suite 300
Okemos MI 48864 6001
Federal I.D.#: 38-2963835, Unique Entity Identifier: Y1YNPR94FMH4
hereinafter referred to as the "Grantee"
for
Master Agreement Program - 2026
Part 1

1. Period of Agreement:

This Agreement will commence on October 1, 2025 and continue through September 30, 2026. No activity will be performed and no costs to the state will be incurred prior to October 1, 2025. Throughout the Agreement, October 1, 2025 will be referred to as the start date. This Agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount:

A. Agreement Amount

The total amount of this Agreement is $5,961,181.00. Under the terms of this Agreement, the Department will provide funding not to exceed $5,951,081.00. The source of funding provided by the Department can be obtained in the Schedule of Financial Assistance, available on-demand in the EGrAMS electronic grants management system (http://egrams-mi.com/mdhhs).

B. Equipment Purchases and Title

Any Grantee equipment purchases supported in whole or in part through this Agreement must be listed in the supporting Equipment Inventory Schedule which should be attached to the Final Financial Status Report. Equipment means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of $10,000 or more per unit. Title to items having a unit acquisition cost of less than $10,000 will vest with the Grantee upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of $10,000 or more, to the extent that the Department’s proportionate interest in such equipment supports such retention or transfer of title.

C. Deviation Allowance

A deviation allowance modifying an established budget category by $10,000 or 15%, whichever is greater, is permissible without prior written approval of the Department. Any modification or deviations in excess of this provision, including any adjustment to the total amount of this Agreement, must be made in writing and executed by all parties through an amendment to this Agreement before the modifications can be implemented. This deviation allowance does not authorize new categories, subcontracts, equipment items or positions not shown in the attached Program Budget Summary and supporting detail schedules.

3. Purpose:

The purpose of this Master Agreement is to provide funding for community health and human services.

4. Statement of Work:

The Grantee agrees to undertake, perform and complete the activities described in the Attachments, which are part of this Agreement. The Department may request that Grantee perform data analytic activities or serve as an honest broker at the Department's direction for projects and attachments contained in this Agreement. Honest broker functions may include compiling and providing data sets to third parties at the Department's direction.

5. Financial Requirements:

The financial requirements must be followed as described in Part 2 of this Agreement and Attachments, which are part of this Agreement.

6. Performance/Progress Report Requirements:

The progress reporting methods must be followed as described in Part 2 and Attachments, which are part of this Agreement.

7. General Provisions:

The Grantee agrees to comply with the General Provisions outlined in Part 2, Attachments and the HIPAA Business Associate Agreement Addendum, Attachment I, as applicable, which are part of this Agreement.

8. Administration of the Agreement:

The persons acting for the Department in administering this Agreement (hereinafter referred to as the Contract Manager) are:
MDHHS Grants Division
Phone: 517-335-3359
Email: MDHHS-EGrAMS-HELP@michigan.gov

9. Grantee's Financial Contact for the Agreement:

The financial contact acting on behalf of the Grantee for this Agreement is:

Kate Platte	Financial Controller
Name	Title
kplatte@mphi.org	(517) 324-8353
E-Mail Address	Telephone No.

10. Special Conditions:

A. This Agreement is valid upon approval and execution by the Department which may be contingent upon approval by the State Administrative Board, and signature by the Grantee.

B. This Agreement is conditionally approved subject to and contingent upon the availability of funds.

C. The funding provided by the Department under this Agreement is in exchange for all of the duties and restrictions placed on the Grantee through this Agreement.

D. Based on the availability of funding, the Department may specify the amount of funding the Grantee may expend during a specific time period within the Agreement Period.

E. The Department will not assume any responsibility or liability for costs incurred by the Grantee prior to the start date of this Agreement.

F. The Grantee is required by MCL 18.1101 *et seq* to receive payments by electronic funds transfer.

11. Special Certification:

The individual or officer signing this Agreement certifies by their signature that they are authorized to sign this Agreement on behalf of the responsible governing board, official, or Grantee.

12. Signature Section:

FOR the GRANTEE
Michigan Public Health Institute

Jana Dean Chief Financial Officer

_____

Name Title Date

For the Michigan Department of Health and Human Services

Terri Smith 10/08/2025

_____

Terri Smith, Director Date
Bureau of Grants and Purchasing

Part 2
General Provisions

I. Responsibilities - Grantee

The Grantee, in accordance with the general purposes and objectives of this Agreement, must abide by the following:

A. Publication Rights

1. For materials produced in collaboration with both parties, ownership vests in both parties. For materials produced solely by grantee, grantee retains ownership, but provides the Department a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and use such materials copyrighted by the Grantee and authorizes others to reproduce and use such materials. The copyrighted materials cannot include recipient information or personal identification data.
2. Obtain prior written authorization from the Department's Office of Communications to use the Department's name for any materials copyrighted by the Grantee or modifications prior to reproduction and use of such materials.
3. The state of Michigan may modify the material copyrighted by the Grantee and may combine it with other copyrightable intellectual property to form a derivative work. The state of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this Agreement to the Grantee. If the Grantee ceases to conduct business for any reason or ceases to support the copyrightable materials developed under this Agreement, the state of Michigan has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has.
4. Obtain written authorization prior to publication or presentation, at least 14 days in advance, from the Department's Office of Communications, and give recognition to the Department in any and all publications, papers, and presentations arising from the Agreement activities.
5. Notify the Department's Bureau of Grants and Purchasing 30 days before applying to register a copyright with the U.S. Copyright Office. The Grantee must submit an annual report for all copyrighted materials developed by the Grantee through activities supported by this Agreement and must submit a final invention statement and certification within 60 days of the end of the Agreement period.
6. Not make any media releases related to this Agreement, without prior written authorization from the Department's Office of Communications.

B. Fees

1. Guarantee that any claims made to the Department under this Agreement will not be financed by any sources other than the Department under the terms of this Agreement. If funding is received through any other source, the Grantee agrees to budget the additional source of funds and reflect the source of funding on the Financial Status Report.
2. Make reasonable efforts to collect 1st and 3rd party fees, where applicable, and report those collections on the Financial Status Report. Any under recoveries of otherwise available fees resulting from failure to bill for eligible activities will be excluded from reimbursable expenditures.

C. Grant Program Operation

Provide the necessary administrative, professional, and technical staff for operation of the grant program. The Grantee must obtain and maintain all necessary licenses, permits, or other authorizations necessary for the performance of this Agreement.

Use an accounting system that can identify and account for the funds received from each separate grant, regardless of funding source, and assure that grant funds are not commingled with any other funds.

D. Reporting

Utilize all report forms and reporting formats required by the Department at the start date of this Agreement and provide the Department with timely review and commentary on any new report forms and reporting formats proposed for issuance thereafter.

E. Record Maintenance/Retention

Maintain adequate program and fiscal records and files, including source documentation, to support program activities and all expenditures made under the terms of this Agreement, as required. The Grantee must assure that all terms of the Agreement will be appropriately adhered to and that records and detailed documentation for the grant project or grant program identified in this Agreement will be maintained for a period of not less than four (4) years from the date of termination, the date of submission of the final expenditure report, or until litigation and audit findings have been resolved. The retention schedule may be modified if required. This section applies to the Grantee, any parent, affiliate, or subsidiary organization of the Grantee and any subcontractor that performs activities in connection with this Agreement.

F. Authorized Access

1. Permit within 10 calendar days of providing notification and at reasonable times, access by authorized representatives of the Department, federal grantor agency, Inspectors General, Comptroller General of the United States, and State Auditor General, or any of their

duly authorized representatives, to records, papers, files, documentation, and personnel related to this Agreement, to the extent authorized by applicable state or federal law, rule, or regulation.

2. Acknowledge the rights of access in this section are not limited to the required retention period. The rights of access will last as long as the records are retained.

3. Cooperate and provide reasonable assistance to authorized representatives of the Department when those individuals request access to the Grantee's grant records. This includes requests to obtain records and to provide information regarding those records.

G. Audits

This section only applies to Grantees designated as subrecipients by the Department (see Part 1, Section 2 A.).

1. Required Audit or Audit Exemption Notice

Submit to the Department either a Single Audit, Financial Related Audit or Audit Exemption Notice as described below. A Financial Related Audit is applicable to for-profit Grantees that are designated as subrecipients. If submitting a Single Audit or Financial Related Audit, Grantees must also submit a corrective action plan prepared in accordance with 2 CFR 200.511(c) for any audit findings that impact the Department funded programs, and management letter (if issued) with a corrective action plan.

a. Single Audit

Grantees that are a state, local government, or non-profit organization that expend $1,000,000 or more in federal awards during the Grantee's fiscal year must submit a Single Audit to the Department, regardless of the amount of funding received from the Department. The Single Audit must comply with the requirements of 2 CFR 200 Subpart F. The Single Audit reporting package must include all components described in 2 CFR 200.512 (c).

b. Financial Related Audit

Grantees that are for-profit organizations that expend $1,000,000 or more in federal awards during the Grantee's fiscal year must submit either a financial related audit prepared in accordance with Government Auditing Standards relating to all federal awards, or an audit that meets the requirements contained in 2 CFR 200 Subpart F, if required by the federal awarding agency.

c. Audit Exemption Notice

Grantees exempt from the Single Audit and Financial Related

Audit requirements (a. and b. above) must submit an Audit Exemption Notice that certifies these exemptions. The template Audit Exemption Notice and further instructions are available at State of Michigan - MDHHS by selecting Inside MDHHS – MDHHS Audit - Audit Reporting.

2. Financial Statement Audit

Grantees exempt from the Single Audit and Financial Related Audit requirements (that are required to submit an Audit Exemption Notice as described above) must submit to the Department a Financial Statement Audit prepared in accordance with generally accepted auditing standards if the audit includes disclosures that may negatively impact the Department funded programs including but not limited to fraud, going concern uncertainties, financial statement misstatements and violations of the Agreement requirements. If submitting a Financial Statement Audit, Grantees must also submit a corrective action plan for any audit findings that impact the Department funded programs.

3. Due Date and Where to Send

The required audit and any other required submissions (i.e., corrective action plan, and management letter with a corrective action plan), and/or Audit Exemption Notice must be submitted to the Department within the earlier of 30 calendar days after receipt of the auditor's report(s) or nine months after the end of the Grantee's fiscal year by e-mail to MDHHS-AuditReports@michigan.gov. Single Audit reports must be submitted simultaneously to the Department and Federal Audit Clearinghouse, in accordance with 2 CFR 200.512(a). The required submissions must be assembled in PDF files and compatible with Adobe Acrobat (read only). The subject line must state the agency name and fiscal year end. The Department reserves the right to request a hard copy of the audit materials if for any reason the electronic submission process is not successful.

4. Penalty

a. Delinquent Single Audit or Financial Related Audit

If the Grantee does not submit the required Single Audit or Financial Related Audit, including any management letter and applicable corrective action plan(s), within nine months after the end of the Grantee's fiscal year, the Department may withhold from any payment from the Department to the Grantee an amount equal to five percent of the audit year's grant funding (not to exceed $200,000) until the required filing is received by the Department. The Department may retain the amount withheld if the Grantee is more than 120 days delinquent in meeting the filing requirements. The Department may terminate

any current grant agreements if the Grantee is more than 180 days delinquent in meeting the filing requirements.

b. Delinquent Audit Exemption Notice

Failure to submit the Audit Exemption Notice, when required, may result in withholding from any payment from Department to the Grantee an amount equal to one percent of the audit year's grant funding until the Audit Exemption Notice is received.

5. Other Audits

The Department or federal agencies may also conduct or arrange for agreed upon procedures or additional audits to meet their needs.

H. Subrecipient Monitoring

1. When passing federal funds through to a subrecipient (if the Agreement does not prohibit the passing of federal funds through to a subrecipient), the Grantee must:
   a. Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information required by 2 CFR 200.332.
   b. Ensure the subrecipient complies with all the requirements of this Agreement.
   c. Evaluate each subrecipient's risk for noncompliance as required by 2 CFR 200.332(b).
   d. Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subawards; that subaward performance goals are achieved; and that all monitoring requirements of 2 CFR 200.332(d) are met including reviewing financial and programmatic reports, following up on corrective actions, and issuing management decisions for audit findings.
   e. Verify that every subrecipient is audited as required by 2 CFR 200 Subpart F.
2. Develop a subrecipient monitoring plan that addresses the above requirements and provides reasonable assurance that the subrecipient administers federal awards in compliance with laws, regulations, and the provisions of this Agreement, and that performance goals are achieved. The subrecipient monitoring plan should include a risk-based assessment to determine the level of oversight and monitoring activities, such as reviewing financial and performance reports, performing site visits, and maintaining regular contact with subrecipients.
3. Establish requirements to ensure compliance for for-profit subrecipients as required by 2 CFR 200.501(h), as applicable.

4. Ensure that transactions with subrecipients/contractors comply with laws, regulations, and provisions of contracts or grant agreements.

I. Notification of Modifications

Provide notification to the Department within 14 days or sooner if circumstances warrant, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of statement of work, funding, or compliance with operational procedures.

J. Software Compliance

Ensure software compliance and compatibility with the Department's data systems for activities provided under this Agreement, including but not limited to stored data, databases, and interfaces for the production of work products and reports. All required data under this Agreement must be provided in an accurate and timely manner without interruption, failure, or errors due to the inaccuracy of the Grantee's business operations for processing data. All information systems, electronic or hard copy, that contain state or federal data must be protected from unauthorized access. State or federal data includes data and information provided to Grantee or Grantee's Subcontractor by or on behalf of the State or federal government, and all data and information derived therefrom, is the exclusive property of the State or federal government.

K. Human Subjects

Comply with Federal Policy for the Protection of Human Subjects, 45 CFR 46. The Grantee agrees that prior to the initiation of the research, the Grantee will submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the state of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Grantee's authorized official.

The Grantee must provide the Department with the following:

1. Written evidence of the review and approval by the applicable IRB for the project and any participant consent form that may be required prior to the initiation of the study;
2. Written evidence of the IRB's continuing review and approval of the study whenever it is reviewed, but at least once per year; and if applicable
3. Written evidence that the Grantee is obtaining appropriate authorizations that are acceptable to the Department and HIPAA

compliant for the use and disclosure of protected health information.

The Grantee must immediately notify the Department if the following occurs:

1. Any deviations from the project which are necessary to protect the safety, rights, or welfare of study participants, and
2. Any serious adverse events that occur to study participants, except for serious adverse events identified in any protocol or other document as not requiring immediate reporting.

For multi-center projects, the Department will notify the Grantee on an expedited basis of any adverse event from another center or site that is both severe and unexpected and would be reported by the Grantee under the preceding paragraph. In studies where the Department bears responsibility for monitoring the research, the Department or its agent will promptly notify, or cause its agent to notify the Grantee of any findings from that evaluation that could adversely affect the safety of study participants, impact the conduct of the research, or alter the IRB's approval to continue the study.

Study participants will be promptly informed by the Grantee and/or Department, as appropriate following consultation between the parties and based on the nature of the information and which party has primary knowledge or control of such information, of any events, deviations, study results, or any other information of which the Grantee and the Department become aware that could directly affect the safety or medical care of study participants.

The Department bears responsibility for monitoring the research of affiliate employees.

For purposes of this subpart, an affiliate employee is a MPHI employee whose work is supervised by a Department employee, who is not housed at MPHI, and whose work location is designated by the Department.

L. Mandatory Disclosures

1. Disclose to the Department in writing within 14 days, or sooner if circumstances warrant, of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "Proceeding") involving Grantee, a subcontractor, or an officer or director of Grantee or subcontractor that arises during the term of this Agreement including:
   a. All violations of federal and state criminal law involving fraud, bribery, or gratuity violations potentially affecting the Agreement.
   b. A criminal Proceeding;
   c. A parole or probation Proceeding;
   d. A Proceeding under the Sarbanes-Oxley Act;
   e. A civil Proceeding involving:
      1. A claim that might reasonably be expected to adversely affect Grantee's viability or financial stability;

or

2. A governmental or public entity's claim or written allegation of fraud; or
3. Any complaint filed in a legal or administrative proceeding alleging the Grantee or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the term of this Agreement; or

f. A Proceeding involving any license that Grantee is required to possess in order to perform under this Agreement.

g. Any criminal activity that occurs by an employee, agent, or subcontractor of Grantee while conducting activities pursuant to this Agreement.

2. Notify the Contract Manager, at least 90 calendar days before the effective date, of a change in Grantee's ownership or executive management.

M. Statement of Work Progress Reports

Submit quarterly Statement of Work progress reports to the Department via the http://egrams-mi.com/mdhhs website by the 15th day of the month following the end of the quarter and a final report no later than 15 days following the end of this Agreement.

N. Conflict of Interest and Code of Conduct Standards

1. Be subject to the provisions of MCL 15.321 *et seq*, as amended, MCL Act 15.341 *et seq*, as amended, and 2 CFR 200.318 (c)(1) and (2).
2. Uphold high ethical standards and be prohibited from the following:
   a. Holding or acquiring an interest that would conflict with this Agreement;
   b. Doing anything that creates an appearance of impropriety with respect to the award or performance of this Agreement;
   c. Attempting to influence or appearing to influence any state employee by the direct or indirect offer of anything of value; or
   d. Paying or agreeing to pay any person, other than employees and consultants working for Grantee, any consideration contingent upon the award of this Agreement.
3. Immediately notify the Department of any violation or potential violation of these standards. This Section applies to Grantee, any parent, affiliate, or subsidiary organization of Grantee, and any subcontractor that performs activities in connection with this Agreement.

O. Travel Costs

1. Be reimbursed for travel costs (including mileage, meals, and lodging)

budgeted and incurred related to activities provided under this Agreement.

a. If the Grantee has a documented policy related to travel reimbursement for employees and if the Grantee follows that documented policy, the Department will reimburse the Grantee for travel costs at the Grantee's documented reimbursement rate for employees. Otherwise, the state of Michigan travel reimbursement rate applies.

b. Federally funded Grantees must comply with Title 2 CRF 200.475.

c. State of Michigan travel rates may be found at the following website: http://www.michigan.gov/dtmb/0,5552,7-358-82548_13132---,00.html.

d. International travel must be pre-approved by the Department and itemized in the budget.

P. Federal Funding Accountability and Transparency Act (FFATA)

1. Complete and upload the FFATA Executive Compensation report to the EGrAMS agency profile if:
   a. The Grantee's federal revenue was 80% or more of the Grantee's annual gross revenue; AND
   b. Grantee's gross revenue from federal awards was $25,000,000 or more; AND
   c. The public does not have access to the information about executive officers' compensation through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 or Section 6104 of the Internal Revenue Code of 1986.
2. The FFATA Executive Compensation report template can be found in EGrAMS documents.

Q. Insurance Requirements

1. Maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance or self-insurance must:
   a. Protect the state of Michigan from claims that may arise out of, are alleged to arise out of, or result from Grantee's or a subcontractor's performance;
   b. Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by the state; and
   c. Be provided by a company with an A.M. Best rating of "A-" or better and a financial size of VII or self or governmental self-insurance.
2. Insurance Types

a. Commercial General Liability Insurance or Governmental Self-Insurance: Except for Governmental Self-Insurance, policies must be endorsed to add "the state of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents" as additional insureds using endorsement CG 20 10 11 85, or both CG 20 10 12 19 and CG 20 37 12 19.

If the Grantee will interact with children, schools, or the cognitively impaired, the Grantee must maintain appropriate insurance coverage related to sexual abuse and molestation liability.

b. Workers' Compensation Insurance or Governmental Self-Insurance: Coverage according to applicable laws governing work activities. Policies must include waiver of subrogation, except where waiver is prohibited by law.

c. Employers Liability Insurance or Governmental Self-Insurance.

d. Privacy and Security Liability (Cyber Liability) Insurance: cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.

3. Require that subcontractors maintain the required insurances contained in this Section.

4. This Section is not intended to and is not to be construed in any manner as waiving, restricting, or limiting the liability of the Grantee from any obligations under this Agreement.

5. Grantee must promptly notify the Department of any knowledge regarding an occurrence which the Grantee reasonably believes may result in a claim against the Department. The Grantee must cooperate with the Department regarding such claim.

R. Fiscal Questionnaire

1. Complete and upload the yearly fiscal questionnaire to the EGrAMS agency profile within three months of the start of the Agreement.

2. The fiscal questionnaire template can be found in EGrAMS documents.

S. Criminal Background Check

1. Conduct or cause to be conducted a search that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with clients or has access to client information.

    a. ICHAT: Home Page - ICHAT Menu (michigan.gov)

    b. Michigan Public Sex Offender Registry: http://www.mipsor.state.mi.us

    c. National Sex Offender Registry: http://www.nsopw.gov

2 Conduct or cause to be conducted a Central Registry (CR) check for each new employee, employee, subcontractor, subcontractor employee, or volunteer who under this Agreement works directly with children.

    a. Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html

3. Require each new employee, employee, subcontractor, subcontractor employee, or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.
4. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with clients or accessing client information related to clients under this Agreement, based on the results of a positive ICHAT response or reported criminal felony conviction or perpetrator identification.
5. Determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer from performing work directly with children under this Agreement, based on the results of a positive CR response or reported perpetrator identification.
6. Require any employee, subcontractor, subcontractor employee, or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed.

T. Real Property Acquisitions

1. Real property means land, including land improvements, structures and appurtenances thereto, but excludes moveable machinery and equipment.
2. Adhere to the following if property acquisition is supported in whole or in part through this Agreement:
   a. The property will be used to support the expansion of the services identified through this Agreement.
   b. The property shall not be conveyed, transferred, or leased, either wholly or partially, whether in fee, by easement, or otherwise, for a period of seven years, unless the Department provides written approval and consent.
   c. These restrictions must be recorded with the Warranty Deed and a copy must be provided to the Department.
   d. The above property acquisition requirements are continuing obligations that survive the termination or expiration of the Agreement.

U. Right to Inventions

1. Where activities supported by this Agreement result in the conception of or actual reduction to practice of a patentable invention, the Grantee is obligated to disclose such invention to the Department within four months after the inventor discloses the invention in writing to the Grantee.
2. a. If the Grantee elects to retain title, the Grantee must provide the state of Michigan a non-exclusive, non-transferable, irrevocable, paid-up license to practice or have practiced for or on behalf of the state of Michigan the subject invention throughout the World for non-commercial governmental purposes.
   b. The state of Michigan may modify the copyrightable invention and may combine such with other copyrightable intellectual property to form a derivative work. The state of Michigan will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest in such invention other than those granted in this Agreement.
   c. If the Grantee, for any reason, ceases to conduct business, or ceases to support the invention, the state of Michigan will have the right to convert these licenses into transferable licenses to the extent consistent with any applicable obligations the Grantee has to the federal government.
3. The Grantee must acknowledge state of Michigan and Department support in the patent application and notify the Department of any

decision not to pursue patent rights or licensing.

4. The Grantee must submit an annual utilization report for all patented and licensed inventions and submit a final invention statement and certification within 90 days of the end of the Agreement period.
5. All documents required to be submitted to the state of Michigan or Department in items #1 through #4 must be submitted in accordance with the required deadlines to MDHHS-BGP@michigan.gov.

V. State Car Usage

This provision applies only to the Grantee's affiliate employees. Travel included in the budgets for Grantee's employees covers expenses related to conferences/meetings, meals, and mileage when a state car is not available. State vehicles can be used by the Grantee's affiliate employees in the course of regular Department business travel. When assigned state vehicles are not available, state pool vehicle usage may be allowed with prior approval from the Department program manager. Travel reimbursement vouchers for mileage will include an assurance signed by the Department program manager that they have reviewed the travel and it is not for an occasion when a state car was used. The Grantee's affiliate employees will follow the same travel and vehicle policies and regulations that state employees are required to follow. For purposes of this subpart, an affiliate employee is a MPHI employee whose work is supervised by a Department employee, who is not housed at MPHI, and whose work location is designated by the Department.

W. Reports, Studies, and Publications

On or before October 30, 2024, the Grantee will deliver a copy of all reports, studies, and publications produced by the Grantee, its subcontractors, or the Department with the funds appropriated and allocated to the Grantee. Materials must be delivered to MDHHS-BGP@michigan.gov.

