

AGENDA
ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD
Tuesday, August 17, 2021 AT 5:30 P.M.
COUNTY SERVICES BUILDING, 3283 122ND AVENUE, ALLEGAN
In County Commissioners Board Room 269-673-3384

NOTE: *At this time, in-person attendance capacity is limited. Social distancing and masks are required. County will live stream ACCMHS Board meetings in County Commissioners Board Room.*
Zoom Call: 929-205-6099 (New York) or 301-715-8592 (Washington D.C) or 312-626-6799 (Chicago)
Meeting ID: **851 7949 1254** Passcode: **779000**
Zoom Meeting <https://us06web.zoom.us/j/85179491254?pwd=dXg0NjArYldPOVpWWM0tOcXUvSm5VZz09>

1. Call to Order, Gale Dugan
2. Pledge of Allegiance
3. Provision for Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person
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 (07-20-21)
 - ii) Finance Committee Meeting (07-20-21)
 - iii) Program Committee Meeting (07-20-21)
 - iv) RRAC (06-15-21 to be approved 08-17-21)
 - v) Executive Committee Meeting (08-13-21)
6. Program Committee, Jim Storey (emailed to board & posted on web site)
7. Finance Committee Report, Tom Belco (emailed to board & posted on web site)
 - a. Motion to approve Voucher Disbursements
 - b. Motion to approve FY2021 Provider Contracts
8. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec), Gale Dugan
9. Chairperson's/Executive Committee Report, Gale Dugan
 - a. Executive Committee Report
 - b. LRE updates
10. Branding Update ~ Julia Leos, Inspiration Studios
11. ACCMHS Executive Director's Report, Mark Witte (emailed to board & posted to web site)
12. Board Member Comments
13. Provision for Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person
14. Adjournment ~ Next Meeting September 21

2021 Board 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)

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

AGENDA
Program Committee
August 17, 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: None for August

September 21 In person	Mental Health Treatment Court	Melissa Potvin & Ben Busfield
October 19 In person	CLS & Specialized Residential & Respite	Sara Milnikel
November 16 In person	Substance Use Disorder Prevention Services	Leanne Kellogg
December 21 In person	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 Mgt ~ Dan Welburn. See attached.
 - d) Customer Service ~ Cathy Haas (Feb/May/Aug/Nov). See attached.
7. Program Committee Member Comments
8. Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment ~ Next meeting September 21

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)
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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.

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

MINUTES
Program Committee
July 20, 2021
4:15 pm – 5:15 pm

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required. County will live stream ACCMHS Board meetings.

Join Zoom by calling: 312-626-6799 or 929-205-6099 or 301 715 8592

Zoom link: <https://us06web.zoom.us/j/84937139236?pwd=VmdoVURHajg3OEVUTUU2TXRpWk0xQT09>

Meeting ID: **849 3713 9236** Passcode: **975560**

Committee Members Present:

Jim Storey, Chair
 Alice Kelsey, VC
 Amy Clugston (Zoom)
 Kim Bartnick (Zoom)
 Emily Schwartz
 Gale Dugan (ex officio)

Staff Members Present:

Dr. Geniene Gersh
 Leanne Kellogg
 Dan Welburn
 Myrna Simon
 Cathy Potter (Zoom)
 Mandy Padget (Zoom)
 Rebecca DeHart-Elkins (Zoom)
 Brandon Lange (Zoom)

Others present: Jay Roberts Eveland, LRE Allegan rep (Zoom)

1. **Call to Order ~ Jim Storey, Chair**
Mr. Storey called the meeting to order at 4:19 p.m.
2. **Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person**
No comments from public.
3. **Approval of Agenda**
Mr. Storey called for a motion to approve agenda. MS. KELSEY MOVED TO APPROVE AGENDA. SUPPORTED BY MS. BARTNICK. MOTION PASSED WITH ALL YES VOICE VOTE.
4. **Approval of Minutes**
Mr. Storey called for a motion to approve minutes. MS. KELSEY MOVED TO APPROVE MINUTES. SUPPORTED BY MS. BARTNICK. MOTION PASSED WITH ALL YES VOICE VOTE.
5. **Program Presentation: Occupational Therapy in Mental Health**
Presenters: Rebecca DeHart-Elkins, MS, OTR/L and Brandon Lange, COTA/L. They gave overview of program, interventions, role of COTA (COTA stands for Certified Occupational Therapy Assistant), what they do, difficulties, options for future, and shared success stories. See handout.
6. **Written Reports to Program Committee**
 - a) Integrated Health ~ Leanne Kellogg/Angel Hopkins/Amy Embury/Susan Conrad. Ms. Kellogg reviewed the written report. See attached.
 - b) Clinical Services ~ Dr. Geniene Gersh. See attached. Dr. Gersh highlighted items from her report.
 - c) Quality Improvement/Performance Mgt ~ Dan Welburn. Mr. Welburn reviewed written report. See attached.
 - d) Customer Service ~ Cathy Haas (Feb/May/Aug/Nov). No report.
7. **Program Committee Member Comments**
Ms. Roberts Eveland asked what the CCBHC implementation plan is and what targeted population is for MHFA training. Ms. Kellogg reported the CCBHC grant funding starts August 31. Discussions are in progress for creating job descriptions, posting positions, partnership communication, project management activities; a massive team effort across the agency. Regarding MHFA, it is free, Prevention Team has participated in train the trainers to host for others. Targeted population is local law enforcement, most have had it. She thanked her for her suggestions.

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

9. **Adjournment ~ Next meeting August 17**

MS. KELSEY MOTIONED TO ADJOURN. SUPPORTED BY MS. BARTNICK. MOTION PASSED WITH ALL YES VOICE VOITE. Meeting ended at 5:19 p.m.

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

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ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES

August 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

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 July encompassed the following efforts:

- Discontinuation of the evaluation of travel notification that occur through review of H/S as recommendations regarding that changed with the updates from CDC as well
- Relevant updates to vaccine information and health department dissemination is also being communicated to staff as applicable
- Updated CDC mask guidance and new releases from the health department communicated to staff
- 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

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. We continue to distribute any necessary PPE for our staff in their specific functions as well as coordinate requests from the outside provider network needs as well. 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 implemented a pause on moving to Phase 2, 50% capacity as we have seen increases in community transmission. We will continue to evaluate the status and phase ongoing and monitor closely each week in conjunction with Dr. Tooker.

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.

- Implementation of Morning Huddles
 - Our med clinic team implemented morning huddles in conjunction with our provider staff to increase awareness of consumer needs at present day of visit
- Improved Workflow for Triage Phone Calls
 - Med clinic staff altered their workflow and rotation of phone coverage to increase call answering capacity and availability to our consumers as well as staff
- Enhanced EMR Records
 - Med clinic staff have completed thorough EMR record reviews on all current, active consumer receiving med clinic services. These chart reviews and updates notes provide the most recent relevant clinical experience guiding our providers with accurate information.
- Streamline EMR
 - Specific discussions regarding various ticket issues involving prescriptions differences with pharmacies, dosage changes, ongoing continued evaluation and updates to our internal IT department and vendor EMR
- RN Medication Reviews
 - Our nursing staff within their triage and scheduled duties are conducting nurse medication reviews, utilizing their licensure to fullest extent as well as extending our provider capacity

CCBHC (Certified Community Behavioral Health Clinic) Grant

- Project management outlined for entirety of proposed grant activities
- All-staff meeting presentation outlining required service components
- Supervisors meeting discussion regarding broad context of the grant project, discussions on steering committee and work-group meetings to occur
- Project begins 8/31/21 through 8/30/23

August 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

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
 - Triage of case-load to evaluate needs of face-to-face appointment with movement to Phase 1.
 - Coordination with primary clinicians of consumers' needs in conjunction with reach-out consumer contacts
- Community/Residential Nursing
 - Juvenile Home visits and assessments are being conducted as needed with proper PPE
 - COVID testing continues ongoing, rapid COVID tests are now being done resulting in quicker results and care coordination for those in service
 - 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

Heidi Denton- August 2021

Allegan County Substance Abuse Prevention Coalition (ASAP)

Next virtual meeting will be August 26th from 9a-10a.

Prevention Programming

The prevention team is working on getting brochures and other materials to every middle and high school in the county to have out at school orientations, open houses and other parent events this fall. We are trying a new approach and connecting with key school personnel at each building to put the materials out on registration tables without a prevention staff present at each event. The goal is to reach more parents by allowing them to access the materials without feeling the pressure to talk to someone if they just want the literature. We will also have some freebies like hand sanitizers and oven mitts to entice parents to check out the information.

Early Risers

The program ran for 6 weeks, 4 days a week from 8-noon at Fennville Elementary with a total of 6 students successfully completing the program, in-person. In collaboration with Fennville schools summer program, students were provided meals and transportation free of charge. The group diligently focused on social emotional skills and increasing resiliency. Parents have stated that their kids have been excited to attend the group, and that they noticed a change in the overall happiness of their kids and they look forward to continued services through our prevention team. Erin Hurley coordinates the program along with Nikki Barth.

Prime for Life

Adult: The next class is scheduled for August 20th.

Youth: None scheduled at this time. Making plans for the fall programming at three schools.

Mental Health First Aid

Nothing to report this month.

CLINICAL SERVICES BOARD REPORT ~ August 2021

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

Return to the Office for Clinical Services Programs

Effective July 19, the Clinical Services programs have transitioned to a 30% capacity of staff working in the office and seeing clients in-person. The clinical needs and preferences of clients were assessed in order to be able to provide in-person appointments for children and adults receiving treatment in the Outpatient Counseling Program. In addition, the Access and Crisis teams have been providing in-person intake assessments and crisis walk-in appointments. The Children's Mobile Crisis team continues to provide a combination of in-person and telehealth appointments as appropriate. Effective August 9th, the Crisis staff will also return to conducting in-person hospitalization screens at area hospitals.

This transition has been quite successful for both staff and clients. Many clients have expressed they enjoy the ability to be seen in-person while also having the flexibility of telehealth appointments as needed. Many of the staff members have expressed they are pleased to be able to see clients in-person as well as being able to collaborate and interact with co-workers. The community based programs including children and adult Supports Coordination and Case Management, Homebased, Wraparound Services, Infant Mental Health, Assertive Community Treatment (ACT) Services and Autism Services have also been providing a combination of in-person and telehealth appointments as appropriate.

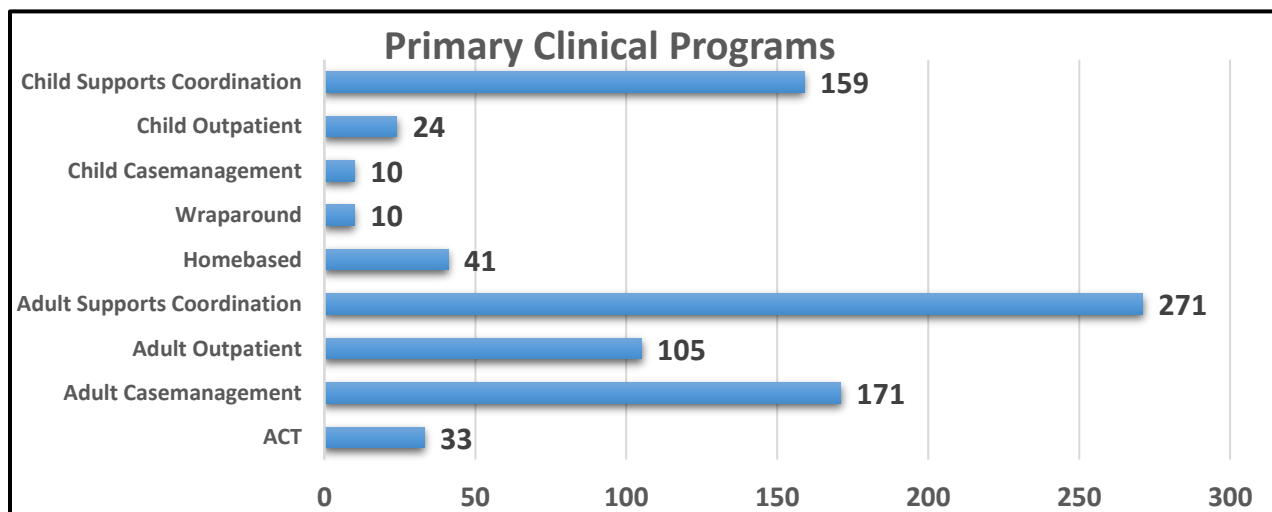
Due to the recent increase in the Delta Variant, the agency has decided to remain at the 30% capacity of staff in the office and providing in-person appointments at this time. Once it is determined that it is safe to increase capacity, the Clinical Services programs will transition to the next phase as appropriate.

MyStrength Implementation

The implementation of the MyStrength computer and cell phone application is well underway. Staff from Clinical Services, Integrated Health and Substance Abuse Services, Customer Service and Information Technology are participating in the implementation workgroup along with staff from MyStrength implementation team. This workgroup will continue to meet over the next 6 weeks to prepare for the launch of MyStrength for ACCMHS clients as well as Allegan County residents by early fall. We are excited to be able to have the opportunity to utilize the multiple clinical features of the MyStrength application to support the mental health and well-being of ACCMHS clients and the residents of Allegan County.

Clinical Services Program Data from July 2021

The graph below illustrates the number of individuals who are receiving services within each of the Clinical Services programs for the month of July. During the month of July there were a total of 824 individuals served across clinical programs compared to 838 during the month of June. This represents a small decrease in the number of people receiving services in both the Homebased and Wraparound programs during the month of July as compared to June.



CLINICAL SERVICES BOARD REPORT ~ August 2021

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

Program Clinical Programs	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Six-Month Average
Child Support Coordination	155	156	155	157	159	159	157
Child Outpatient	26	25	24	25	24	24	25
Child Case Management	6	5	7	8	9	10	8
Wraparound	13	15	15	16	13	10	14
Homebased	49	47	48	48	50	41	47
Adult Supports Coordination	274	272	270	272	273	271	272
Adult Outpatient	101	102	101	103	105	105	103
Adult Case Management	173	175	171	177	172	171	173
ACT	30	31	31	33	33	33	32
Total	827	828	822	839	838	824	830

Intakes Conducted during the Month of July

The table illustrates the number of intakes conducted by the Access Team during the month of July. There were a total of 28 intakes completed, with 21 individuals that were determined to be eligible and admitted into services. In addition, there were 7 individuals that were ineligible for services and referred to other community resources for treatment.

Intake Disposition	Count
Admit/Refer to Funded Services	21
Denied/Ineligible for Funded Allegan CMH Services	7
Grand Total	28

Discharges during the Month of July

The table illustrates the number discharges in the month of July. There were a total of 31 discharges with 15 discharges that were planned and 16 that were unplanned.

Discharges	Count
Planned	15
Unplanned	16
Grand Total	31

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

Assertive Community Treatment (ACT)

Bryan Day, LLMSW, Program Supervisor; 269-673-6617, ext. 4881

The month of July continues with staff changes for the ACT team. The case manager position was posted this month and the ACT staff participated in 2 interviews. The team hired Jamor James who will be starting full time next month. He has ACT experience and moved into this position from the Housing Mission Department. The team has maintained the reduction of F2F contact as much as possible for the safety of ACT clients and ACT staff. The team has also started the return to office plan, meeting 4 days a week in the office. The month started off with 33 clients on the team. We had 1 client discharge, 0 clients transferred from case management to ACT and 1 client added through intake. The month ended with a caseload of 33 clients. There were 0 psychiatric hospitalizations this month. The team helped coordinate a hospital diversion. The team will continue to provide the best quality services while maintaining safe precaution's from COVID19.

CLINICAL SERVICES BOARD REPORT ~ August 2021

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

Adult Outpatient and Community Based Services

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

Starting July 19th, 2021, the Adult Outpatient and Community-Based Services team, in coordination with all ACCMHS staff, began a transition back to the office. Outpatient and Community-Based services have increased their presence in the office by 30%. The community-based clinicians have started reaching out to individuals for long anticipated face-to-face contact. The outpatient therapists have identified individuals with high clinical needs and a desire to return to face to face sessions to begin the transition back to the office. These individuals have been scheduled for in-person appointments on staggered days to adhere to social distancing and "ACCMHS Return to Work" guidelines.

The Adult Outpatient Department continues to search for qualified candidates for the open Behavior Specialist position. We remain hopeful that our continued postings will yield an excellent candidate pool and hire.

The Adult Outpatient Department also has an open therapist position, which we hope to fill soon.

