

AGENDA

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD Tuesday, January 18, 2022 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. Executive Committee (12.17.2021)
 - ii. Board Meeting (12.21.2021)
 - iii. Building Committee Meeting (12.21.2021)
 - iv. Finance Committee Meeting (12.21.2021)
 - v. Program Committee Meeting (12.21.2021)
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 December 2021
 - b. **Motion** – Contracts
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. LRE updates
12. ACCMHS Executive Director’s Report – Mark Witte
 - a. Written Report
 - b. LRE Org Chart
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):

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

March 11, 2022 – 2:30 pm – Executive Committee
March 15, 2022 – 3:30 pm – Building Committee
March 15, 2022 – 4:15 pm – Finance and Program Committees
March 15, 2022 – 5:30 pm – Full Board

Allegan County Community Mental Health Services
Building Committee
January 18, 2022 – 3:30 pm.

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

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

Proposed Agenda

1. **Review/Approval of Agenda**
2. **Review/Approval of Prior Minutes**
3. **Construction Report**
 - a. Construction Meeting Minutes – see attachment(s)
 - b. Groundbreaking – January 28, 2022 at 3:00 pm
4. **Financial Report**
5. **Other**
6. **Next Meeting**
7. **Adjournment**

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

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

Board Members Present: Beth Johnston, Mark DeYoung, and Gale Dugan

Board Members Absent: John Weerstra

Staff Members: Erinn Trask, Mark Witte, Nan Lawrence

1. **Call to Order** – Chairman Dugan called the meeting to order at 3:30 pm.
2. **Review/Approval of Prior Minutes** – Beth Johnston moved and Comm. DeYoung supported, that the minutes of October 19, 2021 be approved. Approved unanimously.
3. **USDA Update** – Mark Witte presented update. All paperwork has been submitted to the USDA. We are in good shape for the closing in January 2022.
4. **Funding Update** – Ms. Trask reported our financial commitment for the project. ACCMHS has set aside \$200,000 for the project. Ms. Trask has been working with her team and the LRE on ensuring we have the funds available at closing.

We received notice today that Gov. Whitmer signed the appropriation bill that provides us with the 2.5 million dollars for the building project. Rep Whiteford assisted us in receiving the additional funding through the State. The USDA will need a letter from the State certifying that we have the funds and can proceed with adding items back in to the project. Mr. Witte reviewed what the additional dollars will go towards. Mr. Witte asked if this committee and the Board would need to talk about if there is support to purchase the home. Ms. Johnston asked Mr. Witte to provide the committee with what would the daily operation of the community center look like. The committee agreed to have Mr. Witte speak with the homeowner to see if she is still interested in selling.

5. **Construction Update** – We are ready to go once the closing occurs. Kick off meeting is scheduled the day after the closing. We are working on various items such as facilities
6. **Other** – Mr. Dugan asked the committee for thoughts on switching the Building Committee and Finance committee times. Discussion followed. No decision was made.
7. **Adjournment** – Mr. Dugan moves, and Ms. Johnston supports, that the meeting adjourn. All in favor. Meeting adjourned at 3:54 pm.

Submitted by Nan Lawrence

Allegan County CMH Board Building Committee
Building Status Report
January 18, 2022

1. **Building Update** –

- a. Closing on the ShopKo building was accomplished as scheduled on 1/4/22. The event was attended by Director Witte, ACCMHS board members Dugan and Storey, and ACCMHS legal counsel Andrew Brege. We now legally own the building.
- b. A “construction kickoff” meeting was held on 1/5/22 (see notes attached) which formally transitioned leadership on the project from architect to builder. Work will commence as soon as final USDA requirements regarding signage is met. The Building Committee expressed interest in participating in the ongoing building meetings. As the notes indicate, these will commence on 1/20/22 at 1 pm and continue every other week on Thursdays at 1 pm. Board Building Committee members are welcome to participate. We will attach minutes of the construction meetings to the monthly Board Building Committee report, or bring copies to the Board Building Committee meeting if they do not meet the deadline for the published board packet.

2. **Financing Notes** – Rep. Mary Whiteford succeeded in obtaining a \$2.5 million appropriation for the project through House Bill 4398. It became Public Act 133 on 12/21/21. Funds have been appropriated to the Michigan Economic Development Corporation (MEDC) under the Michigan Department of Labor and Economic Opportunity (LEO). At the time of this report, we are in active conversation with MEDC to verify access to these funds. This information will be used to verify the availability of funds to the USDA which will, in turn, allow us to return important items to that construction plan. Those items were temporarily removed as part of a “value engineering” process which allowed the USDA to proceed on the close of our loan and possession of the property.

3. **Groundbreaking** – Even though some work will happen almost immediately, it is still important to take time for a ground-breaking ceremony. This has been scheduled for Friday, 1/28/22 at 3:00 pm. We have arranged for Rep. Whiteford to provide a few remarks and are actively involved in extending invitations to the staff, board and community. We will organize our ceremony around the theme of “Coming Together for ALlegan”.

NEW FACILITY RENOVATION PROJECT

Project No. 19-127

Meeting Minutes

Date: January 5, 2022
Time: 3:30 PM
Location: Video/ Phone Conference

Attendees:

-
- Mark Witte, Executive Director, ACCMHS
 - Nan Lawrence, Director HR, ACCMHS
 - Erinn Trask, Interim CFO, ACCMHS
 - Rich Hamming, Schley Nelson Architects (SNA)
 - Kris Nelson, Schley Nelson Architects (SNA)
 - Brady Zimmerman, Cornerstone CM
 - Gordon Groves, Cornerstone CM
 - Cory Harmsen, Cornerstone CM
 - Katherin Farwell, USDA
-

The purpose of this meeting was to kick off construction and to review applicable items from the USDA's Record of Pre-Construction Conference form. Kris Nelson, from Schley Nelson Architects led discussions and proceeded through the agenda, supplied to attendees beforehand.

- 1) Identify Official Representatives of all parties for communication (Chain of Command):
 - a) Owner: The Owner "Team" will consist of Mark, Nan, and Erinn. Email communication is to be directed to ALL 3.
 - b) Architect: All email communication is to include both Kris and Rich.
 - c) Contractor: Brady
 - d) Agency: Katherin

- 2) Responsibilities:
 - a) SNA will Observe, as described in the AIA Contracts
 - b) Cornerstone is responsible for all safety on the jobsite
 - c) ACCMHS will be the decision maker
 - d) USDA, represented by Katherin, will make once a month jobsite visits

- 3) General Discussion:
 - a) Alternates were discussed and understood by all parties. It was noted that the once VE items are brought back into the Project, that the same job number will continue to be used. Mark noted that the LiveWall System will *not* be returned to the project, but the majority of VE items will be, including the EIFS alternate.
 - b) Timing: Mark indicated that it will likely take 1 to 1 ½ weeks for a Letter to confirm how state funds will be distributed

- c) Construction Start Date: Cornerstone plans to be onsite starting January 6th to begin demolition. This process is expected to extend through the end of March. The ordering of materials and storage is not a concern at this time due to lead times and sufficient space onsite.
 - d) Nan Lawrence is the Owner contact for facility access, etc.
 - e) Cornerstone indicated that the Jobsite Sign has not been ordered yet. This needs to be in place ASAP.
 - f) Groundbreaking Ceremony: This would typically occur with the demo of a wall in lieu of actually digging into the ground. Timing is flexible, but should be determined soon by ACCMHS as far as when and who is to be included.
 - g) Pay request process was discussed. Cornerstone will submit to SNA. After SNA's review they will be sent to the Owner to process prior to forwarding to Katherin.
- 4) Sub-Contracts: Nothing to review. Brady noted that the Building Permit has been approved and he will forward to SNA who will forward to Katherin for records.
- 5) Status of Materials Furnished by Owner: ACCMHS updated the group regarding MOE and Haworth for furniture and moveable wall systems. These items will need to be coordinated with Cornerstone. John and Melissa from MOE are to be invited to a future progress meeting.
- a) Future Deliveries: Cornerstone noted items such as the engineered studs, windows, and exterior canopies as long lead-time and need to be expedited appropriately.
- 6) Change Orders: Discussed previously, but noted that Katherin will document new funds.
- 7) Project Inspection:
- a) Bi-weekly beginning January 20th. Meetings are preferred by the group to be in person, on site. The plan is for every other Thursday at 1pm. Brady will send out email invites moving forward.
 - b) Cornerstone will be responsible for coordination of these meetings moving forward, including issuing meeting minutes from them.
- 8) Equal Employment Provisions of Contract: This was briefly discussed and agreed upon.
- 9) Placement of Project Signs and Posters: Discussed previously. The urgency to post the required USDA sign is acknowledged.
- 10) Other
- a) Gordon needs to sign the one remaining USDA form ASAP.

11) Next Meeting: To be held onsite by Cornerstone on January 20, 2022 at 1:00 p.m.

The foregoing constitutes our understanding of items and subjects discussed at this meeting. Please review the items discussed and contact our office in writing if our record of conversation needs modification or correction.

Respectfully,
SCHLEY NELSON ARCHITECTS

A handwritten signature in black ink, appearing to read 'Richard T. Hamming', written over a light gray horizontal line.

Richard T. Hamming, Assoc. AIA, CDT
Project Manager

Cc: All present

AGENDA

Allegan County Community Mental Health Services Finance Committee January 18, 2022 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 December 2021
 - b. Contracts
7. Informational Items
 - a. November 2021 Financial Reports
8. Finance Committee Member Comments
9. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
10. Adjournment until next meeting: February 15, 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

**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.

**Beth, Glen, Gale, Mark, John,
Erinn, Mark, Nan
ABSENT: Bill Buell**

1. Call to Order – Beth Johnston, Vice Chairperson (4:15pm)
2. Public Comment – Agenda Items Only, Subject to 5-Minute Limit Per Person NONE
3. Approval of Agenda Motion by Brookhouse, second by Weestra. All yes. No opposed.
4. Approval of Minutes Motion by Brookhouse, second by Dugan. All yes.
5. Review of Written Reports
 - a. Facilities & Human Resources – Nan Lawrence, Director of Human Resources
Ms. Lawrence provided an update to the committee regarding the OSHA mandate. The 6th District court lifted the stay for the OSHA mandate. This mandate does apply to ACCMHS as we have over 100 employees. A policy is being developed and will be shared with staff as soon as it is reviewed and approved.
 - b. Administrative Services Report – Erinn Trask, Chief Financial Officer
Ms. Trask reviewed her report.
6. Action Items
 - a. Voucher Disbursements November 2021: Brookhouse motioned to pay the disbursements. Weestra. All yes.
 - b. PA152 Exemption: DeYoung moved, Dugan supported. Discussion followed. All yes vote.
 - c. CMHAM Special Assessment: Moved by DeYoung, support by Weestra. Discussion followed.
7. Informational Items
 - a. September 2021 Financial Reports: Ms. Trask reviewed her report. She noted that these are preliminary numbers.
 - b. October 2021 Financial Reports: Ms. Trask reviewed the October report. It is very light as it is the first month of the new fiscal year.
 - c. Fiscal Year 2022 Budget Update
8. Finance Committee Member Comments: None

9. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person: None
10. Adjournment until next meeting: January 18, 2022 at 4:15 pm. Motion to adjourn Weestra, support by Brookhouse. Adjourned at 5:22pm.

