

## AGENDA

### ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD Tuesday, February 15, 2022 5:30 pm

County Services Building, 3283 122<sup>nd</sup> 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 (12.21.2021)
    - ii. Executive Committee Meeting (01.14.2022)
    - iii. Board Meeting (01.18.2022)
    - iv. Building Committee Meeting (01.18.2022)
    - v. Finance Committee Meeting (01.18.2022)
    - vi. Program Committee Meeting (01.18.2022)
6. Building Committee – Commissioner Gale Dugan
7. Program Committee – Commissioner Jim Storey
  - a. **Motion** – Approval of Quality Improvement Goals
8. Finance Committee Report – Beth Johnston
  - a. **Motion** – Approval of Voucher Disbursements December 2021
  - b. **Motion** – Contracts
9. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse
10. Chairperson's/Executive Committee Report – Commissioner Gale Dugan
  - a. Executive Committee Report
  - b. LRE updates
11. ACCMHS Executive Director's Report – Mark Witte
  - a. Written Report
12. Provision for Public Comment (any topic, subject to 5” limit per speaker) – Commissioner Dugan
13. Board Member Comments
14. 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  
April 15, 2022 – 2:30 pm – Executive Committee  
April 19, 2022 – 3:30 pm – Building Committee  
April 19, 2022 – 3:30 pm – Recipient Rights Advisory Committee  
April 19, 2022 – 4:15 pm – Finance and Program Committees  
April 19, 2022 – 5:30 pm – Full Board

Allegan County Community Mental Health Services  
**Building Committee**

**February 15, 2022 – 3:30 pm**

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

**Board Members:** [ ] Gale Dugan      [ ] Mark DeYoung      [ ] Beth Johnston      [ ] John Weerstra

**Staff Members:** [ ] Nan Lawrence      [ ] Erinn Trask      [ ] Mark Witte

Proposed Agenda:

1. Review/Approval of Agenda
2. Review/Approval of Prior Minutes
3. Construction Report (oral report; also see attached)
4. Financial Report
5. Other
6. Next Meeting
7. Adjournment

Allegan County Community Mental Health Services  
**DRAFT Building Committee Minutes**  
**January 18, 2022 – 3:30 pm**  
Location: County Services Building (CSB) in the Nederveld Room

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

**Board Members Absent:** None

**Staff Members:** Erinn Trask, Mark Witte, Nan Lawrence

1. **Call to Order** – Chairman Dugan called the meeting to order at 3:35 pm.
2. **Review of Agenda** – Beth Johnston moved that the agenda be adopted as presented. John Weerstra supported. Approved unanimously.
3. **Approval of Prior Minutes** – Mark DeYoung moved that the minutes of December 21, 2021 be approved. Beth Johnston supported. Approved unanimously.
4. **Construction Report** –
  - a. Mark Witte noted that the key construction update for today’s meeting may be found in the Schley-Nelson Architect notes of Wednesday 1/5/2022 (included in today’s packet). This meeting was the official post-closing “construction kickoff meeting” in which responsibility for the project transitioned to Cornerstone Construction. Beginning on Thursday 1/20/2022 at 1:00 pm and continuing every other Thursday thereafter, Cornerstone Construction will lead a construction meeting at the ShopKo building which includes ACCMHS, the USDA, and Schley-Nelson. Members of the Building Committee were encouraged to attend as part of their committee responsibilities.
  - b. Mark Witte also announced that a ceremonial groundbreaking event has been arranged for 1/28/2022 at 3:00 pm. Invitations/notices have been distributed to board members, agency staff and numerous community representatives, including local media.
5. **Financial Report** – Erinn Trask reported that we are all set with our USDA funding. She clarified that there are apparently no identified parameters (or “strings”) attached to the legislative appropriation for our project through the Department of Labor and Economic Opportunity, to be issued through the Michigan Economic Development Corporation. A simple set of forms must be submitted to trigger MEDC’s agreement and release of funds. Half of the \$2.5 million will be released at first, with the second half available once we’ve spent the first half. Our intent is to request most of the funds for the construction project with the remaining portion dedicated to a consumer service.
6. **Other** – Mark Witte reminded the board that ACCMHS’s proposal for funding through MDHHS requested \$2.6 million for three purposes: (a) closing the construction funding gap, (b) increasing our crisis capability, and (c) developing a consumer resource. The actual appropriation of \$2.5 million, though close in size to the original request, did not come through MDHHS nor did the language of the appropriation itself make any reference to original request. However, we do wish to use the funds for the purposes requested. Building on last month’s discussion, the board members present were comfortable with Mark getting prepared for negotiations on needed resources.
7. **Next Meeting** – Tuesday, February 15, 2022 at 3:30 pm.
8. **Adjournment** – Beth Johnston moved that the meeting be adjourned. John Weerstra supported. All in favor. Meeting adjourned at 4:12 pm.

Submitted by Mark Witte



## Progress Meeting Minutes: Meeting #1

**Meeting Date** Feb 3, 2022 **Meeting Time** 1:00 PM - Eastern Time (US & Canada)

**Meeting Location** 540 Jenner Drive, Allegan Michigan

**Overview**

**Notes**

**Attachments** [Change order #2. DS.pdf](#), [rfi\\_list 2-2-22.pdf](#)

### Scheduled Attendees

Name	Company	Phone Number	Email	Attendance
Nan Lawrence	ACCMHS		nlawrence@accmhs.org	
Erin Trask	ACCMHS		etrask@accmhs.org	
Mark Witte	ACCMHS		mwitte@accmhs.org	
Cory Harmsen	Cornerstone Construction Management		cory@cornerstonecm.com	
Brady Zimmerman	Cornerstone Construction Management	P: (269) 321-0200	brady@cornerstonecm.com	
Rich Hamming	Schley Nelson Architects	P: (269) 375-8360	rhamming@schley-aia.com	
Kris Nelson	Schley Nelson Architects	P: 2693758360	knelson@schley-aia.com	
Katherin Farwell	USDA		katherin.farwell@usda.gov	

### Uncategorized Items

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
1.1	1	EIFS				Open
<b>Description</b> How many EIFS colors are there?						
<b>Official Documented Meeting Minutes</b> Conceptual design with a couple shades of grey are favored						

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
1.2	1	Sanitary line.				Open
<b>Description</b> Review new sanitary line and tie in to existing						

No.	Mtg Origin	Title	Assignment	Due Date	Priority	Status
1.3	1	Detail at head of EIFS				Open
<b>Description</b> Sto corp will warranty a caulk bead at the head of the EIFS if we install weeps. Is this acceptable?						
<b>Official Documented Meeting Minutes</b> Waiting for Sto corporate to verify details						

These meeting minutes are believed to be an accurate reflection of those items discussed and the conclusions that were reached during the referenced meeting. Please contact Cornerstone Construction Management if there are any discrepancies or questions with the content of these minutes.

## AGENDA

### Allegan County Community Mental Health Services Recipient Rights Advisory Committee (RRAC) Tuesday, February 15, 2021 3:30 pm

County Services Building, 3283 122<sup>nd</sup> 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
  - a. Introductions/ORR staffing updates
6. RRAC Education/Policy Review – Kelsey Newsome
  - a. 1318 – Restraint, Seclusion, and Physical Management
  - b. 1319 – Services Suited to Condition
  - c. 1320 – Treatment by Spiritual Means
  - d. 1321 – Notification of Recipient Rights
  - e. 1323 – Recipient Rights Advisory Committee
7. Other Business
8. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment, Next Meeting

RRAC members are:

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

**2022 Meeting Dates:** February 15, April 19, June 21, August 16, October 18, December 20

**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)**  
**December, 2021**  
**3:31 pm-4:00 pm**

**Committee Members Present:**

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

**Committee Members Not Present:**

Amy Clugston, Board Member

**Staff Present:**

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

**Staff Not Present:**

**Members of the Public Present:**

1. **CALL TO ORDER** ~Chairperson Glen Brookhouse called the meeting to order at 3:31 pm.
2. **PUBLIC COMMENT** ~ Chairperson Glen Brookhouse opened an opportunity for public comment. No members of the public were present. Chairperson Glen Brookhouse closed the opportunity for public comment.
3. **APPROVAL OF AGENDA** ~ Motion to approve the agenda by Chairperson Glen Brookhouse was supported by John Weerstra. Unanimously approved by voice vote.
4. **Approval of Minutes** ~ Chairperson Glen Brookhouse motioned to amend the 10/19/2021 meeting minutes to change the date from October 18<sup>th</sup>, 2021 to October 19<sup>th</sup>, 2021 and to remove Board Member, Amy Clugston name from being present. Supported by Vice Chairperson Stacy Engelsman. Unanimously approved by a voice vote.
5. **Review of ORR Status Report** ~ Recipient Rights Director Kelsey Newsome reviewed the report and discussed the numbers on the report and including making a new spot on the table for additional important information. Discussed opened cases and what is left from the previous fiscal year. Goals that have been approved will be added.
6. **FY 2021 Annual Report Review** ~ Recipient Rights Director Kelsey Newsome discussed the FY 2021 annual report review which included timeliness, remediation section, summary of training and goals. Committee Member Richard Wiley motioned to approve the FY 2021 Annual Report to the state. Supported by Vice Chairperson Stacy Engelsman and unanimously approved by voice vote.
7. **OTHER BUSINESS** ~ Chairperson Glen Brookhouse asked if there was any other business, there was not.
8. **Public Comment** ~ Chairperson Glen Brookhouse opened an opportunity for public comment. No public comment. Chairperson Glen Brookhouse closed the opportunity for public comment.
9. **Confirm the 2022 Meeting Dates** ~ Unanimous consent to approve the 2022 Meeting Dates.



10. **ADJOURNMENT** – Motion to adjourn made by Vice Chairperson Stacy Engelsman supported by Board Member John Weerstra, and approved unanimously by voice vote. Adjourned at 4:00 pm.

Glen Brookhouse, Chairperson

Stacy Engelsman, Vice Chairperson

John Weerstra, Board Member

Richard Wiley, Community Member

Respectfully Submitted by

*Melisse Hughes*

Melisse Hughes  
Clerical Support

**RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)  
 February 2022 STATUS REPORT**

Reporting Period: December 2021 and January 2022  
 Submitted by Kelsey Newsome, LMSW, Recipient Rights Director  
 ORR Direct Line: 269-628-5715; email [knewsome@accmhs.org](mailto:knewsome@accmhs.org)

**December 2021 and January 2022 Allegations**

Abuse II – Exploitation	2
Abuse II – Unreasonable Force	2
Abuse II – Emotional Harm	1
Abuse III	3
Neglect III	4
Neglect III – Failure to Report	1
Mental Health Services Suited to Condition	4
Freedom of Movement	1
Informed Consent	1
Dignity & Respect	3
Disclosure of Confidential Information	1
Personal Property: Possession & Use	1
Family Dignity & Respect	2
Right to religious practice	1
No Right Involved	2
Out of Jurisdiction	3
<b>Total Allegations</b>	<b>32</b>

**Number of Incident Report Follow Ups completed in December 2021 and January 2022:**

27 – 2 Opened for Investigation

**Cumulative FY 22 Timeliness Report:**

	No Right Involved/ Out of Jurisdiction (Acknowledgement Letter Only)	≤30 days	≤60 days	≤90 days	>90 days	Total
Previously Closed FY 22 Allegations	4	0	0	0	0	4
December & January Closed Allegations	5	0	0	20	0	25
Open Allegations	0	11	16	22	0	48
<b>Total</b>						<b>77</b>

**FY 21 Allegations extended past 90 days:**

Closed in December 2021 & January 2022: 2 Allegations

Remaining open: 30 Allegations

**Progress Updates on FY 22 Annual Report Goals:**

<b>Goal</b>	<b>Updates/Current Status</b>
<p>ACCMHS ORR will assess current Incident Reporting trends and needs for targeted training and will create a plan to address deficiencies in Provider Incident Reporting. A plan will be proposed by the end of FY 22.</p>	<ul style="list-style-type: none"> <li>• Currently tracking IR follow up including calls to request Emergency Use of Information Form, requests to clarify information in report, and requests for missing information (missing page, signature, etc.)</li> <li>• Formalizing tracking for requesting IR (when ORR learns of an incident requiring reporting from a clinician, streamline message, voicemail, etc.)</li> </ul>
<p>ACCMHS ORR will update the online "annual update" training used for ACCMHS employees (Relias Training) by March 31, 2022.</p>	<ul style="list-style-type: none"> <li>• Requested information on process</li> <li>• Assigned tasks within department</li> </ul>
<p>ACCMHS ORR will develop a plan for engaging recipients in the creation of RR training activities (videos, examples to share, etc.) A Plan and budget will be proposed by the end of FY 22.</p>	<ul style="list-style-type: none"> <li>• TBD</li> </ul>
<p>ACCMHS Management Team has approved the request for a shared Corporate Compliance and Office of Recipient Rights full time staff. ACCMHS ORR and RRAC support the addition of this position to ORR and recommend that ACCMHS ORR continues to review the adequacy of ORR's staffing and workload capacity with ACCMHS Management Team.</p>	<ul style="list-style-type: none"> <li>• Candidate Accepted Position. Start Date/Transition Plan TBD</li> </ul>

## AGENDA

### Allegan County Community Mental Health Services Finance Committee February 15, 2022 4:15 pm

County Services Building, 3283 122<sup>nd</sup> 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 January 2022
  - b. Contracts
7. Informational Items
  - a. December 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: March 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.*

Allegan County Community Mental Health Services  
**DRAFT Finance Committee Minutes**  
January 18, 2022 – 4:15 pm  
Location: County Services Building in the Nederveld Room

**Board Members Present:** Glen Brookhouse, Bill Buell, Beth Johnston, Mark DeYoung, Gale Dugan, John Weerstra  
**Board Members Absent:** None  
**Staff Members:** Mark Witte, Nikki McLaughlin  
**Staff Members Absent:** Erinn Trask

- 1) **Call to Order** – Beth Johnston, Vice Chairperson, called the meeting to order at 4:24 pm.
- 2) **Public Comment** – None
- 3) **Approval of Agenda** – Motion to approve by Buell. Seconded by Brookhouse. All yes. None opposed. Motion passes.
- 4) **Approval of Minutes** – Motion to approve by DeYoung. Seconded by Dugan. All yes. None opposed. Motion passes.
- 5) **Review of Written Reports:**
  - a) Facilities & Human Resources – Nan Lawrence, Director of Human Resources – Ms. Lawrence was attending Program Committee meeting. Mr. Witte gave update on Shopko Building as well as CCBHC positions as per Ms. Lawrence’s report.
  - b) Administrative Services Report – Erinn Trask, Chief Financial Officer – Ms. Trask’s report was reviewed. Discussion on report submitted as well as if there is Medicaid funds available in future, how to spend down those funds for client services. Mr. Witte also gave an update on the Beacon contract ending.
- 6) **Action Items:**
  - a) Voucher Disbursements for December 2021 – DeYoung motioned to approve disbursements. Second by Weerstra. All yes. None opposed. Motion passes.
  - b) Contracts: Motion to approve by Brookhouse. Second by Buell. Discussion followed. All yes. None opposed. Motion passes.
- 7) **Informational Items** – November 2021 Financial Reports were presented for information.
- 8) **Finance Committee Member Comments** – Discussion of charts on page 23 of report. Beth Johnston requests to see report with costs by the various program lines.
- 9) **Public Comment** – None
- 10) **Next Meeting** – February 15, 2022 at 4:15 pm.
- 11) **Adjournment** – Motion to adjourn made by Weerstra. Seconded by Dugan. Motion passed. Adjourned at 4:58 pm.

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](mailto:nlawrence@accmhs.org)

**NEW HIRES**

Last Name	First Name	Position	Date of Hire
Kosten	Nichole	Outpatient Therapist- Children's Team	1/24/2022
Wheeler	Kennedy	Case Manager	2/7/2022
Davis	Alisha	Medical Assistant	2/22/2022

**SEPARATIONS**

Last Name	First Name	Position	Date of Separation

The HR Department continues to work on hiring staff for open positions. The career page on our website shows a listing of all the open positions.

**COVID-19 Pandemic Response:**

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 January encompassed the following efforts:

- Relevant updates to vaccine information, updates to mask options, information on reimbursement through Priority Health for testing kits and health department dissemination continues
- Distributed KN95 mask to community based staff, staff seeing clients face to face and made the mask available to anyone else that wanted them
- Communication of local vaccine options as well as testing sites for various scenarios has increased throughout this month
- Providers have also been asking for additional PPE supplies. We are able to provide some KN95 mask as we still have some in stock from the State. We also refer them to the 5<sup>th</sup> District Medical Response Coalition. This coalition is able to supply a limited amount of PPE to our providers and agency.
- Provider concerns and associated quarantine timelines communicated out to supervisory group, continued increase this past month due to the ongoing community surge
- Ongoing review of Health Department Recommendation as well as updated CDC recommendations and federal court proceedings affecting policy decisions
  - Suspension of OSHA requirements in late January
- 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

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](mailto:nlawrence@accmhs.org)

- 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 are continuing to see 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. Due to the distribution of KN95 staff, we requested and received a 1000 KN95 mask from the 5<sup>th</sup> District Medical Response Coalition. We also received 3000 KN95 mask from the State. With both of these shipments 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. We have continued to reinforce mitigation strategies within the office and the community. We made recommendations to have staff relocate to other offices to ensure safe social distance while in the office. We continue to monitor the status of the pandemic ongoing.