II. Responsibilities - Department

The Department, in accordance with the general purposes and objectives of this Agreement, will:

A. Reimbursement

Provide reimbursement in accordance with the terms and conditions of this Agreement based upon appropriate reports, records, and documentation maintained by the Grantee.

B. Report Forms

Provide any report forms and reporting formats required by the Department at the start date of this Agreement and provide to the Grantee any new report forms and reporting formats proposed for issuance thereafter at least 30 days prior to their required usage in order to afford the Grantee an opportunity to review.

III. Assurances

The Grantee gives the following assurances to the Department:

A. Compliance with Applicable Laws

The Grantee will comply with applicable federal and state laws, guidelines, rules, and regulations in carrying out the terms of this Agreement. The Grantee will also comply with all applicable general administrative requirements, such as 2 CFR 200, covering cost principles, grant/agreement principles, and audits, in carrying out the terms of this Agreement. The Grantee will comply with all applicable requirements in the original grant awarded to the Department if the Grantee is a subgrantee. The Department may determine that the Grantee has not complied with applicable federal or state laws, guidelines, rules, and regulations in carrying out the terms of this Agreement and may then terminate this Agreement under Part 2, Section V.

B. Anti-Lobbying Act

The Grantee will comply with the Anti-Lobbying Act (31 U.S.C. 1352) as revised by the Lobbying Disclosure Act of 1995 (2 U.S.C. 1601 *et seq.*), Federal Acquisition Regulations 52.203.11 and 52.203.12, and Section 503 of the Departments of Labor, Health & Human Services, and Education, and Related Agencies section of the current fiscal year Omnibus Consolidated Appropriations Act. Further, the Grantee must require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients must certify and disclose accordingly.

C. Non-Discrimination

1. The Grantee must comply with the Department's non-discrimination statement: "The Michigan Department of Health and Human Services does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy."

2. The Grantee further agrees that every subcontract entered into for the performance of any contract or purchase order resulting therefrom, will contain a provision requiring non-discrimination in employment, activity delivery and access, as herein specified, binding upon each subcontractor. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (MCL 37.2101 *et seq.*) and the Persons with Disabilities Civil Rights Act (MCL 37.1101 *et seq.*), and any breach thereof may be regarded as a material breach of this Agreement.

3. The Grantee will comply with all federal and state statutes relating to nondiscrimination. These include but are not limited to:
   a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination based on race, color, or national origin;
   b. Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, 1685-1686), which prohibits discrimination based on sex;
   c. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination based on disabilities;
   d. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination based on age;
   e. The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination based on drug abuse;
   f. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination based on alcohol abuse or alcoholism;
   g. Sections 523 and 527 of the Public Health Service Act of 1944 (42 U.S.C. 290dd-2), as amended, relating to confidentiality of alcohol and drug abuse patient records;
   h. Any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and,
   i. The requirements of any other nondiscrimination statute(s) which may apply to the application.
4. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority-owned and women-owned businesses, and businesses owned by persons with disabilities in contract solicitations. The Grantee must include language in all contracts awarded under this Agreement which (1) prohibits discrimination against minority-owned and women-owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) makes discrimination a material breach of contract.

D. Debarment and Suspension

The Grantee will comply with federal regulation 2 CFR 180 and certifies to the best of its knowledge and belief that it, its employees, and its subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;

2. Have not within a five-year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) or private transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in section 2;
4. Have not within a five-year period preceding this Agreement had one or more public transactions (federal, state, or local) terminated for cause or default; and
5. Have not committed an act of so serious or compelling a nature that it affects the Grantee's present responsibilities.

E. Pro-Children Act

1. The Grantee will comply with the Pro-Children Act of 1994 (P.L. 103-227; 20 U.S.C. 6081, *et seq.*), which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development activities, education, or library activities to children under the age of 18, if the activities are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's activities that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's activities provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; activity providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Grantee also assures that this language will be included in any subawards which contain provisions for children's activities.
2. The Grantee also assures, in addition to compliance with P.L. 103-227, any activity funded in whole or in part through this Agreement will be delivered in a smoke-free facility or environment. Smoking must not be permitted anywhere in the facility, or those parts of the facility under the

control of the Grantee. If activities are delivered in facilities or areas that are not under the control of the Grantee (e.g., a mall, restaurant, or private work site), the activities must be smoke-free.

F. Hatch Act and Intergovernmental Personnel Act

The Grantee will comply with the Hatch Act (5 U.S.C. 1501-1508, 5 U.S.C. 7321-7326), and the Intergovernmental Personnel Act of 1970 (P.L. 91-648), as amended by Title VI of the Civil Service Reform Act of 1978 (P.L. 95-454). Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

G. Employee Whistleblower Protections

The Grantee will comply with 41 U.S.C. 4712 and must insert this clause in all subcontracts.

H. Clean Air Act and Federal Water Pollution Control Act

The Grantee will comply with the Clean Air Act (42 U.S.C. 7401-7671(q)) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1388), as amended.

This Agreement and anyone working on this Agreement will be subject to the Clean Air Act and Federal Water Pollution Control Act and must comply with all applicable standards, orders, or regulations issued pursuant to these Acts. Violations must be reported to the Department.

I. Victims of Trafficking and Violence Protection Act

The Grantee will comply with the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386), as amended.

This Agreement and anyone working on this Agreement will be subject to P.L. 106-386 and must comply with all applicable standards, orders, or regulations issued pursuant to this Act. Violations must be reported to the Department.

J. Procurement of Recovered Materials

The Grantee will comply with section 6002 of the Solid Waste Disposal Act of 1965 (P.L. 89-272), as amended.

This Agreement and anyone working on this Agreement will be subject to section 6002 of P.L. 89-272, as amended, and must comply with all applicable standards, orders, or regulations issued pursuant to this Act. Violations must be reported to the Department.

K. Subcontracts

For any subcontracted activity or product, the Grantee will ensure:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity or delivery of any subcontracted product. Exceptions to this policy may be granted by the Department if the Grantee asks the Department in writing within 30 days of execution of the Agreement.
2. That any executed subcontract to this Agreement must require the

subcontractor to comply with all applicable terms and conditions of this Agreement. In the event of a conflict between this Agreement and the provisions of the subcontract, the provisions of this Agreement will prevail.

A conflict between this Agreement and a subcontract, however, will not be deemed to exist where the subcontract:

a. Contains additional non-conflicting provisions not set forth in this Agreement;

b. Restates provisions of this Agreement to afford the Grantee the same or substantially the same rights and privileges as the Department; or

c. Requires the subcontractor to perform duties and/or activities in less time than that afforded the Grantee in this Agreement.

3. That the subcontract does not affect the Grantee's accountability to the Department for the subcontracted activity.

4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and activities.

5. That the Grantee will submit a copy of the executed subcontract if requested by the Department.

L. Procurement

1. Grantee will ensure that all purchase transactions, whether negotiated or advertised, are conducted openly and competitively in accordance with the principles and requirements of 2 CFR 200.

2. The funds must not be used for the purchase of foreign goods or services, or both, if competitively priced and of comparable quality American goods or services, or both, are available.

3. Preference must be given to goods and services manufactured or provided by Michigan businesses, if they are competitively priced and of comparable quality.

4. Preference must be given to goods and services that are manufactured or provided by Michigan businesses owned and operated by veterans, if they are competitively priced and of comparable quality.

5. Records must be sufficient to document the significant history of all purchases and must be maintained for a minimum of four (4) years after the end of the Agreement period.

M. Health Insurance Portability and Accountability Act

To the extent that the Health Insurance Portability and Accountability Act (HIPAA) is applicable to the Grantee under this Agreement, the Grantee assures that it is in compliance with requirements of HIPAA including the

following:

1. The Grantee must not share any protected health information provided by the Department that is covered by HIPAA except as permitted or required by applicable law, or to a subcontractor as appropriate under this Agreement.
2. The Grantee will ensure that any subcontractor will have the same obligations as the Grantee not to share any protected health data and information from the Department that falls under HIPAA requirements in the terms and conditions of the subcontract.
3. The Grantee must only use the protected health data and information for the purposes of this Agreement.
4. The Grantee must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and state requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Grantee's employees.
5. The Grantee must have a policy and procedure to immediately report to the Department any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the Grantee becomes aware. The Grantee will work with the Department to mitigate the breach and will provide assurances to the Department of corrective actions to prevent further unauthorized uses or disclosures. The Department may demand specific corrective actions and assurances and the Grantee must provide the same to the Department.
6. Failure to comply with any of these contractual requirements may result in the termination of this Agreement in accordance with Part 2, Section V.
7. In accordance with HIPAA requirements, the Grantee is liable for any claim, loss, or damage relating to unauthorized use or disclosure of protected health data and information, including without limitation the Department's costs in responding to a breach, received by the Grantee from the Department or any other source.
8. The Grantee will enter into a business associate agreement should the Department determine such an agreement is required under HIPAA.
9. The Department bears responsibility for HIPAA compliance for affiliate employees.
10. The Grantee will notify the Department at the MDHHS Privacy Security mailbox, MDHHSPrivacySecurity@michigan.gov, of all affiliate employee starting and departure dates as soon as the Grantee is aware of these dates.

For purposes of this subpart, an affiliate employee is a MPHI employee whose work is supervised by a Department employee, who is not housed at MPHI, and whose work location is designated by the Department.

N. Website Incorporation

The Department is not bound by any content on Grantee's website or other internet communication platforms or technologies, unless expressly incorporated directly into this Agreement. The Department is not bound by any end user license agreement or terms of use unless specifically incorporated in this Agreement or any other agreement signed by the Department. The Grantee must not refer to the Department on the Grantee's website or other internet communication platforms or technologies without the prior written approval of the Department.

O. Survival

The provisions of this Agreement, including all attachments and addendums, that impose continuing obligations will survive the expiration or termination of this Agreement.

P. Non-Disclosure of Confidential Information

1. The Grantee agrees that it will use confidential information solely for the purpose of this Agreement. The Grantee agrees to hold all confidential information in strict confidence and not to copy, reproduce, sell, transfer, or otherwise dispose of, give, or disclose such confidential information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Agreement or to use such confidential information for any purpose whatsoever other than the performance of this Agreement. The Grantee must take all reasonable precautions to safeguard the confidential information. These precautions must be at least as great as the precautions the Grantee takes to protect its own confidential or proprietary information.

2. Meaning of Confidential Information

   For the purpose of this Agreement the term "confidential information" means all information and documentation that:

   a. Has been marked "confidential" or with words of similar meaning, at the time of disclosure by such party;

   b. If disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning;

   c. Should reasonably be recognized as confidential information of the disclosing party;

   d. Is unpublished or not available to the general public; or

   e. Is designated by law as confidential.

3. The term "confidential information" does not include any information or documentation that was:
   a. Subject to disclosure under the Michigan Freedom of Information Act (FOIA);
   b. Already in the possession of the receiving party without an obligation of confidentiality;
   c. Developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights;
   d. Obtained from a source other than the disclosing party without an obligation of confidentiality; or
   e. Publicly available when received or thereafter became publicly available (other than through an unauthorized disclosure by, through, or on behalf of, the receiving party).
4. The Grantee must notify the Department within one business day after discovering any unauthorized use or disclosure of confidential information. The Grantee will cooperate with the Department in every way possible to regain possession of the confidential information and prevent further unauthorized use or disclosure.

Q. Cap on Salaries

None of the funds awarded to the Grantee through this Agreement will be used to pay, either through a grant or other external mechanism, the salary of an individual at a rate in excess of Executive Level II. The current rates of pay for the Executive Schedule are located on the United States Office of Personnel Management web site, http://www.opm.gov, by navigating to Policy — Pay & Leave — Salaries & Wages. The salary rate limitation does not restrict the salary that a Grantee may pay an individual under its employment; rather, it merely limits the portion of that salary that may be paid with funds from this Agreement.

IV. Financial Requirements

A. Operating Advance

1. Operating Advance Requests

   An operating advance may be requested by the Grantee to assist with program operations necessary for achieving the objectives set forth in this Agreement. The amount requested to be advanced must not exceed 16.67% of the total state agreement amount. The operating advance amount requested must be reasonable in relation to factors including but not limited to program requirements, the period of the Agreement, and the financial obligation. To initiate a request, the Grantee must follow these guidelines.

   a. The Grantee must ensure all requests for an operating

advance are prepared and submitted in accordance with the specific guidelines and procedures as outlined in Part II, Chapter 10, Section 200 of the Financial Management Guide. FMG

b. The Grantee must address all requests for an operating advance to the Contract Manager, as identified in Part 1, Section 8 of this grant agreement.

c. The request must be submitted in writing on the Grantee's official letterhead and include the following information:

1. Grant program name;
2. Grantee agency name;
3. Grant agreement number;
4. Amount of the advance being requested;
5. A detailed schedule of expenditures covered by the amount of the advance request, including dates that the expenses are expected to be incurred;
6. A justification statement outlining the necessity of an advance payment for the success of the project;
7. The reason an advance payment is needed in lieu of reimbursement of incurred expenses;
8. The Grantee's most recent audited financial statements.

2. Operating Advance Administration

The Department may, at its discretion, disburse an initial operating advance payment equal to the amount approved by the department, constituting no more than 16.67% of the grant state agreement amount after the execution of the grant agreement and approval of the operating advance request. The operating advance payments will be administered as follows:

a. Operating advances will be monitored and adjusted by the Department relative to the Agreement amount.

b. The operating advance must be recorded as an account payable liability to the Department in the Grantee's financial records. The operating advance payable liability must remain in the Grantee's financial records until fully recovered by the Department.

c. Recovery of the operating advance shall be made through deductions from each payment to the grantee during the fiscal year in which the operating advance was issued.

d. The Department reserves the right to accelerate the rate of recovery when, in the sole opinion of the Department, the

amount of previous and/or future billings is anticipated to be less than the need to assure full recovery of the operating advance from the current year's award. In such a case, payments may be adjusted to recover up to 100% of the outstanding operating advance from a single billing

e. The operating advance must be returned to the Department within 30 days of the end of the Department's fiscal year or end date of this Agreement, whichever is earliest. Subsequent Department agreements may not be executed if an outstanding operational advance has not been repaid.

f. The Department requires an annual confirmation of the outstanding operating advance. At the end of either the Agreement period or Department's fiscal year, whichever is earliest, the Grantee must respond to the Department's request for confirmation of the operating advance. Failure to respond to the confirmation request may result in the Department recovering all or part of an outstanding operating advance.

B. Reimbursement Method

The Grantee will be paid for allowable expenditures incurred by the Grantee, submitted for reimbursement on the Financial Status Reports (FSRs), and approved by the Department. Reimbursement from the Department is based on the understanding that Department funds will be paid up to the total Department allocation as agreed to in the approved budget. Department funds are the first source after the application of fees and earmarked sources unless a specific local match condition exists.

C. Financial Status Report Submission

The Grantee must electronically prepare and submit FSRs to the Department via the EGrAMS website http://egrams-mi.com/mdhhs.

FSRs must be submitted on a monthly basis, no later than 30 days after the close of each calendar month. The monthly FSRs must reflect total actual program expenditures, up to the total agreement amount. Adjustments should not be made to reported expenditures to account for any operational advance funding received. Failure to meet financial reporting responsibilities as identified in this Agreement may result in withholding future payments.

The Grantee representative who submits the FSR is certifying to the best of their knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of this Agreement. The individual submitting the FSR should be aware that any false, fictitious, or fraudulent information, or the omission of any material facts, may subject them to criminal, civil, or administrative penalties for fraud, false statements, false

claims, or otherwise.

The instructions for completing the FSR form are available on the EGrAMS website http://egrams-mi.com/mdhhs. Send FSR questions to FSRMDHHS@michigan.gov.

D. Reimbursement Mechanism

All Grantees must register using the on-line vendor self-service site to receive all state of Michigan payments as Electronic Funds Transfers (EFT)/Direct Deposits, as mandated by MCL 18.1283a. Vendor registration information is available through the Department of Technology, Management and Budget's web site: https://www.michigan.gov/sigmavss.

E. Final Obligations and Financial Status Reporting Requirements

1. Obligation Report

   The Obligation Report, based on annual guidelines, must be submitted by the due date established by and using the format provided by the Department's Expenditures Operations Division. The Grantee must provide an estimate of unbilled expenditures through the end of the Department's fiscal year. The information on the report will be used to record the Department's year-end accounts payable and receivable for this Agreement.

2. Department Fiscal Year-End Closing

   The Department will notify the Grantee of the date by which FSRs should be submitted to ensure timely payment processing during the Departments fiscal year end closing period.

3. Final FSRs

   Final FSRs are due 30 days following the end of the Agreement period. The final FSR must be clearly marked "Final." Final FSRs not received by the due date may result in the loss of funding requested on the Obligation Report and may result in a potential reduction in a subsequent year's Agreement amount.

F. Recoupment

The Department reserves the right to recoup, reclaim, or otherwise collect any funding disbursed under this agreement that are unspent, misused, or outstanding from the grantee.

1. Unobligated Funds

   Any unobligated balance of funds held by the Grantee at the end of the Agreement period will be returned to the Department within 30 days of the end of the Agreement or treated in accordance with instructions provided by the Department.

2. Misused Funds

   If the Department reasonably determines the funds allocated for an

executed grant agreement under this section were misused or their use misrepresented by the grantee, the Department shall not award any additional funds under that executed grant agreement and shall refer the grant for review following internal audit protocols. Funds are considered misused if they are spent in a manner that is not consistent with the terms, conditions, or purpose(s) outlined in this agreement. Misuse of funds may also include, but is not limited to, fraudulent or illegal activities.

3. Outstanding Operating Advances

The operating advance must be returned to the Department within 30 days of the end of the Department's fiscal year or the end date of this Agreement, whichever, is earliest. Outstanding operating advances will be treated in accordance with instructions provided by the Department. Subsequent Department agreements may not be executed if an outstanding operational advance has not been repaid.

G. Indirect Costs

The Grantee may use an approved federal or state indirect rate in their budget calculations and financial status reporting. If the Grantee does not have an existing approved federal or state indirect rate, they may use a 15% de minimis rate in accordance with 2 CFR 200 to recover their indirect costs. Subrecipients may elect to use the cost allocation method to account for indirect costs in accordance with § 200.405(d).

V. Agreement Termination

This Agreement may be terminated without further liability or penalty to the Department for any of the following reasons:

A. By either party by giving 30 days written notice to the other party stating the reasons for termination and the effective date.

B. Immediately if the Grantee or an official of the Grantee or an owner is convicted of any activity referenced in Part 2 Section III. D. of this Agreement during the term of this Agreement or any extension thereof.

C. Immediately if the Grantee, as determined by the State:

1. Endangers the value, integrity, or security of any facility, data, or personnel; or,
2. Engages in any conduct that may expose the State to liability; or
3. Violates this agreement.

D. Immediately by mutual agreement of both parties.

VI. Stop Work Order

The Department may suspend any or all activities under this Agreement at any time. The Department will provide the Grantee with a written stop work order detailing the suspension. Grantee must comply with the stop work order upon receipt. The Department will not pay for activities, Grantee's incurred expenses or financial losses,

or any additional compensation during a stop work period.

VII. Final Reporting Upon Termination

Should this Agreement be terminated by either party, within 30 days after the termination, the Grantee must return all State and federal data and provide the Department with all financial, performance, and other reports required as a condition of this Agreement. The Department will make payments to the Grantee for allowable reimbursable costs not covered by previous payments or other state or federal programs. The Grantee must immediately refund to the Department any funds not authorized for use and any payments or funds advanced to the Grantee in excess of allowable reimbursable expenditures.

VIII. Severability

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, that part will be deemed deleted from this Agreement and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining parts of the Agreement will continue in full force and effect.

IX. Waiver

Failure by the Department to enforce any provision of this Agreement will not constitute a waiver of the Department's right to enforce any other provision of this Agreement.

X. Amendments

Any changes to this Agreement will be valid only if made in writing and executed by all parties through an amendment to this Agreement. Any change proposed by the Grantee which would affect the Department funding of any project must be submitted in writing to the Department immediately upon determining the need for such change. The Department has sole discretion to approve or deny the amendment request. The Grantee must, upon request of the Department and receipt of a proposed amendment, amend this Agreement.

XI. Liability

The Grantee assumes all liability to third parties, including loss or damage because of claims, demands, costs, or judgments arising out of activities, such as but not limited to direct activity delivery, to be carried out by the Grantee in the performance of this Agreement, under the following conditions:

A. The liability, loss, or damage is caused by, or arises out of, the actions of or failure to act on the part of the Grantee, any of its subcontractors, anyone directly or indirectly employed by the Grantee, or anyone performing activities at the direction of the Grantee under this agreement.

B. Nothing herein will be construed as a waiver of any governmental immunity that has been provided to the Grantee or its employees by statute or court decisions. The Department is not liable for consequential, incidental, indirect, or special damages, regardless of the nature of the action.

C. In the event of data and/or security breaches, the Grantee must:

1. Cooperate with the Department in investigating the occurrence, making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the Department;
2. In the case of unauthorized disclosure or breach of confidential information, at the Department's sole election, with approval and assistance from the Department, notify the affected individuals with compromised Personally Identifiable Information (PII) or Protected Health Information (PHI) as soon as practicable but no later than is required to comply with applicable law and provide third-party credit and identity monitoring services to each of the affected individuals for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals;
3. Perform or take any other actions required to comply with applicable law as a result of the occurrence, including pay for: any costs associated with the occurrence, any costs incurred by the Department in investigating and resolving the occurrence, and reasonable attorney's fees associated with such investigation, and resolution.

XII. State of Michigan Agreement

This Agreement is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Agreement are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Agreement must be resolved in Michigan Court of Claims, if brought by Grantee, and in a Michigan state court of competent jurisdiction, if brought by MDHHS. Grantee consents to venue in a Michigan court of competent jurisdiction, and waives any objections, such as lack of personal jurisdiction or *forum non conveniens*. Grantee must appoint agents in Michigan to receive service of process.

1 Attachment I - HIPAA Business Associate Agreement Addendum

ATTACHMENT I
HIPAA BUSINESS ASSOCIATE AGREEMENT ADDENDUM

To the extent applicable to the activities to be performed under the Master Agreement, this Business Associate Agreement Addendum ("Addendum") is made a part of this Master Agreement contract ("Contract") between the Michigan Department of Health and Human Services ("Covered Entity"), and Grantee, as that term is used in the Contract ("Business Associate").

The Business Associate performs certain services for the Covered Entity under the Contract that requires the exchange of information including protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub.L. No. 111-5). The Michigan Department of Health and Human Services is a hybrid covered entity under HIPAA and the parties to the Contract are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and have the underlying Contract comply with HIPAA.

RECITALS

A. Under the terms of the Contract, the Covered Entity wishes to disclose certain information to the Business Associate, some of which may constitute Protected Health Information ("PHI"). In consideration of the receipt of PHI, the Business Associate agrees to protect the privacy and security of the information as set forth in this Addendum.

B. The Covered Entity and the Business Associate intend to protect the privacy and provide for the security of PHI disclosed to the Business Associate under the Contract in compliance with HIPAA and the HIPAA Rules.

C. The HIPAA Rules require the Covered Entity to enter into a contract containing specific requirements with the Business Associate before the Covered Entity may disclose PHI to the Business Associate.

1. Definitions

   a. The following terms used in this Agreement have the same meaning as those terms in the HIPAA Rules: Breach; Data Aggregation; Designated Record Set; Disclosure; Health Care Obligations; Individual; Minimum Necessary; Notice of Privacy Practices; Protected Health Information; Required by Law; Secretary; Security Incident; Security Measures, Subcontractor; Unsecured Protected Health Information, and Use.

   b. "Business Associate" has the same meaning as the term "business associate" at 45 CFR 160.103 and regarding this Addendum means Michigan Public Health Institute

c. "Covered Entity" has the same meaning as the term "covered entity" at 45 CFR 160.103 and regarding this Addendum means the Michigan Department of Health and Human Services.

d. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

e. "Agreement" means both the Contract and this Addendum.

f. "Contract" means the underlying written agreement or purchase order between the parties for the goods or services to which this Addendum is added.