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.*

Allegan County Community Mental Health Services
Human Resources Board Report January 2022

Submitted by Nan Lawrence, PHR
 269-673-6617, ext. 2731; nlawrence@accmhs.org

NEW HIRES

Last Name	First Name	Position	Date of Hire
Lynne	Patti	Children/Adult Outpatient Therapist (CCBHC)	12/27/2021
DeMann	Brittney	Children's Team Supports Coordinator/Case Manager Assistant	1/3/2022
Bilodeau	Connor	Wraparound Facilitator	1/3/2022
Greene	Rob	Adult Outpatient Therapist (CCBHC)	1/10/2022
Sabin	Harlie	Children's Team Supports Coordinator/Case Manager	1/18/2022
Moore	Brianna	Recipient Rights Officer	1/18/2022
Dereski	Samantha	Children's Team Supports Coordinator/Case Manager (CCBHC)	1/24/2022

SEPARATIONS

Last Name	First Name	Position	Date of Separation
Smith	Gary	Director of Administrative Services	12/13/2021
Cole	Kerris	Respite Worker – Children's Team	12/22/2021

Trainings: We made great improvement in completing our required trainings for 2021. While we didn't make 100% we were the closest we have ever been. I am very pleased with the results for 2021. Our completion rate for 2021 was 91%. A huge THANK YOU to all the staff for doing their best!

The HR Dept continues to work on hiring staff for open positions. The career page on our website shows a listing of all the open positions. We are also very busy monitoring the COVID Plan and the health and safety of staff and visitors. We have seen an increase in emails from staff regarding close contacts or family that have contracted the virus.

Allegan County Community Mental Health Services Board
Administrative Services Board Report January 2022

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

269-303-8945 – etrask@accmhs.org

The past month has been busy, yet exciting. We spent many hours working with the United States Department of Agriculture (USDA) getting documents in order to close on the purchase of the ShopKo building and our construction loan. After closing on January 4, 2022, we had a construction kickoff meeting and the demo work has already begun! Finance also had their annual audit fieldwork on January 3rd and 4th, which went smoothly thanks to the team's hard work and preparation. We will be preparing the final state reports for fiscal year 2021 in the coming month, and will provide the Board with a copy of the audited report when available.

This month's packet includes the monthly financial report for November 2022. 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. The revenue numbers from the Lakeshore Regional Entity (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. We are projecting to return \$818,591 (MH Medicaid and SUD Medicaid combined) to the LRE, and overspend our General Fund allocation by \$62,407 (to be covered with local dollars).

The significant increase in the use of General Fund dollars over prior year is due to the allocation methodology for administrative costs. Historically administrative expenses have been allocated based on the total direct cost of each department or program. As most costs were for services directly provided by the agency, this methodology was reasonable. Starting in March 2021, ACCMHS has had the opportunity to assist our housing clients using a COVID Emergency Rental Assistance (CERA) grant. Under this program, ACCMHS was allocated over \$3,000,000 to provide assistance for housing (rent), utility, and internet assistance to qualifying individuals or families. Of those funds, approximately \$1,120,000 were spent during fiscal year 2021. During the first two months of fiscal year 2022, ACCMHS has spent approximately \$984,000 providing assistance to clients under the CERA program. This significant increase in cost has resulted in a shift in the amount of administrative costs being allocated to the Housing department, increasing from approximately 6 percent of total administrative costs to over 20 percent of the administrative costs being allocated to the grant. This increase is not reflective of the actual level of effort of administering the grant, as the dollars primarily relate to rent payments and not direct salaries and service provision. During the coming months, the Finance team will be developing a model to implement the standard cost allocation methodology required by MDHHS effective October 1, 2022. We will evaluate if part of

this model should be early implemented in fiscal year 2022, to more accurately distribute administrative costs based on level of effort under each program.

Our balance sheet as of November 30, 2021 is stable and consistent with prior year. There is a decrease in the Cash and Cash Equivalents balance due to outstanding receipts of Medicaid and Healthy MI Plan revenues from the LRE. These amounts are not known and therefore have not been recorded as a receivable at month-end. The increase in receivables is due to the delayed timing of Medicaid receipts from the LRE.

As of November 30, 2021, ACCMHS has received more revenue than budgeted in every category except capitated Medicaid and Healthy MI Plan Revenue from the LRE. ACCMHS is still waiting on retro revenue payments for October and November from the LRE, but the amount of those payments is unknown and therefore no receivable has been recorded.

As of November 30, 2021, most expenses are close to budget. There are several categories with significant variances, with explanations as follows:

- 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. Most of these positions were not filled during October or November, 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.

Following the statements are several charts showing the trending of capitation revenue from the LRE for the past three fiscal years, and a comparison of the current year capitation revenue and expense. The current year revenue is only an estimate, as the final retro amount has not been received from the LRE yet.

Sincerely,

Erinn A. Trask, Chief Financial Officer
Tuesday, January 18, 2022

Allegan County Community Mental Health Services

Full Board ACTION REQUEST	Subject:	Voucher Disbursements		
	Meeting Date:	January 18, 2022		
	Requested By:	Beth Johnston, Finance Committee Chairperson		
<u>RECOMMENDED MOTION:</u>				
<u>The Finance Committee recommends that the ACCMHS Board approve the December 2021 disbursements totaling \$3,053,296.83.</u>				
<u>SUMMARY OF REQUEST/INFORMATION:</u>				
<u>Date Issued:</u>	<u>Voucher Number:</u>	<u>Type:</u>	<u>Amount:</u>	
December 10, 2021	P1659	Payroll	\$301,249.01	
December 15, 2021	V0856	Vendor	\$1,710,904.32	
December 24, 2021	P1660	Payroll	\$350,110.41	
December 30, 2021	V0857	Vendor	\$691,033.09	
<u>BUDGET/FINANCIAL IMPACT</u>				
<ul style="list-style-type: none"> • These disbursements are part of the approved fiscal year 2022 operating budget for ACCMHS. 				
BY: Erinn Trask, Chief Financial Officer			DATE: January 13, 2022	

Allegan County Community Mental Health Services

Full Board ACTION REQUEST	Subject:	Contracts
	Meeting Date:	January 18, 2022
	Requested By:	Beth Johnston, Finance Committee Chairperson
<u>RECOMMENDED MOTION:</u>		
<p><u>The Finance Committee recommends that the ACCMHS Board approve the following list of provider contracts for fiscal year 2022.</u></p>		
<u>SUMMARY OF REQUEST/INFORMATION:</u>		
<u>Provider Name:</u>	<u>Contracted Service(s)</u>	
Autism Forward	ABA Services	
Open Systems Technologies (OST)	Security Audit	
<u>BUDGET/FINANCIAL IMPACT</u>		
<ul style="list-style-type: none"> • These contracted services are part of the approved fiscal year 2022 operating budget for ACCMHS. 		
BY: Erinn Trask	DATE: January 13, 2022	

Allegan County
Community Mental
Health Services



Period Ended
November 30, 2021

Monthly Finance
Report

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2021 through November 30, 2021

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 4,392,890	\$ -	\$ 213,258	\$ 4,606,148	\$ 251,558
Expense	<u>3,146,967</u>	<u>306,573</u>	<u>193,813</u>	<u>3,647,353</u>	<u>313,605</u>
Revenue over/(under) expenses	<u>\$ 1,245,923</u>	<u>\$ (306,573)</u>	<u>\$ 19,445</u>	<u>\$ 958,795</u>	<u>\$ (62,047)</u>

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined
Revenue	\$ -	\$ -	\$ -
Expense	<u>57,856</u>	<u>82,348</u>	<u>140,204</u>
Revenue over/(under) expenses	<u>\$ (57,856)</u>	<u>\$ (82,348)</u>	<u>\$ (140,204)</u>

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

November 30, 2021

	September 2021 (unaudited)	November 2021
Assets		
Current assets		
Cash and cash equivalents	\$ 4,722,388	\$ 3,856,940
Accounts receivable	1,006,565	1,700,100
Prepaid items	806,545	573,346
Total current assets	<u>6,535,498</u>	<u>6,130,386</u>
Non-current assets		
Capital assets being depreciated, net	32,665	32,665
Total non-current assets	<u>32,665</u>	<u>32,665</u>
Total assets	<u>6,568,163</u>	<u>6,163,051</u>
Liabilities		
Current liabilities		
Accounts payable	6,010,050	5,501,732
Accrued vacation and self-insurance claims	554,561	554,561
Unearned revenue	83,817	194,908
Total current liabilities	<u>6,648,428</u>	<u>6,251,201</u>
Total liabilities	<u>6,648,428</u>	<u>6,251,201</u>
Net position	<u>\$ (80,265)</u>	<u>\$ (88,150)</u>

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 Revenue, Expenses and Change in Net Position

