

AGENDA

OnPoint Board
Tuesday, August 16, 2022
5:30 pm

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

Also available virtually at the link or phone number below:

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 616-327-2708,896969400#](tel:+16163272708,896969400#) United States, Grand Rapids

Phone Conference ID: 896 969 400#

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

1. Call to Order – Commissioner Gale Dugan
2. Pledge of Allegiance
3. Provision for Public Comment – Agenda items only, subject to 5” limit per speaker
4. Approval of Agenda
5. Consent Agenda – *All items listed are considered to be routine and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda upon request of any board member and will be considered separately.*
 - a. **Motion** – Approval of prior minutes:
 - i. RRAC Meeting (06.21.2022)
 - ii. Executive Committee Meeting (07.14.2022)
 - iii. Board Meeting (07.19.2022)
 - iv. Building Committee Meeting (07.19.2022)
 - v. Finance Committee Meeting (07.19.2022)
 - vi. Program Committee Meeting (07.19.2022)
6. Building Committee – Commissioner Gale Dugan
7. Program Committee – Commissioner Jim Storey
8. Finance Committee Report – Beth Johnston
 - a. **Motion** – Approval of Voucher Disbursements June 2022
 - b. **Motion** – Approval of Contracts
9. FY2023 Proposed Budget Presentation – Erinn Trask
10. Public Hearing – FY2023 Proposed Budget
11. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse
12. Chairperson’s/Executive Committee Report – Commissioner Gale Dugan
13. LRE updates – Jim McCormick/Stephanie VanderKooi
14. ACCMHS Executive Director’s Report – Mark Witte
15. Provision for Public Comment (any topic, subject to 5” limit per speaker) – Commissioner Dugan
16. Board Member Comments

17. Adjournment

Future meetings:

- September 23, 2022 – 2:30 pm – Executive Committee
- September 27, 2022 – 3:30 pm – Building and Committee
- September 27, 2022 – 4:00 pm – Finance and Program Committees
- September 27, 2022 – 5:30 pm – Full Board
- October 14, 2022 – 2:30 pm – Executive Committee
- October 18,2022 – 3:30 pm – Building and Recipient Rights Advisory Committees
- October 18,2022 – 4:15 pm – Finance (4:00) and Program Committees
- October 18,2022 – 5:30 pm – Full Board

OnPoint
Building Committee

August 16, 2022 – 3:30 pm

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

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

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

Proposed Agenda:

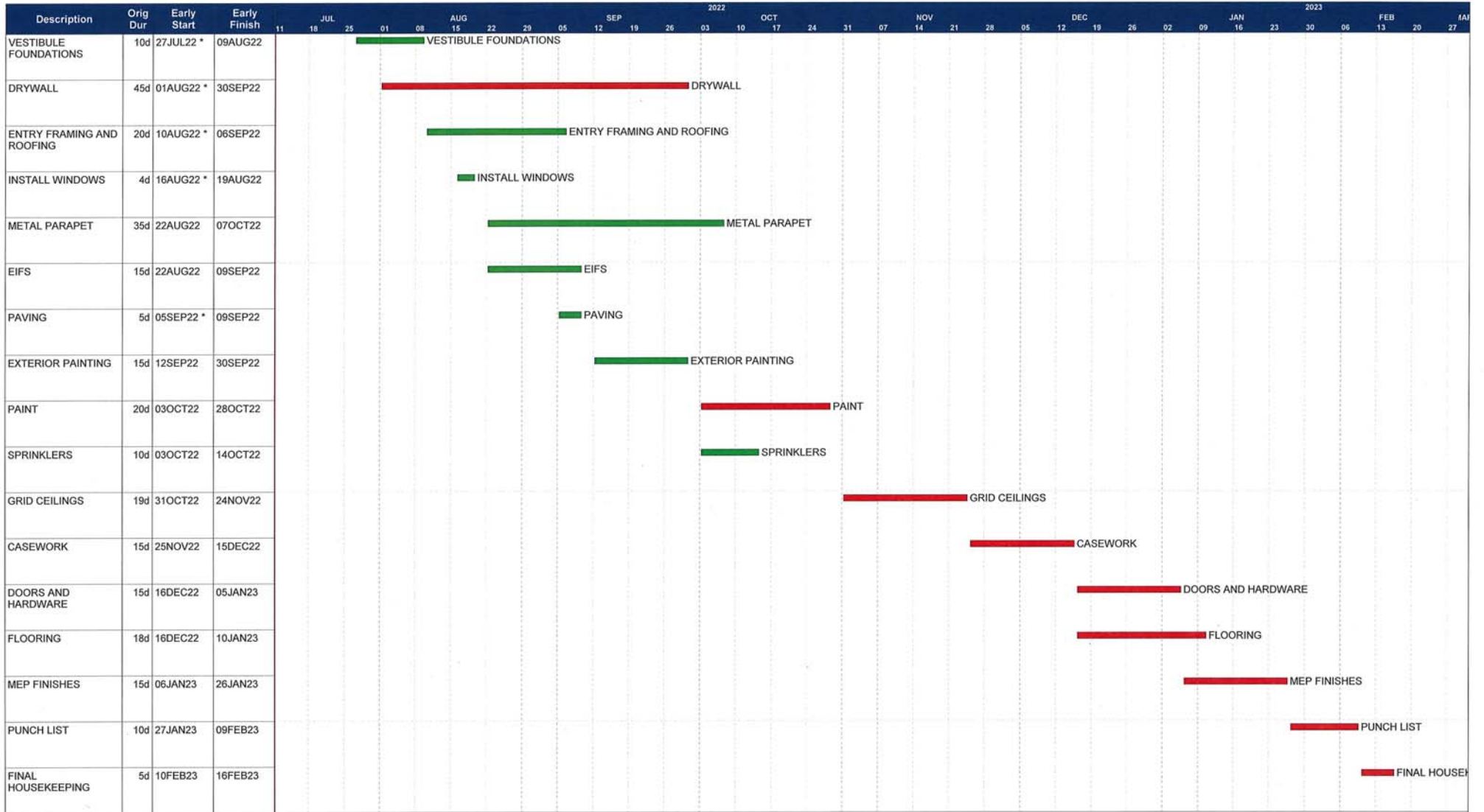
1. Review/Approval of Agenda
2. Review/Approval of Prior Minutes
3. Construction Report
4. Financial Report
5. Other
6. Next Meeting Date
7. Adjournment

OnPoint
Draft Board Building Committee Minutes
July 19, 2022

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

1. Meeting Called to Order at 3:39 pm
2. Review/Approval of Agenda – Motion by Beth Johnston, supported by Commissioner Mark DeYoung, to approve the agenda as presented. All in favor. Approved.
3. Review/Approval of Prior Minutes – Minutes of June 21, 2022 meeting reviewed. Motion by Commissioner Mark DeYoung, supported by Beth Johnston, to approve the minutes as presented. All in favor. Approved.
4. Construction Report – OnPoint staff presented a verbal report of the progress made to date, referencing Change Order #6 which was included in the meeting packet and highlighting the following items: (a) postponement of parking lot pavement to spring 2023, and (b) addition of various items as noted in the packet.
5. Financial Report – OnPoint staff referenced payment for Change Order #5. Looking to use MEDC grant funds to assure full utilization of all available dollars while avoiding needless expenses. Needs include fiber optic cable run, building furnishings, etc. Estimated total cost around \$9.1 million. Erin to research the board’s actions to assure authority for total cost.
6. Other – No other agenda items.
7. Next Committee Meeting Date – Tuesday, 8/16/2022 at 3:30 pm.
8. Adjournment – Motion made by Beth Johnston, supported by Commissioner Mark DeYoung, to adjourn the meeting. All in favor. Approved. Meeting adjourned at 4:00 pm.

Submitted by Mark Witte

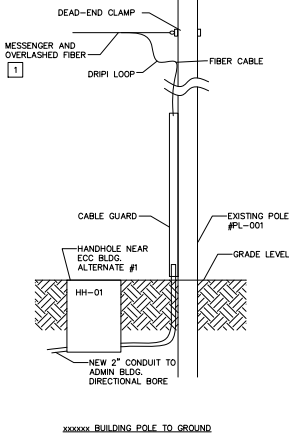


Start date 06JAN22
 Finish date 16FEB23
 Data date 11JUL22
 Run date 19JUL22
 Page number 1A
 © Primavera Systems, Inc.

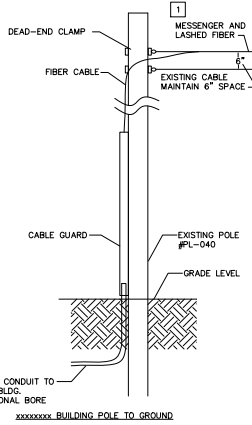
**CORNERSTONE CONSTRUCTION MANAGEMENT
 ACCMHS**

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

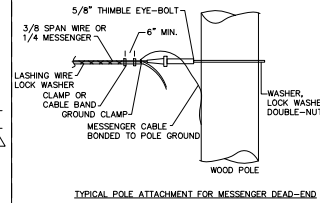
1. THERE IS AN EXISTING FIBER CABLE THAT ROUTES INTO THIS BUILDING. IT MAY BE ROUTED THROUGH AN EXISTING CONDUIT.
2. USE THIS CONDUIT IF IT EXISTS. BASE BID INCLUDES DIGGING AND DETERMINING IF THE CONDUIT CAN BE USED.



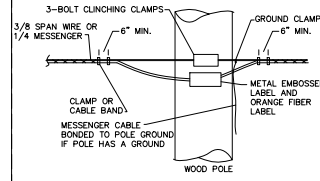
POLE TO GROUND CABLE TRANSITION DETAILS
TC105



POLE TO GROUND CABLE TRANSITION DETAILS
TC105

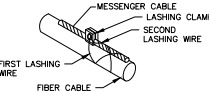
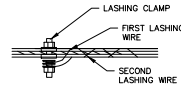


TYPICAL POLE ATTACHMENT FOR MESSENGER DEAD-END

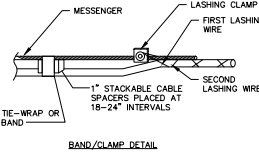


TYPICAL CABLE CONTINUATION ACROSS POLE. SAME MESSENGER

POLE MESSENGER TERMINATION AND LABELING DETAILS
TC105

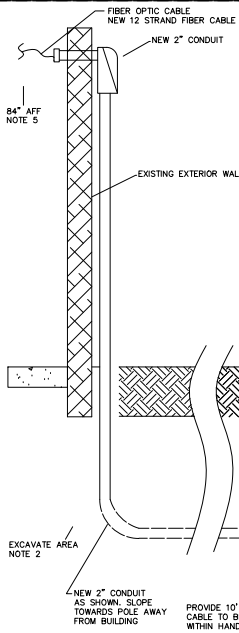


CABLE LASHING AND CLAMP DETAILS



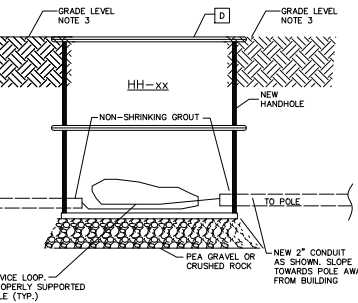
BAND/CLAMP DETAIL

CABLE LASHING AND CLAMPING DETAILS
TC105

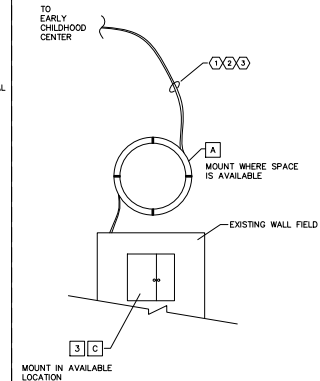


NOTES

1. FIBER CABLE SHALL INSIDE THE BUILDING SHALL BE IN APPROVED SUPPORTS.
2. CONTRACTOR TO EXCAVATE EXISTING ENTRANCE AND PLACE NEW HH01 AS CLOSE TO EXISTING ENTRANCE AS POSSIBLE. CONTRACTOR TO NOTCH HAND HOLE AND DROP OVER EXISTING ENTRANCE CONDUIT.
3. RESTORE GROUND TO EXISTING CONDITIONS PLANT NEW GRASS AND COVER WITH STRAW. PROVIDE INITIAL WATERING. BACK FILL AROUND HANDHOLE WITH EXCAVATED MATERIAL AND COMPACT TO 90% OF ORIGINAL DENSITY. REMOVE ROCK AND DEBRIS FROM BACKFILL MATERIAL. IF EXCAVATED MATERIAL IS UNSABLE THEN FILL WITH DOT CLASS II MATERIAL.
4. CONTRACTOR RESPONSIBLE TO CALL MISS DIG AND LOCATE ALL EXISTING UTILITIES BEFORE ANY UNDERGROUND WORK CAN BEGIN.
5. CONTRACTOR SHALL FIELD VERIFY BUILDING ENTRANCE ELEVATION AND LOCATION.



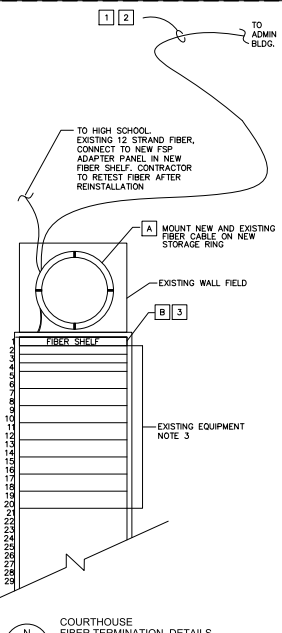
OnPoint FIBER TERMINATION DETAILS
TC105



NOTES

1. CONTRACTOR TO INSTALL NEW 12 STRAND CABLE FROM POLE AND UNDERGROUND CONDUIT TO THE MAINTENANCE ROOM AT THE ADMIN BUILDING.
2. LOCATE THE STORAGE RING AT A LOCATION ON THE WALL WHERE SPACE IS AVAILABLE. COORDINATE WITH DESIGNER.

