

## AGENDA

**OnPoint Board**  
**Tuesday, October 18, 2022**  
**5:30 pm**

County Services Building, 3283 122<sup>nd</sup> 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 – 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. Executive Committee Meeting (09.23.2022)
    - ii. RRAC Meeting (09.27.2022)
    - iii. Board Meeting (09.27.2022)
    - iv. Building Committee Meeting (09.27.2022)
    - v. Finance Committee Meeting (09.27.2022)
    - vi. Program Committee Meeting 09.27.2022)
6. Building Committee – Commissioner Gale Dugan
7. Program Committee – Commissioner Jim Storey
  - a. **Motion** – Quality Improvement Plan
8. Finance Committee Report – Beth Johnston
  - a. **Motion** – Approval of Voucher Disbursements September 2022
  - b. **Motion** – Approval of Contracts
    - i. FY2022
    - ii. FY2023
  - c. **Motion** – PA152
  - d. **Motion** – Building Grant Funds
9. Recipient Rights Advisory Committee (Feb/Apr/Jun/Sept/Oct/Dec) – Glen Brookhouse
10. Chairperson's/Executive Committee Report – Commissioner Gale Dugan
11. LRE Updates – Mary Marlatt-Dumas

12. OnPoint Executive Director's Report – Mark Witte
13. Provision for Public Comment (any topic, subject to 5" limit per speaker) – Commissioner Dugan
14. Board Member Comments
15. Adjournment

Future meetings:

- November 11, 2022 – 2:30 pm – Executive Committee
- November 15, 2022 – 3:30 pm – Building Committee
- November 15, 2022 – 4:15 pm – Finance and Program Committees
- November 15, 2022 – 5:30 pm – Full Board
- December 16, 2022 – 2:30 pm – Executive Committee
- December 20, 2022 – 3:30 pm – Building and Recipient Rights Advisory Committees
- December 20, 2022 – 4:15 pm – Finance and Program Committees
- December 20, 2022 – 5:30 pm – Full Board

OnPoint  
**Building Committee**  
October 18, 2022 – 3:30 pm  
Location: OnPoint, 3282-122<sup>nd</sup> Street, Allegan, MI 49010

**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

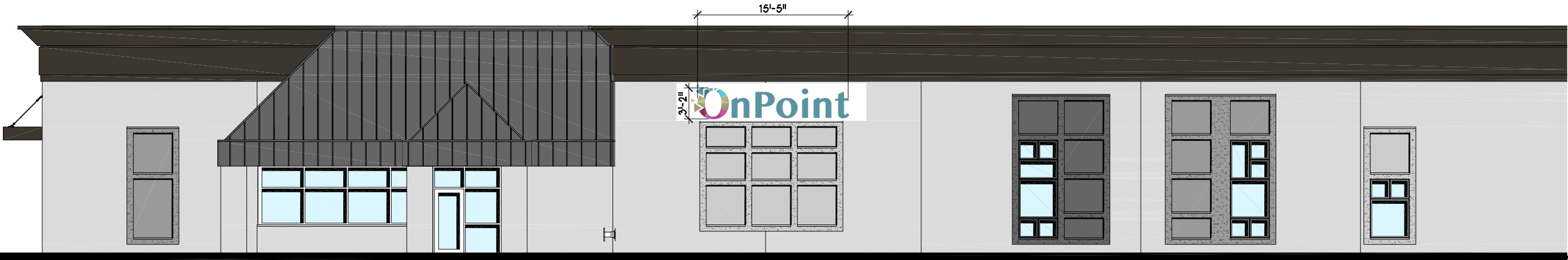
OnPoint  
**Draft Board Building Committee Minutes**  
September 27, 2022

**Board Members:**     ☒ Gale Dugan        ☒ Mark DeYoung     ☒ Beth Johnston     ☐ John Weerstra  
**Staff Members:**     ☒ Nan Lawrence     ☐ Erinn Trask        ☒ Mark Witte

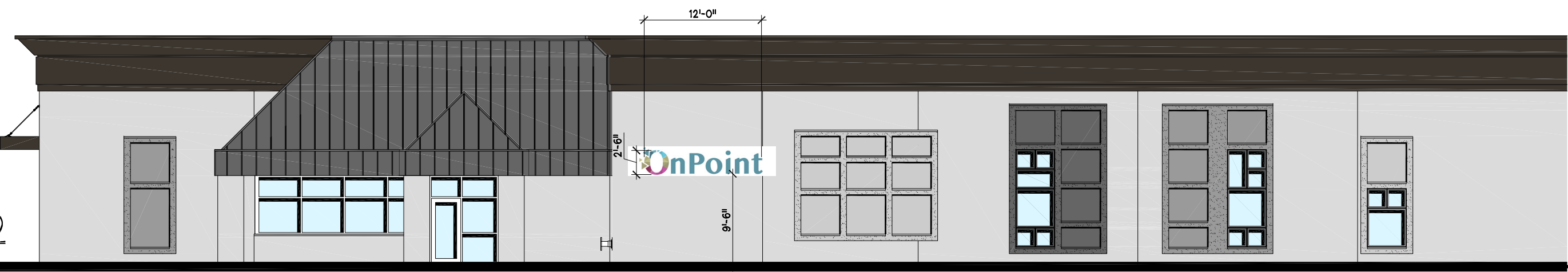
1. Meeting Called to Order at 3:15 pm
2. Review/Approval of Agenda – Motion and support to approve the agenda as presented. All in favor. Approved.
3. Review/Approval of Prior Minutes – Minutes of August 16, 2022 meeting reviewed. Motion and support to approve the minutes as presented. All in favor. Approved.
4. Construction Report –
  - a. Because this special Building Committee meeting was held at the construction site itself, committee members were able to see the progress to date for themselves.
  - b. Staff reviewed Change Orders 8-10 which were included in the board packet as well as Change Orders 11 and 12 that are in the process of review.
5. Financial Report – OnPoint staff noted that all resources from the USDA and MEDC appear to be flowing without difficulty, and the project remains financially on course. We are officially in the first \$1.25m MEDC allocation (of \$2.5m). We will break out a more itemized budget identifying which funds (MEDC or USDA) are anticipated to be used for the remaining needs.
6. Other – No other agenda items.
7. Next Committee Meeting Date – Tuesday, 10/18/2022 at 3:30 pm.
8. Adjournment – Motion made and supported to adjourn. All in favor. Approved.
9. Meeting adjourned at 4:00 pm.