Community-Based Services now have a full staff. The new Supports Coordinator and Supports Coordinator Assistant are adjusting to their new positions and have been attending a combination of telehealth and in-person contacts. They are a welcome addition to the team.

Access/Crisis/Children's Mobile Crisis Response/MH Tx Court/Prisoner Re-entry

Melissa Potvin, LPC, CAADC, CCS, Program Manager; 269-673-6617, ext. 4850

ACCESS

- Out of 8 scheduled *adult* assessments for July: 4 intake appointments were kept with 2 consumers determined to be eligible for services.
- Out of 18 scheduled *minor* assessments for July: 15 intake appointments were kept with 14 consumers determined to be eligible for services. The trend towards a steady volume of autism referrals has been holding for several months.

MENTAL HEALTH TREATMENT COURT

- There are 9 active cases currently in the mental health treatment court system and no new referrals enrolled in the program yet this month.

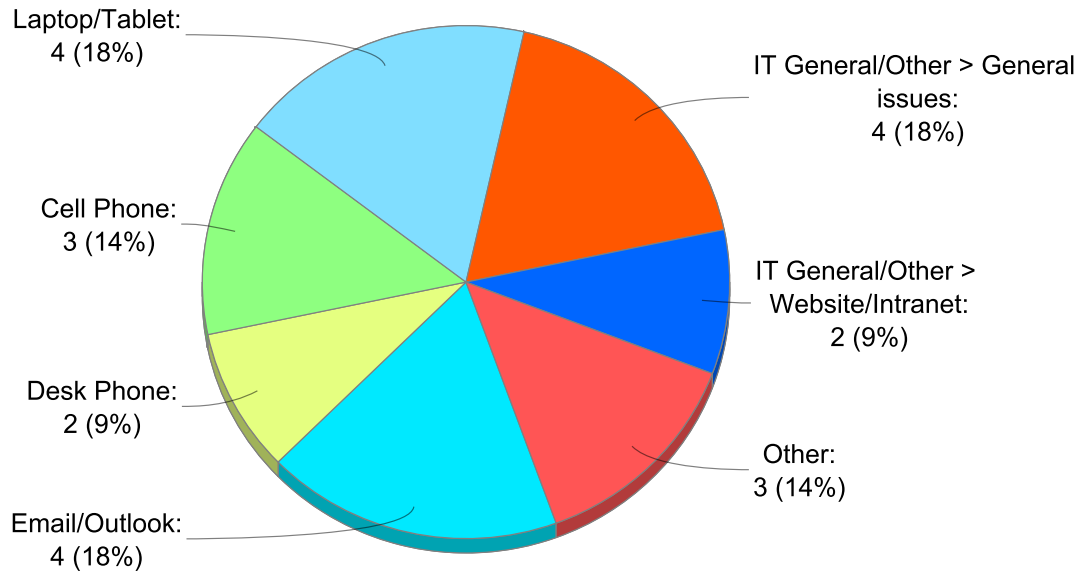
CRISIS

- For the month of July, Crisis Department had a total of 45 prescreens evaluations in emergency rooms. Out of the 45 prescreen evaluations, 7 were for minors and 38 were adult evaluations.
- For the month of July, Crisis Department placed 30 consumers in hospital or crisis residential placements and diverted 15 from any placement. 27 of these placements were for adults and 3 were for minors. There continues to be psychiatric bed shortages throughout the state and problems obtaining ambulance transportation for psychiatric placements. Mobile crisis events were 19 for the month with a steady increase in these types of calls from the community.

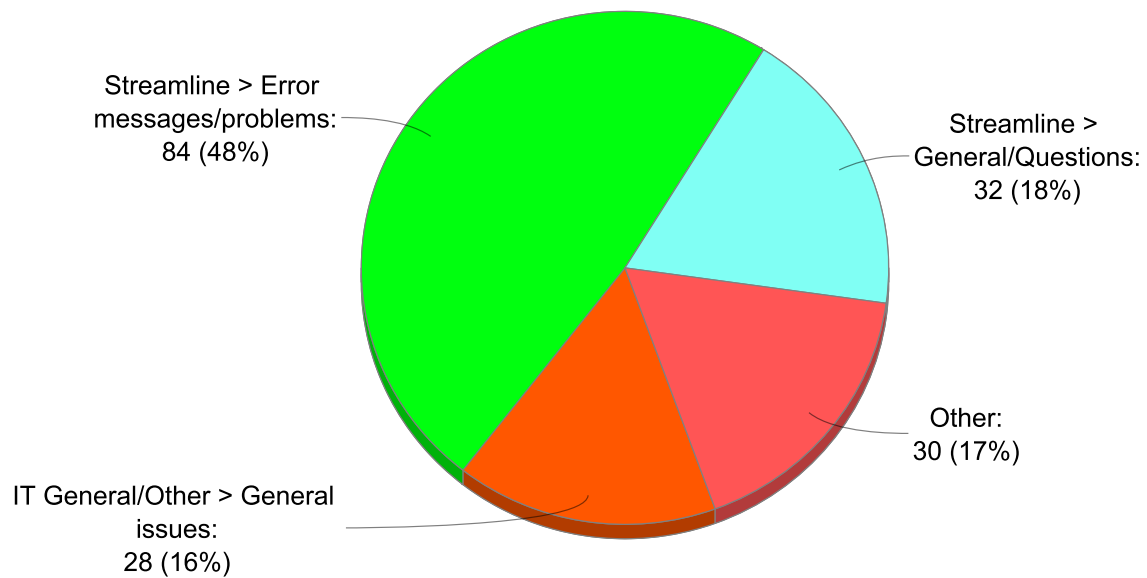
Open tickets by request type

Tickets opened before 8/9/21 8:17 am

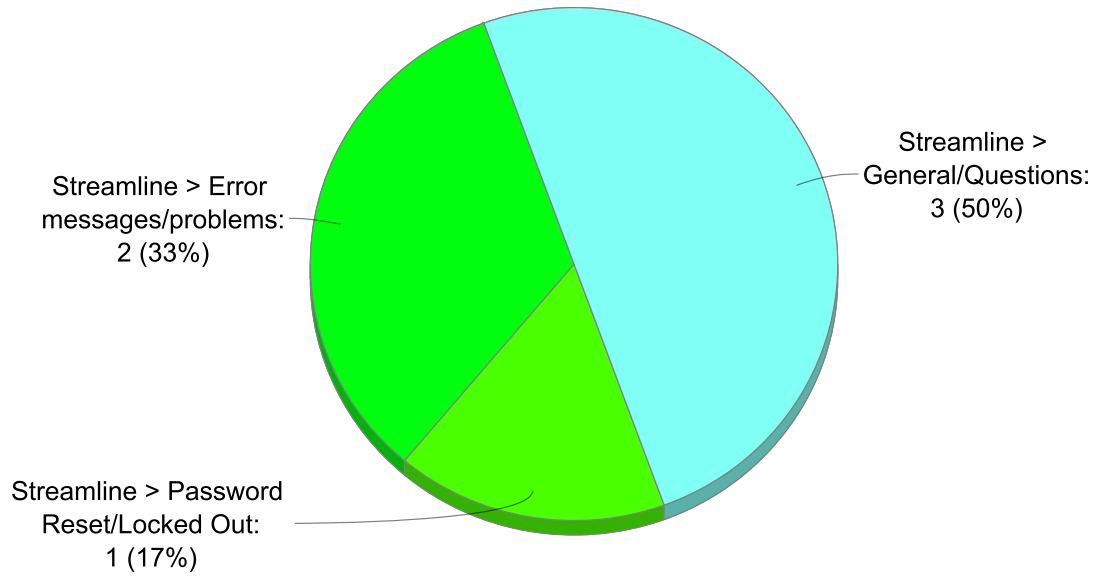
Tyler Ward Tickets by Request Type



Jason Wilkey Tickets by Request Type



Lynn Yetman Tickets by Request Type



Unassigned Tickets by Request Type

None.

Status Filter: All except Closed, Not used



Summary of Quality Improvement Activities
Fiscal Year 2020

MISSION

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

VISION

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

CORE VALUES

- Integrity
- Honor
- Equality
- Innovation
- Teamwork
- Cultural Competency

PURPOSE

Allegan County Community Mental Health Services (ACCMHS) is committed to providing quality improvement throughout the mental health system of care. More specifically, ACCMHS is concerned with areas that limit access to services, quality of care, coordination of necessary services and supports, integrated care, and consumer satisfaction. Within each area are a set of performance indicators and program outcomes that are continuously tracked and analyzed.

The Purpose of the ACCMHS Quality Improvement Program is to:

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

GOALS

The ACCMHS Quality Improvement Program will:

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

QUALITY IMPROVEMENT ACTIVITIES

We, at ACCMHS, work to constantly improve our services. We monitor how our services are delivered and the ways our services help people in Allegan County through various internal quality monitoring reviews; input from consumers, stakeholders, and the community; and outside audits and reviews. The following report summarizes the quality improvement activities for FY20.

SUMMARY OF QI GOALS FROM THE FY20 QI PLAN

GOAL 1: ~~Maintain at least an overall 90% rate of current treatment plans for ACCMHS Programs.~~

Since our process for monitoring treatment plans has changed, we were not able to report this data in the same manner that it was reported in the past. For this reason, we revised this goal to better represent our current review process.

Revised GOAL 1: Maintain at least 90% of all Treatment Plans signed within 14 days of the effective date of the document.

This goal was created to help improve overall services, as well as to ensure that authorizations are in place in a timely manner. When the documentation is complete no later than 14 days after the service, other agency professionals who interact with that consumer can better assist them in reaching their individualized goals. Having completed treatment plans also ensures that billing can be processed in a timely manner.

As displayed by the following graph, treatment plan timeliness has improved from 63.5% in FY18 to 78.1% in FY20. Looking deeper into the information by the quarters in FY20, the timeliness of treatment plans ranged from 75.2% to 81.5%.



Information regarding timeliness for treatment plans are reviewed with supervisors and clinical staff monthly. The information is also discussed at UM Committee. Cross-departmental discussion occurs about how to improve timeliness along with problem solving for any barriers that are encountered. While significant progress has been made since FY18, the teams continue to work on achieving this goal.

GOAL 2: Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS).

MMBPIS Indicators focus on access/timeliness to services, continuity of care, efficiency, and outcomes. MMBPIS Standards are developed and monitored by the Michigan Department of Health and Human Services (MDHHS). Reports are provided to the Lakeshore Regional Entity (LRE) and to MDHHS on a quarterly basis. The LRE requires a *Plan of Correction* to be written whenever a standard is not met.

Beginning in Q3 of FY20, the state made changes to Indicators 2 & 3, which resulted in removing exceptions for these indicators as well as the SUD population from those indicators. Currently, there is no standard for Indicators 2 & 3. The state will be setting a standard after they identify the baseline for these indicators.

ACCMHS monitors the following MMBPIS Indicators:

- **Indicator 1 (Standard - at least 95%):**
Hospital preadmission screenings are completed within 3 hours.
- **Indicator 2 (Standard - at least 95% for Q1 & Q2):**
New persons requesting an intake appointment receive a face-to-face assessment with a professional within 14 calendar days of their request for service.
- **Indicator 3 (Standard - at least 95% for Q1 & Q2):**
New persons start their on-going service by meeting face-to-face with a professional within 14 days of their intake date.
- **Indicator 4a & 4b (Standard - at least 95%):**
4a. Persons discharged from a psychiatric hospital are seen within seven days.
4b. Persons discharged from a substance abuse detox unit are seen within seven days.
- **Indicator 12 (Standard – readmission rate of 15% or lower):**
Persons discharged from a psychiatric hospital are not readmitted within 30 days of discharge.

The following table displays the MMBPIS scores reported to LRE & MDHHS for FY20:

FY20 ACCMHS MMBPIS REPORT							
Indicator	Description	Population	Standard	1st Qtr FY20	2nd Qtr FY20	3rd Qtr FY20	4th Qtr FY20
1	Emergency Referrals Completed in 3 Hours	Children	>=95%	100	100	100	100
		Adults	>=95%	100	99	100	100
2	Assessment within 14 Days of First Request	SED Children	Q1 & Q2 >=95%	100	100	100	100
		MI Adults	Q1 & Q2 >=95%	100	95	89	81
		DD Children	Q1 & Q2 >=95%	100	100	100	83
		DD Adults	Q1 & Q2 >=95%	100	100	100	100
		SUD	Q1 & Q2 >=95%	95	90.9 (20/22)		
3	Started Service within 14 Days of the Assessment	SED Children	Q1 & Q2 >=95%	100	100	82	53
		MI Adults	Q1 & Q2 >=95%	85.7 (6/7)	100	71	68
		DD Children	Q1 & Q2 >=95%	100	100	44	62
		DD Adults	Q1 & Q2 >=95%	100	100	100	100
		SUD	Q1 & Q2 >=95%	91.5 (43/47)	100		
4a	Seen within 7 Days of Discharge from Hospital	Children	>=95%	N.A.	100	100	100
		Adults	>=95%	100	100	100	88.9 (8/9)
4b	Seen within 7 Days of Discharge from SU Detox	SUD	>=95%	100	100	83.3 (5/6)	100
10	Readmitted to Inpatient within 30 Days of Discharge	Children	<= 15%	0	0	0	50 (1/2)
		Adults	<= 15%	0	4.8	8	0
NOTE:	When a standard is not met for a specific indicator, the process is analyzed and revised to improve outcomes. A plan of correction is also required to be submitted to the LRE.						
GREEN	Indicates 95% Standard was met for Indicators 1, 2, 3, 4a & 4b (No set standard for Q3 & Q4 for Indicators 2 & 3). Indicates 15% (or less) Standard was met for Indicator 10.						
RED	Indicates 95% Standard wasn't met for Indicators 1, 2, 3, 4a & 4b. Indicates 15% (or less) Standard wasn't met for Indicator 10.						

When a standard was not met (numbers in red), the numbers within the parentheses show how the percentage was calculated. (For standards #1, #2, #3, 4a, and 4b: how many consumers met the standard / how many consumers were counted for that standard. For standard #10: how many consumers did **not** meet the standard / how many consumers were counted for that standard.)

We met the standard for most of the indicators for FY20; the few times that we did not, we were usually just one person away from meeting the goal.

Despite the challenges presented by COVID-19 during FY20, ACCMHS (as well as the region) made great progress in meeting the standard for Indicators 2 & 3. In FY19, supervisors implemented new processes that targeted past scheduling and documentation issues, which resulted in improved MMBPIS percentages for FY20.

Goal #3: Ensure an engaged and empowered workforce, per the FY2018-22 Strategic Plan.

The FY2018-22 Strategic Plan includes goals to ensure an engaged and empowered workforce. During FY20, progress was made towards several of the objectives listed in the Strategic Plan.

- Quality/Process Improvement trainings were provided to interested staff members, to support team involvement in quality improvement activities.
- Weekly “On Behalf of the Management Team” emails were implemented at the beginning of the COVID-19 pandemic, to ensure timely communication to staff regarding agency activities and state/region updates.
- Virtual All Staff meetings were implemented at the beginning of the COVID-19 pandemic, to update staff on agency developments and encourage open discussion of topics covered.
- Relias (online training system) was implemented to include required courses, as well as optional training opportunities.
- Threads System (for employee reviews) was implemented to improve communication between supervisors and staff regarding expectations/performance.

Goal #4: Receive a 3-year accreditation from CARF

On July 16th and 17th of 2020, we had a virtual CARF survey for our 3-year accreditation for the following programs/services:

- Assertive Community Treatment: Integrated: AOD/MH (Adults)
- Assessment and Referral: Mental Health (Adults)
- Assessment and Referral: Mental Health (Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Autism Spectrum Disorder-Adults)
- Case Management/Services Coordination: Mental Health (Autism Spectrum Disorder-Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Integrated Behavioral Health/Primary Care: Comprehensive Care (Adults)
- Intensive Family-Based Services: Mental Health (Adults)
- Intensive Family-Based Services: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention: Integrated: AOD/MH (Adults)
- Prevention: Integrated: AOD/MH (Children and Adolescents)

This was our first virtual survey, which required a great amount of communication, participation, and coordination from the entire agency. Hundreds of proof documents had to be gathered/created, organized, and uploaded to CARF. Many staff members also participated in the CARF interviews during the survey process. We were very pleased to receive the August 13, 2020 letter stating that we qualified for a 3-year accreditation for all of the program/services previously listed.