OnPoint FIBER TERMINATION DETAILS
TC105



COURTHOUSE FIBER TERMINATION DETAILS
TC105

COMMUNICATION SYMBOL LEGEND

SYMBOL	DESCRIPTION
---	NEW FIBER CABLE WITH NEW STRAND SUPPORT
----	OVERLASH FIBER CABLE ONTO EXISTING
[A]	EQUIPMENT SCHEDULE SEE COMMUNICATIONS EQUIPMENT SCHEDULE
[1]	CABLE SCHEDULE SEE COMMUNICATIONS CABLE SCHEDULE
(1)	KEYNOTES. REFER TO NOTES ON THE SHEET FOR ADDITIONAL INFORMATION
(P)	EXISTING UTILITY POLES. OWNED BY CONSUMERS

THE FOLLOWING SUBSCRIPTS AND ABBREVIATIONS MAY BE USED THROUGHOUT THE DRAWINGS IN ONE OR MORE COMBINATIONS.

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
C-EMT	EMT TYPE CONDUIT ELECTRICAL CONTRACTOR	AFG	ABOVE FINISHED GRADE	PCO-1	PATCH CORD ORGANIZER
PET	PROTECTED ENTRANCE TERMINAL	DO	TWO-GANG BOX	PCO-2	PATCH CORD ORGANIZER
QTY	QUANTITY	MS	MIDDLE SCHOOL		-1 UNIT HIGH
AWG	AMERICAN WIRE GAUGE	NS	NOT IN CONTRACT		-2 UNITS HIGH
PBO	PROVIDED BY OTHERS	NIC	NOT IN CONTRACT		
EC	ELECTRICAL CONTRACTOR	AC	ABOVE COUNTER		-INSTALL BACKBOX SAME HEIGHT AS OTHER ELECTRICAL OUTLETS ABOVE THE COUNTER.

COMMUNICATION EQUIPMENT SCHEDULE

MARK	MANUFACTURER / INSTALLATION
[A]	FIBER OPTIC STORAGE RING FOR STORAGE OF SPARE FIBER CABLE AT THE BUILDING COMMUNICATIONS ROOM. RING SHALL BE LEVITON #48900-IR
[B]	FIBER OPTIC PATCH PANEL, RACK MOUNT. HUBBELL #FPR3SP. EQUIP WITH SC DUPLEX ADAPTER PANEL AS REQUIRED FOR TERMINATION OF ALL FIBERS. HUBBELL #SP030569 AND SPLICE TRAY(S) AS REQ'D SPLICE TRAY SHALL BE HUBBELL #STRAY12F. EQUIP WITH BLANK/DUPLEX ADAPTER PANELS.
[C]	FIBER OPTIC PATCH PANEL, WALL MOUNT. HUBBELL #FOW3P. EQUIP WITH SC DUPLEX ADAPTER PANEL AS REQUIRED FOR TERMINATION OF ALL FIBERS. HUBBELL #SP030569 AND SPLICE TRAY(S) AS REQ'D SPLICE TRAY SHALL BE HUBBELL #STRAY12F. EQUIP WITH BLANK ADAPTER PANELS.
[D]	HANDHOLE, DOUBLE DEPTH WITH COVER. SEE SPECIFICATIONS FOR DETAILS. INSTALL AS PER THE DRAWINGS, SPECS AND MANUFACTURERS REQUIREMENTS. HANDHOLE SHALL BE QUATITE #PC11188G18 WITH COVER #PC1118CA21 MARKED "FIBER OPTICS"

COMMUNICATION CABLE SCHEDULE

MARK	DESCRIPTION
[1]	12 STRAND OUTDOOR UNDERGROUND/AERIAL FIBER, COMSCOPE #0-12-LN-8W-F12NS OR EQUAL.
[2]	PLENUM RATED INNERDUCT, 1" CARLON OR EQUAL.
[3]	SINGLE-MODE FIBER OPTIC PIGTAILS FOR FUSION CONNECTION AT PANEL. HUBBELL #EPBKR12SC6S OR EQUAL.



Project:



New Facility Renovation Project for:
OnPoint (formerly ACCMHS)
540 Jenner Dr. (M-40), Allegan, MI 49010

Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Issue Date:	July 28, 2022
Project No.:	

19-127

Sheet Name:
CABLING LEGEND, SCHEDULES & DETAILS

Sheet No.
TC105

Copyright © 2022 Schley Nelson Architects, Inc.

OWNER REVIEW

GENERAL CABLING NOTES

1. COMMUNICATIONS CONTRACTOR SHALL INSTALL ANY PASS-THRU'S REQUIRED FOR ROUTING CABLES AROUND THE BUILDING. FIRESTOP ALL PASS-THRU'S TO MEET APPLICABLE CODES.
2. CONTRACTOR SHALL COMPLETE A WALK-THRU OF THE SITE DURING CONSTRUCTION AND SHALL VERIFY ALL CONDUITS AND PASS THRU'S ARE INSTALLED FOR CABLES.
3. ALL CABLES SHALL BE SUPPORTED ABOVE THE DROP CEILING BY J-HOOKS. HOOKS SHALL BE LOCATED NO LESS THAN EVERY 5 FEET.

KEYED CABLING NOTES

① xxxxxxxxxxx



Project:



New Facility Renovation Project for:
OnPoint (formerly ACCMHS)
 540 Jenner Dr. (M-40), Alleghen, MI 48010

Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Issue Date:	July 28, 2022
Project No.:	

19-127

Sheet Name:

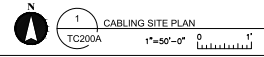
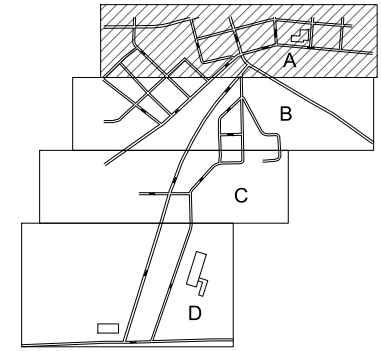
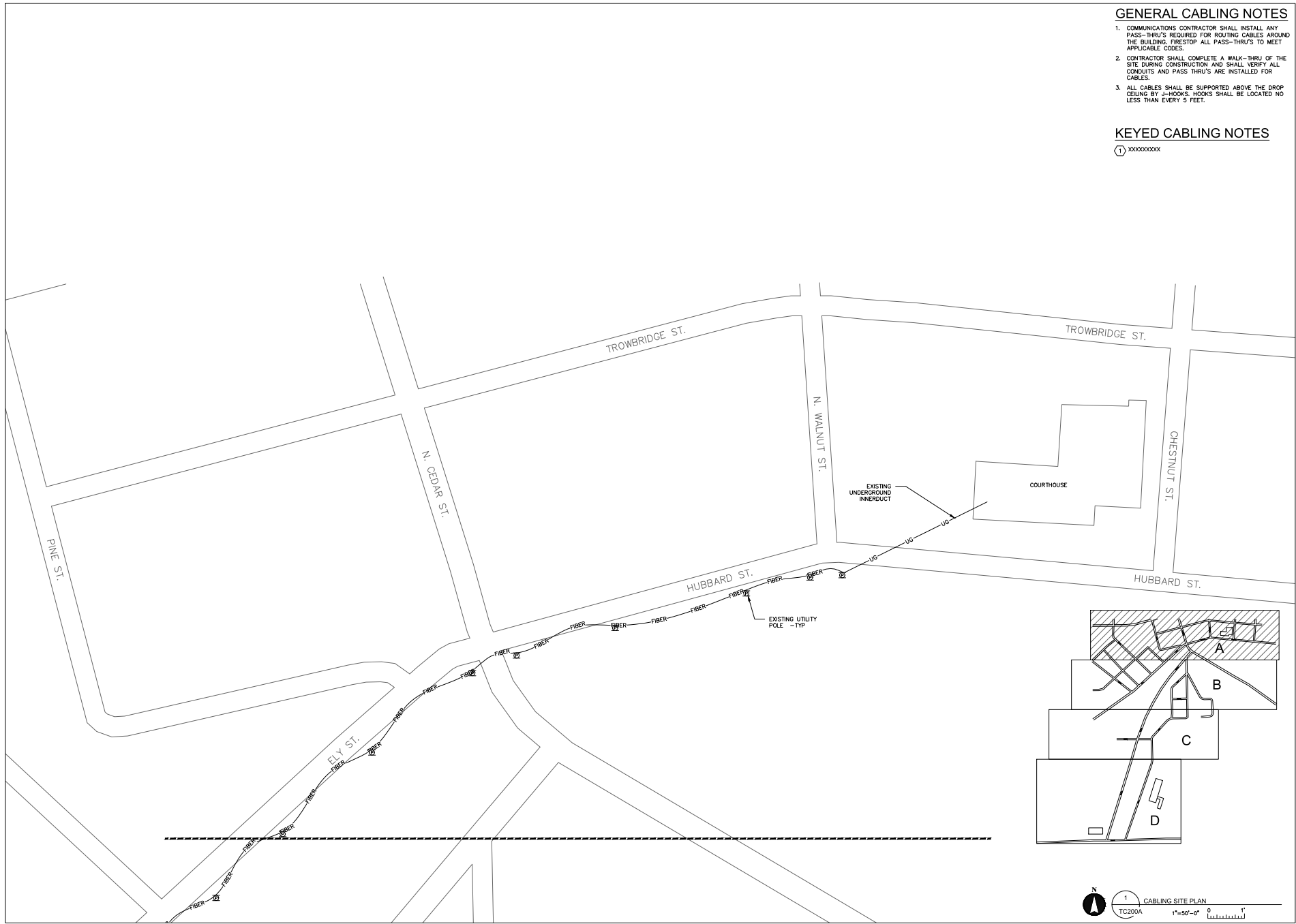
CABLING SITE PLAN

Sheet No.

TC200A

Copyright © 2022
 Schley Nelson Architects, Inc.

OWNER REVIEW



Project:



New Facility Renovation Project for:
OnPoint (formerly ACCMHS)
 540 Jenner Dr. (M-40), Allegan, MI 49810

Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Issue Date:	July 28, 2022
Project No.:	

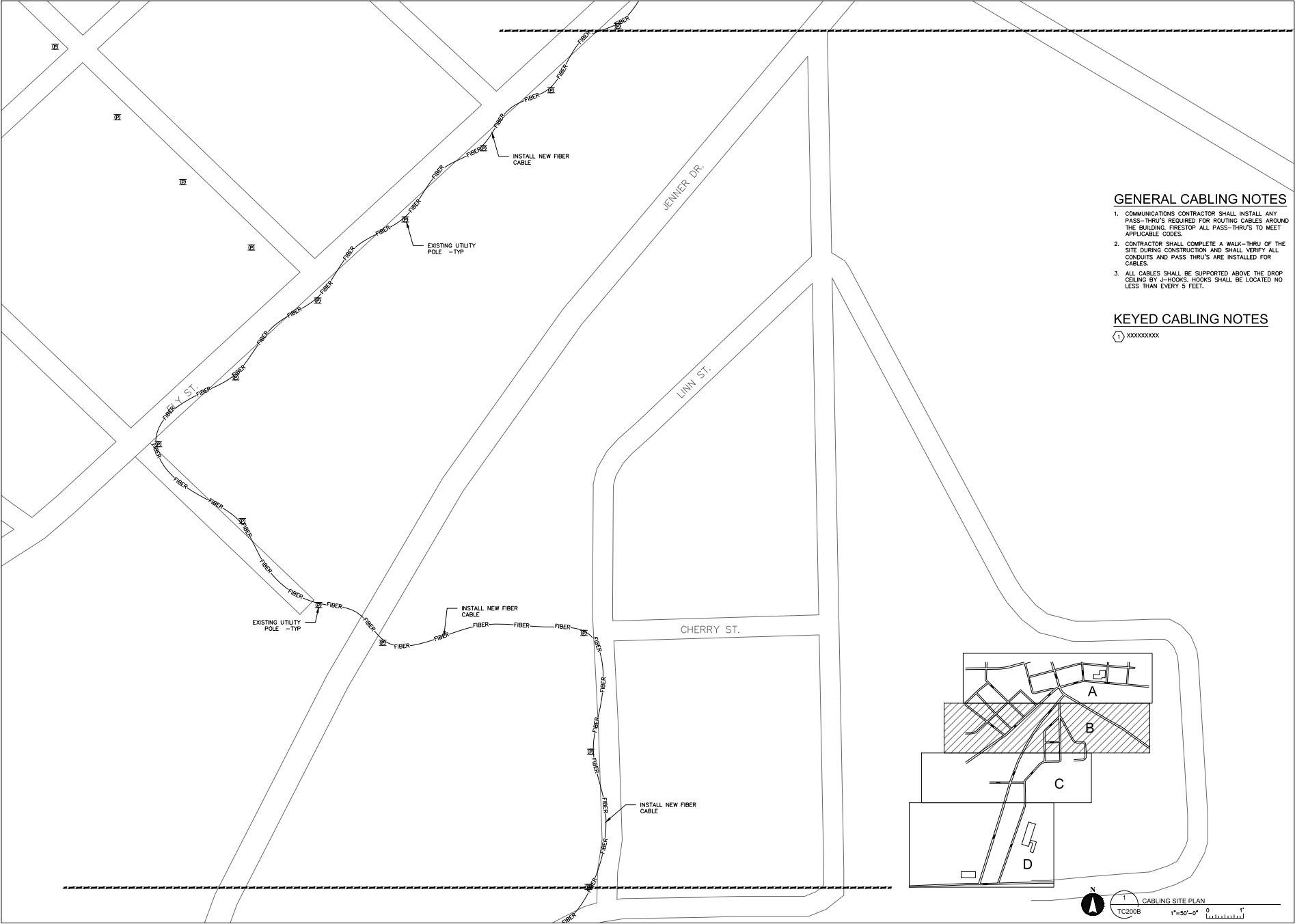
19-127

Sheet Name:
 CABLING SITE PLAN

Sheet No.
 TC200B

Copyright © 2022
 Schley Nelson Architects, Inc.

OWNER REVIEW



GENERAL CABLING NOTES

1. COMMUNICATIONS CONTRACTOR SHALL INSTALL ANY PASS-THRU'S REQUIRED FOR ROUTING CABLES AROUND THE BUILDING. FIRESTOP ALL PASS-THRU'S TO MEET APPLICABLE CODES.
2. CONTRACTOR SHALL COMPLETE A WALK-THRU OF THE SITE DURING CONSTRUCTION AND SHALL VERIFY ALL CONDUITS AND PASS THRU'S ARE INSTALLED FOR CABLES.
3. ALL CABLES SHALL BE SUPPORTED ABOVE THE DROP CEILING BY J-HOOKS; HOOKS SHALL BE LOCATED NO LESS THAN EVERY 5 FEET.

