

**AGENDA**  
**ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD**  
**Tuesday, November 16, 2021 at 5:30 P.M.**

COUNTY SERVICES BUILDING, 3283 122<sup>ND</sup> AVENUE, ALLEGAN  
Allegan County Commission Board Room

***NOTE: In-person attendance capacity is limited. 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. Board Meeting (10-19-21)
    - ii. Finance Committee Meeting (10-19-21)
    - iii. Program Committee Meeting (10-19-21)
    - iv. Executive Committee Meeting (11-12-21)
6. Program Committee – Commissioner Jim Storey
7. Finance Committee Report – Beth Johnston
  - a. **Motion** – Approval of Voucher Disbursements
8. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse
9. Chairperson’s/Executive Committee Report – Commissioner Gale Dugan
  - a. Executive Committee Report
  - b. LRE updates
10. ACCMHS Executive Director’s Report – Mark Witte
11. Provision for Public Comment (any topic, subject to 5” limit per speaker) –
12. Board Member Comments

**2021 Board meeting dates:**

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

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

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

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

Proposed Agenda

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

Allegan County Community Mental Health Services  
**Building Committee Minutes**  
October 19, 2021 – 3:30 pm.

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

Board members present: Beth Johnston, Comm. Mark DeYoung  
Board member absent: John Weerstra, Comm. Gale Dugan  
Staff members present: Gary Smith, Nan Lawrence, Mark Witte

1. **Review/Approval of Prior Minutes** – Meeting called to order at 3:37pm. Comm. DeYoung moved to approve the September meeting minutes. Ms. Johnston seconded. Motion passed by roll call.
2. **Construction Update** – Mr. Smith reviewed the monthly status report included in the packet. ACCMHS application has been approved by the local Grand Rapids USDA office. It has now moved to the Lansing office then on to Washington DC for (presumably) final approval. Ms. Lawrence shared that Cornerstone will be moving their office into the Shopko building this week. No construction will occur.
3. **Funding Update**
  - a. ARPA Fund Request – Lee Township sent a response to Mark Witte, appreciating the request for funding but politely declining it.
  - b. State Funding – Mr. Witte’s board report includes the update regarding State funding. Discussion followed.
4. **Other** – Nothing further.
5. **Adjournment** – Comm. DeYoung moves adjournment. Ms. Johnston seconds. Meeting adjourned at 4:04 pm.

**New Building Status Report  
For the Allegan CMH Board of Directors  
November 16, 2021**

1. **USDA Concurrence Received** – We have received the USDA’s official notice of “concurrence” with our selection of Cornerstone Construction, which opens the path to establishing an official contract with Cornerstone (being prepared by Schley-Nelson Architects). Our intent is to bring this to the board on 11/16/2021 through a request for a recommended motion from the Building Committee to the full Board. Our contract with Cornerstone will allow Cornerstone to lock in subcontractor and supplier contracts as we approach the closing on the property and finalization of the USDA loan.
2. **Key Agents Communications** – In light of the changes in CFO since 10/29/2021, members of the Management Team have connected with our architects, the USDA, MOE (furniture vendors) and the current building owner to alert them to the change and to redirect their points of contact. All have been done without any difficulty.
3. **Funding Projections** – We have remained in close connection with MDHHS and Allegan Rep. Mary Whiteford regarding the funds from MDHHS and the supplemental “mental health” appropriations of unallocated federal COVID-19 relief funds by the state. We have received assurances, such as they are, of continued alignment between our legislator and the department such that we believe these funds will materialize. There is always a risk of unexpected developments and resulting delays, but the changes losing out on these funds seems low. In fact, our request for \$2.599 million has been rounded up to \$3.0 million by Rep. Whiteford. The question is “when”. We have told Rep. Whiteford that a critical period exists between now and 12/31/21 in which a lack of assured funds could deny us the opportunity to build back into our building plans the features we originally included and continue to believe are essential to a quality facility for the community. We may have an important choice decision to make – between (1) a more limited project that is solidly within our financial grasp based solely on funds that are in play today and (2) the original design that assumes the eventual availability of promised state/federal funds which are not yet in hand. Some items in the plans may be able to be added as the project is underway, but several key elements (window cutouts done during demolition phase, structural steel for storage mezzanines, construction products with long lead times, etc.) must be decided now.

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

**AGENDA**  
**Program Committee**  
**November 16, 2021**  
**4:15 pm – 5:15 pm**

**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:

November 16	Substance Use Disorder Prevention Services	Leanne Kellogg
December 21	Integrated Med Clinic	Leanne Kellogg & Angel Hopkins

6. Written Reports to Program Committee
  - a) Integrated Health ~ Leanne Kellogg/Angel Hopkins/Heidi Denton/Susan Conrad. See attached.
  - b) Clinical Services ~ Dr. Geniene Gersh. See attached.
  - c) Quality Improvement/Performance Management ~ Dan Welburn. See attached.
  - d) Customer Service ~ Cathy Haas (Feb/May/Aug/Nov).
7. Program Committee Member Comments
8. Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment ~ Next meeting: December 21, 2021 at 4:15 pm

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

**2021 Program Committee meeting dates:**

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

**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**  
**October 19, 2021 – 4:15 pm**

**Board Members Present:** Emily Schwartz, Alice Kelsey

**Board Members Absent:** Comm. Storey, Kim Bartnick, Amy Clugston

**ACCMHS Staff Present:** Heidi Denton, Geniene Gersh, Brenda Polmanteer, Nan Lawrence, Dan Welburn

1. **Call to Order** – Comm. Storey joined the meeting and asked Vice-Chair Kelsey to chair the meeting. Comm. Storey left once Ms. Kelsey assumed the chair. Ms. Kelsey called the meeting to order at 4:21pm.
2. **Public Comment** – None.
3. **Approval of Agenda** – Lacking a quorum, no action taken.
4. **Approval of Minutes** – Lacking a quorum, no action taken.
5. **Program Presentation** – Sara Milnikel CLS & Specialized Residential & Respite
6. **Program Committee Reports**
  - a) Integrated Health – Ms. Denton presented on the Prevention Program. Ms. Kellogg reviewed her report.
  - b) Clinical Services – Dr. Geniene Gersh reviewed her report.
  - c) Quality Improvement/Performance Management – Dan Welburn reviewed his report.
  - d) Customer Service – No report this month.
7. **Program Committee Member Comments** – Ms. Kelsey appreciated hearing COVID update in regards to how staff are returning to the office and in the community.
8. **Public Comment** – None
9. **Adjournment** – Meeting adjourned at 5:03pm.

**November 2021 BOARD REPORT**

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

**COVID-19 Pandemic Response: Infection Control Officer**

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

Work throughout the month of October encompassed the following efforts:

- Relevant updates to vaccine information and health department dissemination is also being communicated to staff as applicable
- Communication of booster shots for all vaccine types, coordination of information from the health department and other local options to consider
- Provider concerns and associated quarantine timelines communicated out to supervisory group
- Communication regarding removal of mask order from public health
- PPE ordering, researching, inventory, long-term planning and building-level supplies as well as any coordination of such needs with our provider network
- Ongoing review of Health Department Recommendation as well as updated CDC recommendations
- Continuation of pause at our Phase 1, 30% capacity due community transmission rates
- New Vaccination Requirements for Health Care Workers and New Vaccination Requirement for Employers With 100 or More Employees announcements are being evaluated for implementation as this news just broke

**Personal Protective Equipment (PPE)**

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

**ACCMHS COVID-19 Preparedness and Response Plan**

We continue to operate in Phase 1 of our current plan. We will continue to evaluate the status and phase ongoing and monitor closely and have consultation as necessary with Dr. Tooker. We have not recently shifted due to the rise in infection rate and currently meeting the needs of our consumers and staff.

**Outpatient Psychiatric Medical Clinic**

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

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

- Improved Workflow for In-Person and Triage Coverage
  - Med clinic staff altered their workflow and rotation of in-person and phone coverage to increase call answering capacity and availability to our consumers as well as staff
  - This also supports provider capacity while supporting their work in the office
  - We are also working on a central email for more ease in care coordination and general fax receipt for external and internal communications
- Streamline EMR

## November 2021 BOARD REPORT

Submitted by: Leanne Kellogg, MS, BSN, RN, Director of Integrated Health and Substance Use Services  
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- Specific discussions regarding various ticket issues involving prescriptions differences with pharmacies, dosage changes, ongoing continued evaluation and updates to our internal IT department and vendor EMR
- Additional tickets and action being taken on controlled substances token and electronic prescribing as we ran into certificate issues once again
- RN Medication Reviews
  - Our nursing staff within their triage and scheduled duties are conducting nurse medication reviews, utilizing their licensure to fullest extent as well as extending our provider capacity

### **CCBHC (Certified Community Behavioral Health Clinic) Grant**

- Workgroup continues to meet weekly, highlights of the work done in this group consist of:
  - Met 10/29 Deadlines
    - Disparity Impact Statement: focus on Veterans and LGTBQIA status of individuals served and target that population in outreach efforts
    - SF424 budget form, narrative budget justification and budget form submitted
  - Job postings, utilization of JazzHR software, interviews to come
  - Eligibility and access criteria drafts and associated workflows ongoing discussion
  - Mobile crisis staffing and workflow development discussions
  - CCBHC Readiness Fidelity scale questionnaire completion in progress
  - Streamline demonstration of CCBHC program module potential

### **Integrated Health Efforts**

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

### **Substance Use Disorder Services**

#### **Elizabeth Totten- October 2021**

Providers continue to acclimate to the new ASAM Continuum Assessment tool and adjusted workflow. ACCMHS staff in multiple departments continue to work together to triage & problem solve provider requests, issues and needs.

In other news, our SUD coordinator, Robert Johnson retired from ACCMHS as of October 29. We are oils like to thank Robert for his service to our clients and providers over the last 2+ years. His skill & knowledge of SUD treatment has been invaluable. He will be missed!



## November 2021 BOARD REPORT

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

The SUD Department has posted for both an SUD Manager and SUD Coordinator. Internal staff have worked together to create a gap coverage process. Several departments and staff are working together to ensure all provider and client needs are met during this interim period. A big thank you to Rob C. who is on loan from our crisis department. Rob will provide coverage for the majority of our provider/ client authorization needs. Various other staff including Mission & Outpatient staff will provide assistance with SUD screens. Thank you to all staff! Teamwork is the dreamwork!

Please see attached for SUD coalition stakeholder report highlighting the focused work of that group and data to lead future SUD efforts.

### Substance Use Disorder Prevention Services Heidi Denton- October 2021

#### **Allegheny County Substance Abuse Prevention Coalition (ASAP)**

Providing prevention updates twice a month now to all school principals via their newsletter format through AAESA. They can share the info with staff and parents if they choose to.