The following “Areas of Strength” were listed in our Accreditation Report:

- ACCMHS has an impressive array of programming that addresses the needs of its community. Dedicated staff members and services represent best practices.
- It is apparent from referral sources and external stakeholders that there has been a significant positive change in the organization in terms of its focus on collaboration and work with community partners.
- The flow of information regarding the program with persons served is excellent. There are multiple opportunities for the organization to receive feedback from persons served and to provide information back to persons served about the organization.
- The program is extensively engaged in ongoing evaluation of its services and the active dissemination of results related to effectiveness and utilization. The program has an enthusiastic contracted evaluator with an eye on practical applications of the data and plans for future use of data to benefit the programs.
- ACCMHS collaborates well with external partners and facilitates transfers and linkages to other services in an efficient and caring manner. The organization utilizes a network of community resources to enhance its ability to provide seamless services.

- The organization demonstrates a solid commitment to evidence-based practices, especially those services related to children.
- The organization demonstrated an effective and fast paced response to the COVID-19 pandemic and the Michigan Stay Home, Stay Safe orders. Staff members and persons served maintained contact via telephone; Zoom; or, in emergency cases, face-to-face contact. Persons served report that they continue to feel well connected to staff members.
- Persons served report that the organization is very receptive to their choice of provider, both internal and external.
- ACCMHS successfully uses peer support specialists in the integration of services.

The CARF Accreditation Report also includes “Recommendations” (areas in need of improvement which required us to submit a Quality Improvement Plan), as well as “Consultations” (suggestions for additional quality improvement opportunities). CARF accepted our Quality Improvement Plan for our areas with Recommendations (Risk Management, Health & Safety, Workforce Development and Management, Orientation and Assessment of Persons Served, Access to Services, and Person-Centered Planning).

The accreditation extends through May 31, 2023. Preparations for the 2023 survey will begin in the summer of 2022.

ACCMHS FY20 SURVEY RESULTS

Behavior Treatment Plan/Process Satisfaction Survey

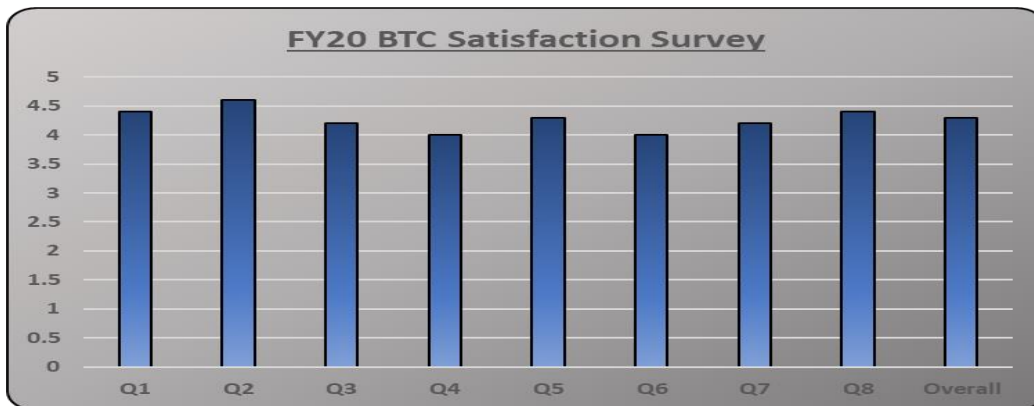
The *Behavioral Treatment Plan/Process Satisfaction Survey* is a tool designed to evaluate the effectiveness of approved Behavioral Treatment Plans. During FY18, the LRE designed a new BTC survey to be used by all of the CMHs within the region on an annual basis. In September of 2020, we distributed the survey to 28 guardians / home managers of 40 consumers who are currently receiving Behavioral Services through ACCMHS. The recipients were provided with self-addressed stamped envelopes to return their surveys within a 2-week period.

Survey Questions

Based on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree), recipients rated the following areas:

- 1) My opinions were listened to during the development of the Behavior Treatment Plan.
- 2) The Behavior Treatment Plan was explained to me in a way that I understood.
- 3) The Behavior Treatment Plan is Person Centered.
- 4) The Behavior Treatment Plan is consistently implemented.
- 5) I know the Behavior Treatment Plan is being monitored.
- 6) The Behavior Treatment Plan has helped to reduce problematic or potentially harmful behaviors.
- 7) The Behavior Treatment Plan has improved the quality of life for the individual receiving services.
- 8) I know who to contact if I have questions regarding the Behavior Treatment Plan.

The following graph displays the results for the FY20 *BTC Satisfaction Survey*:



The following chart compares the FY20 results to FY19 and FY18:

ACCMHS/LRE BEHAVIOR TREATMENT PLAN SATISFACTION SURVEY									
FY	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Overall
FY18	4.5	4.3	4.4	4.3	4	3.9	3.9	4.5	4.3
FY19	4.4	4.5	4.4	3.8	3.9	3.8	3.9	4.3	4.1
FY20	4.4	4.6	4.2	4	4.3	4	4.2	4.4	4.3

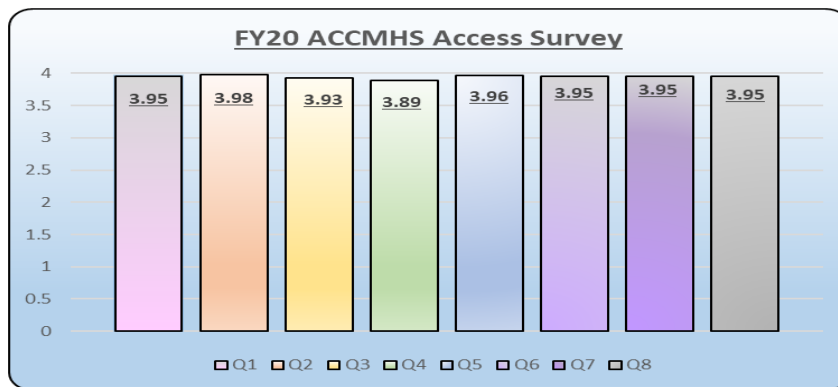
We received back 9 of the 40 surveys, for a response rate of 22.5%. Our overall rating was 4.3 out of a possible 5.0 points (as compared to 4.1 in FY 19 and 4.3 in FY18). All questions received satisfaction ratings with increased rates for 7 of the 8 questions, with a slight decrease for Q3 (The Behavior Treatment Plan is Person Centered). The only comment that we received was “We are doing well. No complaints – so grateful for the help!” Results are shared with the BTC Committee for QI purposes and are also included in our *FY20 Summary of QI Activities* report that is posted on our website.

ACCMHS Consumer Satisfaction Access Survey

We encourage our new consumers to provide us with feedback regarding their intake process via the *ACCMHS Consumer Satisfaction Access Survey*. The survey consists of the following eight questions:

1. I felt welcomed at the agency.
2. I was treated in a respectful way.
3. The environment (offices and lobby areas) was clean, comfortable, and inviting.
4. The hours were convenient for me.
5. I understood the information discussed and provided by the finance staff (who talked about payment and other issues).
6. Staff stayed focused on my concerns.
7. I felt staff tried to make me feel comfortable.
8. I was provided with at least one (1) recommendation/suggestion to help me.

Each question uses a 4-point scale, with 4 as the highest rating. The following graph display our results for the FY20 *ACCMHS Consumer Satisfaction Access Survey*:



We received 100% overall satisfaction rating from our Access Surveys (all respondents rated our Access process 3.0 or higher). Our average score was 3.94 (on a 4-point scale), compared to 3.93 from FY19. Out of the 55 returned surveys, we received 15 comments, 14 of which were positive (e.g., “Very pleased”, “Very polite, professional, nice and easy to work with and willing to help”). The last comment asked for “Better music in the waiting room.”

We always receive very high Access Survey results; however, we are still able to utilize the comments to improve the intake process for our consumers. For example, we had already addressed the music issue in FY18 by placing a sign in the clinic stating “Please feel free to change the radio station and keep the volume reasonable. Thank you!”

These results are shared with staff (e.g., Access Team, Front Desk Staff), and are also included in our *FY20 QI Summary of Activities* report that is posted on our website.

Follow-Up Survey

Customer Services mail out an *ACCMHS Follow-Up Survey* to consumers who are discharged from our services. A postage-paid envelope is provided for the return of the survey. In FY20, we received 24 of the follow-up surveys back. The survey provides a place for comments and includes the following eight questions:

1. How much did services help you with resolving the problems that led you to seek help?
2. How much did services help you with improving your overall emotional state?
3. How much did services help you with improving your feelings about yourself (self-esteem)?
4. How much did services help you with improving your overall activity level?
5. How much did services help you to feel confident about handling problems as they come up?
6. How much did you feel involved in planning the course of your services/discharge?
7. Overall, how satisfied are you with the staff's treatment of your problem?
8. To what extent would you be willing to call again for services if the need should arise?

The questions are rated using the following scale:

- 0 = not at all
- 1 = a little bit
- 2 = somewhat
- 3 = quite a bit
- 4 = a lot
- NA = not applicable

The average ratings for the questions above (as well as the Overall rating) are displayed in the following chart for FY18, FY19, and FY20:

FY	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Overall
18	2.27	2.17	2.14	2.04	2.07	2.56	2.21	2.56	2.21
19	2.68	2.84	2.59	2.65	2.42	2.58	3.21	3.37	2.80
20	2.96	2.61	2.57	2.35	2.65	2.48	2.78	3.40	2.70

The chart demonstrates an overall satisfaction of consumers who are discharged from our services. If we consider a rating of 2.5 to be “satisfied” (halfway between a “somewhat agree” rating of 2 and a “quite a bit agree” rating of 3), then our percentage of satisfied consumers for the FY20 *Follow-Up Survey* is 71% (17/24), compared with 84% in FY19 and 60% in FY18. These results may be considered typical, since most individuals who responded to the survey are consumers who were no longer eligible for the services that they would have liked to continue (we received 4 negative comments, all from consumers who didn't want their services to end). The overall satisfaction rating dropped slightly from FY19 (2.8) to FY20 (2.7), with the largest drop (3.21 to 2.78) for Q7 (Overall, how satisfied are you with the staff's treatment of your problem?).

Results are shared with Customer Services and the QI Council. They are included in our *FY20 Summary of QI Activities* report that is posted on our website.

LRE Consumer Satisfaction Survey

During FY17, the LRE developed a Consumer Satisfaction Survey to be used throughout the region. This survey is comprised of ten questions designed to collect data from the following domains: Access, Quality, Outcome, and Overall. The back page of the survey has a “Comment Section” where the consumer is asked to identify what they liked, did not like, or thought was missing from the services that they received. There is also an area for the consumer to provide their phone number if they would like to be contacted by a Customer Services Representative.

Survey data was collected during FY20 from the clinic (before the COVID-19 pandemic) and from mailings to a random selection of clients. We collected a total of 48 surveys from several service groups (e.g., Outpatient, Case Management, Med Clinic, Supports Coordination).

The following graph and chart display the FY20 results, with a score of “4” or “5” representing satisfaction, “3” representing neutral, and a “2” or “1” representing dissatisfaction. The “Overall” category represents the average satisfaction rate for the categories of Access, Quality, and Outcome.



FY18, FY19, & FY20 CONSUMER SATISFACTION SURVEY RESULTS				
FY	Access/Availability	Quality Measures	Outcomes Measures	OVERALL SCORE
FY18	4.3	4.3	4.3	4.3
FY19	4.3	4.4	4.3	4.3
FY20	4.1	4.4	4.3	4.3

We had an overall 100% satisfaction rate for the surveys that we received. The lowest category was *Access/Availability*, with the statement “The location of services was convenient” receiving the lowest rating overall (3.9). The location of services has consistently been our lowest rating for several years. Management has taken this into consideration when they chose the location for our new building location.

We received a total of 16 comments, 10 of which were positive (e.g., “You guys do a great job”, “They saved my life!”). 4 asked for more support groups and physicians, and 2 expressed concerns with communication and medication. These results are shared with ACCMHS staff, the QI Council, and are also included in our *FY20 QI Summary of Activities* report that is posted on our website. Additionally, they are discussed during our regional QI ROAT meetings.

ACCMHS Telehealth Satisfaction Survey

Due to the Michigan Stay Home, Stay Safe Executive Order, MDHHS allowed Michigan’s public mental health system to include Telehealth Service delivery options for the purpose of continuing essential behavioral health services to our consumers during the COVID-19 Pandemic. In addition, the Office of Civil Rights (OCR) relaxed its enforcement actions regarding compliance with certain aspects of the HIPAA Rules to allow providers to treat their consumers via Telehealth Services.

Telehealth consists of services provided through the usage of telephone, smart phone, or a computer. The service provides meeting via video conferencing through video and/or audio communication with consumers.

In order to assess the effectiveness of the services provided via Telehealth technology, Ottawa County Community Mental Health conducted two satisfaction surveys (one for consumers and one for providers) within the surrounding service area during a 2-week period in May of 2020. This report is based on the survey results from ACCMHS consumers, staff, and providers.

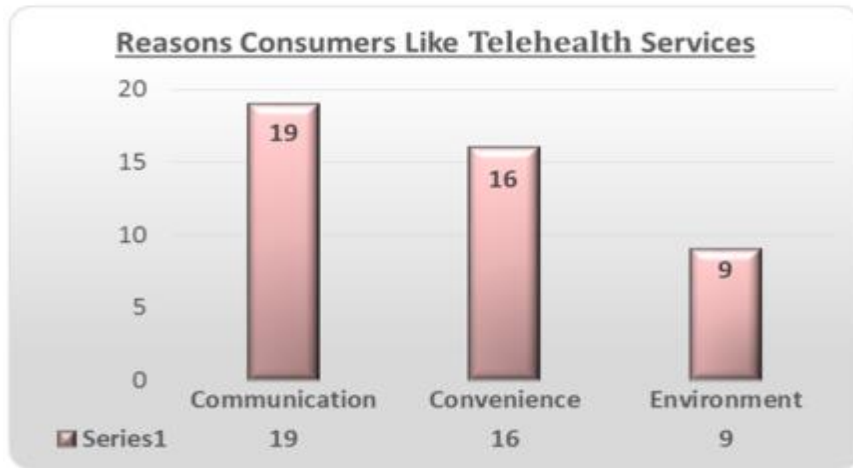
Consumer Telehealth Survey Results

Key Findings:

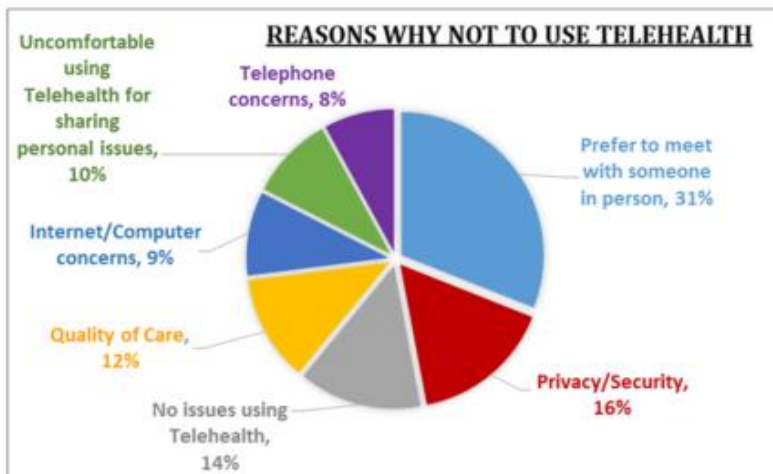
- 62 ACCMHS consumers participated in the survey
- 97% of the surveyed consumers have received Telehealth Services from ACCMHS
- Telehealth Services used by consumers were:
 - Video Conferencing (46 consumers)
 - Telephone (37 consumers)

- Email (17 consumers)
- 58% of the participants indicated they would likely continue with Telehealth Services instead of in-person services, if Telehealth Services are still an option

Responses to the question “What do you like about using Telehealth?” were coded and categorized into three categories: Communication; (easy way to communicate); Convenience (e.g., time and location); and Environment (safe/comfortable), The following chart displays the number of responses for each category:



Consumers were asked to identify the reasons why they may not want to use Telehealth technologies. The top reason identified was that consumers prefer to meet with someone in person.