October 1, 2020 through November 30, 2021

Percent of Year is 16.67%

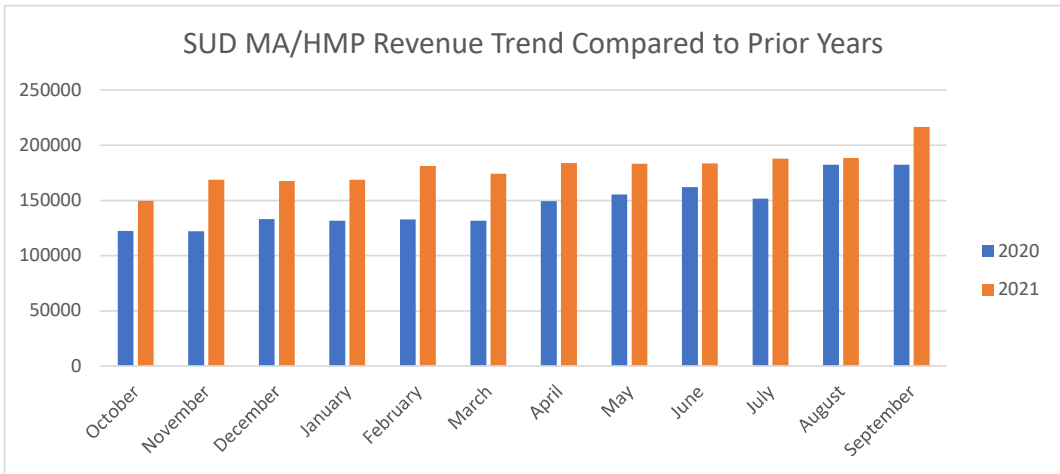
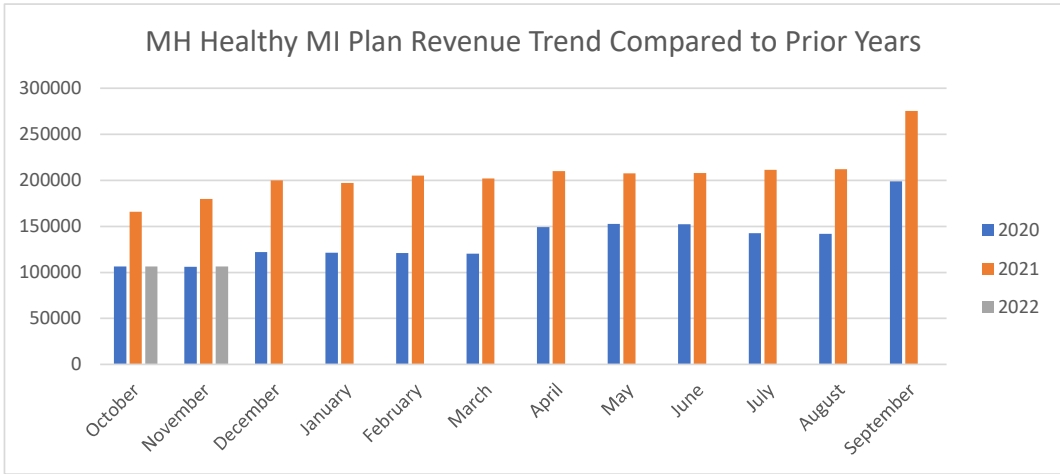
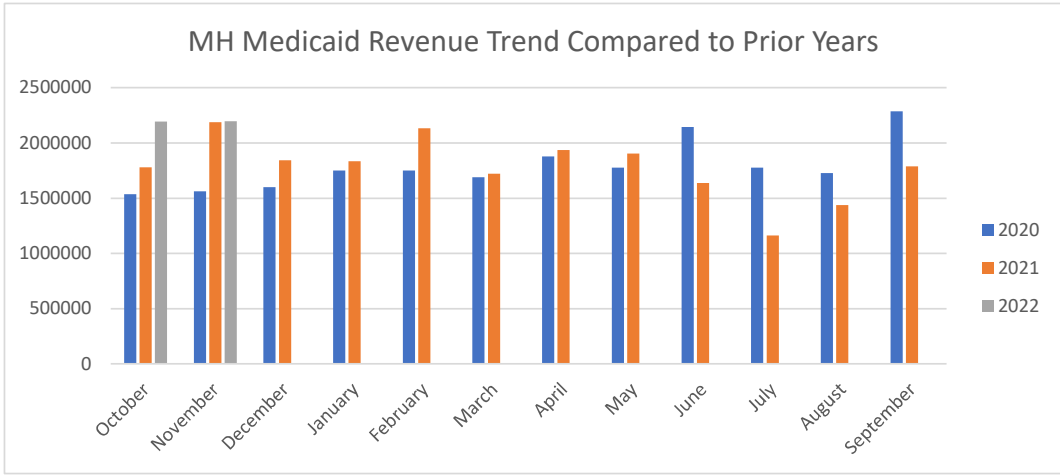
	Total Original Budget	YTD Totals 11/30/21	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 23,526,705	\$ 4,392,890	\$ 19,133,815	18.67%
Traditional Capitation-Autism	3,530,898	-	3,530,898	0.00%
Traditional Settlement	-	(926,129)	926,129	
Healthy Michigan Capitation	2,180,136	213,258	1,966,878	9.78%
Healthy Michigan Settlement	-	(18,705)	18,705	
Substance use disorder revenue:				
Traditional Capitation	593,010	-	593,010	0.00%
Traditional Settlement	-	58,077	(58,077)	#DIV/0!
Healthy Michigan Capitation	1,000,000	-	1,000,000	0.00%
Healthy Michigan Settlement	-	82,662	(82,662)	#DIV/0!
State General Fund:				
Formula Fundings	1,509,348	251,558	1,257,790	16.67%
Settlement	-	-	-	
SAMHSA Housing	400,000	69,973	330,027	17.49%
Other reimbursements	121,000	25,797	95,203	21.32%
Grants and earned contracts	5,710,319	1,188,258	4,522,061	20.81%
Local funding	346,595	59,061	287,534	17.04%
Total operating revenue	\$ 38,918,011	\$ 5,396,700	\$ 33,521,311	13.87%
Operating expenses				
Salaries & Benefits	\$ 12,367,854	\$ 1,267,442	\$ 11,100,412	10.25%
Supplies & Materials	107,452	64,042	43,410	59.60%
Contractual Services	25,563,444	3,850,236	21,713,208	15.06%
Communications	183,170	25,334	157,836	13.83%
Travel/Training/Transportation	179,058	22,880	156,178	12.78%
Risk Management	64,012	33,601	30,411	52.49%
Occupancy	304,554	72,894	231,660	23.93%
Other maintenance	5,066	3,630	1,436	71.65%
Equipment	143,401	64,526	78,875	45.00%
Total operating expenses	\$ 38,918,011	\$ 5,404,585	\$ 33,513,426	13.89%
Change in net position	-	(7,885)	\$ 7,885	
Beginning net position (unaudited)	<u>(80,265)</u>	<u>(80,265)</u>		
Ending net position	<u>\$ (80,265)</u>	<u>\$ (88,150)</u>		

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

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Key Indicators

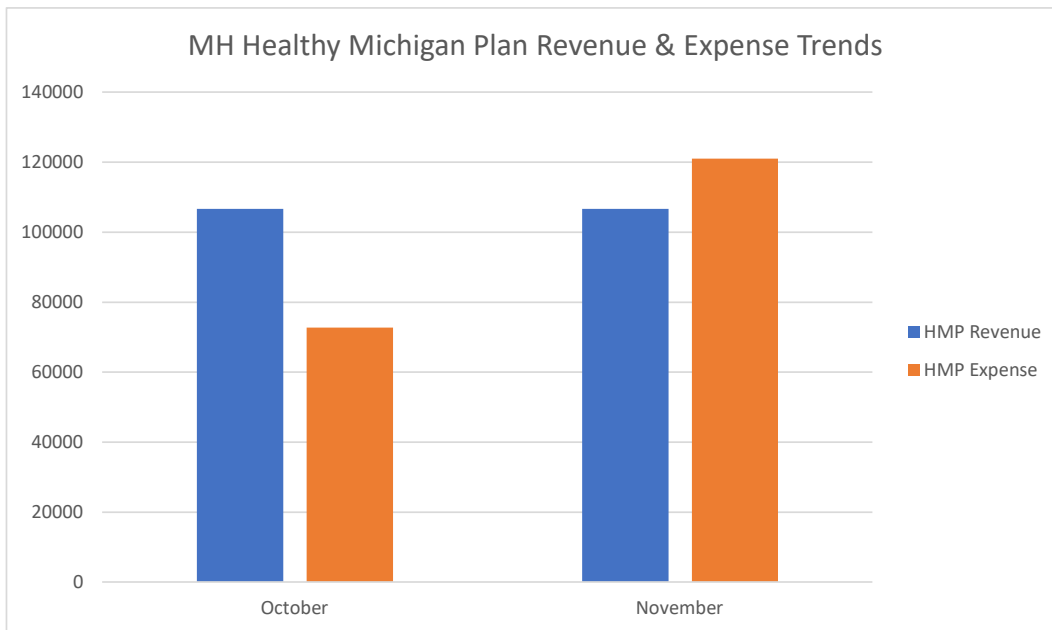
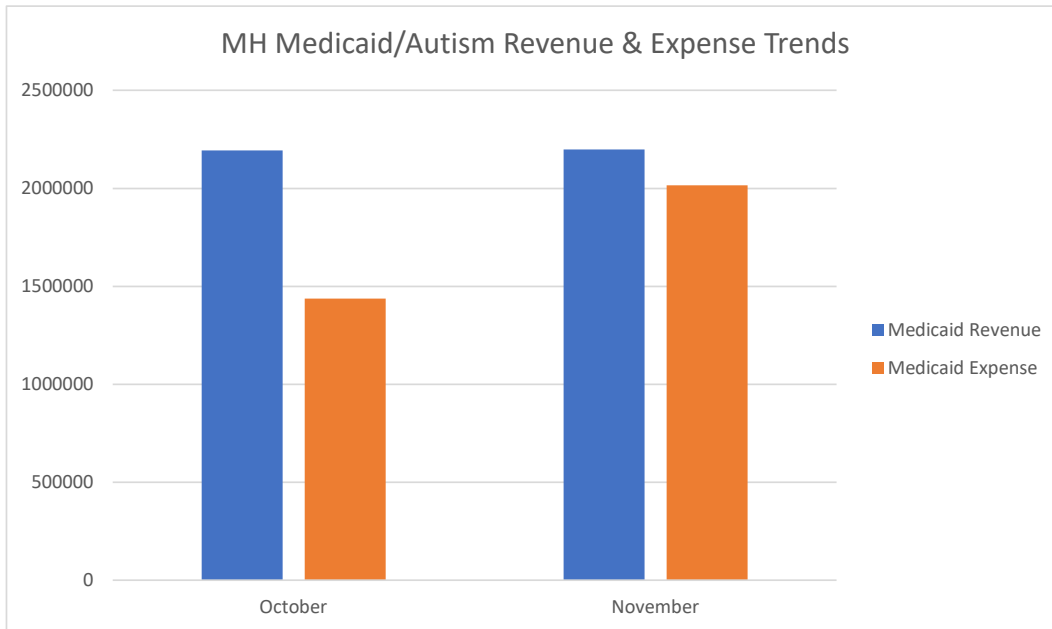
November 30, 2021



ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

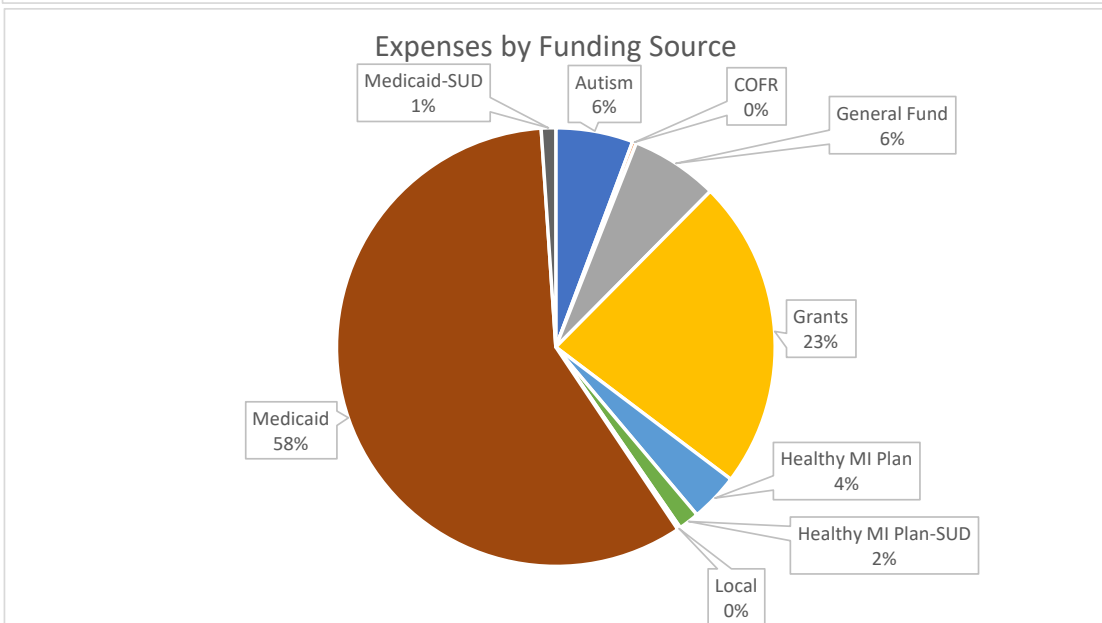
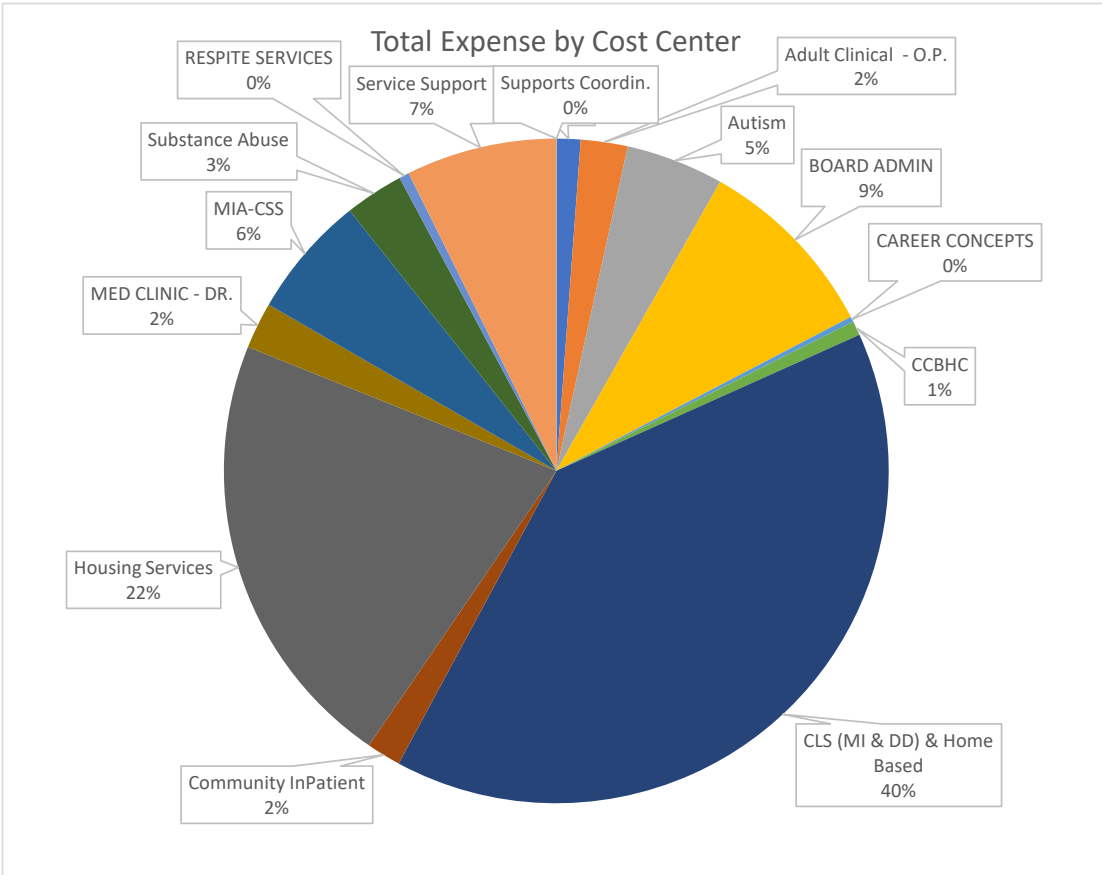
Key Indicators