2. Obligations of Business Associate

The Business Associate agrees to

a. use and disclose PHI only as permitted or required by this Addendum or as required by law.

b. implement and use appropriate safeguards, and comply with Subpart C of 45 CFR 164 regarding electronic protected health information, to prevent use or disclosure of PHI other than as provided in this Addendum. Business Associate must maintain, and provide a copy to the Covered Entity within 10 days of a request from the Covered Entity, a comprehensive written information privacy and security program that includes security measures that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI relative to the size and complexity of the Business Associate's operations and the nature and the scope of its activities.

c. report to the Covered Entity within 24 hours of any use or disclosure of PHI not provided for by this Addendum of which it becomes aware, including breaches of Unsecured Protected Health Information as required by 45 CFR 164.410, and any Security Incident of which it becomes aware. If the Business Associate is responsible for any unauthorized use or disclosure of PHI, it must promptly act as required by applicable federal and State laws and regulations. Covered Entity and the Business Associate will cooperate in investigating whether a breach has occurred, to decide how to provide breach notifications to individuals, the federal Health and Human Services' Office for Civil Rights, and potentially the media.

d. ensure, according to 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate regarding such information. Each subcontractor must sign an agreement with the Business Associate containing substantially the same provisions as this Addendum and further identifying the Covered

Entity as a third party beneficiary of the agreement with the subcontractor. Business Associate must implement and maintain sanctions against subcontractors that violate such restrictions and conditions and must mitigate the effects of any such violation.

e. make available PHI in a Designated Record Set to the Covered Entity within 10 days of a request from the Covered Entity to satisfy the Covered Entity's obligations under 45 CFR 164.524.

f. within ten days of a request from the Covered Entity, amend PHI in a Designated Record Set under 45 CFR § 164.526. If any individual requests an amendment of PHI directly from the Business Associate or its agents or subcontractors, the Business Associate must notify the Covered Entity in writing within ten days of the request, and then, in that case, only the Covered Entity may either grant or deny the request.

g. maintain, and within ten days of a request from the Covered Entity make available the information required to enable the Covered Entity to fulfill its obligations under 45 CFR § 164.528. Business Associate is not required to provide an accounting to the Covered Entity of disclosures : (i) to carry out treatment, payment or health care operations, as set forth in 45 CFR § 164.506; (ii) to individuals of PHI about them as set forth in 45 CFR § 164.502; (iii) under an authorization as provided in 45 CFR § 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 CFR § 164.510; (v) for national security or intelligence purposes as set forth in 45 CFR § 164.512(k)(2); or (vi) to correctional institutions or law enforcement officials as set forth in 45 CFR § 164.512(k)(5); (vii) as part of a limited data set according to 45 CFR 164.514(e); or (viii) that occurred before the compliance date for the Covered Entity. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by the Business Associate and its agents or subcontractors for at least six years before the request, but not before the compliance date of the Privacy Rule. At a minimum, such information must include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If the request for an accounting is delivered directly to the Business Associate or its agents or subcontractors, the Business Associate must forward it within ten days of the receipt of the request to the Covered Entity in writing.

h. to the extent the Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered

Entity when performing those obligations.

i. make its internal practices, books, and records relating to the Business Associate's use and disclosure of PHI available to the Secretary for purposes of determining compliance with the HIPAA Rules. Business Associate must concurrently provide to the Covered Entity a copy of any PHI that the Business Associate provides to the Secretary.

j. retain all PHI throughout the term of the Agreement and for a period of six years from the date of creation or the date when it last was in effect, whichever is later, or as required by law. This obligation survives the termination of the Agreement.

k. implement policies and procedures for the final disposition of electronic PHI and the hardware and equipment on which it is stored, including but not limited to, the removal of PHI before re-use.

i. within ten days after a written request by the Covered Entity, the Business Associate and its agents or subcontractors must allow the Covered Entity to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of PHI under this Addendum for the purpose of determining whether the Business Associate has complied with this Addendum; provided, however, that: (i) the Business Associate and the Covered Entity must mutually agree in advance upon the scope, timing and location of such an inspection; (ii) the Covered Entity must protect the confidentiality of all confidential and proprietary information of the Business Associate to which the Covered Entity has access during the course of such inspection; and (iii) the Covered Entity or the Business Associate must execute a nondisclosure agreement, if requested by the other party. The fact that the Covered Entity inspects, or fails to inspect, or has the right to inspect, the Business Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve the Business Associate of its responsibility to comply with this Addendum. The Covered Entity's (i) failure to detect or (ii) detection, but failure to notify the Business Associate or require the Business Associate's remediation of any unsatisfactory practices, does not constitute acceptance of such practice or a waiver of the Covered Entity's enforcement rights under this Addendum.

3. Permitted Uses and Disclosures by the Business Associate

a. Business Associate may use or disclose PHI:
(i) for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate; provided, however, either (A) the disclosures are required by law, or (B) the Business Associate obtains reasonable assurances from the person to whom the

information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;
(ii) as required by law;
(iii) for Data Aggregation services relating to the health care operations of the Covered Entity;
(iv) to de-identify, consistent with 45 CFR 164.514(a) – (c), PHI it receives from the Covered Entity. If the Business Associates de-identifies the PHI it receives from the Covered Entity, the Business Associate may use the de-identified information for any purpose not prohibited by the HIPAA Rules; and
(v) for any other purpose listed here: carrying out the Business Associate's duties under the Contract.

b. Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.

c. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Covered Entity except for the specific uses and disclosures described above in 3(a)(i) and (iii).

4. Covered Entity's Obligations
Covered entity agrees to

a. use its Security Measures to reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of PHI transmitted to the Business Associate under the Agreement until the PHI is received by the Business Associate.

b. provide the Business Associate with a copy of its Notice of Privacy Practices and must notify the Business Associate of any limitations in the Notice of Privacy Practices of the Covered Entity under 45 CFR 164.520 to the extent that such limitation may affect the Business Associate's use or disclosure of PHI.

c. notify the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose the individual's PHI to the extent that such changes may affect the Business Associate's use or disclosure of PHI.

d. notify the Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522 to the extent that

such restriction may affect the Business Associate's use or disclosure of PHI.

5. Term

This Addendum must continue in effect as to each Contract to which it applies until such Contract is terminated or is replaced with a new contract between the parties containing provisions meeting the requirements of the HIPAA Rules, whichever first occurs.

6. Termination

a. Material Breach. In addition to any other provisions in the Contract regarding breach, a breach by the Business Associate of any provision of this Addendum, as determined by the Covered Entity, constitutes a material breach of the Addendum and is grounds for termination of the Contract by the Covered Entity under the provisions of the Contract covering termination for cause. If the Contract contains no express provisions regarding termination for cause, the following apply to termination for breach of this Addendum, subject to 6.b.:

(i) Default. If the Business Associate refuses or fails to timely perform any of the provisions of this Addendum, the Covered Entity may notify the Business Associate in writing of the non-performance, and if not corrected within thirty days, the Covered Entity may immediately terminate the Contract. Business Associate must continue performance of the Contract to the extent it is not terminated.

(ii) Associate's Duties. Notwithstanding termination of the Contract, and subject to any directions from the Covered Entity, the Business Associate must timely, reasonably and necessarily act to protect and preserve property in the possession of the Business Associate in which the Covered Entity has an interest.

(iii) Compensation. Payment for completed performance delivered and accepted by the Covered Entity must be at the Contract price.

(iv) Erroneous Termination for Default. If the Covered Entity terminates the Contract under Section 6(a) and after such termination it is determined, for any reason, that the Business Associate was not in default, or that the Business Associate's action/inaction was excusable, such termination will be treated as a termination for convenience, and the rights and obligations of the parties will be the same as if the Contract had been terminated for convenience.

b. Reasonable Steps to Cure Breach. If the Covered Entity knows of a pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the provisions of this Addendum or another arrangement and does not terminate this Contract under Section 6(a), then the Covered Entity must notify the Business Associate of the pattern of activity or practice. The Business Associate must then take reasonable steps to cure such breach or end such violation, as applicable. If the Business Associate's efforts to cure such breach or end such violation are unsuccessful, the Covered Entity must either (i) terminate this Agreement, if feasible or (ii) if termination of this Agreement is not feasible, the Covered Entity must report the Business Associate's breach or violation to the Secretary of the Department of Health and Human Services.

c. Effect of Termination. After termination of this Agreement for any reason, the Business Associate, with respect to PHI it received from the Covered Entity, or created, maintained, or received by the Business Associate on behalf of the Covered Entity, must:

(i) retain only that PHI which is necessary for the Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(ii) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the remaining PHI that the Business Associate still maintains in any form;

(iii) continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as the Business Associate retains the PHI;

(iv) not use or disclose the PHI retained by the Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3(a)(1) which applied before termination; and

(v) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the PHI retained by the Business Associate when it is no longer needed by the Business Associate for its proper management and administration or to carry out its legal responsibilities.

7. No Waiver of Immunity. The parties do not intend to waive any of the

immunities, rights, benefits, protection, or other provisions of the Michigan Governmental Immunity Act, MCL 691.1401, et seq., the Federal Tort Claims Act, 28 U.S.C. 2671 et seq., or the common law.

8. Data Ownership. The Business Associate has no ownership rights in the PHI. The covered entity retains all ownership rights of the PHI.

9. Disclaimer. The Covered Entity makes no warranty or representation that compliance by the Business Associate with this Addendum, HIPAA or the HIPAA Rules will be adequate or satisfactory for the Business Associate's own purposes. Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

10. Certification. If the Covered Entity determines an examination is necessary to comply with the Covered Entity's legal obligations under HIPAA relating to certification of its security practices, the Covered Entity or its authorized agents or contractors, may, at the Covered Entity's expense, examine the Business Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to the Covered Entity the extent to which the Business Associate's security safeguards comply with HIPAA, the HIPAA Rules or this Addendum.

11. Amendment

    a. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and the HIPAA Rules. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA and the HIPAA Rules. Either party may terminate the Agreement upon thirty days written notice if (i) the Business Associate does not promptly enter into negotiations to amend this Agreement when requested by the Covered Entity under this Section or (ii) the Business Associate does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of PHI that the Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA and the HIPAA Rules.

12. Assistance in Litigation or Administrative Proceedings. Business Associate must make itself, and any subcontractors, employees or agents assisting Business Associate in the performance of its obligations under this Agreement, available to Covered Entity, at no cost to Covered Entity, to testify as witnesses, or otherwise, if someone commences litigation or administrative proceedings against the Covered Entity, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA or the HIPAA Rules relating to the Business Associate's or its subcontractors use or disclosure of PHI under this Agreement, except where the Business Associate or its subcontractor, employee or agent is a named adverse party.

13. No Third Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer any rights, remedies, obligations or liabilities upon any person other than the Covered Entity, the Business Associate and their respective successors or assigns.

14. Effect on Contract. Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract must remain in force and effect. The parties expressly acknowledge and agree that sufficient mutual consideration exists to make this Addendum legally binding in accordance with its terms. Business Associate and the Covered Entity expressly waive any claim or defense that this Addendum is not part of the Contract.

15. Interpretation and Order of Precedence. This Addendum is incorporated into and becomes part of the Contract. Together, this Addendum and each separate Contract constitute the "Agreement" of the parties with respect to their Business Associate relationship under HIPAA and the HIPAA Rules. The provisions of this Addendum must prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract must be interpreted as broadly as necessary to implement and comply with HIPAA and the HIPAA Rules. The parties agree that any ambiguity in this Addendum must be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA Rules. This Addendum supersedes and replaces any previous separately executed HIPAA addendum between the parties. If this Addendum conflicts with the mandatory provisions of the HIPAA Rules, then the HIPAA Rules control. Where the provisions of this Addendum differ from those mandated by the HIPAA Rules, but are nonetheless permitted by the HIPAA Rules, the provisions of this Addendum

control.

16. Effective Date. This Addendum is effective upon receipt of the last approval necessary and the affixing of the last signature required.

17. Survival of Certain Contract Terms. Notwithstanding anything in this Addendum to the contrary, the Business Associate's obligations under Section 6(d) and record retention laws ("Effect of Termination") and Section 13 ("No Third Party Beneficiaries") survive termination of this Addendum and are enforceable by the Covered Entity if the Business Associate fails to perform or comply with this Addendum.

18. Representatives and Notice.

    a. Representatives. For the purpose of this Addendum, the individuals identified in the Contract must be the representatives of the respective parties. If no representatives are identified in the Contract, the individuals listed below are designated as the parties' respective representatives for purposes of this Addendum. Either party may from time to time designate in writing new or substitute representatives.

    b. Notices. All required notices must be in writing and must be hand delivered or given by certified or registered mail to the representatives at the addresses set forth below. Any notice given to a party under this Addendum must be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third (3rd) Business Day after being sent by certified or registered mail.

Covered Entity Representative:
Christine H. Sanches, Director
Bureau of Grants and Purchasing
Michigan Department of Health and Human Services

Business Associate Representative:
Jana Dean Chief Financial Officer
Michigan Public Health Institute

HealthWest

FY2027-2029

Strategic Plan

September 2026

Acknowledgements

Every part of this plan traces back to someone who was willing to describe their own experience, honestly and in their own words. This page is a thank-you to them.

Seven staff workgroups gave months to seven separate problems, each one working from firsthand experience of what the work actually requires. None of them set out to find the same answer. All seven did anyway.

Staff focus group members and survey respondents spoke plainly about what an ordinary day looks like, without anyone editing it first.

The Consumer Advisory Committee brought their lived experience of care to the table and described what it looks like from the receiving end, an account only they could give.

External providers and community partners spoke just as candidly about what the relationship looks like from outside HealthWest, including where communication breaks down and where it holds. That is a view of the agency HealthWest cannot generate on its own.

Board members gave a full day to examining the agency from two directions at once: what was working inside it, and what was pressing on it from outside. Both readings are in this plan.

A steering committee and the Community Relations team held five months of that input. Every account arrived separately. They are the ones who made it a plan.

To everyone who gave their time, their honesty, and their own account of this agency's work: thank you. This plan belongs to the people of HealthWest. What is written here is what we heard. It is now up to us to show we listened.

Contents

The Plan in One Page

CONDITION

HealthWest does good work. It does not yet do it the same way everywhere.

- Authority to fix a problem crossing two departments sits only at the top.
- Information moves through whoever happens to know whom rather than through anything designed.
- The supervisors who hold the work together have never been developed as a strategic priority.

STRATEGY

Build the coordination infrastructure the organization does not currently have, meaning the people systems, the way information moves, and the supervisors who hold the work together.

TEST

Does this leave the organization more capable than it found it, or does it only solve the problem in front of us?

ARCHITECTURE

FOUNDATION Makes consistent work possible. It does not produce it.

STRUCTURE How work moves, and where the definition of that work lives.

CAPABILITY The people who do the work and the supervisors who lead them.

DELIVERY Where the work meets a person.

PILLARS

1 Clinical Practice Excellence
2 Operational Integrity
3 Organizational Culture and Development
4 Technology Transformation
5 Community Partnerships
6 Physical Infrastructure Capacity

10 goals | 28 initiatives | 24 measures, four for each pillar

EVIDENCE

Three of the twenty-four measures cannot move unless the organization has actually become coordinated.

- Staff confidence in the quality of service on teams other than their own
- Rate of rework or returned documentation at defined handoff points
- Planned versus unplanned discharge, with progress against the person's own service plan goals

Staff perception, agency process, consumer outcome: three views of one claim, each able to fail differently.

FY2030 POSITION

HealthWest has the organizational freedom to choose its strategic path rather than absorb decisions made for it.

HealthWest FY2027-2029 Strategic Plan

You do not walk into HealthWest and simply get handed a treatment plan.

Someone sits with you and takes a history. What is happening at home. Whether you are working. What your body is doing. What your mind is doing. Only then does a diagnosis get named, and only then does a plan get built, tailored to you and to the goals you are working toward. Therapy, medication, a peer who has been where you are, help finding an apartment. Each one working in concert with the others. And nowhere in that plan is the promise that the condition disappears. What the plan offers is a life you can direct, in a community you belong to, with the condition still present but no longer in charge.

This is that kind of plan, built in that order.

The pressures HealthWest works under are not likely to be resolved by FY2030, and this plan does not pretend otherwise. What it builds is an organization with the durable capability to meet what arrives, and the standing to choose its response rather than absorb it. Staff, partners, consumers, and seven workgroups starting from unrelated problems all arrived at the same finding, which is one condition in three parts: authority to fix a problem crossing two departments sits only at the top, information moves through whoever happens to know whom rather than through anything designed, and the supervisors who hold the work together have never been developed as a strategic priority.

What follows is the response. Build the coordination infrastructure the organization does not currently have, meaning the people systems, the way information moves, and the supervisors who hold the work together. Every commitment here had to pass one test: does it leave the organization more capable than it found it, or does it only solve the problem in front of us.

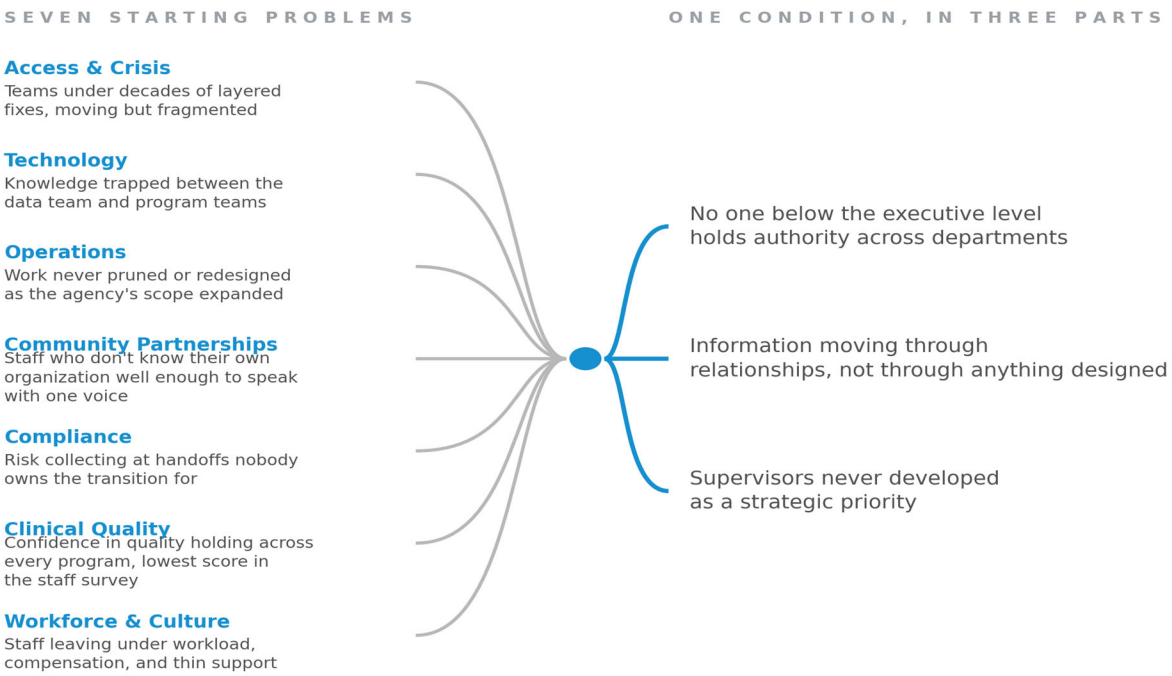
What passed is ten goals across six pillars, weighted rather than spread, because effort spread evenly across three years produces ten disconnected improvements and the same organizational problem. What did not pass is also named: no new recurring cost for unfunded expansion, staffing growth, or new service capacity until unit cost is aligned with reimbursement and the General Fund position is stabilized. That is not a decision to do less. HealthWest is authorized and staffed to deliver service that currently goes undelivered, and the reason it goes undelivered is the condition named in this plan.

The growth this plan pursues is the kind that has already been paid for.

The Condition

HealthWest does good work. It does not yet do it the same way everywhere.

That finding did not come from one place. A staff survey, a partner survey, a consumer focus group, regional satisfaction data, two staff focus groups, a board work session, and seven staff workgroups each started from a different problem. None of them were looking for this conclusion. All seven arrived at it anyway.



The finding has three parts. No one below the executive level holds the authority to fix a problem that crosses two departments. Information moves through whoever happens to know whom, not through anything designed. And the supervisors who hold the work together have never been developed as a strategic priority.

THE DIAGNOSIS

HealthWest's internal coordination architecture — the supervisory and leadership development pipeline, the cross-team communication infrastructure, and the cross-departmental governance that allows teams to function as a coherent organization — has not been elevated to the level of strategic investment that the organization's scale, regulatory complexity, and external risk environment now require.

These are not failures of effort or skill. Every workgroup that traced its problem back far enough landed at the same level. That is how the organization is put together, not how hard anyone is working.

What it looks like from outside

A member of the consumer advisory committee started services and was assigned a case manager and a recovery coach. He had met neither of them. By the time he reached either one, both had left the agency, and nobody had told him. He did not know who to call next. While he was working that out, the court was told he was not participating in his treatment, and he was jailed for it. He was not refusing to engage. He was trying to reach an organization that had no way to tell him what happened next.

That is the condition, at full cost, to one person.

It shows up in smaller ways constantly. Partners report that their best experiences with HealthWest come from individual staff members, and their worst frustration is that those relationships end when the staff member leaves. The organization works through people rather than through anything that outlasts them. A board member noted that the communication problem has been worked on for a couple of years and is still there. This is not a recent slip. It is a durable condition, and durable conditions do not resolve on their own.

What it looks like from inside

Ask staff how well their own team performs and they rate it highly. Ask how confident they are that quality holds across every program in the agency and the score drops to the lowest point anywhere in the staff survey. That gap between the two answers is the largest one the assessment found.

The gap does not mean quality is bad elsewhere. It means staff cannot vouch for work they cannot see, and there is no shared standard they could judge it against if they could. They do not know what they would be looking for.

The workgroups said the same thing in different words. Access described teams working under decades of layered fixes with no cross-team authority to redesign the whole path. The current path is moving but fragmented. Technology described knowledge trapped between the data team and the program teams, with nobody able to make a decision that binds both. Operations described work that has never been pruned or redesigned as the agency's scope expanded. Compliance described risk collecting at handoffs, in the space between two departments where nobody owns the transition. Community partnerships put it most bluntly: staff do not really know their own organization, which is why HealthWest cannot speak to the community with one voice.

Seven groups. Seven starting points. One answer.

The board reached it independently, too. Siloed thinking was named as a weakness in their work session. When asked what happens when the state changes policy without warning, one of the first things board members named was that decisions get made in silos. The internal condition and the external risk landed in the same sentence before anyone had connected them on paper.

Why the obvious responses do not work

Fixing it department by department is what produced it. Every area of the agency has been improved on its own for years. Many improvements worked, but what accumulated is a set of good solutions that do not always fit together.

Training and hiring treat it as a competence problem. It is not one. The people are skilled and the effort is there. What is missing is the structure that connects the effort.

Adding one more initiative beside the existing structure repeats the pattern. Coordination has to be built as the thing the organization runs on, not as another project running alongside everything else.

The condition demands that its parts be built together, as one connected system, because they succeed or fail together.

What the Planning Process Showed

Before any of this was written, seven staff workgroups spent roughly five months doing the diagnostic work the plan rests on. Those sessions were coordination of the designed kind: people from different departments, a defined method, and a structure that held from one meeting to the next rather than depending on who happened to be in the room.

This plan commits the organization to building exactly that, at scale. It has already been run once at small scale inside the organization, so what happened when it ran can be known rather than assumed.

Participants were surveyed at the close. Nearly all of them reported that the sessions pushed discussion past first answers, and that points raised in earlier meetings carried into later ones. That second finding worked inside each group, not between them: each group opened its first meeting by mapping its own problem, working blind to where the process would lead, and its later analysis was tested against that early map. The diagnosis rests on convergence, seven groups starting from unrelated problems and arriving at the same condition, and convergence is only meaningful if each group actually reached it on its own.

Nearly all participants also said they expected this process to produce a plan worth following. They were forecasting a document none of them had read, so this is not evidence about the sessions themselves. However, it is the only evidence in this plan of whether the work has standing with the people who did it, before implementation asks anything of anyone.