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](mailto:etrask@accmhs.org)

This month's packet includes the monthly financial report for December 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 \$589,413 (MH Medicaid and SUD Medicaid combined) to the LRE, and to overspend our General Fund allocation by \$194,261 (to be covered with local dollars).

The administrative cost allocation for the December 2021 Board Report was updated from the November 2021 report to use staff full time equivalent (FTEs) positions instead of direct costs. This allowed us to more accurately allocate costs over the services that are being provided by ACCMHS, and did not allocate administrative costs on top of provider claims consistent at a high level with the requirements of Standard Cost Allocation.

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. There is a new liability recorded for the initial construction loan proceeds received from the United States Department of Agriculture. These funds were received on December 31, 2021 and disbursed as part of the building purchase on January 4, 2022. You will see the corresponding capital asset activity recorded in next month's report.

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, November, and December from the LRE, but the amount of those payments is unknown and therefore no receivable has been recorded.



As of December 31, 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. There are also charts showing the percentage of expense by internal and external programs, as well as by funding source.

Sincerely,

Erinn A. Trask, Chief Financial Officer  
Monday, February 7, 2022

## Allegan County Community Mental Health Services

<b>Full Board ACTION REQUEST</b>	<b>Subject:</b>	<b>Voucher Disbursements</b>	
	<b>Meeting Date:</b>	February 15, 2022	
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson	
<b><u>RECOMMENDED MOTION:</u></b>			
<b><u>The Finance Committee recommends that the ACCMHS Board approve the January 2022 disbursements totaling \$3,233,746.15.</u></b>			
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>			
<u>Date Issued:</u>	<u>Voucher Number:</u>	<u>Type:</u>	<u>Amount:</u>
January 7, 2022	P16661	Payroll	\$457,843.62
January 14, 2022	V0858	Vendor	\$1,460,860.98
January 21, 2022	P1662	Payroll	\$317,037.23
January 28, 2022	V0859	Vendor	\$998,004.32
<b><u>BUDGET/FINANCIAL IMPACT</u></b>			
<ul style="list-style-type: none"> <li>• These disbursements are part of the approved fiscal year 2022 operating budget for ACCMHS.</li> <li>• Note the January 7, 2022 payroll was higher than average due to the agency's semi-annual Health Savings Account (HSA) contribution for employees totaling \$153,000.</li> </ul>			
<b>BY:</b> Erinn Trask, Chief Financial Officer		<b>DATE:</b> February 7, 2022	

## Allegan County Community Mental Health Services

<b>Full Board ACTION REQUEST</b>	<b>Subject:</b>	<b>Contracts</b>
	<b>Meeting Date:</b>	February 15, 2022
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson
<b><u>RECOMMENDED MOTION:</u></b>		
<p><b><u>The Finance Committee recommends that the ACCMHS Board approve the following list of provider contracts for fiscal year 2022.</u></b></p>		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>		
<u>Provider Name:</u>	<u>Contracted Service(s)</u>	
Interface Consultation Services PLC, dba Passages Behavioral Health	Community Living Support Services	
The ARC of Allegan County	Independent Facilitator	
<b><u>BUDGET/FINANCIAL IMPACT</u></b>		
<ul style="list-style-type: none"> <li>• These contracted services are part of the approved fiscal year 2022 operating budget for ACCMHS.</li> </ul>		
<b>BY:</b> Erinn Trask	<b>DATE:</b> February 7, 2022	

**Allegan County  
Community Mental  
Health Services**



**Period Ended  
December 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 December 31, 2021

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 6,591,816	\$ -	\$ 319,884	\$ 6,911,700	\$ 377,337
Expense	5,390,350	348,182	449,232	6,187,764	571,598
<b>Revenue over/(under) expenses</b>	<b>\$ 1,201,466</b>	<b>\$ (348,182)</b>	<b>\$ (129,348)</b>	<b>\$ 723,936</b>	<b>\$ (194,261)</b>
Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined	SUD Block Grant	Public Act 2
Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Expense	49,640	84,883	134,523	14,121	-
<b>Revenue over/(under) expenses</b>	<b>\$ (49,640)</b>	<b>\$ (84,883)</b>	<b>\$ (134,523)</b>	<b>\$ (14,121)</b>	<b>\$ -</b>

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

December 31, 2021

	September 2021 (unaudited)	December 2021
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	\$ 4,722,388	\$ 3,547,782
Accounts receivable	1,006,565	2,707,995
Prepaid items	806,545	602,513
<b>Total current assets</b>	<u>6,535,498</u>	<u>6,858,290</u>
<b>Non-current assets</b>		
Capital assets being depreciated, net	32,665	32,665
<b>Total non-current assets</b>	<u>32,665</u>	<u>32,665</u>
<b>Total assets</b>	<u>6,568,163</u>	<u>6,890,955</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable	6,010,050	5,759,852
Accrued vacation and self-insurance claims	554,561	554,561
Unearned revenue	83,817	194,908
<b>Total current liabilities</b>	<u>6,648,428</u>	<u>6,509,321</u>
<b>Long-term liabilities</b>		
Notes payable	-	642,204
<b>Total liabilities</b>	<u>6,648,428</u>	<u>7,151,525</u>
<b>Net position</b>	<u>\$ (80,265)</u>	<u>\$ (260,570)</u>

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## ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

### Statement of Revenue, Expenses and Change in Net Position

October 1, 2020 through December 31, 2021

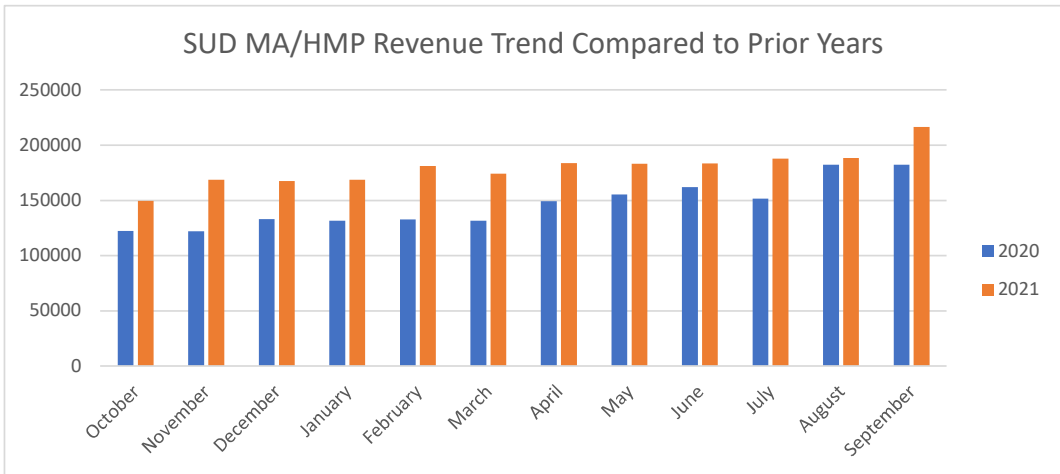
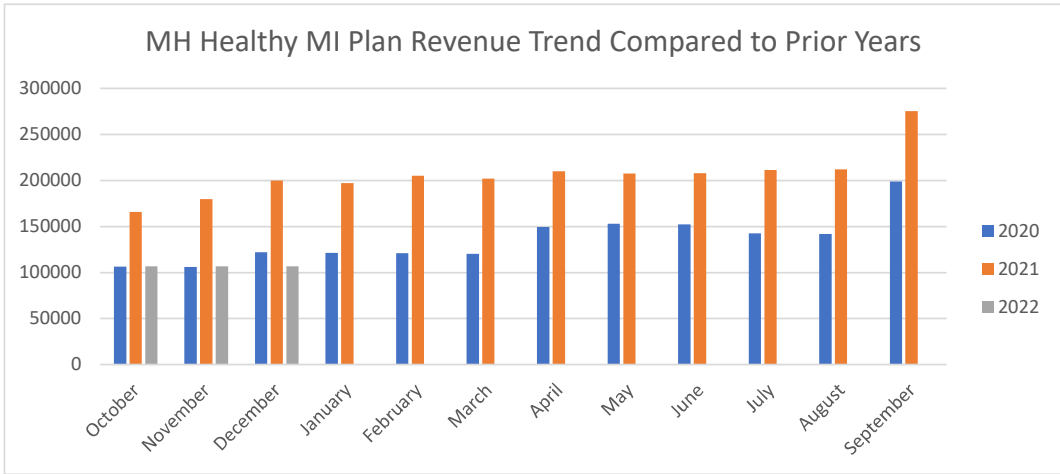
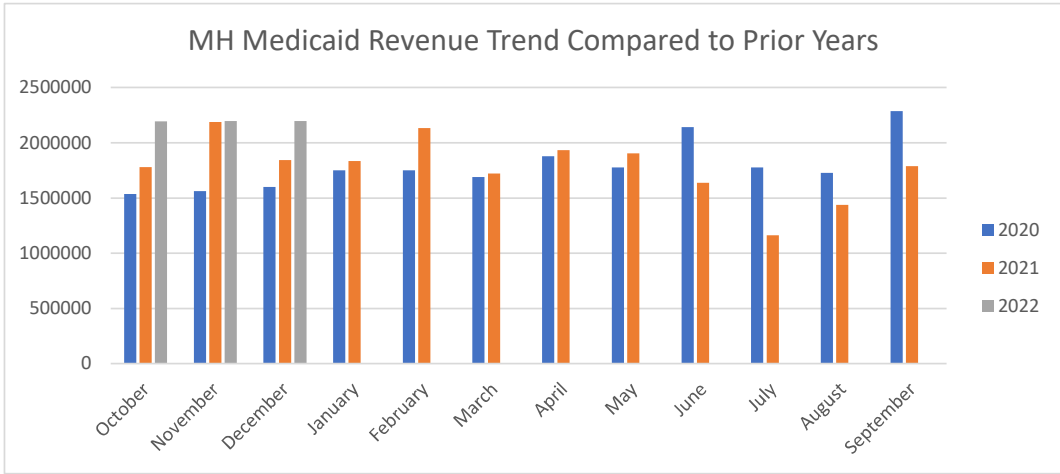
Percent of Year is 25.00%

	Total Original Budget	YTD Totals 12/31/21	Under/(Over) Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 23,526,705	\$ 6,591,816	\$ 16,934,889	28.02%
Traditional Capitation-Autism	3,530,898	-	3,530,898	0.00%
Traditional Settlement	-	(853,284)	853,284	
Healthy Michigan Capitation	2,180,136	319,884	1,860,252	14.67%
Healthy Michigan Settlement	-	129,348	(129,348)	
Substance use disorder revenue:				
Traditional Capitation	593,010	-	593,010	0.00%
Traditional Settlement	-	49,640	(49,640)	#DIV/0!
Healthy Michigan Capitation	1,000,000	-	1,000,000	0.00%
Healthy Michigan Settlement	-	84,883	(84,883)	#DIV/0!
State General Fund:				
Formula Fundings	1,509,348	377,337	1,132,011	25.00%
Settlement	-	-	-	
SAMHSA Housing	400,000	102,721	297,279	25.68%
Other reimbursements	121,000	35,031	85,969	28.95%
Grants and earned contracts	5,710,319	1,638,544	4,071,775	28.69%
Local funding	346,595	88,204	258,391	25.45%
<b>Total operating revenue</b>	<b>\$ 38,918,011</b>	<b>\$ 8,564,124</b>	<b>\$ 30,353,887</b>	<b>22.01%</b>
<b>Operating expenses</b>				
Salaries & Benefits	\$ 12,367,854	\$ 2,336,134	\$ 10,031,720	18.89%
Supplies & Materials	107,452	71,550	35,902	66.59%
Contractual Services	25,563,444	6,030,717	19,532,727	23.59%
Communications	183,170	41,008	142,162	22.39%
Travel/Training/Transportation	179,058	31,211	147,847	17.43%
Risk Management	64,012	37,337	26,675	58.33%
Occupancy	304,554	108,538	196,016	35.64%
Other maintenance	5,066	3,630	1,436	71.65%
Equipment	143,401	84,304	59,097	58.79%
<b>Total operating expenses</b>	<b>\$ 38,918,011</b>	<b>\$ 8,744,429</b>	<b>\$ 30,173,582</b>	<b>22.47%</b>
<b>Change in net position</b>	-	(180,305)	\$ 180,305	
<b>Beginning net position (unaudited)</b>	<u>(80,265)</u>	<u>(80,265)</u>		
<b>Ending net position</b>	<u>\$ (80,265)</u>	<u>\$ (260,570)</u>		

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# ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

## Key Indicators December 31, 2021

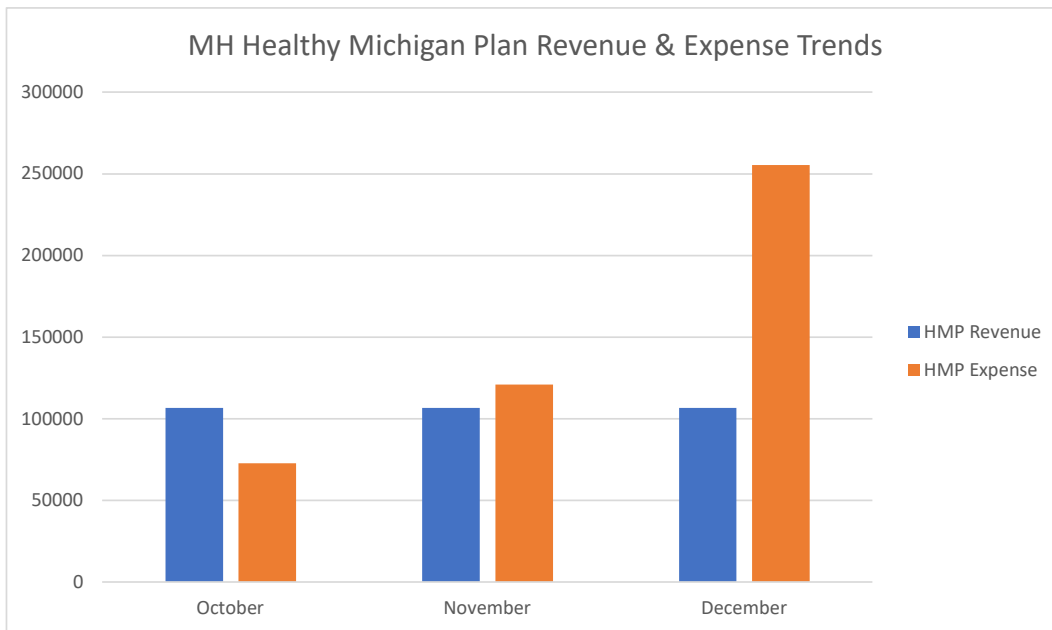
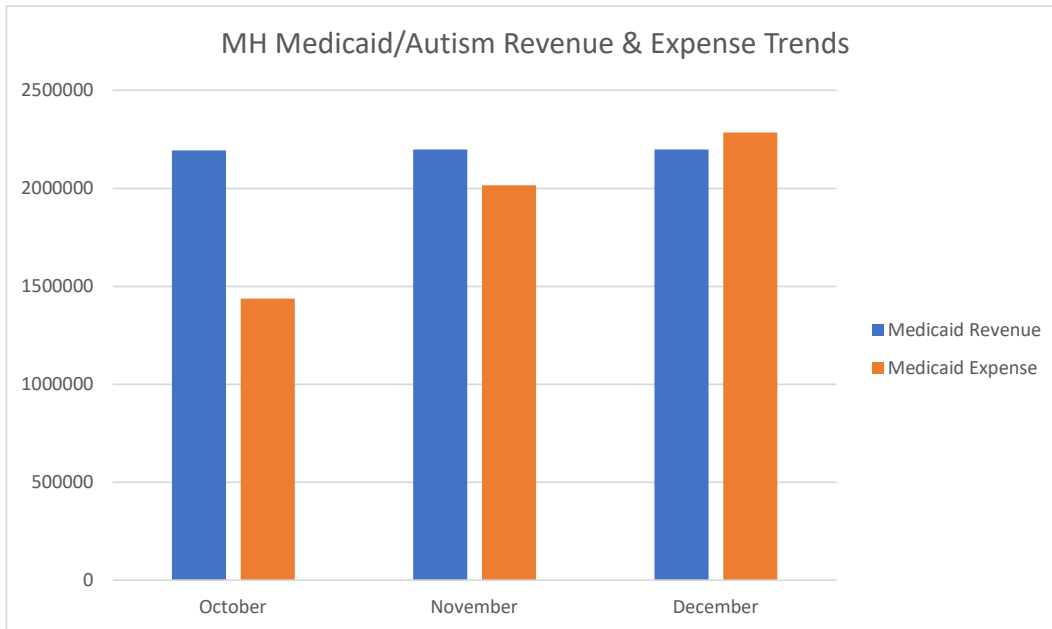




# ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

## Key Indicators

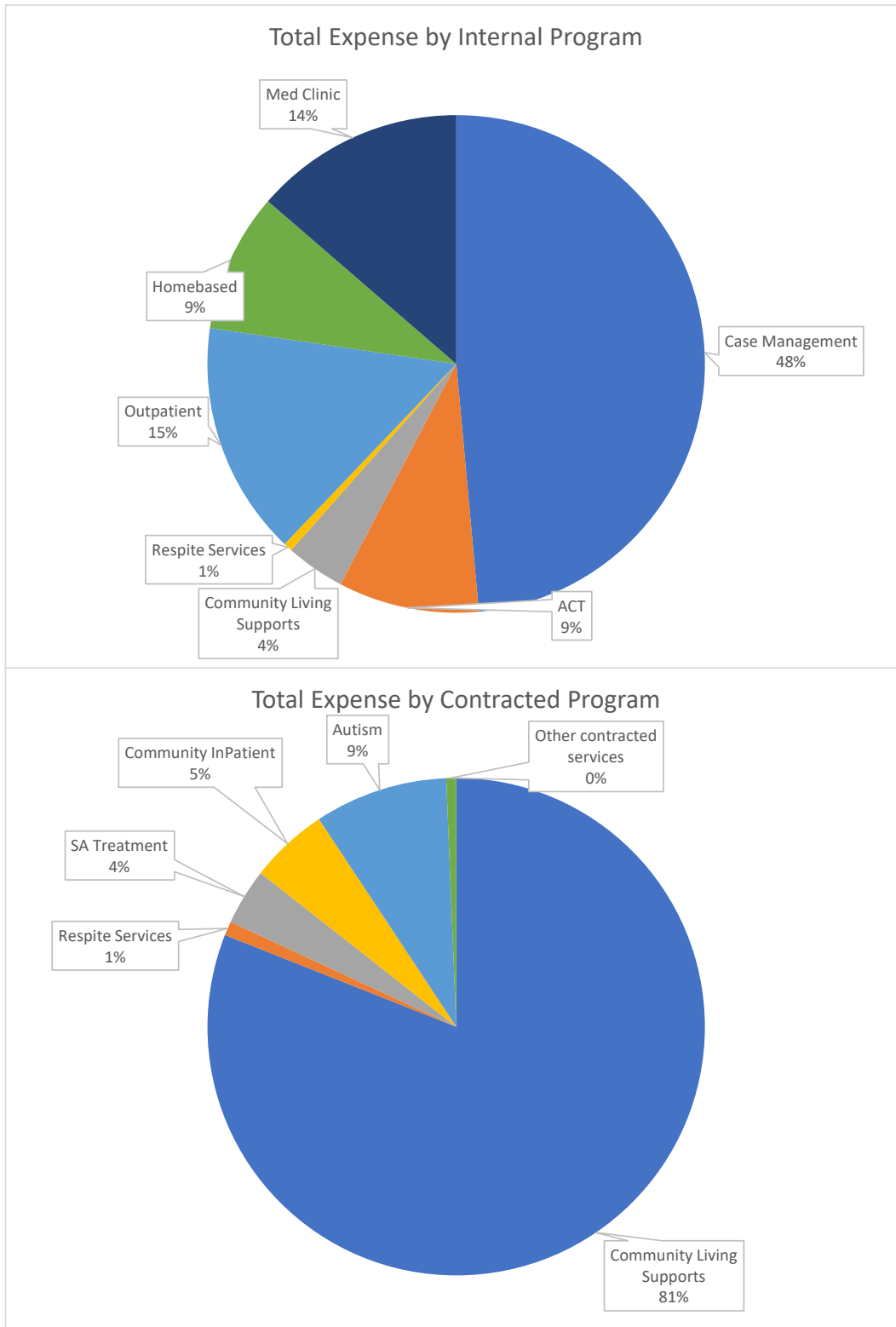
December 31, 2021



# ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

## Key Indicators

December 31, 2021

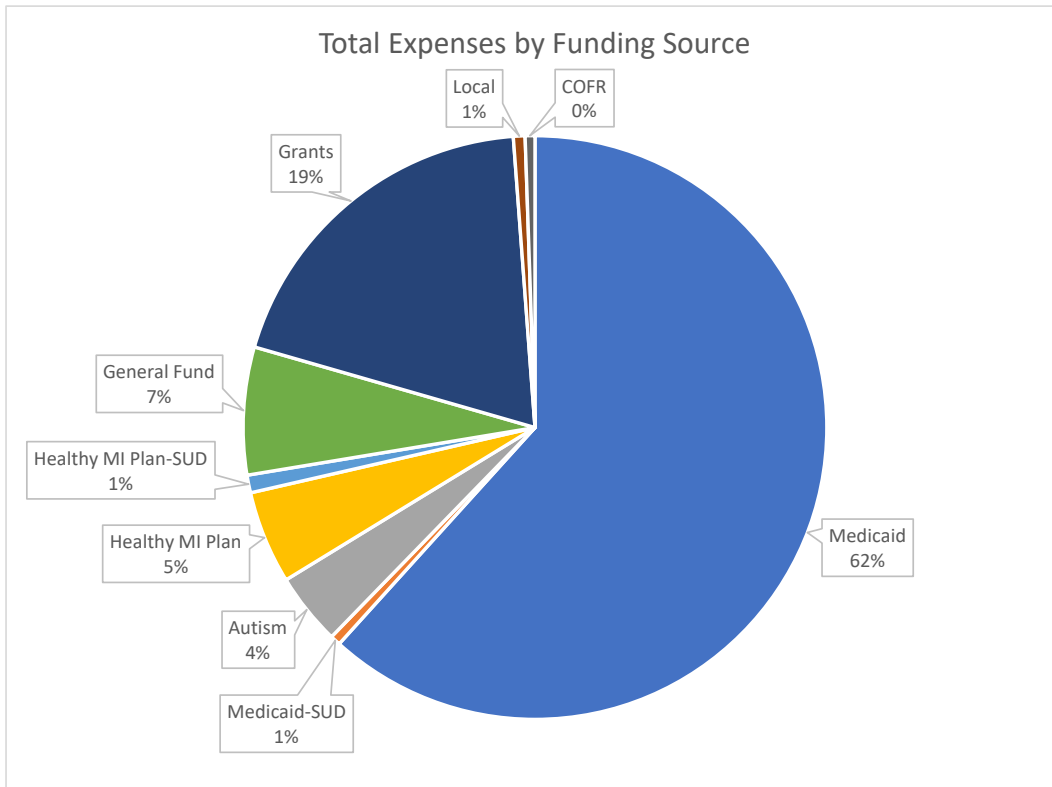


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# ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

## Key Indicators

December 31, 2021



## AGENDA

### Allegan County Community Mental Health Services Program Committee Tuesday, February 15, 2022 4:15 pm

County Services Building, 3283 122<sup>nd</sup> 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: Adult Outpatient Services, Supports Coordination and Case Management – John Eagle
6. Written Reports to Program Committee
  - a. Integrated Health – Written Report Only
  - 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 March 15, 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  
January 18, 2022 – 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:** Geniene Gersh, Brenda Holquist, Leanne Kellogg, Nan Lawrence, Lindsay Medendorp, Sara Milnikel, Tara Poole and Dan Welburn

**1. Call to Order**

Commissioner Storey called the meeting to order at 4:20 pm. A quorum was reached.

**2. Public Comment**

None.

**3. Approval of Agenda**

Moved by: Ms. Schwartz

Supported: Ms. Kelsey

Motion carried.

**4. Approval of Minutes**

December 21, 2021

Moved: Ms. Kelsey

Supported: Ms. Schwartz

Motion carried.

**5. Program Presentation – Children’s SED Services & Autism Services**

Ms. Poore and Ms. Medendorp 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. Commissioner Storey suggests that the Mental Health First Aid be offered for the board members. Ms. Kelsey would like to hear from Erin on how she gets into the schools and the training.

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.

**7. Program Committee Member Comments**

None.

**8. Public Comment**

None.

9. **Adjournment**

Meeting adjourned at 5:23 pm.

## **Adult Clinical Services**

Clinical Director- Geniene Gersh Ph.D., LPC, NBCC, LLP, ACS

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

Supervisor of Community-Based Services – Laura Furey BS, QIDP

The Adult Clinical Services Team is made of 24 clinicians

- 5 Case Managers serving people with a Mental Illness (MI)
- 5 Case Managers and 2 Case Manager Assistants serving people with Intellectual and Developmental Disabilities (IDD)
- 7 Outpatient Clinicians Serving both the IDD and MI populations
- 1 Support Intensity Scale (SIS) Assessor
- 1 Supported Employment Coordinator
- 1 Behavioral Specialist
- 1 OBRA Coordinator/MI case Manager.

### **Important Information**

#### **Person Centered Planning (PCP)**

This process allows individuals to be a significant part in planning their own lives and supports. This process is mandated through the Michigan Mental Health Code and is the philosophy in which ACCMHS clinicians provide support and services.

#### **Self-Determination**

A value that people served by the public mental health system must be supported to have a meaningful life in the community. This belief means that individuals should have power and control over their lives. This includes making their own choices, being an integrated part of their community, and having an independent meaningful life.

#### **Certified Community Behavioral Health Center (CCBHC)**

The Adult Clinical Leadership has been preparing for the January 1, 2022, implementation of the CCBHC grant. This grant model elevates decades old difficulties in access to needed mental health and substance use treatment. With the implementation of the CCBHC Grant we hope to increase access to mental health and substance use disorder treatment, expand established relationships with community partners, and reduce recidivism and prevent hospital readmission. Four full-time employees have been added to the Adult Clinical Staff in preparation for the increase in consumer volume.

28 individuals assigned to the CCBHC Grant from January 1<sup>st</sup> - February 3<sup>rd</sup>.

#### **IDD Case Manager/CMA**

Case managers assist with locating, coordinating and monitoring of services and supports for individuals with intellectual and/or developmental disabilities. The services and supports are identified by the person and their planning team using the person-centered planning process.

## **MI Case Management**

A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet the needs of individuals diagnosed with a mental illness.

## **Outpatient Clinicians**

Provide Allegan County residents with research based and recovery focused mental health treatment, which is both effective and efficient. ACCMHS Adult Outpatient Program makes use of ongoing assessments and provides therapy and behavioral services designed to promote recovery, instill hope for an enhanced quality of life for adults who suffer from symptoms of a chronic mental illness. Our staff provide treatment with proven results in symptom reduction, positive management of emotions and behavior which restore and enhance functioning needed to improve and maintain relationships, community participation and integration.

## **Supported Employment Services**

A service that is designed to help people with disabilities to find employment opportunities of their choice. The foundation of this services is that all people, no matter the disability should have the opportunity to work in an integrated setting. Employment can provide meaning and purpose to a person's life, along with promoting recovery and wellness. Josh Behymer started as the Employment Services Coordinator 11/1/21.

4 receiving Supported Employment

3 current referrals in Process

## **Support Intensity Scale (SIS)**

The SIS is an assessment tool that measures practical supports that a person with an intellectual disability needs in order to be successful in the community. The SIS is a nationally recognized, valid and reliable assessment tool developed by the American Association on Intellectual Disabilities (AAIDD). The SIS Assessor is a trained interviewer that can help identify a person's support needs and wants. The SIS Assessment is used to inform the person-centered planning process. Corie Demski started as the new SIS assessor on 12/6/21.

28 completed in 2021

## **Behavioral Services**

Need for behavioral services such as a Positive Support Plans, Functional Behavioral Analysis and Behavior Treatment Plan, are determined using the person-centered planning process. The behavior treatment committee provides oversight and reviews all Behavior Treatment Plans. According to the Michigan Medicaid Provider manual, "Any behavior treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist and one of whom shall be a licensed physician/psychiatrist. The psychologist or physician must be present during the review



and approval process. At least one of the committee members shall not be the developer or implementer of the behavior treatment plan. ACCMHS BTC committee meets bi-weekly to review all behavior plans.

38 Behavior Plans

9 Positive Support Plans

4 Plans have been closed since September

### **Omnibus Budget Reconciliation Act (OBRA) Coordinator**

OBRA, also known as the Nursing Home Reform ACT of 1987, has dramatically improved the care in nursing homes by setting forth federal standards of how care should be provided to individuals.

#### **Responsibilities of the OBRA Coordinator:**

- Become a System Administrator and expert for the new electronic 3877 and 3878 database. Maintain and manage the electronic system which includes identifying Level I's (3877/78) which need to proceed to the Level II process and triage all requests for assistance with staff, nursing homes, hospitals, and community agencies.
- Triage referrals which include but is not limited to documenting all other placement options that have been explored; documenting all community services that have been tried i.e., waiver services; ruling out the possibility of psychiatric hospitalization and provide documentation.
- Send "Not SMI/ID/DD Letters" to nursing facilities, hospitals, and community agencies that submitted Level I's which do not require a Level II Evaluation.
- Develop a tracking system to prompt nursing facilities when the ARR 3877 is due.
- Assign staff to complete the interdisciplinary Level II Evaluation, including making the decision when a psychiatrist is needed for differential diagnosis.
- Ensure the interdisciplinary staff assigned to the Level II are registered in the electronic system and meet the credentials and requirements. (See 2017 MDHHS OBRA Manual, Chapter 3, page 28)
- Verify that each assessor has completed the Improving MI Practice web based PASARR OBRA training <https://www.improvingmipractices.org/>
- Ensure that collateral contacts are made with the guardian, legal representative, CMHSP agency (if involved), and caregivers to gain their input into the Level II Evaluation.
- Review the Level II Evaluation for any spelling/grammar errors, completeness, and consistency. Assure first paragraph has factual information as to the reason for referral.
- Make the final recommendation for primary diagnoses before the Level II Evaluation is electronically submitted to the MDHHS OBRA Office.

- Ensure that all diagnoses and recommendations are supported in the body of all assessments.
- Complete Coordinator's Page, giving the final rationale for recommendations regarding nursing facility placement, length of stay, and mental health needs. Address, in detail, all discrepancies between the assessors.
- Verify that the face sheet information matches the content of each assessment.
- Electronically submit the completed Level II Evaluation to the OBRA Office within the guidelines established by the MDHHS OBRA Office and Federal PASARR Regulations.
- Review the MDHHS OBRA Office determination when received and coordinate the dissemination of the Level II Evaluation and supporting documents per guidelines.
- Coordinate the MDHHS process of informing the recipient/legal representative of the Level II determination and Appeal rights and procedures.
- Develop and maintain a tracking system to ensure that the Level II Evaluation and Appeal process are explained to the recipient/legal representative.
- Coordinate the referral for follow-up mental health services.
- Ensure Specialized Mental Health services are being provided.
- Participate in the Appeal process as requested by the MDHHS OBRA Office.
- Maintain data as required by the MDHHS OBRA Office. This includes, but is not limited to placement progress of individuals who received a no nursing facility determination, discharges, certification of delivery, etc.
- Submit Change of Status Forms electronically in a timely manner.
- Provide training to nursing facilities, hospitals, and other community referral sources on the electronic completion of the Level I and on the overall Level II process from referral through determination.
- Establish relationships with the waiver programs (HAB, MI Choice) to facilitate requests for Level II Evaluations for purposes of approval and denial of waiver services.
- Establish and maintain positive working relationships with community referral sources such as home care agencies, Primary Care Provider offices, etc.
- Act as liaison between MDHHS and the CMHSP which may include assistance with Egrams.
- Provide clinical supervision and consultation to agency OBRA Staff.
- Attend the annual Mental Health and Aging Conference and Coordinator Meetings to keep abreast of mental health and aging issues and MDHHS annual updates.
- Attend all MDHHS requested trainings.