#### **Red ribbon week activities at middle schools:**

Allegheny Middle School: held assemblies for each grade level on anti-vaping with Heidi. They also allowed prevention to set up a table during all of the lunch periods that same day with prizes after students shared something they learned from the assembly; or they could provide information that wasn't shared in the assembly about vaping. They held a door decorating contest later in the week with a positive theme of staying above the influence of substance use and anti-bullying.

Fennville Middle School: held activities all week with featured short videos each morning and Q&A afterwards on different substances in their Pride time class. The students also coordinated a "sticky note" campaign that included posting positive messages on lockers and in the cafeteria. The messages included a reference to anti-vaping and staying above the influence, as well as positive affirmations for students and staff.

Otsego Middle School: STAND (middle school non-use group) students organized activities and prizes with their school advisor. They signed a drug free pledge on Monday and then got to spin the wheel for a prize. Tuesday they played a Kahoot game at lunch about drug facts. Wednesday and Thursday they played games to practice "knocking down drugs" (bowling and rubberband shooting). Friday they gave out prizes for students who wore their wrist band all week. They also had daily announcements with drug statistics and put locker signs up that were red.

Hopkins Middle School: Activities planned for later in November.

**PALS**: No update

#### **Prime for Life:**

Adult: Next adult class will be in December.

## November 2021 BOARD REPORT

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

Youth: Currently in the process of completing three classes at Outlook Academy. Completed a class at Plainwell HS for 4 youth caught with substances at school related events.

**Mental Health First Aid:** No update at this time.

### **Suicide Prevention Coalition:**

Prevention Services renewed the annual license for the Signs of Suicide Curriculum. This program is implemented by schools with support from staff on the Prevention and Children's teams. The curriculum is a universal school based prevention program designed for middle and high school students. Through a video and guided discussion, students learn to identify warning signs of Suicide and depression in a single class period.

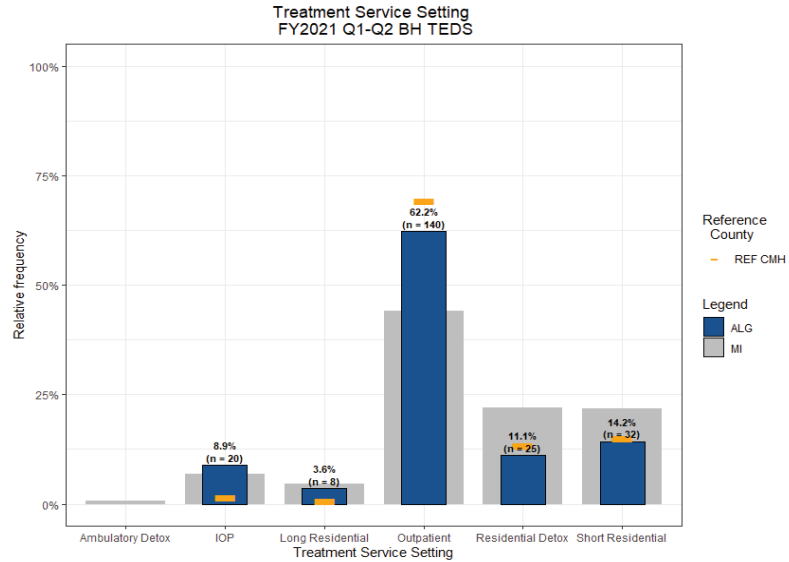
Sherrie Chase recently reviewed the curriculum at the County school counselors meeting and discussed ways that we could support them in implementing the curriculum in schools.

# SUD COALITION UPDATE

The SUD Coalition was started in June 2019. The coalition was paused in March 2020 and restarted in 2021. Members serve Allegan CMH across the agency, including prevention and clinical care. The coalition aims to: share information across departments; provide high quality mental health and addiction services; develop meaningful and actionable reporting; and assist with developing integrated system of care.

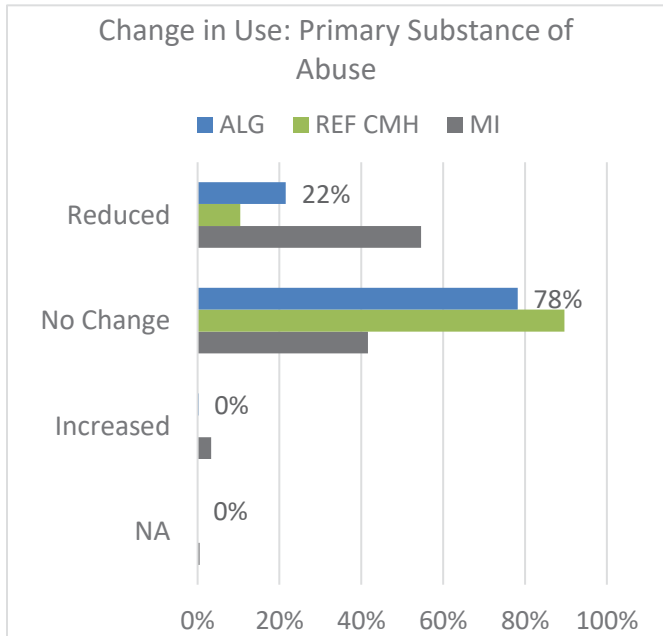
## ENSURING SERVICES DELIVERED

BH-TEDS are reported to the state at admission, annually, and at discharge. The information includes the treatment setting for the provision of SUD services. The coalition is reviewing the treatment setting in comparison to both a reference CMH and the state of Michigan. The graph to the right shows that the majority of Allegan CMH SUD services are delivered in the Outpatient setting, representing 62.2% of unique treatment episodes. The percentage of treatment episodes in Outpatient is lower than that of the reference CMH, but considerably higher than that of the state. It is the most common treatment setting for Allegan, the reference CMH, and the state.



It is the most common treatment setting for Allegan, the reference CMH, and the state.

## ENSURING QUALITY OF SERVICES



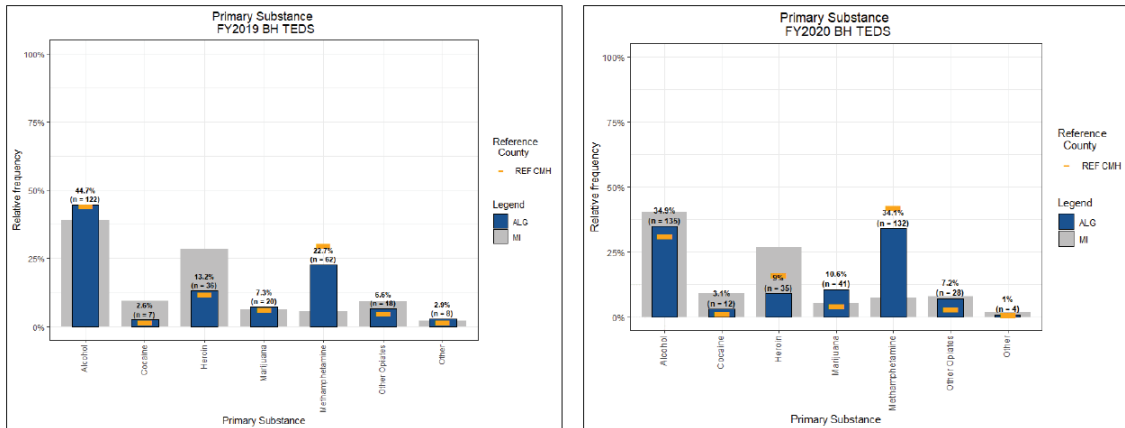
The discharge reason can also be tracked using BH-TEDS. The graph to the left is for discharges beginning with FY18 through Second Quarter FY21. The graph shows the change in use reported at discharge in comparison to the admission use for the treatment episode. A reduction in usage for primary substance is reported in 22% of the treatment episodes. This is higher than the reference county. None of the discharge BH-TEDS indicate an increase in the usage of the primary substance. The state does have a percentage

# SUD COALITION UPDATE

that have a higher usage at discharge. This would suggest that there is value to the care being provided in Allegan.

## MONITORING TREATMENT PROVISION

The primary substance that is the reason for the SUD treatment is also logged in BH-TEDS. The coalition recently reviewed a comparison of the primary substance for FY19 to FY20. The comparison revealed some interesting points for consideration by



the members of the coalition. Alcohol was the most common primary substance for Allegan, the reference county, and the state of Michigan. For both Allegan and the reference county, methamphetamine is the second most common primary substance. One of the interesting points is the relative comparison of alcohol to methamphetamine. In FY19, the difference between the two was 22%. For FY20, the gap between alcohol and methamphetamine was less than 1%. This change would suggest that it would be beneficial to review treatment settings and curriculum to assure that they are prepared to meet the changing need.

Respectfully Submitted,  
 Michell Truax, MA LLP  
 Utilization Manager

## **ACCMHS Housing Services Board Report - November 2021**

Susan Conrad, MSW, LMSW, Housing Services Supervisor

In the past 12 months, the Allegan Homeless Assistance Program (HAP) received over 80 calls from people living in their vehicle or other location not meant for human habitation, and an additional 115 calls from people who were precariously housed, meaning they may have a roof over their head today, but would be homeless within 21 days. Case management, financial assistance and supportive services were provided with funding from the Michigan State Housing and Development Authority (MSHDA), the US Department of Housing and Urban Development (HUD), and the Michigan Department of Health and Human Services (MDHHS). The Covid Emergency Rental Assistance (CERA) program has provided almost \$1 million in financial assistance to approximately 350 households, preventing eviction and utility shutoffs. Other federal Covid-19 emergency relief funding supported expansion of the program by two FTEs, which allowed a more centralized, comprehensive and efficient coordinated entry process to be implemented in early October of 2021.

The Grants to Benefit Homeless Individuals (GBHI) project, funded by SAMHSA, supports clinical case managers and peer specialists to provide specialized support for homeless individuals with a substance use or co-occurring disorder. This integrated approach maximizes the skill and experience of housing case managers in the context of an individual's behavioral health needs. Outcome data to date indicates this integrated approach is having a positive impact in various life domains.