KEYED CABLING NOTES

① xxxxxxxxxxx

Project:



New Facility Renovation Project for:
OnPoint (formerly ACCMHS)
 540 Jenner Dr. (M-40), Allegan, MI 49010

Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Rev. Date:	
Issue Date:	July 28, 2022
Designer:	Schley Nelson Architects
Project No.:	

19-127

Sheet Name:
 CABLING SITE PLAN

Sheet No.
 TC200C

Copyright © 2022
 Schley Nelson Architects, Inc.

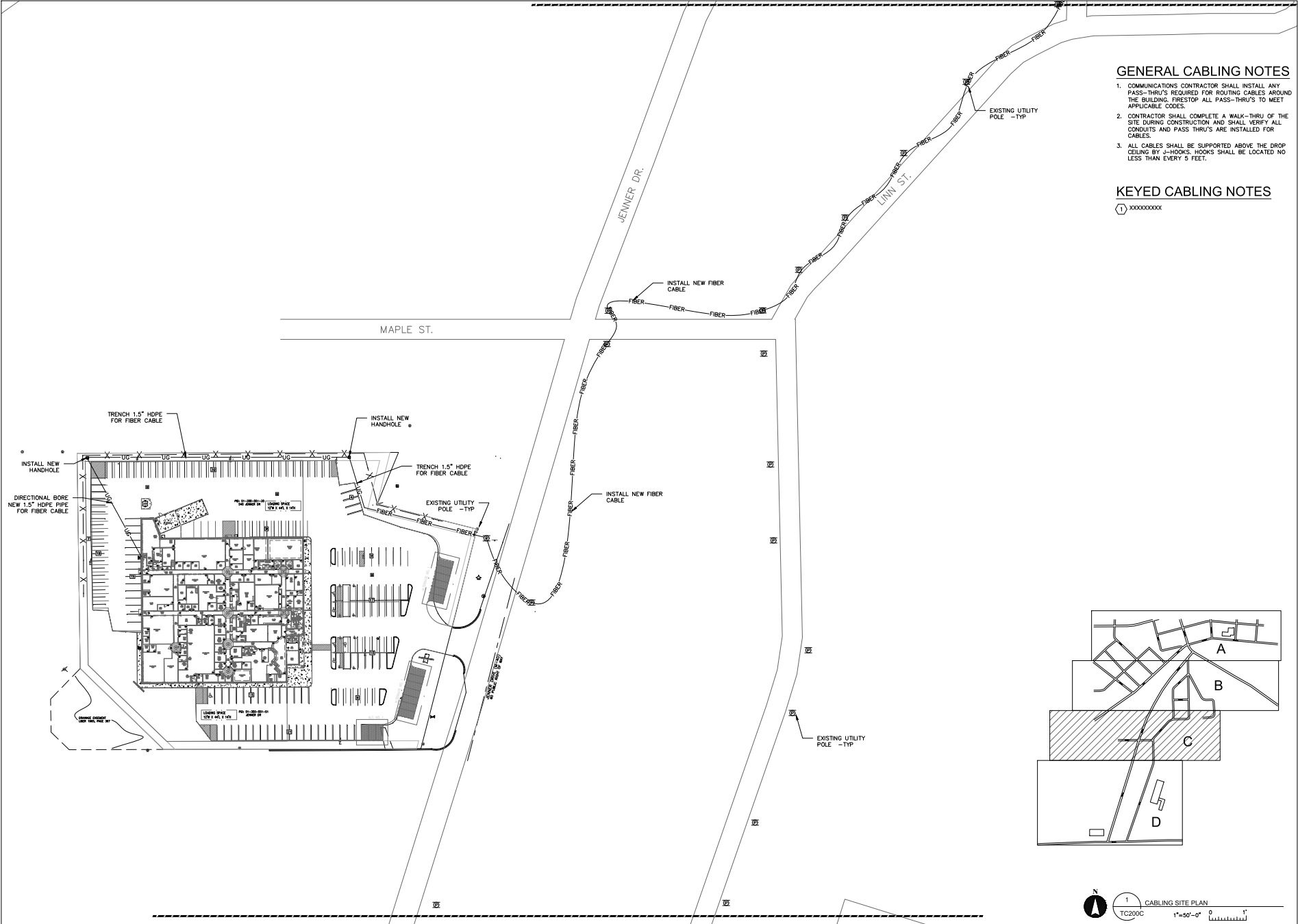
OWNER REVIEW

GENERAL CABLING NOTES

1. COMMUNICATIONS CONTRACTOR SHALL INSTALL ANY PASS-THRU'S REQUIRED FOR ROUTING CABLES AROUND THE BUILDING. FRESTOP ALL PASS-THRU'S TO MEET APPLICABLE CODES.
2. CONTRACTOR SHALL COMPLETE A WALK-THRU OF THE SITE DURING CONSTRUCTION AND SHALL VERIFY ALL CONDUITS AND PASS THRU'S ARE INSTALLED FOR CABLES.
3. ALL CABLES SHALL BE SUPPORTED ABOVE THE DROP CEILING BY J-HOOKS. HOOKS SHALL BE LOCATED NO LESS THAN EVERY 5 FEET.

KEYED CABLING NOTES

① xxxxxxxxxxx



AIA[®] Document G701™ - 2017

Change Order

PROJECT: <i>(Name and address)</i> OnPoint 540 Jenner Drive Allegan, MI 49010	CONTRACT INFORMATION: Contract For: Construction Date: 11/15/21	CHANGE ORDER INFORMATION: Change Order Number: 007 Date: 8/4/22
OWNER: <i>(Name and address)</i> Onpoint 3283 122 nd Ave Allegan, MI 49010	ARCHITECT: <i>(Name and address)</i> Schley Nelson Architects 4200 S. 9 th St. PO Box 239 Oshtemo, MI 49077	CONTRACTOR: <i>(Name and address)</i> Cornerstone Construction 450 W. Centre Ave Portage MI 49024

THE CONTRACT IS CHANGED AS FOLLOWS:

Cost change resulting from additional wall coverings and paint accent colors.

The original Contract Sum was

The net change by previously authorized Change Orders \$ 4,490,140.00

The Contract Sum prior to this Change Order was \$ 796,543.00

The Contract Sum will be increased by this Change Order in the amount of \$ 5,286,683.00



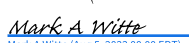
The new Contract Sum including this Change Order will be \$ 39,898.00

The Contract Time will be increased by Zero (0) days. \$ 5,326,581.00

The new date of Substantial Completion will be unchanged.

NOTE: This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

Schley Nelson Architects ARCHITECT <i>(Firm name)</i>  SIGNATURE	Cornerstone Construction CONTRACTOR <i>(Firm name)</i>  <small>Brady Zimmerman (Aug 4, 2022 16:23 EDT)</small> SIGNATURE	OnPoint OWNER <i>(Firm name)</i>  <small>Mark A Witte (Aug 5, 2022 00:00 EDT)</small> SIGNATURE
Kris Nelson, President PRINTED NAME AND TITLE	Brady Zimmerman, Vice President PRINTED NAME AND TITLE	PRINTED NAME AND TITLE
08/04/22 DATE	Aug 4, 2022 DATE	Aug 5, 2022 DATE

Approved by Agency

Date



CHANGE ORDER REQUEST

PROJECT: ACCMHS
540 Jenner Dr.
Allegan MI 49010

CHANGE ORDER : 7
REQUEST DATE: 07/13/22
CONTRACT DATE: 11/16/2021

TO OWNER: ACCMHS
3283 122nd Ave.
Allegan MI 49010

DESCRIPTION OF CHANGE

CCM has identified the following changes

Division	Sub/Supplier	Scope	Cost Change
09.900	WMP	Wall covering and paint changes	\$36,577
	Overhead & profit (8%)		\$2,926
	PLM Bond		\$395
	Original contract amount		\$4,490,140
	Previously approved changes		\$796,543
	Change order amount		\$39,898
	Proposed contract amount		\$5,326,581



PROPOSAL

West Michigan Painting, Inc.

WESTMICHIGANPAINTING.COM

3738 LAKE STREET
KALAMAZOO, MI. 49048
PHONE: (269) 343-7314 FAX: (269) 343-4403
WMP@WESTMICHIGANPAINTING.COM

MAILING ADDRESS:
WEST MICHIGAN PAINTING, INC.
P.O. BOX 3262
KALAMAZOO, MI. 49003

COMPANY: CORNERSTONE CONSTRUCTION
ATTN: BRADY ZIMMERMAN
CUSTOMER: CORNERSTONE

DATE: 7-8-2022

PREPARED BY: TERRY BUYTENDORP	<u>PROJECT: ACCMHS - NEW FACILITY - COLOR LAYOUT & SCHEDULE CHANGE - ALLEGAN, MI.</u>
-------------------------------	--

DESCRIPTION: 9.9 - PAINTING
LABOR, MATERIAL, AND EQUIPMENT INCLUDED:
<u>BASED ON THE FOLLOWING: COLOR CHANGE / LAYOUT</u>
ADDITIONAL COST BROKEN DOWN AS FOLLOWS:
1. ADDITIONAL WALLCOVERING - 300 LIN. YARDS
<u>REVISED WALLCOVERING PRICE (1410 YARDS @ \$37.75) = \$53,227.00</u>
2. HANG ADDITIONAL WALLCOVERING / PASTE
<u>REVISED PRICE (90 HRS @ \$47.00) = \$4,230.00</u>
3. PREP, TAPE AND PAINT ACCENT COLORS
<u>REVISED PRICE (100 HRS @ \$47.00) = \$4,700.00</u>
4. LABOR COST CHANGE AND SHIPPING MATERIAL
REVISED PRICE = \$2,980.00
<u>TOTAL = \$65,137.00</u>
<u>DEDUCT ALLOWANCE FROM QUOTE DATED 1/5/22 = -\$28,560.00</u>
<u>TOTAL CONTRACT CHANGE ORDER = \$36,577.00</u>

AGENDA

**OnPoint
Recipient Rights Advisory Committee (RRAC)
Tuesday, August 16, 2022
3:30 pm**

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

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 21, 2022
5. Review ORR Status Report – Kelsey Newsome
 - a. Introductions/ORR staffing updates
6. RRAC Education/Policy Review – Kelsey Newsome
 - a. 1309 Dignity & Respect
 - b. 1310 Family Planning
 - c. 1311 Photography and Audiovisual Recording
 - d. 1312 Freedom of Movement and Least Restrictive Environment
 - e. 1313 Use of Psychotropic Drugs
7. Other Business
 - a. Review FY2023 Budget Proposal
8. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment, Next Meeting

RRAC members are:

Glen Brookhouse, Chair; Stacy Engelsman, Vice Chair;
Amy Clugston, John Weerstra, Richard Wiley, and Craig Van Beek

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

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

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

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

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
June 21, 2022 - 3:33 pm-3:56 pm

Committee Members Present:

Glen Brookhouse, Chairperson
Stacy Engelsman, Vice Chairperson
John Weerstra, Board Member
Craig Van Beek, Board Member

Committee Members Not Present:

Richard Wiley, Community Member
Amy Clugston, Board Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Melisse Hughes, CC/ORR Specialist

Staff Not Present:

Allison Kridler, Recipient Rights Officer

Members of the Public Present: None

1. **CALL TO ORDER** ~ Chairperson Glen Brookhouse called the meeting to order at 3:33 pm.
2. **PUBLIC COMMENT** ~ Chairperson Glen Brookhouse opened an opportunity for public comment. No public comment. Chairperson Glen Brookhouse closed the opportunity for public comment.
3. **APPROVAL OF/ADDITIONS TO AGENDA** ~ Board Member John Weerstra moved to correct the date on the current agenda from 'April 19, 2021' to 'April 19, 2022' 2nd by Vice Chairperson Stacy Engelsman. Unanimously approved by a voice vote.
4. **Approval of Prior Meeting Minutes** ~ Board Member John Weerstra motioned to approve the April 19, 2022 meeting minutes. 2nd by Board Member Craig VanBeek. Unanimously approved by a voice vote.
5. **Review of ORR Status Report** ~ Recipient Rights Director Kelsey Newsome reviewed the Status Report covering April and May 2022 data and discussed staffing updates for ORR.
6. **RRAC Education** ~ RRAC Education/Policy Review – CC/ORR Specialist Melisse Hughes educated the committee in the following policies:
 - a) 1305 – Duty to Warn
 - b) 1306 – Consent to Treatment
 - c) 1307 – Access to Entertainment Materials, Information, and News
 - d) 1308 – Death Reporting
7. **OTHER BUSINESS** ~ Recipient Rights Director Kelsey Newsome discussed the Semi-Annual Report.
 - a) FY 22 Semi-Annual ReportBoard Member John Weerstra motioned to send the FY 22 Semi-Annual Report Stacy motioned 2nd by John Weerstra. Unanimously approved by a voice vote.

8. **Public Comment** ~ Opportunity for public comment. No public comment.

9. **ADJOURNMENT** – Motion to adjourn made by Board Member Craig VanBeek supported by Chairperson Stacy Engelsman and approved unanimously by voice vote. Adjourned at 3:56 pm.

Respectfully Submitted by,

A handwritten signature in cursive script that reads "Melisse Hughes".

Melisse Hughes
CC/ORR Specialist

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

Reporting Period: June & July 2022

Submitted by Kelsey Newsome, LMSW, Recipient Rights Director
ORR Direct Line: 269-628-5715; email knewsome@onpointallegan.org

June & July 2022 Allegations

Abuse II – Exploitation	1
Abuse II – Non-Accidental Act	1
Abuse III	2
Dignity & Respect	3
Disclosure of Confidential Information	1
Family Dignity & Respect	1
Informed Consent	1
Mental Health Services Suited to Condition	19
Person Centered Process	1
Neglect III	5
No Right Involved	2
Safe, Sanitary, Humane Treatment Environment	1
Total Allegations	38

Number of Incident Report Follow Ups completed in June & July 2022:

5 - 1 Opened for Investigation

Cumulative FY 22 Timeliness Report:

	No Right Involved/ Out of Jurisdiction (Acknowledgement Letter Only)	≤ 30 days	≤60 days	≤90 days	>90 days	Total
Previously Closed FY 22 Allegations	12	0	0	85	2	99
April & May 2022 Closed Allegations	2	2	0	37	3	44
Open Allegations	0	14	19	22	0	55
Total						198

All allegations extended past 90 days have since been closed.