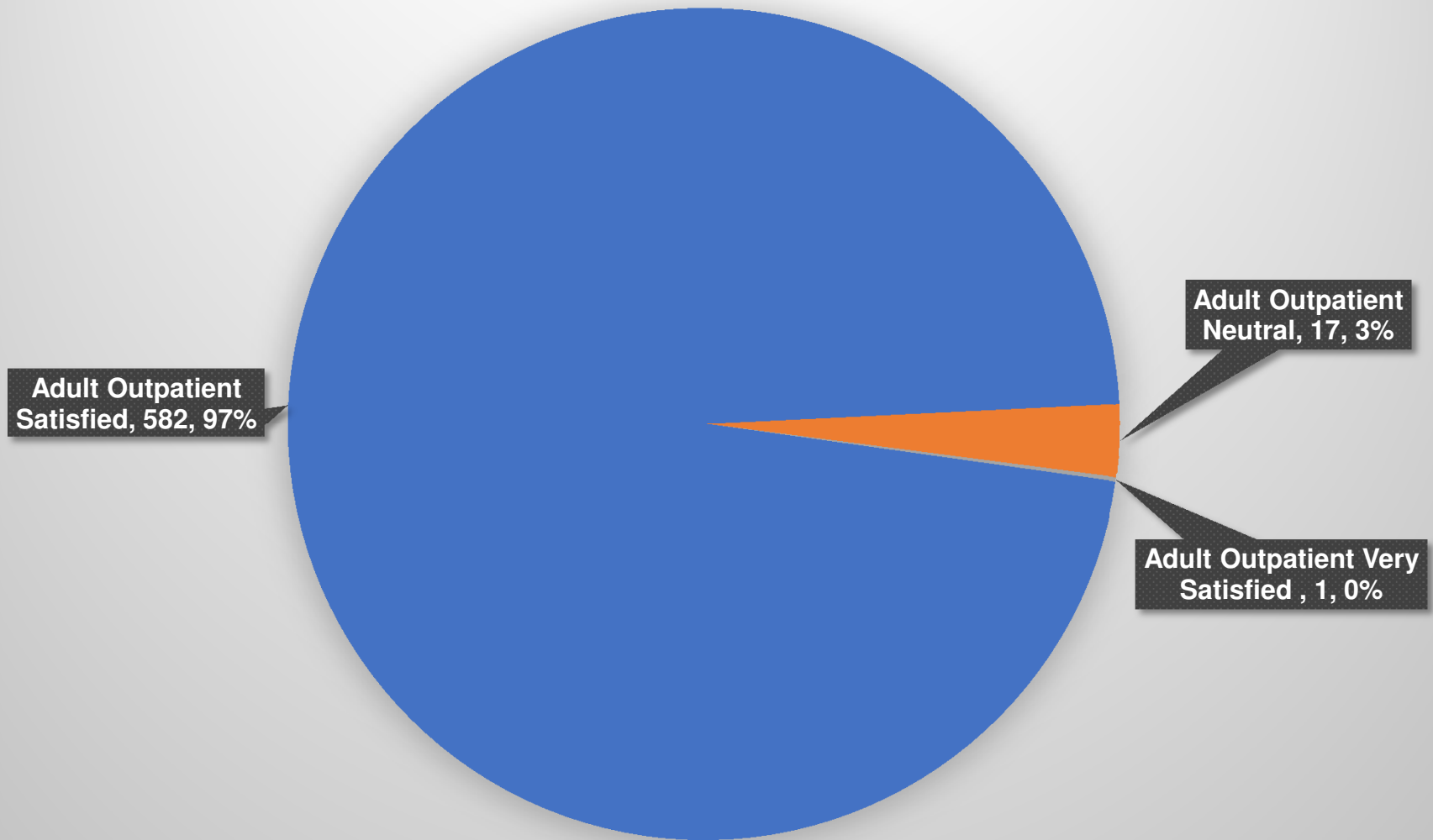
Adult Outpatient - 132 Total													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Admissions	1	2	3	3	5	1	0	2	2	5	5	3	32
Discharges	8	1	3	4	3	0	2	4	1	3	1	1	31
Net	-7	1	0	-1	2	1	-2	-2	1	2	4	2	1

Adult CBS - 466 Total													
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Admissions	1	3	7	3	7	3	0	4	4	5	5	3	45
Discharges	11	4	9	6	6	9	4	4	5	10	1	5	74
Net	-10	-1	-2	-3	1	-6	-4	0	-1	-5	4	-2	-29

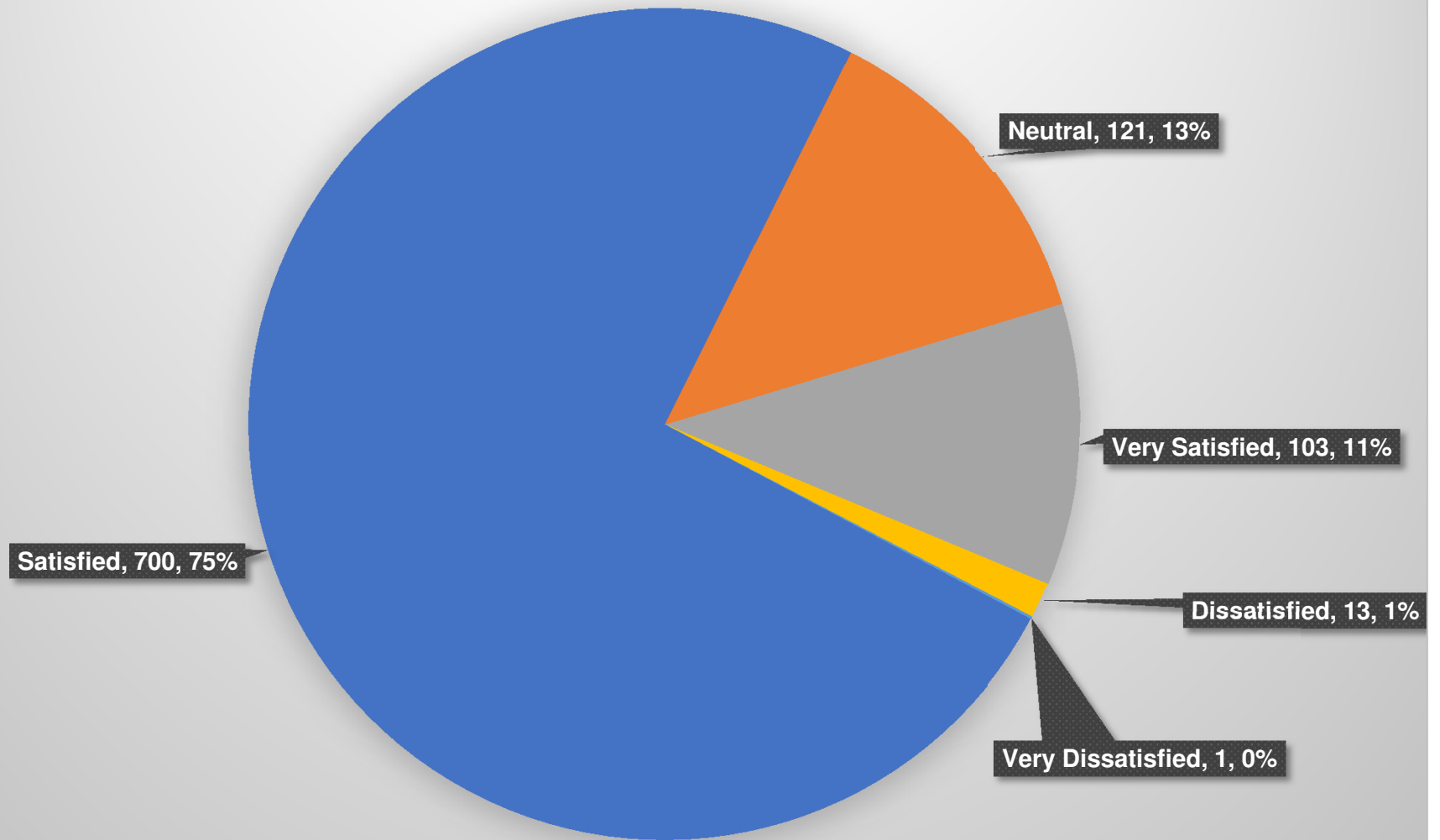
	2022	2021
People in SIL	30	34
Specialized Residential	127	125
Self-Directed Arrangements	135	141

# SIS Billed in Last Year	28
# Consumers Authoorized for S.E. in Last Year	17

## Adult Outpatient Consumer Satisfaction November, December and January



## Adult CBS Consumer Satisfaction November, December and January



Substance Use Disorder Services  
Heidi Denton- January 2022

**Allegan County Substance Abuse Prevention Coalition (ASAP)**

The first in person parent event in 2 years was the kids expo in GR on January 29<sup>th</sup>. In coordination with the LRE an educational table with handouts and freebies was set up for the event. The materials were well received and led to many discussions with parents and caregivers.

**Fennville Schools:**

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

**Truancy update:**

Erin is continuing our close working relationship with Juvenile Justice by attending truancy meetings across the county.

**PALS:**

Nick Richardson, co-teacher from Plainwell PAL's represented prevention along with Nikki Barth at the groundbreaking ceremony.

**Prime for Life:**

Adult: Next adult probation class will be in March.

Youth: First class held at Allegan MS with one student.

**Mental Health First Aid:** Erin is working with Perrigo to plan the MHFA training for staff the end of February.

**Suicide Prevention Coalition:**

The Signs of Suicide Curriculum was implemented at Wayland Middle School. Sherrie Chase presented to eight, 8th grade classrooms (approximately 150 students) and Tracy Monroe from the Children's team completed screenings for students that self-identified as needing to speak with an adult following the presentations.

The Question, Persuade, and Refer (QPR) program was presented by Sherrie to the students enrolled in Teacher Education Program at the Allegan County Technical Center.

**Covid funds:**

Vape sensors are ordered for another middle school- Prime for Life programming will be included as a follow up to youth caught. More details coming soon!

### **Increasing Programming within the Clinical Services Team**

Recruitment of additional staff continues to occur in many departments and programs within the agency in order to serve individuals through the Certified Community Behavioral Health (CCBHC) Grant. As a result of these efforts, we have increased the capacity of outpatient counseling as well as case management services for both children and adults. In addition, managers and supervisors from across agency departments and programs have been collaborating as we continue to develop and implement processes and clinical workflows to assist staff in their work with the individuals that we serve.

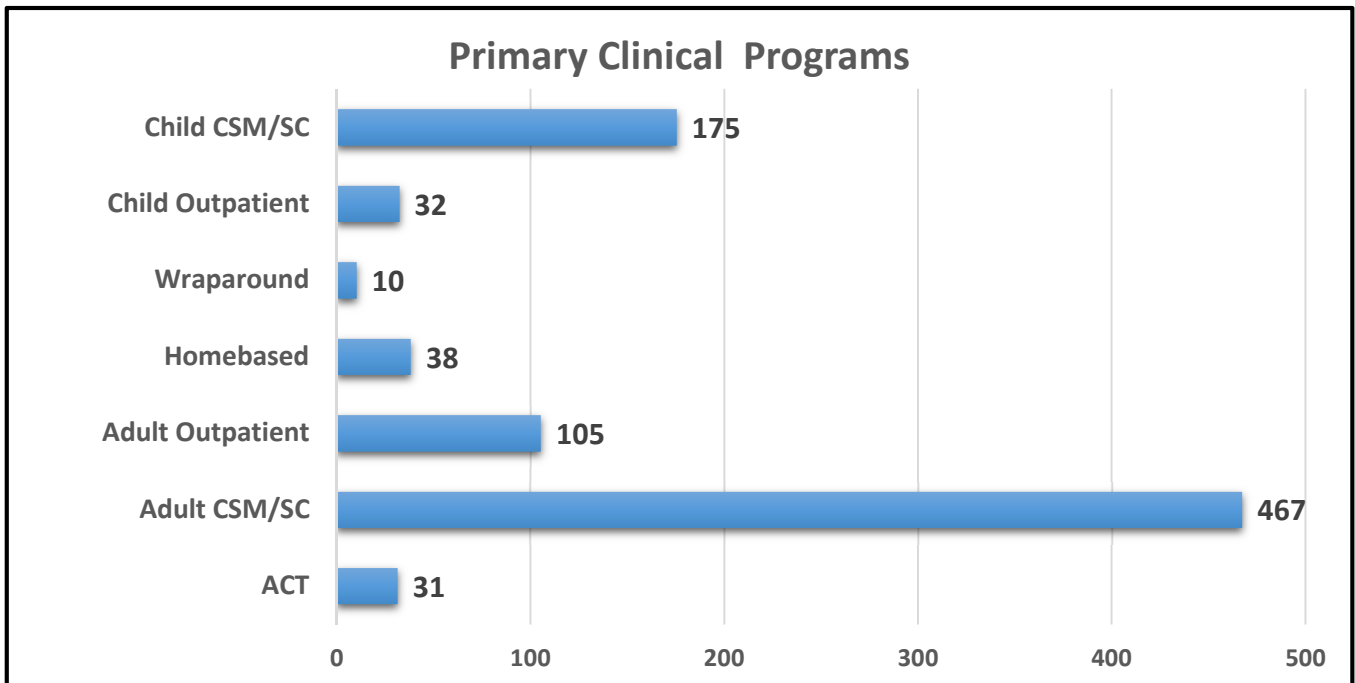
### **Changes in Leadership in the Autism and I/DD Services Program**

Lindsey Medendorp, LMSW has served as the Program Supervisor for the Autism and I/DD Services for the past several years. Lindsay has recently decided to resign from her position and has transitioned from her full-time role to working part-time for the next couple months. During this time, Lindsay will work with Megan Ford as she assumes the role of the Supervisor of Autism and I/DD Services. Megan previously served as our Board-Certified Behavior Analyst for the past few years, and we are very pleased that Megan will be taking on this new role of program supervisor.

On behalf of the agency, this Clinical Director would like to acknowledge the passion, hard work and dedication that Lindsay has demonstrated in her position over the years. We wish Lindsay and her family all the best in the future.

### **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 January. During the month January there were a total of 858 individuals served across clinical programs compared to 864 during the month of December. Within Adult Services, there was a slight decrease in the number of people receiving outpatient counseling services. Children’s Service had a small increase in the number of children receiving outpatient counseling and case management services. There was a slight decrease in those children receiving homebased and wraparound services.





## Clinical Service Board Report February 2022

Submitted by Geniene Gersh, PhD, Director of Clinical Services  
269-673-6617, email [ggersh@accmhs.org](mailto:ggersh@accmhs.org)

Primary Clinical Programs	August 2021	September 2021	October 2021	November 2021	December 2021	January 2022	Six-Month Average
Child Outpatient	23	24	24	29	31	32	27
Child CSM/SC	172	172	171	171	171	175	172
Wraparound	11	12	12	14	14	10	12
Homebased	38	39	40	42	40	38	40
Adult Outpatient	107	105	106	107	111	105	107
Adult CSM/SC	437	446	456	457	467	467	455
ACT	33	36	36	32	30	31	33
<b>Total</b>	<b>821</b>	<b>834</b>	<b>845</b>	<b>852</b>	<b>864</b>	<b>858</b>	<b>846</b>

### Intakes Conducted during the Month of January

The table below illustrates the number of intakes conducted by the Access Team during the month of December. There were a total of 27 intakes completed, with 19 individuals that were determined to be eligible and admitted into services. There were 8 people that were referred to other community resources for treatment.

Intake Disposition	Count
Admit/Refer to Funded Services	19
Referred to Community Mental Health/SUD Provider	8
<b>Grand Total</b>	<b>27</b>

### Discharges during the Month of January

The table below illustrates the number discharges in the month of January. There were a total of 19 discharges during the month of January. We had 10 discharges that were planned and 9 that were unplanned.

Discharges	Count
Planned	10
Unplanned	9
<b>Grand Total</b>	<b>19</b>

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

## **Clinical Service Board Report February 2022**

Submitted by Geniene Gersh, PhD, Director of Clinical Services  
269-673-6617, email [ggersh@accmhs.org](mailto:ggersh@accmhs.org)

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

#### **Access**

Access department has been busy learning a new system and new tools to use to expand our services for the mild and moderate population under the CCBHC grant. There was a buildup of individuals waiting to apply for services that had previously been denied under old eligibility requirements in December. We are continuing to improve and fine tune these processes and ended up doubling our number of assessments completed this month.

#### **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 January, the Crisis Department had a total of 47 prescreens evaluations mostly conducted virtually except for Holland Hospital where they are done face to face after individual has a negative COVID19 test. Out of the 47 prescreen evaluations, 15 were for minors and 32 were adult evaluations.

For the month of January, Crisis Department placed 35 consumers in inpatient, partial, or crisis residential placements and diverted 12 from any placement. 25 of these placements were for adults and 10 were for minors.

Mobile crisis calls - 4 for January.

### **Autism Behavioral Health Treatment (Autism BHT) and Children's Supports Coordination**

Submitted by Megan Ford, MS, BCBA, LBA- Supervisor of Autism & I/DD Services  
269-673-6617, ext. 4752; [mford@accmhs.org](mailto:mford@accmhs.org)

As the state of Emergency continues, Autism services continue to be offered in conjunction with family preference, either being in the home, clinic, a hybrid combination of both, and in some cases, through Telehealth. Even with the continued COVID precautions, quarantines and illness of both providing staff and client families continue to result in short-term breaks in service delivery. Providers, do however, continue to strive to remediate back up plans as appropriate (including having back up staff or Masters level clinicians work with the client in the event of staff absences) and communicate with families to ensure such breaks do not have any significant impact on client progress.

Autism testing frequency has increased to a 3-year cycle unless deemed medically necessary to be completed more frequently. The impact of this seems to have resulted in quicker scheduling and turn around to get our clients referred to the appropriate Autism services.

2022 has already brought many changes within the Children's Supports Coordination Team. Three new Supports Coordinators/Case Managers have started and are in the process of getting trained on their new caseloads. One of the Supports Coordinators is designated for clients under the CCBHC grant, and is being provided the training to best serve the clients that will fall under that scope. The Team's Board

## **Clinical Service Board Report February 2022**

Submitted by Geniene Gersh, PhD, Director of Clinical Services  
269-673-6617, email [ggersh@accmhs.org](mailto:ggersh@accmhs.org)

Certified Behavior Analyst has accepted the position of Supervisor of Autism and I/DD services and will train in the position as the current Supervisor begins to fade out. The BCBA position for providing Family Training and reviewing Autism Behavior Intervention Plan will be posted.

*Geniene Gersh, Ph.D.*

Director of Clinical Services

## **Quality Improvement/Compliance/Information Technology Board Report February 2022**

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

### **Quality Improvement**

- Completed the *ACCMHS FY22 Quality Improvement Plan*. (Please see the separate attachment. The goals need Board approval.)
- The LRE Site Review POC/CAP was accepted. Updates are due to the LRE by May 30, 2022.

### **Utilization Management**

- Completed Quality Records Review of Adult Supports Coordination. The cases are selected at random and checked against a form that contains various standards. The ongoing reviews of various departments assures that we are meeting the requirements of CARF. Results also help to facilitate ongoing training of staff.
- Completed the NABD Huddle Workgroup. This workgroup had cross department representation. Outcomes include:
  - o Updating of NABD Policy to assure all necessary components are present.
  - o Development of a grid to assure that consumers are receiving timely NABDs at the correct times during treatment.
  - o Development of a help sheet for clinicians to complete NABDs. The help sheet will assure complete and accurate completion of the required document.
- More than 400 authorizations completed during the month of January. This does not include periodic reviews.