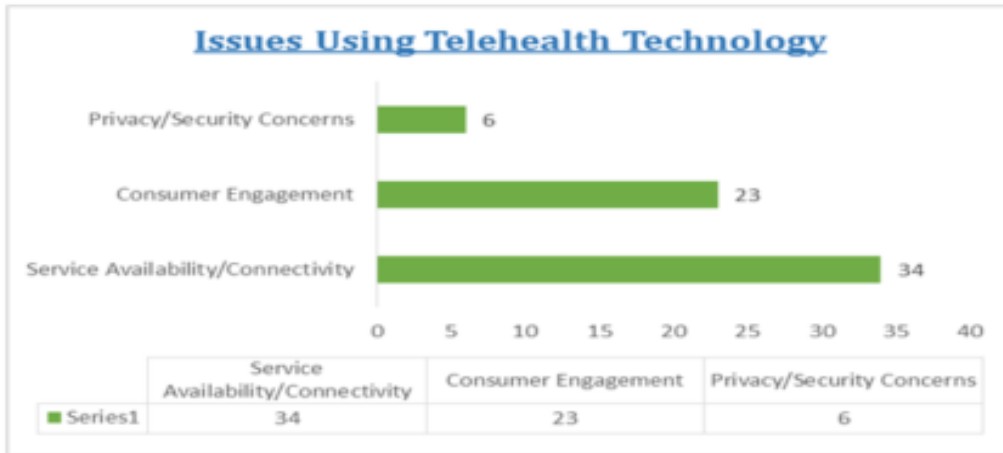


Staff Telehealth Survey Results

Key findings:

- 46 ACCMHS staff members & service providers participated in the survey
- 93% of participants were providing Telehealth Services
- 72% of participants were working remotely fulltime (28% parttime)
- 74% are interested in working from home after COVID-19 is no longer a concern

The following graph shows the most common issues with using Telehealth Technology, as identified by staff members.



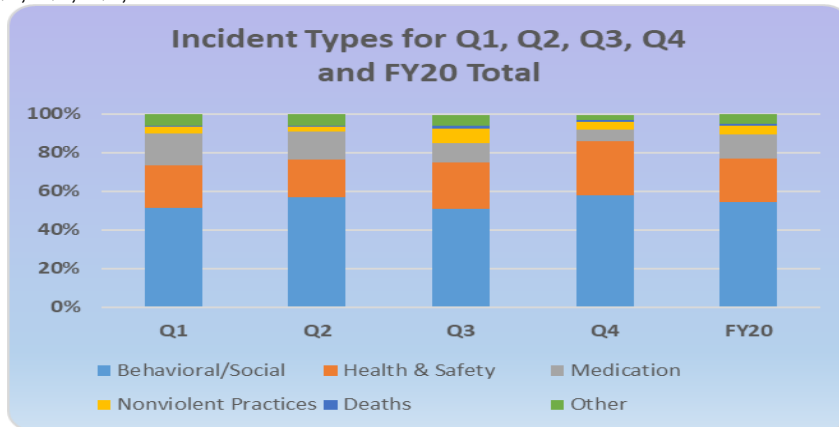
FY20 INCIDENT REPORTS

Incident Reports are monitored to: ensure that incidents are appropriately responded to in an effective, timely manner; determine specific trends or patterns of incidents; and to create mechanisms (based on specific trends) designed to prevent or minimize the negative impact that these incidents have on the lives of those we serve.

As part of the incident report monitoring process, incident reports are categorized into six areas:

- Behavioral/Social Issues
- Health & Safety Issues
- Medication Issues
- Nonviolent Practices
- Deaths
- Other Issues

The following chart and graph display the total percentages of Incident Reports received within each category for Q1, Q2, Q3, Q4, and FY20:



CATEGORY	Q1 (630)	Q2 (627)	Q3 (453)	Q4 (384)	FY20 (2094)
Behavioral/Social	51%	57%	51%	58%	54%
Health & Safety	22%	20%	24%	28%	23%
Medication	16%	14%	10%	6%	13%
Nonviolent Practices	4%	2%	8%	4%	4%
Deaths	1%	1%	1%	1%	1%
Other	6%	6%	6%	3%	5%

As this data is displayed for the fiscal year (FY), Q1 and the vast majority of Q2 data is from before the COVID-19 pandemic began. The numbers listed in parenthesis show the total number of Incident Reports that we received for that time period. There was a significant drop in the number of Incident Reports that we received after Michigan's Stay Home, Stay Safe Executive Order began (Q2:627; Q3:453; Q4:384). The drop could be due to either a decrease in reportable incidents or to insufficient reporting by provider staff; however, other CMHs in our region have noted similar findings. Provider staff shortages / high turnover rates may have resulted in the decrease, as new staff members are learning incident reporting requirements and processes.

Fluctuations in "Disruption of Service Routine" (e.g., refused of medications, staff, procedures) during the FY was noted, which resulted in the increase, decrease, and increase again of the *Behavioral/Social Issues* category.

The *Health & Safety* category had a slight increase, but no significant findings were noted. The *Medication* category improved by decreasing from 16% to 6% by the end of FY20. A significant decrease in "Missed Medications" contributed to the improved percentage rate.

NonViolent Practices showed a slight increase at the beginning of the pandemic (Q3), due to an increase in the "Emergency Use of Physical Management"; however, it decreased back down to its average rate in Q4.

The following chart displays the Incident Reporting for FY17, FY18, FY19, and FY20.

CATEGORY	FY 17 (n=2443)	FY 18 (n=2002)	FY 19 (n=2310)	FY 20 (n=2094)
Behavioral/Social	49%	53%	53%	54%
Health & Safety	25%	23%	25%	23%
Medication	11%	12%	12%	13%
Nonviolent Practices	7%	6%	5%	4%
Deaths	1%	1%	0%	1%
Other	7%	5%	5%	5%

As previously mentioned, there was a decrease in the number of Incident Reports from FY19 to FY20. During FY18, there was a similar decrease in the total number of reports received. At that time, we also felt that the decrease could be due to new provider staff members needing training in Incident Reporting requirements and processes.

It's also important to note that our current Incident Reporting database cannot adequately accommodate all the events recorded on our Incident Reports. Only one type of incident code can be recorded per Incident Report form, so only the most severe incident can be entered into the database. For example, in an incident involving "Physical Aggression" and the "Emergency Use of Physical Management", only "Physical Management" will be recorded in the *NonViolent Practices* category. It isn't possible to also include "Physical Aggression" in the category of *Behavioral/Social Issues*.

We've been discussing the inadequacies of our current system, are hoping to enhance or replace it with a more robust program with increased recording, reporting, and analysis capabilities.

Quality Improvement/Compliance/Information Technology Board Report

August 2021

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

QUALITY IMPROVEMENT

- State Re-Certification
 - Still updating
- QI Activities report
- Auth Denial Reporting 3Q - to be completed August 11th
- Quality Records Review Discharges - ACT/CSM
- Jennifer to process all discharges as of July 1st, 2021

INFORMATION TECHNOLOGY

- 02 server failing. Project to migrate users over to new replacement server
- Teams testing
- Tool so staff can see IT projects
- Secure texting solutions
- Reminder call solution
- Open tickets report

UTILIZATION MANAGEMENT

- Quality Records Review completed for Adult Outpatient. Also completed rechecks for two additional teams that were reviewed earlier this calendar year.
- Working on tracking/reporting for timeliness of authorization approvals to assure meeting requirements of 42CFR. This will also include adjustments to current authorization workflows.
- Developed a tracking and reporting mechanism for consumer satisfaction when services are delivered. This will assure meeting requirements for collecting consumer satisfaction and also provide feedback to clinicians/teams.
- Nearly 400 authorizations processed. This does not include case reviews that were completed in order to extend authorizations

CORPORATE COMPLIANCE

- 2 External
- Taylor's Helping Hands Contract

August 2021
Customer Services Status Report
(Report covers time period: June, July, August)
Submitted by Cathy Potter 269-686-5124 or 877-608-3568
Email: customerservices@accmhs.org

During this quarter Customer Services has begun going into the office one day a week and continues to work remotely from home the other days. Customer Services met with one new hire in June performing Supports Coordinator Assistance duties, one new hire in July performing Clerical duties, and so far no new hires in August. All orientation meetings were held through Zoom.

Customer Services created and submitted a quarterly budget report to Management Team for review. Topics discussed during the quarterly meeting included positive accomplishments, goals/updates on customer services roles, and budget needs.

Customer Services met with Michigan Rehabilitative Services (MRS) counselors who service Allegan County. The meet and greet took place in July over Zoom. Valuable information shared about each other's agencies and it was great to collaborate with one another, plus exchange contact information if the need arises.

A new crisis and access line has been established in Michigan named MiCAL which stands for Michigan Crisis and Access Line. This will support Michiganders with behavioral health and substance use disorder needs and provide 24/7 centralized statewide crisis line available to all Michiganders via phone, text, or chat, regardless of insurance coverage. MiCAL will be staffed by the Common Ground organization, a nationally recognized 24-hour crisis services agency respected for its quality, reliability, and collaborative spirit. The MiCAL pilot was launched on April 19, 2021 with Michigan's Upper Peninsula and Oakland County. MiCAL is supported by:

- Customer Relationship Management (CRM): a system that monitors, tracks, and reports on MiCAL operations.
- Partner Portal: a system that provides CMHSP/PIHP staff visibility into Michigander interactions with MiCAL.

Customer Services has had the opportunity to participate in several training sessions to become familiar with this new system and able to practice entering in test data to prepare for rollout scheduled on August 16th, 2021 for LRE region.

Customer Services continues to participate monthly in the newly formed Policy Work Group (PWG). This group was created to tighten down agency policy systems for better tracking purposes, reviewing, and updating policies within CARF requirement dates.

A new workgroup has formed in ACCMH and Customer Services along with Program Managers/ Supervisors participate in is called the Notice of Adverse Benefit Determination (NABD) Project. This group has begun meeting to discuss denial of services reporting requirements, along with HSAG/State requirements relating to NABD's. A new policy is being developed and reviewed amongst the group along with workflow conversations to assure ACCMH is complying with reporting requirements.

LRE/Beacon Customer Services Workgroup

CMHSP's Customer Services and Beacon staff have continued to participate on monthly conference calls during this quarter. The following are some topics discussed:

- Andrea Champagne, Quality Manager at Beacon reviewed the new State required grievance spreadsheet and is collecting/tracking all grievance data for the Lakeshore Region. So far ACCMHS Customer Services has submitted 1st, 2nd, and 3rd quarter data. Each Customer Services Representative will receive permission in the SharePoint site to submit grievance reporting securely.
- Provider Directory discussion among the group. The LRE has a regional Provider Directory listed on their website www.lsre.org and ACCMHS has our own Provider Directory listed on agency website under the Provider's tab www.accmhs.org. This directory is also included in the orientation packet for individuals first coming into service and going through the intake process.
- Next Customer Services regional Zoom meeting is scheduled for Aug 11th, 2021 at 10:00 am.

August 2021
Customer Services Status Report
(Report covers time period: June, July, August)
Submitted by Cathy Potter 269-686-5124 or 877-608-3568
Email: customerservices@accmhs.org

Statewide Customer Services Workgroup

There was one Statewide Customer Services Workgroup teleconference meeting held this quarter on July 21st. The group discussed updates on the Mediation Services that will soon be available for customers in the State of Michigan. Mediation will be sub contracted to different local mediation agencies. Meet and greets are taking place with a variety of CMH's and Mediation agencies. ACCMH Customer Services and Executive Director had a meet and greet with Gabriella Reihanian, Behavioral Health Mediation Services Manager from Oakland Mediation Center and Elizabeth Scott, Executive Director from Mediation Services in Holland. More work is needed on this service such as providing training and information handouts to CMH's to assure staff are aware this option will be available for individuals served.

The group discussed HSAG Compliance Reviews around the State and shared tips on what types of procedures/policies are working well in their agency. Each year HSAG focuses on specific standards and this time around it seems to focus on cultural competencies, taglines, clear NABD's, and documentation of implementing these items.

The next scheduled Customer Services State teleconference meeting is scheduled for October 20th at 1:00 pm.

CAP (Consumer Advisory Panel)

The June 10th Consumer Advisory Panel meeting was canceled therefore nothing to report this quarter. Next meeting is scheduled August 12th.

COAP (Community Opportunity Advisory Panel)

Two COAP meetings were held this quarter and next COAP meeting is scheduled for Friday, September 17th. Customer Services notified the group about ACCMH being awarded a two-year grant named Certified Community Behavioral Health Clinic (CCBHC) to enable ACCMH to overcome the challenges people face in accessing mental health and primary care services and will include services to those with private/commercial health insurances. The COAP members were excited to hear this amazing news and hopes it will help individuals in need who live in Allegan County. Information about this new grant has been mailed to the COAP members for review. The COAP group also had discussions around Covid vaccines and the importance to this issue. Vaccine Clinic information was shared with the group during the meeting.

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

AGENDA
Finance Committee
August 17, 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 ~ Tom Belco, Chair
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
 - b. Administrative Services Report ~ Gary Smith
6. Chairperson's Report ~ Tom Belco
 - a. Action Request: Motion to approve Voucher Disbursements totaling \$2,811,685.40
 - b. Action Request: Motion to approve FY2021 Provider Contracts: Alyssa Podskaloni (Therapy), Eisenhower Center (Residential)
 - c. Review Financials: Income Statement & Balance Sheet & SUD Services.
 - d. 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 ~ Next meeting is September 21

Finance Committee: Tom Belco, Chair; Beth Johnston, VC;
Glen Brookhouse, Bill Buell, Mark DeYoung

2021 Finance Committee meeting dates:

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

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

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

MINUTES
Finance Committee
July 20, 2021
4:15 pm – 5:15 pm via Zoom

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

Phone: 312-626-6799 (Chicago) or 929-205-6099 (New York) or 301-715-8592 (Washington D.C)
Zoom Meeting <https://us06web.zoom.us/j/84902061481?pwd=bWlQT3loZG01TXVfYWxaQVFGSkhTQT09>
Meeting ID: **849 0206 1481** Passcode: **257738**

Committee Members Present:

- Tom Belco, Chair
- Beth Johnston, Vice Chair
- Glen Brookhouse

- Bill Buell
- Mark DeYoung
- Gale Dugan (ex officio)

CMH Staff Present:

- Gary Smith
- Nan Lawrence
- Mark Witte

Others present: None.

1. **Call to Order ~ Tom Belco, Chair**
Mr. Belco called the meeting to order at 4:15pm
2. **Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person**
No comments submitted.
3. **Additions to/Adopt Agenda**
No additions. Agenda adopted.
4. **Review of Finance Committee Meeting Minutes**
MR. BROOKHOUSE MOTIONED TO APPROVE MINUTES AS PRESENTED. SUPPORTED BY MR. DEYOUNG. No Discussion. MOTION PASSED BY ALL YES VOICE VOTE.
5. **Review of Written Reports**
 - a. Facilities & Human Resources ~ Nan Lawrence. Reviewed.
 - b. Administrative Services Report ~ Gary Smith. Reviewed.
6. **Chairperson's Report ~ Tom Belco**
 - a. **Action Request:** Motion to approve **Voucher Disbursements** totaling \$3,236,821.06. MR. BELCO MOVED TO RECOMMEND TO FULL BOARD APPROVAL OF VOUCHER DISBURSEMENTS TOTALING \$3,236,821.06. SUPPORTED BY MS. JOHNSTON. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE.
 - b. **Action Request:** Motion to approve FY2021 Provider Contracts: None.
 - c. **Review Financials:** Income Statement & Balance Sheet & SUD Services
Mr. Smith reported MA is favorable \$495,500 (was favorable \$531,412); Autism is negative \$15,348 (was neg \$96,881), HM is negative \$344,210 (was neg \$301,245), GF is favorable \$584,833 (was favorable \$645,546). Revenue less expenses is favorable \$2,212,285 (was favorable \$2,236,916).
 - d. **Review Key Indicator** Analysis, Report, & Graphs. Reviewed.
 - e. **Action Request:** Motion to approve Cornerstone Construction as contractor for new ACCMHS building project.
MR. DEYOUNG MOVED TO RECOMMEND TO FULL BOARD APPROVAL OF CORNERSTONE CONSTRUCTION AS CONTRACTOR FOR NEW ACCMHS BUILDING PROJECT. SUPPORTED BY MR. BROOKHOUSE. Discussion: None. MOTION PASSED WITH ALL YES ROLL CALL VOTE.

7. **Other Agenda Items**
 - None.
8. **Finance Committee Member Comments**

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

None.
10. **Adjournment ~ Next meeting is August 17**

MOTION TO ADJOURN BY MS. JOHNSTON. SUPPORTED BY MR. BROOKHOUSE. No discussion.
MOTION PASSED WITH ALL YES VOICE VOTE. Adjourned at 4:45 p.m.