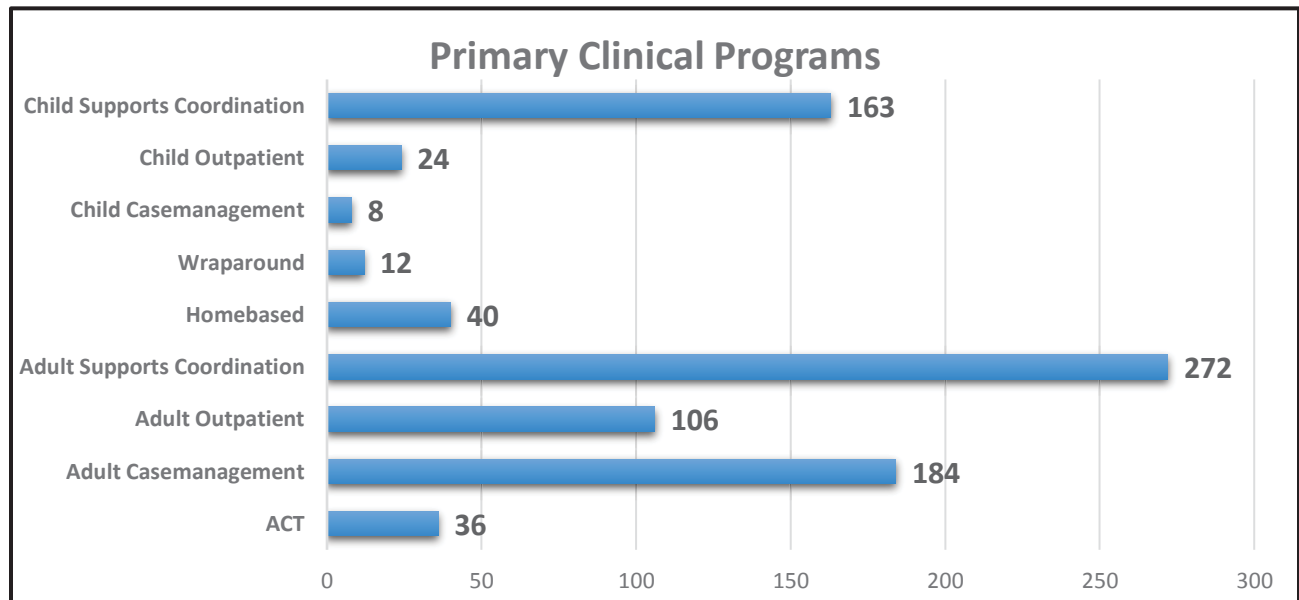
Lack of affordable housing remains the greatest barrier to securing safe and stable housing for those we serve, and landlords have the ability to 'cherry-pick' their tenants from dozens of applications for every vacant property. To address this and other systemic issues, housing staff actively participate in the Housing Continuum of Care/Local Planning Body (LPB) and its subcommittees; Emily Berning serves as the CoC/LPB Co-chair.

## CLINICAL SERVICES BOARD REPORT ~ November 2021

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

### Clinical Services Program Data from October 2021

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 October. During the month of October there were a total of 845 individuals served across clinical programs compared to 834 during the month of September. This represents an increase in the number of people receiving treatment in both Adult Supports Coordination and Adult Case Management during the month of October as compared to September. This increase is consistent with a common trend that we often experience with an increase in adults accessing services during the fall and winter months.



Primary Clinical Programs	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Six-Month Average
Child Support Coordination	157	159	159	160	164	163	160
Child Outpatient	25	24	24	23	24	24	24
Child Case Management	8	9	10	12	8	8	9
Wraparound	16	13	10	11	12	12	12
Homebased	48	50	41	38	39	40	43
Adult Supports Coordination	272	273	271	270	268	272	271
Adult Outpatient	103	105	105	107	105	106	105
Adult Case Management	177	172	171	167	178	184	175
ACT	33	33	33	33	36	36	34
<b>Total</b>	<b>839</b>	<b>838</b>	<b>824</b>	<b>821</b>	<b>834</b>	<b>845</b>	<b>834</b>

## CLINICAL SERVICES BOARD REPORT ~ November 2021

Submitted by Geniene Gersh, PhD, Director of Clinical Services

269-673-6617, email [ggersh@accmhs.org](mailto:ggersh@accmhs.org)

### Intakes Conducted during the Month of October

The table below illustrates the number of intakes conducted by the Access Team during the month of October. There were a total of 37 intakes completed, with 33 individuals that were determined to be eligible and admitted into services. In addition, there were 4 people that were not eligible for services and referred to other community resources for treatment.

Intake Disposition	Count
Admit/Refer to Funded Services	33
Denied/Ineligible for Funded Allegan CMH Services	4
<b>Grand Total</b>	<b>37</b>

### Discharges during the Month of October

The table below illustrates the number discharges in the month of October. There were a total of 12 discharges during the month of October as compared to 22 discharges during the month of September. We had 4 discharges that were planned and 8 that were unplanned.

Discharges	Count
Planned	4
Unplanned	8
<b>Grand Total</b>	<b>12</b>

### Supported Employment Services

This Clinical Director is pleased to report that we have hired a new Supported Employment Coordinator, Joshua Behymer. Joshua started with the agency on November 1<sup>st</sup> and will be a part of the Community Based Services team. He comes with an extensive amount of experience working in the area of supported employment. Joshua will begin to work with our existing clients who have supported employment services as part of their treatment plan as well as collaborating with agency programs, community agencies and schools in order to identify and coordinate services for those who need support employment services. Joshua will also be working closely with community partners such as Michigan Rehabilitation Services (MRS) and other agencies to coordinate services for individuals. We welcome Joshua to the ACCMHS team!

### Changes within the Adult Services Team

Elizabeth (Liz) Totten has been the Adult Services Manager for the Adult Outpatient and Community Based Services teams. Elizabeth will be leaving her position with ACCMHS for new opportunities at the Regional Lakeshore Entity (LRE) starting December 1<sup>st</sup>, 2021. Liz has held a few different positions over the many years that she has been with the agency. Liz has consistently demonstrated strong clinical and managerial skills as well as a high level of dedication and passion for working with the individuals that we serve. We wish Liz well in her new position at the LRE and are looking forward to the opportunity to continue to collaborate with her in this new role within the region.

## CLINICAL SERVICES BOARD REPORT ~ November 2021

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

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

Respectfully,

*Geniene Gersh, Ph.D.*

Director of Clinical Services

### **Access, Crisis and Mental Health Treatment Court Services**

Submitted by Melissa Potvin, LPC  
Program Manager of Access and Crisis Services

#### **ACCESS SERVICES**

The access department tends to have a higher number of referrals that meet current access eligibility criteria in the fall months heading into the holiday season. The number of consumers having Medicare/Medicaid insurance is increasing as well.

#### **MENTAL HEALTH TREATMENT COURT**

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

#### **CRISIS AND MOBILE CRISIS SERVICES**

For the month of October, the Crisis Department had a total of 58 prescreens evaluations. Out of the 58 prescreen evaluations, 10 were for minors and 48 were adult evaluations.

For the month of October, Crisis Department placed 38 consumers in hospital or crisis residential placements and diverted 20 from any placement. 37 of these placements were for adults and 1 were for minors. Mobile crisis events have increased from 35 calls the previous month to 61 calls this month which has had a significant impact on the team.

#### **ASSERTIVE COMMUNITY TREATMENT (ACT) SERVICES**

ACT department numbers have held fairly steady over the last month with 36 consumers enrolled in the program. Two consumers have had to be moved to an inpatient level of care during the month of October. The team will be down one staff member for the rest of the year, and a plan has been put in place to fill in the gap for those consumer contacts.

### **Adult Outpatient, Community Based Services & SUD Services**

Elizabeth Totten, MA LLP CAADC, CCS-DP  
John Eagle LLMSW

The Adult Outpatient and Community-Based Services Teams Supervisors and Managers continue to gearing up for CCBHC in several different areas but on the forefront right now is recruitment, hiring, and the access and screening process. The Adult Outpatient Team hopes to hire two new therapists via CCBHC. The team still has an Adult Outpatient Therapist position



## **CLINICAL SERVICES BOARD REPORT ~ November 2021**

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269-673-6617, email [ggersh@accmhs.org](mailto:ggersh@accmhs.org)

needing to be filled when it was vacated in early June 2021. The Adult Outpatient Team has interviewed for the vacancy of a full-time SIS Assessor which was vacated by Adam Brink. We are hoping to provide an offer to this position in the near future. Adam is now up and running at full capacity in the Behavior Specialist position.

The Adult Outpatient Team continues to move forward, but is certainly feeling the hole created by the vacated therapist position. The Outpatient Team continues to brainstorm ways to engage individuals without the ability for group therapy. Many of the people we serve continue to express a desire to receive their services via telehealth rather than in person. We have seen a difference in client no-shows, as client are much more likely to divert a scheduled appointment to telehealth rather than cancelling an in person appointment.

Community Based Services continue to provide a combination of telehealth and in-person contacts. The Community Based teams have not struggled as much with increasing face to face contacts. This is due to the fact that our community based teams outreach to clients in the home setting vs clients having to make the trip in to the office. However, adjusting to the time added time required to see individuals in the community continues to be an adjustment. The team will be filling one case manager position for the CCBHC grant.


Substance Use Disorder (SUD) Services – With the rollout of the American Science of Addiction Medicine (ASAM) Continuum and Robert Johnson's retirement, SUD services continue to be a work in progress and a group effort. The providers are beginning to understand the process and services are beginning run smoothly. A big thank you to Rob Chapuran for taking on some of Robert's responsibilities.



# Specialized Residential and Personal Supports services

# An overview of the community based services provided by external providers

- ▶ **Community Living Supports (CLS)** - used to increase or maintain an individual's level of independence, productivity, and promote community inclusion and participation.
- ▶ **Specialized Residential Services** - are provided in a Licensed Adult Foster Care home and are the combination of CLS and Personal Care services provided on a daily basis.
- ▶ **Supported Independent Living services** - CLS supports provided in an individual's own home and typically occur 24/7. Most often, 2-3 individuals rent a house or apartment together, share the living expenses, and are supported by 1 staff.
- ▶ **Respite Services** - support intended to assist in maintaining the goal of living in one's natural community home. It is to provide the unpaid caregiver intermittent breaks so they are able to continue providing that same level of natural supports on-going.

- 
- ▶ As of Sept 2021, a total of 166 individuals were receiving hourly Community Living Supports services and 31 individuals were living in 24/7 Supported Independent Living arrangements with an annual budget of \$1,776,634.
  - ▶ 133 individuals were living in Specialized Residential AFC settings with an annual budget of \$10,110,324.
  - ▶ 80 individuals were receiving Respite services with an annual budget of \$361,439.

The big challenge – The staffing shortage we are facing in Allegan County and state wide!

Some efforts being made:

- The direct care wage increase - The State has continued the DCW at the current rate of \$2.35/hour.
- Exploration of adding some level of “certification” to the position. This could provide trainings and acknowledgement of one’s skill set that could potentially justify a higher wage.
- Some CMHs have provided temporary funding to allow select providers to increase wages, as well as, implement sign-on and retention bonuses. It is unclear if funding will be available to maintain this on-going and across the full provider network.
- The LRE has recently added two Provider Network Manager positions intended to assist the regional CMHs in a number of areas. The hope is that this can create a stronger external provider network, as well as, a more consistent structure to track progress and identify areas needing improvement.
- Personal Emergency Response Systems – there are conversations at the regional level to explore the possibility of utilizing technology to provide supports for some individuals.