November 30, 2021



ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

Key Indicators November 30, 2021



**Program Committee Minutes
December 21, 2021 – 4:15 pm**

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

Board Members Absent: Kim Bartnick and Amy Clugston

ACCMHS Staff Present: Brenda Holquist, Angel Hopkins, Leanne Kellogg, Sara Milnikel, Dan Welburn

1. Call to Order

Commissioner Storey called the meeting to order at 4:17 pm. A quorum was reached.

2. Public Comment

None.

3. Approval of Agenda

Moved by: Ms. Kelsey

Supported: Ms. Schwartz

Motion carried.

4. Approval of Minutes

November 16, 2021

Moved: Ms. Schwartz

Supported: Ms. Kelsey

Motion carried.

5. Program Presentation – Integrated Health

Ms. Kellogg and Ms. Hopkins reviewed the presentation and were available for questions.

6. Program Committee Reports

a. Integrated Health

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

b. Clinical Services

Written report reviewed by Ms. Kellogg.

c. Quality Improvement/Performance Management

Written report reviewed by Ms. Kellogg.

7. Program Committee Member Comments

None.

8. Public Comment

None.

9. Adjournment

Meeting adjourned at 5:01 pm.

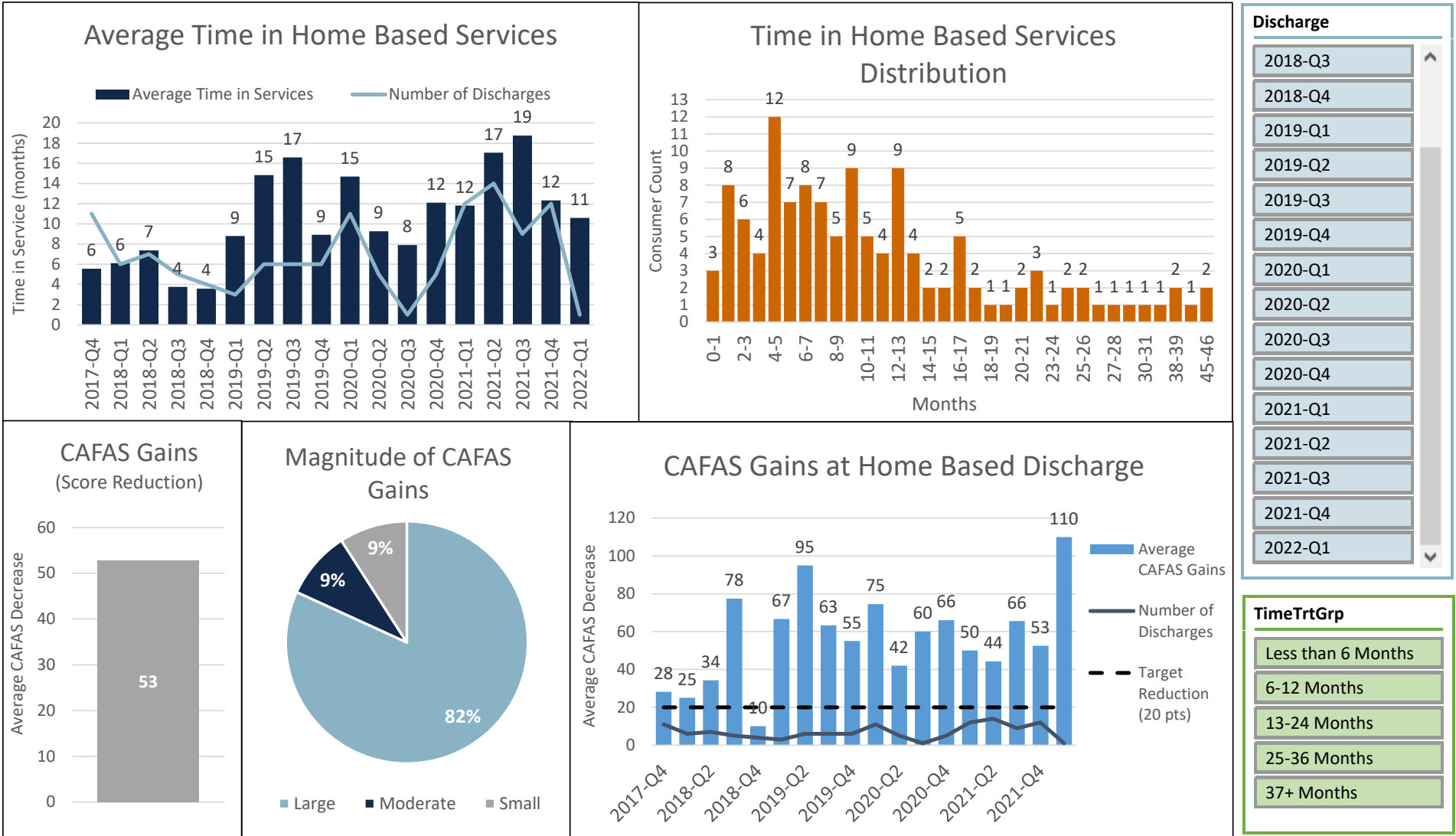
Moved: Ms. Kelsey

Motion carried.

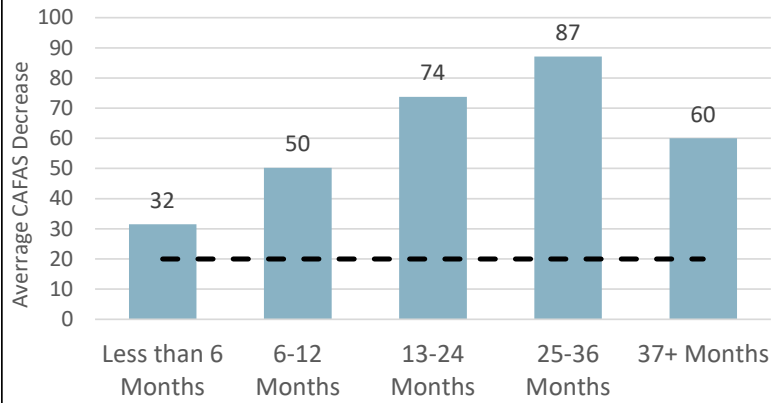
Supported: Ms. Schwartz

Home Based Outcomes Dashboard - November 2021

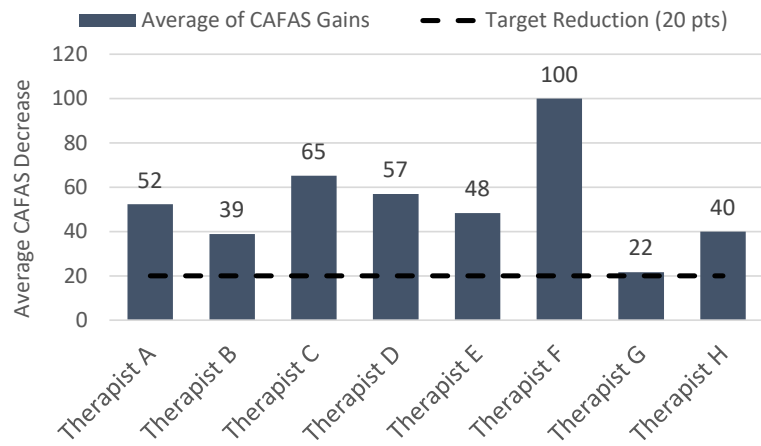
Time in treatment and program outcomes are analyzed for clients who discharge from Home Based services. The Child and Adolescent Functional Assessment Scale (CAFAS®) is an assessment of youth day-to-day functioning across 8 critical life domains (School, Home, Community [delinquency], Behavior Toward Others, Moods [trauma, depression, anxiety], Self-Harm Potential, Substance Use, And Thinking). A reduction by 20 points from the Intake to Exit CAFAS is defined as clinically meaningful and reflects real-life improvement.