Submitted by Mark Witte

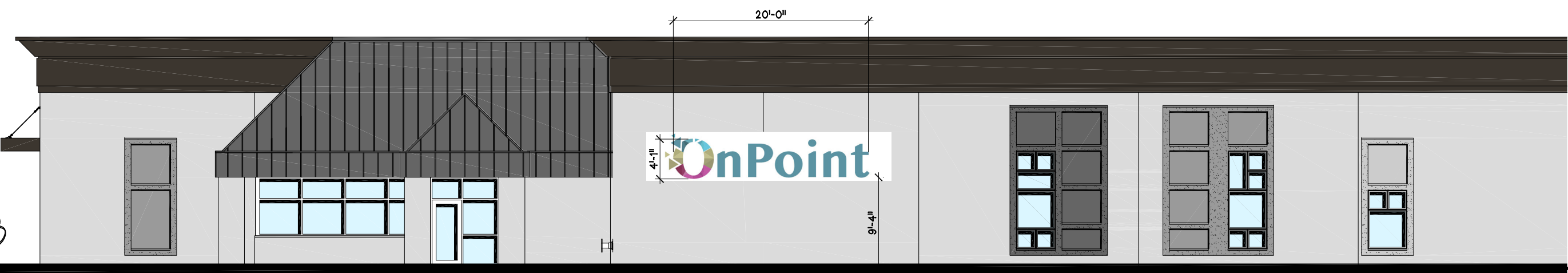
OPTION 1



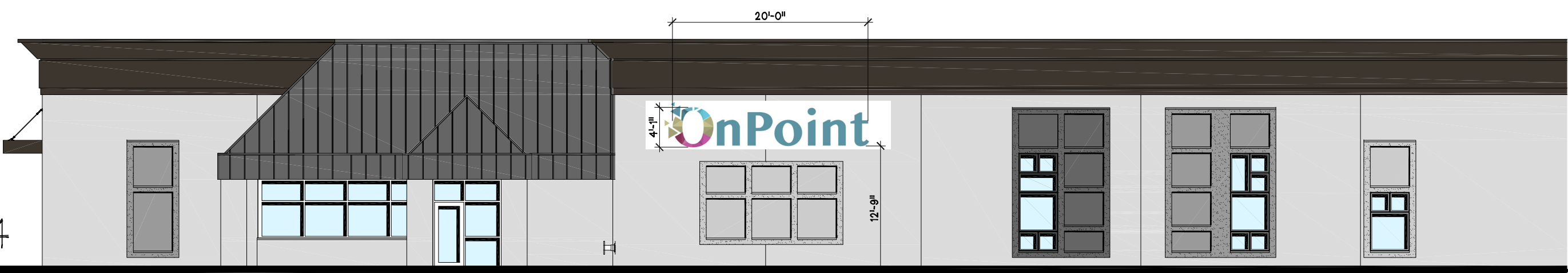
OPTION 2



OPTION 3



OPTION 4



## AGENDA

**OnPoint  
Recipient Rights Advisory Committee (RRAC)  
Tuesday, October 18, 2022  
3:30 pm**

County Services Building, 3283 122<sup>nd</sup> 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: September 27, 2022
5. Review ORR Status Report – Kelsey Newsome
  - a. Introductions/ORR staffing updates
6. RRAC Education – Kelsey Newsome
  - a. Review Mental Health Code 330.1757 Recipient rights advisory committee; appointment by community mental health services program board.
7. Other Business
8. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment, Next Meeting

RRAC members are:

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

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

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

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

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

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

**MINUTES**  
**RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)**  
**September 27, 2022**  
**3:30 pm-3:53pm**

**Committee Members Present:**

Glen Brookhouse, Chairperson  
Stacy Engelsman, Vice Chairperson  
John Weerstra, Board Member  
Amy Clugston, Board Member

**Committee Members Not Present:**

Richard Wiley, Community Member  
Craig VanBeek, Board Member

**Staff Present:**

Kelsey Newsome, Recipient Rights Director  
Allison Kridler, Recipient Rights Officer  
Samantha Dereski, Recipient Rights Officer  
Melisse Hughes, ORR Specialist

**Staff Not Present:**

**Members of the Public Present:**

1. **CALL TO ORDER** ~Chairperson Glen Brookhouse called the meeting to order at 3:30 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** ~ Chairperson Glen Brookhouse proposed to approve agenda as written. Vice Chairperson Stacy Engelsman supported to approve, 2nd by Board Member John Weerstra. Unanimously approved by a voice vote.
4. **Approval of Prior Meeting Minutes** ~ Chairperson Glen Brookhouse motioned to approve the June 21, 2022 meeting minutes. Board Member John Weerstra supported the motion, 2<sup>nd</sup> by Vice Chairperson Stacy Engelsman. Unanimously approved by a voice vote.
5. **Review of ORR Status Report** ~ Recipient Rights Director Kelsey Newsome introduced Recipient Rights officers Allison Kridler and Samantha Dereski, she also went over the ORR Status report. The trend has been fewer incident reports across the region, possibly due to a better match between homes and residents.
6. **RRAC Education** ~ RRAC Education/Policy Review –ORR Specialist Melisse Hughes educated the committee in these policies:
  - 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** ~ Recipient Rights Director Kelsey Newsome went over the Recipient Rights budget. Chairperson Glen Brookhouse recommended that the budget be sent to the board for approval,

Board Member Amy Clugston agreed. Chairperson Glen Brookhouse asked if there was any other business, there was none.