The Strategy

Every commitment in this plan had to pass one test.

> **THE STRATEGIC POLICY**
>
> HealthWest will build the human coordination infrastructure (people systems, communication architecture, leadership capability) that allows the organization to deliver consistent, high-quality services in a value-driven environment and respond to external mandates without organizational fracture. Every strategic investment will be evaluated by whether it builds durable organizational capability that supports our mission, vision and values, not just whether it solves the immediate problem.

The first sentence names what the organization is building. Infrastructure here does not mean buildings and it does not mean software. It means the people systems, the way information moves, and the supervisors who hold the work together. Every program depends on these things, and none of them belong to any single department. That is exactly why none of them have ever been any one person’s job.

It also names what the building is for: consistent service, and the ability to absorb whatever arrives from Lansing or Washington as one organization rather than as separate departments each handling its own piece.

The second sentence is the one that costs something. Nearly everything HealthWest could do is worth doing, and an organization that weighs each request on its own merits ends up doing a little of all of it. The test asks a harder question: does this leave the organization more capable than it found it, or does it only solve the problem in front of us? Both are legitimate reasons to act. Only one is a reason to spend three years on something.

This is a test, not a statement of values.

> **THE GOVERNING TEST**
>
> Does this leave the organization more capable than it found it, or does it only solve the problem in front of us?

Stated plainly: HealthWest is building the connections between its departments and the people who lead the work, so that good care happens everywhere instead of in pockets.

The Environment

Three conditions set the boundary of what HealthWest can do, and none of them are inside the agency's control: Medicaid funding volatility, privatization pressure, and instability in state policy. This plan does not solve these conditions. They are the weather HealthWest operates in, and they are the reason the plan is built the way it is.

An organization meets conditions like these one of two ways. It absorbs whatever arrives and adjusts afterward, learning the terms once someone else has already set them. Or it is coherent enough to have something to say when the terms change, and steady enough to act on what it decides. The difference between those two organizations is not how hard the conditions press. It is what each one built before the pressure came.

That is why an environmental lens belongs in a plan about internal coordination. Every condition below reaches HealthWest through the same seams this plan is working on, and the agency's freedom to choose its own response depends on whether those seams hold.

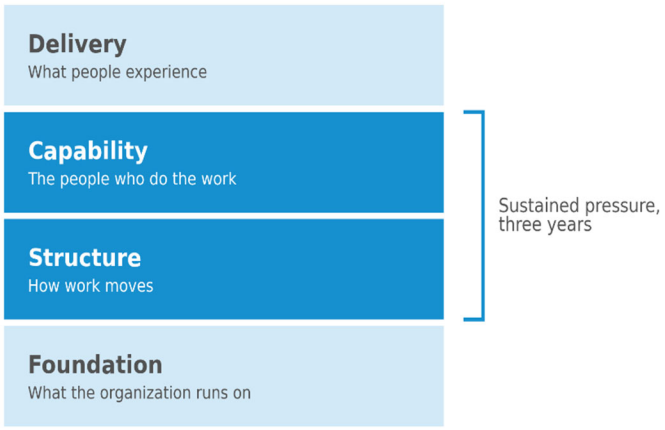
How the Plan Is Built

The work is already good, and it is confirmed as good from the outside. Consumers recommend the agency and report satisfaction at high rates, and most affirm that people can grow, change, and recover. The state's quality measures reward the work: HealthWest regularly earns CCBHC Quality Bonus Payments, and its depression remission results rank among the best of the state's CCBHCs.

What is uneven is not the ability. It is the reproduction of it.

Over years, teams built their own solutions to problems nobody had solved centrally, and many of those solutions worked. What accumulated is a patchwork. Staff feel the friction daily where those patches meet. Those are the agency's seams. That daily friction is not separate from the systemic problem. It is the systemic problem showing up at a desk.

Three years is not enough time to do everything equally. Spreading effort evenly across ten goals would produce ten disconnected improvements and the same organizational problem HealthWest currently faces.



A decision about where effort goes, not a description of the goals

So the goals are sorted into four layers, by what each one holds up. **Foundation** is what the organization runs on: its money, its buildings, its technology and data. **Structure** is how work moves between departments and where the rules for that work live. **Capability** is the people who do the work and the supervisors who lead them. **Delivery** is what consumers and the community actually experience.

Effort is not distributed evenly across those four. It concentrates in Structure and Capability. Foundation and Delivery are real work too, and neither is left alone, but the middle is where this plan applies sustained pressure for three years. That is a decision, not a description of the goals.

How the plan is organized

What follows is organized two ways at once.

Everything starts at the test. Every commitment in this plan had to pass it, and nothing appears here that did not.

What passed is sorted by subject into six pillars: Clinical Practice Excellence, Operational Integrity, Organizational Culture and Development, Technology Transformation, Community Partnerships, and Physical Infrastructure Capacity. Under each pillar are the goals, which are what the organization commits to. Under each goal are the initiatives, which are the work that delivers the commitment. An initiative carries the number of the goal it serves, so 6.1 is the first piece of work under the sixth goal.

The layers cut across all of it. A pillar tells a reader what a goal is about. A layer tells them what it holds up, and what holds it up in turn. The same ten goals answer both questions, and neither answer ranks them.

PART ONE

Goals by Pillar

How this plan will be measured

Twenty-four measures, four for each pillar.

They draw on information HealthWest already produces. Several require reaching that information at a detail and a rhythm the current reporting was never built for. Building that reach is part of the technology and data governance work identified in this plan.

The measures state direction rather than targets. Several have never been tracked as a trend, and setting a number before there is a baseline would commit the organization to the number instead of the direction. Targets get set early in the plan review cycle, against what the baseline shows.

The plan does not carry measures for individual goals or initiatives. That work is more fluid and belongs with the teams doing it, close enough to see what is actually happening and adjust as conditions change. It is tracked and watched, but it does not need to sit in a three-year plan at that level of detail.

Three of the twenty-four measures are the ones the plan is really asking to be judged on, because all three of them cannot move unless the organization has actually become coordinated. They are named at the end of this part, once the commitments they test have been read.

PILLAR 1

1 Clinical Practice Excellence

Make care reachable, make it reflect what the person came for, and hold it to one standard wherever they receive it.

GOALS

1	**Reliable Access and Crisis Continuum**	DELIVERY	3 initiatives
2	**Workforce Training for Demonstrated Proficiency**	CAPABILITY	2 initiatives

PILLAR MEASURES

ACCESS | EXPERIENCE | OUTCOMES | CONSISTENCY

A person's experience of HealthWest should not depend on which door they came through, or which team picked them up.

1 GOAL: Reliable Access and Crisis Continuum

DELIVERY

What consumers and referral partners meet at the point of contact and through the crisis system.

1.1 The end-to-end pathway from first contact to first service. A documented path from first contact through team placement to first treatment contact, with a way to schedule that first service. *A referral is not the same as beginning treatment, and today's handoff from the front door to an active team varies. Until the path is defined, there is nothing to measure and nothing to improve.*

1.2 Access and crisis continuity. Same-day triage plus the follow-through that keeps people engaged after a crisis, a hospitalization, a warmline call, or a missed appointment, treating mobile crisis, crisis residential, and walk-in urgent care as one connected set of routes. *People fall out of contact at transitions. Where the routes are unclear or unavailable, the emergency department becomes the default entry point, and this is the most expensive path for the person and for the county.*

1.3 A defined community-based service delivery model. A cross-departmental model that makes community-based delivery an expected, measured part of care throughout a person's time with HealthWest, not only at intake. *Meeting people where they are is expected of every team, but no team sets what it means, so each reads it differently and none of them measure it consistently.*

2 GOAL
Workforce Training That Produces Demonstrated Proficiency
CAPABILITY

Whether staff can apply the standards the organization sets, not only complete the training about them.

2.1 A competency framework that links learning to demonstrated application. Role-based learning connected to evidence that the skill shows up in the work, across clinical, compliance, and technology skills, with required federal and state trainings reinforced through supervision rather than rebuilt as separate modules. *Training completion is tracked. Whether the training changed anything is not. A staff member can finish a module and never apply it, and nothing in the current system would show that.*

2.2 Clinical performance and supervision tied to consumer outcomes. Evaluations and clinical supervision that examine caseload service data, progress against a person's own plan goals, and discharge outcomes, so coaching is grounded in what consumers actually experience. *A clinician can receive a strong evaluation in a period when no one on their caseload progressed toward a goal, because outcomes are not part of the conversation. Supervisors cannot coach to outcomes they never see.*

How this pillar is measured

ACCESS

Time from a person's first contact to their first service, trended over time.

Whether the door opens.

EXPERIENCE

Consumer-reported experience of the services they receive, tracked at defined points after admission.

What the care is like once it does.

OUTCOMES

Planned versus unplanned discharge, with progress against the person's own service plan goals, and the rate of escalation to higher levels of care including length of stay.

Whether the work moved the thing the person came for, rather than whether the episode closed tidily.

CONSISTENCY

Staff-reported confidence in the quality of service delivery on teams other than their own, tracked over time.

Whether staff can vouch for the standard beyond what they can see directly. This is the one thing the other three measures cannot detect.

Together they reach the center of what this pillar has to produce. What they do not track is the fidelity of any individual clinical model, which belongs to the teams running them.

PILLAR 2

2 Operational Integrity

Make work come out the same regardless of who performs it or which department it crosses.

GOALS

3	A Coordinated Operating Model	STRUCTURE	4 initiatives
4	A Single Authoritative Source of Truth	STRUCTURE	2 initiatives
5	Simplified and Automated Operational Processes	STRUCTURE	2 initiatives
6	Sustainable Financial Stewardship	FOUNDATION	3 initiatives

PILLAR MEASURES

DOCUMENTED PROCESS	HANDOFF REWORK	AUDIT CORRECTION	BILLING INTEGRITY

This is the pillar where the condition is most directly addressed, because it is where the rules for how work moves get written down and given an owner. Four goals sit here, and they make one argument: define the work, put it in one findable place, connect the standard to daily practice, and manage the money that carries all of it.

GOAL

3 A Coordinated Operating Model with Defined Roles and Accountable Handoffs

STRUCTURE

How work moves across the organization: roles, handoffs, and shared accountability.

3.1 Mapped and owned cross-departmental workflows. Documented workflow maps across finance, human resources, facilities, and clinical work, with the connection between one team's process and the next made explicit and given an owner, including consumer coverage enrollment and renewal, which crosses access, clinical, and finance and currently belongs to no one. *Different departments run different processes for the same task. This creates gaps. Coverage renewal shows the cost directly: more frequent redetermination means more chances for coverage to lapse, and every lapse potentially turns billable service into General Fund cost.*

3.2 Standardized handoffs and internal referral. A shared definition of what a warm handoff is, how internal referrals and transitions work, and who does what during a transfer, including the step down from crisis and the return from hospital. *A term like warm handoff means different things on different teams, and transfers stall on unclear steps. This is where consumers most often fall through.*

3.3 Standardized role and scope definitions. Plain-language statements of what a role actually does on a given team, beyond the shared job description, in place from the job posting onward. *The same job description covers very different work depending on the team, so staff and new hires begin without a clear picture of their own scope. Unclear scope creates friction at every handoff.*

3.4 Closed-loop tracking for corrective actions and incidents. One process that follows a finding or an incident from identification to documented resolution, with a named owner and a timeline, covering audit corrective actions and required incident follow-ups. *Findings are identified and assigned, and follow-through varies, so the same issue often reappears at the next audit. A closed loop is what turns correction into something that holds.*

4

GOAL

A Single Authoritative Source of Truth for Policies, Workflows, and Standards

STRUCTURE

One maintained home for the guidance staff rely on, so the operating model can be found and kept current.

4.1 A single authoritative source of truth. One maintained home for policies, workflows, procedures, and compliance guidance, with named ownership, a review cycle, and search that works. *Guidance currently lives in email, chat threads, shared drives, and memory. Staff cannot reliably find current direction, and different teams end up applying different versions of it.*

4.2 Documentation standards connected to practice. Shared documentation standards for clinical programs, carried into daily work through training and supervision, including the golden thread from assessment to plan to service to note, and the consumer's own account of whether the service is meeting their goals. *The standard exists on paper and is applied unevenly, which drives both compliance findings and billing errors. The same inconsistency affects the person: where the record asks for the consumer's experience and that goes uncompleted, the agency has documented the service without any record of whether it worked.*

5 GOAL
Simplified and Automated Operational Processes
STRUCTURE

How manual burden comes down, once the work is defined and documented.

5.1 Standardized and automated core administrative processes. Standardized core processes such as purchase requests and targeted automation of high-volume manual work once the underlying process is understood and owned. *Automating a process nobody has defined only reproduces the problem faster and makes it harder to change. Standardize first, then automate, and the time saved goes back to the work that serves people.*

5.2 Billing, documentation, and payer integrity checkpoints. Checkpoints connecting service documentation to billing accuracy, including a named owner for monitoring changes to the Medicaid code chart, verification that services are billed to the funding stream that carries them, and verification of consumer coverage status including upcoming renewal dates and lapsed coverage. *Changes to the code chart are published outside the agency, and whether they reach the people whose documentation has to change depends on chance. That is how a change gets found in an audit or a clawback instead of in advance. Billing to the wrong stream carries a second, easy-to-miss cost: it forgoes surplus in the stream that generates it, loads cost onto the stream that does not cover its own delivery, and overstates cost per unit in a way that weakens the agency's own case on rate adequacy.*

6 GOAL
Sustainable Financial Stewardship
FOUNDATION

6.1 A financial stewardship decision framework. Criteria for evaluating major resource decisions against strategic priorities, deliberate management of the General Fund by priority rather than by whoever raises a need first, and modeling that quantifies what the General Fund absorbs and what will be asked of it. It separates the cost of service not delivered from the cost the rate does not cover, treats coverage loss as its own driver, and holds reserve building as a live objective. *Without written criteria, money follows whoever asks rather than strategy. This is why the billing integrity work, the provider network decisions, and the crisis continuum's scope all depend on what this framework establishes first. The General Fund is the only meaningfully flexible money the agency holds, and separating rate shortfall from delivery shortfall matters because a model reporting only cost per unit blames both on the same cause, which does not survive scrutiny. Cost control is not only protective; it is one of the few ways the agency generates flexible money at all.*

6.2 A structured pathway for high-complexity needs. A defined cross-departmental route for people whose needs cross psychiatric, medical, financial, and support lines, with a full review and cost-offset analysis rather than fragmented individual effort. *These situations are handled inconsistently today and consume disproportionate staff time and cost. A defined pathway gives the same response regardless of which staff member encounters the situation.*

6.3 Provider network structure and stability. Deliberate development of the network, including expanded Designated Collaborating Organization relationships for services within CCBHC scope, early monitoring of provider financial health, and contract rate support where flexible funds allow. *Two exposures, two responses. For services within CCBHC scope, bringing providers inside HealthWest's own structure improves clinical integration and reduces reliance on arrangements the agency does not control. HealthWest answers for these services whether or not it delivers them. For residential and other traditional services, that option does not exist; provider viability depends on wage-pressured rates the agency does not set, and provider failure there disrupts placement for people with the highest support needs. That instability shows up in the relationship before it shows up in the financials, which is why monitoring it has to be a relationship, not a report.*

How this pillar is measured

DOCUMENTED PROCESS

Share of key cross-departmental processes documented, owned, and actively used.

Whether the standard exists and is used.

HANDOFF REWORK

Rate of rework or returned documentation at defined handoff points.

Whether it survives contact between departments.

AUDIT CORRECTION

Repeat audit findings year over year, trending toward zero, with corrective actions carrying a named owner and a documented resolution.

Whether correction holds across a year rather than closing a single citation.

BILLING INTEGRITY

Billing integrity: claim error rate at first submission, service documentation completed within required timeframes, and services billed to the funding stream that carries them, verified rather than assumed.

Whether it holds where the consequence is financial.

The first two measures are read against each other, because that is where this pillar is most exposed: if documentation climbs while rework holds flat, the standard exists on paper and is doing nothing. Four goals sit under this pillar, and the measures track whether the work comes out the same, not the speed of any individual process, which belongs to the teams redesigning them.

PILLAR 3

3 Organizational Culture and Development

Make supervisors capable of holding a standard, and make staff stay long enough to meet it.

GOALS

7	Durable Leadership and Change Architecture	CAPABILITY	3 initiatives

PILLAR MEASURES

TURNOVER	TRAINING COMPLETION	SUPERVISION AND ROLE CLARITY	TIME TO FILL VACANCIES

This is the layer that never stays built, because it lives in people rather than in documents, and it is the one the diagnosis named most directly.

GOAL

7 Durable Leadership and Change Architecture

CAPABILITY

How supervisors are developed, and how change reaches the people it affects.

7.1 A structured supervisory and management development system. Defined supervisory and management competencies with an ongoing development system behind them, connecting the development efforts that already exist rather than replacing them, and holding managers accountable for developing the supervisors who report to them. This includes tracking training completion by unit and by role, not only by agency average, so gaps in the development system itself become visible. *Supervisory quality varies, and staff confidence in their supervisor drives both retention and performance. Development has never been treated as an ongoing investment, and this is the clearest case of work that cannot be finished: a supervisor developed this year does not stay developed when they leave, and a new cohort arrives every year needing the same thing.*

7.2 Belonging and culture health monitoring. An ongoing read on belonging and culture through the structured supervision conversation, so leadership sees early signals without adding another survey. *Culture and belonging move before turnover does. Today that signal reaches leadership only when a supervisor happens to mention it to someone who acts on it, which means it arrives for some teams and not others. Carrying it through the supervision conversation makes it a route instead of a mention.*

7.3 Recruitment and workforce pipeline. An intentional pipeline that extends the internship and training-partnership model already producing hires across clinical and health professional roles, including master's level clinical, nursing, and medical assistant positions, with targeting driven by

service delivery capacity rather than vacancy on an organizational chart. Prescriber recruitment is handled separately, including exploring residency and training partnerships, and includes reducing the dependence of specific programs on individual clinicians. *HealthWest has already shown it can build a working pipeline. That capability is currently aimed at filling empty seats rather than the roles that actually limit what the agency can deliver. Prescriber capacity is the sharpest of those limits: smaller supply, longer timeline, and some services currently rest on a single prescriber in a way that caps what can be sustained.*

How this pillar is measured

TURNOVER

Turnover at the agency level and by supervisor and department, distinguishing expected from concerning turnover.

Whether people stay.

TRAINING COMPLETION

Required training completion, tracked on time separately from eventual completion, for supervisory staff separately from the staff they oversee, read by unit rather than by agency average, against what was scheduled.

Whether the organization's own standards reach the people accountable for them.

SUPERVISION AND ROLE CLARITY

Staff experience of supervision and role clarity: confidence in supervisor, psychological safety and trust in leadership, and understanding of what is expected in the role, including new hires at defined points after start.

Whether the development is landing where it is felt.

TIME TO FILL

Time to fill by role category, with direct care and prescriber roles tracked separately.

Whether the organization can replace what it loses.

What is not tracked here is whether an individual supervisor is effective. That is a supervisory relationship, not a strategic indicator.

PILLAR 4

4 Technology Transformation

Make tools governed, trustworthy, and usable.

GOALS

8	Reliable Technology and Data Governance	FOUNDATION	3 initiatives

PILLAR MEASURES

TOOL GOVERNANCE	REPORTING COVERAGE	IN-YEAR VISIBILITY	STAFF PROFICIENCY

The authority to decide across departments on technology is not missing. What is missing is a defined and promoted process for how a technology question gets raised, routed, and answered, so teams solve their own problems with their own tools and never encounter the path. Systems accumulate rather than get chosen, and the data everything else is measured with cannot be fully trusted.

GOAL

8 Reliable Technology and Data Governance

FOUNDATION

The information foundation that makes performance measurable, tools trustworthy, and consumer data protected.

8.1 Data governance and dashboard lifecycle. A data strategy with clear ownership, a lifecycle for reports and dashboards, and one source of truth for operational and financial data. It classifies data by consequence: anything affecting clinical outcomes, revenue, certification, accreditation, or contract standing carries a monitoring requirement and a named owner regardless of which team files it, and sets criteria for prioritizing analytics requests. *Dashboards multiply and go stale without anyone noticing, and staff keep their own spreadsheets because official systems do not give them what they need. Consequential submissions leave the building unwatched, so performance carrying real clinical, financial, or regulatory weight becomes visible only after it is settled. Governance is what makes every other goal's measurement trustworthy.*

8.2 Technology governance and lifecycle management. A defined intake and inventory for tools, including artificial intelligence tools, with documented ownership and compliance review, a technology lifecycle, and a structured process for record system enhancement requests with change logging. *Staff adopt tools the technology team does not know about, which creates privacy exposure, and changes to the record system happen without visibility to the people who depend on its data. A governed intake closes both gaps.*

8.3 An integrated decision view. One place that brings the strategic plan, the risk management plan, and the quality improvement program together with the ability to drill into source detail, so leadership can see shared measures and decide what to act on, including performance

approaching a threshold that would require a decision. *These three run on separate tracks today, which makes the whole picture hard to see. Externally scored performance is usually visible only once it can no longer be changed. Seeing a threshold approach during the year is what makes it actionable.*

How this pillar is measured

TOOL GOVERNANCE

Share of tools in active use with documented ownership and a compliance review, with unapproved systems trending toward zero.

Whether the estate is governed rather than accumulated.

REPORTING COVERAGE

Coverage and currency of the reporting estate: strategic measures with live dashboard coverage, risk items with a linked monitoring indicator, and dashboards actively used rather than stale.

Whether what the organization measures is actually visible to it.

IN-YEAR VISIBILITY

Share of externally scored quality measures visible against benchmark during the measurement year rather than at award determination.

Whether performance can be managed while it is still movable.

STAFF PROFICIENCY

Share of technology support requests resolved as skill development rather than a true system issue, as a proxy for staff technology proficiency.

Whether staff can use what they have been given.

Together these cover the two things this pillar has to produce: trustworthy data and usable tools. What is not tracked here is the performance of any individual system, which belongs to the teams that own them.

PILLAR 5

5 Community Partnerships

Make HealthWest predictable to partners and community members.

GOALS

9	**Community Presence and Partnership Accountability**	DELIVERY	5 initiatives

PILLAR MEASURES

REFERRAL SOURCE	INTAKE HANDOFF	PARTNERSHIP OWNERSHIP	NEEDS ALIGNMENT

The workgroup that examined this named a pattern the organization already recognizes: HealthWest steps into community initiatives and does not consistently follow through. That is not a community relations failure. It is what an organization looks like when it makes commitments without the structure, documentation, and supervisory capacity to sustain them.

9 GOAL
Community Presence and Partnership Accountability
DELIVERY

What the community and partners experience, and whether HealthWest follows through.

9.1 Unified public-facing communication and expectation-setting. Consistent public and referral-facing information about what HealthWest does, materials that give consumers and families an accurate picture of what a service will actually be like, and referral-source tracking, including outreach to populations HealthWest is authorized to serve but that do not currently see the agency as available to them. *The public and referral partners receive inconsistent information, which drives early drop-off. HealthWest is also understood in the community as serving a narrower population than it is authorized and equipped to serve, a perception gap rather than a capability gap, and one that costs the agency reach it has already earned.*

9.2 A partnership accountability framework with named owners. Documentation of what HealthWest commits to, a named owner for each partnership, review dates, and a defined way to exit a commitment the agency cannot sustain, including pursuing data sharing with the county systems that absorb unmet behavioral health need, such as hospitals, law enforcement, and the courts. *Named owners and documented commitments make follow-through something the agency can enforce rather than something that depends on who remembers. Data sharing belongs here because what happens in emergency departments and jails when behavioral health capacity falls short is recorded in systems the agency does not hold and can only reach through partnership.*

9.3 A structured community needs assessment process. A regular process that gathers existing assessments from the regional entity, schools, the state, and the community health

needs assessment, identifies behavioral health gaps, and connects the findings to program planning. *Service offerings are not consistently updated against what the community actually needs, and useful assessment data sits scattered across other organizations. CCBHC requires that service availability follow community assessment rather than be set arbitrarily, which makes this the process that governs access and crisis scope decisions.*

9.4 External advocacy and coalition capacity. Sustained capacity to make the case for HealthWest and for the public behavioral health system in state-level and coalition settings, grounded in the agency's own data, including evidence of its effects on emergency department use, law enforcement contact, and jail population. *Decisions that shape HealthWest's operating conditions are made in rooms where the agency has limited sustained presence. Legislators have said directly that claims about downstream cost avoidance are not credited when they arrive without data behind them. Building that evidence is within HealthWest's control.*

9.5 System change and strategic readiness. A maintained package of outcomes, cost, and capability evidence that can be mobilized quickly, with a response approach identified in advance rather than assembled under deadline, drawing on the same evidence base that supports advocacy. *Changes to how public behavioral health is contracted in Michigan have been pursued through more than one channel, and the gap between an announcement and a required response likely will not allow building an evidence base from scratch. The same package serves advocacy, board reporting, partner relationships, and accreditation, so maintaining it is useful now and necessary later.*

How this pillar is measured

REFERRAL SOURCE

Share of consumers with a documented referral source at admission.

