

AGENDA

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD Tuesday, December 21, 2021 5:30 pm

County Services Building, 3283 122nd Avenue, Allegan
Allegan County Commission Board Room

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required.

1. Call to Order – Commissioner Gale Dugan, Chairperson
2. Pledge of Allegiance
3. Provision for Public Comment – Agenda items only, subject to 5” limit per speaker
4. Approval of Agenda
5. Consent Agenda – *All items listed are considered to be routine and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda upon request of any board member and will be considered separately.*
 - a. **Motion** – Approval of prior minutes:
 - i. RRAC Meeting (10.19.21)
 - ii. Board Meeting (11.16.2021)
 - iii. Building Committee Meeting (11.16.21)
 - iv. Finance Committee Meeting (11.16.2021)
 - v. Program Committee Meeting (11.16.2021)
 - vi. Special Board Meeting (11.30.2021)
6. Building Committee – Commissioner Gale Dugan
7. Program Committee – Commissioner Jim Storey
8. Compliance Training – Dan Welburn
9. Finance Committee Report – Beth Johnston
 - a. **Motion** – Approval of Voucher Disbursements November 2021
 - b. **Motion** – PA152 Exemption
 - c. **Motion** – CHMAM Special Assessment
10. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse
11. Chairperson’s/Executive Committee Report – Commissioner Gale Dugan
 - a. Executive Committee Report
 - b. 2022 Board and Committee Schedule
 - c. LRE updates
12. ACCMHS Executive Director’s Report – Mark Witte
 - a. Written Report
 - b. CMHAM Voluntary Assessment Request
13. Provision for Public Comment (any topic, subject to 5” limit per speaker) – Commissioner Dugan
14. Board Member Comments
15. Adjournment

Future meetings (pending approval of schedule):

January 14, 2022 – 2:30 pm – Executive Committee
January 18, 2022 – 3:30 pm – Building Committee

January 18, 2022 – 4:15 pm – Finance and Program Committees
January 18, 2022 – 5:30 pm – Full Board
February 11, 2022 – 2:30 pm – Executive Committee
February 15, 2022 – 3:30 pm – Building Committee
February 15, 2022 – 3:30 pm – Recipient Rights Advisory Committee
February 15, 2022 – 4:15 pm – Finance and Program Committees
February 15, 2022 – 5:30 pm – Full Board

Allegan County Community Mental Health Services
Building Committee
December 21, 2021 – 3:30 pm.

Location: County Services Building (CSB) in the Nederveld Room (just off lobby)

Board Members: Mark DeYoung, Gale Dugan, Beth Johnston, and John Weerstra
Staff Members: Nan Lawrence, Erinn Trask, and Mark Witte

Proposed Agenda

1. **Review/Approval of Prior Minutes** – Board Members
2. **USDA Update** – Staff
3. **Construction Update** – Staff
4. **Funding Update** – Staff
5. **Other** – All

Allegan County Community Mental Health Services
DRAFT Building Committee Minutes
November 16, 2021 – 3:30 pm.

Location: County Services Building (CSB) in the Nederveld Room

Board Members: John Weerstra, Beth Johnston, Mark DeYoung, and Gale Dugan

Staff Members: Erinn Trask, Mark Witte

1. **Call to Order** – Chairman Dugan called the meeting to order at 3:30 pm.
2. **Review/Approval of Prior Minutes** – Comm. DeYoung moved and Beth Johnston supported, that the minutes of October 19, 2021 be approved. Approved unanimously.
3. **Construction Update** – Mark Witte and Erinn Trask provided an update on funding plans for the building. The USDA is prepared to move upon completion of a few other documents – including a letter detailing the CFO change and her bio/resume and documents describing the results of value-engineering efforts (items removed from original bid for cost purposes). We have submitted our choice of a title company for the property closing, and expect that will move toward a scheduled date once our submitted documents have been reviewed and processed. We’ve not been given a time frame for that, but anticipate that it could happen in mid-December. As we are nearly ready to proceed and have the USDA’s official concurrence, Witte asks the board to authorize him to execute the construction contract with Cornerstone Construction. The board has previously authorized the selection of Cornerstone Construction as its construction contractor at a bid amount of \$4,635,900.

Mark DeYoung moves, and John Weerstra seconds, a recommendation from the Building Committee to the Board to authorize the CEO to sign a contract with Cornerstone Construction for an amount not to exceed \$4,635,900.

Voting YES: Weerstra, Johnston, DeYoung, Dugan.

Voting NO: None

Adopted unanimously.

4. **Funding Update** – Witte reports that the prospects of funding through the legislature for a supplemental “Mental Health” appropriation remain strong, though the timing is very uncertain. Some indicators point to action from the legislature by the end of December 2021, but there is also a risk that some ties might be made to mental health reform efforts ... and delay whatever we might have been able receive.
5. **Other** – Discussion continued about signage for the new building (a messaging option? – check out sign ordinance in Allegan), consider turnaround arrangements with RiteAid’s front “yard” to improve in/out flow.
6. **Adjournment** – Ms. Johnston moves, and Mr. Weerstra supports, that the meeting adjourn. All in favor. Meeting adjourned at 4:00 pm.

Submitted by Mark Witte

**New Building Status Report
For the Allegan CMH Board of Directors
December 21, 2021**

1. **USDA** – As noted in the Executive Director’s board report for this month, the closing that had been preliminarily scheduled for 12/15/2021 has been postponed to 1/4/2022. Our USDA contact informed us that she will need more time to complete the document preparations involved. The USDA said that this is because we did not provide certain documents in time, but we also have no indications as to which documents were to be supplied at closing (which was our assumption) and which were needed by what dates ahead of time. However, we are not focused on finding blame, but are now working diligently to provide the USDA with all documents we are preparing whether they are needed now or at the time of close. We are meeting every other day with our USDA contact to assure we stay on track to successfully complete the work needed for close on 1/4/2022. A construction kick-off meeting scheduled for 12/16/2021 will also be rescheduled.
2. **Supplemental Funding** – As has been the case since mid-summer when we were invited by MDHHS to submit proposals for additional funding from COVID-19 relief funds, we have been working with the department and Rep. Mary Whiteford to assure their mutual support for the allocation which would fill the gap left by COVID-19 produced construction cost fluctuation and the upper limit on USDA funds based on building market value after completion. She has committed to put in an allocation for \$3 million for our project. We did not receive notification from Rep. Whiteford about a mental health supplemental appropriation bill (HB 5522) that was considered and passed by the House and at the time of this writing has been referred to the Senate’s Appropriations Committee. When contacted, Rep. Whiteford only expressed frustration and urged communication with Sen. Nesbitt – a member of the Senate Appropriations Committee – which is scheduled to happen as a part of the board Executive Committee meeting on Friday 12/17/2021.

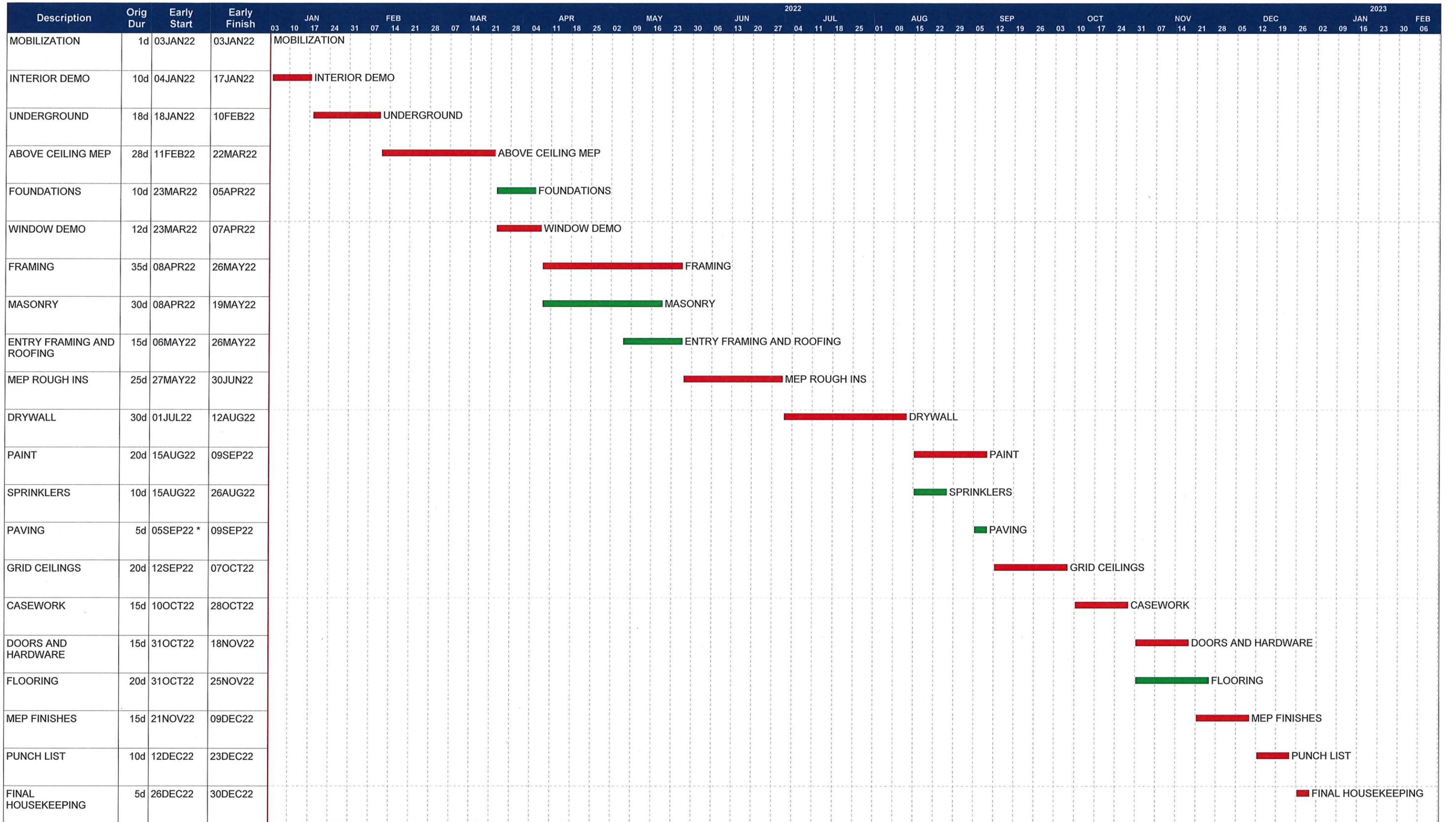
Meanwhile, a mental health appropriation bill (SB 714) has been introduced by Senate Majority Leader Mike Shirkey that includes a provision in Section 1306 that (per the Senate Fiscal Agency’s bill analysis):

***Sec. 1306.** Health and Human Services. Directs that the part 1A funding for Department of Health and Human Services (DHHS) integration readiness be used to make one-time investments to support implementation of Senate Bills 597 and 598. Designates the part 1A funding as a work project. Bars spending or distributing the funding in the line unless both Senate Bills 597 and 598 are enacted into law.*

This is the concern that we noted earlier in the process. If this bill is a potential vehicle for facility funding to the department, it is critically important that the benefits of funding not be used to damage the very system for which the funding is intended. For now, that is the situation. Messages to Rep. Whiteford on the Friday on which this report is written have gone unanswered.

Until such time as the supplemental funding is made available or other resources can be identified, our plan is to request advance funding from the LRE to assist with the cash flow needed to sequester funds so the USDA can see that funds to fill the gap are indeed present at the required level in an Allegan building account. LRE staff have indicated a desire to work with us to accomplish this effort.

3. **Construction** – Construction is pending the close on the building and securing the USDA loan, currently scheduled to happen on 1/4/2022. We have been given a draft construction timeline document which is attached to this report for reference. It is only a projection at this point, but will perhaps be useful for the committee.



Start date 03JAN22
 Finish date 30DEC22
 Data date 03JAN22
 Run date 30NOV21
 Page number 1A
 © Primavera Systems, Inc.

**CORNERSTONE CONSTRUCTION MANAGEMENT
 ACCMHS**

- Early bar
- Progress bar
- Critical bar
- Summary bar
- ◆ Start milestone point
- ◆ Finish milestone point

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AGENDA

**Allegan County Community Mental Health Services
Recipient Rights Advisory Committee (RRAC)
Tuesday, December 21, 2021
3:30 pm**

County Services Building, 3283 122nd Avenue, Allegan,
Board Conference Room

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required.

1. Call to Order – Glen Brookhouse, Chairperson
2. Public Comment – Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Approval of/Additions to Agenda
4. Approval of Prior Meeting Minutes: October 19, 2021
5. Review ORR Status Report – Kelsey Newsome
6. FY 2021 Annual Report Review – Kelsey Newsome
7. Other Business
8. Confirm 2022 Meeting Dates
9. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
10. Adjournment, Next Meeting

RRAC members are:

Glen Brookhouse, Chair; Stacy Englesman, Vice Chair;
Amy Clugston, John Weerstra and Richard Wiley

2022 Meeting Dates: TBD

RRAC. (Excerpt from Board Bylaws, Art. VII. Section 1d (page 5) approved by ACCMHS Board 2021.)