### **Corporate Compliance**

- 1 Active case in review

### **Information Technology**

- One Drive deployment - Last of staff to be upgraded weekend of 2/5/22
- CCBHC reports - Working with IHA on data reports. Most currently from Inquiries
- New hire training/orientation for new CCBHC staff hired
- Created Caseload Management report for all clinical staff

## Allegan County Community Mental Health Services

<b>Full Board ACTION REQUEST</b>	<b>Subject:</b>	<b>FY2022 Quality Improvement Goals</b>
	<b>Meeting Date:</b>	February 15, 2022
	<b>Requested By:</b>	Dan Welburn, Director
<b><u>RECOMMENDED MOTIONS:</u></b>		
<b><u>Staff Recommends the Allegan County Community Mental Health Services Board approve the ACCMHS FY2022 Quality Improvement Goals:</u></b>		
<ol style="list-style-type: none"> <li>1. <b><u>Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS)</u></b></li> <li>2. <b><u>Fully implement services for the Certified Community Behavioral Health Clinic (CCBHC Expansion Grant)</u></b></li> <li>3. <b><u>ACCMHS Building Relocation</u></b></li> <li>4. <b><u>ACCMHS Rebranding Project</u></b></li> <li>5. <b><u>Increased Social Media Presence</u></b></li> <li>6. <b><u>Implement new LRE Performance Improvement Projects (PIP)</u></b></li> </ol>		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>		
<ul style="list-style-type: none"> <li>• MDHHS requires each PHIP to author an annual Quality Assessment and Quality Improvement Program (QAQIP) which meets the specified standards in the MDHHS contract.</li> <li>• Additionally, each CMH is required to author an annual Quality Improvement Plan (QIP). Most requirements are met through the PIHP QAQIP. Areas where CMH distinctions are necessary (QI Structure and QI Goals) are included in the QIP.</li> <li>• QIP Goals are to include areas in need of improvement within the agency. Goals should focus on the following: access, clinical care, consumer protection, integrating care, and consumer satisfaction.</li> <li>• <b>The annual goals for the QIP must be approved by the CMH Board.</b></li> <li>• The annual Quality Improvement Activities report documents the outcome of the annual goals (to be submitted to the Board in March).</li> <li>• We believe everyone has a role in continuous quality improvement. Continuous quality improvement is also a strategic plan goal.</li> </ul>		
<b>BY:</b> Dan Welburn, Director Quality, Compliance and Information Technology	<b>DATE:</b> February 8, 2022	

**ACCMHS QUALITY IMPROVEMENT GOALS FOR FISCAL YEAR 2022**

<b>Goal #1</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<p><b>Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS)</b></p>	<p>-The MMBPIS indicators collect data to monitor the quality of care for consumers in Michigan’s public mental healthcare system.</p> <p>-MMBPIS Indicators focus on: access/timeliness to services, continuity of care, efficiency, and outcomes.</p> <p>-ACCMHS values all of these concepts and, as a quality mental health provider, endeavors to improve upon them.</p> <p>-Whenever a standard is not met, the LRE requires a written <i>Plan of Correction</i> detailing the steps to be taken to improve processes and outcomes.</p>	<p>-The QI Coordinator will work with IT staff to ensure reports are available and accurate from the EMR.</p> <p>-The QI Council will oversee MMBPIS quality improvement efforts to ensure that MMBPIS Indicators are being met.</p> <p>-ACCMHS Managers/Supervisors will oversee the activities related to MMBPIS standards and will encourage staff to strive to meet them on a consistent basis.</p> <p>-When a <i>Plan of Correction</i> is required by the LRE, Supervisors will be responsible to write it and the QI Coordinator will submit it in a timely manner.</p>	<p>September 30, 2022</p>

<b>Goal #2</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<p><b>Fully implement services for the Certified Community Behavioral Health Clinic (CCBHC Expansion Grant)</b></p>	<p>-To improve the access of mental and primary healthcare for people who don’t ordinarily qualify for our services.</p> <p>-To improve health outcomes and behavioral health results by providing integrated healthcare for consumers with mental</p>	<p>-The CCBHC Committee will work with the Management Team to determine the timeframe and details for rolling out the CCBHC services to a minimum of 500 people within the two years that this grant is awarded.</p>	<p>September 30, 2022</p>

	<p>illness and/or substance use issues.</p> <p>-To integrate complex care management (e.g., wellness services, condition-specific care, health risk behavioral management).</p>		
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<b>Goal #3</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<b>ACCMHS Building Relocation</b>	<p>-Consumer survey results have consistently shown a need for a more convenient location of ACCMHS.</p> <p>-Consolidation of locations make access to services easier.</p> <p>-The new building will accommodate additional services and ACCMHS staff members.</p>	<p>-The ACCMHS Management Team has worked diligently with the architect to complete the building plans and is currently working with Cornerstone Construction on the project details and timeline.</p>	March 31, 2023

<b>Goal #4</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<b>ACCMHS Rebranding Project</b>	<p>-Rebranding will increase name recognition with our improved/expanded agency (e.g., the services we offer, the people that we serve, our new location).</p> <p>-Rebranding is being coordinated with our expanded CCBHC services, building relocation, and increased social media presence.</p>	<p>-ACCMHS is working with Inspirational Studios to complete the rebranding transition.</p> <p>-Inspirational Studios is developing/coordinating all aspects of rebranding (e.g., logo, website, social media, print materials, letterhead, business cards, branding guide, training of staff).</p>	September 30, 2022

Goal #5	Reasoning	Actions	Target Date
<p><b>Increased Social Media Presence</b></p>	<p>-To increase awareness of ACCMHS services.</p> <p>-To become a resource of information for the behavioral health industry.</p> <p>-To provide additional opportunities for community/consumer input.</p>	<p>-ACCMHS Website to be updated to encourage more traffic.</p> <p>-ACCMHS will begin to utilize two social media sites (Facebook and Instagram).</p> <p>-ACCMHS staff will be encouraged to participate in the acceleration of our social media growth by sharing/liking/following ACCMHS.</p>	<p>September 30, 2022</p>

Goal #6	Reasoning	Actions	Target Date
<p><b>Implement new LRE Performance Improvement Projects (PIP)</b></p>	<p>-To identify areas where we can intervene to improve the health of our consumers.</p> <p>-To meet LRE, MDHHS, and HSAG requirements.</p>	<p>- LRE QI will work with CMHs to select PIP projects.</p> <p>-The LRE PIP Workgroup will meet on a regular basis to review data and create intervention strategies.</p> <p>-PIP projects will be in effect for 3 years. The baseline portion is to be completed during FY22.</p>	<p>September 30, 2022</p>





**Quality Improvement Plan**  
**for**  
**Fiscal Year 2022**

## INTRODUCTION

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP), which meets the specified standards in the contract with MDHHS. The Regional Quality Improvement Plan documents the QAPIP for the Lakeshore Regional Entity (LRE), which includes Allegan County Community Mental Health Services (ACCMHS), HealthWest, Network 180, West Michigan Community Mental Health System (WCMCHS), and Community Mental Health of Ottawa County (CMHOC).

In addition to the QAPIP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). Most of the requirements are met through the Regional Quality Improvement Plan. Areas where CMHSP distinctions are necessary have been included in this document. The distinct areas include:

1. Elements of the CMHSP Quality Improvement (QI) structure, and
2. Specific CMHSP QI goals and/or objectives.

## OUR MISSION

Strengthening our community by improving and advocating for the lives of individuals and families.

## OUR VISION

Building a community which provides integrated behavioral health care effectively, efficiently, and sustainably for all who require it.

## OUR CORE VALUES

Integrity, Inclusivity, Honor, Equality, Innovation, Teamwork, and Cultural Competency.

## OUR COMMITMENT

ACCMHS is committed to providing quality improvement throughout the mental health and substance abuse system of care. Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by ACCMHS leadership, is understood, accepted, and utilized throughout the organization as a result of continuous education and involvement of staff at all levels in performance improvement.

Quality improvement involves two primary activities:

1. Measuring and assessing the performance of services through the collection and analysis of data, and
2. Conducting quality improvement initiatives and acting where indicated, including the design of new services and/or improvement of existing services or processes that affect the quality of care at ACCMHS.

## QUALITY IMPROVEMENT ASSUMPTIONS

The following assumptions are accepted:<sup>1</sup>

1. Health care is not an individual act between clinician and consumer, but a collective series of processes within a formal and informal system of care.
2. Most problems with quality in health care relate to defects in processes, not individual failings.
3. Measurement of crucial processes and outcomes play an important role in improving the quality of care. Through statistical analysis, processes can be compared to evidence-based treatment guidelines and outcomes can be compared to norms and benchmarks to identify opportunities for improvement.
4. Improvement efforts should be focused on the needs of the consumer.
5. Quality Improvement draws upon the knowledge, expertise, and efforts throughout the entire agency.
6. The improvement process prioritizes key problems, utilizes hypotheses about the nature of these problems, and develops targeted interventions.
7. Many quality problems are multidimensional, and the improvement process often occurs through incremental efforts.

## PURPOSE

The purpose of the ACCMHS QI Plan is to establish a written description by which the specific structure, process, scope, and role of the quality improvement program is articulated. The ACCMHS Quality Improvement Program exists to improve the overall performance in the areas of access, clinical care, consumer protection, integrating care, and consumer satisfaction. The ACCMHS QI Plan will be evaluated at least annually and updated whenever necessary. The QI Plan is the responsibility of the QI Coordinator, in collaboration with staff and the Management Team.

The purpose of the ACCMHS Quality Improvement Program is to:

- Continually evaluate and enhance quality management processes, program outcomes, and administrative efficiencies.
- Monitor and evaluate the systems and processes related to the quality of services that can be expected to affect the health status, quality of life, and satisfaction of persons served by ACCMHS.
- Identify and assign priority to opportunities for performance improvement, as identified by stakeholders (e.g., staff, consumers, providers).
- Create a culture that encourages stakeholder input and participation in problem solving.
- Outline the structure for monitoring and evaluating ACCMHS and service provider's compliance with regulations and requirements.

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<sup>1</sup> Adapted from "Selecting Process Measures for Quality Improvement in Mental Healthcare," Richard C. Hermann, M.D., M.S. H. Stephen Leff, Ph.D. and Greta Lagodmos, B.A. Center for Quality Assessment and Improvement in Mental Health

## GOALS

The ACCMHS Quality Improvement Program will:

1. Target improvement at all levels including management, administration, and programs to include: access, coordination of services, timeliness, safety, respect, effectiveness, appropriateness, and continuity of care.
2. Involve people served, as well as those who care for them, in assessing and improving satisfaction of outcomes and services.
3. Develop performance indicators to ensure services are effective, safe, respectful, and appropriate.
4. Track key performance indicators, comparing performance to statewide or other comparable data when available.
5. Continuously monitor and analyze data related to program outcomes and consumer satisfaction to identify opportunities for improvement.
6. Ensure providers of service fulfill their contractual or employment obligations in accordance with applicable regulatory and accreditation standards.
7. Ensure providers of service are competent and capable of providing services through a system of competency evaluation and credentialing.

## QUALITY IMPROVEMENT STRUCTURE AND ACTIVITIES

### *Board of Directors*

The ACCMHS Board of Directors receives reports regarding performance indicators, program data, and consumer satisfaction data. The ACCMHS Board of Directors will regularly review outcome measurement data, consumer feedback activities, and improvement actions taken.

### *Management Team*

The ACCMHS Management Team is comprised of the Executive Director, Director of Administrative Services, Director of Integrated Health and Substance Use Services, Director of Clinical Services, Director of Human Resources, and the Director of Quality Improvement and Compliance. The Management Team will demonstrate ACCMHS' commitment to continuous quality improvement by fulfilling the following responsibilities:

- Ensuring that all employees are aware of the organization's vision, mission, and values.
- Collaborating with the QI Coordinator and other staff members to identify improvement opportunities.
- Reviewing and taking action on reports from the QI Coordinator or other teams/committees on performance findings and recommendations.
- Reviewing and evaluating employee generated suggestions for quality improvement within the agency.
- Ensuring plans for improving systems are in place and effectively implemented, communicated, and monitored.
- Identifying staff training needs.

### *QI Coordinator*

The Quality Improvement Coordinator is the author of the QI Plan and has the following additional responsibilities:

- Developing, managing and implementing activities stated in the QI Plan.
- Ensuring QI data is regularly presented to the Management Team and the ACCMHS Board of Directors.
- Identifying staff training opportunities related to quality improvement.
- Tracking improvement data and follow-up methods.
- Collaborating with Program Managers/Supervisors to implement and monitor QI goals.
- Coordinating data collection to and from committees, staff, and service teams.
- Collaborating with the LRE on regional quality improvement activities.

### ***ACCMHS Supervisors/Leadership***

ACCMHS Supervisors/Leadership help ACCMHS establish a culture of quality improvement and fulfill the following responsibilities related to quality improvement:

- Encouraging involvement of staff in the QI process.
- Collaborating with the QI Coordinator to implement ACCMHS QI Goals.
- Compiling/utilizing outcome measurement data for analysis.
- Communicating QI goals, activities, and results to staff.

### ***ACCMHS Staff***

ACCMHS staff play a key role in the quality improvement process and may conduct the following activities:

- Collecting and reviewing program data.
- Providing suggestions and recommendations for quality improvement.
- Collaborating with the QI Coordinator on performance improvement projects and recommendations.
- Serving on improvement committees/teams.

### ***Subcontracting Agencies***

Subcontracting Agencies may fulfill the following responsibilities related to the ACCMHS QI process:

- Participating in quality improvement activities (when mandated).
- Ensuring staff are compliant with appropriate credentials and training requirements.
- Implementing improvement actions and communicating improvement actions to ACCMHS.

### ***Consumers/Other Stakeholders***

ACCMHS consumers/other stakeholders may participate in the ACCMHS QI Process by conducting the following activities:

- Actively participating in quality improvement activities designed to obtain stakeholder input.
- Using the systems and procedures in place.
- Identifying improvement opportunities.
- Participating in teams, work groups, and committees.
- Providing feedback regarding agency changes and process improvement projects.

## OVERVIEW OF COMMITTEES

### **Quality Improvement Council**

- Supports the overall mission, vision, and values of ACCMHS.
- Builds a culture of continuous quality improvement within ACCMHS.
- Participates in the development of the annual Quality Improvement Plan.
- Monitors key performance indicators compared to organizational goals and industry benchmarks.
- Ensures conformance to accreditation and other external requirements.
- Reviews and recommends revisions to quality/safety-related policies and standards.
- Supports the ACCMHS Strategic Plan by collaborating with other agency teams/committees on quality improvement projects.

### **Recipient Rights Committee**

- Maintains compliance with Chapter 7 of the Michigan Mental Health Code.
- Tracks and trends Office of Recipient Rights (ORR) data.
- Provides recommendations for process improvements.

### **Behavioral Treatment Committee**

- Monitors enrollment and exit from the Behavior Treatment Program for trend analysis.
- Monitors and analyzes behavior modification techniques, including the emergency use of physical interventions.

### **Community Opportunity Advisory Panel (COAP)**

- Analyzes consumer feedback surveys/focus groups.
- Identifies future consumer opportunities.
- Provides ACCMHS with feedback regarding policy development and change.
- Analyzes quality activity reports and provides feedback.
- Identifies community opportunities for consumers and families.

### **Utilization Management Committee**

- Ensures consumers receive timely, quality, medically-necessary, cost-effective services in the most appropriate and least restrictive treatment setting.
- Ensures ACCMHS has an effective mechanism to manage the utilization of clinical resources.

### **Health and Safety**

- Ensures compliance with OSHA/MIOSHA.
- Develops infection control procedures.
- Conducts staff training related to health and safety goals.
- Updates required information for posting.
- Inspects buildings/grounds/equipment.
- Conducts safety drills.
- Ensures physical accessibility.
- Completes annual inspections.

## Corporate Compliance

- Ensures that the regulatory environment of ACCMHS meets legal requirements.
- Monitors internal and external compliance audits/investigations to identify areas in need of improvement and to implement corrective and preventive actions.
- Monitors the effectiveness of corrective action and makes adjustments as needed.
- Reviews and recommends changes/revisions to the Compliance Program and related education/training, policies and procedures.
- Maintains a confidential database that includes all alleged and substantiated complaints/issues related to fraud, waste, abuse and other compliance matters.

## QUALITY MANAGEMENT / IMPROVEMENT SYSTEM

The ACCMHS Quality Management System combines the traditional aspects of quality assurance and adds the elements of continuous quality improvement. The Quality Management System helps ACCMHS achieve its mission, realize its vision, and live its values. It protects against adverse events and provides mechanisms to implement positive changes within the agency.

The *Quality Management System* includes:

- Predefined quality standards
- Formal assessment activities
- Measurement of outcomes and performance
- Strategies to improve performance that falls below standards

The various aspects of the system are not mutually exclusive to just one category, as an aspect can overlap into more than one category. The following table identifies some of the more common standards, assessment activities, measurements, and improvement strategies used by the ACCMHS Quality Management System.