Whether the organization knows where people come from.

INTAKE HANDOFF

Early drop-off after intake, by referral source and by whether the person received orientation materials.

Whether the handoff into service holds.

PARTNERSHIP OWNERSHIP

Share of active partnerships with a named owner, a documented commitment, and a review date, with follow-through status versus lapsed.

Whether follow-through has an owner rather than depending on memory.

NEEDS ALIGNMENT

Community needs assessment completed on schedule, with the share of offerings documented against current needs data.

Whether what the agency offers still answers what the community needs.

Together these cover the two things this pillar has to produce: a HealthWest that partners can predict, and a set of services that reflects what the community actually needs. What is not tracked here is the outcome of any individual partnership, which the partners themselves define.

PILLAR 6

6 Physical Infrastructure Capacity

Make space enable the work rather than constrain it.

GOALS

10	Facilities as Enabling Infrastructure	FOUNDATION	1 initiative

PILLAR MEASURES

WORKPLACE CONDITIONS	AVAILABILITY	DECISION DISCIPLINE	SPACE UTILIZATION

Facilities decisions made under pressure quietly set limits on everything else. What crisis services HealthWest can offer is bounded by available space as much as by funding or staffing, which makes space a strategic variable rather than a maintenance question.

GOAL

10 Facilities as Enabling Infrastructure

FOUNDATION

The physical precondition for access, for staff to function, and for operational sustainability.

10.1 A facilities and fleet evaluation framework. A framework that tests building and fleet decisions three ways: whether the choice supports safe and accessible service delivery, whether it supports staff wellbeing and connection, and whether it advances financial sustainability, covering right-sizing, the balance of in-person and remote work, shared and hub space, lease timing, and the vehicle model. *These decisions are clinical, cultural, and financial at once, which is why they belong to no single department and get settled by whatever is expiring. Made that way, they create costs that constrain every other investment for years. A defined framework is what lets the next lease be a choice rather than a deadline.*

How this pillar is measured

WORKPLACE CONDITIONS

Staff satisfaction with the physical work environment, and turnover or absenteeism associated with workspace conditions.

What the space costs when it does not work.

AVAILABILITY

Building closure days.

Whether it is reliably available.

DECISION DISCIPLINE

Share of building and fleet decisions evaluated against the defined three-test framework rather than reactively.

Whether the organization is choosing its footprint or absorbing it.

SPACE UTILIZATION

Space utilization against right-sizing, including the balance of in-person and community-based work.

Whether the footprint matches how the work is actually done.

Together these cover whether space is enabling the work or limiting it. What is not tracked here is the condition of any individual building, which belongs to facilities operations.

The three measures the plan turns on

Twenty-four measures spread across six pillars will tell the board whether each part of the organization is working. They will not tell it whether the parts have become one organization, because each measure sits inside a single domain and reports to a single owner, and the condition this plan names is that nobody owns across domains. Ten healthy domain indicators describe the situation the agency is in now.

Three of the twenty-four do something the other twenty-one cannot.

Staff-reported confidence in the quality of service delivery on teams other than their own. This measure cannot move unless the communication and governance infrastructure exists, because staff do not become confident in work they cannot see. It cannot move unless supervision is holding a consistent standard, because staff do not stay confident in work that varies by team. That is the right place to test the plan's central claim, because that claim is that pressure applied below changes what shows up above.

Rate of rework or returned documentation at defined handoff points. The transactional counterpart. Documents bouncing between departments are the running cost of coordination that depends on relationships rather than defined process. If the work on how work moves succeeds, the rate falls, and it falls in data the agency already generates not in what people report about how they feel.

Planned versus unplanned discharge, with progress against the person's own service plan goals. The consumer-anchored measure, in the strongest available sense, because the standard is the person's own plan rather than an agency definition of a good outcome. It cannot improve unless supervision is coaching to outcomes, and it cannot improve unless documentation standards have reached practice so the goals in the record are real.

Staff perception, agency process, consumer outcome: three views of one claim, each able to fail differently. If confidence rises while rework holds flat, the agency feels better without working better. If rework falls while confidence does not, the process improved without reaching the people delivering care. If both move and goal progress does not, the organization coordinated itself without changing what happens to the person. No single measure can catch all three failures. Together, they can.

PART TWO

The Layered Architecture

The ten goals just read are not a list. They hold each other up, and the order they hold each other in is what makes this a plan rather than a portfolio.

A pillar tells a reader what a goal is about. A layer tells them what it holds up.

GOAL	FOUNDATION	STRUCTURE	CAPABILITY	DELIVERY
1. Reliable Access and Crisis Continuum P1				■
2. Workforce Training That Produces Demonstrated Proficiency P1			■	
3. A Coordinated Operating Model with Defined Roles and Accountable Handoffs P2		■		
4. A Single Authoritative Source of Truth P2		■		
5. Simplified and Automated Operational Processes P2		■		
6. Sustainable Financial Stewardship P2	■			
7. Durable Leadership and Change Architecture P3			■	
8. Reliable Technology and Data Governance P4	■			
9. Community Presence and Partnership Accountability P5				■
10. Facilities as Enabling Infrastructure P6	■			
Goals held at each layer	**3**	**3**	**2**	**2**

Foundation is technology and data governance, financial stewardship, and facilities and fleet. These three fail in unrelated ways and share one signature: left unmanaged, the organization stops choosing. Space gets decided by circumstance. Financial exposure gets set by whatever arrives. Technology accumulates rather than gets governed. In each case, HealthWest absorbs a decision it did not make, because no one below the executive level has standing to decide across departments.

Foundation makes consistent work possible. It does not produce it.

Structure is how work moves and where the definition of that work lives. Communication failure was the top barrier named in every domain of the assessment, and it surfaced as a root condition in seven separate workgroup analyses that began from unrelated problems. Seven groups looking at different things ended in the same place.

Capability is the people who do the work and the supervisors who lead them. Underdeveloped supervisory skill was named as the explicit root cause of the primary workforce issue, and its consequences appear across every other domain.

Structure and Capability are where consistency actually gets produced, and they produce it continuously rather than once. Structure writes down what good work is and how it moves. Capability is the people who can hold that standard. Neither can do the job alone: a documented process with nobody developed to run it degrades quietly, and a well-developed supervisor with no shared standard is left inventing one.

Delivery is where the work meets a person. Nothing sits above it, so its evidence runs the other way. The community partnership pattern is the clearest instance: what presents as a failure of community relations is the absence of structure, documentation, and supervisory capacity behind it. Delivery is not passive as two goals live there, and both are real work. But what happens there is largely determined by what was built underneath it.

All four move at once

The layers describe what rests on what. They do not describe a calendar.

Work proceeds in all four layers at the same time, and the Sequence section makes that concrete: work is already underway in Foundation and in Delivery. What the layers govern is not when work begins, but rather how much weight each layer can carry before the one beneath it is ready.

On a construction site, work runs in parallel constantly. You can pick the bathtub, order it, and have it delivered. What you cannot do is install it before the floor is able to support it.

So this is not a plan where the first year is buildings and budgets and consumers see something in the third. All four kinds of work run at once, and the effort is concentrated in the middle.

Why the middle carries the weight

Foundation alone produces an organization that is housed, solvent, and wired, with no shared definition of how work moves and nobody developed to move it. Equipped, and inconsistent.

Delivery alone produces the organization HealthWest is today: capable of excellent care it cannot yet reproduce.

The seams are a Structure condition. The ability to work across them is a Capability condition.

Pressure on the middle two layers is pressure on the seams, which is why it changes what a staff member and a consumer experience, not only what the organization looks like on paper.

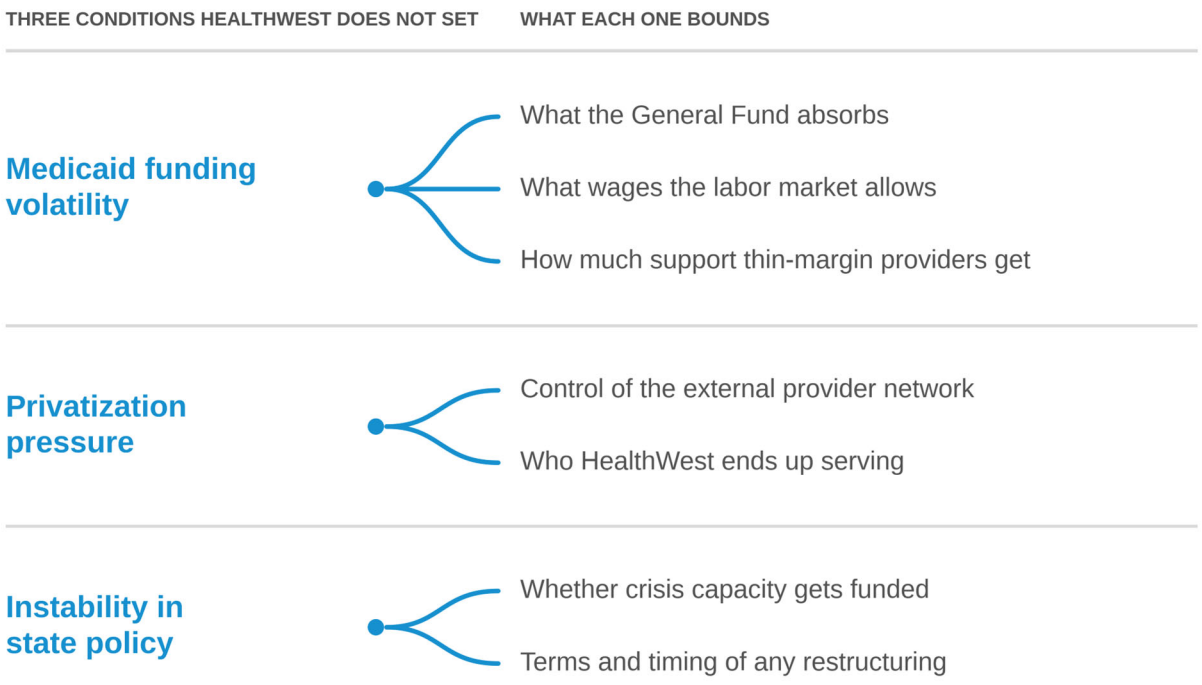
The two halves of the stack also ask for different kinds of effort. Foundation work converges: a governance framework, a decision framework, a facilities framework, each built once and then maintained, each outliving the people who built it. The middle does not converge. Nobody inherits a fully developed supervisor, and a standard nobody is tending drifts back toward the patchwork it replaced. That is why the middle gets sustained pressure across the full three years rather than a project with a finish date.

PART THREE

What the Environment Bounds

Parts One and Two describe work HealthWest controls. This part describes what it is for.

Three conditions set the boundary of the agency's freedom to act. They are not problems this plan solves. What the plan changes is HealthWest's position against them.



Medicaid funding volatility

Medicaid is the substantial majority of HealthWest revenue, and that concentration is a structural feature of operating as a community mental health services program under a capitated model. It will not change in this planning period.

The pressure is not only that the pool is constrained. Public behavioral health competes for that pool against physical health systems and managed care plans, which makes funding decisions allocation decisions between sectors. Behavioral health's collective standing determines what reaches any single agency. Crisis stabilization unit development is the current example: the cost of operating it has never been built into rates.

What it bounds. It sets what the General Fund absorbs, and the General Fund is the only meaningfully flexible money the agency holds. It bounds what HealthWest and its contracted providers can pay in a labor market where the scarcity is national and the wages are set by rates the agency does not control. And it determines how much support HealthWest can extend to providers whose margins are thin.

Privatization pressure

Restructuring of Michigan's public behavioral health system has been pursued repeatedly. It was proposed through legislation and defeated. It was then pursued administratively, under different leadership, through a request for proposals to privatize the regional structure. A direction that survives a legislative defeat and a change in which party holds power is durable, and the administrative route does not require the legislature to advance.

HealthWest will contest that direction, because the terms of any restructuring are genuinely contestable and because absence from the debate reads as consent. It will also build the capability to operate well inside a changed system, because three years spent contesting an outcome with nothing built is not a plan.

What it bounds. Control of the external provider network, which the administrative proposal sought to place outside HealthWest. And the composition of who the agency serves: the common expectation is that private entrants take the lower-acuity, lower-cost population and leave HealthWest with the most complex. Being irreplaceable for the hardest cases is not a strong position, and under the wrong payment model it is a worse one.

Instability in state policy

Requirements, rates, and reporting expectations change on a schedule HealthWest does not set.

The sharpest version of this is CCBHC certification, the legal basis for the provider relationships HealthWest is building, for serving the mild-to-moderate population, and for billing commercial insurance. Every structural option in this part rests on that designation, and the designation is not permanent. Disruption to it would not mainly cost a quality payment, rather it would remove the authorities the agency intends to compete with.

What it bounds. Whether crisis capacity is built into rates or licensed at all. Whether a wage floor the state sets for direct care workers arrives with funding behind it. It currently does not, which compresses compensation upward through supervisory roles and hits residential providers harder than it hits HealthWest. And the terms and timing of any restructuring.

What the plan does about it

The gates are outside our agency. HealthWest alone cannot open them.

What it can do is remove the grounds on which they stay closed. The state's position is not one lock. It is a set of reasons to say no: the need is not documented, the quality is not demonstrated, the money would not be managed, the system could not deliver if it were given the authority, and the funding is not there.

Four of those reasons are answerable with work, and this plan does the work: a needs assessment the agency owns, demonstrated consistency of care, a financial stewardship framework, and coordination itself. Each one removes a reason.

The fifth is different. Unavailable funding is not a HealthWest deficiency, and no amount of internal capability removes it. It is a question of how money already inside the Medicaid system gets prioritized, and the only way to move that is to argue for it. It is also the reason heard most often, and the one that decides the most. Advocacy carries this argument into the rooms where those decisions are made, grounded in the agency's own data rather than in illustration, because

legislators have said directly that claims about downstream cost avoidance are not credited when they arrive without evidence.

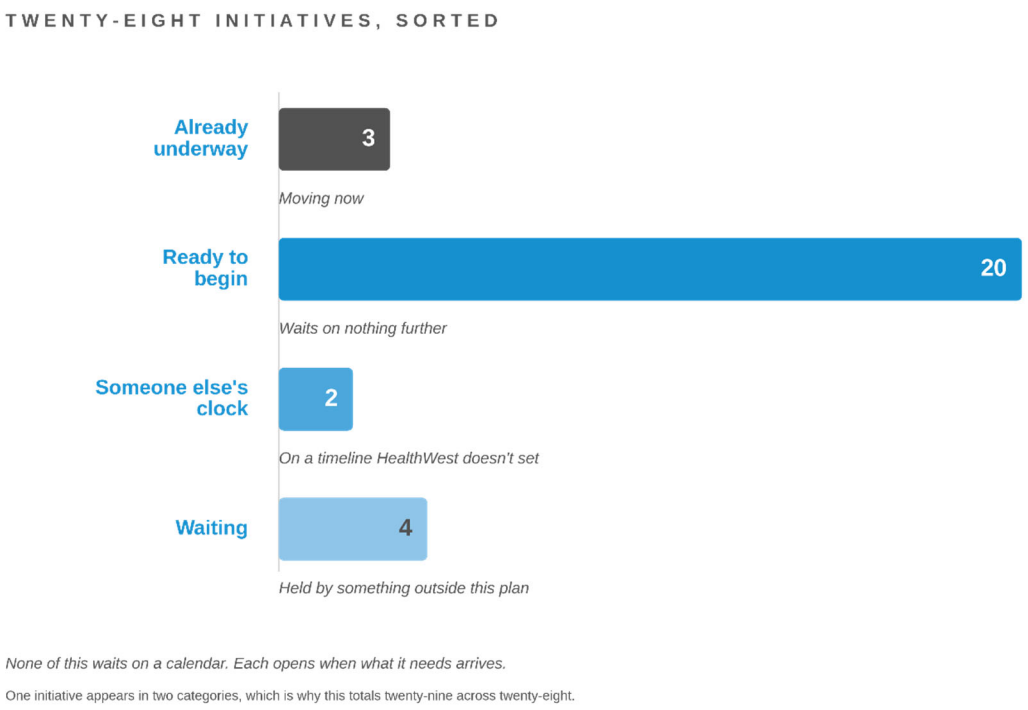
None of those works alone. Together they are a case.

There is a version of this that fails. Capacity built without a durable funding path becomes an obligation the General Fund carries by itself, and the community's need is real whether or not the funding follows it. So the plan holds one line: **HealthWest will not pursue service capacity it cannot sustain under available funding.** Demonstrated need alone is not sufficient justification for capacity the funding environment will not carry.

And every readiness investment in this plan has to hold value if the environment does not change. Work that pays off under only one future is a bet. Work that strengthens the agency under any future is preparation.

Sequence

Twenty-eight initiatives, and they do not all become operational at once. What follows is what happens when, and why.



Already underway

Work is already moving in three places.

The end-to-end pathway from first contact to first service, running through the same-day access project. Data governance and the dashboard lifecycle, where the governance work has begun. And the financial stewardship decision framework, where new budgeting processes and clearer visibility into the General Fund are in development.

Two other efforts are running but sit differently. A workgroup on internal referral has put a pilot process into use, built on the routes that exist now, which will likely need rework if the operating model changes underneath it. A workgroup on clinical documentation is still establishing the size of the problem, because the agency does not yet know how much of it is common enough to solve once for everyone rather than team by team. Both are capable teams working the right problems without the structure to finish them. That is not a reason to stop. It is why the plan puts that structure first.

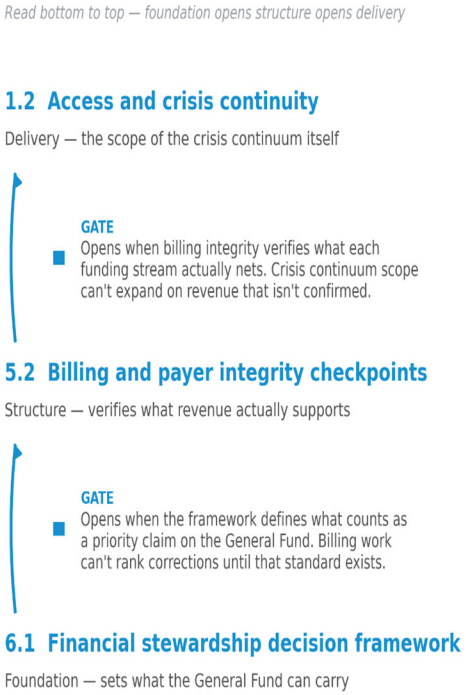
How the referral work began is worth reporting, because it was not planned. It surfaced while the agency was looking into a customer service matter, and what turned up was that referrals were sometimes sitting for hundreds of days. There was no defined process to move them forward and

nobody watching the ones that stalled. A step that decides whether a person actually reaches care had been running unattended, and it took an unrelated complaint to find it.

That is the condition, discovered by accident.

What limits these initiatives is not permission to begin. It is what sits underneath them, and the same holds across the sequence that follows. The layers do not decide when work starts. They decide how far it gets.

One chain, read start to finish, shows what that means in practice.



Ready to begin

Twenty initiatives are ready to assign. They are ordered by one rule: anything with a predecessor waits for it, and among the work that is unblocked, how work moves and who leads it goes first.

First. Mapping and owning cross-departmental workflows. Standardizing handoffs and internal referral. Standardizing role and scope definitions. Closed-loop tracking for corrective actions and incidents. Connecting documentation standards to practice. And the structured supervisory and management development system.

Five of those are Structure and one is Capability, and there is nothing else in the group. That is the plan’s answer to what happens first.

Second. The competency framework. Technology governance and lifecycle management. The structured pathway for high-complexity needs. Unified public-facing communication. And the facilities and fleet evaluation framework.

Third. Nine initiatives that open when something ahead of them delivers: the community-based service delivery model, the single authoritative source of truth, belonging and culture monitoring, clinical performance and supervision tied to consumer outcomes, standardizing and automating administrative processes, billing and payer integrity checkpoints, the partnership accountability framework, external advocacy capacity, and system change readiness.

Four of those nine are opened by work already underway rather than by work not yet assigned, which is a materially better position. It also creates a dependency worth stating plainly: if the Foundation work now in motion slips, work in other layers slips behind it.

Running on someone else's clock

Two initiatives are already in flight on timelines HealthWest does not entirely set. The structured community needs assessment runs on a multi-year cycle already underway. And the provider relationship work within CCBHC scope depends on a standard contract in development and state approval.

Waiting, and why

Four things are not scheduled, and the reasons differ.

None carries a date. A gate does not open on a calendar. It opens when the material, information, or work it waits on exists or arrives, and the leader closest to that work makes the decision. Assigning a quarter to any of these would describe a preference rather than a condition.

The scope of the crisis continuum waits on the rate structure. The need is documented and the building for a crisis stabilization unit is identified, so neither information nor space is what holds it. What does not exist is reimbursement that would sustain the unit once it opened, and capacity built without a durable funding path becomes an obligation the General Fund carries by itself. This is the governing test applied to the work the agency most wants to do, and it is the clearest case in the plan of a gate HealthWest does not hold. The rate structure could move this year or next or never. What the plan commits to is being ready to move when it does, rather than describing the wait as something it is not.

The decision-intelligence view waits on the governance established in the data governance work, because an integrated view built over ungoverned data would inherit every problem the governance is meant to fix.

The conversion scope of the provider network work waits on what delivery cost and payer alignment turn out to be, which the financial stewardship work will show.

The fourth is different in kind. Whether prescriber recruitment receives dedicated investment, and whether recruitment targeting shifts from filling vacancies to relieving service constraints, is not waiting on information as everything needed to decide it is already known. What is missing is the decision, and decisions like this one are usually made by omission: a budget gets set, vacancies get posted as they occur, and a year later the question has been answered without anyone having asked it. This plan puts it on the table so it gets answered on purpose.

Sequencing adjusts as the work proceeds. Nothing here is a commitment to a calendar.

What the Plan Does Not Do

The four things above wait on something that has not happened yet. What follows is different: choices the agency has already made, each carried with the condition that would reopen it.

One test governs what this plan declines:

> **THE CONSTRAINT**
>
> HealthWest will not commit new recurring cost to unfunded expansion, staffing growth, or new service capacity until unit cost is aligned with reimbursement and the General Fund position is stabilized.

It applies without exception, including to expansion that is clinically compelling, publicly popular, or plainly aligned with the mission. Size does not change the answer, because the test does not scale with the size of the request.

That is why this plan does not pursue growth requiring new clinical capacity, or program investment made ahead of stabilization. Each of those adds recurring cost alongside the volume, deepening the position rather than resolving it, and there is no borrowing instrument available to bridge the gap between investment and return, because HealthWest is a department of the county rather than an independent corporate entity. The test reopens when unit cost is aligned and the surplus is available as local dollars.

Advocacy is worth naming separately, because the board has flagged it. It is in this plan, but it is not the strategy. Restructuring pressure has survived a legislative defeat and a change in leadership, so it is not something the agency can position against by choosing a side, and a strategy premised on continuing to win has no failure mode built into it. What determines HealthWest's position is not its lobbying capacity. It is whether the agency can demonstrate performance and operate coherently when someone else sets the terms.

What the plan does pursue

There is growth available that costs nothing to add.