FY 21 Allegations extended past 90 days:

Remaining open: 22 Allegations

Progress Updates on FY 22 Annual Report Goals:

Goal	Updates/Current Status
OnPoint ORR will assess current Incident Reporting trends and needs for targeted training and will create a plan to address deficiencies in Provider Incident Reporting. A plan will be proposed by the end of FY 22.	This has transitioned to Melisse Hughes in her CC/ORR Specialist Role. Data Colletction Continues.
OnPoint ORR will update the online "annual update" training used for OnPoint employees (Relias Training) by March 31, 2022.	Complete! Updated training send to training coordinator to be uploaded to Relias 03/31/2022.
OnPoint ORR will develop a plan for engaging recipients in the creation of RR training activities (videos, examples to share, etc.) A Plan and budget will be proposed by the end of FY 22.	TBD
OnPoint Management Team has approved the request for a shared Corporate Compliance and Office of Recipient Rights full time staff. OnPoint ORR and RRAC support the addition of this position to ORR and recommend that OnPoint ORR continues to review the adequacy of ORR's staffing and workload capacity with OnPoint Management Team.	Melisse Hughes fully transitioned to CC/ORR Specialist Role

AGENDA

OnPoint Finance Committee August 16, 2022

4:00 pm – immediately following the Building and RRAC Committees

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

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

1. Call to Order – Beth Johnston, Chairperson
2. Public Comment – Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Approval of Agenda
4. Approval of Minutes
5. FY2023 Budget Review
6. Review of Written Reports
 - a. Administrative Services Report – Erinn Trask, Chief Financial Officer
 - b. Facilities & Human Resources – Nan Lawrence, Director of Human Resources
7. Action Items
 - a. Voucher Disbursements July 2022
 - b. Contracts
8. Informational Items
 - a. July 2022 Financial Reports
9. Finance Committee Member Comments
10. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
11. Adjournment until next meeting: September 27, 2022, at 4:00 pm.

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

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

Allegan County Community Mental Health Services
DRAFT Finance Committee Minutes
July 19, 2022 – 4:00 pm
Location: County Services Building in the Nederveld Room

Board Members Present: Glen Brookhouse, Mark DeYoung, Beth Johnston, Karen Stratton

Board Members Absent: John Weerstra

Staff Members: Mark Witte, Nikki McLaughlin, Nan Lawrence, Erinn Trask (left early)

Public Present: None

1. **Call to Order** – Beth Johnston, Chairperson, called the meeting to order at 4:10 pm.

2. **Public Comment** – None

3. **Approval of Agenda**

Moved: Mr. Brookhouse

Supported: Mr. DeYoung

Motion carried.

Approval of Minutes

Moved: Mr. DeYoung

Supported: Mr. Brookhouse

Motion carried.

4. **Review of Written Reports:**

a. Administrative Services Report

Ms. Trask reviewed the report and was available for questions.

b. Facilities & Human Resources

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

5. **Action Items:**

a. The Finance Committee recommends that the OnPoint Board approve the June 2022 disbursements totaling \$3,570,253.62.

Moved: Mr. DeYoung

Supported: Mr. Brookhouse

Motion Carried.

6. **Informational Items**

a. June 2022 Financial Reports reviewed with Administrative Report.

7. **Finance Committee Member Comments**

No comments.

8. **Public Comment**

None

9. **Next Meeting** – August 16, 2022 at 4:00 pm.

10. **Adjournment**

Moved: Mr. Brookhouse

Supported: Mr. Johnston

Motion carried.

Meeting adjourned at 4:51 pm.

ONPOINT



Fiscal Year 2023

Draft Budget

ONPOINT

Significant Assumptions and Key Points

Draft Budget

- I. Budget was developed using new chart of accounts in compliance with Standard Cost Allocation requirements. Accordingly, certain activity has been classified differently than fiscal year 2022 reports.
- II. Medicaid and Healthy Michigan (HMP) revenue based on preliminary rates released by MDHHS, assuming a 5.0% decrease in revenue which is offset by eliminating the 7.5% contribution to the internal service fund.
- III. State General Fund revenue based on MDHHS redistribution model.
- IV. Salaries, Wages, and Fringe Benefits include an estimate for moderate benefit rate increases and a cost of living adjustment for all staff. Several new positions are budgeted, including positions to increase capacity for provision of substance use disorder (SUD) services.
- V. All other expenses
 - Built department by department based on actual identified needs of each.
 - Provider claims projected based on actual cost of services provided during fiscal year 2022. Small provider rate increases for select service groups included, based on revenue availability. Estimated increase in utilization of autism and community living support services.
 - Grant budgets are currently being developed. Preliminary estimates have been included in this draft budget, and will be updated based on actual awards in the proposed budget submitted for approval in September.

ONPOINT

Statement of Revenue, Expenses and Change in Net Position

Draft budget

For the fiscal year ended September 30, 2023

	FY2022 Original Budget	FY2022 Projected	FY2023 Draft Budget	Over (Under) FY2022 Budget
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 23,526,705	\$ 21,680,187	\$ 26,379,068	\$ 2,852,363
Traditional Capitation-Autism	3,530,898	3,345,233	3,540,294	9,396
Traditional Settlement	-	(581,495)	(115,240)	(115,240)
Healthy Michigan Capitation	2,180,136	2,403,385	2,582,204	402,068
Healthy Michigan Settlement	-	4,028	4,850	4,850
Substance use disorder revenue:				
Traditional Capitation	593,010	638,807	2,015,396	1,422,386
Traditional Settlement	-	(413,948)	(1,758,537)	(1,758,537)
Healthy Michigan Capitation	1,000,000	1,363,429	1,441,850	441,850
Healthy Michigan Settlement	-	(884,939)	(901,187)	(901,187)
State General Fund:				
Formula Fundings	1,509,348	1,509,348	1,707,737	198,389
Settlement	-	(47,416)	-	-
Grants and earned contracts	6,110,319	6,398,145	3,193,026	(2,917,293)
Local funding	346,595	346,595	346,095	(500)
Other reimbursements and revenue	121,000	122,867	268,262	147,262
Total operating revenue	<u>\$ 38,918,011</u>	<u>\$ 35,884,226</u>	<u>\$ 38,703,818</u>	<u>\$ (214,193)</u>
Operating expenses				
Salaries and wages	\$ 9,081,057	\$ 7,799,072	\$ 10,985,753	\$ 1,904,696
Fringe benefits	3,286,797	2,656,805	3,930,508	643,711
Supplies and materials	250,853	339,399	272,649	21,796
Recipient Rights			215,298	215,298
Contractual Services	25,563,444	24,288,365	22,497,352	(3,066,092)
Professional development	179,058	169,160	77,533	(101,525)
Occupancy	546,668	505,668	257,300	(289,368)
Miscellaneous expenses			399,476	399,476
Depreciation	10,134	8,275	14,423	4,289
Total operating expenses	<u>\$ 38,918,011</u>	<u>\$ 35,766,743</u>	<u>\$ 38,650,291</u>	<u>\$ (267,720)</u>
Change in net position	-	117,483	53,527	53,527
Beginning net position (unaudited)	<u>30,321</u>	<u>30,321</u>	<u>147,804</u>	
Ending net position	<u>\$ 30,321</u>	<u>\$ 147,804</u>	<u>\$ 201,331</u>	

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



Caring for Allegan County

Administrative Services Board Report August 2022

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

269.303.8945 – ETrask@OnPointAllegan.org

The building project continues to progress on schedule. We have submitted the sixth construction totaling \$325,043.01, which will be funded through the Michigan Economic Development Corporation (MEDC) grant. We have received and approved change orders six and seven, totaling \$233,909 which will both be funded through the MEDC grant. These change orders include preparation work for a generator, pricing increases, several small additions or scope changes, and a new cement pad for the dumpster. We are meeting bi-weekly with Cornerstone Construction and Schley Nelson Architects to review change orders, requests for information, and project status.

This month's packet includes the monthly financial report for June 2022. The Summary Schedule of Revenues and Expenses by Fund Source shows the difference between the revenue received from the Lakeshore Regional Entity (LRE) and the State of Michigan Department of Health and Human Services (MDHHS) and the eligible expenses incurred by OnPoint. These fund sources are cost settled at the end of each year, and any unspent funds are required to be returned to the LRE or MDHHS. The revenue numbers from the Lakeshore Regional Entity (LRE) (Medicaid, Autism, and Healthy MI Plan) are final for October and November 2021, but only preliminary for December 2021 through June 2022 based on revenue projections prepared by Beacon. When the final revenue accounting is received from the LRE we will update our records. We are projecting to return approximately \$1,407,000 (MH Medicaid and SUD Medicaid combined) to the LRE and carry forward approximately \$36,000 in General Funds to the next fiscal year.

As of June 30, 2022, most of the balance sheet is stable and consistent with prior year. Line items with significant variances from September 30, 2021, include:

- Cash and Cash Equivalents increased, primarily due to the \$1,250,000 Michigan Economic Development Grant advance funds received, as well as the timing of the Medicaid and HMP payment from the LRE.
- Accounts receivable decreased, primarily due to the timing of the Medicaid and HMP payment from the LRE.
- Capital Assets increased from the purchase and renovation of the new building and architect fees paid to date on the project.
- Accounts Payable and Accrued Liabilities increased due to the projected settlement for fiscal year 2022 due to the LRE.
- Unearned Revenue increased due to the receipt of \$1,250,000 in grant funds from the Michigan Economic Development Corporation for the building project.
- Notes Payable and the current portion of long-term debt were recorded for the initial construction loan proceeds received from the United States Department of Agriculture, showing the amount due within one year and the remaining long-term balance.

As of June 30, 2022, OnPoint has received more revenue than budgeted in almost every category. OnPoint has recorded Medicaid and Healthy Michigan Plan revenue based on projections prepared by Beacon and adjusted based on actual payments received for October and November 2021. OnPoint is still waiting on the final revenue accounting for December 2021 through June 2022 from the LRE, but any retro revenue adjustment is not expected to be material.



As of June 30, 2022, most expenses are within budget. There are several categories with significant variances, with explanations as follows:

- Salaries & Benefits – This line item is under budget due to the number of positions that were added for fiscal year 2022, many related to the CCBHC grant, which were not filled for the first several months of the fiscal year. There are still many positions open with active recruiting underway.
- Supplies & Materials – The nature of some of these purchases happen once a year, and therefore we would not expect this line item to continue trending significantly over budget. Notable, the annual replacement (and purchase for new positions) of laptops and monitors was purchased for approximately \$48,000. This is also where various purchases related to the rebranding such as new letterhead and business cards for all employees is categorized.
- Other maintenance – Expense for is for maintenance at the Shopko building. While this is a significant percent of the budget, the dollar amount is relatively small.

Following the statements are several charts showing the trending of capitation revenue from the LRE for the past three fiscal years, and a comparison of the current year projected capitation revenue and expense. These charts have been updated to show the expense in the month was provided, rather than the month in which it was paid as in past reports.

Included in this month's packet is a proposed budget for fiscal year 2023. This budget is a draft based on preliminary revenue numbers from MDHHS and the LRE. This budget incorporates a new chart of accounts, as required under Standard Cost Allocation. Finance met with all department heads to review their needs for the upcoming year to inform the budget development. We are also working with our provider network to accumulate and evaluate rate requests for the upcoming fiscal year. This draft budget includes preliminary estimates for staff cost of living adjustments (COLA) to wages, benefit cost increases, several new positions, provider rate increases, and increased utilization of autism and community living support services.

Sincerely,

Erinn A. Trask, Chief Financial Officer
Tuesday, August 8, 2022

OnPoint

Human Resources Board Report ~ August 2022

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

NEW HIRES

Last Name	First Name	Position	Date of Hire
Conway	Brittany	Secretary	7/26/22
Andrus	Delora	Billor/Coder	8/1/22

SEPARATIONS

Last Name	First Name	Position	Date of Separation
Davis	Alisha	Med Assistant	8/5/22
Perkins	Coreen	Children's Case Manager	8/26/22

Human Resources Department:

HR Department: I am excited to announce that Dawn Sisson has started her new position within the HR Dept. Dawn's experience includes a year of Clerical Support at OnPoint along with many years of experience in the banking industry.

Postings: We currently have 10 postings on our Career Page. We have filled one of the longest posted positions – Crisis Services Therapist! We still have one Crisis Services Therapist position left to fill so please share our Career Page. HR works closely with Program Managers and Supervisors to monitor for applicants that meet our criteria. We are scheduling interviews as soon as an applicant is identified as meeting the criteria for the respected position. We continue to experience several no shows and cancellations from applicants.

Staff Appreciation Picnic: We had beautiful weather for the picnic that was held on July 28. The picnic was held in the grass area between the Clinic and CSB. We will definitely miss this area when we move to the new building. We had 87 staff participate in picnic. Staff enjoyed sandwiches from Subway, chips, cookies and a variety of snacks while visiting (in person!) with their coworkers. Some staff have never met their coworkers in person before or haven't seen them in a few years. The activities included sharing of something interesting or fun about yourself, a very entertaining and fun game of trivia, raffle of gift cards (donated by OnPoint Leadership) and a trip to the new building. There were also a variety of yard games for staff to enjoy.

Building: HR continues to work on several different aspects of the building.

1. Panic buttons – working to finalize the style and location.
2. Consultation/therapy room furniture – continuing to work with MOE to select furniture
3. Medical exam rooms – I'll be meeting with the Med Clinic team soon to start work on items needed for this room.
4. Haworth furniture/walls – continuing to work with MOE on finalizing the furniture order (Yay!).