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

9. **ADJOURNMENT** – Motion to adjourn made by Chairperson Glen Brookhouse supported by Board Member John Weerstra and approved unanimously by voice vote. Adjourned at 3:52 pm.

Respectfully Submitted by

*Melisse Hughes*

Melisse Hughes  
Clerical Support



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

Reporting Period: August & September 2022

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

**August & September 2022 Allegations**

Abuse I – Sexual Abuse	1
Abuse II – Exploitation	6
Abuse II – Non-Accidental Act	3
Abuse III	6
Neglect II	1
Neglect II – Failure to Report	2
Dignity & Respect	4
Mental Health Services Suited to Condition	6
Choice of Physician or Mental Health Provider	1
Freedom of Movement	4
No Right Involved	3
Out of Jurisdiction	1
Sanitary, Humane Treatment Environment	1
Safe Treatment Environment	1
<b>Total Allegations</b>	<b>40</b>

**Number of Incident Report Follow Ups completed in August & September 2022:** 6

**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
<b>Total</b>						<b>198</b>

All allegations extended past 90 days have since been closed.

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

Closed this reporting period: 5

Remaining open: 17 Allegations

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

<b>Goal</b>	<b>Updates/Current Status</b>
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 Collection 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.	Scheduled for review and planning at 10/17/22 ORR Team Meeting – will give verbal update at 10/18/22 RRAC meeting.
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 October 18, 2022

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

County Services Building, 3283 122<sup>nd</sup> 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. Review of Written Reports
  - a. Administrative Services Report – Erinn Trask, Chief Financial Officer
  - b. Facilities & Human Resources – Nan Lawrence, Director of Human Resources
6. Action Items
  - a. Voucher Disbursements September 2022
  - b. Contracts
    - i. FY2022
    - ii. FY2023
  - c. PA152
  - d. Building Grant Funds
7. Informational Items
  - a. September 2022 Financial Reports
8. Finance Committee Member Comments
9. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
10. Adjournment until next meeting: November 15, 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**  
September 27, 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 4:07pm.

2. **Public Comment** – None

3. **Approval of Agenda**

Moved: Mr. DeYoung

Supported: Mr. Weerstra

Motion carried.

**Approval of Minutes**

Moved: Mr. Dugan

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 August 2022 disbursements totaling \$6,819,969.08.

Moved: Mr. Weerstra

Supported: Mr. DeYoung

Motion carried.

b. The Finance Committee recommends that the OnPoint Board approve the amended fiscal year 2022 budget totaling \$38,156,000.

Moved: Mr. Dugan

Supported: Mr. Weerstra

Motion carried.

c. The Finance Committee recommends that the OnPoint Board approve the presented list of provider contracts for fiscal year 2023.

Moved: Mr. Weerstra

Supported: Mr. Brookhouse

Motion carried.

d. The Finance Committee recommends that the OnPoint Board approve the fiscal year 2023 budget totaling \$39,002,303.

Moved: Mr. Brookhouse

Supported: Mr. Weerstra

Motion carried.

e. The Finance Committee recommends that the Board authorize the Executive Director to sign the FY2023 General Fund contract with the Michigan Department of Health

and Human Services (MDHHS) on behalf of OnPoint (DBA for Allegan County Community Mental Health Authority), including any subsequent non-substantial amendments or extensions to the agreement which may be offered by the department.

Moved: Mr. DeYoung                      Supported: Mr. Dugan

Motion carried.

**6. Informational Items**

- a. August 2022 Financial Reports reviewed with Administrative Report.

**7. Finance Committee Member Comments**

No comments.

**8. Public Comment**

None

**9. Next Meeting** – October 18, 2022 at 4:00 pm.

**10. Adjournment**

Moved: Mr. Weerstra                      Supported: Mr. DeYoung

Motion carried.

Meeting adjourned at 4:57 pm.



## **Administrative Services Board Report October 2022**

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

269.303.8945 – [ETrask@OnPointAllegan.org](mailto:ETrask@OnPointAllegan.org)

The building project is expected to take several months longer than originally anticipated, with construction expected to be completed in late winter. We have submitted the eighth construction totaling \$422,150.21, which will be funded through the Michigan Economic Development Corporation (MEDC) grant. We have received and approved change order eleven totaling \$314,351.00 which will also be funded through the MEDC grant. This change order includes electrical and cabling changes for low voltage and security systems. 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 August 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 August 2022 based on revenue projections prepared by Beacon and LRE. When the final revenue accounting is received from the LRE we will update our records. We are projecting to return approximately \$1,564,000 (MH Medicaid and SUD Medicaid combined) to the LRE and carry forward approximately \$47,000 in General Funds to the next fiscal year.