HealthWest is authorized and staffed to deliver service that currently goes undelivered, inside the population it already serves, using capacity that already exists. The reason it goes undelivered is the condition this plan diagnoses: work stalls at handoffs, people fall out of contact at transitions, coverage lapses for procedural reasons nobody owns, and service that could have been provided and billed is not.

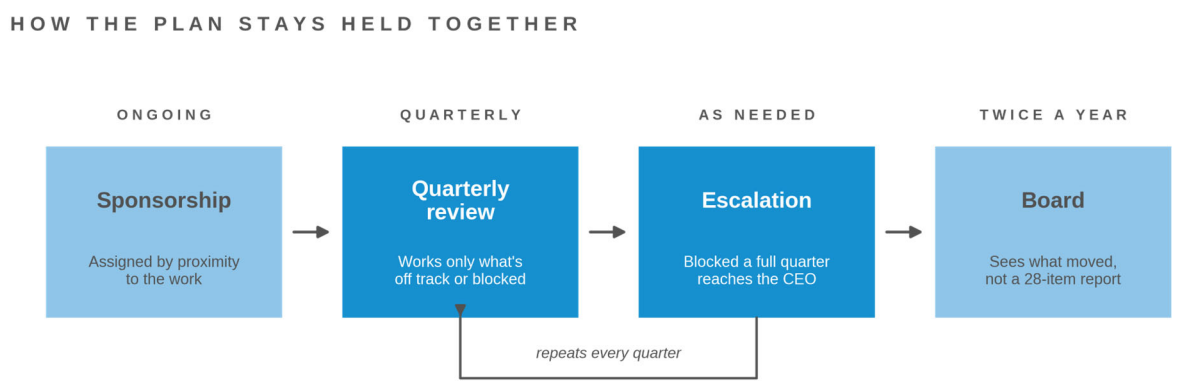
It is the clearest financial consequence of the condition, and unlocking it is one of the few ways the agency generates flexible money at all.

So the plan does not decline growth. It declines the kind that costs more, because there is a kind available that does not, and it builds the capacity to afford the rest.

Governance and Implementation

Seven workgroups ran a substantive process for months, and participants still could not see across the other six groups' work, because the only thing connecting the groups was one role holding it together by hand.

That is the condition this plan names, reproducing itself inside the effort to address it. It is also the argument for what follows: the plan cannot be held together the way the planning was, or it will end up back where the planning started.



Sponsorship runs continuously. The loop above repeats four times a year; the board sees it twice.

Sponsorship is assigned by proximity to the work rather than by level. The sponsor of an initiative is the member of the leadership pod who already leads that work and can commit resources, and the leadership pod spans executives, directors, and managers. Sponsorship is concentrated rather than spread. Twenty-eight initiatives do not go to twenty-eight people; a sponsor carries several, which is what makes it possible for one person to see how their pieces affect each other. Rank does not close a gap between two departments. Standing over the actual work does. Assignments are made internally rather than printed here, and they change as need and workload changes.

Sponsors convene quarterly. Everyone reports. The session works only what is off track or blocked, and barriers are classified by what would actually resolve them: a decision, a resource, a dependency, or an external condition.

Off track means two things, and the second is easy to miss. Work can be blocked. And work can be moving without producing the effect it was chosen for. Effort is visible and effect is not, so an initiative consuming attention is easily mistaken for progress. Sponsors can reduce, reshape, or stop work on that basis, and stopping it is not a failure of the plan. Approval commits the organization to the direction, not to every path chosen toward it.

When an initiative is blocked on a cross-departmental decision for a full quarter, it goes to the full leadership pod as a decision request. Behind that, the role facilitating the review reports to the chief executive and can raise it directly, as an available path rather than a routine one. The block appears in the written submission whether or not anyone raises it, which is what does the work.

The board sees this work twice a year. What it receives is not a report on twenty-eight items. It is what moved: work that became ready, work that started, work released because something ahead of it delivered, and work still waiting, with the reason unchanged or changed. A plan whose gates do not open on a calendar is judged on whether things are moving through it, and that is a question the board can ask directly. The measures arrive on the same rhythm once the first cycle has set targets against what the baselines show.

Implementation also produces something to work from. This plan is built with a test, four layers, a sequence, and gates, and none of those are limited to the twenty-eight initiatives named here.

A supervisor deciding whether to take on a request that arrived this morning, a manager weighing two things that both look worth doing, a director asked to absorb something in the middle of a year: none of those choices appear in this document, and every one of them is the same kind of choice this plan makes. So part of implementation is building materials that put the test and the sequencing logic into the hands of the people making those calls, in a form they can use in the moment rather than one they have to interpret.

That is the difference between a plan and a way of deciding. A plan tells an organization what it committed to for three years. A way of deciding tells it what to do about the thing that came up on a Tuesday that nobody planned for.

Sequencing adjusts through the review when barriers warrant it.

What This Buys

Trace any two departments up the org chart and find the first place they meet. At HealthWest, as at most organizations, that place is the top. Below it, coordinating departments across the line is something people do without a defined path for doing it. Some do it readily and often. Others wait on permission. The same question, handed to two different people, gets two different answers, and neither person is doing anything wrong.

But in this industry, nothing that matters lands solely in one department. A funding change, a new mandate, an offer of partnership: each arrives across the whole organization at once. And an organization whose parts meet in only one place has only one place to build a response.

Something will arrive. Naming it here would turn preparation into forecast, but what can be described is what version of HealthWest it meets.

Against the organization as it currently stands, it is absorbed. Space decisions get made by circumstance. Financial exposure gets set by whatever came. Technology accumulates rather than gets governed. Each department answers for its own part, and the whole answer can only be assembled at the one point where the parts meet.

Against the organization this plan builds, the same thing lands differently. It lands on people who know it is theirs and know how to move it. The work travels across the organization instead of up it. And when what lands is an opening or an opportunity rather than a demand, HealthWest can move on it.

FY2030 is a position, not a finish. The pressures named at the front of this plan will still be there, and running an organization under them is permanent work. What is different is that the response is ready before the thing arrives. That is what three years of this work purchases.

Today the response gets assembled after the fact, at the single point where the parts meet, and assembling it takes the time it takes. While it is being assembled, the options close and the path narrows. A direction still gets chosen, but HealthWest is not the one choosing it.

By FY2030, HealthWest chooses.

Appendix: The Gate Chain

Sequence sorted every initiative into Underway, Ready, Someone else's clock, or Waiting. What follows is the same sequence at the initiative level: what each of the twenty-eight waits on, and what it opens in turn.

Documented gates are what the plan states. **Inferred** gates sit at the same level as initiative-level KPI detail. They are implementation, not strategy. The plan argues what depends on what in general; deciding the exact order two adjacent initiatives run in is a judgment made when the work starts, not before.

Pillar 1: Clinical Practice Excellence

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
1.1 End-to-end pathway, first contact to first service	**Underway**	None	1.3 *(Inferred)*
1.2 Access and crisis continuity	**Waiting**	Internal: the financial framework (6.1) sets the criteria first *(Documented)*. External, binding: the state Medicaid rate structure, which HealthWest does not set *(Documented)*	None
1.3 Community-based service delivery model	**Ready, third wave**	The end-to-end pathway (1.1) established *(Inferred)*	None
2.1 Competency framework	**Ready, second wave**	None	2.2 *(Inferred)*
2.2 Clinical performance and supervision tied to outcomes	**Ready, third wave**	The competency framework (2.1) in place *(Inferred)*	None

Pillar 2: Operational Integrity

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
3.1 Mapped and owned cross-departmental workflows	**Ready, first wave**	None	4.1 *(Inferred)*, 5.1 *(Inferred)*

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
3.2 Standardized handoffs and internal referral	**Ready, first wave**	None	None
3.3 Standardized role and scope definitions	**Ready, first wave**	None	None
3.4 Closed-loop tracking for corrective actions and incidents	**Ready, first wave**	None	None
4.1 Single authoritative source of truth	**Ready, third wave**	Workflow mapping (3.1) defines what the repository has to hold *(Inferred)*	None
4.2 Documentation standards connected to practice	**Ready, first wave**	None	None
5.1 Standardized and automated core administrative processes	**Ready, third wave**	Workflow mapping (3.1): standardize first, then automate *(Inferred, and stated as a principle at 5.1 itself)*	None
5.2 Billing, documentation, and payer integrity checkpoints	**Ready, third wave**	The financial framework (6.1) sets what counts as a priority claim *(Documented: stated in 6.1's own rationale)*	None
6.1 Financial stewardship decision framework	**Underway**	None	5.2 *(Documented)*, 6.3 conversion scope *(Documented)*, 1.2 scope, internal half *(Documented)*
6.2 Structured pathway for high-complexity needs	**Ready, second wave**	None	None
6.3 Provider network structure and stability	**Someone else's clock (CCBHC-scope portion) and Waiting (conversion scope)**	External: a standard contract in development and state approval *(Documented)*. Internal: what the financial framework (6.1) shows about delivery cost and payer alignment *(Documented)*	None

Pillar 3: Organizational Culture and Development

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
7.1 Structured supervisory and management development system	**Ready, first wave**	None	7.2 *(Inferred)*
7.2 Belonging and culture health monitoring	**Ready, third wave**	The supervisory development system (7.1): monitoring runs through the supervision conversation it builds *(Inferred, close to Documented: 7.2's own text names the mechanism)*	None
7.3 Recruitment and workforce pipeline	**Waiting**	Not an information gate but a leadership decision on prescriber investment and retargeting, which is already answerable *(Documented)*	None

Pillar 4: Technology Transformation

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
8.1 Data governance and dashboard lifecycle	**Underway**	None	8.3 *(Documented)*, 9.2 *(Inferred)*, 9.4 *(Inferred)*
8.2 Technology governance and lifecycle management	**Ready, second wave**	None	None
8.3 Integrated decision view	**Waiting**	Data governance (8.1) must be established, or the integrated view inherits every problem the ungoverned data has *(Documented)*	None

Pillar 5: Community Partnerships

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
9.1 Unified public-facing communication	**Ready, second wave**	None	None

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
9.2 Partnership accountability framework	**Ready, third wave**	Data governance (8.1): the data-sharing commitment named in 9.2 depends on it *(Inferred)*	None
9.3 Structured community needs assessment process	**Someone else's clock**	External: a multi-year regional and state assessment cycle already underway *(Documented)*	Informs access and crisis scope decisions (1.2, 1.3) *(Documented: 9.3 is named as the process that governs those decisions)*
9.4 External advocacy and coalition capacity	**Ready, third wave**	Data governance (8.1): advocacy runs on the agency's own data *(Inferred)*	9.5 *(Documented)*
9.5 System change and strategic readiness	**Ready, third wave**	The same evidence base that supports advocacy (9.4) *(Documented: stated directly in 9.5's own text)*	None

Pillar 6: Physical Infrastructure Capacity

INITIATIVE	STATUS	GATE: WHAT IT WAITS ON	OPENS
10.1 Facilities and fleet evaluation framework	**Ready, second wave**	None	None

Community Mental Health Association

Annual Fall Conference

Stronger Together,

Greater Impact

October 26-27, 2026 - Main Conference

Grand Traverse Resort | Traverse City, Michigan

CONFERENCE REGISTRATION

This conference will be in-person only. There will be no virtual option for attendees.

REGISTRATION FEES (per person)

Main Conference October 26-27, 2026

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

	Member Early Bird	Member After 10/05/26	Non-Member Early Bird	Non-Member After 10/05/26
Main Conference	**$450**	**$490**	**$536**	**$580**
One Day	**$355**	**$395**	**$420**	**$465**

SCHOLARSHIPS AVAILABLE

A limited number of scholarships are available to individuals who receive services and their families.
Fall 2026 Scholarships Sponsored by IMPART Alliance
Conference scholarships will cover conference registration fees only.
Consumers who serve as CMH board members are not eligible.
Deadline to request scholarship: Friday, October 9, 2026.
To request a scholarship form, submit your application through the CMHA Scholarship Form Here

EARLY BIRD DEADLINE: MONDAY, OCTOBER 5, 2026

Conference Registration Ends: Monday, October 19!

PAYMENT METHODS AND CANCELLATION POLICY

Terms and Conditions-

- **Payment MUST be received at the time of registration.** No checks or ACH will be accepted. No exceptions to this policy.
- **No shows will not receive a refund.**

Cancellation Policy: If you do not cancel and do not attend, you will not receive a refund. Substitutions are permitted based on availability. Cancellations must be received in writing at least 14 days prior to the training for a full refund less the cancellation fee determined by the registration price below.

Training fee	Cancellation fee
$10-99	$10
$100-199	$25
$200 and over	$50

If cancellation is received less than 14 days prior to the training, no refund will be given. Exceptions must be approved by the Director of Education.

Attendee Changes/Edits: Please notify sbotruff@cmham.org if you have any changes to your conference registration.
Evaluation: There will be an opportunity for each participant to complete an evaluation of the course and the instructor. If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation of the conference or you may contact CMHA at 517-374-6848 or through our website at cmham.org for resolution.

Register for the Conference!
Conference Registration Ends Monday, October 19!

Exhibitor & Sponsorship Registration Open Now!
Deadline: Friday, October 16, 2026

HOTEL RESERVATIONS

Grand Traverse Resort: 100 Grand Traverse Village Boulevard, Acmé, MI 49610-0404

2026 Room Rates: *Rates below do not include 6% state tax, 5% city assessment, or $19.95 nightly resort fee.*

Room Type	***Rate***	***Room Type***	***Rate***
Hotel Guest room	$146	Tower Guest Room	$166
Studio Condo	$146	1 Bedroom Condo	$181
2 Bedroom Condo	$211	3 Bedroom Condo	$251

When making your reservations, you will be charged a one-night deposit.

Online Hotel Reservations: BOOK YOUR ROOM HERE!

Or for reservations by phone (231) 534 - 6001 and mention either CMHA Fall Conference or provide the group code **MHB2026.**

Deadline for Reduced Hotel Rate: Thursday September 24th, 2026 (The reduced rate will still be honored up until the conference, availability permitting.)

Hotel Cancellation Deadline & Policy: If you cancel at least 3 days (72 hours) prior to your arrival, your reservation is fully refundable, minus a $25 processing fee. Cancellations made within 72 hours of arrival will result in forfeiture of the deposit.

CONTINUING EDUCATION

Social Workers: The "Main Summer Conference" course (10/26/26-10/27/26) qualifies for a maximum of **TBD Continuing Education Hours.** The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: 20270731-UP-CMHAM. Qualifies as "face-to-face (in-person) education."
Substance Use Disorder Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Use Disorder Professionals participating in The "Main Summer Conference" course (10/26/26-10/27/26) may receive a maximum of **TBD contact hours.** It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.
Recipient Rights: The Main Summer Conference qualifies for a maximum of **TBD RR CEU hours.**
Continuing Education Requirement: National Accreditation Rules: National Accreditation rules indicate that if you are over five (5) minutes late or depart early, you forfeit your continuing education hours for that session. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide continuing education hours in the future. This rule will be strictly followed.
Certificate Awarded: At the conclusion of this conference, complet the check in and out code's within your CMHA portal to submit. Your certificate will be available in your portal within 30 days following the event. CMHA staff will verify attendance using your submitted Check-In and Check-Out codes before certificates are released. No other certificate will be given.
Certificate Issued by: Sarah Botruff, Director of Education and Training, sbotruff@cmham.org; 517-374-6848
Grievance: If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA 517-374-6848 or through our webpage at www.cmham.org for resolution.

CONFERENCE AGENDA

Sunday, October 25, 2026	
11:00am	**CMH Golf Outing** **Tee Times starting at 11:00am with every 10-minute sequential times to follow (based on availability)** Wolverine Golf Course, Grand Traverse Resort $60 per person (9 holes and a cart) – Call 231-534-6470 for tee times to reserve your spot. – Deadline for pre-registration: Monday, October 19th, 2026 – Credit card is required to hold a tee time. 48-hour cancellation and no shows will be billed.
2:00pm – 6:15pm	**Early-Bird Conference Registration**
3:00pm – 3:40pm	**CMHSP/PIHP Board Chairperson Roundtable and Networking** This roundtable will be an informal gathering of chairpersons to discuss the latest issues affecting board members. Hear solutions used by chairpersons to overcome challenges in their board. Compare notes and learn what works and what doesn't. Bring your questions and be ready to be an active participant in this lively discussion! If the board chairperson is unable to attend, a board member may come in their place.
4:00pm – 5:30pm	**CMHA Members: Board of Directors Meeting**
5:40pm – 6:15pm	**CMHA Members: Member Assembly Meeting**
Monday, October 26, 2026	
7:15am – 5:00pm	**Conference Registration and Exhibits Open**
7:15am – 8:15am	**Group Networking Breakfast**
8:00am – 8:30am	**Conference Welcome** – *Joseph Stone, President, CMHA; Board Member, Network 180* **State of CMHA Address** – *Alan Bolter, CEO, CMHA*
8:30am – 9:30am	**Keynote: Intentional Partnerships for Meaningful Outcomes** – *Patricia Neitman, MS, LLP, Bureau Director, Bureau of Children's Coordinated Health, Policy, and Supports* The presentation will highlight the growing partnership between BCCHPS and CMHA and discuss how ongoing collaboration will strengthen service delivery to create meaningful outcomes for the children, youth, and families we serve. The presentation will also provide updates on BCCHPS's current work, including key projects, policy priorities, and discuss where continued collaboration with CMHA can help move this work forward. **Objectives**: 1. Understanding of the progress toward meaningful partnership between BCCHPS and CMHA. 2. Examples of collaborative project work and outcomes. 3. Opportunities moving forward.
9:30am – 10:00am	**Exhibitor-Sponsored Refreshment Break**

	Concurrent Workshops
10:00am - 11:30am	**1. CCBHCs and the Future of Michigan's Behavioral Health Safety Net** – *TBD* Michigan's CCBHC landscape continues to evolve, creating important opportunities for CCBHCs, specialty SUD providers, and other behavioral health organizations to rethink how they work together across the continuum of care. This 90-minute workshop will explore where CCBHCs are headed in Michigan, how stronger CCBHC-SUD partnerships can support integrated care and provider sustainability, and what emerging state and national developments may mean for organizations across the behavioral health system. Designed for a broad audience, from CEOs and board members to finance, clinical, and operational leaders, the session will combine brief updates with panel discussion focused on how organizations can participate in, partner with, and help shape the future of Michigan's behavioral health safety net. **Objectives**: 1. Strengthening CCBHC and SUD provider partnerships, including opportunities to improve coordination, rethink the continuum of care, support specialty SUD provider sustainability, and identify meaningful partnership roles within an increasingly integrated system. 2. The future of CCBHC in Michigan, including upcoming State Plan Amendment planning and opportunities to strengthen and expand the model. Building sustainable CCBHC infrastructure, including emerging work related to a provider-led CCBHC data warehouse. 3. CCBHC-Transformation, and how partnerships among CMHA, the state, national experts, and providers are supporting technical assistance, implementation, and sustainability. Expanding CCBHC reach in rural communities, including lessons from other states and approaches that may support rural participation.
10:00am - 11:30am	**2. Dismantling Clinical Silos: A Model for Building Better Bridges in Organizations with Multiple Levels of Care** – *Phillip Hunter, PsyD, MLP, CAADC, CCS, Senior Director, Common Ground* It is often said that individuals in recovery are at their most vulnerable while navigating the gaps between levels of care. Some treatment organizations address this by offering multiple stops along the treatment continuum for smoother transitions. However, when distinct programs feel removed from other levels of care in their organization, client success suffers. Acknowledging and addressing these gaps internally increases the likelihood of positive treatment outcomes and has positive effects on the organization's culture. This workshop explores practical steps that organizations can implement to create better transitions from one level of care to the next. **Objectives**: 1. Identify barriers to successful inter- and intra-organizational client transfers. 2. Describe potential consequences to client care and organizational health related to clinical silos. 3. Describe at least 3 practical steps organizations can take to address clinical silos.
10:00am - 11:30am	**3. Governance Essentials for CMH Boards: Integrating Best Practices with the Carver Model** – *Jennifer Fair Margraf, MBA, MA, CFRE, Executive Director, Kevin's Song* This workshop provides a practical, accessible overview of effective board governance for Michigan's behavioral-health and human-service organizations. Participants will explore core board responsibilities, including fiduciary oversight, strategic leadership, and mission stewardship. The session addresses common governance challenges such as unclear expectations, uneven engagement, and role confusion. It also introduces Policy Governance (the Carver Model), highlighting how Community Mental Health agencies in Michigan use this framework to clarify roles, define Ends and Means, and strengthen board–executive relationships. Through real-world examples and tools used by successful nonprofits, attendees will examine how traditional governance practices and Carver principles can work together to enhance accountability and collaboration. The workshop emphasizes inclusive decision-making, board diversity, and governance practices that reflect the communities served. Participants will leave with actionable steps to improve

	board effectiveness and support long-term organizational sustainability. **Objectives**: 1. Participants will be able to identify and explain the core roles and responsibilities of nonprofit boards—including fiduciary oversight, strategic leadership, and mission stewardship—and assess how these responsibilities apply within Michigan's behavioral-health and human-service organizations. 2. Participants will be able to analyze common governance challenges such as unclear expectations, uneven engagement, and role confusion, and apply practical tools and strategies to strengthen board performance, accountability, and collaboration. 3. Participants will be able to describe the foundational principles of Policy Governance (the Carver Model) and evaluate how Community Mental Health agencies in Michigan use this framework to clarify board–executive roles, define Ends and Means, and support disciplined, mission-aligned decision-making.
10:00am - 11:30am	**4. A Framework for Assessing and Costing Specialized Residential Care Services** – *Lynne Doyle, MPA, MA, LLP, Quality Improvement Contractor, Lakeshore Regional Entity* – *Erin Barbus, LMSW Clinical/Macro, ACSW, Lead Consultant, Edgewater Professional Development* As the complexity of individuals requiring specialized residential services continues to increase, so do the costs of delivering high-quality, person-centered care. This workshop explores an ongoing regional initiative to better understand the true costs of specialized residential services and develop a more sustainable rate-setting approach within Michigan's public behavioral health system. Participants will gain insight into the project's methodology, emerging findings, pilot testing, and implementation lessons learned. The session will also examine practical implications for community mental health organizations, providers, and system leaders while identifying opportunities for collaboration and advocacy. Attendees will leave with a deeper understanding of the challenges, promising practices, and next steps needed to sustain this critical service for the future. **Objectives**: 1. Describe the key factors contributing to the increasing costs and complexity of specialized residential services. 2. Identify opportunities for leadership, collaboration, and advocacy to strengthen specialized residential services. 3. Describe key findings from the project and discuss their implications with providers, CMHSPs, PIHPs, and policymakers.
10:00am - 11:30am	**5. Overdose Response Strategy (ORS): Cross-sector Partnership Innovation and Emerging Drug Trends** – *Emily Godfrey, MPH, Michigan Public Health Analyst, CDC Foundation* – *Robert Kerr, MLS, Michigan Drug Intelligence Officer, Michigan HIDTA* The Overdose Response Strategy (ORS) is an innovative program that leverages cross-sector partnerships to optimize overdose prevention efforts across the United States. At its core, it is an example of a cross-agency, interdisciplinary collaboration with a single mission of reducing overdose deaths and saving lives across the nation. Each ORS team consists of a public health analyst and a drug intelligence officer working together to form strong partnerships between public health and public safety partners and other community organizations interested in reducing substance misuse and overdose deaths. The Michigan ORS team is a valuable resource for those working in overdose prevention and treatment/recovery. This presentation will share how to gain access to near-real-time overdose data, how to connect with the Michigan ORS team and the value, training and technical assistance the MI ORS team can provide to those working in this space. In this presentation, the MI ORS team will give a brief overview of the ORS program, share resources including overdose data mapping applications and new and emerging drug trends. **Objectives**: 1. identify their state Overdose Response Strategy (ORS) team and know how to connect with them. 2. describe at least one way that the Michigan ORS team can assist in their work. 3. recognize two current or emerging drug trends.