Full Board ACTION REQUEST	Subject:	Voucher Disbursements		
	Meeting Date:	August 16, 2022		
	Requested By:	Beth Johnston, Finance Committee Chairperson		
<u>RECOMMENDED MOTION:</u>				
<u>The Finance Committee recommends that the OnPoint Board approve the July 2022 disbursements totaling \$2,375,943.04.</u>				
<u>SUMMARY OF REQUEST/INFORMATION:</u>				
<u>Date Issued:</u>	<u>Voucher Number:</u>	<u>Type:</u>	<u>Amount:</u>	
July 5, 2022	N/A	Loan Payment	\$21,334.00	
July 8, 2022	P1674	Payroll	\$355,156.64	
July 15, 2022	V0876	Vendor	\$1,636,892.87	
July 22, 2022	P1675	Payroll	\$362,559.53	
<u>BUDGET/FINANCIAL IMPACT</u>				
<ul style="list-style-type: none"> • These disbursements are part of the approved fiscal year 2022 operating budget for OnPoint. 				
BY: Erinn Trask, Chief Financial Officer			DATE: August 9, 2022	



Full Board ACTION REQUEST	Subject:	Contracts
	Meeting Date:	August 16, 2022
	Requested By:	Beth Johnston, Finance Committee Chairperson
<u>RECOMMENDED MOTION:</u>		
<u>The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2022.</u>		
<u>SUMMARY OF REQUEST/INFORMATION:</u>		
<u>Provider Name:</u>		<u>Contracted Service(s)</u>
Enriched Living, LLC		Residential Services
<u>BUDGET/FINANCIAL IMPACT</u>		
<ul style="list-style-type: none"> • These contracted services are part of the approved fiscal year 2022 operating budget for OnPoint. 		
BY: Erinn Trask	DATE: August 16, 2022	

ONPOINT



Period Ended
June 30, 2022

Monthly Finance
Report

ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2021 through June 30, 2022

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 16,260,140	\$ 2,508,925	\$ 1,802,539	\$ 20,571,604	\$ 1,132,011
Expense	17,133,666	1,199,278	1,805,560	20,138,504	1,096,449
Revenue over/(under) expenses	<u>\$ (873,526)</u>	<u>\$ 1,309,647</u>	<u>\$ (3,021)</u>	<u>\$ 433,100</u>	<u>\$ 35,562</u>

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined	SUD Block Grant	Public Act 2
Revenue	\$ 479,105	\$ 1,022,572	\$ 1,501,677	\$ 101,928	\$ -
Expense	168,644	358,868	527,512	83,438	-
Revenue over/(under) expenses	<u>\$ 310,461</u>	<u>\$ 663,704</u>	<u>\$ 974,165</u>	<u>\$ 18,490</u>	<u>\$ -</u>

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

ONPOINT

Statement of Net Position

June 30, 2022

	September 2021	June 2022
Assets		
Current assets		
Cash and cash equivalents	\$ 4,724,816	\$ 7,163,963
Accounts receivable	1,193,751	439,700
Prepaid items	456,404	514,688
Total current assets	<u>6,374,972</u>	<u>8,118,351</u>
Non-current assets		
Capital assets not being depreciated	425,461	1,415,909
Capital assets being depreciated, net	32,666	1,598,050
Total non-current assets	<u>458,126</u>	<u>3,013,959</u>
Total assets	<u>6,833,098</u>	<u>11,132,310</u>
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	\$ 6,009,003	\$ 7,229,723
Accrued vacation and self-insurance claims	554,561	554,561
Unearned revenue	239,213	1,417,864
Current portion of long-term debt	-	256,008
Total current liabilities	<u>6,802,777</u>	<u>9,458,156</u>
Long-term liabilities		
Notes payable	-	1,546,711
Total liabilities	<u>6,802,777</u>	<u>11,004,867</u>
Net position	<u>\$ 30,321</u>	<u>\$ 127,443</u>

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

ONPOINT

Statement of Revenue, Expenses and Change in Net Position

October 1, 2021 through June 30, 2022

Percent of Year is 75.00%

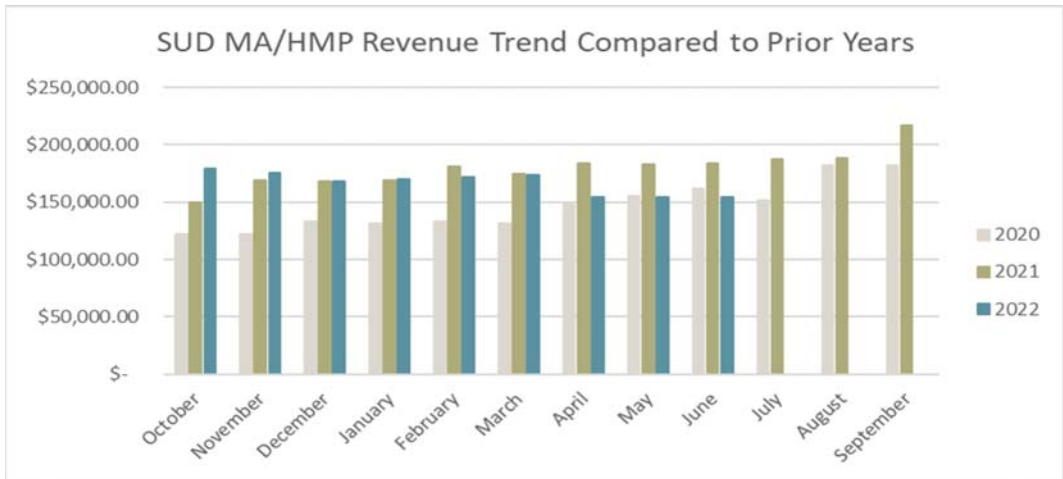
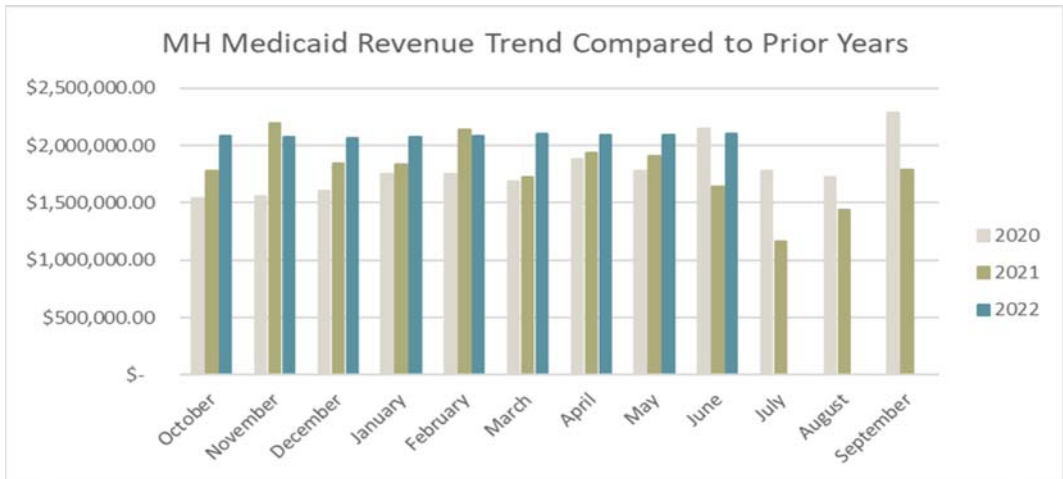
	Total Original Budget	YTD Totals 6/30/22	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 23,526,705	\$ 16,260,140	\$ 7,266,565	69.11%
Traditional Capitation-Autism	3,530,898	2,508,925	1,021,973	71.06%
Traditional Settlement	-	(436,121)	436,121	
Healthy Michigan Capitation	2,180,136	1,802,539	377,597	82.68%
Healthy Michigan Settlement	-	3,021	(3,021)	
Substance use disorder revenue:				
Traditional Capitation	593,010	479,105	113,905	80.79%
Traditional Settlement	-	(310,461)	310,461	
Healthy Michigan Capitation	1,000,000	1,022,572	(22,572)	102.26%
Healthy Michigan Settlement	-	(663,704)	663,704	
State General Fund:				
Formula Fundings	1,509,348	1,132,011	377,337	75.00%
Settlement	-	(35,562)	35,562	
SAMHSA Housing	400,000	312,266	87,734	78.07%
Other reimbursements	121,000	92,150	28,850	76.16%
Grants and earned contracts	5,710,319	4,486,343	1,223,976	78.57%
Local funding	346,595	268,956	77,639	77.60%
Total operating revenue	\$ 38,918,011	\$ 26,922,180	\$ 11,995,831	69.18%
Operating expenses				
Salaries & Benefits	\$ 12,367,854	\$ 7,841,908	\$ 4,525,946	63.41%
Supplies & Materials	107,452	137,141	(29,689)	127.63%
Contractual Services	25,563,444	18,216,274	7,347,170	71.26%
Communications	183,170	117,755	65,415	64.29%
Travel/Training/Transportation	179,058	126,870	52,188	70.85%
Risk Management	64,012	43,605	20,407	68.12%
Occupancy	304,554	217,062	87,492	71.27%
Other maintenance	5,066	7,035	(1,969)	138.87%
Equipment	143,401	117,408	25,993	81.87%
Total operating expenses	\$ 38,918,011	\$ 26,825,058	\$ 12,092,953	68.93%
Change in net position	-	97,122	\$ (97,122)	
Beginning net position (unaudited)	<u>30,321</u>	<u>30,321</u>		
Ending net position	<u>\$ 30,321</u>	<u>\$ 127,443</u>		

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

ONPOINT

Key Indicators

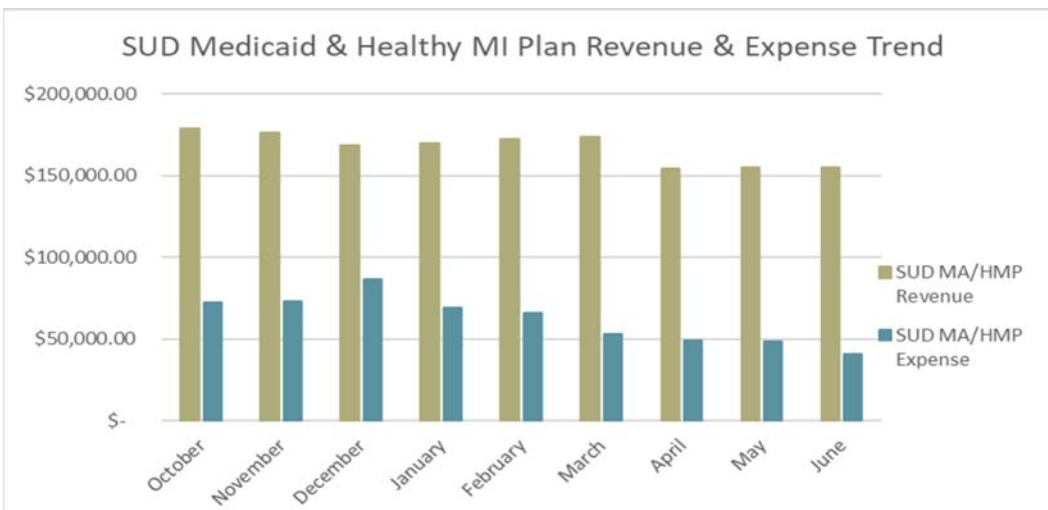
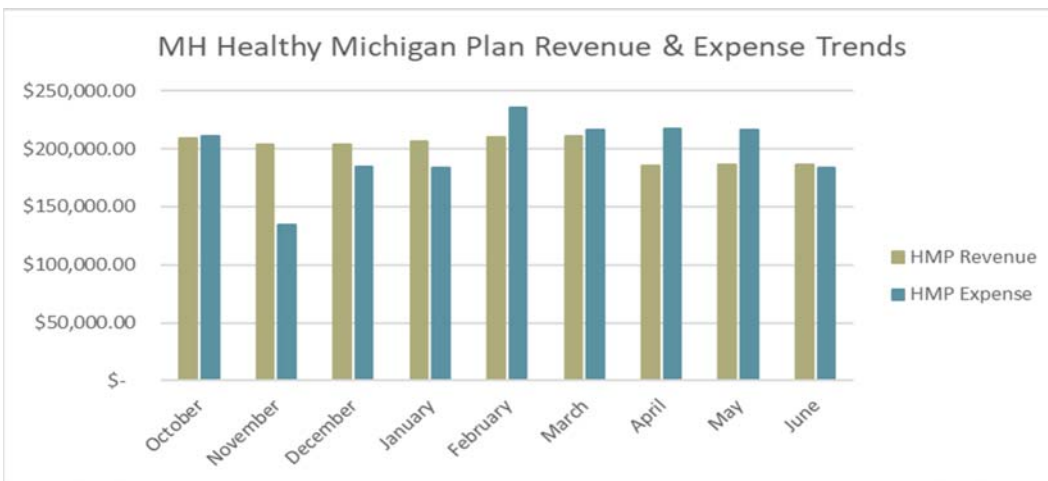
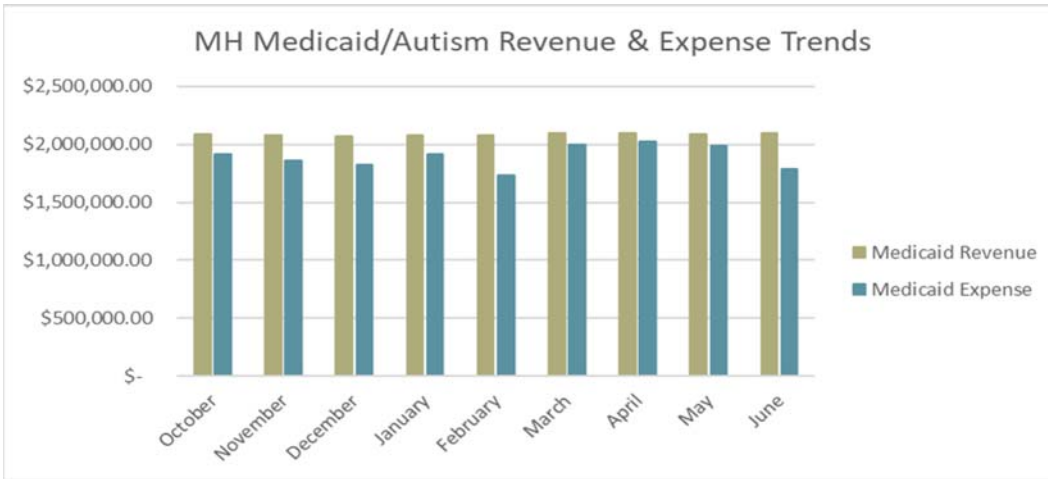
June 30, 2022



ONPOINT

Key Indicators

June 30, 2022



AGENDA

**OnPoint
Program Committee
Tuesday, August 16, 2022
4:15 pm**

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

Also available virtually at the link or phone number below:

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 616-327-2708,,896969400#](#) United States, Grand Rapids

Phone Conference ID: 896 969 400#

NOTE: At this time, in-person attendance capacity is limited. Social distancing is 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: Mental Health Treatment Court
6. Written Reports to Program Committee
 - a. Integrated Health – Leanne Kellogg
 - b. Clinical Services – Dr. Geniene Gersh
 - c. Quality Improvement/Performance Management – Written only
 - d. Customer Service – Cathy Potter (Feb/May/Aug/Nov).
7. Program Committee Member Comments
8. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment – Next meeting August 16, 2022

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

Program Committee. (Excerpt from Board Bylaws, Art. VII. Section 1c (page 5) approved by OnPoint Board May 2021.)