<b>ACCMHS QUALITY MANAGEMENT SYSTEM</b>			
<b>Quality Standards</b>	<b>Assessment Activities</b>	<b>Performance Measurements</b>	<b>Improvement Strategies</b>
<ul style="list-style-type: none"> <li>•Federal &amp; State Rules/Regulations</li> <li>•Stakeholder Expectations</li> <li>•MDHHS/PIHP Contract</li> <li>•Provider Contracts</li> <li>•Practice Guidelines</li> <li>•Accreditation Standards</li> <li>•Affiliation Policies and Standards</li> <li>•Evidence-Based Practices</li> </ul>	<ul style="list-style-type: none"> <li>•Quality Records Reviews</li> <li>•Accreditation Surveys</li> <li>•Credentialing</li> <li>•Risk Management</li> <li>•Utilization Reviews</li> <li>•External Quality Reviews</li> <li>•Stakeholder Input</li> <li>•Sentinel Event Reports</li> <li>•Critical Event Reports</li> <li>•MDHHS Site Review Report</li> <li>•Behavior Treatment Analysis</li> </ul>	<ul style="list-style-type: none"> <li>•MDHHS MMBPIS</li> <li>•LRE Performance &amp; Dashboard Reports</li> <li>•Benchmarking</li> <li>•Status Reports on Strategic Planning</li> <li>•Audit Reports</li> <li>•Grievances &amp; Appeals</li> <li>•ACCMHS Dashboard Reports</li> </ul>	<ul style="list-style-type: none"> <li>•Corrective Action/Improvement Plans</li> <li>•Improvement Projects</li> <li>•Improvement Teams</li> <li>•Strategic Planning</li> <li>•Adherence to Practice Guidelines</li> <li>•Organizational Learning</li> <li>•Staff Development and Training</li> <li>•Improvements through Root Cause Analysis</li> </ul>

## **I. Quality Standards**

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. ACCMHS identifies and sets standards by reviewing, analyzing, and integrating such areas as:

- Performance expectations of stakeholders for both clinical services and administrative functions
- Accreditation standards
- Practice Guidelines
- Clinical pathway protocols and other authorization criteria
- Government requirements, regulations, and rules

ACCMHS quality standards are documented in policy and procedure, contracts with providers, and the quality review process. ACCMHS standards are evaluated, at least annually, to ensure continued appropriate and relevant application.

### Confidentiality

ACCMHS is committed to maintaining the confidentiality of persons served by the organization. Specific details of this commitment are reflected in the LRE's policies and procedures related to confidentiality, as well as ACCMHS HIPAA Policies and Procedures.

## **II. Assessment Activities**

Quality assessment consists of various strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards that are enhancing or inhibiting the achievement of quality. Obtaining stakeholder input is critical to quality assessment activities.

### Stakeholder Input

ACCMHS recognizes that obtaining stakeholder input is a vital aspect of any system designed for continuous quality improvement. Typical stakeholders identified to provide input to ACCMHS include: service consumers, staff, contract service providers, families/advocates, and the local community.

Input is collected to better understand how ACCMHS is performing from the perspective of its stakeholders. Quantitative and qualitative assessments are conducted to address issues of quality, availability, and accessibility of care. The input is continually analyzed, and the analysis is integrated into the practices of ACCMHS.

As a result of input from stakeholders, ACCMHS:

- A. Takes specific action on individual cases as appropriate
- B. Identifies and investigates sources of dissatisfaction
- C. Outlines systemic action steps to follow up on findings
- D. Utilizes stakeholder input in decision making
- E. Informs practitioners, providers, persons served, and the ACCMHS Board of Directors of the results of assessment activities

The following table summarizes some of the various methods and sources ACCMHS uses to obtain stakeholder input.



**STAKEHOLDER INPUT-METHODS & SOURCES**

<b>Type of Input</b>	<b>Consumer</b>	<b>Staff</b>	<b>Providers</b>	<b>Family/ Advocates</b>	<b>Community</b>
Interviews	<i>MDHHS Site Reviews, Accreditation, Individual Assessments, Evaluations</i>	<i>Performance Evaluations, Termination/Exit Interviews</i>	<i>ORR Site Visit, Quality Review of Providers</i>	<i>MDHHS Site Reviews</i>	
Suggestions	<i>Case Management/ Supports Coordination Contacts or Customer Service Contacts</i>	<i>Supervision, Quality Improvement Ideas</i>	<i>Quality Monitoring Reviews, Case Management Contacts</i>	<i>Case Management/ Supports Coordination Contacts</i>	<i>Contacts made to ACCMHS</i>
Forums	<i>Consumer Opportunity Advisory Panel, Board Meetings</i>	<i>Team/ Unit Meetings</i>	<i>MDHHS Reviews, Contract Negotiations, Meetings</i>	<i>MDHHS Reviews, Advisory Council</i>	<i>MDHHS Reviews, Open Forums at Board Meetings, Advisory Council</i>
Surveys	<i>Consumer Surveys</i>	<i>Staff Surveys</i>	<i>Provider Surveys, Accreditation surveys</i>	<i>Satisfaction Surveys</i>	
Planning	<i>Service Planning Meeting</i>	<i>Program Planning</i>	<i>Budget Planning</i>	<i>Service Planning Meeting</i>	
Assessment	<i>Pre-planning Information, Progress Notes Reviews, Discharge Summary</i>	<i>Performance Evaluations</i>	<i>Quality Review of Providers.</i>	<i>Surveys assessing family/ advocate satisfaction level/ needs</i>	<i>Community Needs Assessment</i>
Grievances / Appeals	<i>Grievance Systems to File a Grievance, Appeal, or Recipient Rights Complaint</i>	<i>Staff Grievance</i>	<i>Provider Grievance, Placement Reconsideration for Inpatient Requests</i>	<i>Grievance Systems</i>	<i>Contacts made to Customer Services</i>
Complaints	<i>Recipient Rights Complaint, Complaints Discussed with Customer Services</i>	<i>Employee Complaint</i>	<i>Recipient Rights Complaint</i>	<i>Recipient Rights Complaint</i>	<i>Recipient Rights Complaint</i>

*Quality Records Reviews*

ACCMHS has a Quality Records Review Team comprised of staff that are very knowledgeable in external compliance standards and reimbursement practices. The team meets to complete random and/or focus reviews depending on present issues. Formal reports are generated from these reviews and are shared with the staff providing the service, managers/supervisors, the Clinical Director, and the QI Team.

The Quality Records Review Team notifies the Corporate Compliance Committee when an issue warranting further investigation is identified. In addition, ACCMHS will follow the LRE policy on Provider Network Monitoring, which describes additional mechanisms for monitoring and assessing compliance with contract, state, and federal requirements of service providers.

#### MDHHS Site Reviews

MDHHS conducts reviews of the quality of ACCMHS administrative and clinical services. In response to the reviews, improvement plans are developed and implemented. The LRE will monitor affiliate member performance on site reviews conducted by MDHHS. ACCMHS will draft remedial action for all citations for which ACCMHS has been identified as out of compliance. The LRE completes the overall response, provides consultation for affiliate members, and oversees the implementation of improvement actions.

#### LRE Site Reviews

As part of a delegated model, the LRE completes annual site visits that include reviewing administrative standards and clinical practices. Any areas of noncompliance receive a written Corrective Action Plan (CAP) from the LRE. The CAP is submitted to the LRE for its approval of the quality improvement process to address the area(s) of concern.

#### External Quality Reviews

The Balanced Budget Act (BBA) of 1997 requires that states contract with an External Quality Review Organization (EQRO) for an annual independent review of each Pre-paid Inpatient Health Plan to evaluate the quality, timeliness of, and access to health care services provided to Medicaid enrollees. MDHHS contracts with the Health Services Advisory Group (HSAG) to conduct the reviews within the state of Michigan. ACCMHS participates in the HSAG Review as a CMHSP of the Lakeshore Regional Entity.

The stated objective of the annual evaluation is to provide meaningful information that MDHHS and the LRE can use for:

- Evaluating the quality, timeliness, and access to mental health and substance abuse care
- Identifying, implementing, and monitoring system interventions to improve quality
- Evaluating one of the two performance improvement projects of the LRE
- Planning and initiating activities to sustain and enhance current performance processes

#### Critical Incidents, Risk Events, Complaints, & Sentinel Events

The ACCMHS QI Coordinator is responsible for tracking critical incidents, risk events, and sentinel events reported to ACCMHS via incident reports. The Office of Recipient Rights (ORR) is responsible for reviewing consumer incidents and all complaints that may violate the rights of consumers. In combination of efforts from the ACCMHS QI Program and the Office of Recipient Rights, the critical incidents, complaints, and sentinel events review processes includes:

- Investigating complaints of rights violations
- Reviewing incident reports, conducting follow-up activities and investigations
- Monitoring incidents for the identification of sentinel events
- Analyzing for trends and providing suggestions to prevent recurrence
- Reviewing consumer death reports and investigating any unexpected death to identify potential system improvements
- Sharing and discussing information with the Recipient Rights Committee, Sentinel Events Review Committee, the ACCMHS Board of Directors, and Management Team

The QI Coordinator notifies the Sentinel Event Review Committee of issues that are determined to be a sentinel event. The QI Coordinator reports sentinel events as required by MDHHS following the LRE's Sentinel Event Review Reporting Process. When appropriate, the QI Coordinator conducts a Root Cause Analysis and submits the findings to the Sentinel Event Review Committee for further process improvement recommendations.

#### Credentialing

The ACCMHS Credentialing Team will ensure services and supports are consistently provided by staff that are properly and currently credentialed, licensed, and qualified. ACCMHS will follow ACCMHS and LRE Credentialing and Re-Credentialing Policies, which outlines the guidelines and responsibilities for credentialing and re-credentialing for CMHSPs of the LRE and their contract service providers.

#### Accreditation

The Director of Quality and Compliance serves as the CARF Liaison and chairs the CARF/QI Team. The Director of Quality and Compliance organizes the CARF survey process and offers extensive consultation to the Management Team and Managers/Supervisors on meeting and exceeding CARF standards. Other members of the CARF/QI Team also assist with the preparation process, as well as provide consultation to staff on how best to meet standards. ACCMHS uses the results of the survey to implement improvements within the agency. On an ongoing basis, the Director of Quality and Compliance remains familiar with CARF changes and reports information to staff members as appropriate.

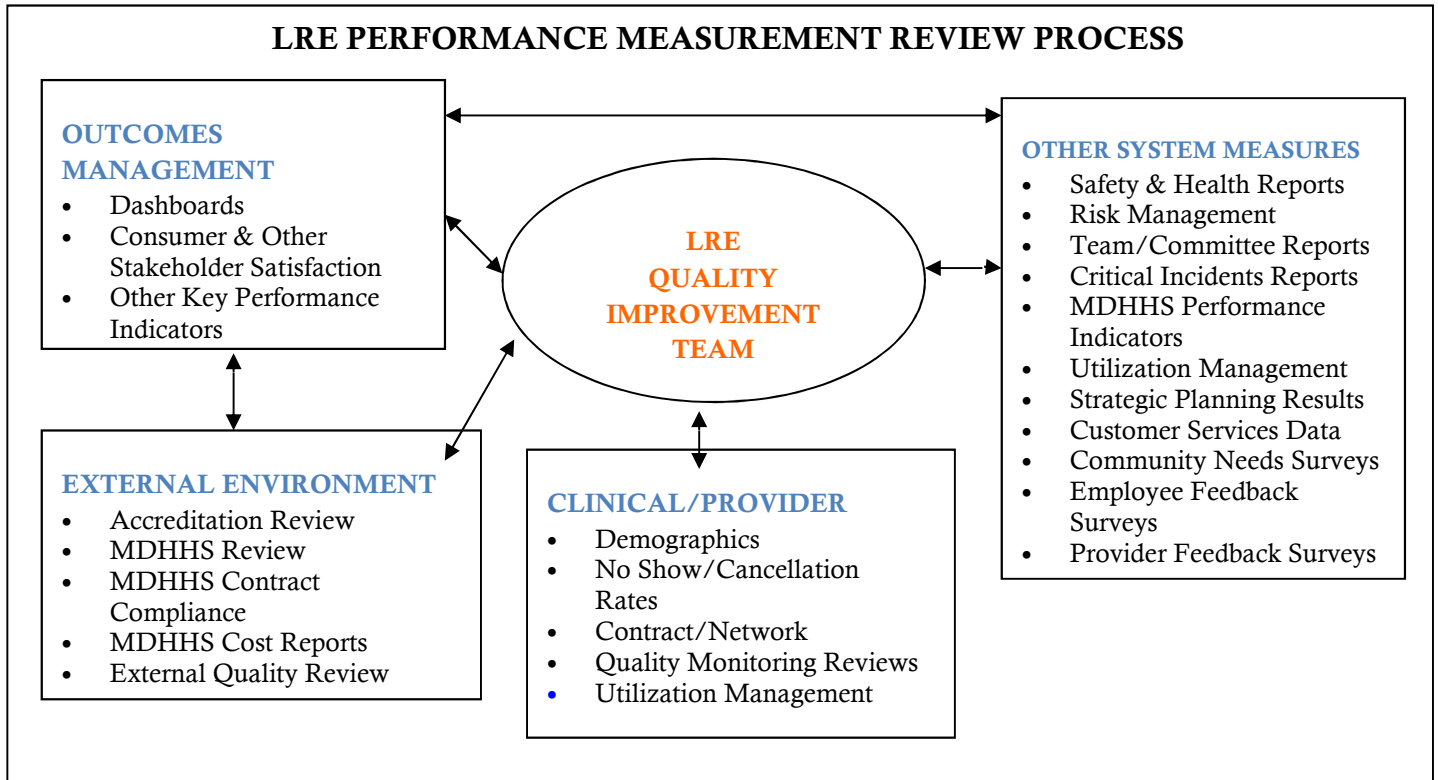
### **III. Performance Measurement**

Through monitoring and evaluating expected performance on operational activities, the efforts and resources of ACCMHS can be redirected to obtain the desired outcomes.

By using performance indicators, the variation between the target desired and current status of the item(s) being measured can be identified. Indicators are used to alert the LRE and CMHSPs of issues that need to be addressed immediately, to monitor trends and contractual compliance, and to provide information to consumers and the public.

The following figure displays many of the performance indicators that are monitored and reviewed by the LRE to determine significant trends and to plan, design, measure, assess, and improve services, processes, and systems. If

performance does not meet the standard established by the LRE, an improvement strategy will be determined and implemented by ACCMHS.



Performance indicator results are used to guide management decisions related to:

- Strategic planning
- Resource allocation
- Modification of service delivery
- Process improvements
- Staff training
- Marketing and outreach activities
- Other activities identified by consumers and/or other stakeholders.

The LRE monitors and reviews significant sets of performance indicators, including: Michigan Mission-Based Performance Indicator System, Utilization Management, and the Verification of the Delivery of Medicaid Services.

- A. **Michigan Mission-Based Performance Indicator System (MMBPIS)**  
 The Michigan Mission-Based Performance Indicator System (MMBPIS) was fully implemented by MDHHS on October 1, 1998 and is in its 6<sup>th</sup> revision. There are both Affiliation and CMHSP level indicators within the system. The Affiliation and each of the affiliate members submits data to MDHHS on a quarterly basis. MDHHS collects, aggregates, trends, and publishes the MMBPIS information on the indicators MDHHS has determined would best monitor the implementation of managed care throughout the state. The LRE and the Information Systems Coordinators ensure the reliability and validity of the data across the affiliation and that the indicators conform to the “Validation of the Performance Measures” of the Balanced Budget Act

protocols. The LRE will review MMBPIS results. If ACCMHS is out of compliance with MDHHS standards, ACCMHS will work with the LRE to ensure the implementation of an effective improvement plan.

**B. Utilization Management**

The ACCMHS Utilization Management Process is guided by the LRE's Utilization Management Policy and Procedure and annual Utilization Management Plan. ACCMHS conducts utilization management activities to ensure the appropriate delivery of services. Utilization mechanisms identify and correct under-utilization as well as over-utilization. Utilization reviews include the review/monitoring of individual consumer records, specific provider practices, and system trends.

**C. Verification of the Delivery of Medicaid Services**

The Michigan Department of Health and Human Services (MDHHS) requires each PIHP to complete reviews that meet the Verification of the Delivery of Medicaid Services (VDMS) requirements. The purpose of the process is to verify that adjudicated claims are for services identified by MDHHS as Specialty Mental Health and/or Substance Abuse Services, and that the services are sufficiently supported by case record documentation. ACCMHS will follow the LRE's policy and procedure for the VDMS.

**IV. Improvement Strategies**

Establishing and successfully carrying out strategies to minimize statistical performance outliers, incorporate best practices, and optimize consumer outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used vary according to the situation and the kind of improvement that is desired. ACCMHS will develop improvement strategies based on performance reviews, evaluation methods, and stakeholder input.

The ACCMHS Quality Improvement Program utilizes the Plan-Do-Check-Act (PDCA) process as a problem solving approach, commonly used in quality control efforts. The process can be repeated indefinitely until the desired outcome is achieved. The four-step process includes:

1. **Plan:** Design (or revise) a process to improve results.
2. **Do:** Implement the plan and measure its performance.
3. **Check:** Measure and evaluate the results to determine if the results met the desired goals.
4. **Act:** Decide if changes are needed to improve the process. If so, begin the PDCA process again.