Finance Committee: Tom Belco, Chair; Beth Johnston, VC;
Glen Brookhouse, Bill Buell, Mark DeYoung

2021 Finance Committee meeting dates:

January 19 (Zoom)	April 20 (Zoom)	July 20 (Zoom/in-person)	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 2021.) *The Finance Committee shall consist of not less than 4 and not more than 6 Board members, and shall include the Authority's chief financial officer as an advisor. The Committee shall review the financial position of the Authority in relation to state, county, federal and other funding sources; the budget and allocations and third party payments; address audit issues when appropriate; analyze financial reporting requests/ requirements and Authority expenditures; and consider such other financial matters as the Board or the Chairperson of the Board may refer to the Committee. The Chairperson of the Finance Committee shall be the Board Treasurer. The Finance Committee shall meet monthly, on a regular basis, at a date and time determined by the Chairperson. A finance committee will typically be responsible for monitoring and communicating to the board about the organization's overall financial health. Its core duties are likely to include participating in and overseeing: the development of the organization's budgeting and financial planning, the creation of the organization's internal controls, the preparation and distribution to the board of timely, accurate, user-friendly financial reports, and the implementation of safeguards to protect the organization's assets.*

Allegan County Community Mental Health Services
Human Resources Board Report ~ August 2021

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

NEW HIRES

Last Name	First Name	Position	Date of Hire
Sisson	Dawn	Secretary	7/19/21
Kupres	Deb	Housing Case Manager	8/23/21
Poel	Jamie	Housing Case Manager	8/19/21

SEPARATIONS

Last Name	First Name	Position	Date of Separation
Embury	Amy	Prevention Supervisor	8/3/21

Vacant position update: We continue to have difficulty filling positions. I have updated the current open positions list below.

Current open positions:

- Peer Support Specialist/Recovery Coach (SUD Services):
- Psychiatric Provider (Med Office)
- Infection Control Coordinator
- Bilingual Mental Health Case Manager (Access/Crisis department)
- Therapist (Adult Outpatient): Offered made but candidate declined. Position remains open.
- Peer Support Specialist (Housing): in process of offering the position to a candidate.
- Supports Coordinator/Case Manager (Children's Services):
- Supported Employment

Filled positions:

- Behavioral Specialist (Adult Outpatient Team) Identified and hired an internal candidate.
- Case Manager (Assertive Community Treatment):
- Housing Case Managers (3 positions): All three positions have been filled.
- HB Therapist (Children's Services): Identified and hired an internal candidate.
- Therapist (Access/Crisis): Identified and hired a candidate.

Administrative Services Board Report ~ August 2021

Submitted by Gary Smith, MBA, Director of Administrative Services
269-673-6617, ext. 2719; gsmith@accmhs.org

1. The June financials show a significantly different picture than the prior month's reports. There are several reasons for why the finances look like they currently do:
 - a. Recognition of the Retro increase back to 3/1/21 for providers. \$375K.
 - b. Recognition of the Retro salary increases for staff \$275K.
 - c. Microfiche conversion to Digital for EHR \$275K.
 - d. Leadership consultation development \$35K.
 - e. Technology replacements \$25K.
 - f. MyStrength program \$25K.
 - g. Reduction in Revenue \$693K as holdback from LRE for the ISF.
2. The LRE has withheld revenue totaling Y-T-D \$1,287K to build the ISF.
3. We are continuing to work on the full process moving towards the new facility. Updates on this process will be provided monthly as referenced in the attached report.

New Building Status Report

For the Allegan CMH Board of Directors
August 17, 2021

1. Activity Report since prior board meeting
 - a. The building committee will hold its first meeting Thursday 8/17/21.
 - b. There is a meeting with Cornerstone Construction and Schley Architects, on Thursday 8/12/21, to review the Value Engineering Ideas related to the building project. This effort is to identify what options are available to reduce the overall cost of the building project. The goal is to eliminate items, substitute lower cost items of comparable quality, or delay the installation of items until a later date. This is the first effort to close the gap between the total cost of the project and the amount that the USDA will loan in funding. Once this effort is complete we will know the amount of internal funds that will be needed on a temporary basis to actually start the project.
 - c. On Thursday July 8, 2021 the Agency Director Mr. Witte made a presentation to the County Board of Commissioners asking for consideration on the ARPA funds that the County will be receiving from the Feds through the State.
 - d. The Agency has also asked every Allegan County city, township, etc. that will receive ARPA funds if some of those funds could be used to assist ACCMHS with the funding short fall in project. Senior staff are currently trying to attend as many of those board meetings to plea our case in person.
 - e. We are also still waiting on the feedback about having a new appraisal on the building project done. A higher appraisal could lead to a larger level of USDA loan dollars.
 - f. The agency has selected Delisle Associates LTD to perform the analysis of any exposure in the Shopko building from asbestos and lead paint.
 - g. We are continuing our work with representatives from Michigan Office Equipment (MOE) to define specifications on the potential office furniture from Hayworth. The management group continues to meet internally (next meeting on 8/11/21) to fine tune the selections of furniture.
 - h. The Management team continues to meet with Schley Architects as needed for any key topics that require a conversation and a decision.

Finance Committee	Subject	Voucher Disbursements
ACTION REQUEST	Meeting Date	August 17, 2021
	Requested	Tom Belco, Finance Committee Chairperson
	By:	ACCMHS Board Treasurer

Recommended Motion:

The Finance Committee recommends that the ACCMHS Board approve the Disbursements totaling: \$ 2,811,685.40

July-21

SUMMARY OF REQUESTED INFORMATION:

<u>DATE ISSUED:</u>	<u>VOUCHER #</u>	<u>AMOUNT</u>
July 9, 2021	P1647	PAYROLL \$ 285,241.19
July 15, 2021	V0843	VENDOR \$ 1,264,355.92
July 23, 2021	P1648	PAYROLL \$ 278,433.77
July 29, 2021	V0844	VENDOR \$ 983,654.52

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

BY:

GARY SMITH, MBA
DIRECTOR ADMINISTRATIVE SERVICES
ALLEGAN COUNTY CMH

DATE:

August 17, 2021

Finance Committee ACTION REQUEST	Subject Meeting Date Requested By:	CONTRACTS August 17, 2021 Tom Belco, Finance Committee Chairperson ACCMHS Board Treasurer
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Recommended Motion:

The Finance Committee recommends that the ACCMHS Board approve the Below listed (or Attached) Providers for Contracts for FY21:

SUMMARY OF REQUESTED INFORMATION:

<u>Provider</u>	<u>Term</u>	<u>Services</u>
Alyssa Podskalon	FY21	Therapy
Eisenhower Center	FY21	Residential

BY:

**GARY SMITH, MBA
DIRECTOR ADMINISTRATIVE SERVICES
ALLEGAN COUNTY CMH**

DATE:

August 17, 2021

**ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES
COMPARATIVE BALANCE SHEET
FISCAL YEAR 2020 / 2021**

	6/30/2021	9/30/2020	9/30/2019	9/30/2018
Current Assets				
Cash & Cash equivalents	7,100,854	3,224,339	2,863,079	1,238,832
Accounts Receivable	538,300	2,865,970	1,158,396	2,065,219
Prepaid Expenses	484,524	329,407	195,854	174,657
General Fixed Assets	32,666	46,209	133,858	152,047
Total Assets	<u><u>8,156,344</u></u>	<u><u>6,465,925</u></u>	<u><u>4,351,187</u></u>	<u><u>3,630,755</u></u>
Current Liabilities				
Accounts Payable	6,304,464	4,635,334	3,365,554	2,492,052
Accrued Vacation, Self-Ins Claims	526,639	526,639	398,207	381,598
Current Year Surplus/(Deficit)	1,341,043	1,558,171	426,263	262,959
Total Liabilities	<u><u>8,172,146</u></u>	<u><u>6,720,144</u></u>	<u><u>4,190,024</u></u>	<u><u>3,136,609</u></u>
Fund Balance				
Fund Balance	(15,802)	(418,730)	376,496	963,408
Fund Balance- MERS Pension	-	-	(379,844)	(633,773)
General Funds Carryforward	-	-	-	-
Equity in General Fixed Assets	-	164,511	164,511	164,511
Total Fund Balance	<u><u>(15,802)</u></u>	<u><u>(254,219)</u></u>	<u><u>161,163</u></u>	<u><u>494,146</u></u>
Total Liabilities and Fund Balance	<u><u>8,156,344</u></u>	<u><u>6,465,925</u></u>	<u><u>4,351,187</u></u>	<u><u>3,630,755</u></u>
	-	-	-	-

FY 20/21 Funding Status Projected	
Medicaid	(654,826)
Autism Cost	31,285
Healthy MICH	(323,851)
TOTAL MEDICAID	(947,392)
General Fund	649,678
Fund Bal (incl GF over)	715,739

**ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES
STATEMENT OF REVENUES and EXPENSES COMPARED TO BUDGET
FOR THE PERIOD ENDING
June 30, 2021**

	Revised Budget FY 20/21	Budget at 9 Months	Accrued Actual at	Variance Favorable (Unfavorable)		Totals Including SUD
Revenues						
State General Fund	1,310,959	983,219	983,218	(1)	BH Medicaid	(654,826)
MA - Autism	2,355,400	1,766,550	2,619,962	853,412	SUD Medicaid	166,779
State Categorical		-	-	-		
Unearned Revenues	165,550	124,163	1,373	(122,790)	BH HMP	(323,851)
Grants/Earned Contracts	1,913,443	1,435,082	1,674,718	239,636	SUD HMP	435,003
SUD services	2,079,600	1,559,700	1,800,679	240,979		
SAMHSA Integrated Health	-	-	-	-	Autism	31,285
SAMHSA Housing	400,000	300,000	281,305	(18,695)		
Local Funding	346,095	259,571	304,353	44,782	Total Medicaid	(345,610)
Other Reimbursements	1,500	1,125	-	(1,125)		
Medicaid Capitation	20,890,800	15,668,100	16,812,076	1,143,976		
MA - Healthy Michigan Plan	1,500,200	1,125,150	1,776,677	651,527	GF	649,678
Other Medicaid		-	-	-		
Total Revenues	30,963,547	23,222,660	26,254,361	3,031,701	SUD Block Grant	-
Expenditures						
Salaries & Benefits	9,433,553	7,075,165	6,941,702	133,463		
Supplies & Materials	103,288	77,466	47,595	29,871		
Contractual Services	20,588,197	15,441,148	17,420,266	(1,979,118)		
Communications	122,316	91,737	114,801	(23,064)		
Travel/Training/Transportation	243,388	182,541	61,583	120,958		
Risk Management	46,713	35,035	31,846	3,189		
Occupancy	385,046	288,785	274,980	13,805		
Other Maintenance	15,020	11,265	3,104	8,161		
Equipment	26,026	19,520	17,422	2,098		
Other Expense	-	-	19	(19)		
	30,963,547	23,222,660	24,913,318	(1,690,658)		
Revenue over (under) Expenses	-	-	1,341,043	1,341,043		

FY 20/21 Funding Status Projected	
Medicaid	(654,826)
Autism Cost	31,285
Healthy MICH	(323,851)
TOTAL MEDICAID	(947,392)
General Fund	649,678
Fund Bal (incl GF ove	715,739

**Allegan SUD services
FY 2020**

As Of: **30-Jun-21**

	Medicaid Budget FY 19/20	Medicaid Projection FY 19/20	HMP Budget FY 19/20	HMP Projection FY 19/20	Block Grant Budget FY 19/20	Block Grant Projection FY 19/20	PA2 Budget FY 19/20	PA Projection FY 19/20	Total SUD Budget FY 19/20	Total SUD Projection FY 19/20
Revenues for SUD Services	687,476	642,630	992,490	1,312,182	472,336	220,186	85,359	-	2,237,661	2,174,998
Expenditures for SUD Services	687,476	475,851	992,490	877,179	472,336	220,186	85,359	-	2,237,661	1,573,216
Favorable (Unfavorable)	-	166,779	-	435,003	-	-	-	-	-	601,782

	Budget	Expense Projection
WSS Residential	2,400	3,600
Non - WSS Residential	11,344	17,016
TOTALS	13,744	20,616
Favorable (Unfavorable)	(Unfavorable)	(6,872)

**Allegan CMH
Summary Indicators**

	Jun-21 FULL YEAR PROJECTION	May-21 FULL YEAR PROJECTION	CHANGE
MEDICAID BUCKET	(654,826)	495,500	(1,150,326)
AUTISM BUCKET	31,285	(15,348)	46,633
HEALTHY MICHIGAN BUCKET	(323,851)	(344,210)	20,359
TOTAL MEDICAID BUCKET	(947,392)	135,942	(1,083,334)
GENERAL FUND BUCKET	649,678	584,833	64,845
RESIDENTIAL PER DIEM	9,512,969	9,220,002	292,967
CLS 15 MINUTE UNITS	4,251,908	4,160,797	91,111
INPATIENT	2,292,201	2,015,606	276,595
CRISIS RESIDENTIAL	267,880	278,215	(10,335)
SALARIES	6,855,768	6,822,094	33,674

**ALLEGAN CMH
KEY INDICATORS**

	RESIDENTIAL TYPE A Per Diem	PERSONAL SUPPORTS 15 Min CLS	INPATIENT	CRISIS RESIDENTIAL	SALARIES	SUD External Spend
21-Sep						
21-Aug						
21-Jul						
21-Jun	9,512,969.19	4,251,908.00	2,292,201.00	267,880.00	6,855,768.00	1,230,350.00
21-May	9,220,002.00	4,160,797.00	2,015,606.00	278,215.00	6,822,094.00	1,245,904.00
21-Apr	9,248,585.00	4,223,660.00	1,951,456.00	180,360.00	6,491,366.00	1,200,508.00
21-Mar	9,241,427.00	4,212,148.00	1,867,697.00	213,153.00	6,512,161.00	1,199,731.00
21-Feb	9,324,981.00	4,296,310.00	1,732,265.00	257,468.00	6,596,990.00	1,126,944.00
21-Jan	9,478,388.00	3,395,216.00	1,589,506.00	257,468.00	6,627,574.00	1,079,276.00
21-Dec	8,963,933.00	4,164,566.00	1,310,595.00	161,333.00	6,620,079.00	1,065,292.00
21-Nov	8,941,536.00	4,182,414.00	1,310,595.00	161,333.00	6,755,739.00	1,134,397.00
21-Oct	8,902,669.00	4,065,927.00	1,761,528.00	163,393.00	7,109,299.00	1,069,511.00
20-Sep	10,890,651.00	1,562,816.00	1,608,035.00	266,889.00	6,819,869.00	1,260,152.00
20-Aug	10,992,440.00	1,590,838.00	1,860,033.00	314,396.00	6,400,954.00	1,273,320.00
20-Jul	10,824,182.00	1,650,925.00	1,850,222.00	340,130.00	6,427,498.00	1,291,311.00
20-Jun	10,799,006.00	1,838,006.00	1,880,311.00	353,636.00	6,473,418.00	1,267,246.00
20-May	10,252,154.28	1,820,076.48	1,652,157.12	379,074.70	6,530,203.00	1,293,468.00
20-Apr	10,220,410.00	1,902,611.00	1,377,786.00	405,527.00	6,609,504.00	1,366,984.00
20-Mar	10,236,038.00	1,991,302.00	1,392,141.00	374,555.00	6,638,062.00	1,321,847.00
20-Feb	10,378,555.00	2,020,164.00	1,441,758.00	442,487.00	6,689,199.00	1,361,809.00
20-Jan	10,331,631.00	2,052,050.00	1,507,133.00	408,706.00	6,739,148.00	1,337,697.00
20-Dec	10,537,955.00	2,145,173.00	1,584,283.00	363,699.00	6,773,055.00	1,260,085.00
20-Nov	10,552,679.00	2,161,197.00	1,402,326.00	237,305.00	6,729,838.00	1,372,493.00
20-Oct	10,534,964.00	2,168,682.00	1,306,188.00	355,958.00	6,836,542.00	1,677,107.00

**ALLEGAN CMH
KEY INDICATORS**

	MEDICAID	HMP	AUTISM	TOTAL MEDICAID EXPOSURE	GF
21-Sep				-	
21-Aug				-	
21-Jul				-	
21-Jun	(654,826.00)	(323,851.00)	31,285.00	(947,392.00)	649,678.00
21-May	495,500.00	(344,210.00)	(15,348.00)	135,942.00	584,833.00
21-Apr	531,412.00	(301,245.00)	(96,881.00)	133,286.00	645,546.00
21-Mar	451,937.00	(414,243.00)	(233,982.00)	(196,288.00)	619,898.00
21-Feb	264,617.00	(596,115.00)	(301,075.00)	(632,573.00)	593,642.00
21-Jan	475,021.00	(492,726.00)	(264,703.00)	(282,408.00)	647,197.00
21-Dec	(3,868.00)	(275,346.00)	(469,653.00)	(748,867.00)	868,540.00
21-Nov	(300,349.00)	(233,623.00)	(336,171.00)	(870,143.00)	894,188.00
21-Oct	(2,121,232.00)	1,059,060.00	(1,040,538.00)	(2,102,710.00)	803,129.00
20-Sep	1,129,997.00	(276,427.00)	(78,811.00)	774,759.00	38,223.00
20-Aug	673,542.00	(484,167.00)	(123,266.00)	66,109.00	(130,650.00)
20-Jul	557,139.00	(476,830.00)	(187,876.00)	(107,567.00)	(176,017.00)
20-Jun	225,062.00	(550,793.00)	(144,217.00)	(469,948.00)	(264,245.00)
20-May	253,642.00	(507,550.00)	(232,833.00)	(486,741.00)	(303,967.00)
20-Apr	54,744.00	(525,131.00)	(320,550.00)	(790,937.00)	(337,405.00)
20-Mar	(131,023.00)	(671,166.00)	(444,857.00)	(1,247,046.00)	(492,671.00)
20-Feb	(417,119.00)	(697,883.00)	(508,426.00)	(1,623,428.00)	(497,390.00)
20-Jan	(451,611.00)	(635,386.00)	(428,967.00)	(1,515,964.00)	(427,058.00)
20-Dec	(1,177,951.00)	(557,045.00)	(178,955.00)	(1,913,951.00)	(344,664.00)
20-Nov	(1,730,090.00)	(96,448.00)	(380,899.00)	(2,207,437.00)	(39,589.00)
20-Oct	(1,437,469.00)	(134,526.00)	(719,127.00)	(2,291,122.00)	(43,454.00)

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

Recipient Rights Advisory Committee (RRAC)

August 17, 2021

3:30-4:00pm

Location of in-person meeting is County Commissioners Conference Room

NOTE: Social distancing and masks are required.