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

**Program Committee Minutes
July 19, 2022 – 4:15 pm**

Board Members Present: Kimberly Bartnick, Amy Clugston, Commissioner Gale Dugan, Alice Kelsey, Emily Schwartz (virtual) and Commissioner Jim Storey (4:37 virtual)

Board Members Absent: None

ACCMHS Staff Present: Rebecca DeHart, Geniene Gersh, Brenda Holquist, Leanne Kellogg, Amy Kettring, Brandon Lange and Brenda Polmanteer

Others: Inna Mason (Rehmann)

1. Call to Order

Ms. Kelsey called the meeting to order at 4:17 pm. A quorum was not reached.

2. Public Comment

None.

3. Approval of Agenda

Moved: Ms. Bartnick

Supported: Commissioner Dugan

Motion carried.

4. Approval of Minutes of June 21, 2022

Moved: Ms. Bartnick

Supported: Commissioner Dugan

Motion carried.

6. Program Presentation – Occupational Therapy Services

Ms. DeHart and Mr. Lange presented and were available for questions.

5. Program Committee Reports

a. Integrated Health

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

b. Clinical Services

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

c. Quality Improvement/Performance Management

Written only.

d. Customer Service

No report this month.

7. Program Committee Member Comments

None.

8. Public Comment

None.

9. **Adjournment**

Meeting adjourned at 5:04 pm.

OnPoint Integrated Health and SUD Board Report August 2022

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

CCBHC (Certified Community Behavioral Health Clinic) Grant

The weekly workgroup continues to focus on project management aspects of the grant, highlights of the work done in this group and throughout the month of June highlight the following:

- Screening and risk assessment processes more defined and in implementation phase
 - Access is utilizing the ANSA/CANS screening tool to determine risk level and scheduling assessments accordingly
 - Streamline Primary Care Screening Note is built and ready for screenings to occur
 - Finance staff will obtain the Consent to Share Behavioral Health Information (5515) at the intake point
 - Finance, Access and Integrated Health Staff are meeting to join the process together for primary care screenings
- NOMs workflow adjustments to ensure collection of data occurs regularly throughout the course of the grant at appropriate time intervals
 - Significant more numbers of NOMs data collection tool is occurring regularly, more progress to continue to occur throughout the course of year 1 coming to a close
- CCBHC will be represented at the Allegan County Fair as a part of the prevention exhibit
- Two mobile crisis presentations for/with law enforcement are scheduled in August
- Prioritized list provided to Rubix for data supports to enhance reporting and auditing options

Ongoing project management efforts have also completed the following:

- Met all grant required deadlines:
 - IPP Quarterly Data Submission
 - Screening, Assessment, Community Collaboration, Policy/Procedures Updates as well as applicable Trainings
 - Completed next quarterly submission, more data reports to be built to ease this process in the future
 - Quarterly Narrative Submission

- Ongoing Grant Project Officer Meeting
 - August meeting suspended due to scheduling, will meet again in September
 - Data evaluation efforts continue in the background to ensure appropriate “build” of any Streamline enhancements or use of internal data sets as well as clinical-based reports to track processes

Outpatient Psychiatric Medical Clinic – Angel Hopkins RN, Clinic Practice Manager

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.

- Staffing
 - Our CCBHC Medical Assistant resigned, and we have posted the job advertisement.
- Streamline EMR
 - Continuing discussions regarding various ticket issues involving prescriptions differences with pharmacies, dosage changes, slowness of Streamline system, patient portal, Laboratory requisition, ongoing continued evaluation and updates to our internal IT department and vendor EMR.
- Community/Residential Nursing continues to work with finance on billable services and increasing caseload.

Integrated Health Efforts

- Juvenile Home visits and assessments are being conducted as needed with proper PPE and guidance from Dr. Tooker and the infection control nurse Lindsey Lewis, RN.
 - COVID testing continues
 - Submitted by:

Occupational Therapy – Rebecca DeHart-Elkins, Occupational Therapist

- Our OT and COTA continue to provide in-home services for the current OT caseload and are in the process of evaluating new referrals. Consumers continue to be seen on a bi-weekly basis so long as they do not have symptoms of COVID-19 or recent exposure.
- Telehealth services are provided as-needed due to illness and COVID exposures and as requested when appropriate.

- Our OT and COTA will be working with a Level 2 Fieldwork Student from Western Michigan University this month on a part-time basis. This student will be assisting with treatment sessions and OT related projects through August.
- Our OT has worked with Streamline this past 1-2 years on creating an OT Evaluation Document in Streamline to better document evaluation findings. This is now being used for evaluations and is a work-in-progress as OT begins working with the document and discovers needed changes.
- Assistance in microfiche project as capacity allows continues.

Prevention Services – Heidi Denton, MSW, CPS-M, SUD Prevention Supervisor

Allegan County Substance Abuse Prevention Coalition (ASAP)

The vaping segments filmed with Maranda from WoodTV can be found at: Talk Sooner | WOODTV.com

Virtual presentation

National drug trends presenter “Tall Cop” webinar was May 18th. We had 125 attendees from all over West Michigan.

Erin’s programming summary for the school year:

Fennville Elementary

Maintained 5 kid groups throughout the school year, working on increasing: emotional vocabulary, resiliency and anger management. Overall saw an increase of student’s self-awareness through communication of emotions, saw an overall decrease in amount of times running out of classroom and an increase of identifying friends. Erin was an active member of the tier 2/3 behavior team that met bi-weekly. Also continued staff consultations on an as-needed basis throughout the school year.

Fennville Middle School

Implemented a Self-Empowerment & Resiliency drop in lunch group for 8th graders 1x per week. On average had 10 students attend. Collaborated with the school's Restorative Justice Specialist to run the group. Also worked with the student council and the anti-drug use committee to develop campaigns throughout the year. As it was the first year in the middle school, Erin developed working relationships with the principal, social worker, student success coordinator and several staff. Weekly consultations were completed with various staff.

Fennville PEARL Alternative High School

Just recently started a Positive Mindset & Resiliency group with students. Had 7 sessions, and it was noted that there was an overall shift in comfort level at school and appeared to shift focus away from consistent negative topics during conversation.

Truancy

There were over 140 scheduled truancy meetings through the court. Some of those were rescheduled meetings due to the first (or second) being a no-show by the family, or due to illness/covid concerns. Most were in the months of Jan, Feb and March; and typically students had already had over 10 unexcused absences.

Sherrie's school year summary:

Allegan HS

We trained 13 students. We also had 19 students in placements during the school year. Placements in Allegan consist of a PAL meeting with a different student one-on-one each day at the MS or elementary schools.

Hopkins

We trained 20 students. We had 69 students do a placement during the school year in either the elementary or middle school.

In both schools the placement is at least one trimester and the students receive a letter grade.

Hopkins Middle School Pride

A total of ten 7th grade girls and 5 PALs participated over 12 weeks.

Nikki's school year summary:

Plainwell PALS

Trained 7 in the first trimester, 33 previously trained PALs (total 40)

Wayland PALS

Trained 15 in the first trimester, 17 previously trained PALs (total 32)

Wayland Pride

4 PAL mentors, 18 total 5th grade students at Pine Street Elementary in the Spring.

Saugatuck PALS

Completed training of 5, started training for 7, total of 9 trained pals, 7 to continue training next fall.

Pro Youth

9 students going to Youth to Youth International Conference: 5 Plainwell (connected to PALs and U Matter), 2 Wayland (connected to SADD and PALs), 2 Saugatuck (connected to PALs)

Prime for Life

Adult

Adult probation class was May 20, with 4 participants.

Youth

We trained 4 youth at various MS & HS groups this past month.

Suicide Prevention Coalition

Next meeting has not been scheduled yet.

LARA funds

Marketing campaign is still running through the early summer.

SUD Treatment Services – Lauren Todaro, MSW, LMSW, DP-C, SUD Program Manager

OnPoint SUD Provider Network

SUD Services has onboarded a SUD Coordinator, Nicole (Nikki) Howard, who joined OnPoint on July 11th, 2022. Nikki's position will support utilization management for internal and external SUD service provision. Welcome Nikki!

SOR II Grant

Management and supervisory staff continue to plan utilization of SOR II funds prior to their conclusion at the end of FY22. The SUD Program Manager is currently reviewing possible projects prior to the end of FY22 to have strategic spend-down of SOR II funds that will support our SUD Provider Network as well as internal services at OnPoint.

Outpatient staff have been trained in MATRIX and Seeking Safety training evidence-based practices based on interest from the clinician. Funding is being budgeted to support Outpatient, Access, Children's team staff for evidence-based training purposes for co-occurring substance use treatment.

SUD Program Manager continues to meet with community partners to discuss expanding recovery housing network, a goal within the SOR II MOU. SUD Program Manager has met with two recovery housing programs within Allegan County, toured the homes, and is continuing to meet to discuss forward movement in contractual relationships.

SUD Service Internal Program Development

SUD Program Supervisor is currently confirming CAADC (Certified Advanced Alcohol and Drug Counselor) development plans with Adult Services, Access, Children's Team, and GBHI/Housing team staff. This certification is needed to provide and bill for the services provided for co-occurring and substance use services.

Medication Assisted Treatment (MAT) Development

SUD Program Manager submitted Rural Communities Opioid Response Program - Medication-Assisted Treatment Access (RCORP-MAT) grant through the Health Resources and Services Administration (HRSA) on July 29th, 2022. Anticipated notice of award is September 30th, 2022. This grant would support the renovation of the 540 Jenner Drive MAT Clinic identified space, as well as staffing and material cost support for MAT initiation. For further information, the Notice of Funding Opportunity can be viewed at the following link: <https://www.hrsa.gov/grants/find-funding/hrsa-22-165>.

CLINICAL SERVICES BOARD REPORT – August 2022
Submitted by Geniene Gersh, PhD, Director of Clinical Services

New Program Supervisor for Outpatient and Behavioral Services

This Clinical Director is pleased to announce that Bryan Day has accepted the newly created position of the Outpatient Counseling and Behavioral Services Program Supervisor. Bryan previously served as the Program Supervisor as well as the Clinical Team Leader for the Assertive Community Services team for the past few years. During his time with OnPoint, Bryan has demonstrated excellent clinical and supervisory skills that will support the Outpatient team as well as the clients served in this program. We are very glad that Bryan has made the transition to a new leadership role within the agency. Congratulations to Bryan!

Budget Planning for Clinical Services Programs for Fiscal Year 2023

The Clinical Services Program Managers, Supervisors and this Director met with Erinn Trask, Finance Director and Nikki McLaughlin, Accounting Manager to plan for the programming needs within Clinical Services for the 2023 fiscal year. The meetings focused on reviewing the goals and accomplishments that have occurred across each of the Clinical Services programs during the past year. In addition, the Clinical Services team identified the specific program needs and established the program goals for the upcoming 2023 fiscal year. The Clinical Services team appreciated all of the work the Finance team has done and the opportunity to collaborate together in completing the budget planning process.

Clinical Services Program Data for the Month of July

Primary Clinical Programs

The table below illustrates the number of individuals who are receiving services within each of the Clinical Services programs for the month of July. There was a total of 913 clients served across clinical programs during the month of July as compared to 896 during the month of June. The Children's Services team experienced a small decrease in the number of children receiving Outpatient Services, which is not uncommon during the summer months. There was an increase in the number of children receiving Wraparound Services and Case Management and Supports Coordination Services. The largest increase was in the number of children and families receiving Homebased Services.

During the month of July, the Adult Services experienced an increase in the number of individuals receiving Outpatient Counseling as well as Case Management and Supports Coordination Services. The Assertive Community Treatment Services team served 33 clients in the month of July.

Primary Clinical Program	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Six-Month Average
Child Outpatient	30	35	33	34	37	35	34
Child CSM/SC	170	171	173	170	162	164	168
Wraparound	11	16	17	19	22	23	18
Home Based	40	39	43	47	45	51	44
Adult Outpatient	106	101	107	106	102	107	105
Adult CSM/SC	478	482	490	501	495	500	491
ACT	30	32	32	32	33	33	32
Total	865	876	895	909	896	913	892

Intakes Conducted During the Month of July

The table below illustrates the number of intakes conducted by the Access Team during the month of July. There was a total of 40 intakes completed in July which is an increase of 10 compared to the 30 conducted during the month of June. There were 33 individuals that were admitted into services and 7 people that were referred to other community resources for treatment.

Intake Disposition	Count
Admit/Refer to Funded Services	33
Referred to Community Resources	7
Grand Total	40

Discharges During the Month of July

The table below illustrates the number discharges in the month of July. There was a total of 31 discharges during the month of July, 16 of these were planned and 15 were unplanned.

Discharges	Count
Planned	16
Unplanned	15
Grand Total	31

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

High Intensity Services – Melissa Potvin MA, LPC, Manager

Access

Access department has been busy implementing more changes to our intake process to include risk screenings for incoming consumers and more options for urgent appointments. The department will be fully staffed in September with one clinician coming back from maternity leave. The department is preparing for the influx of more requests for minor assessments that typically comes from the community in the fall.

Mental Health Treatment Court

Mental health treatment court has 3 people enrolled at this time and had 2 individuals referred by prosecutors in July.

Crisis

The Crisis department screened 35 adults and 14 minors last month. The team was able to safety plan and divert 11 consumers from needing a higher level of care and placed 38 consumers in a combination of partial hospitalization, crisis residential and inpatient. We continue to experience difficulty in placing more of the severe kid cases working on placement for up to 10 days with one consumer. The department was able to coordinate with SUD services to hire a peer recovery coach that will be shared across both departments and help those consumers stay connected to treatment as they await their entry into a detox or residential setting. That staff is slated to start later on this month.