Pursuant to MCL 330.1757, the board of each community mental health services program shall appoint a recipient rights advisory committee consisting of at least 6 members. The membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers. The recipient rights advisory committee shall do all of the following:

- (a) Meet at least semiannually or as necessary to carry out its responsibilities.*
- (b) Maintain a current list of members' names to be made available to individuals upon request.*
- (c) Maintain a current list of categories represented to be made available to individuals upon request.*
- (d) Protect the office of recipient rights from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions.*
- (e) Recommend candidates for Director of the Office of Recipient Rights to the Executive Director, and consult with the Executive Director regarding any proposed dismissal of the Director of the Office of Recipient Rights.*
- (f) Serve in an advisory capacity to the Executive Director and the Director of the Office of Recipient Rights.*
- (g) Annually review the funding of the ORR during the budgetary process in accordance with 755(2) of the Code (MCL 330.1755(2)). Review and provide comments on the report submitted by the Executive Director to the community mental health services program board under section 755 (MCL 330.1755).*
- (h) Serve as the appeals committee for a recipient's appeal under section 774 (MCL 330.1774).*
- (i) Meetings of the recipient rights advisory committee, except when meeting as Appeals Committee, are subject to the open meetings act, Act No. 267 of the Public Acts of 1976, MCL 15.261 to 15.275. Minutes shall be maintained and made available to individuals upon request.*

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
October 18, 2021, 2021
3:30 pm-4:00 pm
Location of in-person

Committee Members Present:

Glen Brookhouse, Chairperson
Stacy Engelsman, Vice Chairperson
John Weerstra, Board Member
Amy Clugston, Board Member
Richard Wiley, Committee Member

Committee Members Not Present:

Amy Clugston, Board Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Charles Redman, Recipients Rights Officer
Melisse Hughes, Clerical Support

Staff Not Present:

Mandy Padget, Recipient Rights Officer

Members of the Public Present:

1. **CALL TO ORDER** ~Chairperson Glen Brookhouse called the meeting to order at 3:32 pm.
2. **PUBLIC COMMENT** ~ Chairperson Glen Brookhouse opened an opportunity for public comment. No public comment. Chairperson Glen Brookhouse closed the opportunity for public comment.
3. **APPROVAL OF AGENDA/ADDITIONS TO THE AGENDA** ~
Chairperson Glen Brookhouse motioned to approve the agenda and any additions to the agenda. Board member John Weerstra approved and Vice Chairperson Stacy Engelsman supported.
4. **Approval of Prior Meeting Minutes** ~ Chairperson Glen Brookhouse motioned to approve the August 17, 2021 RRAC meeting minutes. Supported by Board Member John Weerstra.
5. **Review of ORR Status Report** ~ Recipient Rights Director Kelsey Newsome reviewed the report and discussed the 45 complaints. Discussed having a training that helps with communication through Incident Reports. Discussion held regarding investigation timeliness and contributing barriers.
6. **RRAC Education** ~Recipient Rights Officer Charles Redman reviewed policies:
 - 1314 Personal Property - Funds
 - 1315 Recipient Rights Complaint Process and Appeal Process
 - 1316 Recipient Rights Office and Staff
 - 1317 Resident Labor
7. **OTHER BUSINESS** ~ Chairperson Glen Brookhouse asked if there was any other business, there was not.
8. **Public Comment** ~ Chairperson Glen Brookhouse asked if there was any public comment, there was not.
9. **ADJOURNMENT** – Motion to adjourn made by Chairperson Glen Brookhouse supported by Vice Chairperson Stacy Engelsman, and approved unanimously by voice vote. Adjourned at 4:04 pm.

Allegan County Community Mental Health Services
County Services Building (CSB) ~ 3283 122nd Avenue, Allegan, MI 269-673-3384

Respectfully Submitted by

Melisse Hughes

Melisse Hughes
Clerical Support

AGENDA

**Allegan County Community Mental Health Services
Program Committee
Tuesday, December 21, 2021
4:15 pm**

County Services Building, 3283 122nd Avenue, Allegan
Allegan County Commission Board Room

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required.

1. Call to Order – Jim Storey, Chair
2. Public Comment – Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Approval of Agenda
4. Approval of Minutes
5. Program Presentation: Integrated Health – Leanne Kellogg and Angel Hopkins
6. Written Reports to Program Committee
 - a. Integrated Health – Leanne Kellogg
 - b. Clinical Services – Dr. Geniene Gersh
 - c. Quality Improvement/Performance Management ~ Dan Welburn
 - d. Customer Service – Cathy Haas (Feb/May/Aug/Nov). No report this month.
7. Program Committee Member Comments
8. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment – Next meeting January 18, 2022

Program Committee: Jim Storey, Chair; Alice Kelsey, Vice Chair;
Kim Bartnick, Amy Clugston, Emily Schwartz

Program Committee. (Excerpt from Board Bylaws, Art. VII. Section 1c (page 5) approved by ACCMHS Board May 2021.)
The Program Committee shall consist of not less than 4 and not more than 6 Board members and shall include the Authority's chief program officer as an advisor. It shall review data and narrative information provided by Authority staff regarding services delivered by community-based service providers and hospital providers; review proposed new programs and existing programs and make recommendations relating thereto; make recommendations which encourage improvement in quality of services; review information with a view towards policy which encourages accountability in areas of programmatic, fiscal, compliance and clinical performance; and review compliance program issues and initiatives and make recommendations relating thereto. The Program Committee shall meet monthly, on a regular basis, at a date and time determined by the committee chairperson.

**Program Committee Minutes
November 16 2021 – 4:15 pm**

Board Members Present: Kim Bartnick, Alice Kelsey, Emily Schwartz and Commissioner Jim Storey

Board Members Absent: Amy Clugston

ACCMHS Staff Present: Susan Conrad, Heidi Denton, Geniene Gersh, Brenda Holquist, Leanne Kellogg, Nan Lawrence, Sara Milnikel, Dan Welburn

1. Call to Order

Commissioner Storey called the meeting to order at 4:17 pm.

2. Public Comment

None.

3. Approval of Agenda

Moved by: Ms. Kelsey

Supported: Ms. Swartz

Motion carried.

4. Approval of Minutes

a. September , 2021

b. October 19, 2021

Moved: Ms. Bartnick

Supported: Ms. Kelsey

Motion carried.

5. Program Presentation – CLS & Specialized Residential & Respite

Ms. Milnikel reviewed the presentation and was available for questions.

6. Program Committee Reports

a. Integrated Health

Ms. Kellogg reviewed her report and was available for questions. She adds the CMS final ruling is in effect for vaccinations and we have put out a mandate for all staff. There are exemptions for medical and religious reasons.

Ms. Conrad presented on homelessness and was available for questions.

b. Clinical Services

Dr. Gersh reviewed her report and was available for questions.

c. Quality Improvement/Performance Management

Mr. Welburn reviewed his report and was available for questions.

d. Customer Service

Ms. Potter reviewed her report and was available for questions.

7. **Program Committee Member Comments**

None

8. **Public Comment**

None

9. **Adjournment**

Meeting adjourned at 5:17 pm.

Moved: Ms. Kelsey

Supported: Ms. Bartnick

Motion carried.

Integrated Health and Substance Use Disorder Board Report December 2021

Submitted by: Leanne Kellogg, MS, BSN, RN, Director of Integrated Health and Substance Use Services
269-673-6617 ext. 4868 email: lkellogg@accmhs.org

Outpatient Psychiatric Medical Clinic and CCBHC Annual Overview

Program Overview and Definition: Medical Clinic

Our outpatient psychiatric clinic is an integral part of the services we provide at ACCMHS. Our outpatient psychiatric clinic employs a psychiatric and family nurse practitioner, two registered nurses, a medical assistant, and medical clinic support staff. We also contract with a child and adult psychiatrist. We currently have an open position for a full time psychiatric nurse practitioner. This interdisciplinary team works cohesively each and every day whether it be virtually, in-person or a combination thereof to provide optimal care to our consumers.

Service encounters in our medical clinic for FY2021 totaled 8,383. Our staff completed 49 psychiatric evaluations. Our prescriber total number of service encounters were 2,622. 553 medication administration encounters were also completed by our prescriber and clinical staff.

The clinic staff completed 1,719 phone alerts and 4,064 non-billable notes. 130 specific ACT services were completed within the clinic; ranging from psychiatric evaluations, medication reviews and medication administrations.

Consumers are seen in our outpatient clinic for psychiatric assessment, updated psychiatric evaluations, medication reviews and injections. Medication education, adjustment and monitoring occurs daily as well as phone triage for other needs.

Our contract Psychiatrist focuses their efforts on our Assertive Community Treatment team and children but also sees other consumers as well. Psychiatric evaluations, medication reviews of various clinical intensity, and responding to triage needs from our med clinic staff also reflect some of the daily duties for our Psychiatrist.

Our family nurse practitioner completes these same activities in conjunction with providing medication injections. Care coordination activities are also a specific focus of our nurse practitioner.

Our clinic staff support scheduling functionality as well as many administrative duties including numerous reports, prior authorizations and other daily clinical operations.

Our clinical nursing staff also complete nursing assessments, medical requests, triage needs, care coordination services as well as COVID tests through a contract with the Allegan County Juvenile Detention Center and Youth Home.

We average between 11-17 encounters each month within the contract and administrative. The Medical Director's time has been between 2-5 hours each month as well. We have received positive feedback from partnering with the county and hope to continue this collaboration within our community.

Program Overview and Definition: CCBHC: Certified Community Behavioral Health Clinic

Our CCBHC program as we near our official "start" date (12/31/2021) is eager for the changes this will have on our community. The program requirements of CCBHC we will provide include the following:

- Program Requirement 1: Staffing
 - "Including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population."
- Program Requirement 2: Availability and Accessibility of Services (

- “Including: crisis management services that are available and accessible 24 hours a day, the use of a sliding scale for payment, and no rejection for services or limiting of services on the basis of a patient’s ability to pay or a place of residence.”
- Program Requirement 3: Care Coordination
 - “Including requirements to coordinate care across settings and providers to ensure seamless transitions for patients across the full spectrum of health services, including acute, chronic, and behavioral health needs. Care coordination requirements shall include partnerships or formal contracts with the following”:
 - i. Federally-qualified health clinics (and as applicable, rural health clinics) to provide Federally-qualified health clinic services (and as applicable, rural health clinic services) to the extent such services are not provided directly through the certified community behavioral health clinic.
 - ii. Inpatient psychiatric facilities and substance use detoxification, post-detoxification step-down services, and residential programs.
 - iii. Other community or regional services, supports, and providers, including schools, child welfare agencies, and juvenile and criminal justice agencies and facilities, Indian Health Service youth regional treatment clinics, State licensed and nationally accredited child placing agencies for therapeutic foster care service, and other social and human services.
 - iv. Department of Veterans Affairs medical clinics, independent outpatient clinics, drop-in clinics, and other facilities of the Department as defined in section 1801 of title 38, United States Code.
 - v. Inpatient acute care hospitals and hospital outpatient clinics.”)
- Program Requirement 4: Scope of Services
 - “Provision (in a manner reflecting person-centered care) of the following services which, if not available directly through the certified community behavioral health clinic, are provided or referred through formal relationships with other providers”:
 - i. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
 - ii. Screening, assessment, and diagnosis, including risk assessment.
 - iii. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
 - iv. Outpatient mental health and substance use services.
 - v. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
 - vi. Targeted case management.
 - vii. Psychiatric rehabilitation services.
 - viii. Peer support and counselor services and family supports.
 - ix. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.”)
- Program Requirement 5: Quality and Other Reporting

- “Reporting of encounter data, clinical outcomes data, quality data, and such other data as the Secretary requires.”
- Program Requirement 6: Organizational Authority, Governance and Accreditation
 - “Criteria that a clinic be a nonprofit or part of a local government behavioral health authority or operated under the authority of the Indian Health Service, an Indian Tribe, or Tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act [25 U.S.C. 450 et seq.], or an urban Indian organization pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act [25 U.S.C. 1601 et seq].”

To accomplish such a large organizational change, we have a steering committee, weekly workgroup sessions and summit meetings surrounding our eligibility, access and assessment criteria.

The weekly workgroup continues to focus on project management aspects of the grant, highlights of the work done in this group consist of:

- Eligibility and access criteria drafts and associated workflows ongoing discussion
 - Various versions of assessments and EBP tools for utilization under review
 - Research of national models, other EMR capabilities and best workflow processes
- Mobile crisis staffing and workflow development discussions
- CCBHC Readiness Fidelity scale questionnaire completion in progress
- Job postings, utilization of JazzHR software, scheduling and conducting interviews
 - Successful hiring of 2 staff members!
- Streamline demonstration of CCBHC program module potential

Ongoing project management efforts have also completed the following:

- Met all grant required deadlines:
 - 10/29/21: Disparity Impact Statement: focus on Veterans and LGTBQIA status of individuals served and target that population in outreach efforts
 - 10/29/21: SF424 budget form, narrative budget justification and budget form submitted
 - 11/30/21: Response to Revised SF424 budget form, narrative budget justification and budget form submitted
 - 11/30/21: Annual goals and updated budget, IPP parameters within SPARs system submitted
- Data evaluation efforts in the background to ensure appropriate “build” of any Streamline enhancements or use of internal data sets
- Work in progress on 12/31/21 deadline of CCBHC certification attestation

Current Challenges Our Programs Face

The outpatient psychiatric clinic and CCBHC program face similar challenges daily, some of which are as follows:

1. COVID- ongoing pandemic force: remote work, face-to-face visit limitations, tele-health necessity
 - a. Consumer levels of interaction
 - b. Phone capacity

- c. Staffing capacity (efforts of tele-health, retention, recruitment environment)
- 2. EMR quality reporting and template functionality
 - a. Ongoing efforts with our vendor for multiple ticket items within various reports, RX functionality and different note templates
 - b. Controlled substance token reliability
- 3. Transportation Issues for consumers in both programs
 - a. No-show and cancellation rates from consumers
 - b. Lack of available transportation options other than ACT

Program Development Options for the Future

The outpatient psychiatric clinic, CCBHC program and various other departments are planning for future innovation, sustainability and evolvement. Through organizational efforts as well as expanding upon the strategic plan, some ideas potentially encompass:

- 1. Fully integrated delivery platform structurally and operationally
 - a. Certified Community Behavioral Health Center/Patient Centered Medical Home designation/Opioid Health Home
 - b. Medication Assisted Treatment
 - i. Training internal staff and recruiting to enhance these efforts with CCBHC
 - c. Coordinate and streamline all integrated health functions within current service lines: “no wrong door approach” (CCBHC, SAMHSA housing grant, SUD services, behavioral health services)
 - i. Integrate clinical care across team-based models
 - ii. Focused integrated health goals within person-centered treatment plans
 - d. Consumer-focused dashboards for consumer interaction, education and motivation within EMR and accessible for consumers electronically
 - e. Enhanced EMR functionality
 - f. Health Information Exchange single sign-on within EMR platform
 - g. Admission, Discharge and Transfer Alerts within EMR
 - h. Other service line health plan enrollment and contracting
 - i. Community-wide engagement strategies and collaboration
- 2. Value-based purchasing or quality incentive program arrangement with health plans
 - a. Billing and revenue potential
 - b. Community cooperation and engagement for program potential i.e. linking with outside health systems
- 3. Expand opportunities for students to engage in learning/internship options through integrated care program
 - a. RN students, OT students, shadowing experiences, medical students
- 4. Expand reimbursable service lines within the organization to bring integrated health teams
 - a. SUD services
 - b. Increased peer support specialists
 - c. Increased occupational therapy program and support
 - i. Sensory room outpatient service treatment options

- d. Physical therapy, speech therapy, music/recreational therapy, massage, yoga, personal trainers

COVID-19 Pandemic Response: Infection Control Officer

Our organization continues to monitor the pandemic situation and participates and coordinates both internal and external communications regarding the scenarios ongoing.