10:00am - 11:30am	**6. Stronger Together: Expanding Michigan's Behavioral Health Crisis Continuum Through Public-Private Partnership and Behavioral Health Urgent Care** – *Audrey E. Smith, MPH, Chief Executive Officer, SafetyZone Behavioral Health Urgent Care* – *Sharon K. Dodd-Kimmey, MD, Chief Medical Officer, SafetyZone Behavioral Health Urgent Zone* – *Pamela Nolen, BSA/AML, Compliance/Operations Director, SafetyZone Behavioral Health Urgent Care* Michigan continues to face unprecedented demand for timely behavioral health services, particularly during evenings, weekends, and other non-traditional service hours when access to care is often limited. As Michigan's first private Behavioral Health Urgent Care, SafetyZone offers an early implementation perspective on an emerging model of care that may inform future behavioral health access strategies across diverse communities. This presentation will share practical implementation lessons from launching and operating this emerging model while highlighting opportunities for collaboration among Community Mental Health organizations, hospitals, primary care providers, pediatric practices, schools, and community-based organizations. Presenters will discuss strategies for developing referral partnerships, establishing clinical and operational workflows, navigating payer and sustainability challenges, and creating seamless transitions across levels of care. Particular emphasis will be placed on the role of public-private partnerships in increasing statewide behavioral health capacity and strengthening services during evenings, weekends, and other non-traditional service hours when traditional outpatient resources are often unavailable. Participants will leave with practical strategies, implementation tools, and collaborative approaches that can be adapted to strengthen behavioral health crisis response systems in communities throughout Michigan. This presentation is designed for Community Mental Health leaders, behavioral health providers, healthcare executives, clinicians, policymakers, and community partners seeking innovative, collaborative approaches to strengthening Michigan's behavioral health infrastructure. **Objectives**: 1. Describe the essential clinical, operational, and administrative components required to develop and sustain a community-based Behavioral Health Urgent Care program. 2. Explain how public-private partnerships can strengthen Michigan's behavioral health continuum by expanding access, increasing system capacity, and improving care coordination during evenings, weekends, and other non-traditional service hours. 3. Identify practical implementation strategies—including referral development, workforce planning, payer engagement, quality improvement, and operational workflows—that support successful integration of Behavioral Health Urgent Care into existing behavioral health systems.
10:00am - 11:30am	**7. Making Self-Directed Services Work** – *Angela Martin, LMSW, Senior Associate Director, Michigan Developmental Disabilities Institute, Wayne State University* – *Jan Lampman, BA, Owner, Community Drive* – *Nicole Gillies, MA, SD Coordinator, Summit Pointe* DWIHN and Summit Pointe will describe their experiences working with Partners Advancing Self-Determination to improve/refine their self-directed services. Learn how using a team approach helped them achieve their goals, overcome barriers, and hear about their successes. Practical solutions to issues will be shared. **Objectives**: 1. Identify the principles of self-determination. 2. Identify effective methods for practical applications related to improving the delivery of self-directed services. 3. Describe the roles of SD Coordinators and Support Brokers
10:00am - 11:30am	**8. When Emerging Adults Struggle: Recognizing Mental Health Decline to Make a Difference**

	– *Patricia Dixon, LMSW - Clinical and Macro, Associate Director of Warrior Urgent Services, Wayne State University* – *Anne Di Iorio-Fitzpatrick, LMSW-Clinical, Crisis Specialist - University Counselor II, Wayne State University* – *Sheila Lewis, MA, LPC, Crisis Specialist-University Counselor II, Wayne State University* Emerging adulthood is a time of growth, change, and increased vulnerability to mental health challenges. Learn how to recognize the early warning signs of mental health decline before they become a crisis. This session will provide practical strategies for identifying clients who may be struggling, and techniques for responding with confidence and compassion. Participants will gain tools to support meaningful conversations and learn how to connect CMH clients to appropriate resources on a college campus. Together, we can make a lasting difference by helping emerging adults stay on the path to success. **Objectives**: 1. Recognize the early warning signs of mental health decline. 2. learn basic crisis mitigation and management skills. 3. learn how to connect emerging adults to appropriate and available community resources
11:30am – 12:30pm	**Group Networking Lunch**
12:00pm – 1:00pm	**Keynote: The Sound of Safety: A Story of Trauma and Resiliency** – *Mara* (Skinner) *McCalmon, Founder & Spokesperson, P.S. You're My Hero* – *Julie Jowett-Lee, LMSW, Clinical Social Worker, Thumb Coast Counseling* In November 2010, Mara McCalmon survived a violent attack in her Yale home that claimed the life of her husband, Paul, and forever changed her family and community. In this powerful keynote, Mara shares her experience of unimaginable loss, the lasting effects of trauma, and her decision to honor Paul's memory by founding P.S. You're My Hero, a nonprofit supporting victims of crime. Mara is also the author of a new book titled, "The Sound of Safety: When All That's Left is Love & Hope & Truth". Julie Jowett-Lee, a licensed social worker who worked in the school community at the time, offers insight into how the tragedy affected students, families, and others connected to it. Together, they explore the far-reaching impact of trauma and the power of connection, resilience, and hope. **Objectives**: 1. Describe how a traumatic event can affect individuals, families, schools, and communities. 2. Identify common emotional, behavioral, and relational responses to trauma and loss. 3. Recognize the role of social support and community connection in promoting resilience. 4. Explain how advocacy, purpose, and helping others can support healing after trauma.
1:00pm – 1:30pm	**Exhibitor-Sponsored Refreshment Break**
	Concurrent Workshops
1:30pm – 3:00pm	**9. From Assessment Data to Clinical Action: Outcomes Monitoring, AI-Assisted Intelligence, and Risk Signals Using MichiCANS** – *Erin Mobley, MA, Biology, Section Manager, Data Monitoring and Quality Improvement, The Bureau of Children's Coordinated Health Policy and Supports, MDHHS* – *Joe Torres, MS, Data Scientist Consultant, TBD Solutions Inc* – *Lisa Collins, EdS, MA, CCC-SLP, Section Manager, Access, Workforce Development and Education, The Bureau of Children's Coordinated Health Policy and Supports, MDHHS* Assessment data can provide clinically meaningful insights from a youth's initial assessment and throughout their changing service experience. Using MichiCANS, this workshop will demonstrate how assessment results, utilization and episode information, statistically derived latent class profiles, and narrative notes can be brought together into a unified view of the youth. Participants will explore web applications with clearly defined

	metrics and visuals designed to highlight needs, strengths, service patterns, and other important clinical signals at both initial and subsequent assessments. Longitudinal views will show how profiles and outcomes change over time, helping users understand a youth's trajectory and recognize stability, improvement, or emerging risk. The workshop will also explore agentic approaches to data intelligence, enabling users to ask natural-language questions of specialized AI agents that can synthesize information across multiple sources and help interpret observed patterns. The session will emphasize how structured analytics, interactive visuals, AI, and clinical expertise can work together to transform complex assessment data into a clearer and more actionable understanding of the youth and their family. **Objectives**: 1. Identify a set of high-value analytic questions MichiCANS can answer for service planning, quality improvement, and population management (e.g., profiling, variation, and change over time). 2. Describe methods for outcomes tracking using longitudinal MichiCANS data, including profile-based approaches and interpreting change using model-derived scoring outputs (e.g., posterior probabilities over time) in combination with the perspective of lived. 3. Interpret dashboard-ready metrics and visualizations derived from MichiCANS, including how to communicate uncertainty, avoid common analytic pitfalls, and ensure results are decision-relevant.
1:30pm – 3:00pm	**10. Beyond the Bubble Bath: Burnout Recovery for Organizations and Real People** – *Holly Wixon, MA, MSW, CAADC, CCS, Co-Founder, Better Balance Consulting LLC* – *Charity Gorbach, MA, MSW, CAADC, Co-Founder, Better Balance Consulting* – *Nicole Gillies, MA, SD Coordinator, Summit Pointe* Burnout continues to be one of the most pervasive issues within the human services field. Organizations see turnover, decreased morale, impaired communication and relationships, and individuals face significant physical and mental health implications. This workshop will move beyond the standard self-care suggestions and take a look at meaningful changes at an organization/agency level, as well as practical strategies for individuals. **Objectives**: 1. Participants will be able to describe the three dimensions of burnout. 2. Participants will be able to understand how organizations can implement a multicomponent strategy to address burnout. 3. Participants will be able to list three strategies for effectively managing burnout on an individual level.
1:30pm – 3:00pm	**11. Bridging Systems for Transition Age Youth and Young Adults: Enhancing Assessments for Transition Age Youth and Young Adults.** – *Kelly France, MSW CADC, Founder and Principal Consultant, Whole Life Balanced, LLC* A concise, practical workshop introducing the Transformational Collaborative Outcomes Management (TCOM) framework, demonstrating why and how it provides best practice assessment standards for assessing behavioral health needs of Transition-Age Youth (TAY) and Young Adults. The workshop will emphasize how to use TCOM and TCOM tools (such as the MichiCANS) to provide strengths-based, youth-centered assessment, culturally responsive engagement, shared decision-making, measurement-informed care, and system-level benefits (coordination, outcomes, equity). **Objectives**: 1. Identify best practice standards for assessment and treatment of Transition Age Youth (TAY) and Young Adults. 2. Understand how Transformational Collaborative Outcome Management (TCOM) supports best practice standards for assessing TAY. 3. Understand implications of TAY items in Michigan's TCOM tool (MichiCANS).
1:30pm – 3:00pm	**12. Building a Mental Health Ready Workforce: Integrating Mental Health First Aid and Psychological Safety in Community Behavioral Health** – *Cyril Davis, DNP, PMHNP-BC, Program Director | Psychiatric Mental Health Nurse Practitioner, Lakes Center Mental Health Network* – *Lynne Lyons, M.D, Medical Director and Psychiatrist, Lakes Center Mental Health Network*

	Behavioral health professionals face rising burnout, workforce shortages, compassion fatigue, and complex clinical needs. Preparing staff requires clinical expertise, practical crisis intervention skills, psychologically safe workplaces, and a culture that supports learning, collaboration, and resilience. This interactive workshop presents findings from a doctoral quality improvement project that implemented Mental Health First Aid (MHFA) training in a high-volume depression clinic while expanding the discussion to organizational readiness and workforce development. Participants will explore how MHFA and psychological safety complement one another to improve staff confidence, therapeutic communication, stigma reduction, and crisis response. Lessons learned from implementation, measurable outcomes, common barriers, and strategies for sustaining change will be shared. Attendees will leave with practical tools and an implementation framework that can be adapted within community mental health organizations, crisis programs, and integrated behavioral health settings. **Objectives**: 1. Describe the core components of a Mental Health Ready Workforce and explain how Mental Health First Aid (MHFA) and psychological safety contribute to improved workforce readiness, crisis response, and patient care within community behavioral health organizations. 2. Apply evidence based strategies from Mental Health First Aid and psychological safety to strengthen therapeutic communication, reduce stigma, increase staff confidence, and support effective responses to individuals experiencing mental health crises. 3. Develop an implementation plan to integrate Mental Health First Aid training and psychologically safe leadership practices within their own organization, including strategies to promote workforce resilience, organizational culture, and continuous quality improvement.
1:30pm – 3:00pm	**13. Building Strong Supervisors: Developing Leadership Capacity in Community Mental Health** – *Marika Orme, MSA, MS, LLP, Training Supervisor, The Guidance Center* Great organizations are built by great supervisors—but many supervisors are promoted because they excel in their clinical or technical roles, not because they've had the opportunity to develop as leaders. In response, our organization created a Supervisor Leadership Training Series specifically for Community Mental Health that transforms supervision into intentional leadership development through practical, interactive learning. This session will share the framework, key leadership competencies, implementation strategies, and lessons learned so attendees can replicate or adapt the model within their own organizations. Participants will leave with ready-to-use tools that strengthen communication, accountability, team engagement, and leadership confidence while fostering a culture of continuous leadership development. The success of this initiative has also laid the foundation for a complementary manager development program, demonstrating how organizations can build a sustainable leadership pipeline. As workforce challenges continue across behavioral health, investing in supervisors is one of the most impactful strategies for strengthening leaders, retaining staff, and creating resilient organizations equipped to deliver exceptional care. **Objectives**: 1. Identify the core leadership competencies that contribute to effective supervision and staff engagement in Community Mental Health organizations. 2. Describe the key components of a structured Supervisor Leadership Training Series, including strategies for designing, implementing, and sustaining a leadership development program. 3. Apply practical tools and implementation strategies to strengthen supervisory leadership and build a sustainable leadership pipeline within their own organizations.
1:30pm – 3:00pm	**14. Employing People with Substance Use Lived/Living Experience (PSULE)** – *Larry West, BSW, CPSS, Senior Project Coordinator, Wayne State University Center for Behavioral Health and Justice* – *Meghan Peake, MSW, CPRC, CADC, Evaluation Support Associate, Wayne State University - Substance Use Research Team*

	This session highlights a compensated, long-standing workgroup of Michigan employees with lived and living experience of substance use who came together over three years to design a statewide training and employer handbook on equitable hiring, retention, and advancement. Workgroup members span health departments, universities, harm reduction agencies, recovery community organizations, and grassroots groups, including individuals historically excluded from the workforce. Developed in collaboration with the Michigan Department of Health and Human Services and Vital Strategies, the resulting training is delivered quarterly and facilitated entirely by workgroup members themselves. Presenters will walk through how the training was developed, its core content on reducing stigma and dismantling structural barriers to employment, and evaluation findings showing measurable gains in participant knowledge. Attendees will leave with practical, take-home strategies for building more inclusive hiring and workforce development practices at their own organizations. This session is especially relevant for those in hiring, supervisory, or management roles within the SUD field. **Objectives**: 1. describe the development process of a peer-led training program, including the key workplace inequities and employment barriers identified by a workgroup of individuals with lived/living experience of substance use. 2. apply strategies to reduce workplace stigma and address barriers to employment and advancement—including those tied to criminalization and poverty—in their own hiring, supervisory, and workforce development practices. 3. summarize training evaluation findings and identify actionable, take-home resources for implementing equitable and inclusive employment practices for people with lived experience within their own organizations.
1:30pm – 3:00pm	**15. More Than a Meeting Place: How Recovery Community Organizations and Treatment Providers Can Build Partnerships That Actually Work** – *Salvatore Russo, LMSW, CCS, CAADC, Sr. Director of SUD and Prevention Services, Hegira Health, Inc.* – *Allison Herrst, LLMSW, CPRM, CPRC, Executive Director, Recovery Action Network of Michigan* Recovery does not happen in a single office, during a single treatment episode, or within the walls of any one organization; and yet our systems often continue to operate in silos. This workshop explores what happens when a behavioral health treatment provider and a Recovery Community Organization (RCO) stop competing and start collaborating. Drawing on the evolving partnership between Hegira Health and the Recovery Action Network of Michigan (RANMI), presenters will share how two organizations moved from strangers to co-creators of community events, prevention initiatives, shared referral pathways, and sustainable recovery supports. Attendees will gain a practical understanding of how RCOs differ from peer support services within treatment settings, explore strategies for building partnerships that outlast funding cycles, and discuss approaches to organizational sustainability through diversified funding, community engagement, and collaborative initiatives. Through honest reflection on barriers, practical tools, and a real-world case study, participants will leave with actionable strategies for breaking down silos and strengthening recovery-oriented systems of care within their own communities. **Objectives**: 1. Define the role of Recovery Community Organizations (RCOs) within the continuum of care, including how they differ from clinical peer support services, and identify at least three ways RCOs can complement treatment provider efforts to support long-term recovery. 2. Describe strategies for building sustainable RCO-provider partnerships through diversified funding, shared resources, community engagement, collaborative initiatives, and cross-sector partnerships that strengthen recovery supports beyond individual funding. 3. Apply a framework for fostering collaborative, rather than competitive, relationships among behavioral health providers, Recovery Community Organizations, and community partners using the Hegira Health and RANMI partnership as a practical case study for breaking down organizational silos and building stronger recovery-oriented systems of care.

1:30pm – 3:00pm	**16. State and Federal Disability Civil Rights Laws** – *Michael McCann, MA, Training and Development Coordinator, Michigan Department of Civil Rights* This session will provide an overview of the key provisions of the Americans with Disabilities Act (ADA) and the Michigan Persons with Disabilities Civil Rights Act (PWDCRA). These laws are examined in detail including definitions, affirmative duties, prohibited actions, and exemptions. Attendees will learn how the civil rights protections of these laws apply to individuals with disabilities as they engage with public and private service providers. These protections extend to education, housing, and employment as well. Additionally, attendees will learn about the requirements for public entities to provide reasonable modifications of programs, services, and activities along with requirements for effective communication. **Objectives**: 1. Explain the definition of a disability under the Americans with Disabilities Act (ADA). 2. Identify the Americans with Disabilities Act (ADA) requirements for Title II entities along with the requirements from the Person's with Disabilities Civil Rights Act (PWDCRA). 3. Apply the legal requirements from the ADA and PWDCRA for reasonable modifications and effective communication within community mental health settings.
3:00pm – 3:30pm	**Exhibitor-Sponsored Refreshment Break**
	Concurrent Workshops
3:30pm – 5:00pm	**17. Beyond Program Development: Building Community Infrastructure That Strengthens Crisis Response Systems** – *Kevin Fischer, Executive Director, CIT International Michigan* – *April Switala, Director of Programs, CIT International Michigan* Communities across Michigan have made significant progress expanding behavioral health crisis response through Crisis Intervention Team (CIT) training, co-response models, mobile crisis services, peer support, and 988 implementation. As these investments continue to grow, communities increasingly face the challenge of integrating them into a coordinated, sustainable crisis response system. The evidence-based CIT International model emphasizes that effective crisis response extends beyond training to include cross-sector partnerships, governance, operational policies, referral pathways, and long-term sustainability. This workshop examines how communities can operationalize the full CIT model by strengthening the infrastructure that supports these investments. Drawing from statewide CIT program development, community technical assistance, and lessons learned across Michigan, participants will explore practical strategies to improve system coordination, align policies across partners, and strengthen community collaboration. The session will also examine how intentional system design can maximize existing crisis response investments and support more sustainable, effective behavioral health crisis systems over time. **Objectives**: 1. Identify the foundational infrastructure components within the evidence-based CIT International model necessary to support sustainable community crisis response systems, including governance structures, policy alignment, and cross-sector collaboration. 2. Evaluate how behavioral health crisis response programs such as CIT training, co-response, mobile crisis services, and peer support initiatives function more effectively when integrated within a coordinated system framework. 3. Recognize opportunities within their own communities to strengthen CIT implementation by aligning visible crisis response programs with the foundational infrastructure required for long-term sustainability.
3:30pm – 5:00pm	**18. Staff Resilience & Retention: Strengthening Organizational Connection in Turbulent Times** – *Anthony Zipple, ScD, MBA, Senior Consultant, Organizational Health & Talent Optimization, INCITE Consulting Solutions*

	– *Kara S Guerriero, MPH, Founder & CEO, INCITE Consulting Solution* Behavioral health organizations have a single product: hours of skilled and effective staff time. No CEO will disagree with the statement "people are our most important asset" but few organizations have dedicated the resources to create a deep and coherent "People Plan" with goals, timelines and metrics – essential for building a healthy, engaged, and resilient workforce. This workshop will give you data to back the argument that investing in individual employee wellness and resilience serves as the cornerstone of organizational health and effectiveness, as well as provide evidence-based-best-business-practices proven to building a culture of resilience. Specific strategies discussed will include building more gratitude into the culture; strengthening social connection between staff; empowering leaders throughout the organization; celebrating good moments; and encouraging a growth mindset. **Objectives**: 1. Describe the importance of staff wellness and resilience and its relationship to retention, productivity, staff engagement, and quality of care. 2. Identify specific organizational interventions that have been shown to be effective in building stronger staff wellness and resilience. These interventions include gratitude, social connection, appreciating good moments, and growth mindset. 3. Develop a personal plan for incorporating at least one specific change in your management style, wherever you are in the organization, that will encourage higher levels of staff wellness and resilience.
3:30pm – 5:00pm	**19. Michigan Youth with Epilepsy Transition Project: Successful Transition through Teamwork** – *Terra Depew, MPH, Section Manager for Policy and Program Development, MDHHS Children's Special Health Care Services* – *Danielle Pitchford, BA, Outreach and Engagement Analyst, MDHHS Children's Special Health Care Services* "Successful Transition through Teamwork" will introduce attendees to the Children's Special Health Care Services (CSHCS) program and the Michigan Youth with Epilepsy Transition (MiYET) project. MiYET is a demonstration project to help youth with epilepsy understand, prepare for, and navigate healthcare, employment, education and independent living systems to reach their goals for adult life. **Objectives**: 1. Describe the Children's Special Health Care Services (CSHCS) program and supports to make connections for mutually served individuals. 2. Understand the role they play in successfully transition to adult services for the individuals they serve. 3. Connect the individuals they serve to MiYET tools and resources to support successful transition to adult serving systems.
3:30pm – 5:00pm	**20. Moments that Matter: Leadership Behaviors that Build Psychological Safety** – *Denae Tracy, LMSW, Clinical Training Supervisor, LifeWays* This presentation explores how everyday leadership behaviors influence psychological safety and team culture. Participants learn practical strategies for responding to mistakes, inviting input, handling silence, and reacting to challenges in ways that build trust and encourage open communication. Through reflection and interactive activities, leaders develop skills to foster environments where employees feel safe to contribute, learn, and perform at their best. This session emphasizes that psychological safety is built through consistent, intentional actions in everyday moments. **Objectives**: 1. Differentiate between leadership behaviors that strengthen psychological safety and those that unintentionally discourage employee engagement and open communication. 2. Apply practical communication strategies to respond effectively to mistakes, invite meaningful input, navigate silence, and address challenges in ways that foster trust and accountability. 3. Develop an action plan to intentionally use everyday leadership behaviors that promote psychological safety, encourage diverse perspectives, and improve team performance.