Children's Services – Tara Poore, LMSW, Program Manager

Summer has proven to be a busy time for our staff with an increase in children's referrals. With the increase of referral comes a need to build our team. We recently onboarded 2 new staff including a new children's therapist and a Wraparound Supervisor.

We continue to work in collaboration with Camp Kidwell and were able to send nearly 25 children to enjoy summer respite camp. Some of the fun activities at Camp Kidwell include archery, swimming, arts & crafts and canoeing to name a few. We are grateful for this partnership with Camp Kidwell and look forward to sending more children next summer!

Four of our therapists are currently participating a Trauma Focused Cognitive Behavioral Therapy (TF-CBT) cohort. This is a yearlong commitment sponsored by MDHHS for therapists; which includes several days of trainings and monthly consultation calls. TF-CBT is an evidenced based treatment approach shown to help children and their families overcome trauma related difficulties. We are excited to have additional staff trained to be able to provide this treatment to the children and families that we serve.

As stated in previous reports, having the virtual option has proven to be very helpful and increased service delivery. While some families have chosen to remain virtual, others have chosen face to face or a hybrid approach. Our staff continue to keep safety, consumer preference and providing top notch care priorities as we navigate the ever-changing COVID environment.

Assertive Community Treatment (ACT) Department – Bryan Day LMSW

The month of July is the beginning of a change for the ACT team. The teams Supervisor announced that he accepted a new position as the Supervisor for Outpatient Therapy at OnPoint. The transition will include a blending of support to both teams until a replacement is hired and trained. The team has also started the process to post a position for a Certified Peer Support Specialist. The month started with a caseload of 33 clients. We had 1 client enrolled through intake on the team and 0 clients discharged this month. The month ended with a caseload of 34 clients. There was 1 psychiatric hospitalization. The team coordinated with the psychiatric hospital staff throughout their stay and followed up with after care appointments. The team will continue to provide the best quality services while maintaining safe precautions from COVID19.

OnPoint Adult Clinical Services – John Eagle LLMSW, QIDP, QMHP and Laura Furey BA, QIDP, QMHP

Certified Community Behavioral Health Center (CCBHC)

The Adult Clinical Leadership and identified staff continue to improve workflows and processes as we implement the CCBHC Grant. With the implementation of the CCBHD Grant we hope to increase access to mental health and substance use disorder treatment, expand established relationships with community partners, and reduce recidivism and prevent hospital readmission.

The Service Arrays include:

1. Crisis mental health services, including 24-hour mobile crisis teams, crisis intervention services, and crisis stabilization
2. Screening, assessment, and diagnosis, including risk assessment.
3. Person-centered treatment planning, including assessment and crisis planning.
4. Outpatient mental health and substance use services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for members of the forces and veterans, particularly those members and veterans located in rural areas.

Intellectual and Developmental Disability (IDD) Case Managers/Case Manager Assistants

The IDD Case Managers continue to assist with locating, coordinating and monitoring all services and supports for individuals with intellectual and or developmental disabilities. The services and supports are identified by the person and their planning team using the person centered-planning process. The staff continue to complete a hybrid model of telehealth and face-to-face contacts.

Mental Health Case Management

Continue to assess, plan, facilitation, care coordination, evaluate and advocate for services and supports to meet the needs of individuals diagnosed with mental illness. The MI Case Managers continue to use a hybrid model utilizing telehealth and face-to-face contacts. The MI

Case Management team continues to go through a series of transitions and remain 2 clinicians short. The entire CM team (IDD/MI) are doing a fantastic job working together to provide quality mental health services in a very challenging time.

Omnibus Budget Reconciliation ACT (OBRA)

Program used to assist in determining if a nursing facility is the most appropriate place for an individual with a serious mental illness and/or an intellectual/developmental disability to receive services and whether they require specialized behavioral/mental health services. This is completed through a comprehensive assessment process that is completed to determine initial eligibility as well as annually or if there is a significant change in condition to ensure whether they continue to require the current level of service and support.

Outpatient Clinicians

The OnPoint Outpatient Clinicians continue to provide Allegan County residents with research and recovery based mental health treatment, which is both effective and efficient. OnPoint Adult Outpatient Program makes use of ongoing assessments and provides therapy and behavioral services for adults who suffer from symptoms of a chronic mental illness. Our staff provide evidence-based treatments with proven results in symptom reduction, positive management of emotions, community participation and integration.

The Outpatient therapists continue to use a hybrid model to provide therapy services to the consumers of Allegan County. We continue to discuss the implementation of in-person groups. The outpatient team is also working hand in hand with the SUD team on implementing SUD in-person groups. We currently have 4 clinicians with their Certified Advanced Alcohol and Drug Counselor credentials (CAADC) and 3 more outpatient therapist on a development plan to obtain the credentials. Adam Brink continues to provide behavioral services

Supported Employment Services

Continues to help people with disabilities find employment opportunities. The foundation of this services is that all people, no matter the disability should have the opportunity to work in an integrated setting. Employment can provide meaning and purpose to a person's life, along with promoting recovery and wellness.

Support Intensity Scale (SIS)

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

Behavioral Services

Behavioral services such as Positive Support Plans, Functional Behavioral Analysis, and Behavior Treatment Plans, are determined using the person-centered planning process.

The behavior treatment committee provides oversight and reviews all behavior treatment plans. According to the Michigan Medicaid Provider Manual, "any behavior treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medication for behavioral control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by specially constituted body comprised of at least three individuals, one of whom shall be a fully or limited licensed psychologist and one of whom shall be a licensed physician/psychiatrist. The psychiatrist or physician must be present during

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

Geniene Gersh, Ph.D.

Director of Clinical Services

Quality Improvement/Compliance/Information Technology Board Report – August 2022

Submitted by: Tyler Ward, Jennifer Taylor,
Michell Truax, Kimberly Bectel and Amy Kettring

Quality Improvement

- Coordinated, monitored, and submitted proofs for the LRE Site Review, which begins on August 8 and ends on August 26.
- Preparations for the QI Interviews for the Site Review (e.g., MMBPIS, CIRE).
- Investigated potential HIPAA violations (none of which are reportable).

Utilization Management

- Completed LRE Audit preparation for the HSW.
- Working on transition of HSW and HCBS Waiver to new contract manager.
- Completed quarterly Auth Denial Report and submitted to LRE. This quarterly submission is reported up to the state and tracks the number of denials for pre-authorization requests for services.
- Just over 350 new authorizations completed during the month of July. This does not include concurrent reviews.

Corporate Compliance

- Amy Kettring, newly hired as our Provider Network Manager, has taken on the interim assignment of Compliance Officer until a permanent QI Director successor to Dan Welburn is appointed.
- There is one open compliance case involving an external provider
- Amy is working in collaboration the Lakeshore Regional Entity Compliance Officer and the Office of the Michigan Inspector General regarding a provider OnPoint contracted with in the past.
- The Quarterly Integrity Report has been submitted to the LRE on 8/4/22 by Lynn Yetman and Amy Kettring

Information Technology

- Decision made by agency management to secure Information Technology oversight and planning from Allegan County's Information Services department. The arrangement is an expansion of an existing contract for County services and was introduced to staff on 8/4/22. County IT staff will take primary responsibility to (a) coordinate responses to staff's everyday needs for assistance, (b) align and optimize OnPoint's network resources under County systems, (c) establish effective connections with OnPoint leadership for strategic execution of OnPoint's business priorities, and (d) provide ongoing IT architecture planning for future OnPoint needs.

(Submitted by Mark Witte)

August 2022
Customer Services Quarterly Status Report
(Report covers June, July, August)
Submitted by Cathy Potter

Customer Service met with 9 new hires. Four in June (Secretary, Access Clinician, Mobile Crisis Therapist, Outpatient Clinician), Four in July (Provider Network Manager, SUD Coordinator, Children Outpatient Therapist, Secretary), and so far one in August (Biller/Coder). Most orientation meetings were held through Microsoft Teams and customer service-related items were discussed.

Customer Service was busy collecting show proof documents, communication with Quality Improvement Coordinator, and updating any necessary forms for the LRE Audit scheduled on August 8th. There were seven standards that involved input from customer services. Another project Customer Service participated during this quarter is compiling information relating to customer service duties and submitting to Finance department for review along with having discussions regarding budget needs for the upcoming fiscal year.

Customer Service has been involved in discussions and meetings regarding the Consent to Share Behavioral Health Information 5515 form along with participating in a 5515 audit to assure accurate completed consent forms are located in consumer records.

Training Opportunities

Customer Service attended one virtual conference this quarter named “13th Annual Anti-Stigma Day Event” on July 28th. Lots of good information regarding Anti-Stigma was shared by presenters and participants.

Community Outreach

Customer Service participated as a vendor at the annual Boomers Bash event held at the First Baptist Church on June 2, 2022. This was my first drive-through event to participate in and although it was beautiful weather unfortunately there wasn't as many participants driving through as there were when the event was held inside. Many vendors providing valuable resources for the community on senior's services.

Customer Service connected with Libraries in Allegan County during this quarter to schedule dates to do a quick meet and greet with the library director or designee. Agency brochures were delivered already to Allegan, Plainwell, and Dorr libraries to provide a resource for individuals inquiring about mental health services.

Transition Coordinator

During this quarter, Customer Service attended six IEP (Individual Education Planning) meetings with AAESA and Hillside Behavior Learning Center providing OnPoint information to families, students, teachers and staff. A presentation to school staff and community agencies on OnPoint services was also completed on May 17th at the Ottawa Area Intermediate School District.

LRE Customer Service ROAT

CMHSP's Customer Services and LRE staff participated in two Customer Service ROAT meetings this quarter and the next one is scheduled on August 10th. Quarterly Grievance reporting requirements were discussed amongst the group and 3rd quarter data has been submitted to the LRE for review.

Local Appeals have been transferred fully to the LRE and there have been no new appeal requests for OnPoint since this transfer occurred. LRE Customer Service Manager continues to meet with CMH Customer Service Reps monthly to assist in improving communication and collaborating with one another as efforts to improve the grievance and appeal processes. OnPoint did receive one Medicaid State Fair Hearing request and that hearing was held in August. All staff involved provided detailed and valuable information to the Administrative Law

Judge along with the LRE Chief Compliance Officer representing OnPoint. Updated LRE Guide to Services booklets became available this quarter, and Customer Services picked up 500 booklets at the LRE office to distribute to customers as required.

Statewide Customer Service Workgroup

One Statewide Customer Service Workgroup teleconference meeting held this quarter on July 20, 2022. Discussions about the MDHHS Grievance and Appeal policy update took place, Statewide Mediation updates and experiences were discussed, recent training handouts were reviewed. Selection of a new Chairperson for this group was also discussed. Next meeting scheduled on October 19, 2022.

CAP (Consumer Advisory Panel)

One CAP meeting held this quarter on June 9th. Lots of discussion occurred regarding the LRE office expansion, onboarding of new staff for the region and rebranding of CAP. Allegan's representative had resigned from the group leaving an open spot on the committee. John Mills submitted his application for review and has been approved to fill that spot. The group was excited to hear about his interest in the committee and welcomed John!

COAP (Community Opportunity Advisory Panel)

The group had their annual picnic at the JC Park and all three members attended along with Customer Service. We reviewed the COAP brochure and members provided feedback on what they felt should be changed or included. I can provide the updated COAP brochure during the next OnPoint Board meeting. Great conversation was had by all and everyone was excited to meet outside in person. It has been a long time since this group met in person as usually the meetings were conducted through conference calling. It was agreed the next meeting will be held at the Clinic building. Next scheduled COAP meeting is Friday, September 23, 2022.

OnPoint
Executive Committee Meeting Agenda
July 15, 2022 – 2:30 pm

Board Members Commissioner Gale Dugan, ACCMHS Board Chairperson
 Alice Kelsey, ACCMHS Board Vice-Chairperson
 Elizabeth Johnston, ACCMHS Board Treasurer
 Commissioner Jim Storey, ACCMHS Board Secretary
ACCMHS Staff Mark Witte, Executive Director

1. **Call to Order** – Chairperson Dugan called the meeting to order at 2:39 pm.
2. **Members Present/Excused** – Chairperson Dugan noted the presence of all members with the exception of Commissioner Jim Storey who was excused due to a previously communicated schedule conflict.
3. **Review of Agenda** – Chairperson Dugan reviewed the agenda. Additions were proposed by Kelsey and Dugan. Motion to approve the agenda as amended made by Kelsey, supported by Johnston. All in favor. Motion carried.
4. **Review/Approval of Minutes of Prior Meeting** – Members present reviewed the minutes of the prior meeting. No revisions identified. Motion to approve the minutes as presented made by Kelsey, supported by Johnston. All in favor. Motion carried.
5. **Updates on Prior Meeting Topics**
 - a. Building Update – Director Witte noted items of interest from Change Order 6 in the board packet, noting that the parking lot work will be postponed until the spring of 2023 to prevent damage from heavy equipment to newly laid asphalt. He also shared information regarding the location of exterior security cameras and arrangements made with Allegan PD for access to them exactly as done for other facilities in Allegan through county systems. Members requested a more detailed summary of the building budget at the upcoming board meeting. Witte will arrange for that with CFO Trask.
 - b. Executive Director Contract – Director Witte presented a memo summarizing proposed further revisions to the draft employment contract approved by the board on 6/21/22. Motion made by Johnston, supported by Kelsey, to share the memo with the board on 7/19/22 for approval. All in favor. Motion carried. Witte will provide copies on 7/19/22.
6. **Discussion Items Requested by Members**
 - a. Board Packet Financial Report Item – Member Johnston requested that CFO Trask provide elaboration and clarification of the final paragraph on page 22 of the board packet concerning the lag “on the final revenue accounting for December 2021 through May 2022 from the LRE”. Witte will request Trask to provide that during her report to the Finance Committee and subsequently to the board if desired.
 - b. Allegan/Barry DHHS – Chairperson Dugan noted that the director of Allegan’s DHHS office has shared with him that she desires a connection with OnPoint to address some aspect of need for children involved with the Sheriff’s Department and the Samaritas agency who now needlessly rely on youth home placement. Director Witte will reach out to DHHS with an offer of assistance to the extent it can be done.
7. **Executive Director Items (Witte)**
 - a. LRE Matters - As part of the resolution of concerns surrounding the adoption of new bylaws by the LRE, OnPoint has been requested by the LRE to formally appoint our OnPoint representative to the LRE Board Executive Committee. This position is currently held by Commissioner Mark DeYoung who also serves as the LRE board chairperson. To assist with context, a legal opinion from Network180’s counsel has been shared with the LRE’s member agencies and details the rationale behind the LRE’s request. Chairman Dugan agreed to

process as a part of the Executive Committee report out to the Board on 7/19/22. Witte will provide copies of the Network180 legal opinion for board members interested to see it.