1. Call to Order ~ Glen Brookhouse, Chairperson
2. Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Approval of/Additions to Agenda
4. Approval of Prior Meeting Minutes: June 15, 2021
5. Review ORR Status Report ~ Kelsey Newsome
6. RRAC Education ~ Kelsey Newsome
 - a. Review Policies:
 - o 1310 Family Planning
 - o 1311 Photography and Audiovisual Recording
 - o 1312 Freedom of Movement and Least Restrictive Environment
 - o 1313 Use of Psychotropic Drugs
7. Other Business
8. Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment, Next Meeting October 19

RRAC members are:

Chairperson: Glen Brookhouse, Vice Chair: Stacy Englesman;
John Weerstra, Amy Clugston, Richard Wiley, Sheryl Favreau

2021 Meeting Dates: February 16, April 20, June 15, August 17, October 19, December 21

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

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

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

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
June 15, 2021
3:30 pm-4:00 pm via Zoom

Committee Members Present:

Glen Brookhouse, Chairperson/Board Member
Stacy Engelsman, Vice Chair/Community Member
John Weerstra, Board Member
Amy Clugston, Board Member
Sheryl Favreau, Community Member

Committee Members Not Present:

Richard Wiley, Community Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Charles Redman, Recipients Rights Officer

Staff Not Present:

Mandy Padget, Recipient Rights Officer
Melisse Hughes, Clerical Support

Members of the Public Present:

None

1. CALL TO ORDER

Chairperson Glen Brookhouse called the meeting to order at 3:34 pm. Recipient Rights Officer Charles Redman called the roll.

2. PUBLIC COMMENT

Community Member Stacy Engelsman opened an opportunity for public comment. No public comment. Community Member Stacy Engelsman closed the opportunity for public comment.

3. APPROVAL OF AGENDA

Motion to approve agenda as is by Board Member John Weerstra. Unanimously approved by a voice vote.

4. APPROVAL OF PRIOR MEETING MINUTES

Board Member John Weerstra motioned to approve the 4/20/2021 minutes. Supported by Community Member Sheryl Favreau. Unanimously approved by a voice vote.

5. REVIEW OF ORR STATUS REPORT

Recipient Rights Director Kelsey Newsome highlighted today that complaint numbers have remained steady, allegations have averaged ~ 20 per month. An increase in the number of Neglect allegations for this period was noted. Additionally, there were 14 incident reports with two requiring follow up. Two incident reports were opened as investigations. The ACCMHS ORR continues to move to close investigations in 90 days. Recipient Rights Director Kelsey Newsome reported a score of substantial compliance was awarded to the ACCMHS ORR after further review of the audit outcome. Recipient Rights Director Kelsey Newsome gave updates regarding ORR goals: update of the training curriculum continues, in-person trainings have been approved with the first training being scheduled for July, 2021. Recipient Rights Director Kelsey Newsome reported the ACCMHS ORR and QI monthly meetings have continued. Ms. Newsome discussed proposed solutions that have been offered to ACCMHS Management Team to expand the capacity of ORR.

6. RRAC EDUCATION

Recipient Rights Director Kelsey Newsome reviewed Allegan's Policy/Procedure RRAC Education Tracking Excel Sheet. Director Kelsey Newsome reviewed the following policies: Review Policy 1305 Duty to Warn, Review Policy 1306 Consent to Treatment, Review Policy 1307 Access to Entertainment Materials, Information – News, Review Policy 1308 Death Reporting, Review Policy 1309 Dignity & Respect.

7. **OTHER BUSINESS ~**

Chairperson Glen Brookhouse moved to confirm Community Member Stacy Engelsman as Vice Chairperson of RRAC, seconded by Board Member John Weerstra, unanimously approved by voice vote. Recipient Rights Director Kelsey Newsome commented the semiannual report is due at the end of June 2021. The semiannual report will be distributed to RRAC by the ORR.

8. **PUBLIC COMMENT**

No public comment.

9. **ADJOURNMENT**

Motion to adjourn made by Chairperson Glen Brookhouse supported by Board Member John Weerstra, and approved unanimously by voice vote. Adjourned at 4:00 pm.

Next RRAC meeting is August 17, 2021.

Respectfully Submitted by



Charles Redman
Recipient Rights Officer

2021 Meeting Dates: February 16, April 20, June 15, August 17, October 19, December 21

RRAC Membership:

Glen Brookhouse, Chairperson/Board Member-Hopkins
John Weerstra, Board Member-Allegan
Amy Clugston, Board Member-Martin
Richard Wiley, Community Member-Allegan
Stacy Engelsman, Community Member-Hamilton
Sheryl Favreau, Community Member-Moline

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

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**RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
 August 2021 STATUS REPORT**

Reporting Period: June and July 2021

Submitted by Kelsey Newsome, LMSW, Recipient Rights Director

ORR Direct Line: 269-628-5715; email knewsome@accmhs.org

June & July 2021 Allegations

Abuse II – Exploitation	2
Abuse II – Non-Accidental Act	2
Abuse II – Unreasonable Force	2
Abuse III	6
Neglect II	2
Neglect III	6
Mental Health Services Suited to Condition	20
Safe Treatment Environment	1
Sanitary/Humane Treatment Environment	1
Dignity & Respect	3
Disclosure of Confidential Information	9
Possession and Use of Personal Property	1
Failure to Report	1
No Right Involved	2
Out of Jurisdiction	4
Total Allegations	62

Number of Incident Report Follow Ups completed in June & July 2021:

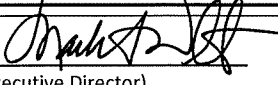
28 – 3 of these then opened for investigation

Cumulative Timeliness Report:

	No Right Involved/ Out of Jurisdiction (Acknowledgement Letter Only)	≤ 30 days	≤60 days	≤90 days	>90 days	Total
Previously Closed Allegations	19	0	0	58	15	92
June & July Closed Allegations	6	0	0	9	4	119
Open Allegations	0	32	24	23	27	108
Total						217

Progress Updates on Annual Report Goals/Recommendations:

Goal/Recommendation	August 2021 Update
<p>ACCMHS ORR will review the surveys completed by Recipient Rights Training (Face to Face) participants during FY 19 and FY 20. ACCMHS ORR will update the in person curriculum to include interactive and multi-media components, relevant suggestions from past participants, and any necessary updates per communications from MDHHS ORR (Memos, guidance documents, etc.). An updated curriculum will be completed and implemented by the end of the 2021 Fiscal Year.</p>	<ul style="list-style-type: none"> • Review of Surveys Completed • Recipient Rights Training Curriculum updated during MDHHS ORR Assessment Preparation • ORR Team met to begin review and revision of curriculum • First resumed in-person training cancelled due to low registration. 2 trainings scheduled in August 2021.
<p>ACCMHS ORR will update the bi-monthly status report provided to RRAC to include metrics that give RRAC a more accurate picture of the complete functioning of the Office, rather than a snapshot limited to a two month period of time. ACCMHS ORR will begin using a new template for this report in February 2021 and will maintain an open dialogue with RRAC about helpful metrics.</p>	<ul style="list-style-type: none"> • New template in use including cumulative timeliness report and IR follow up data.
<p>ACCMHS ORR will meet with ACCMHS Quality Improvement and Corporate Compliance at least quarterly to review shared areas of concern and strategies for prevention of rights violations. Because 3 months of the 2021 Fiscal year have already elapsed at the time of this report, ACCMHS ORR aims to complete 3 of these quarterly meetings by the end of the 2021 Fiscal Year.</p>	<ul style="list-style-type: none"> • Reoccurring meeting scheduled 4th Wednesday of the month – may decrease frequency once established. • Collaborative work to address concerns with a provider occurred in July and August 2021 resulting in contract termination.
<p>ACCMHS ORR Director will add annual report goals to ORR Team Meeting agendas and RRAC status reports to increase the level of accountability and ensure completion within the 2021 Fiscal Year.</p>	<ul style="list-style-type: none"> • Goals have been included on both ORR Team Meeting Agenda and RRAC Status Report Template. These templates have been in use since January and February 2021 respectively.
<p>ACCMHS ORR and RRAC recommend that ACCMHS hire and maintain a staffing of at minimum two full time Recipient Rights Officers and one full time Recipient Rights Director. ACCMHS ORR and RRAC also recommend that ACCMHS continue to monitor the clerical support of ACCMHS ORR and continue to provide this support.</p>	<ul style="list-style-type: none"> • Charles Redman started in February 2021 • Clerical support continues to be provided.

<p>POLICY/PROCEDURE TITLE: Family Planning</p> <p>POLICY/PROCEDURE #: 1310</p> <p>Section: Recipient Rights</p> <p>Developed and maintained by: Recipient Rights Officer</p> <p>Scope: <input checked="" type="checkbox"/> ACCMHS Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> ACCMHS Contract Providers <input type="checkbox"/> Other _____</p>	<p>Approved By:  (Executive Director)</p> <p>Approved By: _____ (Medical Director; <i>as applicable</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="2" style="text-align: center;">DATES</th> </tr> <tr> <td style="text-align: center;">First Effective</td> <td style="text-align: center;">12/1986</td> </tr> <tr> <td style="text-align: center;">Revised</td> <td style="text-align: center;">03/2020</td> </tr> <tr> <td style="text-align: center;">Supersedes</td> <td style="text-align: center;">03/2019</td> </tr> </table>	DATES		First Effective	12/1986	Revised	03/2020	Supersedes	03/2019
DATES									
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Revised	03/2020								
Supersedes	03/2019								

PURPOSE

To define Allegan County Community Mental Health Services (ACCMHS) responsibilities in providing notice to consumers of the availability of family planning services and health information.

APPLICATION

All ACCMHS staff and contract agency staff as specified by contract.

DEFINITIONS

- A) Family Planning Services
A specialized counseling service which focuses on values clarification and decision-making about such issues as marriage, sexuality, birth control, and childbearing.

POLICY

It is the policy of ACCMHS to provide notice of availability of family planning and health information to consumers and make referrals when appropriate.

PROCEDURE

- A) The individual in charge of the consumer’s written plan of service shall provide the consumer, their guardian, or parents of a minor with notice of the availability of family planning and health information services.
- B) Upon request from the consumer, guardian, or parent of a minor the individual in charge of the written plan will provide referral assistance to providers of such services.
- C) The individual in charge of the written plan will provide follow up to the referral and assure the coordination of services as appropriate, consistent with the standard procedure for the development of the individualized plan of service.
- D) If a consumer during the course of treatment requests information in the areas of abortion, sterilization, or contraception, the case manager, supports coordinator, or therapist shall make a referral to the appropriate agency whose mandates cover these areas.
- E) Mental health services are not contingent upon receiving family planning services. The consumer shall be informed that the receipt of mental health services is in no way dependent upon the request or decision to act on the family planning or health information services.

REFERENCE

Michigan Mental Health Code

POLICY/PROCEDURE TITLE: Photography and Audiovisual Recording of Recipients POLICY/PROCEDURE #: 1311 Section: Recipient Rights Developed and maintained by: Recipient Rights Officer Scope: <input checked="" type="checkbox"/> ACCMHS Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> ACCMHS Contract Providers <input type="checkbox"/> Other _____	Approved By: _____ (Executive Director)	
	Approved By: _____ (Medical Director; <i>as applicable</i>)	
	DATES	
	First Effective	12/1986
	Revised	03/2020
	Supersedes	11/2019

PURPOSE

To define procedures by which consumers may be photographed, videotaped, audio taped, fingerprinted, or observed through one-way glass.

APPLICATION

All Allegan County Community Mental Health Services (ACCMHS) staff and contract agency staff as specified by contract.

DEFINITIONS

- A) Photography
Includes the use of still pictures, motion pictures, and videotape cameras.
- B) Public news media
 - 1) Publications including but not limited to newspapers, magazines, books and other printed materials produced by the public press.
 - 2) Communication systems capable of transmitting photographs or sound via air or cable, e.g., television or radio.
- C) Agency-related media
Refers to publications produced by business or industrial firms, nonprofit associations, or public agencies.

POLICY

It is the policy of ACCMHS that a consumer will only be photographed, videotaped, audiotaped, or observed through one-way glass when written consent is obtained. It is also the policy that no consumer will be fingerprinted as a part of any program.

PROCEDURE

- A) Photographs or audio taping by or on behalf of the public news media or agency-related media, including brochures and annual reports, may be taken only when prior written consent is obtained from one of the following, using the consent form for taping/photography:
 - 1) A consumer, if eighteen years of age or older and competent to consent.
 - 2) The guardian of the consumer if legally empowered to execute such consent.
 - 3) A parent, if the consumer is less than eighteen years of age.

- B) A photograph or audio tape of the consumer shall not be taken or used if the consumer has indicated his/her objections, regardless of whether or not the consumer, parent or guardian has previously given written consent.
- C) Photographs may be used for identification purposes. Specific written consent must be obtained and the photograph will be kept in the consumer record. Fingerprinting will not be used for identification purposes in any Allegan County Community Mental Health Services (ACCMHS) program.
- D) Photographs, audiovisual recordings, and the use of one-way glass may be used to provide services to the consumer. Prior written consent must be obtained.
- E) For personal or social purposes, audiovisual reproductions may be made and used unless the consumer or guardian indicated his/her objection. Objections may be made verbally or in writing and documentation of the objection will be maintained in the record.
- F) If photographs are required for gathering evidence in an allegation of abuse, consent is not required from the consumer, his/her parent or guardian, but may be taken at the direction of the Executive Director or his/her designee in the office of Recipient Rights. Any such photographs or videos will be maintained in the secured Recipient Rights investigation files and not subject to release.
- G) All photographs, audio tapes, and videotapes taken for treatment purposes will become part of the clinical record, and as such are protected by confidentiality regulations. All such materials will be stored in a locked area, annually assessed for continued need and immediately destroyed or returned to consumer when not needed, at time of discharge, or when consent is withdrawn.
- H) Consent may be withdrawn at any time.
- I) Periodic review of the current need for audio taping, photographing, or use of one way glass will occur during periodic reviews of the individual plan of service.

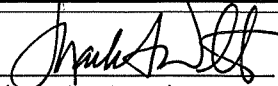
REFERENCE

Michigan Mental Health Code
MDHHS-ORR Assessment Tool

Policy & Procedure

ACCMHS

Allegan County Community Mental Health Services
P.O. Box 130, 3283 122nd Avenue, Allegan, MI 49010

POLICY/PROCEDURE TITLE: Freedom of Movement and Least Restrictive Environment POLICY/PROCEDURE #: 1312 Section: Recipient Rights Developed and maintained by: Recipient Rights Officer Scope: <input checked="" type="checkbox"/> ACCMHS Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> ACCMHS Contract Providers <input type="checkbox"/> Other _____	Approved By:  (Executive Director)					
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First Effective	12/1986					
Revised	03/2020					
Supersedes	03/2019					

PURPOSE

To assure a consumer's freedom of movement is not restricted any more than is necessary and that services are provided in the least restrictive setting.