As of August 31, 2022, most of the balance sheet is stable and consistent with prior year. Line items with significant variances from September 30, 2021 include:

- 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 decreased due to the payment of the settlement for fiscal year 2020 due to the LRE.
- Unearned Revenue increased due to the receipt of 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 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 August 31, 2022, OnPoint has received revenue close to the amended budget in almost every category. Medicaid and Healthy Michigan Plan revenue has been recorded based on actual payments received for October and November 2021. OnPoint is waiting on the final revenue accounting for December 2021 through August 2022 from the LRE, the revenue for those months has been recorded based on projections, but any retro revenue adjustment is not expected to be material.



As of August 31, 2022, most expenses are close to the amended budget. Supplies & Materials budget includes a \$75,000 SUD grant received late in the fiscal year for technology related purchases. Most of the purchases under that grant occurred during the month of September.

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.

Sincerely,

Erinn A. Trask, Chief Financial Officer  
Monday, October 10, 2022

# OnPoint

## Human Resources Board Report ~ October 2022

Submitted by Nan Lawrence  
269-673-6617, ext. 2731; [nlawrence@onpointallegan.org](mailto:nlawrence@onpointallegan.org)

### NEW HIRES

Last Name	First Name	Position	Date of Hire
Rockhill	Todd	Adult Case Manager	10/03/22
Messinger	Angie	Peer Support Specialist	10/03/22
Rosenberger	Heidi	Children's Wraparound Facilitator	10/10/22

### SEPARATIONS

Last Name	First Name	Position	Date of Separation
Austin-Roberts	Bree	After Hours Crisis Clinician	09/30/22

**Employee Engagement Committee:** Unfortunately, due to sickness with my family, the first meeting was postponed. Will provide update in November 2022.

**2023 Benefits Open Enrollment:** We are busy finalizing the open enrollment documents so that we can send information to staff regarding 2023 Benefits and open enrollments. One new benefit that we are excited to offer to staff is Pet Insurance (voluntary, employee paid). More to come as we finalize the details.

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

1. Consultation/therapy room furniture
2. Haworth furniture/walls
3. Will start working with Health & Safety to develop facilities emergency response plan





<b>Full Board ACTION REQUEST</b>	<b>Subject:</b>	<b>Voucher Disbursements</b>	
	<b>Meeting Date:</b>	October 18, 2022	
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson	
<b><u>RECOMMENDED MOTION:</u></b>			
<b><u>The Finance Committee recommends that the OnPoint Board approve the September 2022 disbursements totaling \$3,551,344.41.</u></b>			
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>			
<u>Date Issued:</u>	<u>Voucher Number:</u>	<u>Type:</u>	<u>Amount:</u>
September 2, 2022	P1678	Payroll	\$367,185.33
September 5, 2022	N/A	Loan Payment	\$21,334.00
September 15, 2022	V0882	Vendor	\$1,247,050.02
September 16, 2022	P1679	Payroll	\$348,914.74
September 23, 2022	P1680	Payroll	\$513,916.16
September 30, 2022	P1681	Payroll	\$375,698.72
September 30, 2022	V0883	Vendor	\$677,245.44
<b><u>BUDGET/FINANCIAL IMPACT</u></b>			
<ul style="list-style-type: none"> <li>• These disbursements are part of the approved fiscal year 2022 operating budget for OnPoint.</li> <li>• Special payroll on September 23, 2022 include the annual PTO buy-out and a retro cost-of-living adjustment for all staff.</li> </ul>			
<b>BY:</b> Erinn Trask, Chief Financial Officer		<b>DATE:</b> October 10, 2022	



<b>Full Board</b>	<b>Subject:</b>	<b>Contracts</b>
<b>ACTION REQUEST</b>	<b>Meeting Date:</b>	October 18, 2022
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson
<b><u>RECOMMENDED MOTION:</u></b>		
The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2022.		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>		
<b>Provider</b>	<b>Contracted Service(s)</b>	
Enriched Living, LLC	Specialized Residential	
Above & Beyond Care	Specialized Residential	
<b><u>BUDGET/FINANCIAL IMPACT</u></b>		
These contracted services are part of the fiscal year 2022 operating budget for OnPoint.		
<b>BY:</b> Nikki McLaughlin, Accounting Manager		<b>DATE:</b> October 18, 2022



<b>Full Board</b>	<b>Subject:</b>	<b>Contracts</b>
<b>ACTION REQUEST</b>	<b>Meeting Date:</b>	October 18, 2022
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson
<b><u>RECOMMENDED MOTION:</u></b>		
The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2023.		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>		
<b>Provider</b>	<b>Contracted Service(s)</b>	
Enriched Living, LLC	Specialized Residential	
Above & Beyond Care	Specialized Residential	
Locum Tenens	Psychiatric Staffing	
Iris Telehealth	Psychiatric Telehealth	
Genoa Telepsychiatry	Psychiatric Telehealth	
No One Lives Alone	SUD Recovery Housing	
Meridian Health Services	SUD Residential	
<b><u>BUDGET/FINANCIAL IMPACT</u></b>		
These contracted services are part of the fiscal year 2023 operating budget for OnPoint.		
<b>BY:</b> Nikki McLaughlin, Accounting Manager		<b>DATE:</b> October 18, 2022