Work throughout the month of November and early December encompassed the following efforts:

- Relevant updates to vaccine information and health department dissemination continues
- Communication of booster shots for all vaccine types, coordination of information from the health department and other local options to consider
- Provider concerns and associated quarantine timelines communicated out to supervisory group
- Ongoing review of Health Department Recommendation as well as updated CDC recommendations and federal court proceedings affecting policy decisions
 - Suspension of our new policy for mandatory vaccination of COVID as CMS requirements face an injunction in court.
- Continuation of pause at our Phase 1, 30% capacity due community transmission rates
- Continued communication and awareness around current infection rate within the community and across the state- health department updates and staff communication. Adherence to mitigation strategies and encouragement of vaccination. We're seeing levels of infection and health system burdens unlike anything to date during this pandemic.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) supply and distribution continues to be an item of consideration but not as large of a priority due to our current supply levels. Our inventory is adequate for the upcoming phases and we will continue to monitor that supply ongoing.

ACCMHS COVID-19 Preparedness and Response Plan

We continue to operate in Phase 1 of our current plan. We will continue to evaluate the status and phase ongoing and monitor closely and have consultation as necessary with Dr. Tooker. We have not recently shifted due to the rise in infection rate and currently meeting the needs of our consumers and staff. Ongoing concern occurs with the heightened rate of infection within Allegan County as well as across the State. We've reinforced our position on vaccination efforts and mitigation strategies. We continue to monitor the status of the pandemic ongoing.

Holiday Wishes

Thank you to the Board for your support and dedication throughout the course of the year. This support that our staff and leadership team feel because of your roles is evident. We appreciate your partnership in moving our organization forward to many exciting things ahead. I wish you and yours a joyous Holiday season!

Heidi Denton, MSW, CPS-M – Prevention Services

Allegan County Substance Abuse Prevention Coalition (ASAP)

The next ASAP meeting will be December 16th from 9am-10am via zoom.

Prevention is inviting you to a scheduled Zoom meeting.

Topic: ASAP Meeting

Time: Dec 16, 2021 09:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/88664945387?pwd=ajcyZHRNMGhKRk5Cbmw4UHErK0dJdz09>

Meeting ID: 886 6494 5387
Passcode: 405105

Fennville Schools:

Erin is starting an 8th grade empowerment and resiliency lunch group at Fennville, in collaboration with the restorative justice contact at the school. They are utilizing the Starr Commonwealth's new program: ExcelU.

She started the middle school afterschool mindfulness group. They had one meeting, of which they had 3 students and a staff member come to. They are utilizing the Stressed Teens program; specifically The Stress Reduction Workbook for Teens by Gina Biegel.

There have been over 30 truancy meetings scheduled this year. Although a few are rescheduled due to families not showing up, it is a large amount this early in the academic year. Most of these students have between 10-20 unexcused absences, on top of their excused absences. I feel this is a sign of the stressful times our students, families and schools are facing.

Dr. Collier met with Fennville superintendent, curriculum director and principals to discuss utilizing the Brainabouts program throughout the district this year, with a full roll out next school year.

PALS:

Five students in Saugatuck completed training in November. The training is timed differently there, the first trimester happens in the spring and the second trimester in the fall. We have a total of 9 trained PALs in Saugatuck and are working on how to best utilize placements for these students, as the program is still new to the district. Staff have been extremely supportive.

Both Plainwell and Wayland PALs have been partnering with their schools to provide mental health support and listening to peers. Wayland PALs have partnered with the SADD group to provide "stress seshs" where students can have a safe space to talk in small groups about anything on their mind. Plainwell is in the process of U-Matter week. PALs were scheduled to conduct listening sessions for 6-8 students on a variety of topics generally related to coping with stress and emotions. The sessions ended up being canceled (not enough signed up) but the concept is being reworked for a future date.

Prime for Life:

Adult: Next adult class will be December 10.

Youth: Erin and Heidi completed six sessions at Outlook Academy, completing the class with all of their students.

Completed a class at Plainwell HS for 3 youth caught with substances at school; and a class at Fennville HS for a youth caught with marijuana at school.

Mental Health First Aid: Erin is working with Perrigo on training their staff in December.

Suicide Prevention Coalition:

Working on scheduling the signs of suicide for all of the Wayland MS students in December.

Potential Collaboration with Michigan Rehabilitative Services (MRS)

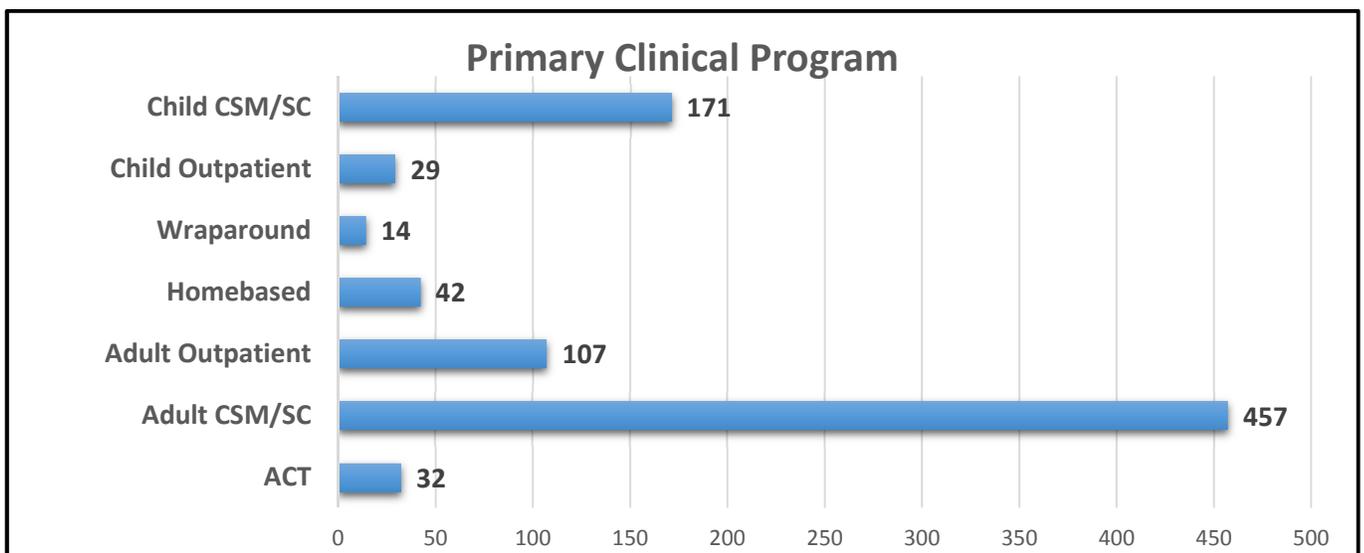
On December 9th this Clinical Director, our new Supported Employment Coordinator, Joshua Behymer, Adult Services Manager, John Eagle and Interim CFO, Erinn Trask met with members of leadership and supported employment staff of Michigan Rehabilitation Services (MRS). The purpose of this meeting was to explore potential shared funding opportunities with MRS in order to broaden the scope of supported employment services for the individuals that we serve. We are excited to have this opportunity and will provide you with further information as it becomes available.

Changes within the Adult Services Team

This Clinical Director is very pleased to announce that effective December 6th, John Eagle, has assumed the position of Manager of Adult Services replacing Elizabeth (Liz) Totten who left this position with ACCMHS for new opportunities at the Lakeshore Regional Entity. John has over 20 years of experience in the agency as both a Supports Coordinator and a Case Manager on the ACT team. For the past two years, John has demonstrated exceptional supervisory skills as the supervisor for the adult outpatient counseling and community based services teams. This opportunity will enable John to further pursue his management skills as he will supervise the adult outpatient counseling, case management, supported employment and the OBRA program services teams. Congratulations to John!

Clinical Services Program Data

The graph and table below illustrate the number of individuals who are receiving services within each of the Clinical Services programs for the month of November. During the month of November there were a total of 852 individuals served across clinical programs compared to 845 during the month of October. This represents a small increase in the number of people receiving treatment in both Adult Services and Children’s Services. Within Adult Services, there was a slight increase in the number of individuals receiving both case management and outpatient counseling. The Assertive Community Treatment Team (ACT) was able to step down some individuals to a lower level of care due to the progress they have made in treatment. With regard to Children’s Services, there was an increase in the number of children receiving outpatient counseling and 2 additional families receiving homebased treatment as well as 2 new families receiving Wraparound Services.



Clinical Service Board Report December 2021
 Submitted by Geniene Gersh, PhD, Director of Clinical Services
 269-673-6617, email ggersh@accmhs.org

Primary Clinical Program	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Six-Month Average
Child Outpatient	24	24	23	24	24	29	25
Child CSM/SC	168	169	172	172	171	171	171
Wraparound	13	10	11	12	12	14	12
Homebased	50	41	38	39	40	42	42
Adult Outpatient	105	105	107	105	106	107	106
Adult CSM/SC	445	442	437	446	456	457	447
ACT	33	33	33	36	36	32	34
Total	838	824	821	834	845	852	836

Intakes Conducted during the Month of November

The table below illustrates the number of intakes conducted by the Access Team during the month of November. There were a total of 24 intakes completed, with 20 individuals that were determined to be eligible and admitted into services. In addition, there were 4 people that were not eligible for services and referred to other community resources for treatment.

Intake Disposition	Count
Admit/Refer to Funded Services	20
Denied/Ineligible	4
Grand Total	24

Discharges during the Month of November

The table below illustrates the number discharges in the month of November. There were a total of 23 discharges during the month. We had 8 discharges that were planned and 15 that were unplanned.

Discharges	Count
Planned	8
Unplanned	15
Grand Total	23

Clinical Service Board Report December 2021
Submitted by Geniene Gersh, PhD, Director of Clinical Services
269-673-6617, email ggersh@accmhs.org

The following reports summarize the key points of what is occurring in each of the programs within Clinical Services.

Melissa Potvin LPC, CAADC, CCS – Program Manager for Access and Crisis Services

ACCESS

The access department increased their number of assessments and has continued to see a much higher number of consumers on the severe end of mental illness meeting criteria for entry into the agency. The number of consumers having Medicare/Medicaid insurance is increasing as well.

MENTAL HEALTH TREATMENT COURT

Mental health treatment court numbers are holding steady at a fairly low rate below 10 similar to last month's report. There are not many new referrals coming into the system from attorneys at this time.

CRISIS

For the month of November, the Crisis Department had a total of 51 prescreens evaluations. Out of the 51 prescreen evaluations, 11 were for minors and 40 were adult evaluations.

For the month of November, Crisis Department placed 32 consumers in inpatient, partial, or crisis residential placements and diverted 19 from any placement. 26 of these placements were for adults and 6 were for minors. We did have some good news in that Hope Network opened a small 6 bed facility for children's crisis residential services in Grand Rapids called Samuel's House that we can now use to stabilize children who don't quite need the inpatient environment. Mobile crisis events have calmed down a bit to 16 calls for the service this month.

Crisis department has started to see a pattern in November of finding out that the consumers we screened in the ER and authorizing for placement tested positive for COVID which has halted our efforts to find beds and exposed staff multiple times to COVID positive individuals that also need further psychiatric care. So with the blessing of Health and Safety and Dr. Tooker, we have moved to performing prescreens virtually again unless the individual has a negative COVID 19 antigen test in the past 72 hours.

Bryan Day, LMSW – ACT Team Lead

The month of November has presented unprecedented difficulties for the ACT team. But the team has emerged from this month stronger than ever. The ACT Team Lead had been on FMLA for the month and returned the last few days of the month.

The team had to execute a duty to warn after a client made threats to a member of the community, the team was required by law to track this person down and notify them about the threats that were made. The team had another client who dealt with legal issues and was sent to Kpep in Kalamazoo. This resulted in the client having additional legal charges filed, and a hospitalization. The client's mental health has improved and is now living in an AFC.

The month started off with 34 clients on the team. We had 2 clients discharge, 1 client transferred from Case Management to ACT and 1 client added through intake. The month ended with a caseload of 32 clients. There were 4 psychiatric hospitalizations this month. The team coordinated with the psychiatric hospital staff throughout their stay and followed up with after care appointments. The team will continue to provide the best quality services while maintaining safe precaution's from COVID19.

John Eagle, LLMSW, QIDP, QMHP – Manager of Adult Services

The Adult Team continues to prepare for CCBHC and is becoming increasingly excited about the opportunities it presents for the people of Allegan County. CCBHC's current focus is to recruit motivated, energetic, and hardworking staff to help support the increased workload that comes with the grant. ACCMHS's recruitment strategy has been successful at bringing in applicants during a difficult hiring time. We have had 5 interviews for the Adult Case Manager Position and are hoping to make an offer to a candidate within the next week. Adult Outpatient has hired 2 new therapists and continues to interview for open positions. The Adult Outpatient Team has hired Corie Demski to replace Adam Brink as the new SIS Assessor.

Clinical Service Board Report December 2021

Submitted by Geniene Gersh, PhD, Director of Clinical Services
269-673-6617, email ggersh@accmhs.org

Many of the people being served by the Adult Outpatient and Community-Based Teams continue to express a desire to receive their services via telehealth rather than in person. We have seen a difference in client no-shows, as clients are much more likely to divert a scheduled appointment to telehealth rather than canceling an in-person appointment. The clinicians continue to complete annual assessments, plans, reviews, and other paperwork requirements. AFC placements, hospitalizations, and overall restlessness of individuals continue to be a challenge. We continue to get high numbers of new referrals each month.

Tara Poore, LMSW – Manager of Children's Services

The children's team continues to be busy with a steady stream of new referrals across all programs. We recently hired 3 new staff who will be joining the team next month. The positions include home based therapist, infant mental health therapist and Wraparound Facilitator. The addition to the team is exciting and speaks to the growth of our programs!

While some families have chosen to remain virtual, others have chosen face to face or a hybrid approach. Our staff continue to keep safety, consumer preference and providing top notch care priorities as we navigate the ever-changing COVID environment.

This month we would like to highlight our Wraparound program with an update from one of our Wraparound Facilitators, Cathy Moored.

"Wraparound" is a strength-based program that works with youth and their families that have been identified as having multiple needs and risk factors that have not been met through their natural and community based supports. The program brings together the service providers, family identified supports, schools, and others that have been identified to be able to help the family reach their goals. When the services and supports can wrap around the youth and family, they are able to see their team that is helping them with their successes.