# Quality Improvement/Compliance/Information Technology Board Report November 2021

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

## QUALITY IMPROVEMENT

- LRE Site Review Update: We received the “Missing Documentation Report” and submitted our responses by the required due date. We’re waiting on the final Site Review Report, which will include the Corrective Action Plan for any areas that were considered “Out of Compliance.”
- Medicaid Explanation of Benefits (EOBs): Each year the LRE selects a random sample of Medicaid Consumers for us to deliver their EOBs for the previous fiscal year. The 10% sample resulted in EOBs generated for 128 of our consumers, which were mailed out on October 5<sup>th</sup>. We received a few back as “Undeliverable”; however, we have been able to successfully distribute the ones that are for our current consumers. A detailed report will be submitted to the region by the January due date.
- LRE Consumer Satisfaction Survey Update: We included an *LRE Consumer Satisfaction Survey* with the EOBs that were sent in October. We have received a few back and are currently compiling the results.
- NCI Survey: Each year MDHHS contracts with the Michigan Developmental Disabilities Institute (MI-DDI) at Wayne State University to coordinate the National Core Indicator (NCI) survey to assess the outcomes of services and supports provided to individuals with developmental disabilities and their families. The indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety (including COVID-19). This year, we are instructed to find 24 participants for the survey (35% of our eligible DD Population). The Pre-Surveys and Background Information is collected by our staff; however, the actual surveys are conducted by NCI staff between the months of January and May. (Note: last year’s surveys were cancelled due to the COVID-19 Pandemic.) Since the Pre-Surveys and Background Information is 42 pages long, this requires a great deal of work for our clinicians to complete by the December deadline. We are very grateful for their hard work and dedication to the consumers that we serve.

## UTILIZATION MANAGEMENT

- A random sample of cases enrolled in HSW was completed during the month of September. The review is to meet the CAP requirements from our Fall 2020 State Waiver Review. Rechecks continue to ensure that all requirements are addressed.
- The MiPHY Workgroup has completed the work and developed supportive documents for stakeholders. The group identified factors that were both supportive and risk for depressive symptoms.
- Over 300 authorizations completed during the month of October.

## CORPORATE COMPLIANCE

- One open case
- Quarterly report submitted
- Compliance plan to be approved at the board

# Quality Improvement/Compliance/Information Technology Board Report November 2021

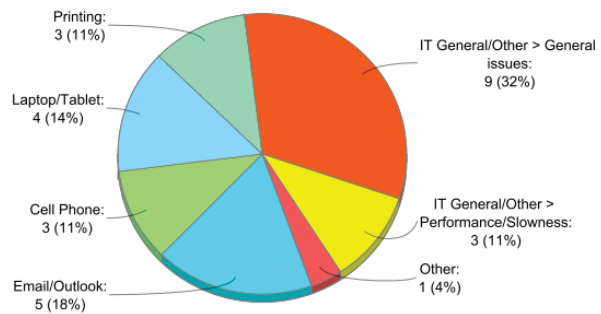
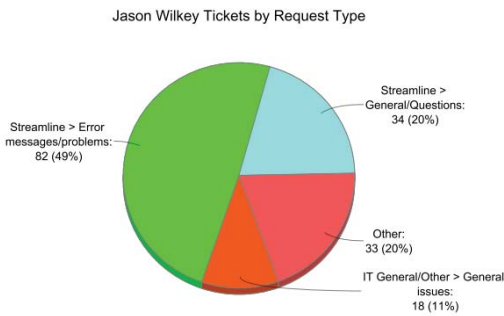
Submitted by: Dan Welburn, Jason Wilkey, Tyler Ward, Jennifer Taylor,  
Michell Truax, and Kimberly Bectel

## INFORMATION TECHNOLOGY

- One Drive rolling out to staff
- Qliqsoft testing by 3 staff to conclude on 11/5/21 then begin project to deploy to staff
- Reviewing printing options for shift in moving to laptops/VPN, etc.
- Ticket status below

**Open tickets by request type**  
Tickets opened before 11/3/21 12:24 pm

Tyler Ward Tickets by Request Type





# Michigan National Core Indicators (NCI) Frequently Asked Questions

## How is a individual selected?

Adults 18 years and older, who receive at least one service (in addition to case management) has the opportunity to be chosen.

## What if the individual has been selected to respond to a previous NCI survey?

No problem. Individuals are randomly selected to participate, so this may occur.

## Will the individual's answers be confidential?

Yes. The individual's name will not be attached to their responses.



## What is National Core Indicators?

National Core Indicators (NCI)<sup>™</sup> is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The Michigan Department of Health and Human Services (MDHHS) contracts with the Michigan Developmental Disabilities Institute (MI-DDI) at Wayne State University to coordinate the survey process of the 660 surveys completed each year. NCI are standard measures to assess the outcomes of services and supports provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

## How does the survey work?

- The local Community Mental Health will ask the individual to participate.
- When the individual has decided to participate, a surveyor will schedule an interview between the months of January and May.
- The virtual survey is scheduled at a time chosen by the individual.
- The survey takes approximately 30 – 45 minutes to complete.

## What will an individual need to participate in a survey?

- Internet connection
- A smartphone, tablet, or computer with camera and microphone
- On the day of the interview, a quiet space where the individual feels comfortable answering questions

## How is the information used by the Michigan Department of Health and Human Services?

The MDHHS uses the information to improve the quality of services and supports provided to individuals with intellectual and/or developmental disabilities and their families. The MDHHS and the Behavioral Health and Developmental Disabilities Administration (BHDDA) do not require consent since this is an evaluation of services.

## Will the individual's services be effected by taking part in the survey?

No, participation in this survey does not effect the individual's services.

# Michigan National Core Indicators (NCI) Frequently Asked Questions

## What is a proxy?

A proxy is someone who knows the participant well. A proxy can include a family member, staff, guardian, or a friend. A case manager or service coordinator cannot serve as a proxy or be present during the survey.

## If the person has a guardian, does the guardian need to be present?

No. If the individual wants support to complete the survey, it is helpful for a person who knows the individual's daily life.

## If an individual needs assistance/help to understand information, should the person participate?

Yes, we want to capture all voices and think that everyone should have the opportunity to participate. The participation of people who communicate in an alternative manner is valued and important. A proxy can assist with understanding and answering questions.



## How can I learn more about my survey results?

The National Core Indicators reports all of the states survey results at the website below. You can see Michigan's results. You can also compare Michigan to other states.

<https://www.nationalcoreindicators.org/states/MI/>

## Why participate? Here are a few comments from previous individuals.

*"I felt honored to be chosen".*

*"The survey is very interesting".*

*"Thank you for fighting for the rights of those who don't have a voice, or who can't use their voice very well".*

*"Thanks for collecting this important data".*

## Questions?

June Malachowski, LMSW  
MI-NCI Project Manager  
[june.malachowski@wayne.edu](mailto:june.malachowski@wayne.edu)  
1-888-978-4334



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(Contract # SMI008-190000001404)



# CORPORATE COMPLIANCE PLAN

**EFFECTIVE November 2021**

(Reviewed annually, updated as needed)

Ensure tomorrow...

Allegan County Community Mental Health Services



Comply today

2/12, 02/13, 11/14, 01/16, 01/17, 10/17, 1/19, 2/20

Approved by Allegan County CMH Board November 16, 2021

## ACCMHS Corporate Compliance Plan

### Introduction

Having a compliance plan is important for many reasons beyond the most obvious — it's required by law. An effective compliance plan is crucial for preventing fraudulent claims and erroneous billing, preparing for potential audits, and avoiding ethical conflicts in business operations and consumer services.

Additionally, if noncompliance with the law results in a Department of Health and Human Services' Office of Inspector General (HHS-OIG) complaint and investigation, the consequences can be significant. Not understanding the law or failing to provide compliance training for staff is not an excuse when violations occur.

The range of possible penalties that the government can impose for submitting fraudulent or erroneous claims or violating state or federal fraud and abuse laws include exclusion from Medicare and Medicaid, civil and criminal penalties, and/or the loss of a professional licenses.

The Corporate Compliance Plan is a most crucial part of the overall ACCMHS Corporate Compliance Program (see ACCMHS Policy 901). The Compliance Plan provides a formal statement of ACCMHS's intention to conduct itself ethically in regard to business operations, government regulations, and conduct services and care; and it includes the required seven fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste and abuse.

### Key Definitions and Terms

- Abuse. Practices that are inconsistent with sound fiscal, business, or clinical practices, and result in unnecessary costs to the Medicaid and Medicare programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care (42CFR 455.2).
- Fraud (Federal Claims Act). An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act (42CRF 455.2).
- Fraud (per Michigan statute and case law interpretation). Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."
- Waste. Over utilization of services or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.
- Other terms related to compliance can be found within policy attachment 901.5 Compliance Related Definitions.

## Legal Basis for Compliance Plan

The legal basis for the ACCMHS Corporate Compliance Plan centers around five key laws and statutes:

1. The Federal False Claims Act.

This Act (31 U.S.C. §§ 3729–3733) applies when an agency or individual knowingly presents or causes to be presented a false or fraudulent claim for payment; knowingly uses or causes to be used a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses or causes to be used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government or its entity. In addition to the Federal False Claim Act, the Michigan False Claims Act prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments, and to authorize the Michigan Attorney General to investigate alleged violations of this Act.

2. The Anti-Kickback Statute.

This Act (42 U.S.C. § 1320a–7b(b)) prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with the delivery of services.

3. Exclusion Statute

Under the Exclusion Statute (42 U.S.C. § 1320a-7), HHS-OIG must exclude individuals or entities from participation in all federal healthcare programs when certain offenses are committed.

Examples of criminal offenses that will result in exclusion include:

- Medicare or Medicaid fraud
- Consumer abuse or neglect
- Felony convictions for other healthcare-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

4. Affordable Care Act

This ACT requires agencies to have a written and operable compliance program capable of preventing, identifying, reporting and ameliorating fraud, waste, and abuse. All ACCMHS employees and provider network are within the scope of the ACCMHS Compliance Plan.

5. Civil Monetary Penalties Law

The Civil Monetary Penalties Law (42 U.S.C. § 1320a–7a) allows HHS-OIG to seek civil monetary penalties and/or exclusion for many offenses. In 2017, an adjustment went into effect allowing for increases in civil monetary penalty ranges due to annual inflation. Penalties can range from several hundred to multimillion dollars based on the violation(s) cited.

The Federal government agencies responsible for enforcing these laws are the U.S. Department of Justice, HHS-OIG, and the Centers for Medicare & Medicaid Services (CMS). In addition, the Michigan Attorney General's Office has responsibilities in Michigan for enforcement.

New or revised regulations or requirements can represent potential high risk for non-compliance. As these changes become effective, the Corporate Compliance Committee may determine that a special focus and/or plan are needed to become compliant in the given area.

There are numerous laws and regulations that affect the ACCMHS Compliance Program and Plan. For a more extensive list of compliance related laws and regulations see the list of Federal and Michigan Laws under “References” of Policy #901 *Corporate Compliance Program*.

### Seven Fundamental Elements of an Effective Compliance Plan

The HHS-OIG has declared that the elements described in Chapter 8 of the 2015 *United States Sentencing Commission Guidelines Manual* are the seven fundamental elements of an effective compliance plan.