**ACCMHS QUALITY IMPROVEMENT GOALS FOR FISCAL YEAR 2022**

<b>Goal #1</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<p><b>Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS)</b></p>	<p>-The MMBPIS indicators collect data to monitor the quality of care for consumers in Michigan’s public mental healthcare system.</p> <p>-MMBPIS Indicators focus on: access/timeliness to services, continuity of care, efficiency, and outcomes.</p> <p>-ACCMHS values all of these concepts and, as a quality mental health provider, endeavors to improve upon them.</p> <p>-Whenever a standard is not met, the LRE requires a written <i>Plan of Correction</i> detailing the steps to be taken to improve processes and outcomes.</p>	<p>-The QI Coordinator will work with IT staff to ensure reports are available and accurate from the EMR.</p> <p>-The QI Council will oversee MMBPIS quality improvement efforts to ensure that MMBPIS Indicators are being met.</p> <p>-ACCMHS Managers/Supervisors will oversee the activities related to MMBPIS standards and will encourage staff to strive to meet them on a consistent basis.</p> <p>-When a <i>Plan of Correction</i> is required by the LRE, Supervisors will be responsible to write it and the QI Coordinator will submit it in a timely manner.</p>	<p>September 30, 2022</p>

<b>Goal #2</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<p><b>Fully implement services for the Certified Community Behavioral Health Clinic (CCBHC Expansion Grant)</b></p>	<p>-To improve the access of mental and primary healthcare for people who don’t ordinarily qualify for our services.</p> <p>-To improve health outcomes and behavioral health results by providing integrated healthcare for consumers with mental</p>	<p>-The CCBHC Committee will work with the Management Team to determine the timeframe and details for rolling out the CCBHC services to a minimum of 500 people within the two years that this grant is awarded.</p>	<p>September 30, 2022</p>

	<p>illness and/or substance use issues.</p> <p>-To integrate complex care management (e.g., wellness services, condition-specific care, health risk behavioral management).</p>		
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<b>Goal #3</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<b>ACCMHS Building Relocation</b>	<p>-Consumer survey results have consistently shown a need for a more convenient location of ACCMHS.</p> <p>-Consolidation of locations make access to services easier.</p> <p>-The new building will accommodate additional services and ACCMHS staff members.</p>	<p>-The ACCMHS Management Team has worked diligently with the architect to complete the building plans and is currently working with Cornerstone Construction on the project details and timeline.</p>	March 31, 2023

<b>Goal #4</b>	<b>Reasoning</b>	<b>Actions</b>	<b>Target Date</b>
<b>ACCMHS Rebranding Project</b>	<p>-Rebranding will increase name recognition with our improved/expanded agency (e.g., the services we offer, the people that we serve, our new location).</p> <p>-Rebranding is being coordinated with our expanded CCBHC services, building relocation, and increased social media presence.</p>	<p>-ACCMHS is working with Inspirational Studios to complete the rebranding transition.</p> <p>-Inspirational Studios is developing/coordinating all aspects of rebranding (e.g., logo, website, social media, print materials, letterhead, business cards, branding guide, training of staff).</p>	September 30, 2022

Goal #5	Reasoning	Actions	Target Date
<p><b>Increased Social Media Presence</b></p>	<p>-To increase awareness of ACCMHS services.</p> <p>-To become a resource of information for the behavioral health industry.</p> <p>-To provide additional opportunities for community/consumer input.</p>	<p>-ACCMHS Website to be updated to encourage more traffic.</p> <p>-ACCMHS will begin to utilize two social media sites (Facebook and Instagram).</p> <p>-ACCMHS staff will be encouraged to participate in the acceleration of our social media growth by sharing/liking/following ACCMHS.</p>	<p>September 30, 2022</p>

Goal #6	Reasoning	Actions	Target Date
<p><b>Implement new LRE Performance Improvement Projects (PIP)</b></p>	<p>-To identify areas where we can intervene to improve the health of our consumers.</p> <p>-To meet LRE, MDHHS, and HSAG requirements.</p>	<p>- LRE QI will work with CMHs to select PIP projects.</p> <p>-The LRE PIP Workgroup will meet on a regular basis to review data and create intervention strategies.</p> <p>-PIP projects will be in effect for 3 years. The baseline portion is to be completed during FY22.</p>	<p>September 30, 2022</p>



**February, 2022**  
**Customer Services Status Report**  
*(Report covers time period: December, January and February)*

*Submitted by Cathy Potter 269-686-5124 or 877-608-3568*  
*Email: [customerservices@accmhs.org](mailto:customerservices@accmhs.org)*

During this quarter Customer Service continues to go into the office one day a week and works remotely from home the other days. Customer Service met with three new hires in December (SIS Assessor, SUD Program Supervisor, Children/Adult Outpatient Therapist), six new hires in January (Adult Outpatient Therapist, Supports Coordinator Assistant, Wraparound Facilitator, Recipient Rights Officer, and two Supports Coordinator/Case Managers), and so far completed one new hire orientation in February (Case Manager). A future new hire orientation is scheduled later this month (Medical Assistant). All orientation meetings were held through Microsoft Teams.

Incoming emails sent to the customer service email account continue to increase each month. These emails are sent by individuals in the community requesting a variety of things such as what services does ACCMHS offer? How do I access services? What fax number do I send in my referral to? Can I get housing resources/application assistance? Etc. The email account is named [customerservices@accmhs.org](mailto:customerservices@accmhs.org) and is listed on the agency's website, social media platforms, brochures, forms, etc. I've listed the total number of inquiries received by each month of last year and January of this year for your review:

January, 2021 – 4	May, 2021 – 6	September, 2021 - 14
February, 2021 – 5	June, 2021 – 5	October, 2021 - 16
March, 2021 – 7	July, 2021 – 14	November, 2021 - 24
April, 2021 – 5	August, 2021 – 15	December, 2021 - 27
		January, 2022 - 20

An overview of Behavioral Health Mediation Services was provided during the November All Staff Meeting by representatives from Oakland Medication Center. The attached "Rack Card" has been distributed to staff and contains information such as What is Mediation? Benefits of Mediation, and 5 Easy Steps to Mediation. These rack cards have been posted on the Agency's website and paper copies are available in the Clinic and County Service Building.

Customer Service along with Employment Service Coordinator for ACCMH was invited to present agency information to AAESA Transition Special Educators and Providers in Allegan County (9<sup>th</sup> grade through 26 years of age). Parent Advisory Committee members were also invited to attend and there were several community agency presenters as well who attended this half day virtual event on January 19<sup>th</sup>. Information about what services ACCMH can offer to AAESA students. Accessing ACCMH Services, Overview of Services, Guardianship, and Employment Opportunities were some of the topics discussed. It was a great connection and valuable information shared amongst all presenters. Our goal was to become familiar with each other in order to provide the best resources to families who we come in contact with.

During this quarter, Customer Service facilitated an "Inquiry Project" which involved many ACCMH staff including Program Managers, IT staff, Utilization Manager, and Clinical Director. We noticed there was a need to improve our agency process for handling incoming inquiries as there were many past inquiries showing "still in progress" instead of "complete" dating far back

as 2013. There was a lack of follow through in marking “complete” in EMR system once an inquiry was finished. After many months of discussing issues relating to inquiries, a plan was developed and workflow was created moving forward to address this issue. Monthly follow ups will occur to assure inquiries get marked “complete” once finished.

### **LRE/Beacon Customer Service Workgroup**

CMHSP’s Customer Services, LRE, and Beacon staff had two meetings this quarter and the next scheduled meeting is February 9<sup>th</sup>, 2022 at 10:00 am. Grievance Data reporting requirements to the State were discussed and Customer Service reps were reminded about quarterly data due by February 8<sup>th</sup>. There is a spreadsheet located in the LRE SharePoint site for data to be submitted. Another requirement for the Notice of Adverse Benefit Determination (NABD) forms was discussed. A document named “taglines” (see attached) containing 15 different languages is required with all NABD forms being mailed out. Allegan has already begun implementing this requirement by having clerical staff attach a copy of taglines with NABD’s once mailed out and a work ticket has been submitted to IT to include document into EMR so a printed out could automatically print out along with the completed NABD form. Guide to Services updates were also discussed and soon the State will be reviewing changes so we can receive an updated booklet. Customer Service Representatives discussed their involvement with MiCAL system and the many email correspondence held by MDHHS. ACCMH staff have participated in the many training opportunities held by MDHHS to become familiar with MiCAL system and keep up to date with latest requests including the 988 roll out. See attached regional reports involving grievance and appeals for fiscal year 2021. ACCMH had a total of two grievances, five local appeals, and three high level of care local appeals for fiscal year 2021. There were no Medicaid Fair Hearings for ACCMH during fiscal year 2021 to report.

### **Statewide Customer Service Workgroup**

There was one Statewide Customer Service Workgroup teleconference meeting held this quarter on January 19, 2022. Discussion on Mediation Services took place and it seems like many CMH’s throughout the State of Michigan are still waiting to be connected with Oakland Mediation Center for guidance as they continue to roll out marketing materials and finalize training. Packs of rack cards have been sent to all CMH’s to use for customers inquiring about mediation information and resources. ACCMH has received these rack cards and a brief introduction of mediation services was provided to all ACCMH staff by Oakland Mediation Center during the November All Staff meeting. The group also discussed how each CMH was utilizing the Notice of Adverse Benefit Determination forms for claim denials since this topic has been brought up during HSAG audits. Discussion on Afghanistan Evacuees placement throughout the State. CMH’s reported their agencies have contracts with interpreters to assist this population if needed. Another topic of discussion during this meeting was how to handle grievances and appeals for CCBHC Demonstration participants. MDHHS gave guidance in the handbook to treat CCBHC Demonstration participants in the same way as Medicaid recipient would receive. The information they are currently requesting is vague and they have reported more information will be coming. MDHHS released an updated reporting template for grievance and appeals which includes an extra column to identify CCBHC participants. There is no information on if non-Medicaid recipients should be included in this reporting. More discussion on this topic is needed. The next scheduled Customer Service State teleconference meeting is scheduled on April 20, 2022.

### **CAP (Consumer Advisory Panel)**

Two meetings have been scheduled this quarter, one was held on December 9<sup>th</sup> and the other one is scheduled for February 9<sup>th</sup>. Lots of discussion occurred regarding the LRE office expansion, onboarding of new staff for the region and rebranding of CAP. CAP guidelines were

discussed, LRE approved policies were shared, and CAP members were introduced to a few new LRE staff.

**COAP (Community Opportunity Advisory Panel)**

COAP group met on January 28, 2022 and discussed the Agency's Groundbreaking Ceremony that is scheduled later in the afternoon. One of the members will be in attendance to represent the COAP group and was thankful for the opportunity. The group also discussed the social media platforms that are available for the community as a way to keep up to date on agency happenings and branding efforts. One member has already visited ACCMH Facebook page. Personal Protective Equipment kits have been distributed to all three COAP members. Next scheduled COAP meeting is Friday, March 25, 2022.

**ATTENTION:** Language assistance services are available to you free of charge. Also, you have the right to receive information in a different format, such as audio, Braille, or large font due to special needs at no additional cost. Call 1-877-608-3568 (TTY: 711).

**1. Albanian:** VINI RE: Keni në dispozicion shërbime falas të ndihmës me gjuhën. Gjithashtu, keni të drejtë të merrni informacion në një format tjetër, të tillë si audio, Braille (Braj) ose me font të madh për shkak të nevojave të posaçme pa kosto shtesë. Telefononi numrin 1-800-897-3301 (TTY: 711).

**2. Arabic:** انتباه: خدمات المساعدة اللغوية متاحة لك مجانًا. لك الحق كذلك في الحصول على المعلومات في هيئة 1-أخرى، كالتسجيل الصوتي، أو لغة برايل، أو بخط كبير بسبب الاحتياجات الخاصة دون تكلفة إضافية. اتصل على 800-897-3301 (TTY: 711) (الهاتف النصي: 711)

### **3. Bengali:**

সতকক তা: ভাষা সহায়তার সসবাসমূহ আপনাকর্ ববনামূকযে সেওয়া হকব। এ ছাড়াও, ববকেষ প্রকয়াজন সাকপকে বাড়বত সর্াকনা খরচ ছাড়াই অনে সর্াকনা ফরমোট তথা-অবিও, সেইবয বা বড় ফকে সেকর্াকনা তথে পাওয়ার অবির্ার আপনার রকয়কছ। র্ রুন-১-৮০০-৮৯৭-৩৩০১ (টিটিওয়াই: 1-800-897-3301 (TTY: 711)).

**4. Chinese:** 请注意: 您可以免费获取语言协助服务。此外, 您有权因为自己有特殊需求而获得以不同形式提供的信息, 例如音频、盲文或大字体等形式, 无需支付额外费用。如有上述需要, 请致电 1-800-897-3301 (TTY: 711)。

**5. Croatian:** PAŽNJA: Usluge jezične podrške dostupne su bez naknade. Također imate pravo besplatno primati informacije u različitom formatu, primjerice zvučnom, na brajici ili s velikim fontom zbog posebnih potreba. Nazovite 1-800-897-3301 (TTY tekstni telefon:711)

**6. German:** ACHTUNG: Sprachliche Hilfe erhalten Sie kostenlos. Wenn Sie besondere Bedürfnisse haben, haben Sie auch das Recht, kostenlos Informationen in einem unterschiedlichen Format zu erhalten, beispielsweise als Audio, Braille oder in großem Druck. Informationen erhalten Sie unter folgender Telefonnr.: 1-800-897-3301 (TTY: 711).

### **7. Hindi:**

ध्यान दें: भाषा सहायता सेवाएं आप के लिए नि:शुल्क उपलब्ध हैं। साथ ही, आपको अतिरिक्त शुल्क के बिना विशेष जरूरतों के कारण ऑडियो, ब्रेल या बड़े फॉन्ट जैसे किसी अलग प्रारूप में जानकारी प्राप्त करने का अधिकार है। 1-800-897-3301 पर कॉल करें 711

**8. Italian:** ATTENZIONE: Sono a Sua disposizione servizi gratuiti di assistenza linguistica. Inoltre, se Lei ha particolari esigenze, ha il diritto di ricevere gratuitamente le informazioni in un formato differente, come audio, Braille o a caratteri grandi. Chiami il numero verde 1-800-897-3301 (TTY: 711).

**9. Japanese:** 注意：言語支援サービスは無料でご利用いただけます。また、特別なニーズのため、オーディオ、点字、大きなフォントなどの別のフォーマットで情報を受け取る権利があります（追加料金なし）。電話1-800-897-3301（TTY：711）

**10. Korean:** 참고: 언어 지원 서비스는 무료로 제공됩니다. 또한 귀하는 추가 비용 없이 오디오, 점자 또는 큰 글꼴 등과 같은 다른 형식으로 정보를 받을 권리가 있습니다. 전화번호 1-800-897-3301 (TTY: 711).

**11. Polish:** UWAGA: Usługi językowe zapewniane są bezpłatnie. Mają Państwo również prawo uzyskać te informacje bez dodatkowych kosztów w innej postaci, np. nagrania dźwiękowego, alfabetem Braille'a lub większą czcionką w związku ze szczególnymi potrzebami. Proszę zadzwonić pod numer: 1-800-897-3301 (TTY: 711).

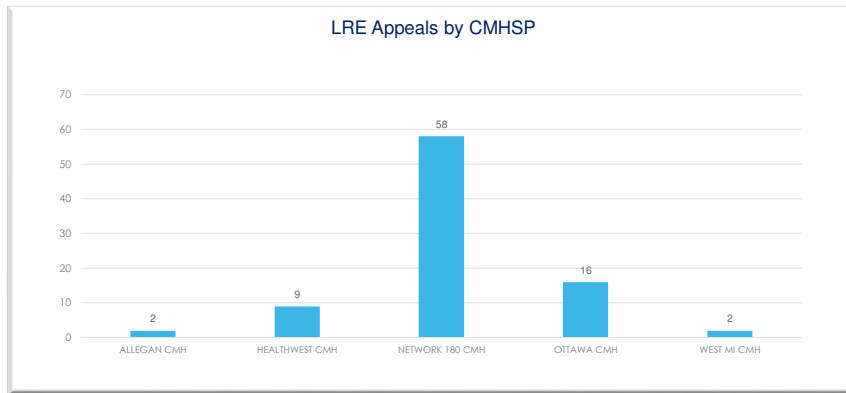
**12. Russian:** ВНИМАНИЕ: Услуги по оказанию языковой помощи предоставляются вам бесплатно. Кроме того, учитывая индивидуальные потребности, вы имеете право на получение информации в удобном для вас формате, например, аудио, шрифт Брайля или крупным шрифтом, без каких-либо дополнительных затрат. Позвоните по телефону 1-800-897-3301 (TTY: 711).

**13. Spanish:** ATENCIÓN: Hay servicios de asistencia con idiomas a su disposición, sin costo. Además, tiene derecho a recibir información en un formato diferente, como audio, Braille o fuente grande debido a necesidades especiales, sin costo adicional. Llame al 1-800-897-3301 (TTY: 711).