- b. Status of Dispute with State – The LRE has submitted revised prior year financial statements as a step toward using current year surplus assets to pay off outstanding prior year liabilities owed to some LRE member agencies. At least one county within the region has initiated legal action against the LRE in pursuit of funds it is owed by the LRE. The settlement plan is consistent with the accounting principles (GAAP standards) that the state contract requires the LRE to follow. However, the state has requested time to review the plan and has told the LRE that action to pay past liabilities from current assets would constitute a violation of the contract. Therefore, the dispute has not yet reached its conclusion and past liabilities to some member agencies continues to prevent the LRE from moving forward.
 - c. Financial Projections for FY2023 – As an informational item, Director Witte shared a document from MDHHS (“*SFY 2023 BH Draft Rate Impacts - Condensed*”) that shows expected rate changes from FY2022 to FY2023. For the 10 PIHPs, the HSW-inclusive rates range from an increase of +2.1% (for Detroit Wayne) to –2.1% (for the LRE). If implemented as presented, the region (and OnPoint) will see a significant decrease in Medicaid revenues in FY2023. More detail will likely come from CFO Trask through the Finance Committee.
 - d. CMHA Matters – No movement seen on Senate Bills 597 and 598 yet. CMHA’s looks for future action/movement to occur after the election in the legislature’s “lame duck” session.
 - e. Staffing – Director Witte reported that the position of Director of Quality Improvement and Compliance is vacant following the 7/8/22 departure of Dan Welburn. A posting and recruitment plan is imminent. Witte also noted that our current arrangement for Interim Chief Financial Officer services through Rehmann calls for the selection of a permanent CFO this fall, and he is currently reviewing that plan. Members ask Witte to convey thanks to CFO Trask on their behalf for her services to date.
 - f. OnPoint Visioning
 - i. Director Witte notes that it will be necessary again in the near future to engage in a refresh of our strategic plan as we emerge from the COVID era with a new identity, a new building, and new opportunities for service under CCBHC. He perceives the themes of the prior plan to still be largely relevant, but the agency’s strategies will need to be significantly reworked.
 - ii. Members suggest working to leverage awareness of resources through public school promotion and specifically links from school counseling websites to OnPoint.
- 8. Next Meeting Date/Time** – Friday, Aug 12, 2022 at 2:30 pm
- 9. Adjournment** – Motion made by Kelsey, supported by Johnston, to adjourn the meeting. Meeting adjourned at approximately 4:20 pm.

Submitted by Mark Witte

MINUTES

ONPOINT

Tuesday, July 19, 2022 at 5:30 P.M.

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

Present: Kim Bartnick, Glen Brookhouse, Amy Clugston, Commissioner Mark DeYoung, Commissioner Gale Dugan, Beth Johnston, Alice Kelsey, Commissioner Jim Storey (Virtual – Drummond Island MI), Emily Schwarz (5:39), Karen Stratton, and Pastor Craig Van Beek

Absent: John Weerstra

Staff: Geniene Gersh, Brenda Holquist, Amy Kettring, Allison Kridler, Nan Lawrence, Kelsey Newsome, Brenda Polmanteer, Cathy Potter, Erinn Trask and Mark Witte

Visitors: Inna Mason (Rehmann) and Stephanie VanderKooi (LRE)

1. Call to Order

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

2. Pledge of Allegiance

Recited.

3. Provision for Public Comment

None.

4. Approval of Agenda – Addition of appointment of LRE Board Executive Committee, September Board Meeting date change.

Moved: Ms. Bartnick

Supported: Mr. Brookhouse

Motion carried.

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

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

- i. Executive Committee Meeting (06.17.2022)
- ii. Board Meeting (06.21.2022)
- iii. Building Committee Meeting (06.21.2022)
- iv. Finance Committee Meeting (06.21.2022)
- v. Program Committee Meeting (06.21.2022)

Moved: Ms. Kelsey

Supported: Pastor Van Beek

Motion carried by roll call.

6. Building Committee

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

7. Program Committee Report

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

8. Finance Committee Report – Ms. Johnston

- a. The finance committee recommends that the OnPoint board approve the June 2022 disbursements totaling \$3,570,253.62.

Moved: Ms. Johnston

Supported: Ms. Kelsey

Motion carried by roll call.

Ms. Trask gave an overview of the May financials and was available for questions.

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

No report.

10. Chairperson's/Executive Committee Report

- 11.** Commissioner Dugan recapped the Executive Committee meeting and was available for questions.

Motion to re-appoint Commissioner DeYoung to the LRE Executive Committee.

Moved: Commissioner Dugan

Supported: Ms. Bartnick

Motion carried by roll call.

Motion: To approve a memo from the Executive Director requesting minor/technical changes to the proposed employment contract previously approved by the board, concurring with its contents. Ms. Johnston added that none of the changes will affect a dollar amounts previously approved by the board.

Moved: Ms. Kelsey

Supported: Ms. Bartnick

Motion carried by roll call.

Commissioner Dugan states that the September 20 board meeting falls during a conference that the county commissioners will all be in attendance and unable to attend the meeting.

Motion: To move the September 20 meetings to September 27, 2022.

Moved: Ms. Kelsey

Supported: Ms. Bartnick

12. LRE Update

Stephanie VanDerKooi gave an update on the LRE and was available for questions.

13. OnPoint Executive Director's Report

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

14. Provision for Public Comment

None.

15. Board Member Comments

Ms. Clugston states she is glad to be back.

Commissioner DeYoung states the LRE board meeting will be Thursday at 1:00.

Commissioner Dugan states that he is very appreciative of the hard-working staff while during this time of change.

16. Motion to Adjourn:

Moved: Ms. Johnston

Supported: Ms. Kelsey

Motion carried by roll call.

Meeting adjourned at 6:21 pm.

Respectfully submitted,

Brenda Holquist
Executive Assistant

Gale Dugan
Board Chair



1



2



3

Medicaid Revenue

4

- Passed from Centers for Medicare & Medicaid Services (CMS) through MDHHS and Prepaid Inpatient Health Plan (PIHP) to CMHSP
- Authorized by CMS under multiple waivers including
 - 1115 & 1915 Medicaid
 - 1115 Healthy Michigan Plan
 - 1915(c) Habilitation Supports Waiver
 - 1915(c) Children's Waiver
 - 1915(c) Children with Serious Emotional Disturbance Waiver
- Capitated funding with risk reserve held at regional level by PIHP

Rehmann

4

Capitated Funding

5

- Includes both behavioral health and substance use disorder services
- Calculated based on a per member per month (PMPM)
 - Uses number of individuals enrolled, not number being served
- Rates actuarially determined at least annually based on historical data
 - Individual rates determined based on consumer demographic data
 - Certain categories such as Medicaid DABS or HSW are paid at a higher rate
 - Rates contain a state-wide factor and a regional factor
- Eligible services outlined in Medicaid Provider Manual

Rehmann

5

1115 and 1115(i) Waiver – Medicaid State Plan Services

6

- Individual entitlement for any age group
- Enrollees can qualify in one of two categories:
 - Disabled, aged or blind (DAB)
 - Temporary Assistance for Needy Families (TANF)

Rehmann

6

1115 and 1115(i) Waiver – Medicaid expansion (Healthy Michigan) 7

- Individual entitlement for people 19-64
- Provide basic services to population with incomes below 133% of the federal poverty level

Rehmann

7

1915(c) Habilitation Support Waiver 8

- Individual entitlement
 - All ages with I/DD qualify if a high level of care is required
- Resides outside of an institutional setting
- Eligible services are determined by the Medicaid Manual
 - Out of Home Non-Vocational Rehabilitation
 - Private duty nursing
- Eligibility is limited by number of "slots"

Rehmann

8

1915(c) Children's Waiver 9

- Individual entitlement
 - Children under 18 with I/DD qualify if a high level of care is required
- Resides with parent or relative guardian
- Eligible services are determined by the Medicaid Manual
 - Wraparound services
 - Homebased therapy services
 - Community living support and respite services

Rehmann

9

1915(c) Children with Serious Emotional Disturbance Waiver

10

- Individual entitlement
 - Children under 21 with SED diagnosis
- Resides outside of an institutional setting
- Eligible services are determined by the Medicaid Manual
 - Wraparound services
 - Homebased therapy services
 - Community living support and respite services

Rehmann

10

Capitation Cost Settlement and Risk

11

- CMHSP's compare actual cost with actual disbursements and cost settle with the PIHP
- PIHP compares actual costs with total funding:
 - <5% overspend = Cover with Risk Reserve
 - 5%-10% overspend = MDDHS covers 2.5%, Risk Reserve covers 2.5%
 - >10% overspend = MDHHS Covers
 - <5% underspend = PIHP adds to Risk Reserve
 - >5% underspend = PIHP returns to MDHHS

Rehmann

11



STATE GENERAL FUND

12

State General Fund Revenue

13

- Established through contract with Michigan Department of Health & Human Services (MDHHS)
- Flat monthly payment directly from MDHHS
- Funding based on appropriation by the State
 - Allocation based on formula developed by MDHHS
 - Currently in year 5 of 5 of a redistribution to new model
- CMHSPs are contractually required to provide a 10% match using local funds

Rehmann

13

General Fund Expenses

14

- Provide a safety net to uninsured and underinsured population
 - Including consumers with a Medicaid deductible or spend down
- Prevention type activities
 - Jail Services
 - Michigan Rehabilitative Services for Employment
- Services provided not in accordance with primary payor rules
- Consumer room and board expenses
- MDHHS benefit specialist contract
- Unfunded grant administrative costs

Rehmann

14

State General Fund Risk

15

- CMHSPs are not required to provide services beyond their allocation
 - As the safety net organization, this is often not the case
 - May result in a reduction of services or creation of a waitlist for uninsured or underinsured consumers
- Unspent funds up to 5% of annual award can be carried forward
- Unspent funds over the 5% must be returned to the State

Rehmann

15



16

Grants & Earned Contracts 17

- Direct federal awards
 - Certified Community Behavioral Health Clinic (CCBHC)
 - MISSION: Housing, Integrated Treatment and Recovery Services
- State awards
 - Omnibus Budget Reconciliation Act (OBRA)
- Housing grants
 - Emergency Solutions Grant (ESG)
- Lakeshore Regional Entity (LRE) grants
 - SUD Treatment & Prevention Block Grants
- Local grants

Rehmann

17

Grants & Earned Contracts 18

- Must receive a Single Audit on compliance over federal awards when total expenditures exceeds \$750,000
- Many grants do not allow for overhead or indirect costs
 - These are then covered by General Fund or Local dollars
- We are 100% at risk for any overspend or non-compliance

Rehmann

18



19

Local Revenue Sources 20

- County Appropriations
 - Same amount each year
- Interest revenue
- Donations and contributions
- Certain grant or earned contracts

Rehmann

20

Local Expenses 21

- Match of 10% for General Fund services
- Local match for State Provider Services (State Hospitals)
- Local contribution to State for Medicaid Match
 - Fiscal year 2023 is expected to be the final year required
- Local only expenses, with minimal restrictions
- Cover overspends in other programs

Rehmann

21

Local Risk

22

- CMHSPs are 100% at risk for local expenses
- CMHSPs are able to retain any unspent funds as Net Position

Rehmann

22



23

Executive Director Board Report – August 2022
Submitted by Mark A. Witte, MSW, LMSW, Executive Director
Cell/Text: 269-615-4893 – mwwitte@onpointallegan.org

1. Senate Bills 597/598

- a. There has been no movement on these bills since my last report. We continue to oppose changes to the public mental health system that would remove local governmental oversight and accountability for our crucial role as a safety net for vulnerable residents.
- b. At recent gathering of CMHSP and PIHP directors in Lansing, I participated in ongoing discussions about ways to address what is expected to be a relentless press by Michigan's Medicaid Health Plans to shift our funding to their system in the name of integration.
- c. Our policy principle is that integrated care starts at the patient level. It's not achieved by changing checkbooks.

2. Building Update

- a. As you will see in the Building Committee materials in your packet, we have finally met our first major construction schedule delay. I reported last time that our schedule for completion remained on track, but I learned afterwards that the schedule was revised as of the day of our last board meeting.
 - i. No intent to mislead; we simply didn't know it had changed. The schedule now calls for completion of construction to happen in February 2023, a move of two months from the prior schedule, which will push our occupancy out to possibly April 2023.
 - ii. This is due to two kinds of factors: (a) changes in specifications for a number of systems, influenced by the time it took to understand the need for County's assistance in planning, and (b) labor shortages/supply chain concerns for several key products (e.g., doors, door frames, delivery services, etc.).
 - iii. We met with Cornerstone Construction and Schley-Nelson Architects on Friday 7/29 and again on 8/4 to discuss our options and to make alternative plans where possible to keep the schedule from becoming even longer. For example, by substituting standard wall construction for some Haworth-supplied walls in select places, we can keep portions of the construction moving ahead. The purpose of the Haworth walls was to make subsequent changes (if/when needed) less of a construction effort. Modifications with standard construction will still be possible, but it will require standard construction methods rather than a simpler change of a furniture wall. Not everything can be done that way, but everyone helps.

3. Information Technology for OnPoint

- a. For most of the time I have been with you at OnPoint, we have had a very lean IT support structure. In addition to one person assigned primarily to support our electronic medical record (EMR), we added one IT support specialist last year to deal with the growing backlog of support needs.

- b. Part of our support system involved a limited arrangement with the County Information Systems department; they were available by request under a contract for about 400 hours per year.
- c. With the recent departure of our EMR specialist, we engaged Rubix Technologies to cover that base on an interim basis.
- d. We have recently evaluated our options for how to enhance our general technology support needs and have opted to secured additional hours and responsibilities from the County's IS department. We activated that arrangement and rolled it out to staff during the first week of August. We are thankful for their capacity and willing spirit to assist us at a very critical juncture in our agency's history.

4. Quality Improvement Director

- a. This position has been posted.

Mark Witte, Executive Director

Friday, August 5, 2022