These fundamental elements are stated within the ACCMHS Corporate Compliance Plan as:

1. [Compliance Standards and Procedures](#). The development and distribution of written Employee Code (standards) of Conduct/Ethics, as well as written policies and procedures that promote the agency’s commitment to aggressively addressing potential fraud, waste, and/or abuse.
2. [Compliance Program Oversight](#). The designation of a Compliance Officer, Compliance Committee, and other oversight designees who are responsible for the operation authority of the compliance program.
3. [Credentialing and Due Diligence](#). Credentialing, criminal history checks, sanction checks and conducting due diligence on employees, potential employees and contractors helps to ensure the integrity of the workforce and contractors.
4. [Effective Education and Communication](#). The development and provision of regular, effective training for all employees and the development of communication mechanisms between the Compliance Officer and/or Compliance Committee with employees and provider agencies, while assuring an anonymity process and protection from retaliation.
5. [Reporting, Response and Prevention](#). The development and revision of policies, procedures and processes that address the detection of offenses, corrective actions, and the reporting to government officials when appropriate.
6. [Monitoring, Auditing and Assessment of Risk](#). The use of investigations and internal monitoring to assist in identifying areas of concern and opportunities for improvement.
7. [Enforcement and Discipline](#). The development of disciplinary practices that are consistently communicated and enforced.

Each of these elements are further described in the following pages.

### Element 1 - Compliance Standards and Procedures

An effective compliance program is dependent on written policies, procedures, and code of conduct/ethics. The overview of the ACCMHS compliance standards and practices are outlined in policy #901 *Corporate Compliance Program* and this document, 901.1. Other compliance policies, procedures and standards are found in section 9 on the ACCMHS policy and procedure manual.

As part of policy and procedure, ACCMHS has established its Employee Code of Conduct/Ethics. The Employee Code of Conduct/Ethics has been established using the following six principles:

1. *Honesty* – we will be truthful in all our endeavors, to be honest and forthright with one another and with our consumers, service providers and community partners.
2. *Respect* – we will treat one another with dignity and fairness, appreciating the diversity within our community and the uniqueness of each individual. Staff will use language that communicates respect.
3. *Trust* – we will build confidence through teamwork and open, candid communication at all levels of the

## ATTACHMENT 901.1

organization.

4. *Responsibility* – we will speak up and allow others to speak without fear of retribution and report concerns within the organization, including any violation of law, regulation, ethical standard, and ACCMHS policy.
5. *Citizenship* – we will obey the laws of the land, work to make our community more productive, and act with pride and confidence as a representative of ACCMHS.
6. *Competency* – we will have and maintain the required competencies and credentials for carrying out job responsibilities.

The Employee *Code of Conduct/Ethics* is provided in Attachment 901.2. Each staff member must sign an attestation that they have read, understood and adhere to the Employee Code of Conduct/Ethics at the time of hire and annually thereafter.

### Element 2 – Compliance Program Oversight

ACCMHS has designated two key roles, the ACCMHS Compliance Officer and the Compliance Committee, for the primary oversight and administration of the Compliance Program. The Compliance Officer:

- Reports directly to the Executive Director and has a direct line of report to the ACCMHS Board.
- Must be very familiar with the operational practices and compliance activities.
- Is the chairperson and member of the Compliance Committee.

The Compliance Committee is a multidisciplinary committee that reports directly to the Management Team and the Executive Director. The Compliance Officer and Compliance Committee are jointly responsible for:

- Reviewing and updating compliance policies and procedures.
- Developing and revising, as needed the compliance program and plan and the risk assessment plan.
- Monitoring and reviewing the effectiveness of the compliance program and plan.
- Conducting and overseeing compliance investigations.

For more information on the roles of the Compliance Officer and Compliance Committee, refer to Attachment 901.3 *Compliance Structure and Oversight*.

### Element 3 – Credentialing and Due Diligence

ACCMHS conducts thorough background checks on all new employees and periodic background checks on existing employees. The practice verifies that employees have not engaged in illegal activities and are not on the exclusion list of Medicaid or Medicare providers.

A number of activities are carried out to ensure that all staff and contract provider employees have the necessary competencies and are free from criminal convictions that would impair their ability to work with or care for consumers. Depending on the type of position, these activities may include:

- Office of Inspector General Database for sanction inquiry.
- State Licensing Database.
- Privileging.
- Credentialing.
- Competency reviews within agency training records.
- Reference and criminal checks at hire.

## ATTACHMENT 901.1

New employees are hired through a detailed pre-employment screening and hiring process. Credentialing and re-credentialing all staff and provider organizations is conducted. Other due diligence is conducted in the hiring and periodic assessment of employees.

It is verified that all employees and volunteers transporting consumers have a valid driver's license as well as a safe driving record.

Other due diligence is conducted when hiring or contracting with providers and other vendors where indicated.

### **Element 4 – Effective Education and Communication**

The fourth core element is an effective training and education to ensure there is an adequate understanding of the expectations set forth in the compliance plan and employee code of conduct/ethics.

Compliance training is mandatory for all employees as well as Board members. The initial training provides a comprehensive review of the ACCMHS Compliance Plan and Employee Code of Conduct/Ethics. Thereafter, an annual review training highlights the Compliance Plan and any changes or new developments as well as re-emphasizes the ACCMHS Employee Code of Conduct/Ethics. Additional training may be required for employees involved in specific areas of risk. Successful completion of training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

Open lines of communication between the Compliance Officer and ACCMHS employees and its provider agencies are essential to staff's knowledge and awareness of compliance issues, to the successful implementation of the Compliance Plan, and minimizing noncompliance. The Compliance Officer will communicate compliance messages via informal training methods, such as posters, newsletters, and Intranet communications.

### **Element 5 – Reporting, Response and Prevention**

All employees, contract providers, and board members of Allegan County Community Mental Health Services have the responsibility of ensuring the effectiveness of the agency's compliance efforts by adhering to the Corporate Compliance Plan and Employee Code of Conduct/Ethics, and reporting suspected violations.

Any suspected illegal, unethical, or improper activities need to be reported. Some examples of suspected violations include:

- Billing for services, assessments or medical tests that were never performed.
- Performing inappropriate or unnecessary procedures to increase reimbursement.
- Upcoding or inflating a bill by using diagnosis codes that increase the reimbursement for that particular condition.
- Double billing or billing twice for the same service.
- Unbundling a service to submit multiple claims.
- Billing without reporting payments received from other sources such as Medicare.
- Inflating the actual work performed or billing for the highest level of service when in actuality a lower level of service was delivered.
- Reporting inaccurate dates and/or times of services provided.
- Billing for services that are not included in the individual's plan for services.



## ATTACHMENT 901.1

- Stealing cash or other ACCMHS assets, such property or supplies.
- Falsifying timesheets or workers comp claims.
- Falsifying expense reimbursements.
- Outside employment that appears to conflict with ACCMHS employment.
- Violations of the ACCMHS Employee Code of Conduct/Ethics.
- Purposefully falsifying financial statements.
- HIPAA Privacy or Security violation issues.
- Falsifying records or statements to get a claim paid or approved.

Allegan County Community Mental Health Services will not take disciplinary or retaliatory action against a person for reporting what the person reasonably believed to be a potential compliance violation. However, an employee will be subject to disciplinary action up to and including termination if it is concluded that the employee knowingly fabricated, exaggerated, or minimized a report of wrongdoing to either injure someone else or to protect himself/herself or others. Also, an employee whose report contains admissions of personal wrongdoing will not be guaranteed protection from discipline. Retaliation for reporting an alleged compliance violation is strictly prohibited and may lead to disciplinary action up to and including termination.

Employees, contract providers, consumers or board members may choose any of the following methods for reporting suspected compliance violations and may report anonymously if desired.

- Electronic Mail – Suspected compliance violations can be sent electronically by email to the following address: [complianceofficer@accmhs.org](mailto:complianceofficer@accmhs.org). When emailing, staff may complete the form entitled “Compliance Reporting Form” (Refer to 901.7) or may specifically outline the details of their concerns within the content of an e-mail. For providers or individuals who do not have a @accmhs.org email address, no PHI is to be included in any unsecured emails.
- Mail Delivery – Suspected compliance violations can be mailed to the Compliance Officer at: Allegan County Community Mental Health Services Compliance Officer, PO Box 130, Allegan, MI 49010. When mailing, the form entitled “Report of Suspected Violation of Misconduct” may be used or the concerns may be submitted in any written format.
- In Person – Suspected compliance violations can be made in person to any member of the ACCMHS Compliance Committee.
- By Phone – Suspected compliance violations can be communicated to any Corporate Compliance Committee member.
- If preferred, suspected violations may be reported directly to the Corporate Compliance Officer for the Lakeshore Regional Entity - <http://www.lsr.org/contact-us> .

The ACCMHS Corporate Compliance Committee will assure that any problem identified through an investigative report, audit report, or data findings are analyzed and have the appropriate follow-up. (Refer to policy *903 Compliance Inquiry and Investigations* for additional information.)

The Compliance Officer will work in collaboration with the LRE Compliance Officer if/when allegations of fraud, waste, and abuse of Medicaid dollars indicate the need for formal investigation. This will include the reporting of any governmental agency as necessary.

Where violations are substantiated, appropriate corrective action will be initiated, which may include making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, staff education, repayment of overpayments, and disciplinary action against responsible employees.

## ATTACHMENT 901.1

When a credible report of a violation is received, the ACCMHS Compliance Committee will immediately protect any relevant information that may be needed to perform a thorough investigation. All document disposal practices will be stopped immediately. If reasonable suspicion exists that employees might destroy or remove documents, the employees may be suspended or removed from sensitive areas.

For identified compliance related issues that do not require a formal investigation, the Compliance Officer or Compliance Committee member will document the reported incident and the outcome.

Refer to the policy *903 Compliance Inquires & Investigations* for additional information in this area.

### Element 6 –Monitoring, Auditing and Risk Management

ACCMHS has created systems for monitoring and auditing the effectiveness of the Corporate Compliance Program and Plan as well as identifying compliance risks.

Monitoring includes reviewing policies and procedures to gauge whether they are working as intended and following up on recommendations and corrective action plans to ensure they have been implemented. Auditing ensures compliance with statutory and CMS requirements and includes routine evaluations of the compliance program to determine the program’s overall effectiveness.

Monitoring and auditing of the agency’s operations are critical to ensure compliance with the Compliance Plan, Employee Code of Conduct/Ethics, and related policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education may be needed. The Compliance Officer will oversee the development and processes associated with the agency’s Risk Management Plan. The Management Team will offer input into the Risk Management Plan.

### Element 7 - Enforcement and Discipline

The following Corrective Action Plan Guidelines will be used, as indicated by contract with the Lakeshore Regional Entity (LRE). All compliance investigations are reported to the LRE quarterly and the Office of Inspector General (OIG) as needed.