3:30pm – 5:00pm	**21. Plant the seeds of CE-CERT and Watch What Grows: Building Workforce Resilience Through the Application of CE-CERT Daily Practice** – *Mary Diepstra, LMSW, Supervisor, Community Mental Health for Central Michigan* – *Renee Raushi, MA, LPC, Chief Operating Officer, Community Mental Health for Central Michigan* Community mental health professionals are regularly exposed to complex trauma, high acuity needs, crisis situations, and many barriers when attempting to provide support and services to individuals accessing services. All these things create significant risks for secondary traumatic stress (STS), compassion fatigue, and burnout. Recognizing the impact of this work on our workforce, Community Mental Health for Central Michigan (CMHCM) took action in 2022 by investing resources to incorporate CE-CERT practice into the agency culture. CE-CERT, Components for Enhancing Career Experience and Reducing Trauma, is a skill-based, evidence-informed approach to thriving in the helping professions developed by Brian C. Miller, Ph.D. Presenters will share the progression of implementation across the six-county CMH and how the skill practice has been made relevant for staff across all roles including the decision to implement the Secondary Traumatic Stress Informed Organization Assessment (STSI-OA) tool. This tool, developed by members of the National Child Traumatic Stress Network (NCTSN) and available through the University of Kentucky Center on Trauma and Children, is an assessment tool that can be used by organizational representatives at any level to evaluate the degree to which their organization is STS-informed and able to respond to the impact of secondary traumatic stress in the workplace. **Objectives**: 1. Recognize the impact of secondary traumatic stress, compassion fatigue, and burnout on workforce well-being, retention and service delivery. 2. Examine system-wide implementation of the CE-CERT model and identify strategies that support embedding resilience-building practices across all levels of an organization to promote wellness and strengthen culture. 3. Identify practical leadership strategies, including the use of an organizational assessment tool to support strategic planning, and sustain long-term organizational change.
3:30pm – 5:00pm	**22. Reducing Administrative Inefficiencies in the Intake and Assessment Process** – *Aaron Wilson-Ahlstrom, Facilitated Learning Programs Lead, Civilla* – *Jessica Tucelli, LMSW, Director of Access Services, LifeWays* – *Conner Gibbons, EMR System Administrator, LifeWays* – *Dale Hull, CPRM, MSW Candidate, Director of Operations, Wellness InX* "By the time they get to me, clients don't even know why they're here." That frustration drove teams from five Michigan CMHs and CCBHCs to spend six months taking a hard look at their intake and assessment processes — interviewing frontline staff and clients, identifying what was within their control, and redesigning it. Three of those teams will share the specific changes they made, the impact on clients and staff, and the tools they used to make change stick in a difficult environment. Their results include reduced time from initial contact to first appointment, shorter assessments that maintain compliance with state policy, and improved first-appointment show rates. These are teams of regular CMH employees — clinical staff, program managers, operations leads — and the changes they made are the kind your team could adapt and adopt too. **Objectives**: 1. Understand the value of doing user interviews to surface opportunities for improving client experience. 2. Describe three specific, replicable process changes implemented by participating CMH teams and the outcomes those changes produced. 3. Apply at least one tool or approach from the session to assess opportunities for reducing administrative inefficiency within your organization's intake process.
3:30pm – 5:00pm	**23. Resilience Rising: Understanding Trauma & the Path to Healing** – *Julie Jowett-Lee, LMSW, Clinical Social Worker, Thumb Coast Counseling* – *Mara (Skinner) McCalmon, Founder & Spokesperson, P.S. You're My Hero*

	– *Victor Polito, Certified Peer Support Specialist, St. Clair County Community Mental Health* Trauma can result from a single life-altering event or accumulate over a lifetime of adversity. Mara McCalmon and Victor Polito, a veteran and person in recovery, share their distinct experiences with trauma and the different paths they have taken toward healing. Mara discusses the process of rebuilding her life following a devastating personal tragedy, while Victor reflects on the effects of childhood trauma, military experiences, and substance use. Licensed social worker Julie Jowett-Lee explains how trauma affects the mind and body, how healing can occur, and why recovery looks different for everyone. Together, the presenters explore the roles of safety, connection, support, and purpose in moving beyond survival and building resilience. **Objectives**: 1. Compare how different types of trauma can influence individual recovery journeys. 2. Explain how trauma can affect the brain, nervous system, and body over time. 3. Identify barriers that may affect a person's willingness or ability to seek 4. help, including stigma, shame, fear, and previous experiences with support systems. 5. Apply trauma-informed strategies that promote emotional and physical safety, personal choice, trust, and individualized recovery.
3:30pm – 5:00pm	**24. Supporting the Individuals Nobody Else Can Serve: Innovative Residential Approaches for High-Acuity Adults** – *Cassidy Jewell, LMSW-C, Vice President of Clinical Operations (MI & OH), Beacon Specialized Living Services* – *Emily Thompson, LMSW, Clinical Director, Beacon Specialized Living Services* What happens when an individual has been through multiple placements, countless hospitalizations, and every provider seems to say, "We can't meet their needs?" This dynamic and interactive workshop challenges participants to rethink how we support adults with serious mental illness, intellectual and developmental disabilities, trauma histories, and other complex behavioral health needs. Through compelling case studies, audience discussion, and practical clinical frameworks, attendees will learn how to move beyond managing behaviors and uncover the underlying factors driving crises, instability, and service failures. Participants will explore innovative residential strategies that reduce hospitalization, improve quality of life, strengthen interdisciplinary collaboration, and increase long-term placement success. Whether you're a clinician, administrator, case manager, or residential provider, you'll leave with actionable tools, fresh perspectives, and renewed confidence in serving individuals often considered the most challenging - and the most deserving - members of our communities. **Objectives**: 1. Differentiate psychiatric symptoms from behavioral, trauma-related, medical, communication, and environmental contributors. 2. Identify characteristics of individuals considered "high acuity" and develop multidisciplinary strategies to improve their quality of life. 3. Apply trauma-informed, person-centered approaches to improve stability while reducing crisis frequency, hospitalizations, and placement disruption.
5:30pm – 6:30pm	**CEO Retirement Reception**

Tuesday, October 27, 2026

7:00am – 12:00pm	**Conference Registration and Exhibits Open**
7:00am – 8:15am	**Breakfast Activities** (full breakfast buffet will be served until 8:30am) Regional Breakfast Meetings Non-Member and Staff Networking Breakfast
8:30am – 9:30am	**Welcome and Keynote: Everything Everywhere All at Once: A Federal Policy Update**

	- Jonah Cunningham, BS, MPP, President/CEO, National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) Health policy is evolving rapidly, with uncertainty driven by the implementation of H.R. 1, the cancellation of federal funding opportunities, shifting priorities, and a steady stream of updates. Join us for a discussion of recent policy developments, the context behind these actions, and what may come next. **Objectives:** 1. Understand the role of the federal government in behavioral health provision. 2. Identify current and emerging issues that affect the provision of services & supports. 3. Provide a range of possibilities for future policy activities.
9:30am – 10:00am	**Exhibitor-Sponsored Refreshment Break**
	Concurrent Workshops
10:00am – 11:30am	**25. Behavioral Threat Assessment and Management: A Collaborative Approach** – *Lauren Kroll, N/A, Intellignece Analyst, Michigan State Police* – *Brittany Prescott, N/A, Statewide Tactical Intelligence Unit Manager, Michigan State Police* This presentation explores how professionals can work together to identify, assess, and manage potentially threatening behaviors before they escalate to violence. This presentation provides practical training on the Pathway to Violence framework, helping participants recognize warning signs, leakage, and concerning behaviors in their clients. Attendees will gain an understanding of how the Michigan State Police Behavioral Threat Assessment and Management Unit operates, including its assessment process and how to make referrals. The session will also highlight how Community Mental Health collaborate with MSP's team to support individuals of concern through coordinated intervention strategies. Real-world case studies will illustrate successful prevention efforts and demonstrate how early identification and cross-system collaboration can reduce risk. **Objectives**: 1. Explain the Pathway to Violence framework and identify key behavioral warning signs in order to recognize potential threats among clients early and accurately. 2. Describe the role of the Michigan State Police Behavioral Threat Assessment and Management Unit, including how multidisciplinary assessments are conducted. 3. Apply collaborative threat management strategies by demonstrating how Community Mental Health partners coordinate with law enforcement and other stakeholders to implement intervention plans, as illustrated through case study analysis.
10:00am – 11:30am	**26. Bridging the Continuum of Care: An Interactive Systems Simulation for Strengthening Community Behavioral Health** – *Rachel Bowling, M.S. in Addiction Policy and Practice, Georgetown University, Director, SAFE Project* – *Avery Bertocci, MPA, Assistant Director, SAFE Project* People experiencing substance use and mental health crises often encounter fragmented systems, disconnected services, and inconsistent transitions between levels of care. This interactive workshop uses a multidisciplinary simulation of the first 72 hours following a substance use or mental health crisis to help participants examine how individuals move through the behavioral health continuum, from crisis response and emergency care to treatment, recovery support, and community integration. Working in cross-sector teams, participants will identify common breakdowns in coordination, explore opportunities for stronger collaboration, and consider how policies, funding structures, and organizational practices influence continuity of care. Through facilitated discussion and practical systems-mapping exercises, attendees will develop strategies for strengthening partnerships across behavioral health, healthcare, public safety, recovery organizations, and community-based services. The workshop concludes with action planning that participants can adapt to their own communities to improve coordination, reduce service gaps, and support better outcomes for the individuals they serve. **Objectives**: 1. Analyze how individuals experiencing substance use and mental health crises navigate the

	behavioral health continuum and identify common barriers that contribute to fragmented care. 2. Apply systems-thinking principles to strengthen coordination and collaboration across behavioral health, healthcare, public safety, recovery, and community-based organizations. 3. Develop practical strategies to improve continuity of care through enhanced partnerships, sustainable systems planning, and community-specific action planning.
10:00am – 11:30am	**27. Building A Strong Safety Program In Our Workplace- CANCELLED**
10:00am – 11:30am	**28. CMH Responsibilities for Nursing Facility Residents** – *Marshall Cronican-Walker, LMSW, PASARR Determination and Federal Compliance Coordinator, MDHHS* – *Kristin Guise, LMSW, PASARR Appeals Coordinator, MDHHS* This workshop will focus on the CMH's responsibilities for carrying out the federally mandated PASARR program as well as the provision of Specialized Mental Health Services for individuals with Mental Illness and/or Developmental Disabilities in nursing facilities. Topics for this session will include appropriate CMH staffing, the responsibility for service delivery and leveraging state/federal dollars for the provision of services. Trends in referrals and best practices will also be discussed with time for question and answers with MDHHS. The target audience for this session is CMH leadership and service providers. **Objectives**: 1. List the types of qualified professionals required to be compliant with PASARR 2. Identify services required to be provided to nursing facility residents. 3. Identify individuals who are appropriate for nursing facility placement.
10:00am – 11:30am	**29. Religion, Spirituality and Mental Health** – *Katherine Albrecht, Ed.D., Doctorate in Human Development and Psychology, Harvard Graduate School of Education* Research in the field of Spirituality and Mental Health has been growing, with spirituality/religiousness (S/R) being consistently related to both physical and mental health. This workshop will provide an updated review of the current scientific evidence on the relationship between S/R and mental health, highlighting a large body of evidence across numerous psychiatric disorders, including depression, suicidality, substance use, post-traumatic stress disorder, psychosis, and anxiety. The workshop will discuss broad support for integrating S/R across mental health practice by the APA, the World Psychiatric Association, Harvard University, Duke University, Texas Medical Center, and many more. Attention will be given to workshops, such as the APA World Psychiatric Association's 6th Global Summit on Spirituality, Religion & Mental Health (https://spiritualitymentalhealth.org/), Harvard's Spirituality, Religion, and Mental Health curriculum (https://learn.hms.harvard.edu/programs/spirituality-religion-and-mental-health), Duke University's 22nd annual Spirituality and Health 5-day research workshop (https://spiritualityandhealth.duke.edu/index.php/5-day-summer-research-course/), and the work being done by the Spiritual and Religious Competencies Project, whose grant-funded research goal is to "equip every mental health professional in the U.S. with basic competencies to address religious and spiritual dimension of clients' lives." (https://www.spiritualandreligiouscompetenciesproject.com/) **Objectives**: 1. Describe the core roles and responsibilities of an effective nonprofit board, including fiduciary, strategic, and generative governance. 2. Identify common barriers to strong board performance and apply practical strategies to improve engagement, accountability, and communication. 3. Explain how board diversity, inclusive leadership, and equitable governance practices strengthen organizational impact and community trust. 4. Assess their own organization's board structure and identify opportunities for improvement using tools provided in the workshop.

10:00am – 11:30am	**30. Stronger Together: Connecting Families to CSHCS, Family Centered Services, and the CSN Fund** – *Danielle Pitchford, B.A., Outreach &Engagement Analyst, MDHHS/Children's Special Health Care Services* – *Jacque Lett, B.A., Children with Special Needs Fund Specialist, MDHHS/CSHCS/CSN Fund* Children and youth with special health care needs often experience barriers to accessing the services, equipment, and financial resources necessary to achieve optimal health and well-being. This interactive workshop will introduce participants to Michigan's Children's Special Health Care Services (CSHCS), Family Centered (FC) support, and the Children's Special Needs (CSN) Fund, highlighting how these programs work together to improve access to care and reduce financial burden for families. Participants will learn eligibility requirements, referral pathways, and practical strategies for identifying unmet needs and connecting families with available resources. Through case examples and discussion, attendees will explore collaborative approaches that strengthen partnerships among behavioral health providers, medical providers, and families. Participants will leave with practical tools to improve care coordination, increase family engagement, and support equitable access to services for children with special health care needs. **Objectives**: 1. Participants will be able to describe the purpose, eligibility criteria, and key benefits of Children's Special Health Care Services (CSHCS), Family Centered services, and the Children's Special Needs (CSN) Fund. 2. Participants will be able to identify common barriers experienced by families of children with special health care needs and apply appropriate referral and resource navigation strategies. 3. Participants will be able to integrate family-centered, cross-system collaboration strategies into their practice to improve access to care and support positive outcomes for children and families.
10:00am – 11:30am	**31. Technology First: A Blueprint for Success** – *Cheryl Ohman, BS, Executive Director, Lakestate Industries* – *Jason Ray, Certified Aging in Place Specialist, Chief Executive Officer, SimplyHome* The session will educate participants on the Technology First support approach for individuals with intellectual and developmental disabilities and the efforts to bring it to Michigan. This approach has shown success in other states in demonstrating how enabling technology can empower individuals with intellectual disabilities to live more independently in their communities while also helping to alleviate workforce challenges across the support system. Finally, we will share insights from the work of statewide Technology First Task Force and recommendations from its blueprint for implementing Technology first in Michigan. **Objectives**: 1. Demonstrate knowledge about Technology First, enabling technology and remote support. 2. Gain insights from the Technology First Task Force's recommendations for implementing Technology First in Michigan. 3. Learn practical steps that can be taken at all levels of public mental health system to support technology-enabled, person-centered care in Michigan.
10:00am – 11:30am	**32. Understanding the Uniform: Connecting with Veterans** – *Brandon Hetherton, CPSS, Veteran Peer Support, CMH-CEI Veteran Navigation Program* – *Marcie Maleport, LLMSW, Veteran Mental Health Therapist, CMH-CEI Veteran Navigation Program* The Michigan public behavioral health system increasingly serves justice-involved veterans, aging military populations, and National Guard members dealing with complex trauma. However, a significant gap remains in military cultural competency among civilian clinicians, often resulting in premature treatment termination, misdiagnoses, and therapeutic alienation. This 1.5-hour workshop builds a practical clinical bridge. It provides Community Mental Health Association of Michigan (CMHA) professionals with the specialized structural frameworks, linguistic nuances, and trust-building strategies

	required to effectively engage and retain veteran clients. **Objectives**: 1. Identify the three core tenets of military training (collectivism, hyper-vigilance, and emotional stoicism) and trace how they conflict with traditional civilian therapy models. 2. Accurately differentiate how PTSD, Traumatic Brain Injury (TBI), and Moral Injury uniquely present during standard CMH intake and assessment processes. 3. Utilize specific military-informed vocabulary and clinical positioning tactics that bypass the veteran's defensive "stoic barrier".
11:30am – 1:00pm	**Group Networking Lunch** **Closing Keynote: From "Surviving to Thriving"** – *Rachelle Ellison* Rachelle Ellison, the Washington, D.C., housing and homelessness advocate, her story is one of recovery and transformation. Ellison experienced severe abuse as a child and later struggled with substance use, mental-health challenges, and homelessness. She spent 17 years living on the streets of Washington, D.C., including sleeping in Freedom Plaza and Franklin Park. Her life began changing after she connected with Friendship Place and later Pathways to Housing DC. Housing, counseling, treatment, and other support helped her stabilize her life. She eventually became sober, completed her education, and began working as a peer counselor and homelessness advocate. She became involved with the People for Fairness Coalition, advocating for people experiencing homelessness and housing insecurity. She has emphasized that her own lived experience helps her understand the people she serves. In 2022, she joined the inaugural Community Voices Academy cohort, later returning as an instructor. In July 2024, she graduated from Pathways to Housing DC and received a moving-on voucher, marking another major step toward independence. She continues to write and advocate about housing, homelessness, and hope; Street Sense Media has published several pieces by her as recently as 2026.The Washington Post's profile describes her transformation particularly well: after years of homelessness and addiction, mental health challenges she came to see herself not as a victim but as a warrior who went from Surviving to Thriving.
1:00pm	

EXHIBITORS & SPONSORSHIPS

EXHIBITOR OPPORTUNITY	MEMBER PRICE	NON-MEMBER PRICE
Exhibitor Booth for Fall 2026 Conference • Includes 2 people at the booth and entrance into conference activities • Includes 2 breakfasts and 2 lunches for each person at your booth ❖ *CMHA includes all registered exhibitors in the counts for all meals offered! Please plan to join your colleagues in Ballrooms A-D with all other attendees in order to benefit from this wonderful networking opportunity!* • ***CMHA does not allow additional exhibitors per booth*** • Maximum total of 2 people at each exhibitor booth • Exhibit space is 9' x 5.' Exhibit table is 6' long. Electric included if requested. • See below for Advertisement Opportunities being offered!	**$1,500**	**$1,800**
SPONSORSHIP/ADVERTISING OPPORTUNITIES ***limited availability***	MEMBER PRICE	NON-MEMBER PRICE
***Fall 2026 Conference Morning or Afternoon Refreshment Sponsor** • Signage placed in the break area • Company Name and Logo displayed in conference program • Opportunity to draw/announce door prize during sponsored break	***LIMITED AVAILABILITY!*** **$450**	**$520**
***Fall 2026 Conference Breakfast Sponsor** • Signage placed in the meeting room • Company name announced during keynote • Company Name and Logo displayed in conference program	***LIMITED AVAILABILITY!*** **$600**	**$700**
***Fall 2026 Conference Lunch Sponsor** • Signage placed in the meeting room • Company name announced during keynote	***LIMITED AVAILABILITY!*** **$1,250**	**$1,550**

• Logo shown on 2 screens during lunch • Company Name and Logo displayed in conference program • Full page ad in onsite conference program • 1 flyer or 1 attendee gift placed in conference bag		
Materials Placed in Fall 2026 Conference Bag • 1 flyer or 1 attendee gift	**$750**	**$900**
Wi-Fi Access for Conference Attendees • Signage in the exhibit hall • Recognition in conference program	***SOLD OUT!*** **$500**	**$600**
Full Page Advertisement in Onsite Conference Program • Provide 1 vertical ad formatted onto 8.5 x 11 sheet of paper • Ad should measure 8.5" wide x 11" high NO CROP MARKS • Black & white/grayscale • Acceptable formats: PDF, JPEG, PNG, or Word	**$625**	**$750**
Fall 2026 Conference Consumer Scholarships: Sponsor individuals receiving services or their family members to attend the conference. • Recognition in conference program • Logo shown on 2 screens during 1 keynote	**$500**	**$600**
***Logo Printed on Conference Bag along w/CMHA Logo** • 1 exhibitor per conference – first come; first served!	***SOLD OUT!*** **$875**	**$1,000**
***Email Blast to Conference Attendees** • Email sent out on your behalf from CMHA 2-3 weeks prior to conference. CMHA will not provide email lists to exhibitors. Limited to 3 companies per conference.	**$1,000**	**$1,250**
***Conference Exhibit Hall Floorplan Upgrade** • Select prime location on the exhibit floor. Contact Monique to choose the booth number you would like. First come – First served.	**$450**	**$520**
Demonstration Opportunities with Targeted Audience; Host/Sponsor Private Receptions • CMHA will send out invitations on your behalf. • All actual costs for food, beverage, audio visual, internet, etc. will be the responsibility of the exhibitor.	**$750**	**$1,000**
Banner Ad with Logo and Link on www.cmham.org	***$450 for Members AND Non-Members!***	

Click here for Registration! ~ Questions? Email Monique mfrancis@cmham.org

Sorry, no refunds or credits will be issued for exhibits or sponsorships purchased.

HealthWest
Muskegon's Behavioral Wellness Connection

September 25, 2026

MEETING NOTICE OCTOBER 2026

The HealthWest Board will meet in the following sessions during the month of August 2026. Please remember we must have a quorum in person for these meetings. If you participate remotely, your vote will not count. If you have any questions, please let me know.

Program Personnel Committee	Friday, October 9, 2026
Recipient Rights Committee	Friday, October 9, 2026
Finance Committee	Friday, October 16, 2026
Full Board Meeting	Friday, October 23, 2026

The administrative office will contact you via email to remind you of these meetings.

The complete schedule of committee and board meetings for 2026 can be found online at https://healthwest.net/board-agendas-minutes-2026/

\hb

cc: HealthWest Board Members

Main Office
376 E. Apple Ave. | Muskegon, MI 49442 | **P** (231) 724-1111 | **F** (231) 724-3659
HealthWest.net

HealthWest
Muskegon's Behavioral Wellness Connection

MEMORANDUM

Date: 09/25/2026

To: HealthWest Board of Directors

CC: Mark Eisenbarth, Muskegon County Administrator
Angie Gasiewski, Muskegon County Accounting Manager

From: Rich Francisco, Executive Director

Subject: **Director's Update**

MDHHS Updates:

- September 18, 2026, HW has received our ICSS – Intensive Crisis Stabilization Services certification. The Certification Letter was sent to both the LRE and HW. HW staff are now reviewing the letter as there are some final items that need to be addressed with the certification such as updating program information. The certification comes with Technical Assistance and is valid until September 30, 2029.
- No RFP update.
- FY22 Cost Settlement Litigation: One of the most significant issues facing LRE:
  - MDHHS has already recouped $4.8 million.
  - Approximately $13.7 million remains disputed.
  - Judge Patel denied dismissal and consolidated LRE's case with NorthCare litigation.
  - Discovery will now proceed.

LRE Level Updates:

- LRE Board meeting occurred on 09/23/2026
  - Budget was shared for FY27 – The LRE board work session covered the budget as part of the Annual Budget Hearing. **FY2027 Budget**
    - Proposed FY2027 budget totals **$454.5 million**, a decrease of approximately **$23.6 million (4.9%)** from FY2026.
    - Significant revenue declines are projected in:
      - Medicaid State Plan funding (**-11.6%**)
      - Healthy Michigan funding (**-12.8%**)
      - Growth areas include:
        - ✓ Children's Waiver (**+88.8%**)
        - ✓ Substance Use State Plan (**+59%**)
        - ✓ Substance Use Healthy Michigan (**+28.6%**)

  - **Regional Deficits**
    - LRE continues to face significant funding uncertainty:
    - Current projected FY26 regional deficit: **$16.7 million**
    - Budgeted regional deficit: **$18.8 million**
    - Largest projected deficits:

- **Network180:** approximately **$13.9 million**
- **Ottawa CMH:** approximately **$9.1 million**
- HealthWest, OnPoint, and West Michigan CMH continue to project surpluses.

- **H.R. 1 Concerns**
  - Leadership expressed substantial concern regarding federal Medicaid changes under **H.R. 1**:
    - MDHHS rate-setting assumes only a **10% Healthy Michigan disenrollment**
    - Other states have experienced **30–40% disenrollment**
    - Potential impact on regional behavioral health funding remains uncertain
- LRE "Needs Based" funding assessment – The LRE will continue to seek and bring back to the LRE board a proposal to proceed with doing the "needs-base" analysis. The LRE CEO presented that with one estimate received for quote, it could cost the LRE about 80k which includes 3 phases: Assessment, Comparison/Development, Implementation. This will include an assessment to determine whether the region is funded appropriately.

CMH Level:

- On Wednesday, September 23, HealthWest joined consumers in Lansing for the annual Walk a Mile in My Shoes Rally. This statewide event brings together hundreds of Michiganders and provides an opportunity to advocate for increased mental health funding, raise awareness about mental health challenges, and help reduce stigma. By sharing our stories and engaging with legislators, we help ensure that the voices of individuals receiving mental health services are heard and valued. While attending the rally, they had the opportunity to connect with a staff member from Representative Luke Meerman's office, and Representative Will Snyder took time to meet with the HealthWest group personally. These conversations provided a valuable opportunity for staff and consumers to ask questions, share concerns, and discuss the importance of sustaining and strengthening Michigan's public mental health system. Both were welcoming, attentive, and eager to hear from those with lived experience and the professionals who support them. Special thanks to the HealthWest staff who volunteered their time and energy to make this event a success. Your dedication, compassion, and commitment helped create a meaningful experience for our consumers and ensured that their voices were represented. There are about 300,000 citizens that seek and utilize behavioral health services.

- SDA (Same Day Access) – I would like to applaud and recognize the work of clinical staff in the SDA project. Christy LaDronka and the clinical teams at HW have made this possible. This was a concerted effort of many. Special thanks to the clinical staff and their role in defining the new processes that are needed to accomplish going to SDA. The work of the clinical teams included time doing: Process mapping, storyboarding, time studies, stakeholder engagement and consulting other partners for best practices.
  - HW received notice that we were awarded the $500,000 requested to assist with "Enhancing Behavioral Health Crisis Response and Stabilization in Muskegon County" (CSU). HW is now waiting on the CDS – Congressional Designated Spending that we submitted for federal funds $2M – HW should hear something by the end of the month. This will get HW started on the CSU project.
  - Next Month at the Full Board meeting – Helen Dobb our Compliance Manager will present and provide an update on the Corporate Compliance Plan.