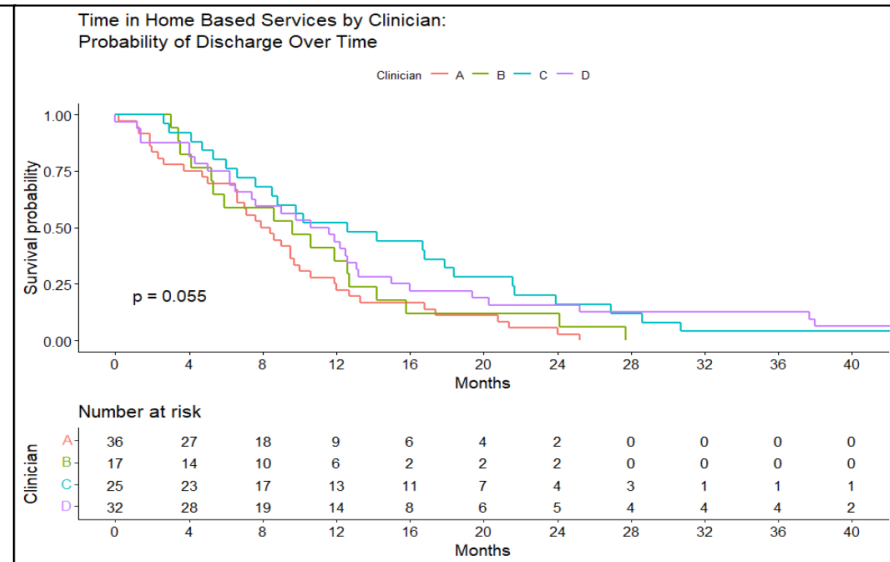
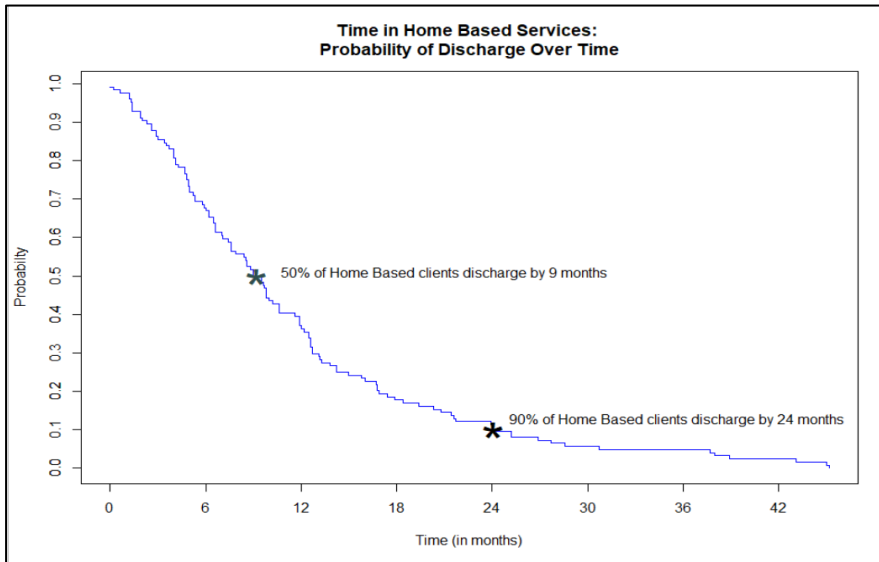
CAFAS Gains by Time in Treatment Groups



CAFAS Gains by Clinician

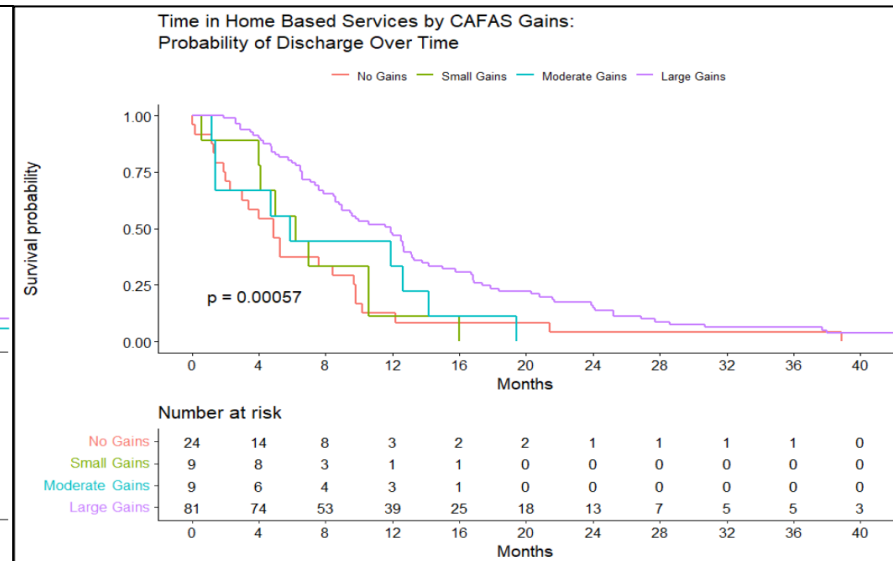
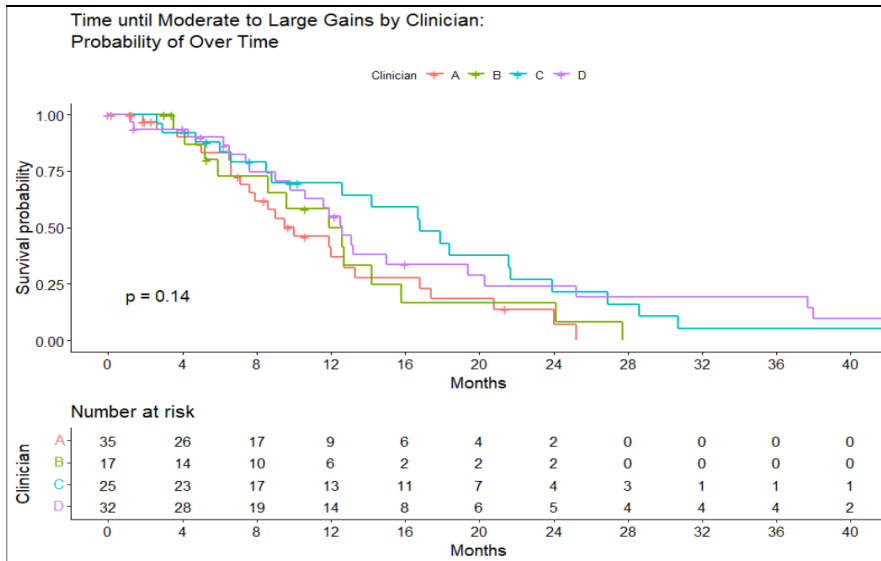


Clinician
Therapist A
Therapist B
Therapist C
Therapist D
Therapist E
Therapist F
Therapist G
Therapist H



The Kaplan-Meier survival curve was generated to show the probability of discharge from Home Based services over time. Half, 50%, of clients discharge from Home Based services by 9 months. Most (90%) will not be in Home Based services longer than 24 months.

Difference in length of time in Home Based services was explored by clinician. Findings show no evidence of a difference in Home Based service length by clinician. This is the desired finding.



Difference in the time until CAFAS gains (moderate to large) are achieved by Home Based clients was explored by clinician. Findings show no evidence of a difference in Home Based outcomes by clinician. This is the desired finding.

Difference in Home Based service length was explored by the magnitude of CAFAS gains achieved. Findings show evidence of a difference in Home Based service length by at least one category of CAFAS gains. A post hoc analysis finds a significantly longer time in treatment for clients with large CAFAS gains.

Integrated Health and Substance Use Disorder Board Report January 2022

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

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 December encompassed the following efforts:

- Relevant updates to vaccine information and health department dissemination continues
- Communication of local vaccine options as well as testing sites for various scenarios has increased throughout this month
- Provider concerns and associated quarantine timelines communicated out to supervisory group, significantly more this past month with new community surge and impacts of the holiday. Some staffing situations affected and regional communication efforts now underway as well
- 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.
 - Policy dissemination to occur in early January for compliance with OSHA requirements, staff aware this will be coming from prior communication, vaccination and testing components
- Continuation of pause at our Phase 1, 30% capacity due community transmission rates and our crisis screens in ER have been converted to virtual as much as possible or proof of negative PCR test prior to any in-person interaction
- 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. We will work to do another full inventory and assess needs for the next 6 months due to community surge.

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. Throughout the past 2 weeks, health and safety team has also alerted supervisors to the diligence needed to our mitigation strategies as we've seen increase in cases both with internal staff as well as external providers. We continue to monitor the status of the pandemic ongoing.

Outpatient Psychiatric Medical Clinic

Our outpatient psychiatric medical clinic team staff continue to be flexible in our remote working arrangement to accommodate our consumer needs.

The medical clinic continues to strive for high quality of care for our consumers and the community.

- Differentiation in Triage Coverage
 - We are working on a central email for more ease in care coordination and general fax receipt for external and internal communications
- Streamline EMR
 - Specific discussions regarding various ticket issues involving prescriptions differences with pharmacies, dosage changes, ongoing continued evaluation and updates to our internal IT department and vendor EMR
- RN Medication Reviews
 - Our nursing staff within their triage and scheduled duties are conducting nurse medication reviews, utilizing their licensure to fullest extent as well as extending our provider capacity

CCBHC (Certified Community Behavioral Health Clinic) Grant

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
 - Finalization of drafts of workflows throughout project implementation as EMR capabilities continue to increase over time
- Mobile crisis staffing and workflow development discussions
 - Utilization of current crisis staff as well as volunteers across the organization until recruitment of mobile crisis clinicians occurs
- CCBHC Readiness Fidelity scale questionnaire completed, will align priorities with project management schedules
- Job postings, utilization of JazzHR software, scheduling and conducting interviews
 - Successful hiring of many CCBHC staff members!

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
 - 12/31/21: CCBHC Certification Attestation
 - Significant work demonstrating our adherence to “Section M” standards of the funding award announcement. Over 30 pages of narrative

explaining our strategies for implementation and our progress for grants goals and objectives over time.

- Data evaluation efforts continue in the background to ensure appropriate “build” of any Streamline enhancements or use of internal data sets

Integrated Health Efforts

- OT
 - Our OT and COTA are continuing to provide Doxy appointments when appropriate as well as some home drop-off materials to consumers and families who would benefit from such activities
 - Baseline evaluations of consumers’ needs are being done in-person as needs arise. Associated treatment plans will follow accordingly.
 - Assistance in microfiche project as capacity allows
- Community/Residential Nursing
 - Juvenile Home visits and assessments are being conducted as needed with proper PPE
 - COVID testing continues ongoing
 - Uptick in referrals have been made and future appointments are scheduled, med clinic schedule adjusting accordingly to accommodate community nursing needs

Substance Use Disorder Services

- Welcome to Staff!
 - December was an exciting month for our SUD team as we welcomed two new staff members, Lauren Todaro and Brooke Hickman.
 - Lauren is our new SUD Program Manager and will oversee both the areas of treatment and prevention with the support of staff who she will work alongside of. Lauren has direct experience in Allegan County, portions of the justice system and direct therapy experience. Her supervision of SUD programming will help to enhance our service offerings and expand our program development.
 - Brooke is taking the position of SUD Program Supervisor on the treatment side of services. Her experience in other CMH’s as well as direct supervision will be an asset to our team as we expand direct services to clientele. Historically Brooke has also held the position of a lawyer and her experience and perspective will assist greatly in program development.

Heidi Denton, MSW, CPS-M – Prevention Services

Allegan County Substance Abuse Prevention Coalition (ASAP)

First in person parent event will be the kids expo in GR on January 29th. In coordination with the LRE an educational table with handouts and freebie’s will be set up for the event.

Fennville Schools

No update this month. The groups are proceeding as planned.

PALS

The Peer Assistant Leadership Program at Hopkins High School completed the first Trimester training portion of the program. This is a class that meets daily and is team taught with a teacher and Sherrie Chase. Twenty students were trained. These students will be placed at the middle school or elementary

school during the second and third trimester to use the skills they learned to mentor younger students in the classroom.

Prime for Life

Adult: Adult class was held December 10th with 2 participants via zoom.