Violation	Possible Disciplinary Action
Knowingly and willfully committing fraud and/or violation of a federal or state billing or documentation practice(s). Knowingly and willfully providing false or misleading information in a compliance context to ACCMHS, governmental agency, consumer, or MDHHS. (e.g. billing for services not performed, forging documentation or signatures, upcoding, kickbacks, bribes)	<ol style="list-style-type: none"><li>1. First Offense – Termination of employee.</li><li>2. Claims adjustments - identification of any False Claims to a third party payor; remuneration will occur.</li></ol>
Unknowingly violating federal or state billing or documentation practice(s).	<ol style="list-style-type: none"><li>1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the ACCMHS Compliance Officer, Correction Action Plan to the LRP Compliance Director by the ACCMHS Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity.</li><li>2. Claims adjustments - identification of any false claims to a third party payor; remuneration will occur.</li></ol>

**ATTACHMENT 901.1**

<p>Knowingly violating policies and/or procedures as set forth in the Compliance Program/Plan.</p>	<p>3. Second Offense – Possible termination.</p> <p>1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the ACCMHS Compliance Officer, Correction Action Plan to the LRP Compliance Director by the ACCMHS Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity.</p> <p>2. Second Offense – Possible termination.</p>
<p>Detection of, but failure to report or failure to detect substantive violations of federal and state mandates in duties where a reasonable person could be expected to detect violation(s).</p>	<p>1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the ACCMHS Compliance Officer, Correction Action Plan to the LRP Compliance Director by the ACCMHS Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity.</p> <p>2. Second Offense – Possible termination.</p>

**Conclusion**

Compliance is a complex topic when providing mental health and substance use disorder services as it involves numerous regulations and layers of oversight. However, at its core, compliance is intended to promote ethical conduct and business practices. By developing and adhering to an effective compliance plan and educating staff, ACCMHS practices can prevent fraudulent activity, promote ethical behavior and business practices, and support quality care and services.



**Employee/Provider/Contractor/Board Corporate Compliance Attestation**

1. I acknowledge that today I received training on Allegan County Community Mental Health’s Corporate Compliance Program, which provides an overview of ACCMHS written compliance policies, standards, procedures, structure and standards of conduct/ethics.
2. I understand that I am responsible for participation and successful completion of future compliance trainings and understand that failure to do so may result in disciplinary action, up to and including termination of my employment or contract.
3. I have received and understand the Corporate Compliance Plan and Employee Code of Conduct/Ethics. I pledge to act in compliance with and abide by the Plan and Employee Code of Conduct/Ethics.
4. I understand the processes for reporting potential violations and accept my responsibility to report any suspected compliance violations. I understand that failure to report may result in disciplinary action, up to and including termination of my employment or contract.
5. If I have questions concerning appropriate actions that I may need to take in order to comply with the requirements, I will seek advice from a member of the ACCMHS Compliance Committee.

\_\_\_\_\_  
Employee/Provider/Contract/Board Name (please print)

\_\_\_\_\_  
Organization (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Ensure tomorrow...**

*Allegan County Community Mental Health Services*



**Comply today**

**November, 2021**  
**Customer Services Status Report**  
*(Report covers time period: September, October, November)*

*Submitted by Cathy Potter 269-686-5124 or 877-608-3568*  
*Email: 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 two new hires in September (Housing Case Manager and Access/Crisis Clinician), no new hires in October, and so far completed one new hire orientation in November (Employment Services Coordinator). A future new hire orientation is scheduled later this month (Executive Assistant). All orientation meetings were held through Zoom and future ones will be completed through Microsoft Teams.

Customer Service along with Supervisor of Autism and I/DD Services attended a meet and greet with AAESA new Young Adult Program Coordinator, Melia Phelps. Information about ACCMH services, guardianship, and Autism Benefit services were some of the topics discussed. It was a great connection and valuable information shared amongst both agencies. Our goal was to become familiar with each other in order to provide the best resources to families who we come in contact with.

Customer Service continues to participate monthly in the newly formed Policy Work Group (PWG). A few Customer Service policies have already been updated and reviewed by this group. A new Customer Service policy named "Notice of Adverse Benefit Determination (NABD) has been created and will be reviewed during the next PWG meeting. This particular notice is required to be sent out to individuals any time a change in their service takes place such as a denial, reduction, suspension, or termination.

**LRE/Beacon Customer Service Workgroup**

CMHSP's Customer Services and Beacon staff had one meeting this quarter. The September meeting was short and mostly talked about the MiCAL CRM system that was just recently put into place by MDHHS beginning August 16<sup>th</sup>. The October meeting was canceled and the next Customer Service regional Zoom meeting is scheduled for November 10<sup>th</sup>, 2021 at 10:00 am.

**Statewide Customer Service Workgroup**

There was one Statewide Customer Service Workgroup teleconference meeting held this quarter on October 20<sup>th</sup>. Most of the meeting was spent listening to Charity Burke and Gabriella Reihanian who work for Oakland Mediation Center. They answered many questions from members of this workgroup regarding mediation and how it will work with CMH's when an individual requests mediation services. The next scheduled Customer Service State teleconference meeting is scheduled for January.

**COAP (Community Opportunity Advisory Panel)**

There is a COAP meeting scheduled on Friday, November 19<sup>th</sup>. This will be the last meeting of the year for this group and they will start meeting again in January, 2022. We will be having our annual holiday get together on the 19<sup>th</sup> and celebrate their achievements. Care packages were mailed out to each member showing our appreciation for their continued membership over the years

**MINUTES**

**ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD**

**Tuesday, October 19, 2021 at 5:30 P.M.**

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

**1. Call to Order** – Comm. Gale Dugan, Chairperson

At 5:32p.m. Comm. Dugan welcomed everyone and called the meeting to order.

Present: Comm. Mark DeYoung, Comm. Gale Dugan (from Otsego Township), Glen Brookhouse, Alice Kelsey (from Martin), Beth Johnston (from Watson Township), John Weerstra, Bill Buell, Emily Schwartz (from Allegan Township), Craig VanBeek

Absent: Amy Clugston, Comm. Jim Storey, Kim Bartnick

Staff: Mark Witte, Gary Smith, Dan Welburn, Leanne Kellogg, Geniene Gersh, Nan Lawrence, Kelsey Newsome, Brenda Polmanteer

Visitors: Steven Johnson, Jay Roberts Eveland

**2. Pledge of Allegiance** – Recited

**3. Provision for Public Comment** – None

**4. Approval of Agenda**

Mr. Dugan added item #5, Recognition of Service for former Board member Tom Belco and noted #13 Request for Closed Session (which would become #14).

MR. DEYOUNG MOVES TO APPROVE AGENDA AS AMENDED. MR. BROOKHOUSE SECONDS. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.

**5. Presentation to Tom Belco:**

Comm. DeYoung presented a plaque to Mr. Belco for his years of service on the ACCMHS Board of Directors. The Board thanked Mr. Belco for his past service. Mr. Belco stated he has appreciated the Board and staff while he served on the Board.

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

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

- i. Board Meeting (09-21-21)
- ii. Finance Committee Meeting (09-21-21)
- iii. Program Committee Meeting (09-21-21)
- iv. Recipient Rights Advisory Committee Meeting (08-17-21)
- v. Executive Committee Meeting (10-15-21)

COMM. DEYOUNG MOVES TO APPROVE THESE MINUTES AS PRESENTED. MS. JOHNSTON SECONDS. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.

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

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

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

1. Call to Order ~ Beth Johnston, Vice Chairperson
2. Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Additions to/Adopt Agenda
4. Review of Finance Committee Meeting 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. Chairperson's Report ~ Beth Johnston Vice Chair (emailed to board & posted on web site)
  - a. Action request: Voucher Disbursements
  - b. Review Financials: Revenue/Expenses & Balance Sheet & SUD Services
  - c. Review Key Indicator Analysis, Report, & Graphs
7. Other Agenda Items
8. Finance Committee Member Comments
9. Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person
10. Adjournment until next meeting: December 21, 2021 at 4:15 pm.

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

**2021 Finance Committee meeting dates:**

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

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

**7. Program Committee – Alice Kelsey, Vice-Chair**

Ms. Kelsey presented on behalf of the Program Committee. Ms. Kelsey briefly reviewed the activities of the Program Committee, highlighting reports of interest.

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

- a. **Motion request to approve Voucher Disbursements totaling \$3,758,019.49.**  
MR. BROOKHOUSE MOVES TO APPROVE THE VOUCHER DISBURSEMENTS TOTALING \$3,758,019.49. MR. VANBEEK SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.
- b. **Motion request to authorize the Executive Director to sign MDHHS Contract for FY2022**  
COMM. DEYOUNG MOVES TO AUTHORIZE THE EXECUTIVE DIRECTOR TO EXECUTE THE FY2022 CMHSP CONTRACT WITH MDHHS. MR. BROOKHOUSE SECONDS. Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.
- c. **Review Key Indicator Analysis, Report, & Graphs.** Mr. Smith reviewed these reports for information.
- d. **Review Financials: Income Statement & Balance Sheet & SUD Services.** Mr. Smith reviewed the financial reports for August 2021.

**9. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse**

Mr. Brookhouse presented a report on the Recipient Rights Advisory Committee meeting. No discussion.

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

- a. **Executive Committee Report**  
Comm. Dugan reviewed the October meeting minutes, and noted that the committee took interim action to appoint Board Members Alice Kelsey and Mark DeYoung and Executive Director Mark Witte to serve as voting delegates for the 10/24/2021 CMHA Member Assembly meeting.  
**Motion requested to approve the ACCMHS voting delegates for the 10/24/2021 CMHA Member Assembly meeting.**  
MR. BROOKHOUSE MOVES TO APPROVE THE EXECUTIVE COMMITTEE'S RECOMMENDED DELEGATES FOR THE 10/24/2021 CMHA MEMBER ASSEMBLY MEETING. MS. JOHNSTON SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.
- b. **LRE Updates**  
Comm. DeYoung shared that over last two years the LRE has been negotiating with the State for settlement of the LRE lawsuit for contract cancellation and subsequent sanctions. The LRE got an unacceptable settlement offer. Feels like no headway has been made in settlement efforts. LRE board will meet this week to discuss options.

**11. ACCMHS Executive Director's Report – Mark Witte**

Mr. Witte reviewed his report. No discussion.

**12. Provision for Public Comment – None.**

**13. Board Member Comments**

Mr. Brookhouse announced that a community member has resigned from the RRAC, leaving a vacancy. Comm. Dugan said he will seek a new member. Mr. Brookhouse also thanked Coach Belco for his years of mentorship. Comm. Dugan welcomed Pastor Craig VanBeek to the ACCMHS Board and thanked him for his willingness to serve.



**14. CLOSED SESSION**

AT 6:27 PM, MS. JOHNSTON MOVES TO ENTER INTO A CLOSED SESSION FOR THE PURPOSE OF REVIEWING LEGAL OPINION REGARDING CONTRACTUAL MATTERS. MR. WEERSTRA SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL. 9 YES; 0 NO.