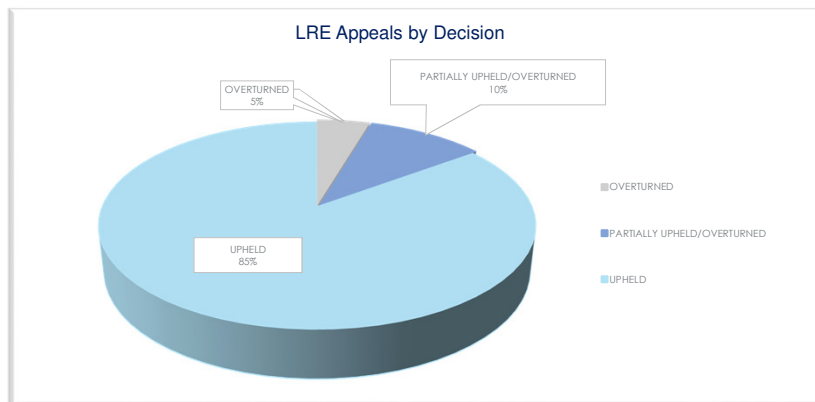
**14. Tagalog:** BIGYANG PANSIN: Ang mga serbisyo ng pantulong sa wika ay handa ninyong magagamit nang walang bayad. At, mayroon kayong karapatang makatanggap ng impormasyon sa ibang format, tulad ng audio, Braille, o malaking font sanhi ng mga espesyal na pangangailangan nang walang dagdag na bayad. Tumawag sa 1-800-897-3301 (TTY: 711).

**15. Vietnamese:** CHÚ Ý: Dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Ngoài ra, quý vị có quyền nhận thông tin ở định dạng khác, chẳng hạn như âm thanh, chữ nổi hoặc phông chữ lớn do nhu cầu đặc biệt mà không mất thêm chi phí. Hãy gọi 1-800-897-3301 (TTY: 711).

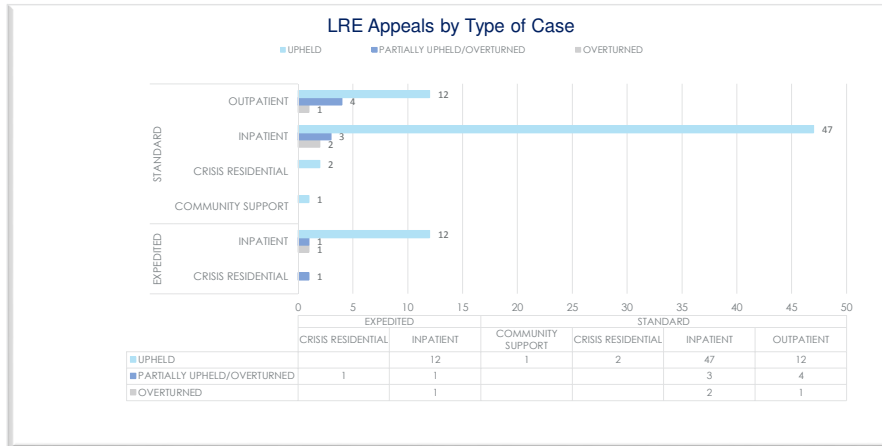
## Local Appeal Decisions by Agency 10/1/20 – 9/30/21



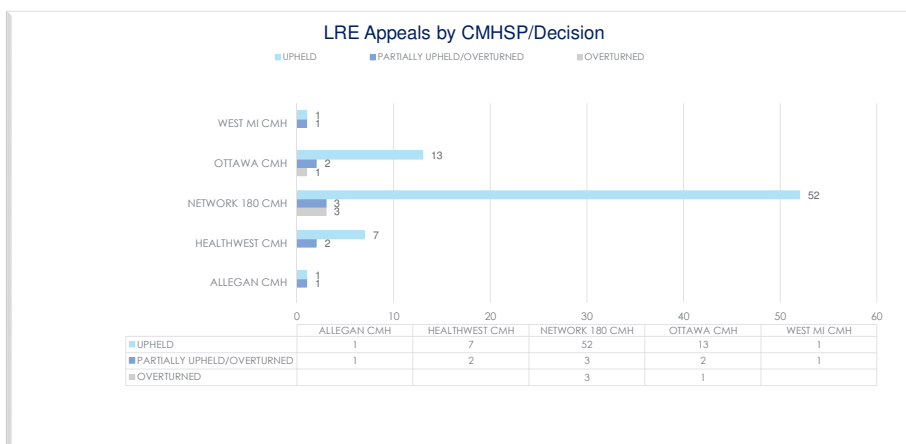
## Local Appeal Decisions by Decision 10/1/20 – 9/30/21



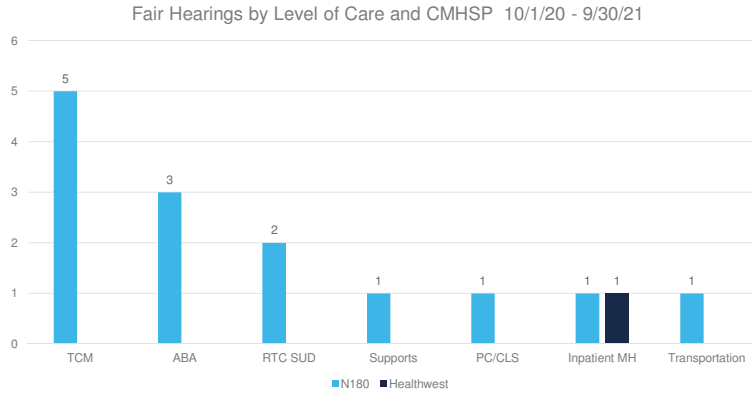
## Local Appeal Decisions by Case Type 10/1/20 – 8/31/21



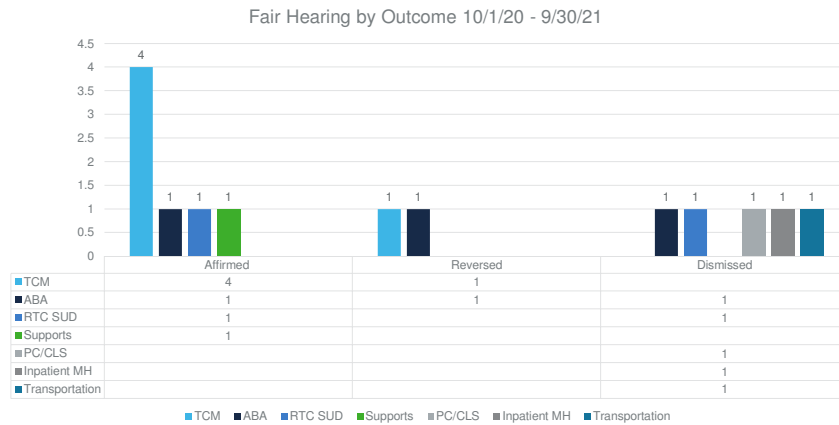
## LRE Appeals by CMHSP/Decisions 10/1/20 – 9/30/21



## Fair Hearing by Case Type and CMHSP 10/1/20 – 9/30/21



## Fair Hearings by Outcome 10/1/20 – 9/30/21





LRE Grievances FY 2020\_2021

By Substantiated and Unsubstantiated

Count of CATEGORY - Substantiated					
Row Labels	Q1	Q2	Q3	Q4	Grand Total
<b>NETWORK 180 CMH</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>3</b>	<b>20</b>
ACCESS AND AVAILABILITY		3			3
INTERACTION WITH PROVIDER OR PLAN	1	3	1		5
QUALITY OF CARE	1	3	4	3	11
SERVICE ENVIRONMENT	1				1
<b>OTTAWA CMH</b>		<b>2</b>	<b>2</b>		<b>4</b>
FINANCIAL OR BILLING MATTERS		1			1
QUALITY OF CARE		1	2		3
<b>WEST MI CMH</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>13</b>
ACCESS AND AVAILABILITY				1	1
INTERACTION WITH PROVIDER OR PLAN	1				1
QUALITY OF CARE	3	5	1	2	11
<b>Grand Total</b>	<b>7</b>	<b>16</b>	<b>8</b>	<b>6</b>	<b>37</b>

<b>Count of CATEGORY - Unsubstantiated</b>					
<b>Grievance Owner</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Grand Total</b>
<b>ALLEGAN CMH</b>		<b>1</b>		<b>1</b>	<b>2</b>
ACCESS AND AVAILABILITY		1			1
QUALITY OF CARE				1	1
<b>HEALTHWEST CMH</b>			<b>1</b>	<b>3</b>	<b>4</b>
ACCESS AND AVAILABILITY			1	1	2
INTERACTION WITH PROVIDER OR PLAN				2	2
<b>NETWORK 180 CMH</b>	<b>4</b>	<b>1</b>	<b>7</b>	<b>12</b>	<b>24</b>
ACCESS AND AVAILABILITY		1	2	3	6
FINANCIAL OR BILLING MATTERS	1		1	3	5
INTERACTION WITH PROVIDER OR PLAN	1	1			2
OTHER			1		1
QUALITY OF CARE	2		2	6	10
SERVICE ENVIRONMENT			1		1
<b>OTTAWA CMH</b>		<b>4</b>		<b>2</b>	<b>6</b>
ACCESS AND AVAILABILITY				1	1
QUALITY OF CARE		4		1	5
<b>WEST MI CMH</b>	<b>1</b>	<b>2</b>		<b>3</b>	<b>6</b>
ABUSE, NEGLECT, OR EXPLOITATION				1	1
ACCESS AND AVAILABILITY				1	1
INTERACTION WITH PROVIDER OR PLAN	1				1
QUALITY OF CARE		2		1	3
<b>Grand Total</b>	<b>5</b>	<b>9</b>	<b>8</b>	<b>21</b>	<b>43</b>



# BEHAVIORAL HEALTH MEDIATION SERVICES PROGRAM

## How can the Michigan Behavioral Health Mediation Services program help you with your services?

This program ensures you have access to a neutral, independent mediation professional to resolve matters related to your experience with Community Mental Health (CMH) or Prepaid Inpatient Health Plan (PIHP) services. We'll connect you with your local Community Dispute Resolution Program (CDRP) center that can help you resolve your dispute.

## How Much Does It Cost?

It's free to all parties receiving mental health services from a CMH or PIHP, and paid for through a Michigan Department of Health and Human Services (MDHHS) grant.

[www.mediation-omc.org](http://www.mediation-omc.org)



## »»» What is Mediation?

In mediation, a neutral third party will guide you through a confidential communication, information sharing, and decision-making process. The mediator ensures that all parties have a voice and that there is a power balance at the table. If a settlement is reached, the mediators will work with you to assist you in writing an enforceable agreement that is crafted by the parties. You do not lose any of your due process rights (i.e., local appeal, grievance/complaint, etc.) participating in mediation.

## Benefits of Mediation

- It provides a safe space to share concerns.
- It's an impartial process where you have an equal voice.
- It's confidential.

## 5 Easy Steps to Mediation

- 1** Contact the Oakland Mediation Center at **1-844-3-MEDIATE** (1-844-363-3428) between 9 a.m. – 5 p.m. EST, Monday through Friday. Or email us at [behavioralhealth@mediation-omc.org](mailto:behavioralhealth@mediation-omc.org).
- 2** OMC'S Mediation Specialist will confirm your eligibility.
- 3** Then, OMC'S Mediation Specialist will refer the case to your local CDRP center.
- 4** Your CDRP will contact you and the appropriate CMH or PIHP to conduct a formal intake process to understand the issues between the parties.
- 5** Following the intake process, the CDRP will schedule a mediation session within 10 business days.

»»» For over 30 years, the Community Dispute Resolution Program centers have provided conflict resolution and education services that empower community members, families, businesses, courts, and schools to resolve conflict. Oakland Mediation Center is an apolitical, non-profit, volunteer-based Community Dispute Resolution Program (CDRP) center whose volunteers represent and serve the community. OMC is the administrator of the state-wide Behavioral Health Mediation Services Program.

## MINUTES

### ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Tuesday, January 18, 2022 at 5:30 P.M.

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

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

**Absent:** Kim Bartnick, Amy Clugston and Commissioner Mark DeYoung

**Staff:** Geniene Gersh, Brenda Holquist, Leanne Kellogg, Nan Lawrence, Kelsey Newsome, Brenda Polmanteer, 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.

Moved: Ms. Kelsey

Supported: Commissioner Storey

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. 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)

Moved: Commissioner Storey

Supported: Mr. Brookhouse

Correction to minutes of Board Meeting, Pastor Van Beek was not in attendance at the December 21 meeting.

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**

Mr. Welburn reviewed the training and was available for questions.

**9. Finance Committee Report – Beth Johnston, Treasurer**

- a. The finance committee recommends that the ACCMHS board approve the December 2021 Disbursements totaling \$3,053,296.83.

Moved: Ms. Johnston

Supported: Mr. Weerstra

Motion carried by roll call.

- b. The Finance Committee recommends that the ACCMHS Board approve the list of provider contracts for fiscal year 2022 as presented.

Motion: Ms. Johnston

Supported: Pastor Van Beek

Motion carried by roll call.

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

N/A

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

- a. Commissioner Dugan recapped the Executive Committee Meeting and was available for questions.
- b. Jim McCormick gave an update on the LRE 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**

Commissioner Storey adds to his report from Program Committee that Mental Health First Aid classes were held and he would like to make those available to the board.

**15. MOTION TO ADJOURN:**

Moved: Ms. Johnston

Supported: Mr. Weerstra

Motion carried by roll call.

Meeting adjourned at 6:45 pm.

Respectfully submitted,

Brenda Holquist  
Executive Assistant

Gale Dugan  
Board Chair

## Executive Director Board Report – February 2022

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

1. **Senate Bills 597/598** – We continue to watch for movement on these bills. Our advisors at CMHA have assured us it is not going away, but most likely awaiting the securing of needed votes for passage out of the Senate by the Senate Majority Leader Mike Shirkey. Still, advocacy efforts are underway and if you have not responded to the request from CMHA to let your views be known, I'd encourage you to do so on this critical piece of public policy affecting the availability of our local behavioral health safety net and the future of local CMHs – and the undermining of CCBHCs. The most respected voices have always been those of service recipients and their family members, because you know both systems firsthand and can talk about the nature of both. Please speak up.
2. **Building Update** –
  - a. Groundbreaking – Thanks to all who were able to participate in the ceremonial groundbreaking event on 1/28/22. There was a good turnout of staff, board, and community members – thank you! We felt good about maintaining pretty respectable safety protocols by offering masks, distancing and a limited duration event in a well-ventilated facility. We also had good media coverage: a front-page story in the Allegan News on 1/19/22 and same-day TV coverage of the groundbreaking event on the 11 pm WWMT Kalamazoo news. Our branding consultants at Inspiration Studios leverages the groundbreaking event on our social media pages as well. All in all, I'm very happy with how that all went. I'd welcome your feedback as we plan ahead for an eventual ribbon-cutting event sometime about this time in 2023. As for the picture below, all I can say is "What a handsome group!"



- b. Construction – On the actual construction side, things are also moving along well. With the project now actually underway, we have re-engaged with Allegan County staff (led by Steve Sedore) to assist us with the construction planning process. I appreciate administrator Rob Sarro's ongoing commitment to a strong and positive working relationship and the commitment he's made to assist in any way we may find helpful. Our decision to do this is based on the numerous points of connection we have with the county today (IT, telephones, card key access management, facility

support services, etc.). Many of these will be desirable and cost-effective options for us to continue in the new space. It is far less costly to work with the county to manage certain system than to develop our own version of systems with the associated burden of having to hire additional staff to support them. In addition, Steve and his staff have many years of experience with building projects and can provide critically important advice and guidance as we proceed, reducing the risk for costly post-construction regrets. Many decisions that relate to the services provided by the county were pended during our protracted purchasing process and are now being revisited and will be decided as rapidly as needed as construction proceeds.

3. **LRE** – I imagine that a representative of the LRE will be with us at our board meeting, but I'll share a bit of progress. The LRE is now operating on a multi-month contract with the state, which is a change from the month-to-month contract it had been on with MDHHS since the state announced its intent to end the PIHP contract with the LRE. The relationship of this action by the state to the LRE's legal decisions are probably best described by the LRE. The bottom line is that we are seeing signs of normalization of the relationship between the state and the LRE, and that is a good thing. Also, I'm working to identify nominees for you to consider in nominating a successor for the At Large LRE board member seat held by Jay Roberts-Eveland of Watson Township who resigned at the end of January 2022. We thank Jay for her excellent and passionate service at a critical time for the LRE.
4. **Open Meetings Act / Board Bylaws** – As decided last month, we will continue to hold off revisions to board bylaws until your regularly scheduled March review and April approval activities. So far, there is no legislative activity of which I am aware that would modify the revisions made last year to the Open Meetings Act. Therefore, the only thing we need to do to abide by the OMA until our bylaws are revised is to limit virtual participation of board members to those in active military duty (of which we currently do not have any, so far as I know).
5. **Baby Kellogg** – We rejoice with Leanne Kellogg, Director of Integrated Care and Substance Use Disorder Services, in the birth of a healthy baby girl (Elliott Leona) on 1/21/22. Good news indeed.
6. **Anniversary** – Hard to believe, but it's been five years already since I arrived at Allegan County CMH as your interim director on 2/8/17. There's been a lot of change inside the organization, in our community, and even in our field – two years of it dominated by COVID and three years of it chasing the USDA. There have been difficult moments, but the vast majority the past five years have been filled with the best kinds of challenges and opportunities. We've been able to push forward thanks to your consistent support and dedication to our cause, for which I am very grateful.
7. **Time Away** – I'll be on vacation starting in the afternoon of Friday, 2/18/22 and I will be back at work starting on Monday, 3/7/22. This will be a welcome respite but it's not one of those "shut off the computer and turn off the phone" vacations. I'll beg off routine things as much as possible, but I'll still be available for pressing matters and accessible to board members and staff if needed. Feel free to call if you need something.

Sincerely,

Mark Witte, Executive Director  
Friday, February 4, 2022