Youth: Working with Allegan & Wayland schools to add PFL programming to their student hand books for youth caught with substances at school.

Mental Health First Aid

Erin conducted an Adult Mental Health First Aid to a select group of managers/team leads at Perrigo. The hope is to expand the trainings to more staff, to help with the stress of our current culture and living through the pandemic/aftermath of Covid-19.

Suicide Prevention Coalition

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

Also working with Outlook to schedule a training for staff the end of January.

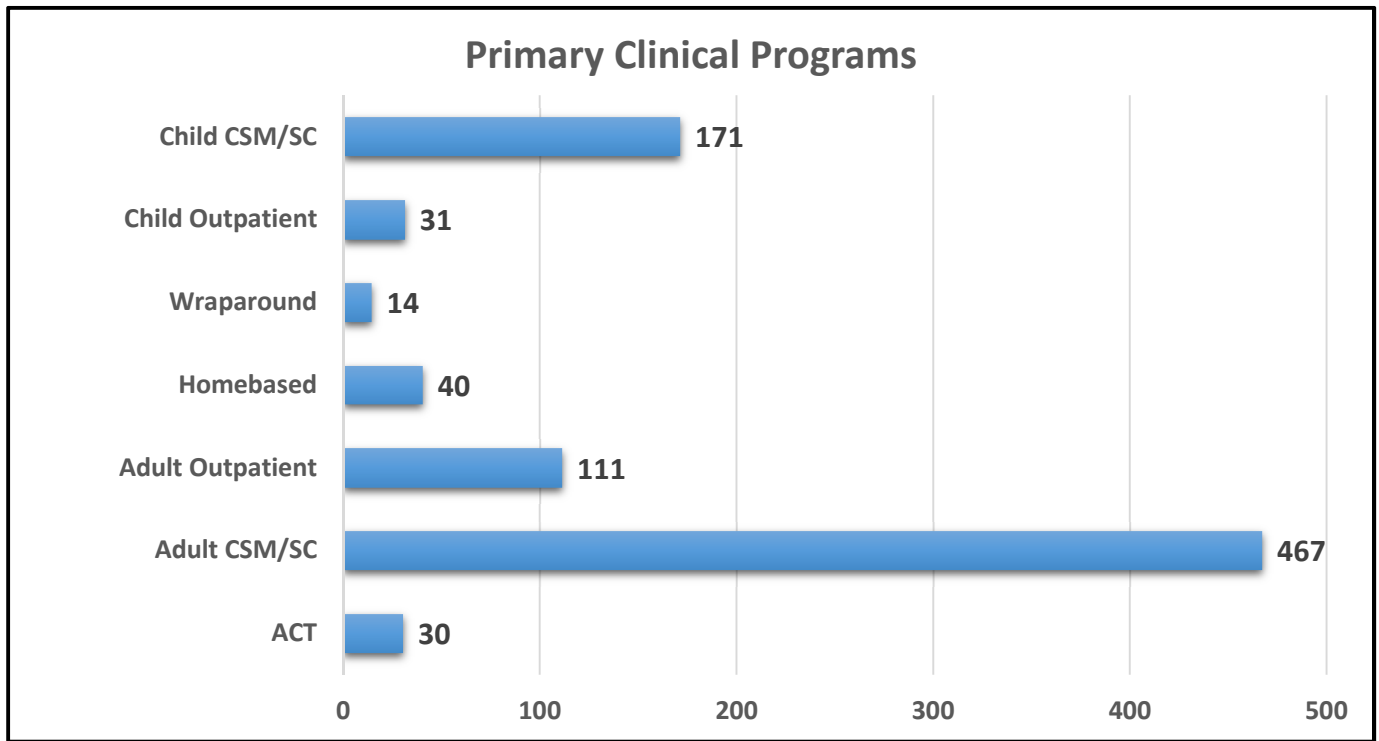
Clinical Service Board Report January 2022
Submitted by Geniene Gersh, PhD, Director of Clinical Services
269-673-6617, email ggersh@accmhs.org

New Staff within the Clinical Services Team

Happy New Year from the Clinical Services Team! This Clinical Director is pleased to announce that 2022 has brought the agency several new additions to the Clinical Services Team as we continue the recruitment of staff through the Certified Community Behavioral Health Clinic (CCBHC) grant. These new positions include both case management and outpatient clinicians to serve children and adults. We are looking forward to broadening the services we provide to those individuals with mild and moderate behavioral health conditions. In addition, we have begun the implementation of mobile crisis response services for adults and expanding our existing mobile crisis services for children.

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 December. During the month of December there were a total of 864 individuals served across clinical programs compared to 852 during the month of November. Within Adult Services, there was an increase in the number of individuals receiving both case management and outpatient counseling. Children’s Service had a small increase in the number of children receiving outpatient counseling.



Clinical Service Board Report January 2022
 Submitted by Geniene Gersh, PhD, Director of Clinical Services
 269-673-6617, email ggersh@accmhs.org

Primary Clinical Programs	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Six-Month Average
Child Outpatient	24	23	24	24	29	31	26
Child CM/SC	169	172	172	171	171	171	171
Wraparound	10	11	12	12	14	14	12
Homebased	41	38	39	40	42	40	40
Adult Outpatient	105	107	105	106	107	111	107
Adult CM/SC	442	437	446	456	457	467	451
ACT	33	33	36	36	32	30	33
Total	824	821	834	845	852	864	840

Intakes Conducted during the Month of December

The table below illustrates the number of intakes conducted by the Access Team during the month of December. There were a total of 36 intakes completed, with 34 individuals that were determined to be eligible and admitted into services. There were 2 people that were not eligible for services and referred to other community resources for treatment.

Intake Disposition	Count
Admit/Refer to Funded Services	34
Denied/Ineligible for Funded Allegan CMH Services and referred to community provider	1
Referred to community SUD Agency	1
Grand Total	36

Discharges during the Month of December

The table below illustrates the number discharges in the month of December. There were a total of 15 discharges during the month of December. We had 4 discharges that were planned and 11 that were unplanned.

Discharges	Count
Planned	4
Unplanned	11
Grand Total	15

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 spent much of the month of December and onward into January preparing for the major changes in their workflow and processes with CCBHC. We are designing another assessment system for CCBHC while keeping the traditional Medicaid services assessment system at the same time. There is some pent up demand from the community knowing that this change was coming so numbers of requests for intakes have been high.

Mental Health Treatment Court

Mental health treatment court numbers are overall declining and staying at a low rate below 6 participants. There are not many new referrals coming into the system from attorneys at this time.

Crisis

For the month of December, the Crisis Department had a total of 41 prescreens evaluations which was a bit lower volume than the previous month. Out of the 41 prescreen evaluations, 12 were for minors and 29 were adult evaluations.

For the month of December, Crisis Department placed 25 consumers in inpatient, partial, or crisis residential placements and diverted 16 from any placement. 26 of these placements were for adults and 6 were for minors. We continue to operate using phone screens for the Ascension Allegan and Borgess Pipp hospitals and having Holland Hospital screen for COVID prior to us seeing face to face patients in that system.

Bryan Day, LMSW – ACT Team Lead

The month of December has been focused on supporting clients and staff through the holidays. The staff coordinated vacations to maximize the opportunity for work life balance. The staff accomplished a difficult task of finding placement for a client. It took the team 20 consecutive days of contacting at minimum of 10 hospitals in the state of Michigan to find an accepting hospital. The team is now working on finding placement at a specialized AFC for this client. The month started off with 32 clients on the team. We had 1 client discharge: 1 client transfer to Case Management from ACT. The team has 1 client transfer from Case Management to ACT and 1 client added through intake. The month ended with a caseload of 32 clients. There were 2 psychiatric hospitalizations and 1 placement in Crisis Residential 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

Outpatient Services

The Outpatient team has hired 4 new staff with the anticipation of serving more Allegan County residents with the CCBHC grant. Patricia Lynne started on December 27th and John "Rob" Greene will start on January 10th. Two current employees will be transitioning to the Outpatient Team from other departments within ACCMHS during the next month.

The Outpatient team continues to provide quality services to individuals primarily through telehealth platforms. Face-to-Face contacts are taking place for those individuals who request in-person sessions. Each therapist is spending at least one day per week in the office to meet with those individuals. Due to the COVID-19 numbers group therapy continues to be on hold. Group therapy has not shown to be unsuccessful using the telehealth platforms. Behavioral services continue as Adam Brink becomes increasingly familiar with the roles and responsibilities of his new position.

Clinical Service Board Report January 2022

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

Supported Employment

Joshua Behymer was hired as the Supported Employment Coordinator in October 2021. Our priority with his position is to facilitate and build a beneficial relationship with MRS and begin providing services to those individuals who have been waiting for services through the pandemic. We have had several meetings with MRS, and they are creating a process that will benefit the people being served. We are also working on an internal process that will allow the Supports Coordinators and Case Managers to get employment services started as quickly and efficiently as possible.

IDD/MI Case Management

Unfortunately, the CCBHC Adult Case Manager position is still not filled. We have another interview next week and are hoping to get a qualified candidate very soon. The intake numbers have increased steadily over the past few months and with the CCBHC grant and the opening of the front door it is very important to fill that position. The CMs continue to provide services through telehealth and in person contacts. CMs had been seeing many of the people served in person but have become increasingly cautious in the past few weeks with volume of sick individuals in the community. The staff have been dealing with the most difficult housing and placement crisis in recent memory. It is very difficult to find affordable housing, direct care staffing, or AFC placements. However, the clinicians continue to be persistent in finding creative ways to help the people being served by ACCMHS.

	Admissions	Discharges	Net
Adult OPT	3	1	2
Adult CSM/SC	8	5	3

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

MINUTES

ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Tuesday, December 21, 2021 at 5:30 P.M.

COUNTY SERVICES BUILDING, 3283 122ND AVENUE, ALLEGAN

Allegan County Commission Board Room

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

Absent: Kim Bartnick, Bill Buell and Amy Clugston

Staff: Brenda Holquist, Leanne Kellogg, Nan Lawrence, Kelsey Newsome, Mandy Padget, Erinn Trask, Dan Welburn and Mark Witte

Visitors: Jim McCormick and Richard Wiley

1. Call to Order

Commissioner Dugan called the meeting to order at 5:32 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.

Moved: Mr. Brookhouse

Supported: Ms. Kelsey

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. RRAC Meeting (10.19.2021)
- ii. Board Meeting (11.16.2021)
- iii. Building Committee (11.16.2021)
- iv. Finance Committee Meeting (11.16.2021)
- v. Program Committee Meeting (11.16.2021)
- vi. Special Board Meeting (11.30.2021)

Moved: Ms. Kelsey

Supported: Mr. Weerstra

Motion carried by roll call.

6. Building Committee

Commissioner Dugan gave a report on the most recent meeting and was available for questions.

7. Program Committee

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

8. Compliance Training – Motion to table until January.

Moved: Commissioner Storey

Supported: Ms. Johnston

Motion carried by roll call.

9. Finance Committee Report – Beth Johnston, Treasurer

- a. The finance committee recommends that the ACCMHS board approve the November 2021 Disbursements totaling \$3,355,207.36.

Moved: Ms. Johnston

Supported: Mr. Weerstra

Motion carried by roll call.

- b. 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.

Motion: Ms. Johnston

Supported: Mr. Weerstra

Motion carried by roll call.

- c. 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.

Moved: Ms. Johnston

Supported: Mr. Brookhouse

Discussion took place.