During the pandemic there has been a shift from in person meetings to virtual. This has proven to be a successful way to hold meetings as we have had greater attendance at meetings and have been able to build larger Wraparound teams for the families. With the barrier of travel removed for families and service providers, this has provided the opportunity to be able to fit this into schedules more easily and has provided the opportunity for out of town or out of state family members to also be able to be a part of their team. Wraparound teams when held in person had an average attendance of 5 people, with the virtual platform, the meetings have been able to have attendance of 10-12 members. There are times someone may only be available for a part of the meeting but are able to provide valuable input that they otherwise would not have been able to do if having to travel or attend in person. While in person visits with the family still occur based on family preference, the virtual option has proven to be effective for the larger Wraparound team meetings."

As Cathy described above, the ability to provide virtual services has increased participation and given us another avenue to serve families in the most effective way. While it does not replace face to face services, we are grateful for this option when preferred and needed.

Wishing everyone a wonderful holiday season and a Happy New Year!

Geniene Gersh, Ph.D.

Director of Clinical Services

Quality Improvement/Compliance/Information Technology Board Report December 2021

Submitted by: Dan Welburn, Jason Wilkey, Tyler Ward, Jennifer Taylor,
Michell Truax, and Kimberly Bectel

QUALITY IMPROVEMENT

- Annual LRE Site Review:

We received our Annual Site Review Report from the LRE. Our overall score for FY21 was 93.2% (compared to 92.45% in FY20). The following areas received a rating of 100%: SED Chart Review; MMBPIS Source Document Review, and Critical Incident Verification Review. It was noted that our Policies/Procedures are well written, contain the elements required by contract, and that we are following the Policies and Contract Requirements.

Improvement was evident in the following areas: Information and Technology, Staff Training and Credentialing, MMBPIS and Critical Incident / Risk Event Validation, and the SED Waiver Chart Review. Progress was also noted in the focus of the IPOS to include assisting individuals with having a valued role in the community. However, goals and objectives need to be more specific and/or measurable (using SMART criteria). Additionally, Coordination of Care for consumers needs to be documented within the EMR.

It was recommended that we conduct "Enhanced Privacy Training" on an annual basis, as it is considered a "Best Practice Recommendation" for the region.

The Plan of Correction (POC) includes the following areas: Program Specific Standards; Staff Training and Credentialing; Waiver Programs Chart Review, Staff Credentialing, and Staff Training. The POC is being addressed by the appropriate staff members and will be submitted by the January 14th deadline.

The report stated that ACCMHS was well prepared for the Site Review and that "Throughout FY21, services often had to be adapted due to the COVID-19 pandemic. These challenges and staffing shortages are not always evident in an overall score."

UTILIZATION MANAGEMENT

- Quality Records Review continues to be on schedule for the calendar year. Suggestions are made for overall quality improvement with each review. Rechecks of specific items needing correction are also taking place.
- The LRE Utilization Management ROAT has begun. It is hoped that this group will provide some additional support and guidance to utilization management efforts for our agency.
- More than 250 authorizations processed during the month of November.

CORPORATE COMPLIANCE

- 1 external case in review

INFORMATION TECHNOLOGY

- Updates/correction to SAMHSA data report
- New website rolled out
- Creation of more Microsoft Teams groups for workgroups

AGENDA

**Allegan County Community Mental Health Services
Finance Committee
December 21, 2021
4:15 pm**

County Services Building, 3283 122nd Avenue, Allegan
Vredeveld Room

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required.

1. Call to Order – Beth Johnston, Vice Chairperson
2. Public Comment – Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Approval of Agenda
4. Approval of Minutes
5. Review of Written Reports
 - a. Facilities & Human Resources – Nan Lawrence, Director of Human Resources
 - b. Administrative Services Report – Erinn Trask, Chief Financial Officer
6. Action Items
 - a. Voucher Disbursements November 2021
 - b. PA152 Exemption
 - c. CMHAM Special Assessment
7. Informational Items
 - a. September 2021 Financial Reports
 - b. October 2021 Financial Reports
 - c. Fiscal Year 2022 Budget Update
8. Finance Committee Member Comments
9. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
10. Adjournment until next meeting: January 18, 2022 at 4:15 pm.

Finance Committee: Beth Johnston, Chair; Glen Brookhouse, Vice Chair;
Bill Buell, Mark DeYoung, and one vacancy.

Finance Committee. (Excerpt from Board Bylaws, Art. VII. Section 1b (page 5) approved by ACCMHS Board May 2021.) *The Finance Committee shall consist of not less than 4 and not more than 6 Board members, and shall include the Authority's chief financial officer as an advisor. The Committee shall review the financial position of the Authority in relation to state, county, federal and other funding sources; the budget and allocations and third party payments; address audit issues when appropriate; analyze financial reporting requests/ requirements and Authority expenditures; and consider such other financial matters as the Board or the Chairperson of the Board may refer to the Committee. The Chairperson of the Finance Committee shall be the Board Treasurer. The Finance Committee shall meet monthly, on a regular basis, at a date and time determined by the Chairperson. A finance committee will typically be responsible for monitoring and communicating to the board about the organization's overall financial health. Its core duties are likely to include participating in and overseeing: the development of the organization's budgeting and financial planning, the creation of the organization's internal controls, the preparation and distribution to the board of timely, accurate, user-friendly financial reports, and the implementation of safeguards to protect the organization's assets.*

MINUTES
Finance Committee
November 16, 2021
4:15 pm – 5:15 pm in-person

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required.

Committee Members Present:

- Beth Johnston, Chair
- Glen Brookhouse, Vice Chair
- Gale Dugan

Public:

- Bill Buell
- Mark DeYoung

CMH Staff Present:

- Erinn Trask
- Nikki McLaughlin
- Mark Witte

1. Call to Order ~ Beth Johnston, Vice Chairperson (4:17pm)
2. Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Additions to/Adopt Agenda GLEN BROOKHOUSE MOTIONED TO APPROVE AGENDA AS AMENDED, SUPPORTED BY MARK DEYOUNG. MOTION PASSED BY ALL YES
4. Review of Finance Committee Meeting Minutes
MARK DEYOUNG MOTIONED TO APPROVE MINUTES AS PRESENTED, SUPPORTED BY GLEN BROOKHOUSE. No Discussion. MOTIONED PASSED BY ALL YES
5. Review of Written Reports
 - a. Facilities & Human Resources ~ Nan Lawrence
In Ms. Lawrence absence, Mr. Witte gave an update on the implementation of the COVID vaccine mandate. Health and Safety team working to communicate with staff on policy and what to expect. Also looking in to how it will impact Board members.
 - b. Administrative Services Report ~ Erinn Trask
Reviewing the report and would like to make changes as information is delved into. Would love to receive feedback about current report as well as changes/information the board would like to receive.
6. Chairperson's Report ~ Beth Johnston Vice Chair (emailed to board & posted on web site)
 - a. Action request to submit Motion to board to approve the Voucher Disbursements totaling \$2,402,521.00.
GLEN BROOKHOUSE MOVED TO RECOMMEND TO FULL BOARD APPROVAL OF VOUCHER DISBURSEMENTS TOATALING \$2,402,521.00. SUPPORTED BY MARK DEYOUNG. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE.
 - b. Action Request to submit Motion to board to approve Contract.
MARK DEYOUNHG MOVED TO RECOMMEND TO FULL BOARD APPROVAL OF CONTRACT. GLEN BROOKHOUSE SUPPORTED. MOTION PASSED BY ALL YESS ROLL CALL
 - c. Review Financials: Revenue/Expenses & Balance Sheet & SUD Services No Discussion. Due to change in CFO, this information will be brought to the board next month for September preliminary and October, 2021 financial information. The comparative Balance Sheet was reviewed.
 - d. Review Key Indicator Analysis, Report, & Graphs No Discussion

7. Other Agenda Items

Financial reports information for the board (added agenda item).

Ms Johnston initiated conversation on the wants and needs of the Finance Committee on how financial information could be improved with usage of charts/graphs and comparisons from prior years.

Finance Committee was asked what top three things they would like to see in reviewing financial information. Some of those items were making numbers more visual to review utilizing charts and graphs, revenue/expense trends, relating services to costs, providing education to new board members as well as what would the public need to know.

8. Finance Committee Member Comments None

9. Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person None

10. Adjournment until next meeting: December 21, 2021 at 4:15 pm.
MOTION TO ADJOURN BY GALE DUGAN, SUPPORTED BY GLEN BROOKHOUSE. MEETING
ADJOURNED 4:57 P.M.

Finance Committee: Chairperson: Beth Johnston; Vice Chairperson: Glen Brookhouse;
Bill Buell, Mark DeYoung, and one vacancy.

2021 Finance Committee meeting dates:

January 19 (Zoom)	April 20 (Zoom)	July 20 (in-person/Zoom)	October 19 (in-person)
February 16 (Zoom)	May 18 (Zoom)	August 17 (in-person)	November 16 (in-person)
March 16 (Zoom)	June 15 (Zoom)	Sept 21 (in-person)	December 21 (in-person)

Finance Committee. (Excerpt from Board Bylaws, Art. VII. Section 1b (page 5) approved by ACCMHS Board May 2021.) *The Finance Committee shall consist of not less than 4 and not more than 6 Board members, and shall include the Authority's chief financial officer as an advisor. The Committee shall review the financial position of the Authority in relation to state, county, federal and other funding sources; the budget and allocations and third party payments; address audit issues when appropriate; analyze financial reporting requests/ requirements and Authority expenditures; and consider such other financial matters as the Board or the Chairperson of the Board may refer to the Committee. The Chairperson of the Finance Committee shall be the Board Treasurer. The Finance Committee shall meet monthly, on a regular basis, at a date and time determined by the Chairperson. A finance committee will typically be responsible for monitoring and communicating to the board about the organization's overall financial health. Its core duties are likely to include participating in and overseeing: the development of the organization's budgeting and financial planning, the creation of the organization's internal controls, the preparation and distribution to the board of timely, accurate, user-friendly financial reports, and the implementation of safeguards to protect the organization's assets.*

Allegan County Community Mental Health Services
Human Resources Board Report December 2021
 Submitted by Nan Lawrence, PHR
 269-673-6617, ext. 2731; nlawrence@accmhs.org

NEW HIRES

Last Name	First Name	Position	Date of Hire
Behymer	Joshua	Employment Services Coordinator	11/1/2021
Aldrich	Nicole	Peer Support Specialist (Housing)	11/8/2021
Holquist	Brenda	Executive Assistant	11/15/2021
Demski	Corie	SIS Assessor	12/6/2021
Todaro	Lauren	SUD Program Manager	12/13/2021
Hickman	Brooke	SUD Program Supervisor	12/27/2021

SEPARATIONS

Last Name	First Name	Position	Date of Separation
Richardson	Emily	Behavioral Specialist	11/9/2021
Totten	Elizabeth	Program Manager for OP Services	12/1/2021

Recruitment Software: JazzHR:

Please take a look at ACCMHS career page. It lists all of our vacant positions and, please feel free to share the link with others that may be interested in applying for one of the positions. Here is the link to our career page: [Allegan County Mental Health Services - Career Page \(applytojob.com\)](https://applytojob.com)

We are getting a little more accustomed to JazzHR. HR still has a few things to work out and develop but, it is definitely a smoother process than what we had before. HR along with supervisors have been working very hard to hire staff for the CCBHC grant and behavioral health staff. We are conducting 5 to 10 interviews a week.

ACCMHS Benefit Renewal:

In October we met with our insurance agents, Edge Insurance to review our 2022 benefits. For the ancillary benefits (disability, vision, dental, etc.) we received a zero increase or a rate lock (holding the rate for another year). The zero increase and rate lock resulted in no change in premiums for the ancillary benefits. For our medical insurance (Priority Health) we received an increase of 4.12% for the HMO plan and the POS (Point of Service) plan received an increase of 1.64%. Open enrollment was held from November 22 through December 7 this year. Due to no changes in benefits we had minimal changes from staff.

Administrative Services Report – December 2021

Submitted by Erinn A. Trask, CPA, Chief Financial Officer

269-303-8945 – etrask@accmhs.org

This month's packet includes a preliminary report for September 2021. We are still working on finalizing and recording the year-end adjustments. A copy of the audited financial report for the fiscal year ended September 30, 2021 will be provided to the Board when available.

The Summary Schedule of Revenues and Expenses by Fund Source shows the difference between the revenue received from the Lakeshore Regional Entity (LRE) and the State of Michigan Department of Health and Human Services (MDHHS) and the eligible expenses incurred by ACCMHS. These fund sources are cost settled at the end of each year, and any unspent funds are required to be returned to the LRE or MDHHS.

We are projecting to return \$685,941 (MH Medicaid and SUD Medicaid combined) to the LRE, and \$432,077 to MDHHS (General Fund).

Our balance sheet as of September 30, 2021 is stable and consistent with prior year. There is an increase in the Cash and Cash Equivalents balance due to unspent Medicaid, Healthy MI Plan, and General Fund revenues. These amounts are offset by an increase in the Accounts Payable total below.

As of September 30, 2021, ACCMHS has received more revenue than budgeted in every category except local funding. Part of this funding was not fully exhausted and will need to be returned to the LRE and/or MDHHS (see item #2 above).

As of September 30, 2021, most expenses are close to budget. There was a significant increase in the Supplies & Materials expense over August 2021. This was related to the purchase of new office chairs in September for a total of approximately \$164,000.

Also included in your packet is a preliminary report for the month ended October 31, 2021. The revenue numbers from the LRE (Medicaid, Autism, and Healthy MI Plan) are only preliminary based on estimated payments received. We are still waiting on the final revenue accounting, and will update our records when that is received.

Focusing on the expenses for October 2021, the part of this report that is within our control, we can see a number of variances:

- Salaries & Benefits – This line item is under budget due to the number of positions that were added for fiscal year 2022 related to the CCBHC grant. These positions were not filled during October, and therefore no expense was incurred.
- Supplies & Materials – The nature of some of these purchases happen once a year, and therefore we would not expect this line item to continue trending over budget. Notable, the annual replacement (and purchase for new positions) of laptops monitors was purchased for approximately \$22,000.
- Risk Management – Insurance premiums for ACCMHS are due several times throughout the year. During October, we made the initial payment, which was approximately half of the annual premiums.
- Other maintenance – Expense for is for maintenance on shower at the Shopko building.
- Equipment – There were two large annual contracts paid in October, MyStrength and Relias, which include the cost for the entire year.