APPLICATION

All Allegan County Community Mental Health Services (ACCMHS) staff and contract agency staff as specified by contract.

POLICY

It is the policy of ACCMHS that a consumer shall have the right to the least restrictive conditions necessary to provide mental health services with due safeguards for the safety of persons and property. Mental health services will be provided in the least restrictive setting that is appropriate and available.

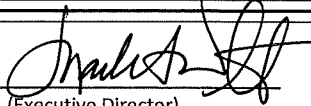
PROCEDURE

- A) A consumer shall have access to all areas within and outside of the program that are for recreational, vocational, and normal social activities.
- B) A program may have rules which restrict the freedom of movement for all consumers for reasons of health, safety, privacy, etc. These rules shall be in writing and posted.
- C) A consumer's freedom of movement will not be restricted more than is necessary to provide mental health services to him/her, to prevent injury to him/her or to others, or to prevent substantial property damage, except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken.
- D) Individual limitations on freedom of movement shall be documented in the consumer's plan of service and time limited. This documentation will include:
 - 1) Justification of the limitation, including a description of less restrictive methods which have been tried.
 - 2) Duration of the limitation (less than one year).
 - 3) Review date for the limitation.
- E) The consumer, and when applicable, parent of a minor, or empowered guardian, shall be informed of:
 - 1) general restrictions in program rules.
 - 2) individual limitations in the treatment plan.

- F) A consumer or other person on the consumer's behalf shall have the right to appeal individual limitations of freedom of movement, at any time to the Recipient Rights Office.
- G) Any restriction on freedom of movement of a recipient is removed when the circumstance that justified its adoption ceases to exist.
- H) If it is believed that a consumer should be receiving services in a more or less restricted setting, the case manager/supports coordinator/therapist will convene an interdisciplinary team meeting to determine the least restrictive treatment setting appropriate to meet the needs of the consumer, and to develop a plan to meet these needs.

REFERENCE

Michigan Mental Health Code
MDCH-ORR Attachment B

POLICY/PROCEDURE TITLE: Use of Psychotropic Drugs POLICY/PROCEDURE #: 1313 Section: Recipient Rights Developed and maintained by: Recipient Rights Officer Scope: <input checked="" type="checkbox"/> ACCMHS Staff <input type="checkbox"/> MH/IDD, <input type="checkbox"/> Housing, <input type="checkbox"/> SUD, <input type="checkbox"/> Integrated Health, <input checked="" type="checkbox"/> ACCMHS Contract Providers <input type="checkbox"/> Other _____	Approved By:  (Executive Director)
	Approved By: _____ (Medical Director; <i>as applicable</i>)
DATES	
First Effective	12/1986
Revised	03/2020
Supersedes	03/2019

POLICY

It is the policy of ACCMHS to assure consumers will receive medications appropriate for their diagnosis and prescribed by a credentialed prescriber

PURPOSE

To assure a consumer of mental health services receives psychotropic medications according to the requirements of the Mental Health Code.

APPLICATION

All Allegan County Community Mental Health Services (ACCMHS) staff and contract agency staff as specified by contract.

DEFINITIONS

- A) Psychotropic Drug
Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.

PROCEDURES:

- A) Psychotropic chemotherapy shall not be administered unless:
 - 1) The consumer, guardian, or parent of a minor child gives informed consent.
 - 2) The administration is necessary to prevent physical injury to the consumer or others.
 - 3) It is court ordered.
- B) Initial administration of psychotropic chemotherapy is limited to 48 hours or without consent.
- C) A provider may administer chemotherapy to prevent physical harm or injury after signed documentation of the physician is placed in the consumer’s medical record and when the actions of a consumer or other objective criteria clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself, or others.
- D) Minimal duration and safe termination will be determined by the prescriber.
- E) The prescriber will provide written documentation within 24 hours in the consumer’s medical record.
- F) Before initiating a course of psychotropic drug treatment for a consumer, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:

- 1) Explain the specific risks and most common adverse side effects associated with that drug, and
- 2) Provide the individual with a written summary of those common adverse side effects.

REFERENCES

Michigan Mental Health Code
MDCH-ORR Attachment B

MINUTES
ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD
Tuesday, July 20, 2021 at 5:30 P.M. via Zoom
Web site: www.accmhs.org

1. Call to Order, Gale Dugan, Chairperson

At 5:30 p.m., Mr. Dugan welcomed everyone and called the meeting to order. He noted this is the first “hybrid” meeting since Covid started; 4 board members are on Zoom, 7 are in person, all as noted below. Ms. Kellogg will provide screenshots. Ms. Lawrence will alert if hand is raised on Zoom.

Present: Mark DeYoung (Dorr Township), Gale Dugan (CSB/Otsego/Allegan Township), Glen Brookhouse (Hopkins), Tom Belco (CSB building/Plainwell), Jim Storey (Allegan Township CSB building), Alice Kelsey (Martin), Beth Johnston (Hopkins/Watson Township),
 ZOOM: Amy Clugston (Otsego Township), John Weerstra (Allegan), Kim Bartnick (Wayland), Bill Buell (joined at 5:36)
 Absent: Emily Schwartz (Allegan Township), (attending training in Oregon)
 Staff: Mark Witte, Gary Smith, Dan Welburn, Leanne Kellogg, Geniene Gersh, Nan Lawrence, Kelsey Newsome, Myrna Simon
 ZOOM: Mandy Padgett, Brenda Polmanteer, Cathy Potter
 Visitors: Jay Roberts Eveland (LRE Allegan rep) (Zoom)

2. Pledge of Allegiance ~ Recited.

3. Provision for Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person
None.

4. Approval of Agenda

MR. BELCO MOVED TO APPROVE AGENDA AS PRESENTED. SUPPORTED BY MR. BROOKHOUSE. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 11 YES with 7 in person; 0 NO; 1 ABSENT: SCHWARTZ. Mr. Buell joined at 5:36.

5. Approval of 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 (06-15-21)
 - ii) Special Board Meeting (06-21-21)
 - iii) Finance Committee Meeting (06-15-21)
 - iv) Program Committee Meeting (06-15-21)
 - v) RRAC (06-15-21 to be approved 08-17-21)
 - vi) Special Executive Committee Meeting (06-21-21)
 - vii) Executive Committee Meeting (07-16-21)

MR. STOREY MOVED TO APPROVE MINUTES AS PRESENTED. SUPPORTED BY MR. BELCO. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 11 YES with 7 in person; 0 NO; 1 ABSENT: SCHWARTZ.

6. Written Reports to Program Committee, Jim Storey (emailed and posted on web site)

Mr. Storey reported Program Committee had hybrid meeting, had quorum. Program Committee heard great presentations about OT Services from Brandon Lange and Rebecca DeHart Elkins. Other reports were about Clinical Services from Dr. Gersh; Integrated Health Services, Covid Plan, and CCBHC grant (effective August 31) from Ms. Kellogg; and QI/UM/IT updates from Mr. Welburn.

7. Finance Committee Report, Tom Belco (emailed and posted on web site)

- a. **HR Board Report.** Ms. Lawrence didn't have a report.
 b. **Administrative Services Board report.** Mr. Smith provided a written report; May showed numbers consistent with prior months; completed Single Audit, Financial Audit, and Compliance Audit with no findings and was reported to Treasury on time.

- c. **Motion request to approve Voucher Disbursements totaling \$3,236,821.06.**
MR. BELCO MOVED FOR APPROVAL OF VOUCHER DISBURSEMENTS TOTALING \$3,236,821.06. SUPPORTED BY MR. STOREY. Discussion: None. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 11 YES with 7 in person; 0 NO; 1 ABSENT: SCHWARTZ.
- d. **Motion Request to approve FY2021 Provider Contracts:** None.
- e. **Review Key Indicator Analysis, Report, & Graphs.** Mr. Smith reported key indicators are all in line with where we have been; only one slightly different is salary/wages, up \$130,000 in reference to retro pay adjustment in May; is pleased with how month went, expects it to continue; will work toward spending extra MA dollars before end of year; expect to produce adequate MA to return to LRE.
- f. **Review Financials: Income Statement & Balance Sheet & SUD Services.**
Mr. Smith reported MA is favorable \$495,500 (was favorable \$531,412); Autism is negative \$15,348 (was neg \$96,881), HM is negative \$344,210 (was neg \$301,245), GF is favorable \$584,833 (was favorable \$645,546). Revenue less expenses is favorable \$2,212,285 (was favorable \$2,236,916).
- g. **Motion to approve Cornerstone construction as contractor for new ACCMHS building project.**
MR. BELCO REPORTED THE FINANCE COMMITTEE RECOMMENDS A MOTION TO APPROVE CORNERSTONE CONSTRUCTION AS CONTRACTOR FOR NEW ACCMHS BUILDING PROJECT. SUPPORTED BY MR. WEERSTRA. Mr. Dugan read background info: (1). Six bids were received on the project and the Cornerstone bid was the lowest cost bid. (2). All bids along with the recommendation to select Cornerstone as the contractor were discussed with the USDA. (3). The USDA supports the selection of the lowest cost bid unless there is a reason for selecting an alternative bid. (4). There was no reason found to select a higher cost bid, so Cornerstone is recommended. Discussion: Mr. Storey requested to include amount of bid in motion. Mr. Smith reported the amount of the bid is \$4,635,900. MR. STOREY MOVED TO AMEND THE MOTION TO READ: THE FINANCE COMMITTEE RECOMMENDS A MOTION TO APPROVE CORNERSTONE CONSTRUCTION AS THE CONTRACTOR FOR THE NEW ACCMHS BUILDING PROJECT FOR THE BID AMOUNT OF \$4,635,900. SUPPORTED BY MS. KELSEY. No other discussion. Mr. Dugan called roll. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 11 YES with 7 in person; 0 NO; 1 ABSENT: SCHWARTZ. Mr. Smith introduced president/owner of Cornerstone Construction, Gordon Groves who provided an overview of their history. They estimated project will take about twelve months or less; start date will depend on USDA. Mr. Smith noted work is in progress to close gap between project costs and USDA loan amount. Mr. Dugan thanked them for coming.
8. **Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec), Glen Brookhouse**
- Mr. Brookhouse reported no RRAC meeting today; next meeting is August 17.
9. **Chairperson/Executive Committee's Report, Gale Dugan**
- a. **Executive Committee Report.** July 16 minutes were emailed yesterday and approved tonight. Mr. Dugan highlighted items from the report. Of note in minutes re OMA: votes cast in person are ones that count. Mr. Dugan encouraged board members to be physically present for votes. Mr. Storey suggested that minutes record which board members are present physically and which are attending via Zoom to cover legality of construction motion.
- b. **LRE updates.** Mr. Dugan reported that Stephanie VanDerKooi was named as LRE COO.
- c. **CMHAM membership dues and voting delegates.** Membership dues are \$13,597; increase of \$311. Voting delegates were appointed this morning and are: Mark Witte, Alice Kelsey, and Tom Belco. MR. DUGAN MOTIONED TO APPROVE APPOINTING DELEGATES TO MEMBER ASSEMBLY THAT WERE APPOINTED THIS MORNING: BELCO, KELSEY, AND WITTE. SUPPORTED BY MR. BROOKHOUSE. No discussion. MOTION PASSED WITH ALL YES ROLL CALL. 11 YES with 7 in person; 0 NO; 1 ABSENT: SCHWARTZ. Mr. Dugan called for a motion to approve payment of due membership dues. MS. JOHNSTON MOVED TO APPROVE PAYMENT OF DUES. Mr. Witte clarified this will be invoiced to us by the Association and paid at a later date; that a motion is not needed at this time. Ms. Johnston withdrew her motion.
10. **ACCMHS Executive Director's Report, Mark Witte (emailed and posted)**
- Mr. Witte emailed his written report and briefly highlighted it. He thanked Board for supporting the contractor. Mr. Witte reported there will be a Building Committee meeting in August. Mr. Witte provided a handout, "Allegan County MA Enrollment". The chart show numbers of citizens registered as MA recipients. He explained the variations, expects numbers to drop to 16,000.

- **LRE update.** Mr. DeYoung reported LRE hired Mary Marlatt-Dumas as LRE CEO. She hired Stacia Chick as CFO, Stephanie VanDerKooi is COO. LRE is filling other positions as they are taking back services from Beacon. Mr. DeYoung said Beacon has signed a re-negotiated contract.
- **State update.** Mr. DeYoung reported there is no news; are waiting on Attorney General's office for word on the settlement.

11. Board Member Comments

- Building Committee. Mr. Dugan is seeking volunteers for an ad hoc Building Committee to help guide the building and construction project. It will meet before Finance Committee. Board member volunteers are: John Weerstra, Tom Belco, Beth Johnston, Mark DeYoung, and Gale Dugan. ACCMHS staff volunteers are: Nan Lawrence, Gary Smith, and Mark Witte. Mr. Dugan will formally appoint the committee next month. It will meet 3:30-4:00, before Finance Committee with 15 minute break in between meetings.
- Mr. Storey reported regarding pending legislation, he was at the Michigan of Association of Counties meeting. Shirkey and Whiteford legislation was reported on; Shirkey introduced legislation; the Association opposes that legislation; Whiteford's is still being considered; both their positions come from role that each county is responsible.
- Several board members commented it is nice to be attending in person.
- Mr. Dugan noted it is wonderful to see people in the room, thanked all for patience shown him in his new role as chair, and thanked ACCMHS staff. As we embark on this building project, he encouraged all to keep faith and energy up; is looking forward to working with everyone.

12. Provision for Public Comment ~ Any Topic, Subject to 5-Minute Limit Per Person

None.

13. Adjournment

AT 6:37 P.M. MR. BELCO MOTIONED TO ADJOURN. SUPPORTED BY MR. BROOKHOUSE. MOTION PASSED WITH ALL YES VOICE VOTE. Next meeting is August 17; will be in person.

Mr. Storey asked for recognition of distinguished service for Mr. DeYoung. All sang happy birthday to Mr. DeYoung. He thanked everyone.

Respectfully submitted,

Myrna Simon
Executive Assistant

Gale Dugan
Board Chairperson

2021 meeting dates:

January 19 (Zoom)	April 20 (Zoom)	July 20 (Zoom/in-person)	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)

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

MINUTES
Finance Committee
July 20, 2021
4:15 pm – 5:15 pm via Zoom

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

Phone: 312-626-6799 (Chicago) or 929-205-6099 (New York) or 301-715-8592 (Washington D.C)
Zoom Meeting <https://us06web.zoom.us/j/84902061481?pwd=bWlQT3loZG01TXVfYWxaQVFGSkhTQT09>
Meeting ID: **849 0206 1481** Passcode: **257738**

Committee Members Present:

- Tom Belco, Chair
- Beth Johnston, Vice Chair
- Glen Brookhouse

- Bill Buell
- Mark DeYoung
- Gale Dugan (ex officio)

CMH Staff Present:

- Gary Smith
- Nan Lawrence
- Mark Witte

Others present: None.

1. **Call to Order ~ Tom Belco, Chair**
Mr. Belco called the meeting to order at 4:15pm
2. **Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person**
No comments submitted.
3. **Additions to/Adopt Agenda**
No additions. Agenda adopted.
4. **Review of Finance Committee Meeting Minutes**
MR. BROOKHOUSE MOTIONED TO APPROVE MINUTES AS PRESENTED. SUPPORTED BY MR. DEYOUNG. No Discussion. MOTION PASSED BY ALL YES VOICE VOTE.
5. **Review of Written Reports**
 - a. Facilities & Human Resources ~ Nan Lawrence. Reviewed.
 - b. Administrative Services Report ~ Gary Smith. Reviewed.
6. **Chairperson's Report ~ Tom Belco**
 - a. **Action Request:** Motion to approve **Voucher Disbursements** totaling \$3,236,821.06. MR. BELCO MOVED TO RECOMMEND TO FULL BOARD APPROVAL OF VOUCHER DISBURSEMENTS TOTALING \$3,236,821.06. SUPPORTED BY MS. JOHNSTON. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE.
 - b. **Action Request:** Motion to approve FY2021 Provider Contracts: None.
 - c. **Review Financials:** Income Statement & Balance Sheet & SUD Services
Mr. Smith reported MA is favorable \$495,500 (was favorable \$531,412); Autism is negative \$15,348 (was neg \$96,881), HM is negative \$344,210 (was neg \$301,245), GF is favorable \$584,833 (was favorable \$645,546). Revenue less expenses is favorable \$2,212,285 (was favorable \$2,236,916).
 - d. **Review Key Indicator** Analysis, Report, & Graphs. Reviewed.
 - e. **Action Request:** Motion to approve Cornerstone Construction as contractor for new ACCMHS building project.
MR. DEYOUNG MOVED TO RECOMMEND TO FULL BOARD APPROVAL OF CORNERSTONE CONSTRUCTION AS CONTRACTOR FOR NEW ACCMHS BUILDING PROJECT. SUPPORTED BY MR. BROOKHOUSE. Discussion: None. MOTION PASSED WITH ALL YES ROLL CALL VOTE.