Motion amended: Approval is contingent on the statement that none of the funds are to be used for any elected official.

Moved: Commissioner Storey

Supported: Mr. Weerstra

Motion carried by roll call.

Ms. Trask reviewed the financial statements of September and October and was available for questions.

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

Mr. Brookhouse reviewed the report and was available for questions.

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

- a. Executive Committee Report

Commissioner Dugan nominated Mr. Weerstra to the Finance Committee and Pastor VanBeek to the RRAC.

Moved: Commissioner Storey

Supported: Mr. Brookhouse

Motion carried by roll call.

He also reviewed his report and was available for questions.

- b. Commissioner Dugan recommends that the board adopt the 2022 Board and Committee schedule as presented.

Motion: Ms. Kelsey

Supported: Mr. Weerstra

Motion carried by roll call.

- c. LRE Updates

Mr. McCormick from the LRE gave an update and was available for questions. He will forward a list of the staff and job descriptions.

Commissioner DeYoung also gave an update and was available for questions.

12. ACCMHS Executive Director's Report – Mark Witte

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

13. Provision for Public Comment

None.

14. Board Member Comments

Mr. Brookhouse thanks the staff for their hard work.

Commissioner Dugan wishes everyone a Merry Christmas and Happy New Year and also thanks the staff for their service to the county.

15. MOTION TO ADJOURN:

Moved: Mr. Weerstra

Supported: Ms. Schwartz

Motion carried by roll call.

Meeting adjourned at 6:35 pm.

Respectfully submitted,

Brenda Holquist
Executive Assistant

Gale Dugan
Board Chair

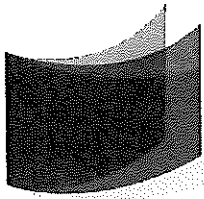
Executive Director Board Report – January 2022

Submitted by Mark A. Witte, MSW, LMSW, Executive Director
269-673-6617 – mwitte@accmhs.org

- COVID-19 Update** – Shortly after my last report, we learned that a federal court had lifted the injunction barring further implementation of the vaccination mandate for employers of 100 or more employees issued by the federal Occupational Safety and Health Administration. By the time you review this report, we likely will have issued our revised/reinstated policy for staff which allows for staff who do not wish to be vaccinated a testing option. Our sincere desire is to do our part to help our broader community to bring an end to this terrible scourge.
- Senate Bills 597/598** – Not much new has happened since our last meeting on these bills. They were not acted on by the full Senate. We have communicated your decision to support the CMHA information counter-campaign against these bills through an additional payment to CMHA. They have acknowledged that effort and said, “we greatly appreciate your leadership on this front.” That’s a message to you. We hope to hold a conversation with Senator Aric Nesbitt at the January meeting of the board Executive Committee to exchange views on this legislation and – as we said last month – to impress upon him our desires for the needs of the people of Allegan County for a locally responsive system of integrated care.
- Building Update** – (a) I am happy to report that the loan closing for the purchase of the ShopKo building was held as planned on 1/4/22, and was attended by me, board members Dugan and Storey, and our legal counsel Andrew Brege. (b) In another very positive development, Rep. Mary Whiteford succeeded in obtaining a \$2.5 million appropriation in House Bill 4398 for ACCMHS. It was signed into law as Public Act 133 on 12/21/21. The funds were appropriated to the Department of Labor and Economic Opportunity (LEO), and more specifically to the Michigan Economic Development Corporation (MEDC). We are therefore in very active conversation with MEDC leadership to clarify how access these funds can be achieved, so we can satisfy the USDA’s requirement to verify availability of funds. This must be done before we can return important items to that plan for our building that were removed as part of a “value engineering” effort to reduce costs so the USDA would proceed to close on our loan. We hope to achieve that in the next day or two. (c) We participated in a “construction kickoff” meeting on 1/5/22 which formally transitioned leadership on the project from architect to builder. Some work was expected to commence as of 1/6/22 though there is still time before significant demolition for a ground-breaking ceremony on Friday, 1/28/22 at 3:00 pm – a day later than initially planned in order to allow for Rep. Whiteford to participate. It will be important to come together to reflect on this momentous occasion and celebrate our bright future.
- Microfiche Memories** – Starting in mid-2021, we began a process of converting a massive archive of microfiche files to digital copies so that we could access them without reliance on readers that are no longer able to be procured or maintained. Along with that effort, we also decided to convert our board books from the earliest years of the agency (1970 to 1983). Even though we are well past our 50th anniversary celebration moment, we hope to use the insights these documents provide to inform future anniversary celebrations. One interesting fact: the first office space secured for the agency is one block east of the ShopKo building. Our move to 540 Jenner Drive will return us very nearly to the exact location (560 Linn Street) where Allegan’s community mental health movement began.

Sincerely,

Mark Witte, Executive Director
Friday, January 7, 2022



RPC
Roslund Prestage & Company
CERTIFIED PUBLIC ACCOUNTANTS

Communication with Those Charged with Governance during Planning

January 3, 2022

To the members of the Board
Allegan County Community Mental Health Services

We are engaged to audit the financial statements of the business-type activities and each major fund of Allegan County Community Mental Health Services (the CMHSP) for the year ended September 30, 2021. Professional standards require that we provide you with the following information related to our audit. We would also like to extend an invitation to you to discuss with our firm any concerns you may have regarding the CMHSP, whether they be in relation to controls over financial reporting, controls over assets, issues regarding personnel, or questions you may have regarding our audit.

Our Responsibilities under U.S. Generally Accepted Auditing Standards, Government Auditing Standards and the Uniform Guidance.

As stated in our engagement letter, our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we will consider the CMHSP's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinions on the financial statements and not to provide assurance on the internal control over financial reporting. We will also consider internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Uniform Guidance.

As part of obtaining reasonable assurance about whether the CMHSP's financial statements are free of material misstatement, we will perform tests of its compliance with certain provisions of laws, regulations, contracts, and grants. However, providing an opinion on compliance with those provisions is not an objective of our audit. Also, in accordance with the Uniform Guidance, we will examine, on a test basis, evidence about the CMHSP's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement applicable to each of its major federal programs for the purpose of expressing an opinion on the CMHSP's compliance with those requirements. While our audit will provide a reasonable basis for our opinion, it will not provide a legal determination on the CMHSP's compliance with those requirements.

Generally accepted accounting principles provide for certain required supplementary information (RSI) to supplement the basic financial statements. Our responsibility with respect to the RSI, which supplement(s) the basic financial statements, is to apply certain limited procedures in accordance with generally accepted auditing standards. However, the RSI will not be audited and, because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance, we will not express an opinion or provide any assurance on the RSI.

Planned Scope, Timing of the Audit, and Other

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit will include obtaining an understanding of the CMHSP and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the CMHSP or to acts by management or employees acting on behalf of the CMHSP. We will generally

communicate our significant findings at the conclusion of the audit. However, some matters could be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

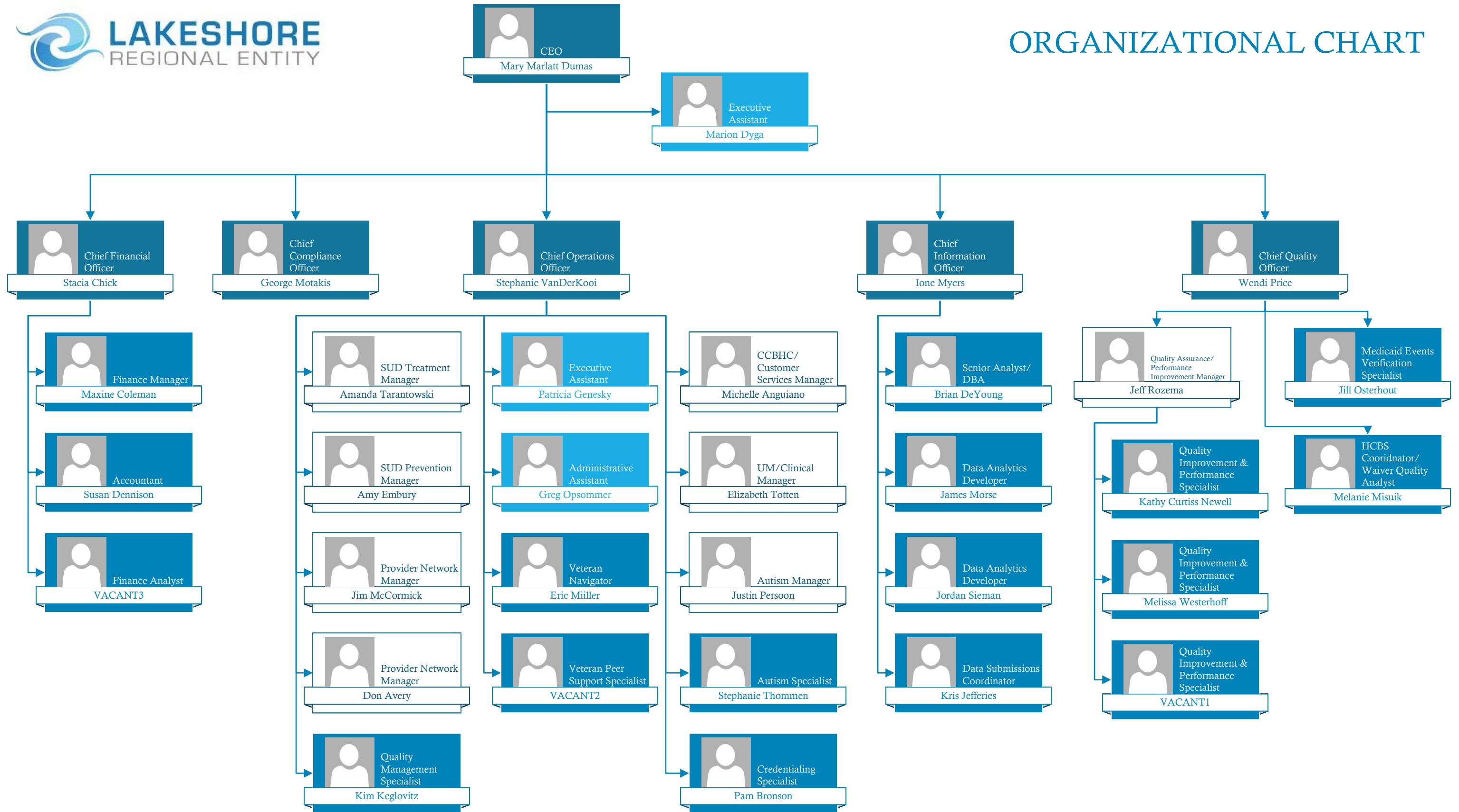
Derek Miller is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

This information is intended solely for the use of the members of the board and management of the CMHSP and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

Roslund, Prestage & Company, P.C.

Roslund, Prestage & Company, P.C.
Certified Public Accountants



Ensure tomorrow...



Comply today

**CORPORATE COMPLIANCE
STAFF AND PROVIDER
TRAINING
2021-2022**



**The Goals of this Presentation is for You
to Know:**

1. The **Origins** of Corporate Compliance
2. The **Essentials** of a Corporate Compliance Program;
3. What constitutes **Fraud, Waste and Abuse (FWA)**;
4. Corporate Compliance Roles.
5. **How to report** suspected Compliance Issues

WHERE DID ALL THIS BEGIN?