Sincerely,

Erinn A. Trask, Chief Financial Officer
Tuesday, December 21, 2021

Finance Committee ACTION REQUEST	Subject Meeting Date Requested By:	Voucher Disbursements December 21, 2021 Beth Johnston, Finance Committee Chairperson ACCMHS Board Treasurer
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Recommended Motion:

The Finance Committee recommends that the ACCMHS Board approve the Disbursements totaling: **\$ 3,355,207.36** **November 2021**

SUMMARY OF REQUESTED INFORMATION:

<u>DATE ISSUED:</u>	<u>VOUCHER #</u>		<u>AMOUNT</u>
November 1, 2021	V0852	VENDOR	\$ 460,203.12
November 1, 2021	V0853	VENDOR	\$ 473,545.55
November 12, 2021	P1657	PAYROLL	\$ 291,659.50
November 15, 2021	V0854	VENDOR	\$ 1,071,593.60
November 26, 2021	P1658	VENDOR	\$ 304,351.90
November 30, 2021	V0855	VENDOR	\$ 753,853.69

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

BY:

ERINN TRASK, CPA
CHIEF FINANCIAL OFFICER
ALLEGAN COUNTY CMH

DATE:

December 21, 2021

Allegan County Community Mental Health Services

Full Board ACTION REQUEST	Subject:	Adopt Annual Exemption Option from Publicly Funded Health Insurance Contribution Act
	Meeting Date:	December 21, 2021
	Requested By:	Erinn Trask, Chief Financial Officer
<u>RECOMMENDED MOTION:</u>		
<p><u>The Finance Committee recommends a motion to comply with the requirements of 2011 Public Act 152, the Publicly Funded Health Insurance Contribution Act, by adopting the annual Exemption option for the medical benefit plan coverage year January 1, 2022 through December 31, 2022.</u></p>		
<u>SUMMARY OF REQUEST/INFORMATION:</u>		
<ul style="list-style-type: none"> • Annually the State of Michigan publishes the maximum amount that a public employer can pay for employee health insurance by plan type (single, employee plus spouse/one, and family). • If public employers do not want to use the hard cap rates published by the State of Michigan, the employer can adopt a resolution to pay 80% of the health insurance cost for employees or public employers can adopt a resolution to exempt themselves from this requirement. • The Allegan County Community Mental Health Services Board has historically exempted itself from the hard cap requirement. 		
<u>BUDGET/FINANCIAL IMPACT</u>		
<ul style="list-style-type: none"> • The fiscal year 2022 budget included an employer share over the hard cap amount. This motion does not represent a change to the Board's budget. 		
BY: Erinn Trask	DATE: December 21, 2021	

Allegan County Community Mental Health Services

Full Board ACTION REQUEST	Subject:	CMHAM Special Assessment Request
	Meeting Date:	December 21, 2021
	Requested By:	Erinn Trask, Chief Financial Officer
<u>RECOMMENDED MOTION:</u>		
<p><u>The Finance Committee recommends a motion to make a one-time voluntary contribution of \$10,000 towards the Community Mental Health Association of Michigan Special Assessment.</u></p>		
<u>SUMMARY OF REQUEST/INFORMATION:</u>		
<ul style="list-style-type: none"> • The Community Mental Health Association of Michigan has requested members to make a one-time voluntary special assessment payment. This payment would be used by the Association to provide a significantly increased level of funding for advocacy work. This is designed to match the level of threats and opportunities faced by the state's PIHPs and CMHSPs. • As the special assessment is voluntary in nature, it cannot be considered necessary and therefore should not be allocated to Medicaid. We would propose using the Agency's General Fund dollars for this allocation. • The Association is suggesting contributions can be calculated as a percentage of a CMHSP's annual budget (i.e. 0.5%-2.0%), or equal to their annual dues. ACCMHS annual CMHAM dues for fiscal year 2022 were \$13,908. Management Team recommends a contribution amount of \$10,000. 		
<u>BUDGET/FINANCIAL IMPACT</u>		
<ul style="list-style-type: none"> • This assessment would be paid using the Agency's General Fund allocation. In fiscal year 2021 this allocation was significantly underspent, and these are funds that are not allowed to be retained at the local level. We anticipate a similar availability of funding in fiscal year 2022. 		
BY: Erinn Trask	DATE: December 21, 2021	

Community Mental Health Association's Voluntary Special Assessment to support expanded advocacy work

November 2021

SUMMARY: This fact sheet proposes that our organization make a voluntary payment to CMHA, early in FY 2022, in response to a Voluntary Special Assessment by CMHA. The funds received by CMHA, through this special assessment will be used to strengthen what is already a sophisticated and multi-component advocacy capacity. This strengthened advocacy capacity is needed now to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve.

BACKGROUND: During its meeting on November 12, the CMHA Steering Committee, by a unanimous vote, supported the issuance, by CMHA, of a **Voluntary Special Assessment** of its CMH and PIHP members.

PURPOSE OF VOLUNTARY SPECIAL ASSESSMENT: The purpose of this special assessment (in which participation is voluntary on the part of each CMH and PIHP) is to provide a significantly increased level of funding for CMHA's advocacy work – **an increase designed to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve.**

These increased dollars would be used, as your dues and fees to CMHA are currently used, to fund the advocacy, government affairs, and media/public relations work of CMHA - but with greater intensity and reach.

The legal and accounting bases for your supporting this special assessment are no different than those for the dues and fees that you have traditionally paid to CMHA- **thus allowing the use of any funding source (Medicaid, GF, local, earned revenue, etc.) to be used to pay this special assessment.**

PAST ADVOCACY-FOCUSED SPECIAL ASSESSMENTS: You may remember that CMHA issued a special assessment, several years ago, when the initial privatization threat (via Section 298) was faced by our system. That special assessment was used to fund the advocacy capacity that currently exists within CMHA.

BUILDING ON CURRENT CMHA ADVOCACY CAPACITY: CMHA's current advocacy capacity (used in the past and currently depending upon the issue) is made up of the following components:

- Social media campaigns
- Electronic Action Alerts
- Media relations including guest editorials
- Development of coalitions and partnerships with allies across the state
- Legislative relations (carried out by CMHA staff and CMHA's multi-client lobbyists) including dialogue with legislators and targeted contributions from the CMHA Advocacy Fund to the corporate accounts of legislators
- Dialogue with executive branch leaders
- Policy and fiscal analysis (sometimes captured in white papers)

Note that PAC contributions, by CMHA, do not use CMHA funds nor member dues and will not use the funds collected through this special assessment.

(A detailed summary of the application of these advocacy components to address the threat posed by SB 597 and 59 is attached)

EXAMPLES OF ADVOCACY WORK THAT WILL BE MADE POSSIBLE WITH SPECIAL ASSESSMENT: The funds collected through the Voluntary Special Assessment will be used to build upon the advocacy tools of CMHA by expanding their intensity and reach. Examples of this increased intensity and reach include:

- High profile social media advertisements
- Much stronger social media presence with “boosting” payments to social medial sites
- Development of professional videos, for use in a number of media formats and venues,
- Public opinion polls, with large sample of respondents
- Petition drives
- Full-page newspaper advertisements highlighting advocacy points and/or list of large and growing number of groups in support of CMHA stance
- Billboards
- Contributions (in addition to PAC fund) to elected officials who support CMHA stance
- Television and radio spots
- Targeted mailings and/or e-mails

APPROXIMATE SIZE OF SPECIAL ASSESSMENT: CMHA is working to draw together, through this special assessment, a public education and media relations fund of size – a size to compete in the public arena, with those who spend, at last count, 27 times what our association, members, and allies spend on such efforts.

To build this fund in a way that is roughly proportional to the size of the budgets of CMHA member organizations we are suggesting (only suggesting; you know your budget best) that any of the following be used (or any other method that your organization chooses) to get a sense of the size of the special assessment that each member consider contributing (**A reminder that this contribution is voluntary, with the amount given, if any, being determined by the CMHA member organization**):

- CMH members: Some ways to think through your organization’s contribution:
 - A voluntary contribution equal to the CMH’s dues to CMHA
 - A percentage (0.5%, 1%, 2%) of the CMH’s budget
- PIHP members: Some ways to think through your organization’s contribution:
 - A voluntary contribution equal to 4 times the PIHP’s fees to CMHA
 - A percentage (0.5%, 1%, 2%) of the PIHPs budget

MECHANICS OF VOLUNTARY SPECIAL ASSESSMENT: Because of the voluntary nature of this special assessment, the mechanics differ from the traditional dues and fees invoicing process. The process that is being used for this special assessment is outlined below:

1. The request to participate in this special assessment is made by CMHA
2. Our organization reviews its ability to contribute to CMHA, through this special assessment, and indicates our willingness to contribute to the special assessment and the amount for which CMHA should invoice our organization. **CMHA has asked that this notification be provided to CMHA by our organization by December 31, 2021.** Of course, earlier notification is greatly appreciated by CMHA.
3. CMHA sends our organization an invoice in the amount that you have indicated in this survey.
4. Our organization pays the invoice.
5. CMHA implements the expansion of its public education and media relations work related to the most serious threats and opportunities facing CMHA members and those whom we serve.

RECOMMENDATION: That (name of your CMH or PIHP) authorize the payment of \$xxxxx to CMHA in response to CMHA's Voluntary Special Assessment. These funds are intended to be used by CMHA to strengthen its marketing and advocacy work.

Allegan County
Community Mental
Health Services



Period Ended
September 30,
2021

Monthly Finance
Report

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2020 through September 30, 2021

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 20,905,119	\$ 3,429,292	\$ 2,417,477	\$ 26,751,888	\$ 885,959
Expense	21,246,351	3,110,507	1,860,355	26,217,213	453,882
Revenue over/(under) expenses	\$ (341,232)	\$ 318,785	\$ 557,122	\$ 534,675	\$ 432,077

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined
Revenue	\$ 664,243	\$ 1,464,246	\$ 2,128,489
Expense	715,653	1,261,570	1,977,223
Revenue over/(under) expenses	\$ (51,410)	\$ 202,676	\$ 151,266

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

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Statement of Net Position

September 30, 2021

	September 2020	September 2021
Assets		
Current assets		
Cash and cash equivalents	\$ 3,208,818	\$ 4,722,388
Accounts receivable	993,832	1,006,565
Prepaid items	675,213	806,545
Total current assets	4,877,863	6,535,498
Non-current assets		
Capital assets being depreciated, net	46,209	32,665
Total non-current assets	46,209	32,665
Total assets	4,924,072	6,568,163
Liabilities		
Current liabilities		
Accounts payable	4,171,385	6,010,050
Accrued vacation and self-insurance claims	526,639	554,561
Unearned revenue	241,850	83,817
Total current liabilities	4,939,874	6,648,428
Total liabilities	4,939,874	6,648,428
Net position	\$ (15,802)	\$ (80,265)

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVIC

Statement of Revenue, Expenses and Change in Net Position

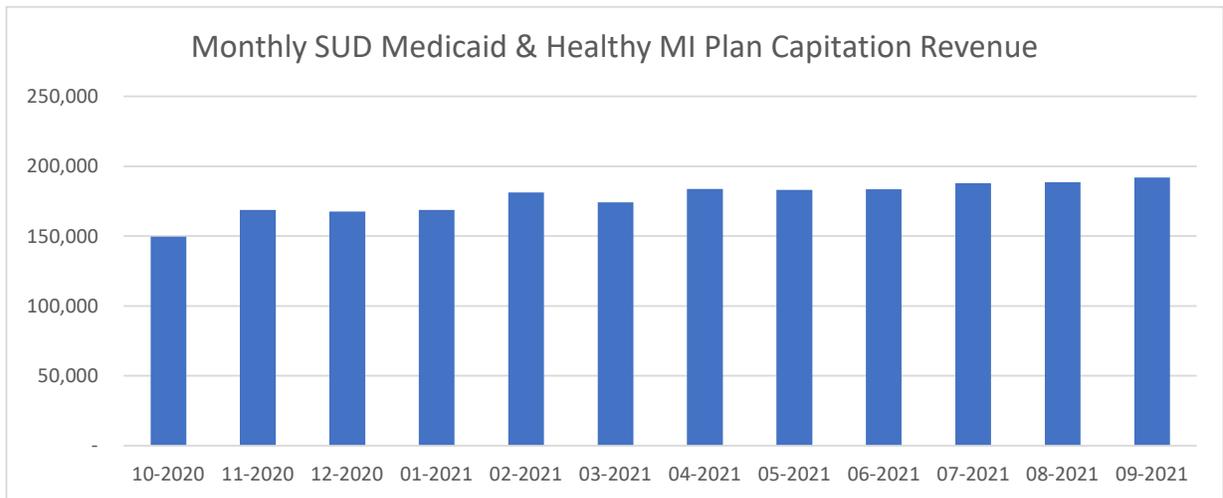
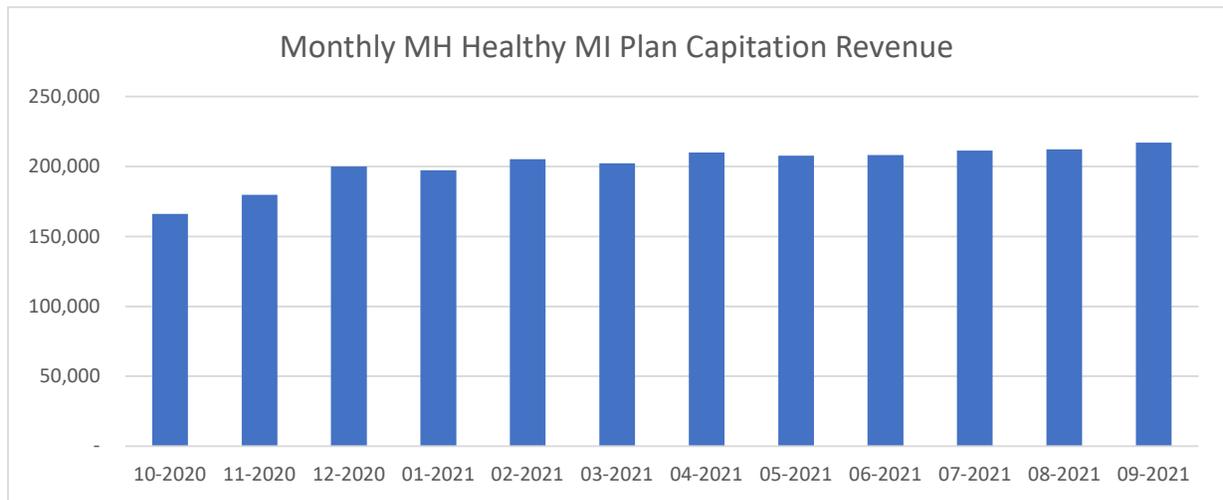
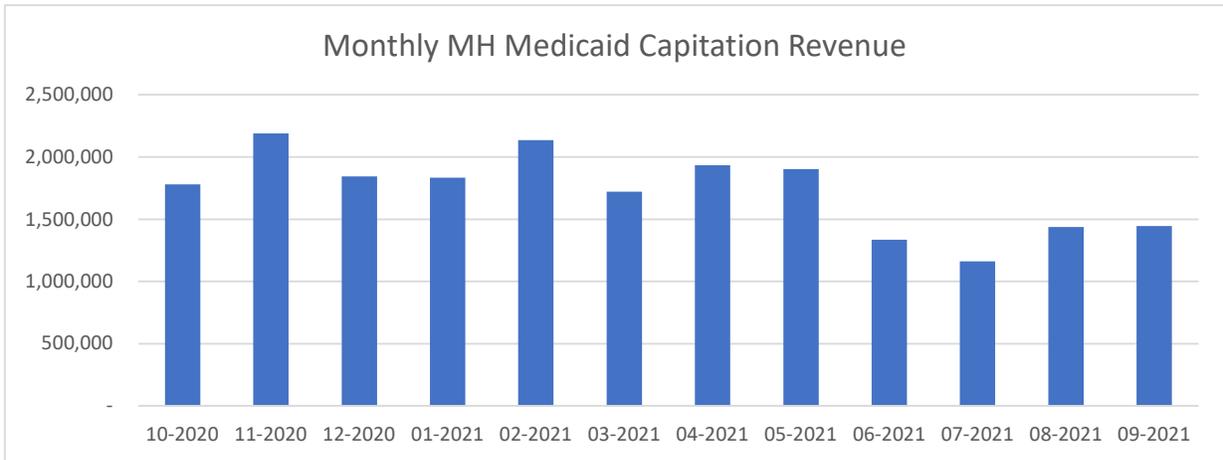
October 1, 2020 through September 30, 2021