<b>Full Board ACTION REQUEST</b>	<b>Subject:</b>	<b>PA152</b>
	<b>Meeting Date:</b>	October 17, 2022
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson
<b><u>RECOMMENDED MOTION:</u></b>  The Finance Committee recommends a motion to comply with the requirements of 2011 Public Act 152, the Publicly Funded Health Insurance Contribution Act, by adopting the annual Exemption option for the medical benefit plan coverage year January 1, 2023, through December 31, 2023.		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>  <ul style="list-style-type: none"> <li>Annually the State of Michigan publishes the maximum amount that a public employer can pay for employee health insurance by plan type (single, employee plus spouse/one, and family).</li> <li>If public employers do not want to use the hard cap rates published by the State of Michigan, the employer can adopt a resolution to pay 80% of the health insurance cost for employees or public employers can adopt a resolution to exempt themselves from this requirement.</li> <li>The Allegan County Community Mental Health Services dba OnPoint Board has historically exempted itself from the hard cap requirement.</li> </ul>		
<b><u>BUDGET/FINANCIAL IMPACT</u></b>  <ul style="list-style-type: none"> <li>The fiscal year 2023 budget included an employer share over the hard cap amount. This motion does not represent a change to the Board's budget.</li> </ul>		
<b>BY:</b> Erinn Trask, Chief Financial Officer		<b>DATE:</b> October 10, 2022



<b>Full Board ACTION REQUEST</b>	<b>Subject:</b>	<b>Authorize Increase to Building Construction Budget</b>
	<b>Meeting Date:</b>	October 18, 2022
	<b>Requested By:</b>	Erinn Trask, Chief Financial Officer
<b><u>RECOMMENDED MOTION:</u></b>  The Board of Directors for Allegan County Community Mental Health Services dba OnPoint authorizes an increase of the building construction budget from \$6,621,270 to \$9,121,270, with the increase to be funded with a grant from the Michigan Economic Development Corporation.		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>  <ul style="list-style-type: none"> <li>• The total building construction budget approved by the Board is \$6,621,270.</li> <li>• OnPoint has secured a loan from the USDA in the amount of \$5,635,000.</li> <li>• OnPoint committed to cover the gap of \$986,270 between the total project cost and the USDA loan.</li> <li>• OnPoint has secured additional funding for the project through a grant from the Michigan Economic Development Corporation (MEDC) in the amount of \$2,500,000. This funding will be used to add back items removed from the original plans due to funding limitations, cover material cost increases, and fund certain enhancements to the project including a building generator, new office furniture, and parking lot resurfacing.</li> </ul>		
<b><u>BUDGET/FINANCIAL IMPACT</u></b>  <ul style="list-style-type: none"> <li>• This resolution does not require any funding from the agency's operational budget.</li> </ul>		
<b>BY:</b> Erinn Trask		<b>DATE:</b> October 18, 2022

ONPOINT



Period Ended  
August 31, 2022

Monthly Finance  
Report

## ONPOINT

### Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2021 through August 31, 2022

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 20,259,948	\$ 3,020,165	\$ 2,176,087	\$ 25,456,200	\$ 1,383,569
Expense	21,368,308	1,479,123	2,195,897	25,043,328	1,336,511
<b>Revenue over/(under) expenses</b>	<u><u>\$ (1,108,360)</u></u>	<u><u>\$ 1,541,042</u></u>	<u><u>\$ (19,810)</u></u>	<u><u>\$ 412,872</u></u>	<u><u>\$ 47,058</u></u>

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined	SUD Block Grant	Public Act 2
Revenue	\$ 578,646	\$ 1,232,140	\$ 1,810,786	\$ 135,698	\$ -
Expense	240,321	419,315	659,636	112,525	-
<b>Revenue over/(under) expenses</b>	<u><u>\$ 338,325</u></u>	<u><u>\$ 812,825</u></u>	<u><u>\$ 1,151,150</u></u>	<u><u>\$ 23,173</u></u>	<u><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

August 31, 2022

	September 2021	August 2022
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	\$ 4,724,816	\$ 4,456,204
Accounts receivable	1,193,751	320,946
Prepaid items	456,404	528,462
<b>Total current assets</b>	<u>6,374,972</u>	<u>5,305,612</u>
<b>Non-current assets</b>		
Capital assets not being depreciated	425,461	2,459,575
Capital assets being depreciated, net	32,666	1,598,050
<b>Total non-current assets</b>	<u>458,126</u>	<u>4,057,625</u>
<b>Total assets</b>	<u>6,833,098</u>	<u>9,363,237</u>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities	\$ 6,009,003	\$ 4,791,696
Accrued vacation and self-insurance claims	554,561	554,561
Unearned revenue	239,213	1,386,269
Current portion of long-term debt	-	256,008
<b>Total current liabilities</b>	<u>6,802,777</u>	<u>6,988,534</u>
<b>Long-term liabilities</b>		
Notes payable	-	2,261,926
<b>Total liabilities</b>	<u>6,802,777</u>	<u>9,250,460</u>
<b>Net position</b>	<u>\$ 30,321</u>	<u>\$ 112,777</u>