7. **Other Agenda Items**
 - None.
8. **Finance Committee Member Comments**

None.
9. **Public Comment** ~ Any Topic, Subject to 5-Minute Limit Per Person
None.
10. **Adjournment ~ Next meeting is August 17**

MOTION TO ADJOURN BY MS. JOHNSTON. SUPPORTED BY MR. BROOKHOUSE. No discussion.
MOTION PASSED WITH ALL YES VOICE VOTE. Adjourned at 4:45 p.m.

Finance Committee: Tom Belco, Chair; Beth Johnston, VC;
Glen Brookhouse, Bill Buell, Mark DeYoung

2021 Finance Committee meeting dates:

January 19 (Zoom)	April 20 (Zoom)	July 20 (Zoom/in-person)	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 2021.) *The Finance Committee shall consist of not less than 4 and not more than 6 Board members, and shall include the Authority's chief financial officer as an advisor. The Committee shall review the financial position of the Authority in relation to state, county, federal and other funding sources; the budget and allocations and third party payments; address audit issues when appropriate; analyze financial reporting requests/ requirements and Authority expenditures; and consider such other financial matters as the Board or the Chairperson of the Board may refer to the Committee. The Chairperson of the Finance Committee shall be the Board Treasurer. The Finance Committee shall meet monthly, on a regular basis, at a date and time determined by the Chairperson. A finance committee will typically be responsible for monitoring and communicating to the board about the organization's overall financial health. Its core duties are likely to include participating in and overseeing: the development of the organization's budgeting and financial planning, the creation of the organization's internal controls, the preparation and distribution to the board of timely, accurate, user-friendly financial reports, and the implementation of safeguards to protect the organization's assets.*

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

MINUTES
Program Committee
July 20, 2021
4:15 pm – 5:15 pm

NOTE: At this time, in-person attendance capacity is limited. Social distancing and masks are required. County will live stream ACCMHS Board meetings.

Join Zoom by calling: 312-626-6799 or 929-205-6099 or 301 715 8592

Zoom link: <https://us06web.zoom.us/j/84937139236?pwd=VmdoVURHajg3OEVUTUU2TXRpWk0xQT09>

Meeting ID: **849 3713 9236** Passcode: **975560**

Committee Members Present:

Jim Storey, Chair
 Alice Kelsey, VC
 Amy Clugston (Zoom)
 Kim Bartnick (Zoom)
 Emily Schwartz
 Gale Dugan (ex officio)

Staff Members Present:

Dr. Geniene Gersh
 Leanne Kellogg
 Dan Welburn
 Myrna Simon
 Cathy Potter (Zoom)
 Mandy Padget (Zoom)
 Rebecca DeHart-Elkins (Zoom)
 Brandon Lange (Zoom)

Others present: Jay Roberts Eveland, LRE Allegan rep (Zoom)

1. **Call to Order ~ Jim Storey, Chair**
Mr. Storey called the meeting to order at 4:19 p.m.
2. **Public Comment ~ Agenda Items Only, Subject to 5-Minute Limit Per Person**
No comments from public.
3. **Approval of Agenda**
Mr. Storey called for a motion to approve agenda. MS. KELSEY MOVED TO APPROVE AGENDA. SUPPORTED BY MS. BARTNICK. MOTION PASSED WITH ALL YES VOICE VOTE.
4. **Approval of Minutes**
Mr. Storey called for a motion to approve minutes. MS. KELSEY MOVED TO APPROVE MINUTES. SUPPORTED BY MS. BARTNICK. MOTION PASSED WITH ALL YES VOICE VOTE.
5. **Program Presentation: Occupational Therapy in Mental Health**
Presenters: Rebecca DeHart-Elkins, MS, OTR/L and Brandon Lange, COTA/L. They gave overview of program, interventions, role of COTA (COTA stands for Certified Occupational Therapy Assistant), what they do, difficulties, options for future, and shared success stories. See handout.
6. **Written Reports to Program Committee**
 - a) Integrated Health ~ Leanne Kellogg/Angel Hopkins/Amy Embury/Susan Conrad. Ms. Kellogg reviewed the written report. See attached.
 - b) Clinical Services ~ Dr. Geniene Gersh. See attached. Dr. Gersh highlighted items from her report.
 - c) Quality Improvement/Performance Mgt ~ Dan Welburn. Mr. Welburn reviewed written report. See attached.
 - d) Customer Service ~ Cathy Haas (Feb/May/Aug/Nov). No report.
7. **Program Committee Member Comments**
Ms. Roberts Eveland asked what the CCBHC implementation plan is and what targeted population is for MHFA training. Ms. Kellogg reported the CCBHC grant funding starts August 31. Discussions are in progress for creating job descriptions, posting positions, partnership communication, project management activities; a massive team effort across the agency. Regarding MHFA, it is free, Prevention Team has participated in train the trainers to host for others. Targeted population is local law enforcement, most have had it. She thanked her for her suggestions.

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

9. **Adjournment ~ Next meeting August 17**
MS. KELSEY MOTIONED TO ADJOURN. SUPPORTED BY MS. BARTNICK. MOTION PASSED WITH ALL YES VOICE VOITE. Meeting ended at 5:19 p.m.

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)	November 16 (in-person)
March 16 (Zoom)	June 15 (Zoom)	Sept 21 (in-person)	December 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.

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
June 15, 2021
3:30 pm-4:00 pm via Zoom

Committee Members Present:

Glen Brookhouse, Chairperson/Board Member
Stacy Engelsman, Vice Chair/Community Member
John Weerstra, Board Member
Amy Clugston, Board Member
Sheryl Favreau, Community Member

Committee Members Not Present:

Richard Wiley, Community Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Charles Redman, Recipients Rights Officer

Staff Not Present:

Mandy Padget, Recipient Rights Officer
Melisse Hughes, Clerical Support

Members of the Public Present:

None

1. CALL TO ORDER

Chairperson Glen Brookhouse called the meeting to order at 3:34 pm. Recipient Rights Officer Charles Redman called the roll.

2. PUBLIC COMMENT

Community Member Stacy Engelsman opened an opportunity for public comment. No public comment. Community Member Stacy Engelsman closed the opportunity for public comment.

3. APPROVAL OF AGENDA

Motion to approve agenda as is by Board Member John Weerstra. Unanimously approved by a voice vote.

4. APPROVAL OF PRIOR MEETING MINUTES

Board Member John Weerstra motioned to approve the 4/20/2021 minutes. Supported by Community Member Sheryl Favreau. Unanimously approved by a voice vote.

5. REVIEW OF ORR STATUS REPORT

Recipient Rights Director Kelsey Newsome highlighted today that complaint numbers have remained steady, allegations have averaged ~ 20 per month. An increase in the number of Neglect allegations for this period was noted. Additionally, there were 14 incident reports with two requiring follow up. Two incident reports were opened as investigations. The ACCMHS ORR continues to move to close investigations in 90 days. Recipient Rights Director Kelsey Newsome reported a score of substantial compliance was awarded to the ACCMHS ORR after further review of the audit outcome. Recipient Rights Director Kelsey Newsome gave updates regarding ORR goals: update of the training curriculum continues, in-person trainings have been approved with the first training being scheduled for July, 2021. Recipient Rights Director Kelsey Newsome reported the ACCMHS ORR and QI monthly meetings have continued. Ms. Newsome discussed proposed solutions that have been offered to ACCMHS Management Team to expand the capacity of ORR.

6. RRAC EDUCATION

Recipient Rights Director Kelsey Newsome reviewed Allegan's Policy/Procedure RRAC Education Tracking Excel Sheet. Director Kelsey Newsome reviewed the following policies: Review Policy 1305 Duty to Warn, Review Policy 1306 Consent to Treatment, Review Policy 1307 Access to Entertainment Materials, Information – News, Review Policy 1308 Death Reporting, Review Policy 1309 Dignity & Respect.

7. **OTHER BUSINESS ~**

Chairperson Glen Brookhouse moved to confirm Community Member Stacy Engelsman as Vice Chairperson of RRAC, seconded by Board Member John Weerstra, unanimously approved by voice vote. Recipient Rights Director Kelsey Newsome commented the semiannual report is due at the end of June 2021. The semiannual report will be distributed to RRAC by the ORR.

8. **PUBLIC COMMENT**

No public comment.

9. **ADJOURNMENT**

Motion to adjourn made by Chairperson Glen Brookhouse supported by Board Member John Weerstra, and approved unanimously by voice vote. Adjourned at 4:00 pm.

Next RRAC meeting is August 17, 2021.

Respectfully Submitted by



Charles Redman
Recipient Rights Officer

2021 Meeting Dates: February 16, April 20, June 15, August 17, October 19, December 21

RRAC Membership:

Glen Brookhouse, Chairperson/Board Member-Hopkins
John Weerstra, Board Member-Allegan
Amy Clugston, Board Member-Martin
Richard Wiley, Community Member-Allegan
Stacy Engelsman, Community Member-Hamilton
Sheryl Favreau, Community Member-Moline

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

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

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

Allegan County Community Mental Health Services Board
3283 122nd Avenue, Allegan, MI 49010
269-673-3384

MINUTES
EXECUTIVE COMMITTEE
August 13, 2021
1:04-2:53

CTO: 1:04 pm: Present: Dugan, Belco, Kelsey, Storey, Witte,

1. **Agenda/Minutes:** Committee added an additional agenda entry on under item 5, executive director items, compensation discussion.
2. **Review of Prior Items/Updates:**
 - a. **Covid 19 update:** no significant items.
 - b. **The minutes of July 16** were approved on voice vote (Belco, Kelsey, moved, second).
 - c. Discussion ensued as to whether to offer option for board meetings by Zoom. No decision was made as to whether to offer zoom for board attendance.
 - d. **Building Info, Witte.** First meeting of building committee will be held forthcoming Tuesday at 3:30 pm. Cognizant staff members met with Cornerstone Construction regarding cutting costs. Gave report on visiting the townships and cities regarding gaining an ARPA allocation. Said the reception was polite, sometimes warm. He and other paid staff have visited with 24 local governmental units in the county with more to come. State bureau and Rep. Whiteford have been contacted with mixed response. However, no “no” was given. All governmental responses have taken the request “under advisement”. Witte also summarized contacts with private donors.
 - e. **August 17 Board meeting, Witte.** Julia Leos will make presentation on branding change for the agency. No board action anticipated.
 - f. **Rep. Whiteford session.** Nan, Gary, Dr. Gersh and Mark met with Rep. Whiteford regarding her proposals for “redesigning” Michigan’s health delivery system. An exchange of views occurred.
 - g. **LRE Operating Agreement.** The regional CMH members originally proposed a revenue distribution formula that is now under review.
 - h. **My Strength.** Doing well for preparing for introduction. Trial accounts will be scheduled for next week.
3. **Executive Committee Members.** Nothing to report.
4. **Executive Director items, August Director’s Report.** Committee had no questions.
5. **Contract Discussion.** Witte’s contract expires March 2022. The committee brainstormed suggestions for changes in a contract extension.
6. The committee’s business having been completed, the committee adjourned at 2:53 p.m.

Respectfully submitted,

Jim Storey, secretary

Finance Committee MOTION REQUEST	Subject Meeting Date Requested By:	Voucher Disbursements August 17, 2021 Tom Belco, Finance Committee Chairperson ACCMHS Board Treasurer
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Recommended Motion:

The Finance Committee recommends that the ACCMHS Board approve the Disbursements totaling: \$ 2,811,685.40

July-21

SUMMARY OF REQUESTED INFORMATION:

<u>DATE ISSUED:</u>	<u>VOUCHER #</u>	<u>AMOUNT</u>
July 9, 2021	P1647	PAYROLL \$ 285,241.19
July 15, 2021	V0843	VENDOR \$ 1,264,355.92
July 23, 2021	P1648	PAYROLL \$ 278,433.77
July 29, 2021	V0844	VENDOR \$ 983,654.52

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

BY:

**GARY SMITH, MBA
DIRECTOR ADMINISTRATIVE SERVICES
ALLEGAN COUNTY CMH**

DATE:

August 17, 2021

Finance Committee	Subject	CONTRACTS
MOTION REQUEST	Meeting Date	August 17, 2021
	Requested	Tom Belco, Finance Committee Chairperson
	By:	ACCMHS Board Treasurer

Recommended Motion:

The Finance Committee recommends that the ACCMHS Board approve the Below listed (or Attached) Providers for Contracts for FY21:

SUMMARY OF REQUESTED INFORMATION:

Provider	Term	Services
Alyssa Podskalon	FY21	Therapy
Eisenhower Center	FY21	Residential

BY:

GARY SMITH, MBA
DIRECTOR ADMINISTRATIVE SERVICES
ALLEGAN COUNTY CMH

DATE:

August 17, 2021

Executive Director Board Report – August 2021

Item 11

Submitted by Mark A. Witte, MSW, LMSW, Executive Director
269-673-6617, ext. 2716; mwitte@accmhs.org

1. **Building** – As you will read elsewhere in this month's board packets, we are working to narrow the gap between available funds and project costs so that we may access USDA funds to close on the property and launch our building project proper. The first part of the effort is working with Cornerstone Construction and our architect to select which elements can be delayed, or costs reduced, or eliminated altogether in order to make the project as affordable as possible. The balance of the gap will be met with the funding strategies outlined in our July meeting. Meanwhile, to take advantage of some of this year's available funding, we are about to place our initial order for furniture from Haworth. This is being done through MiDEAL, the State of Michigan's extended purchasing program that allows Michigan public organizations to buy goods and services from state contracts – which also thus complies with applicable procurement requirements. In addition to substantial savings, it's nice to patronize an Allegan County business in the process of furnishing.
2. **Fundraising** – The management team received a briefing from fundraising consultant Keith Hopkins on Tuesday 8/3/2021. We will summarize this report at the Building Committee meeting which will then be subsequently summarized for the Board later on in the board meeting itself.
3. **COVID-19 Response** – Given the uptick in case data in Michigan and around the country, we have put a hold on our current COVID-19 Response Plan progression – we will stay as we now are (at the 30% capacity level) for the time-being.
4. **CCBHC** – We have initiated formal planning work on implementation of the CCBHC grant. Activities that consume grant funds cannot begin until 8/31/2021 when the grant period officially begins. Even with that limitation, there is plenty to discuss and plan.
5. **Public Mental Health System Legislation** – Rep. Mary Whiteford approached us to meet on 8/4/2021, which is now rescheduled to 8/9/2021. Her purpose is to meet with us as part of her "listening tour" relative to legislation she and her colleagues have introduced to significantly alter the PIHP structure we have today. In conjunction with changes proposed from Senator Shirkey's re-do of the Section 298 proposals of a few years back (to put public mental health system funds under the management of Michigan's Medicaid Health Plans), there is a lot of dialogue and feedback happening. We will report on this further at the board meeting.
6. **Individual Board Member Meetings** – I continue to schedule meetings with Board members for individual conversations, and met with Beth Johnston on 7/27/2021. I enjoy these meetings very much, though the pace may slow a bit for the next few weeks. This is due to the volume of meetings currently underway with townships, cities and villages in pursuit of American Rescue Plan Act (ARPA) funds for our building project gap.
7. **MyStrength Implementation** – We kicked off the implementation process for the MyStrength virtual support service. We will be meeting on a weekly schedule for approximately six weeks to prepare for the launch. Please recall that there are two distinct fronts: one for our active clients in which we will have the opportunity to leverage MyStrength as part of their ongoing care, and one for community members (whether our clients or not). One might also note that this service may also be used by our own staff to help maintain emotional fitness in the taxing work they do to serve the people of this community. The full implementation should be complete mid-September.

Submitted by Mark Witte
August 5, 2021