Percent of Year is 100.00%

	Total Original Budget	YTD Totals 9/30/21	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 20,711,183	\$ 20,905,119	\$ (193,936)	100.94%
Traditional Capitation-Autism	3,391,050	3,429,292	(38,242)	101.13%
Traditional Settlement	-	22,447	(22,447)	
Healthy Michigan Capitation	2,285,685	2,417,477	(131,792)	105.77%
Healthy Michigan Settlement	-	(557,122)	557,122	
Substance use disorder revenue:				
Traditional Capitation	659,447	664,243	(4,796)	100.73%
Traditional Settlement	-	51,410	(51,410)	#DIV/0!
Healthy Michigan Capitation	1,450,630	1,464,246	(13,616)	100.94%
Healthy Michigan Settlement	-	(202,676)	202,676	#DIV/0!
State General Fund:				
Formula Fundings	810,958	885,959	(75,001)	109.25%
Settlement	-	(432,077)	432,077	
Housing	365,031	371,391	(6,360)	101.74%
Other reimbursements	-	87,862	(87,862)	#DIV/0!
Grants and earned contracts	2,621,081	3,081,216	(460,135)	117.56%
Local funding	347,905	346,991	914	99.74%
Total operating revenue	\$ 32,642,970	\$ 32,535,778	\$ 107,192	99.67%
Operating expenses				
Salaries & Benefits	\$ 9,349,096	\$ 9,261,879	\$ 87,217	99.07%
Supplies & Materials	72,704	249,423	(176,719)	343.07%
Contractual Services	22,565,969	22,340,240	225,729	99.00%
Communications	154,694	160,028	(5,334)	103.45%
Travel/Training/Transportation	70,070	81,672	(11,602)	116.56%
Risk Management	43,164	58,848	(15,684)	136.34%
Occupancy	369,801	429,435	(59,634)	116.13%
Other maintenance	3,839	3,565	274	92.86%
Equipment	13,633	15,151	(1,518)	111.13%
Total operating expenses	\$ 32,642,970	\$ 32,600,241	\$ 42,729	99.87%
Change in net position	-	(64,463)	\$ 64,463	
Beginning net position	(15,802)	(15,802)		
Ending net position	\$ (15,802)	\$ (80,265)		

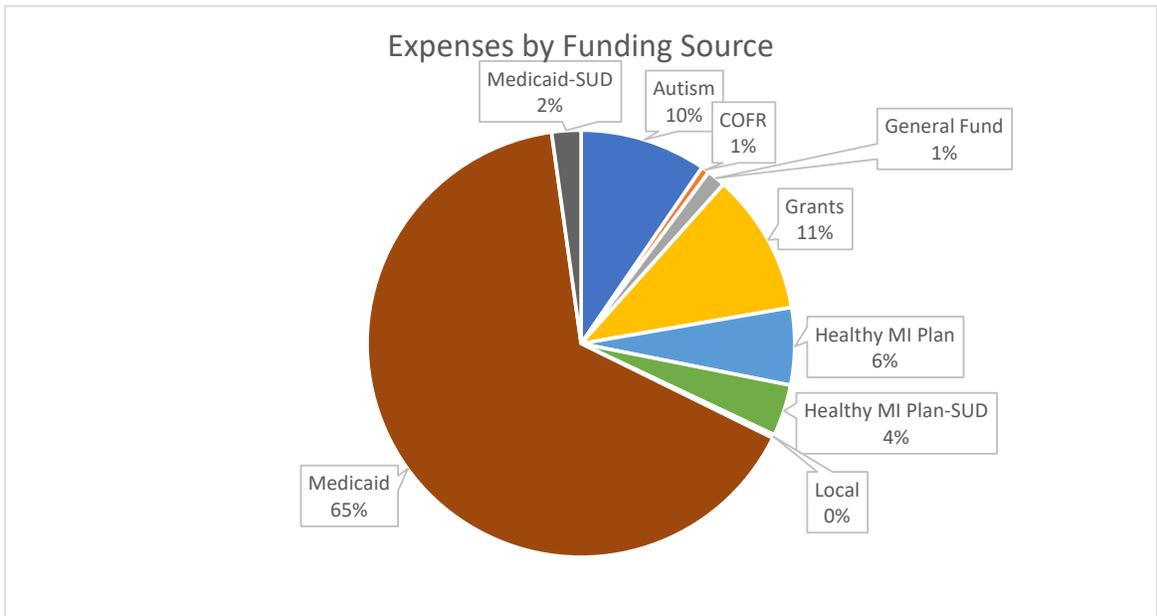
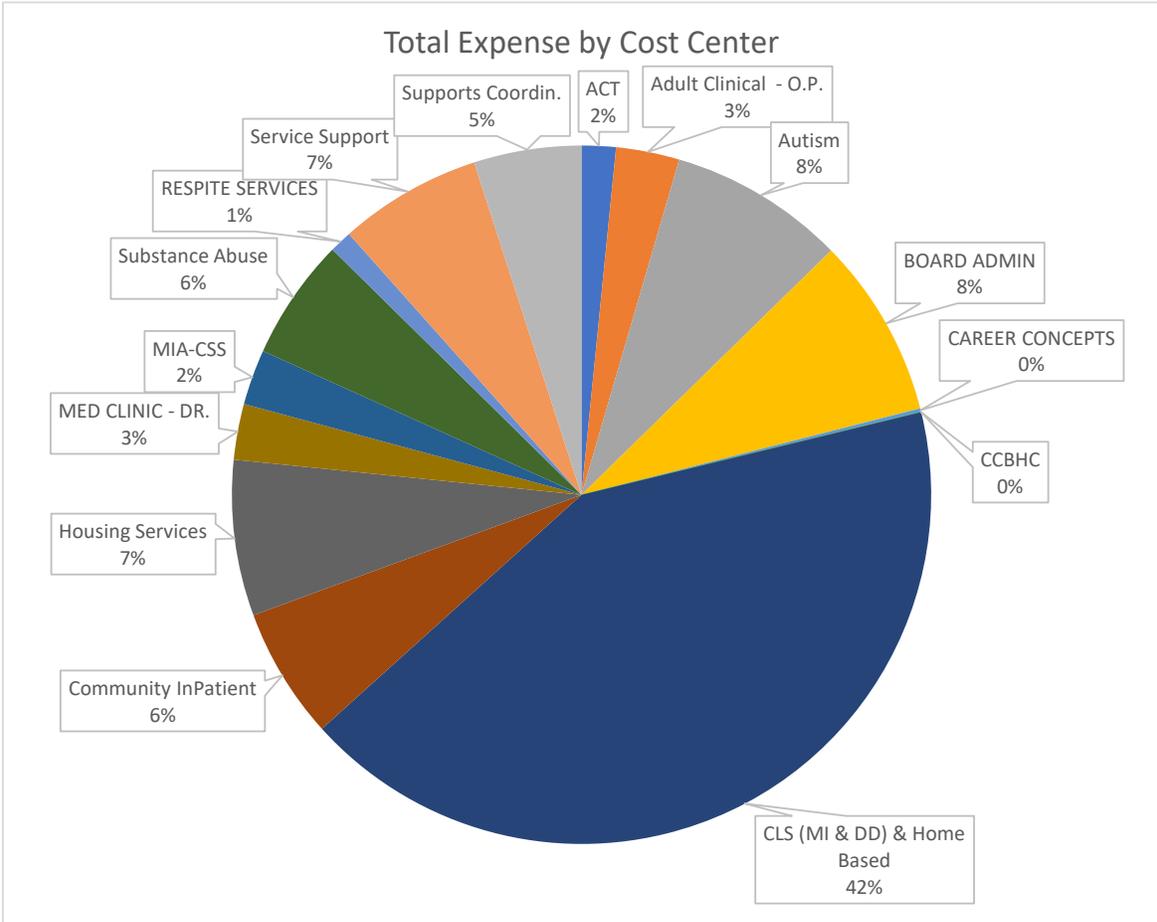
ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Key Indicators September 30, 2021



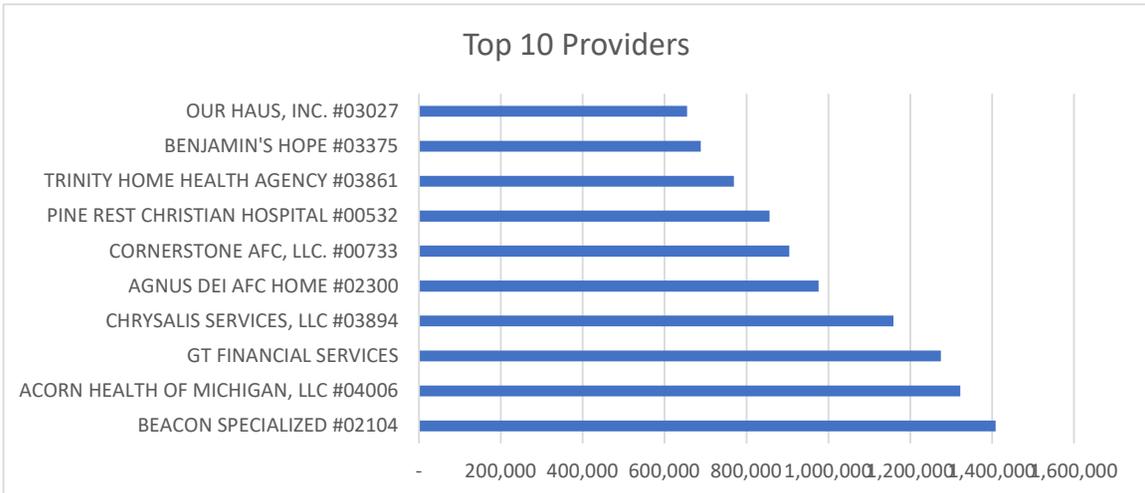
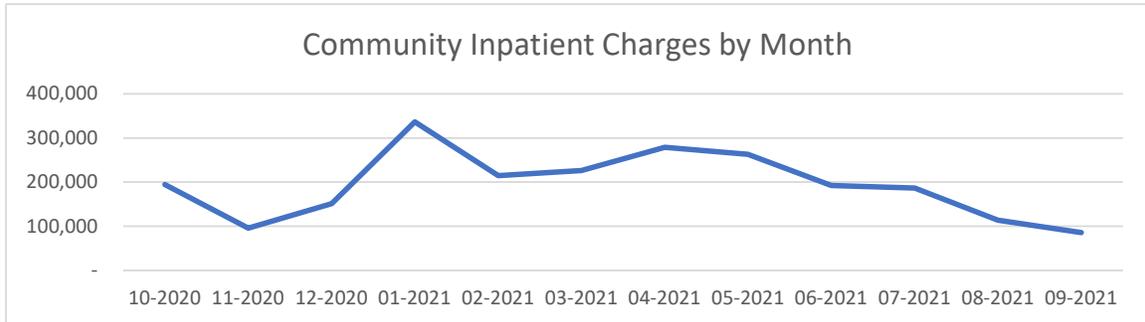
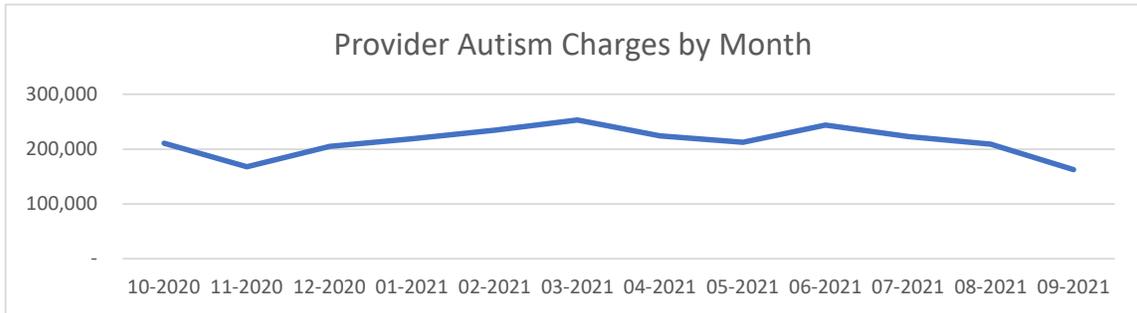
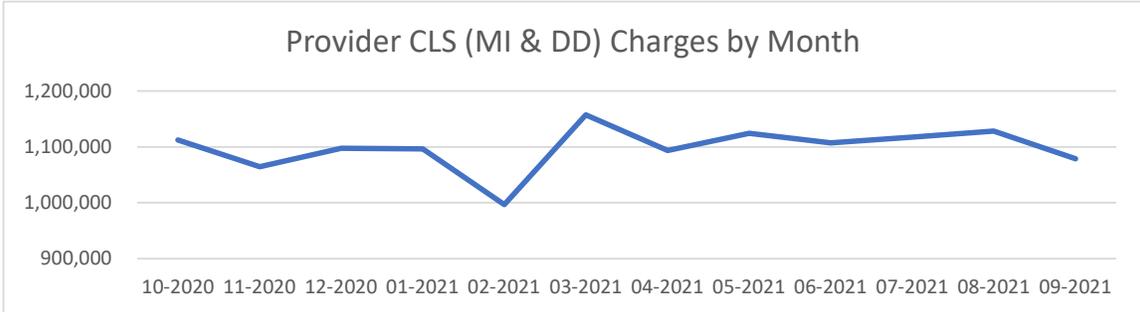
ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Key Indicators September 30, 2021