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# ONPOINT

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

October 1, 2021 through August 31, 2022

Percent of Year is 91.67%

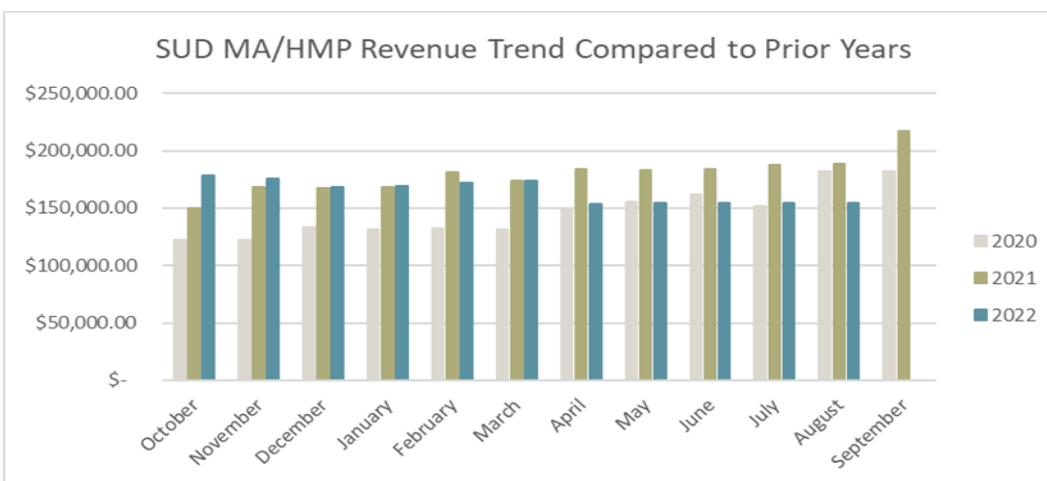
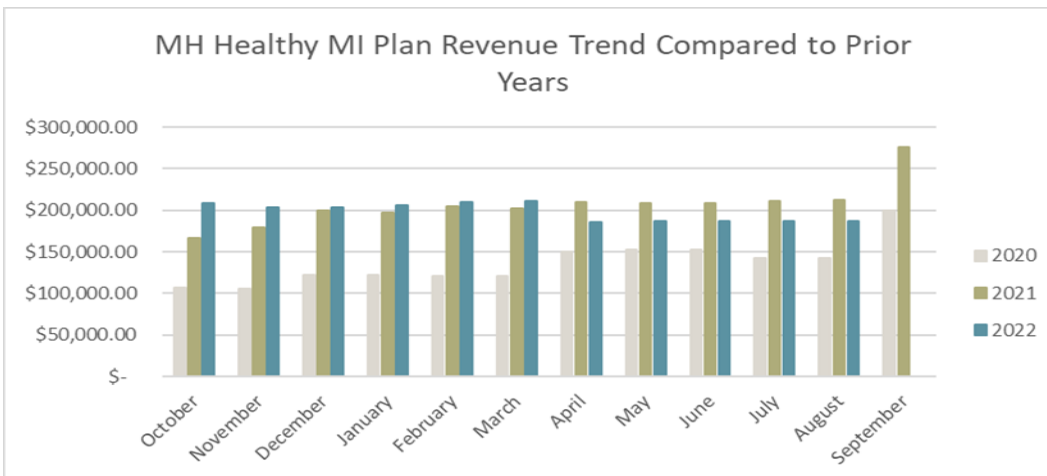
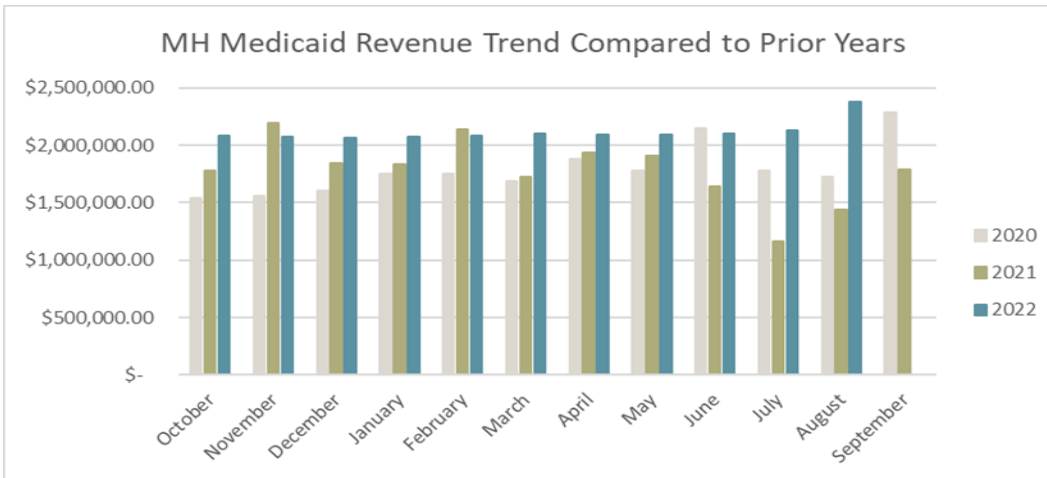
	Total Amended Budget	YTD Totals 8/31/22	Under/(Over) Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid:				
Traditional Capitation	\$ 23,550,238	\$ 20,259,948	\$ 3,290,290	86.03%
Traditional Capitation-Autism	3,434,430	3,020,165	414,265	87.94%
Traditional Settlement	(607,970)	(432,682)	(175,288)	
Healthy Michigan Capitation	2,499,734	2,176,087	323,647	87.05%
Healthy Michigan Settlement	(52,256)	19,810	(72,066)	
Substance use disorder revenue:				
Traditional Capitation	669,180	578,646	90,534	86.47%
Traditional Settlement	(418,237)	(338,325)	(79,912)	
Healthy Michigan Capitation	1,407,848	1,232,140	175,708	87.52%
Healthy Michigan Settlement	(904,221)	(812,825)	(91,396)	
State General Fund:				
Formula Fundings	1,584,815	1,383,569	201,246	87.30%
Settlement	(59,729)	(47,058)	(12,671)	
SAMHSA Housing	400,000	372,711	27,289	93.18%
Other reimbursements	125,000	121,712	3,288	97.37%
Grants and earned contracts	6,223,999	5,161,197	1,062,802	82.92%
Local funding	376,000	327,313	48,687	87.05%
<b>Total operating revenue</b>	<b>\$ 38,228,831</b>	<b>\$ 33,022,408</b>	<b>\$ 5,206,423</b>	<b>86.38%</b>
<b>Operating expenses</b>				
Salaries & Benefits	\$ 11,024,000	\$ 9,542,036	\$ 1,481,964	86.56%
Supplies & Materials	264,000	155,439	108,561	58.88%
Contractual Services	25,971,000	22,478,692	3,492,308	86.55%
Communications	165,000	142,899	22,101	86.61%
Travel/Training/Transportation	173,000	146,638	26,362	84.76%
Risk Management	60,000	50,172	9,828	83.62%
Occupancy	328,000	277,403	50,597	84.57%
Other maintenance	10,000	8,497	1,503	84.97%
Equipment	161,000	138,176	22,824	85.82%
<b>Total operating expenses</b>	<b>\$ 38,156,000</b>	<b>\$ 32,939,952</b>	<b>\$ 5,216,048</b>	<b>86.33%</b>
<b>Change in net position</b>	<b>72,831</b>	<b>82,456</b>	<b>\$ (9,625)</b>	
<b>Beginning net position</b>	<b>30,321</b>	<b>30,321</b>		
<b>Ending net position</b>	<b>\$ 103,152</b>	<b>\$ 112,777</b>		