**\*\* 6:27 PM – 7:06 PM CLOSED SESSION \*\***

The ACCMHS Board returned to regular session at 7:06pm.

**15. MOTION:** COMM. DUGAN MOVES TO ACCEPT THE RECOMMENDATION OF COUNSEL IN THE WRITTEN LEGAL OPINION REGARDING POTENTIAL CONTRACTUAL MATTERS. MR. BROOKHOUSE SECONDS.

ROLL CALL VOTE:

Voting Yes – Weerstra, VanBeek, Johnston, Schwartz, Kelsey, Dugan, DeYoung, Brookhouse

Voting No – Buell

MOTION PASSES WITH 8 YES AND 1 NO.

**16. MOTION:** MR. WEERSTRA MOVES TO ADJOURN THE MEETING. COMM. DEYOUNG SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL. 9 YES; 0 NO.

Meeting adjourned at 7:10 PM.

Respectfully submitted,

Brenda Polmanteer  
Nan Lawrence

Jim Storey  
Board Secretary

Allegan County Community Mental Health Services  
**Building Committee Minutes**  
October 19, 2021 – 3:30 pm.

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

Board members present: Beth Johnston, Comm. Mark DeYoung  
Board member absent: John Weerstra, Comm. Gale Dugan  
Staff members present: Gary Smith, Nan Lawrence, Mark Witte

1. **Review/Approval of Prior Minutes** – Meeting called to order at 3:37pm. Comm. DeYoung moved to approve the September meeting minutes. Ms. Johnston seconded. Motion passed by roll call.
2. **Construction Update** – Mr. Smith reviewed the monthly status report included in the packet. ACCMHS application has been approved by the local Grand Rapids USDA office. It has now moved to the Lansing office then on to Washington DC for (presumably) final approval. Ms. Lawrence shared that Cornerstone will be moving their office into the Shopko building this week. No construction will occur.
3. **Funding Update**
  - a. ARPA Fund Request – Lee Township sent a response to Mark Witte, appreciating the request for funding but politely declining it.
  - b. State Funding – Mr. Witte’s board report includes the update regarding State funding. Discussion followed.
4. **Other** – Nothing further.
5. **Adjournment** – Comm. DeYoung moves adjournment. Ms. Johnston seconds. Meeting adjourned at 4:04 pm.

**Program Committee Minutes**  
**October 19, 2021 – 4:15 pm**

**Board Members Present:** Emily Schwartz, Alice Kelsey

**Board Members Absent:** Comm. Storey, Kim Bartnick, Amy Clugston

**ACCMHS Staff Present:** Heidi Denton, Geniene Gersh, Brenda Polmanteer, Nan Lawrence, Dan Welburn

1. **Call to Order** – Comm. Storey joined the meeting and asked Vice-Chair Kelsey to chair the meeting. Comm. Storey left once Ms. Kelsey assumed the chair. Ms. Kelsey called the meeting to order at 4:21pm.
2. **Public Comment** – None.
3. **Approval of Agenda** – Lacking a quorum, no action taken.
4. **Approval of Minutes** – Lacking a quorum, no action taken.
5. **Program Presentation** – Sara Milnikel CLS & Specialized Residential & Respite
6. **Program Committee Reports**
  - a) Integrated Health – Ms. Denton presented on the Prevention Program. Ms. Kellogg reviewed her report.
  - b) Clinical Services – Dr. Geniene Gersh reviewed her report.
  - c) Quality Improvement/Performance Management – Dan Welburn reviewed his report.
  - d) Customer Service – No report this month.
7. **Program Committee Member Comments** – Ms. Kelsey appreciated hearing COVID update in regards to how staff are returning to the office and in the community.
8. **Public Comment** – None
9. **Adjournment** – Meeting adjourned at 5:03pm.

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

**Finance Committee Minutes**  
**October 19, 2021 - 4:15 pm**

**Committee Members Present:**

- Beth Johnston, Chair
- Glen Brookhouse, Vice Chair
- Vacant position

**CMH Staff Present:**

- Bill Buell
- Mark DeYoung
- Gary Smith
- Nikki McLaughlin
- Mark Witte

1. **Call to Order** – Vice Chairperson Beth Johnston called the meeting to order at 4:17 pm
2. **Public Comment** – None
3. **Additions to/Adoption Agenda** – No additions; Ms. Johnston declares agenda approved by common consent.
4. **Review of Finance Committee Meeting Minutes** – COMM. DEYOUNG MOVES APPROVAL OF THE MINUTES AS PRESENTED. MR. BROOKHOUSE SECONDS. No Discussion. MOTION PASSED BY ALL YES Roll call VOTE. 3 YES; 0 NO.
5. **Review of Written Reports**
  - a. Facilities & Human Resources – Nan Lawrence notes that job postings for CCBHC are in full force. Discussion about new HR application management software called “Jazz HR”.
  - b. Administrative Services Report – Gary Smith notes that operations are holding steady and bucket reports are influenced by increased withholds for ISF at LRE. On General Fund, ACCMHS initiated PA236 transfers to two CMHs in need of GF. Will have a slight surplus to carryforward to next fiscal year. Question about lag time for providers submission in claims and data in system for processing.
6. **Chairperson’s Report**
  - a. Action request – Voucher Disbursements – MR. BROOKHOUSE MOVES TO RECOMMEND APPROVAL OF VOUCHER DISBURSEMENTS TOTALING \$3,758,019.49 TO THE FULL BOARD. COMM. DEYOUNG SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 3 YES; 0 NO.
  - b. Review of Financials – Mr. Smith reviewed Revenue/Expense & Balance Sheet & SUD Services. SUD is running in the black, driven by where SUD dollars are received and spent. Need more cash flow; being addressed with the LRE.
  - c. Review of Key Indicator Analysis, Report, & Graphs – Mr. Smith reviewed the reports.
  - d. Action Request – Authorize Executive Director to Sign FY22 Contract with MDHHS – COMM. DEYOUNG MOVES TO RECOMMEND THAT THE FULL BOARD AUTHORIZE THE EXECUTIVE DIRECTOR TO EXECUTE THE FY2022 CMHSP CONTRACT WITH MDHHS. MR. BROOKHOUSE SECONDS. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 3 YES; 0 NO.
7. **Other Agenda Items** – None
8. **Finance Committee Member Comments** – None
9. **Public Comment** – None
10. **Adjournment** – MR. BROOKHOUSE MOVES TO ADJOURN THE MEETING AT 4:33 PM. COMM. DEYOUNG SECONDS. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 3 YES; 0 NO.

Allegan County Community Mental Health Services  
**DRAFT Executive Committee Meeting Minutes**  
Friday, November 12, 2021 – 2:30 PM

1. **Call to Order** – Chairperson Dugan called the meeting to order at 2:30 pm.
2. **Members Present/Excused** – Members present included Chairperson Commissioner Gale Dugan, Vice-Chair Alice Kelsey, Treasurer Beth Johnston, and Executive Director Mark Witte. Members absent included Secretary Commissioner Jim Storey. Chairperson Dugan excused Commissioner Storey on the basis of his prior notice of his absence.
3. **Review of Agenda** – Approval of agenda moved by Kelsey; seconded by Johnston. Unanimous approval.
4. **Review of Minutes of Prior Meeting** – Approval of prior minutes moved by Kelsey; seconded by Johnston. Unanimous approval.
5. **Updates on Prior Meeting Topics**
  - a. COVID-19 Federal Vaccine Mandate – Staff notified 11/10 of mandate requiring full vaccination by early January. Exemptions available for religious and medical rationale. Attorney advising HR for compliance. Board members not presently affected since board meeting not located in ACCMHS facilities, though more research being done.
  - b. Building/Funding Update – Witte will process construction contract through Building Committee. Some judgment needed concerning feasibility or wisdom of continuing with scaled-down plans with increasingly likely supplemental legislative appropriation from COVID relief funds. Critical deadline may be 12/31/2021 for firmer decision/action.
  - c. Branding – Website conversion to ACCMHS replica complete. Board packets located in different location in order to allow for internet search engines to prioritize results for people seeking services.
6. **Board Member Items** – None today
7. **Executive Director Items**
  - a. Staffing Update – Erinn Trask started as new CFO on 10/29. Met with Finance Committee Chairperson Johnston this morning. Consideration being given to changes in finance reporting to satisfy questions and support continued learning of members.
  - b. Committee Appointments – Chairperson Dugan solicited comments on some of the appointments he is considering for the vacant position on RRAC and Finance committees.
  - c. Board Packets Not Mailed in November – Witte cited reasons for a lack of mailed packets this month. Will resume in December for those who wish them.
8. **Next Meeting Date/Time** – Friday, December 17, 2021 at 2:30 pm
9. **Adjournment** – Kelsey moved adjournment; Johnston seconded. Unanimous approval.

## Executive Director Board Report – November 2021

Submitted by Mark A. Witte, MSW, LMSW, Executive Director  
269-673-6617, ext. 2716; [mwitte@accmhs.org](mailto:mwitte@accmhs.org)

1. **New CFO** – On October 29, I appointed Erinn Trask to the role of Interim CFO. The transition was handled smoothly and professionally. Erinn is a contractual employee provided under an agreement with Rehmann, an accounting services firm which provides support in this manner to a number of CMHs and PIHPs around the state. Erinn is no stranger to Allegan CMH. She has served as part of our external auditing team in the past and is familiar with our regional work through her past employment at Network180. She most recently served in a similar role for the three-county region of Iosco, Ogemaw, and Oscoda served by AuSable Valley CMH. Our contract with Rehmann calls for us to have Erinn serve in this capacity for approximately one year, assisting us with many of the heavy lifts that face Allegan CMH in the accounting and financial management arena (e.g., standardized cost allocation, CCBHC implementation, general ledger conversion, etc.). The final task for Rehmann will be to assist us in recruiting and selecting a permanent CFO in about a year. I look forward to introducing you to Erinn at our November meeting. Please join me in welcoming her!
2. **New Executive Assistant** – If all goes as planned, I will have the privilege of introducing you to Brenda Holquist, our new Executive Assistant, at our board meeting which will also be her second day on the job. Brenda comes to Allegan CMH from Network180 where she also served as their Executive Assistant, so her experience in our region and CMH systems is great and will be very valuable. Our plan for the use of our Executive Assistant time will be a little different than it was during Myrna Simon’s tenure. Brenda will still take primary responsibility for supporting the board’s operations and those of the Executive Director, but we’re expanding the support role to those of other members of my management team so that we can improve our execution of projects and tasks that are a key part of our work today. Brenda is eager to undertake that challenge and we’re all excited to start the new partnership of efforts that will start when she arrives.
3. **CMHA Conference Recap** – You were well-represented at this year’s fall CMHA conference by Commissioner Mark DeYoung, Alice Kelsey, Glen Brookhouse, and John Weerstra. For me, one of the highlights (beyond the educational sessions) was an interview by CMHA director Bob Sheehan of MDHHS director Elizabeth Hertel. She was asked about the department’s perspective on the two (or three) legislative proposals to “reform” our CMH systems. She said more than has been said to date, and it gives subtle indications of the Governor’s interest in improving our system – not destroying or replacing it.