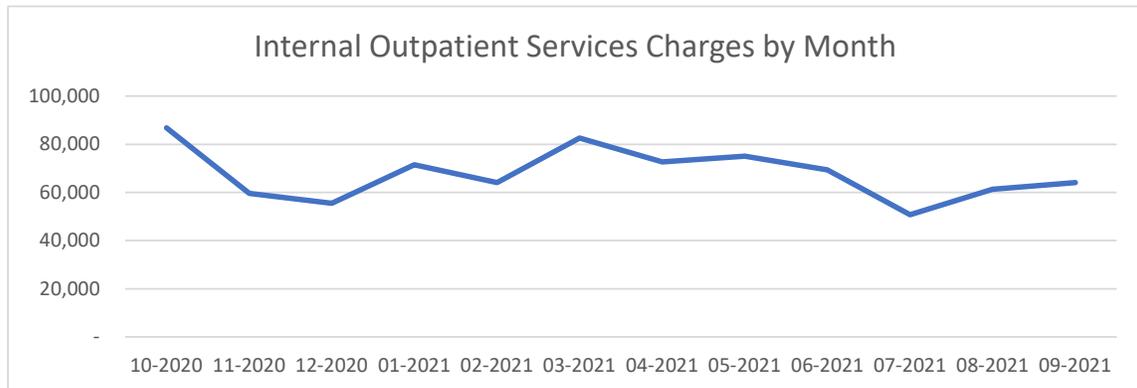
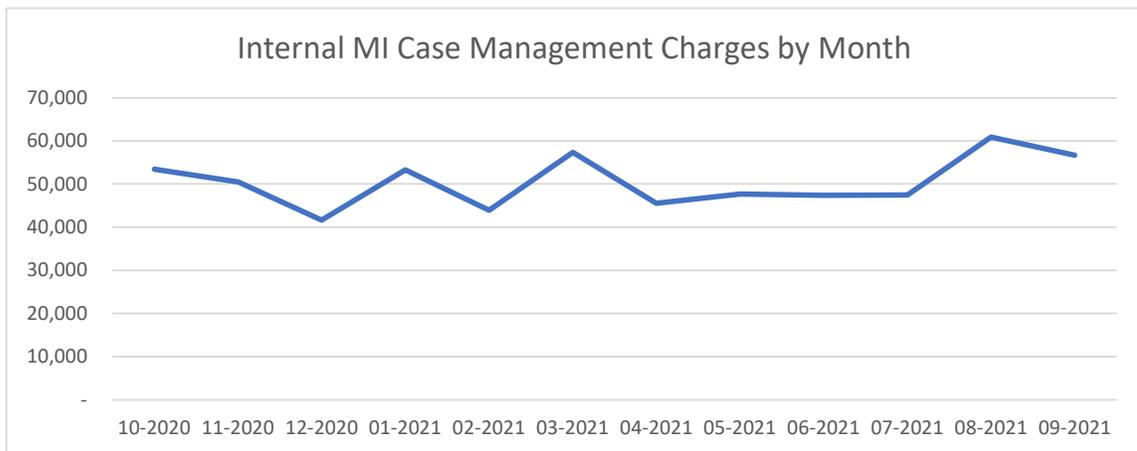
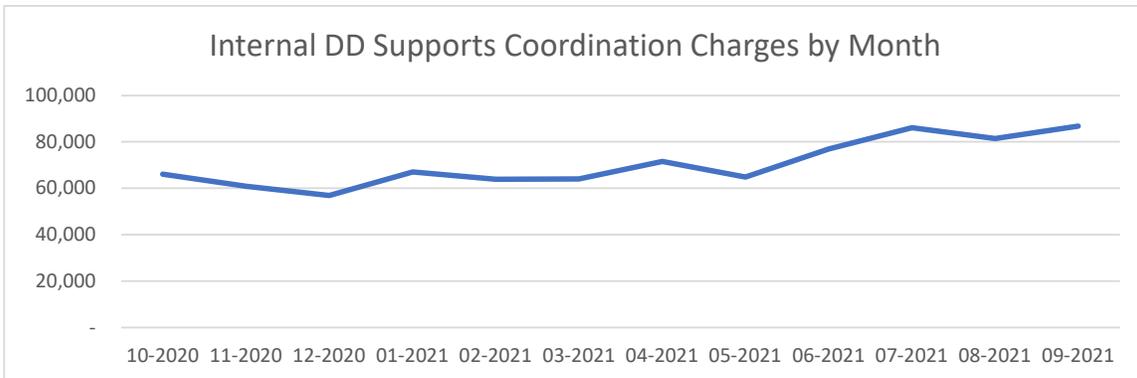
ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Key Indicators September 30, 2021



ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Key Indicators September 30, 2021



**Allegan County
Community Mental
Health Services**



**Period Ended
October 31, 2021**

**Monthly Finance
Report**

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2021 through October 31, 2021

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 1,760,474	\$ -	\$ 106,629	\$ 1,867,103	\$ 125,779
Expense	1,279,949	157,383	72,752	1,510,084	29,106
Revenue over/(under) expenses	\$ 480,525	\$ (157,383)	\$ 33,877	\$ 357,019	\$ 96,673

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined
Revenue	\$ -	\$ -	\$ -
Expense	11,254	17,474	28,728
Revenue over/(under) expenses	\$ (11,254)	\$ (17,474)	\$ (28,728)

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

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVIC

Statement of Revenue, Expenses and Change in Net Position

October 1, 2020 through October 31, 2021

Percent of Year is 8.33%

	Total Original Budget	YTD Totals 10/31/21	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 23,526,705	\$ 1,760,474	\$ 21,766,231	7.48%
Traditional Capitation-Autism	3,530,898	-	3,530,898	0.00%
Traditional Settlement	-	(323,142)	323,142	
Healthy Michigan Capitation	2,180,136	106,629	2,073,507	4.89%
Healthy Michigan Settlement	-	(33,877)	33,877	
Substance use disorder revenue:				
Traditional Capitation	593,010	-	593,010	0.00%
Traditional Settlement	-	11,254	(11,254)	#DIV/0!
Healthy Michigan Capitation	1,000,000	-	1,000,000	0.00%
Healthy Michigan Settlement	-	17,474	(17,474)	#DIV/0!
State General Fund:				
Formula Fundings	1,509,348	125,779	1,383,569	8.33%
Settlement	-	(96,673)	96,673	
Housing	400,000	30,824	369,176	7.71%
Other reimbursements	121,000	8,361	112,639	6.91%
Grants and earned contracts	5,710,319	501,487	5,208,832	8.78%
Local funding	346,595	1,069	345,526	0.31%
Total operating revenue	\$ 38,918,011	\$ 2,109,659	\$ 36,808,352	5.42%
Operating expenses				
Salaries & Benefits	\$ 12,367,854	\$ 570,961	\$ 11,796,893	4.62%
Supplies & Materials	107,452	39,797	67,655	37.04%
Contractual Services	25,563,444	1,691,418	23,872,026	6.62%
Communications	183,170	15,712	167,458	8.58%
Travel/Training/Transportation	179,058	14,647	164,411	8.18%
Risk Management	64,012	23,751	40,261	37.10%
Occupancy	304,554	55,665	248,889	18.28%
Other maintenance	5,066	3,187	1,879	62.91%
Equipment	143,401	58,211	85,190	40.59%
Total operating expenses	\$ 38,918,011	\$ 2,473,349	\$ 36,444,662	6.36%
Change in net position	-	(363,690)	\$ 363,690	
Beginning net position	(80,265)	(80,265)		
Ending net position	\$ (80,265)	\$ (443,955)		

MINUTES

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Tuesday, November 16, 2021 at 5:30 P.M.

COUNTY SERVICES BUILDING, 3283 122ND AVENUE, ALLEGAN

Allegan County Commission Board Room

Present: Kim Bartnick, Glen Brookhouse, Commissioner Mark DeYoung, Commissioner Gale Dugan, Alice Kelsey, Beth Johnston, Emily Schwartz, Commissioner Jim Storey, Craig VanBeek and John Weerstra,

Absent: Bill Buell and Amy Clugston

Staff: Geniene Gersh, Brenda Holquist, Leanne Kellogg, Nan Lawrence, Kelsey Newsome, Mandy Padgett, Cathy Potter, Erinn Trask, Dan Welburn and Mark Witte

Visitors: Jim McCormick

1. Call to Order

Commissioner Dugan called the meeting to order at 5:30 pm. Roll call was taken and a quorum was reached.

2. Pledge of Allegiance

Recited

3. Provision for Public Comment

None

4. Approval of Agenda

Add the minutes for Closed Session (10-19-21), and a Building Committee Report to the agenda.

Motion to approve the agenda as amended.

Moved: Commissioner Storey

Supported: Ms. Johnston

Motion carried by roll call.

5. Consent Agenda – All items listed are routine and to be enacted by one motion.

a. Recommended Motion: Approval of prior minutes for the following:

- i. Board Meeting (10-19-21)
- ii. Closed Session Board Meeting (10-19-21)
- iii. Finance Committee Meeting (10-19-21)
- iv. Program Committee Meeting (09-21-21)
- v. Program Committee Meeting (10-19-21)
- vi. Executive Committee Meeting (11-12-21)

Moved: Ms. Bartnick

Supported: Ms. Kelsey

Motion carried by roll call.

6. Program Committee

Commissioner Storey briefly reviewed the activities of the Program Committee, highlighting reports of interest and was available for questions.

Management recommends that the board approve the Corporate Compliance Plan as presented effective November 2021.

Moved: Commissioner Storey

Supported: Mr. Weerstra

Motion carried by roll call.

7. Finance Committee Report – Beth Johnston, Treasurer

- a. The finance committee recommends that the ACCMHS board approve the October 2021 Disbursements totaling \$2,402,521.00.

Moved: Ms. Johnston

Supported: Ms. Bartnick

Motion carried by roll call.

- b. The finance committee recommends that the ACCMHS board approve the provider contract with Rehmann for FY2022.

Motion: Ms. Johnston

Supported: Mr. Van Beek

Motion carried by roll call.

- c. Erinn Trask was introduced as the interim CFO.

8. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec)

No report.

9. Building Committee Report

The building committee recommends the CEO sign a contract with Cornerstone not to exceed \$4,635,900.00.

Moved: Commissioner Dugan

Supported: Mr. Weerstra

Mr. Witte reviewed the current status on plans for the new building and was available for questions.

Motion carried by roll call.

10. Chairperson's/Executive Committee Report – Commissioner Gale Dugan

a. Executive Committee Report

Commissioner Dugan reviewed his report and was available for questions.

b. LRE Updates

Jim McCormick, Provider Network Manager, for the LRE gave an update on Covid, the staffing crisis, CCBHC, the Beacon contract and happenings in Lansing. He was also available for questions.

11. ACCMHS Executive Director's Report – Mark Witte

Mr. Witte reviewed his report and was available for questions.

Ms. Schwartz suggested that the My Strengths brochures be available at vaccine sites.

12. Provision for Public Comment

None.

13. Board Member Comments

Several board members provided best wishes for the Thanksgiving holiday.

14. MOTION TO ADJOURN:

Moved: Ms. Bartnick

Supported: Mr. Weerstra

Motion carried by roll call.

Meeting adjourned at 6:15 pm.

Respectfully submitted,

Brenda Holquist
Executive Assistant

Gale Dugan
Board Chair

MINUTES

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Tuesday, November 30, 2021 at 5:30 P.M.

COUNTY SERVICES BUILDING, 3283 122ND AVENUE, ALLEGAN
Allegan County Commission Board Room

Present: Kim Bartnick, Bill Buell, Glen Brookhouse, Commissioner Mark DeYoung, Commissioner Gale Dugan (6:04 pm), Alice Kelsey, Beth Johnston and Craig VanBeek

Absent: Amy Clugston, Emily Schwartz, Commissioner Jim Storey and John Weerstra

Staff: Brenda Holquist, Erinn Trask and Mark Witte

Visitors: None

1. Call to Order

Ms. Kelsey called the meeting to order at 5:37 pm.

2. Pledge of Allegiance

Recited

3. Provision for Public Comment

None

4. Approval of Agenda

Moved: Ms. Bartnick

Supported: Mr. Brookhouse

Motion carried.

5. The Board of Directors for Allegan County Community Mental Health Services authorizes the completion and certification of the USDA Loan Resolution Security Agreement.

Mr. Witte and Ms. Trask gave an overview of the resolution and were available for questions.

Moved: Ms. Johnston

Supported: Ms. Bartnick

Motion carried unanimously by roll call.

6. The Board of Directors for Allegan County Community Mental Health Services authorizes the use of agency funds to cover the difference between the total building construction budget and the USDA Loan in the amount of \$986,270.

Mr. Witte and Ms. Trask gave an overview of the resolution and were available for questions.

Moved: Ms. Bartnick

Supported: Pastor Van Beek

Motion carried unanimously by roll call.

7. Provision for Public Comment

None.

8. Board Member Comments

Commissioner DeYoung congratulates the board on this momentous occasion. It is great to be a part of it.

Ms. Kelsey states that Ms. Clugston is currently working to find a way to get to the board meetings.

Commissioner Dugan echoes Commissioner DeYoung's comments that it has been difficult to maintain two buildings and with the staff separated. The new building will give a unity factor to the organization. It will also allow us to shine the light on mental health services.

9. MOTION TO ADJOURN:

Moved: Ms. Kelsey

Supported: Ms. Johnston

Motion carried.

Meeting adjourned at 6:26 pm.