Federal False Claims Act – Has become the federal government’s most effective and successful tool in combating fraud, waste, and abuse in federal spending. From **1986 to 2013, the federal government recovered in excess of \$40 billion** as a result of the Act, nearly one-half of the recoveries have come from health care related cases.

The Federal False Claims Act Applies When an Organization or Person:

- Knowingly presents the government with a false claim for payment;
- Knowingly makes a false statement to get a fraudulent claim paid;
- Conspires to defraud the government by getting a false claim paid by the government;
- Knowingly makes a false record or statement to conceal, avoid, or decrease an obligation to pay the Government; and/or
- “Causes” a false claim to be submitted.

Federal False Claims Act

“Knowingly” includes:

1. Actual knowledge that the information on the claim is false;
2. Acting in deliberate ignorance of the truth or falsity of the information on the claim; or
3. Acting with “reckless disregard” to the truth or falsity of the claim.
4. Deliberate intent to defraud is not required.

FEDERAL FALSE CLAIMS ACT & HEALTH CARE VIOLATIONS

- Liable for a *civil* penalty of \$5,500 to \$11,000 *per claim*, plus three times the amount paid.
- Liable for costs of a civil action brought to recover any penalties or damages.
- Can be excluded from participating in Medicare, Medicaid, and other government programs.
- Subject to prison time in significant cases.

MICHIGAN FALSE CLAIMS ACT

- Similar to the Federal False Claims Act, with the addition of:
 - Imposes liability on persons who knowingly submit false/fraudulent claims to Michigan's Medicaid Program.
 - Prohibits kickbacks/incentives or bribes for referrals in connection with the Medicaid program.
 - Prohibits conspiracies in obtaining benefits or payments.
 - If convicted under this Act, there it is punishable by imprisonment of up to 4 years and/or fines of \$5000 to 10,000 for each incident of up to \$50,000.00.



Other Developments for a Corporate Compliance Program

- ▶ In February 1998, The Office of Inspector General (**OIG**) developed voluntary **Compliance Program Guidance** that health care plans and providers could use to detect and address waste, fraud, and abuse.
- ▶ In 2005, Congress passed the **Deficit Reduction Act (DRA)**. The legislation resulted in the establishment of a 5-year comprehensive plan to further combat provider fraud, waste, and abuse in the Medicaid program.
- ▶ As a result, Corporate Compliance went from **voluntary to mandatory, and included providing training as part of the Compliance Program.**

PART II



The Essentials of a Corporate Compliance Program

BASICS OF CORPORATE COMPLIANCE

Compliance:

- Compliance is an organization's adherence to laws, regulations, and policies applicable to its operations.

Corporate Compliance Program:

Integrates the applicable laws, regulations and policies into a overall framework for adherence and providing a means for confidentially reporting concerns and appropriate follow-up on the concerns.

Corporate Compliance Plan:

A subset of the overall Corporate Compliance Program that specifically addresses fraud, waste and abuse.

ACCMHS NEEDS A COMPLIANCE PROGRAM **BECAUSE IT...**

- Is required by law for agencies receiving over \$5.0 million dollars in Medicaid and/or Medicare funding;
- Reduces the risk of unlawful or improper conduct;
- Establishes an effective method to assess and manage risks;
- Reduces the potential for civil suits liability if violations occur, and financial and other costs of litigation.
- Mandatory that entities annually train staff, contractors, and volunteers

THE SEVEN ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM

(As per the OIG Compliance Program Guidelines and the Affordable Care Act)

1. Implement a written Compliance Program, Policies, and Plan.
2. Designate a Compliance Officer and Compliance Committee.
3. Conduct effective training and education.
4. Maintain effective communication.
5. Perform internal monitoring and auditing.
7. Respond promptly to detected offenses.
8. Enforce standards through well-publicized disciplinary guidelines.

Code of Conduct

Each corporate compliance program is to include its code (or standards) of conduct which is a collection of rules and regulations that include what is and is not acceptable or expected behavior. The code of conduct helps to protect the agency from unlawful and unethical conduct and to provide a consistent response on ethical related issues.

ACCMHS Code of Conduct is part of the Corporate Compliance Program.

Fraud, Waste and Abuse



WHAT IS FRAUD?

Per 42 CFR (Code of Federal Regulations):

Fraud is an **intentional deception** or misrepresentation made by someone with knowledge that the deception will result in benefit or financial gain.



POTENTIAL FRAUD EXAMPLES

- Billing for services that were never provided.
- Reporting inaccurate start/stop times for services which knowingly result in increased payment.
- Falsifying treatment plans or medical records to knowingly maximize payments.
- Billing for a service without documentation. **“If it’s not documented, it didn’t happen.”**

WHAT IS ABUSE?

- Abuse describes incidents or practices inconsistent with accepted and sound medical, behavioral health business, or fiscal practices.
- The difference between fraud and abuse boils down to the person's **intent**. Both activities have the same effect: they consume valuable Medicaid/Medicare resources

Potential Abuse Examples

- Billing for services that were not medically necessary.
- Misusing codes on a claim, i.e. 'upcoding.'
- Patterns of errors due to lack of awareness, due diligence, monitoring, etc. on the part of staff and administration.

What is Waste?

Waste includes any practice that results in an unnecessary consumption of federally-funded financial or clinical resources.



POTENTIAL WASTE EXAMPLES

- ▶ Attending a conference that is not relative to an individual's position.
- ▶ Creating or purchasing an expensive software program in which a less expensive and equally good program already exist.
- ▶ Excessive use of office supplies.
- ▶ Scheduling consumer contacts in the community without considering scheduling according to proximity within the county to minimize staff time and mileage reimbursement.





FEDERAL MEDICARE/MEDICAID OVERSIGHT



“HEAT” (Health Care Fraud Prevention and Enforcement Action Team) is the primary oversight group used by the OIG, Dept. of Justice and the Center for Medicare and Medicaid (CMS) specifically focused on combating health care fraud. It has proven to be effective.

- For every \$1.00 the federal government spent on combatting healthcare fraud and abuse, the government recovered \$4.00 in 2017.
- It recovered \$2.6 billion dollars due to fraud in the 2017 fiscal year.
- Over 3,200 providers and entities were excluded from Medicaid/Medicare participation due to illegal activities.

HIPAA

HIPAA established health care fraud as a federal criminal offense and increased the penalties:

- Forfeiture of property derived, directly or indirectly, from gross proceeds traceable to the commission of the offense.
- Imprisonment for up to 10 years/up to 20 years if the violation results in “bodily injury”/life if patient dies.



Corporate Compliance Roles



WHO IS RESPONSIBLE FOR AN EFFECTIVE COMPLIANCE PROGRAM?

• Everyone!!!!!!

ACCMHS:

- Board
- Management Team
- Consumers
- Supervisors
- Staff
- Providers



WHO IS RESPONSIBLE FOR THE MANAGEMENT OF THE ACCMHS COMPLIANCE PROGRAM?

- **The Board:** Ensures that ACCMHS has implemented and maintains an “effective” compliance program.
- **The Compliance Officer:** Serves as the focal points for all ACCMHS compliance activities who has **direct access** to the **Executive Director and the ACCMHS Board.**
- **The Compliance Committee:** Accountable to Management and performs a number of functions...

COMPLIANCE COMMITTEE FUNCTIONS

- Train ACCMHS Board, staff, and providers in the culture of compliance.
- Use audits and monitoring techniques to identify agency risks.
- Investigate allegations of waste, fraud, abuse, and other compliance infractions.
- Take corrective action, including recommending staff discipline, claims paybacks/adjustments, and changes to address systemic problems.

COMPLIANCE COMMITTEE MEMBERS

Corporate Compliance Committee

- ▶ Compliance Officer - Dan Welburn
- ▶ HIPAA Privacy Officer - Kim Bectel
- ▶ HIPAA Security Officer - Jason Wilkey
- ▶ Reimbursement Coordinator - Lynn Yetman

Ad Hoc Members

- ▶ Executive Director
- ▶ Chief Financial Director
- ▶ Clinical Directors
- ▶ Human Resource Director
- ▶ RR Officer



Reporting Compliance Issues



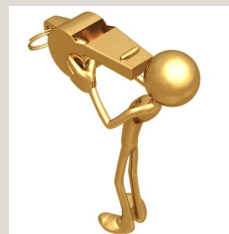
WHO REPORTS POTENTIAL COMPLIANCE ISSUES?

Everyone has an **obligation** to make a good faith effort to report any activity that appears to violate compliance practices.



WHISTLEBLOWER'S PROTECTION ACT

- A law that provides protection to employees who report a violation or suspected violation of state, local, or federal law.
- Provides protection to employees who participate in hearings, investigations, legislative inquiries, or court actions; and prescribes remedies and penalties.
- An employer shall not discharge, threaten, or otherwise discriminate against an employee because the employee reports or is about to report a violation.
- An employer shall post notices and use other appropriate means to keep employees informed of Whistleblowers' protections.



ACCMHS INVESTIGATIONS - ACTION AND COORDINATION

ACCMHS will always investigate suspected **fraud** and **abuse**, as appropriate, report to and cooperate with the PIHP, Federal and State agencies, including MDHHS, OIG, AG, CMS, and/or law enforcement.

ACCMHS will require corrective action with any staff/provider when either **fraud**, **abuse** or **waste** issues are substantiated.

Where to Report Potential Compliance Issues (See last slide for contact information)

Report potential compliance issues by:

- Notifying your supervisor,
- Contacting the ACCMHS Compliance Officer,
- Contacting any member of the ACCMHS Corporate Compliance Committee.

If preferred, potential compliance issues may be reported to the Lakeshore Regional Entity PIHP.

Nothing will happen to anyone who reports in good faith.

CONTACT INFORMATION

It is your responsibility to report actual or suspected concerns. To report any issues, you may:

- Contact your supervisor
- Contact the Allegan CMH Corporate Compliance Officer at either 269-370-4006 or 269-673-6617, ext. 2718 or email complianceofficer@accmhs.org (email is not anonymous)
- Send an anonymous note to the Compliance Officer at Allegan CMH, P.O. Drawer 130, Allegan, MI 49010
- Contact Allegan CMH at 800-795-6617 and ask for any member of the Corporate Compliance Committee
- Contact the Compliance Officer at the Lakeshore Regional Entity at 1-800-420-3592
- Remember that there is no retaliation to an individual who reports in good faith!

REFERENCES: KEY LAWS RELATED TO CORPORATE COMPLIANCE

- Health Insurance Portability and Accountability Act of 1996, (HIPAA)
- Michigan Medical Records Access Act, Public Act 47 of 2004 (i.e. the Michigan HIPAA Law)
- Michigan Mental Health Code Act 258 of the Public Acts of 1974
- Balanced Budget Act of 1997
- Civil Rights Act of 1964
- Rehabilitation Act of 1973
- Social Security Act, specifically 1903(m)(95)(i)
- Affordable Care Act (Public Law 111-148; 111-152 of 2010)
- Deficit Reduction Act of 2005 (DRA)

KEY LAWS (CONTINUED)

- Civil False Claims Act of 1863/As amended in 1986 (FCA)
- Medicaid False Claims Act of 1977
- Michigan False Claims Act (Act 72 of 1977) (MFCA)
- Anti-Kickback Statute of 1977
- Whistleblowers Protection Act of 1980
- Civil Monetary Penalties Law of 1981
- Stark I Laws of 1989 and Stark II of 1993
- HITECH Act of 2009
- Healthcare Fraud and Abuse Commission Act of 1993