She said her vision is: ***“Increased access for people with acute, chronic and preventative needs, available when and where they need them. Breaking down stigma makes me happy, but we need to build up our infrastructure. We risk having access bottlenecks. We need to keep folks in their local communities with available services that are close to home. We have barriers to access – not just for Medicaid – for all payers. We need to challenge the CMH system to help the department design plans to spend the incredible amount of funding that is available to the state – a once-in-a-lifetime opportunity.”*** When asked for her perspective on the legislative proposals, she said: ***“We all have been talking about how to make things better – at the level of what will be felt by the people we serve (for example, the time they spend waiting for a psychiatric bed); not on changes that don’t address the problem. It’s the legislature’s conversation for now. We can always do better. It’s not about a vote for the status quo. We’re focused on making real differences.”*** In closing she said something that aligns well with what I believe and where I hope things will land: ***“I won’t be happy until everyone has access [to behavioral health] services when and where they need it.”***

I will encourage those who attended to share any other observations (or alternative takes on what I've presented too!) for the benefit of the board.

4. **CMH System "Reform"** – Senator Shirkey's bills (SB's 597 & 598) passed his Senate Governmental Operations committee and are now before the whole Senate for consideration. The versions that passed were amended to clarify intent relative to our local public CMH system responsibilities under his proposal. CMHA says that new language in Section 203 of SB 598 "will shatter the public mental health system, which we believe is Sen Shirkey's underlining intent."

*Page 16-17 (SB 598 S-2) - Sec. 203. Throughout this chapter, a specialty integrated plan is not responsible for the duties set forth in this chapter until after completion of a successful transition under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. After the specialty integrated plan has completed a successful transition, the specialty integrated plan shall take over the duties set forth in this **and the community mental health services program shall no longer be responsible** for those duties. The behavioral health accountability council shall determine the successful transition at each phase of integration establishing when the specialty integrated plan is responsible and the community mental health services program is no longer responsible.*

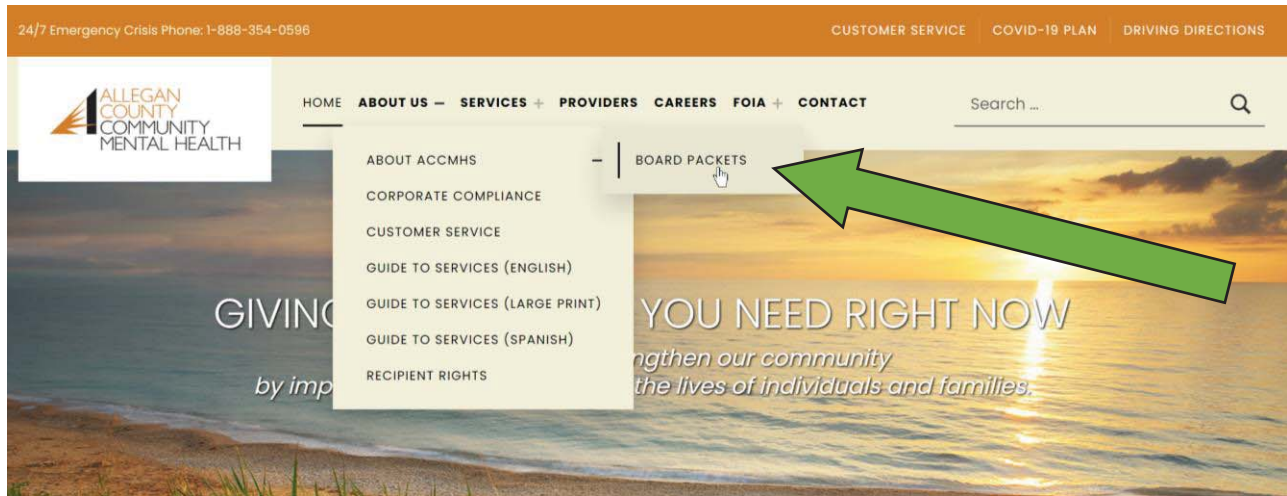
If there was any doubt before, it should be gone now. This will eliminate CMH program responsibilities at the local level, and along with it your voice in shaping what is offered to the people of Allegan County and the accountability of our present system to our county commission through the authority board of Allegan CMH. This really is Section 298 all over again in language that is even more blunt and onerous.

It is uncertain if his bills will survive there, and there is even greater doubt if they get to the House due to their competing proposal. It's improbable that the House's bills will be acted on in the Senate. However, if any agreements materialize between now and the end of this legislative session – including in lame duck in November/December 2022 – and you assume as I do that our Governor's decision on any bills that reach her desk will be strongly informed by Director Hertel, then it's difficult to see how she could advise the Governor to do anything but veto both pieces of legislation as they now stand. As we always say, "we'll see." Meanwhile, we educate and advocate.

One "accidental" effort to educate and advocate occurred through my attendance at two area meetings in October on mental health system needs organized by the House Democratic Caucus. They hosted a series of listening sessions designed to gather information that is intended to result in draft legislation. When I signed up to attend as a listener, little did I know that I had actually applied to be on the panel of presenters – something I didn't understand until the session began! If you're interested in seeing the Kalamazoo session (or how I respond to sudden surprises), please feel free to watch the recorded session on Facebook: [https://www.facebook.com/watch/live/?ref=watch\\_permalink&v=602376640797028](https://www.facebook.com/watch/live/?ref=watch_permalink&v=602376640797028)

5. **Website/Branding** – We've launched a new website that may not look all that different. For many years, our agency's website has actually been a SharePoint page located on the county's server. Due to software licensing changes and our own plans for branding rollout, we decided to move to an actual website that gives us more software tools for implementing the design work and content changes we will need in the future. A major redesign will occur sometime around March when we roll out our new brand identity. Until then, the goal is to use the new/current website to preserve the look and feel of our old SharePoint site as it is moved off the county's server and onto a real website platform. That change occurred on the weekend before November 1. The most obvious change for board members is that you'll find board information in a different location than before. See the image below. For now, you'll find it under the "About Us" tab, and

under the “About ACCMHS”, “Board Packets” link. The placement of board materials is perhaps more difficult than before, but it is purposeful. It is intended to leverage the logic built into the internet (“SEO” or “search engine optimization”) to help people looking for help to find us much more easily.



6. **myStrength** – Attached to this report, you’ll find a one-pager (front & back) flyer that details how you (and any other member of our community) can access myStrength via a computer or a mobile device. This information is also now available on our interim website and will be increasingly promoted throughout the community in the coming weeks and months. Please help us share the word with those you know who may benefit. Individuals in care with Allegheny CMH may be able to coordinate their treatment activities with their clinician(s) and the resources of myStrength, and our staff are encouraged to use it as a part of their personal wellness support system as well.
  
7. **Building/Funding** – While in Lansing on other business on 10/27, I also spent time with Rep. Mary Whiteford to discuss our request for supplemental funding for the building project. She confirmed again that she’s got our request on her list and has rounded it up from \$2.6 million to an even \$3.0 million. That is appreciated! Of course, as I told her, timing is everything, as the timing of appropriations matter greatly to the success of our funding plan and the project itself. The funds we have requested are needed to fill the gap between the cost of our “Plan A” construction costs and the funds we have available to us. In order to get the project moving with available USDA funds and our other interim resources, we’ve had to scale the project back to a “Plan B” level that cuts out a number of elements which are desirable but not ultimately essential. I shared with Rep. Whiteford that if the legislature cannot pass appropriations bills that releases funds yet this year, it may be impossible to add back the elements we’ve taken out of “Plan A” in time for the construction sequence. Some things can be decided later, but not everything. For example, we’ll need to know fairly early in the process if we are going to cut more or less holes in the concrete walls to install for windows. That’s going to be an early part of the demolition work, but will define how much natural light we have in the building. So timing matters a lot! She promised to do her best. Also, you should know that I’ve remained in contact with the owner of the building, Mark Kerrins, and he remains comfortable with our arrangement of rental until such time as closing is scheduled.

In a positive development, we received the USDA’s “concurrence” document which allows us to take another big step toward ownership of the building (closing) and the real start of construction. This step involves signing an actual contract with Cornerstone Construction, the firm you affirmed at your July 20 meeting as the winner of the construction bid for our building. If we can complete the preparations in time,



we will work with the Building Committee at their November meeting to seek your authorization to enter into the actual construction contract with Cornerstone Construction.

8. **Mandatory COVID-19 Vaccination** – Just today, we have received news that – presumably – all Allegan CMH staff will be required to be vaccinated under President Biden’s new executive order. There is a lot that we do not know yet, and so we will be taking time (and obtaining legal counsel if necessary) to assure compliance with this funder-based requirement. We have been forthcoming with our staff that the intent of the order as announced several weeks ago would likely include us, but we have not made independent efforts to prepare for compliance since the details were not available. Even today, there are many questions about what will be expected and by when. You will likely get a more detailed update with a lot more answers from Finance and/or Program committee meeting report-outs.

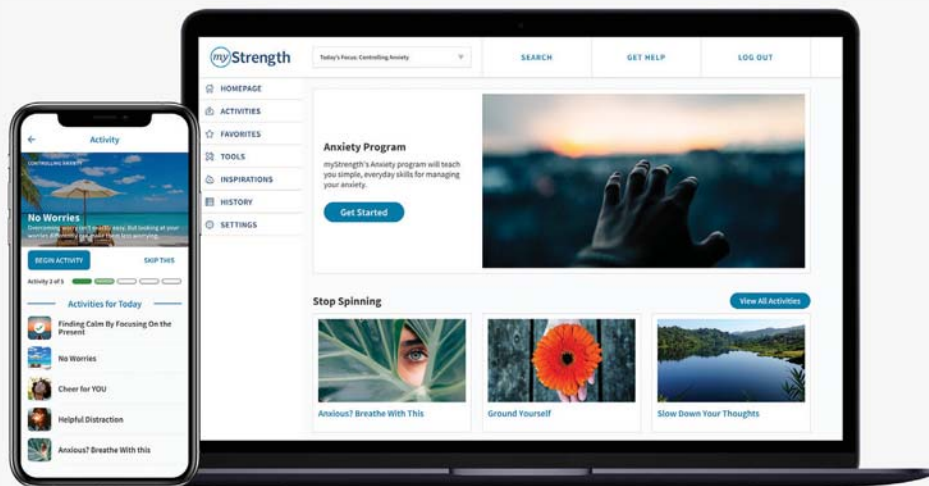
Lots going on, but it’s a great time to be at Allegan County CMH Services!

Submitted by Mark Witte  
November 4, 2021

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COUNTY  
COMMUNITY  
MENTAL HEALTH**