Respectfully submitted,

Brenda Holquist
Executive Assistant

Gale Dugan
Board Chair



**ALLEGAN COUNTY CMH SERVICES BOARD
Committee & Board Meeting Dates & Times for 2022**

Location: All meetings are held at the County Services Building (CSB), 3283 122nd Avenue, Allegan, MI
Allegan County CMH web site: www.accmhs.org

Committee	Meeting Date	Time	Board Members
Recipient Rights Advisory Committee Board Conference Room	February 15 April 19 June 21 August 16 October 18 December 20	3:30 to 4:00 pm	Glen Brookhouse, Chair John Weerstra Amy Clugston (vacant seat)
Building Committee Vredeveld Room	January 18 February 15 March 15 April 19 May 17 June 21 July 19 August 16 September 20 October 18 November 15 December 20	3:30 to 4:15 pm	Mark DeYoung Gale Dugan Beth Johnston John Weerstra
Program Committee County Commissioners' Board Room		4:15 to 5:15 pm	Jim Storey, Chair Alice Kelsey, Vice Chair Amy Clugston Kim Bartnick Emily Schwartz
Finance Committee Vredeveld Room		4:15 to 5:15 pm	Beth Johnson, Chair Glen Brookhouse, Vice Chair William (Bill) Buell Mark DeYoung (vacant seat)
Full Board Meeting County Commissioners' Board Room		5:30 pm (or as soon as committee meetings have ended)	Gale Dugan, Chair Alice Kelsey, Vice Chair Beth Johnson, Treasurer Jim Storey, Secretary Mark DeYoung Glen Brookhouse John Weerstra Amy Clugston Kim Bartnick Emily Schwartz William (Bill) Buell Pastor Craig VanBeek
Executive Committee CMH Training Room		January 14 February 11 March 11 April 15 May 13 June 17 July 15 August 12 September 16 October 14 November 11 December 16	2:30 – 4:30 pm
Nominating Committee	Meets as needed		Glen Brookhouse, Chair Gale Dugan Alice Kelsey John Weerstra

❖ Other ad-hoc committees meet on an as-needed basis.

Revised 12.10.2021

Executive Director Board Report – December 2021

Submitted by Mark A. Witte, MSW, LMSW, Executive Director

269-673-6617 – mwitte@accmhs.org

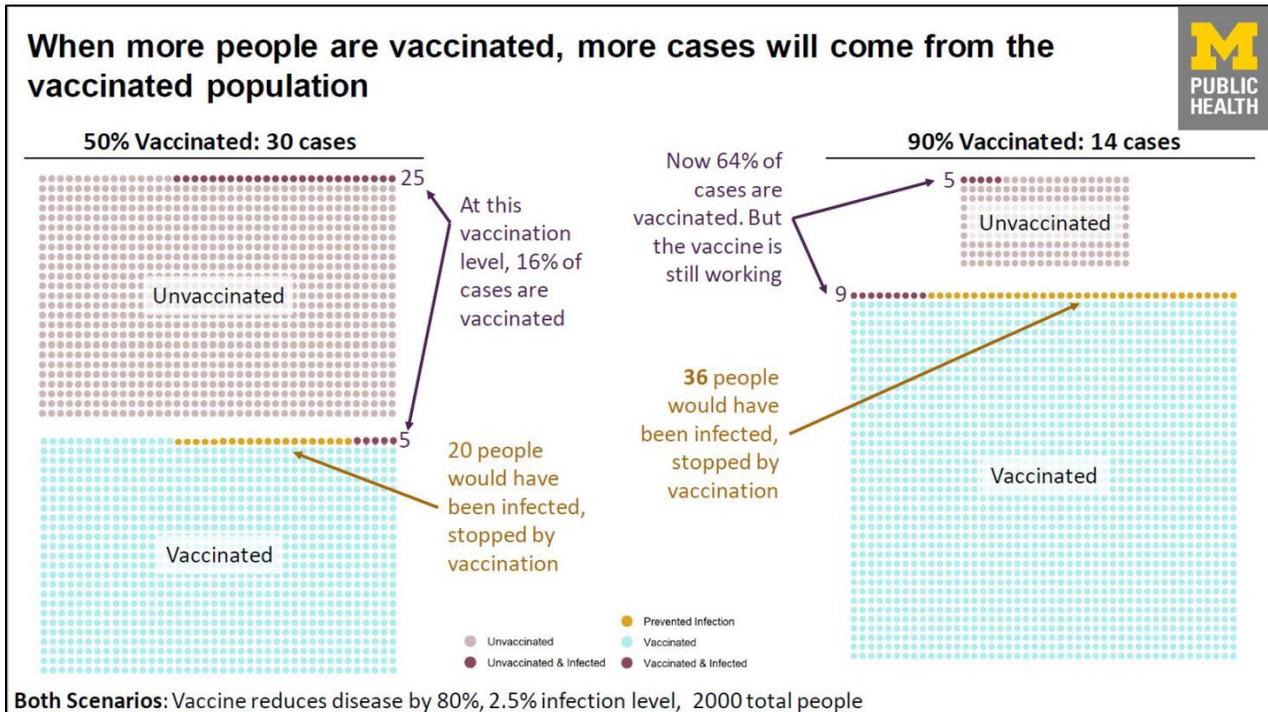
- 1. COVID-19 Update** – In addition to what you may read about our internal Health & Safety Team efforts, we are actively monitoring and responding to the fluid expectations of federal offices and courts. The back-and-forth between requirements with timelines and partial and/or full national injunctions puts a lot of wear and tear on our administrative team and sure runs up our legal consultation costs. We issued a policy in early November in response to the dual applicability of federal mandates from OSHA and CMS (Center for Medicare and Medicaid Services) that our staff be vaccinated. The OSHA requirement affected employers with more than 100 employees, but was temporarily halted by a federal court judge in mid-November with the expectation that a determination on it would be made in early December. As of the date of this report on 12/10, that has not happened. Our staff were still thought to be covered by the CMS portion of the mandate until a federal judge intervened to halt enforcement of that requirement early on 12/1. All throughout the month of November we were hearing mixed information about whether or not the CMS requirement, strictly speaking, directly affected the employees of CMHSP's (like us) and PIHP's (like the LRE). MDHHS (the state office for our work) indicated that it would issue a clarification about whether our staff are specifically included in the scope of those falling under the CMS requirements, but that has not yet been issued so far. Ultimately, on 12/2 we consulted with our attorney and decided that we should also halt our implementation of the vaccine mandate for our staff.

Meanwhile, the pandemic rages on, and though we put on a good face sometimes, it's a fact that our own staff are suffering from the strain of having to work the way we need to in order to keep the wheels turning on our operations. Exposures of staff and/or their family members to people in the community who are positive for COVID-19 results in safety-focused quarantines that disrupts plans and forces workarounds. Let me quickly add that we're very grateful for tools and policies that allow us to work and function remotely, but we all know that it's not the way it's supposed to be. The tools that allow flexibility become our only choices in many situations, and that leads to feelings of technological entrapment sometimes and extreme irritation when even that blessing becomes a hassle due to poor internet connections or faulty/aging technology. We are moving – too slowly – to locate our electronic files in the “cloud” (vs. onsite servers), but it's clunky for many of us meanwhile.

I guess the main point I'd like to convey is that we need your help as a board to advocate as you are able for the ingredients that would lead to an end to the pandemic. Our medical director advises everyone to be vaccinated, but our county stands at just over the 50% mark for the population. He recommends masks, social distancing, routine thorough cleaning, handwashing ... all the things that interrupt community transmission for this disease. But, we live among people – some very close to us – that see these simple steps as more burden than benefit. So the pandemic rages on.

This week, I participated with a wide number of community leaders on the bi-monthly COVID-19 briefing call presented by our health department. There was an interesting slide in the presentation about what to make of all of the stories of breakthrough cases. I thought it gave a good logical answer to the logical question people often ask: “If the vaccines are working, why are there so many people getting breakthrough infections as compared to the number of people getting infected without a vaccine?” I've wondered that myself. The slide intends to show that the larger the vaccinated population becomes, a larger raw number of breakthrough cases will come from those

that have been vaccinated while a smaller raw number of cases will come from those that are not vaccinated. That's because vaccination (a) reduces transmission to those who are unvaccinated and (b) reduces the size of the population from which cases occur ... while the larger vaccinated population still will see a proportion of its rising numbers experience breakthrough illnesses. Overall, however, fewer cases happen in the entire group when more people are vaccinated – including breakthrough infections. This is obviously just an illustration of the logic, but it was really helpful to me... and hopefully to you too. They're doing good work over there at the health department and we should make sure their efforts are being appreciated and supported.



2. **Senate Bills 597/598** – You may have seen these recent updates from our association (CMHA) about the status of the “Shirkey” bills to dismantle CMH services. They write:

As you may know, the Senate Government Operations Committee approved Senator Shirkey’s 2-bill integration package on 10/26/21. The new versions of the bills continue to get worse and will most likely change again on the Senate floor. We believe as soon as Sen. Shirkey has the votes to move these bills in the Senate, he will bring them up for a vote, which could happen over the next couple of weeks.

Senate Bills 597 & 598 attempt to reboot the failed section 298 effort from a few years ago. This legislation would privatize all Medicaid mental health services by giving full financial control and oversight or decision making to for-profit insurance companies. Supporters of Senate Bills 597 & 598 make a lot of false promises, do not be fooled these bills are a shell game, just shifting who pays the bills for a small fraction of people in the Medicaid program.

Make no mistake, SBs 597 & 598 eliminate ALL local control and LOCAL DECISION MAKING. The new version of SB 598 will give our local mental health care decisions to out-of-state based for-profit insurance companies, essentially allowing our mental health care decisions to be

made in corporate board rooms in states like, Missouri, California, Minnesota, Arizona and Indiana.

Commissioner Storey has extended an invitation, which Senator Aric Nesbitt has accepted, to join the Executive Committee on 12/17/2021 to exchange views on this legislation and to impress upon him our desires for the needs of the people of Allegan County for a locally responsive system of integrated care.

Meanwhile, **CMHA has issued a special assessment request** to its members for funds to wage a public information drive a more intensive and far-reaching advocacy, government affairs, and media/public relations effort around this legislative threat. See attachments to this report. It is reported that several of our colleague CMH and PIHP agencies are contributing in the range of \$10,000 to \$20,000. Depending on whether we can find a way to regard this as an allowable expense under our state contracts, we may approach the board to consider a favorable response to this assessment/request.

3. **Building Update** – Thank you for your quick action on 11/30/2021 to come together with enough people to constitute a quorum so we could complete a required document for the USDA. We learned early this week that the USDA will need more time to complete the document preparation work. Thus, the planned closing has been postponed from 12/15/2021 to Tuesday, 1/4/2022. We're focusing less on the setback and more on following the specific sequence of documents submissions we are responsible to accomplish between now and then. The construction kick-off meeting originally slated for 12/16/2021 will also be rescheduled. Plans for groundbreaking (or whatever it's called when you're not breaking actual ground) will be included in that agenda.
4. **Youth Mental Health Advisory** – You may have seen a report in the news about the US Surgeon General issuing an advisory on youth mental health. (See it here: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>) It is timely and significant. To quote some brief excerpts from pages 21-22 of the report about opportunities for health care organizations and professionals to intervene:

Our health care system today is not set up to optimally support the mental health and wellbeing of children and youth. [We] must reimagine how health care organizations and health professionals prevent, identify, and address mental health challenges. Below are some steps health care organizations and health professionals can take:

- *Recognize that the best treatment is prevention of mental health challenges. Implement trauma-informed care (TIC) principles and other prevention strategies to improve care for all youth, especially those with a history of adversity.*
- *Routinely screen children for mental health challenges and risk factors, including adverse childhood experiences (ACEs).*
- *Identify and address the mental health needs of parents, caregivers, and other family members. The mental health of children and youth is closely linked to the mental health and wellbeing of their families. Screening parents and caregivers for depression, intimate partner violence, substance use, and other challenges can be combined with broader assessments of food insecurity, housing instability, and other social determinants of health.*
- *Combine the efforts of clinical staff with those of trusted community partners and child-serving systems (e.g., child welfare, juvenile justice).*
- *Build multidisciplinary teams to implement services that are tailored to the needs of children and their families. Enlist children and families as partners and engage them in all stages of decision-making, from screening to treatment.*

These should all sound very familiar. There is always more that should be done, but it is encouraging to see that many of our agency services and prevention initiatives already include several of these recommended steps. These will be strengthened by our movement to support wider access to care for children and youth through the CCBHC grant/initiatives, by development of our prevention resources into wider initiatives focused on broad-spectrum behavioral health and wellness, by our increasing strategic collaboration with a growing number public and non-profit community agencies, and by our development of housing services into a major service line focused on this key social determinant of health.

5. **Open Meetings Act** – I will be working with the Executive Committee to do an early review of our bylaws and operating policies to assure continued compliance with changes in Michigan’s Open Meetings Act that go into effect on 1/1/2022. The key change is the ban on virtual meeting attendance (for purposes of quorum, deliberation or voting) for members of public boards with one exception – military service. The current exception (for medical reasons) expires on 12/31/2021. Some of our current language affords members with virtual participation options which will no longer be legally available, necessitating a change in board policy. I would have you look to the Executive Committee for further information on the issue.
6. **Staff Climate Survey and Improvement Efforts** – Our leadership team has been working to address our need to improve staff confidence and trust with agency leadership over the past few years. As you may recall, we engaged TBD Solutions to help us develop our strategic plan, and since then to help us address some of these issues through comprehensive supervisory and leadership training and consultation. One significant awareness is of the need to establish a prominent sense of psychological safety throughout the organization.

I have turned to TBD Solutions once more to ask them to assist us in bridging from where we are now to a desired future state through the development of a specific quality improvement effort focused on the employee climate. They have referred to it as an “Employee Relations Culture Improvement Consultation”. I’ve laid out a request for help to carry forward a conversation with a group of staff that we focused on agency values during the strategic plan process, concluding and transitioning their good and passionate work. TBD will provide trusted external accountability to assist our HR department as it leads an effort – supported by interested staff members – to plan for improvement of the staff climate. The effort will conclude with decisions about how to structure internal teams or committees (focusing on intended purposes, structures & functions with our CCBHC expansion in mind) to foster optimal agency-wide communication and efficient leadership and planning. The size of the contract will be modest and not require additional board approval.

7. **Holiday Wishes** – We come to the point of the year when we reflect back on the goodness and blessings of the prior (despite its challenges) and look forward to what will come in the year ahead. We know that if all goes as planned, we should see 2022 be the year that we finally (FINALLY!) see the conversion of the ShopKo building into our new physical home. We will see the name of the agency change around March to a name that will very soon come to have real meaning for a much larger swath of this community’s needs. Finally, we will see the fuller fruits of implementation of our CCBHC grant that will open our doors – hopefully quite literally – to a much wider set of needs for behavioral health support in Allegan County. What a year 2022 will be! Thank you for your continued partnership as representatives of that good public. It should be an exciting time.

Sincerely,

Mark Witte, Executive Director
Friday, December 10, 2021