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## ONPOINT

### Key Indicators

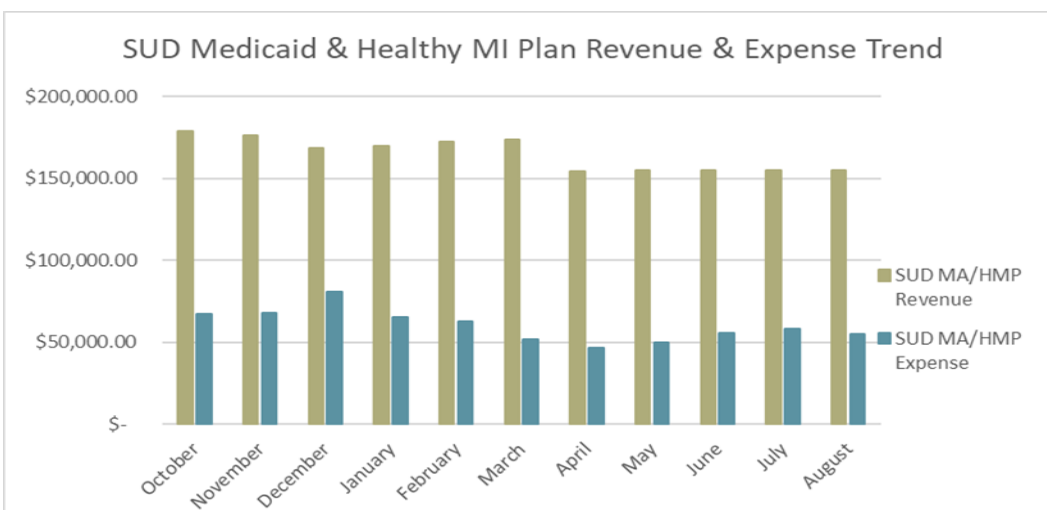
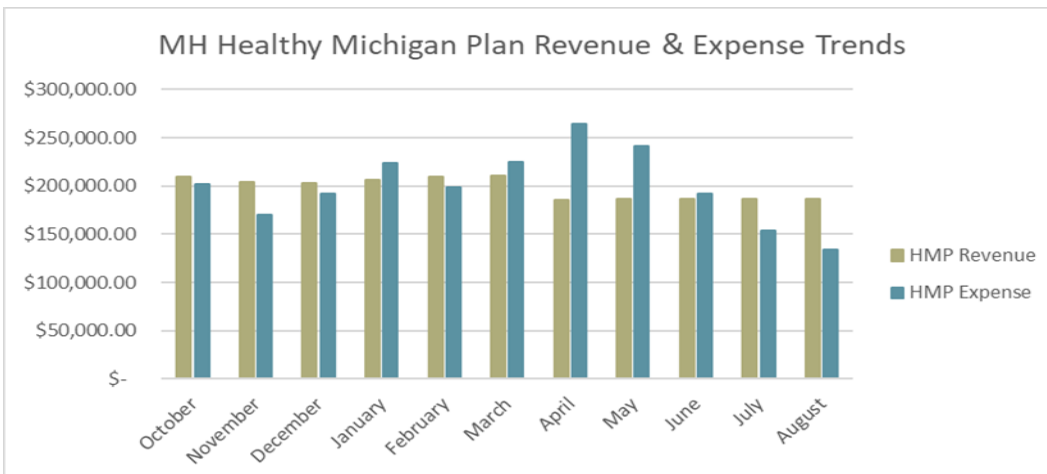
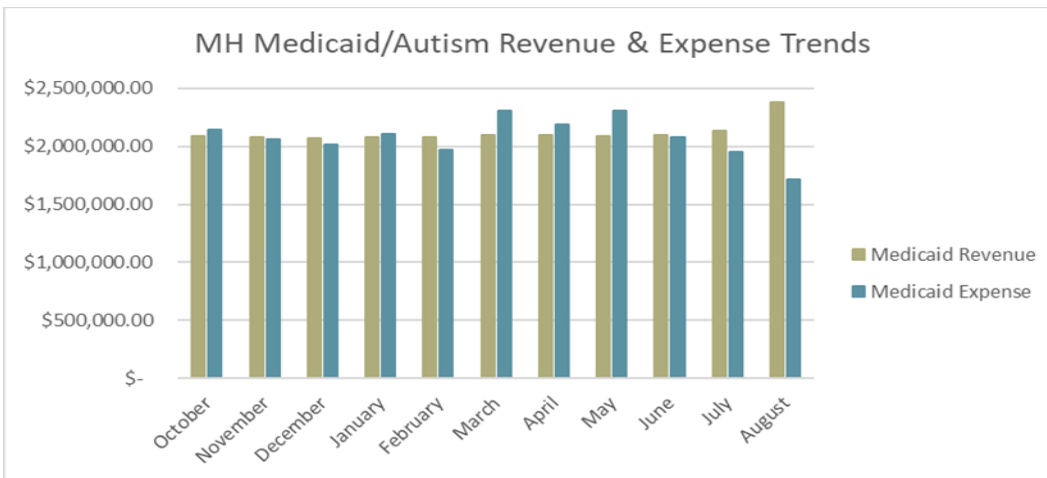
August 31, 2022



## ONPOINT

### Key Indicators

August 31, 2022



## AGENDA

OnPoint  
Program Committee  
Tuesday, October 18, 2022  
4:15 pm

County Services Building, 3283 122<sup>nd</sup> 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: SUD Programming – Lauren Tordaro and Brooke Hickman
6. FY2023 Quality Improvement Plan Presentation – Mandy Padgett
7. **Motion:** Approval of Quality Improvement Plan
8. Written Reports to Program Committee
  - a. Integrated Health – Leanne Kellogg
  - b. Clinical Services – Dr. Geniene Gersh
  - c. Quality Improvement/Performance Management – Mandy Padgett
  - d. Customer Service – Cathy Potter (Feb/May/Aug/Nov).
9. Program Committee Member Comments
10. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
11. Adjournment – Next meeting November 15, 2022

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

**Program Committee. (Excerpt from Board Bylaws, Art. VII. Section 1c (page 5) approved by 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  
September 27, 2022 – 4:15 pm**

**Board Members Present:** Amy Clugston, Alice Kelsey, Emily Schwartz (virtual) and Commissioner Jim Storey

**Board Members Absent:** Kimberly Bartnick

**ACCMHS Staff Present:** Geniene Gersh, Brenda Holquist, Leanne Kellogg, Sara Milnikel, Mandy Padget, Brenda Polmanteer and Lauren Tordaro

**Others:** None

**1. Call to Order**

Commissioner Storey called the meeting to order at 4:15 pm.

**2. Public Comment**

None.

**3. Approval of Agenda**

Moved: Ms. Clugston

Supported: Ms. Kelsey

Motion carried.

**4. Approval of Minutes of August 16, 2022**

Moved: Ms. Clugston

Supported: Ms. Kelsey

Motion carried.

**6. Program Presentation – CLS/Residential Services**

Ms. Milnikel presented and was 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

None.

**7. Program Committee Member Comments**

None.

**8. Public Comment**

None.

9. **Adjournment**

Meeting adjourned at 5:15 pm.



# SUD Treatment Services

Substance Use Disorder and  
Co-Occurring Programs at OnPoint

# What is a Substance Use Disorder (SUD) and what are SUD Services?

“SUD are when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as **health problems, mental health problems, and failure to meet major responsibilities at work, school, or home.**” *SAMHSA 2022*

*“Primary Diagnosis” Treatment Planning*

# What are Co-Occurring Disorders (COD) and what are COD Services?

“When a substance use disorder and a psychiatric disorder co-occur, they may differ in severity, and the severity of each can change over time. Compared to individuals who have a single disorder, those with a combination of disorders may experience more severe medical and mental health challenges and may also require longer periods of treatment.” *SAMHSA 2019*



# OnPoint SUD Treatment Services



## Screening for SUD/COD

Identify clients at initial contact who may have SUD/COD, and provide evidence-based screening tools for level of care, appropriate referral information if needed, and resource information.



## Assess for SUD/COD

Assess clients utilizing the ASAM (American Society of Addiction Medicine) CONTINUUM to accurately and effectively diagnose SUD/COD for person-centered treatment.



## Treatment for SUD/COD

Support clients diagnosed with SUD/COD by assisting in person-centered, evidence-based practice supported treatment planning, and providing treatment that supports their goals.



## Provide Peer Support

Connect clients with credentialed staff members with lived experiences with SUD/COD to support both substance use and mental health recovery goals.

# OnPoint SUD Treatment Services

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COD Services	MAT	IOP	RM
<b>Within Existing Programs</b>  Access/Crisis, Outpatient, ACT, Children's Services, Housing Programs, continued...	<b>Medication Assisted Treatment</b>  Withdrawal management supports including via medication (naltrexone, buprenorphine, methadone, etc.)	<b>Intensive Outpatient Program</b>  Higher level of care for clients identified with SUD/COD. Evidence-based practice for StUD, OUD, COD..	<b>Recovery Management</b>  A collaborative team model including case management, therapy, and peer support. This is a supportive model that can support clients with a higher level of care need.

# “Big Picture” SUD Treatment Services

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## Expanding HLOC

**Detox, Short-Term  
Residential,  
Long-Term  
Residential**

Payment through SUD  
Tx BG, SOR 3.

## Recovery Housing

**Expanding services  
“In-county”**

Recovery residences  
for stabilization.

## IOP

**Intensive  
Outpatient**

Full-fidelity,  
MATRIX model  
site.

## RM

**Recovery  
Management**

Blend and hybrid  
sustainability plan with  
GBHI (Grants for the  
Benefit of Homeless  
Individuals).

# SOR (State Opioid Response) 3

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## StUD/ODU Tx

Supports treatment costs for uninsured individuals. This includes the following approved EBPs: MAT, Matrix Model, Motivational Interviewing, Dialectical Behavioral Therapy, Case Management, Contingency Management

## Recovery Housing

### **Expanding services “In-county”**

Recovery residences for stabilization.

## StUD/ODU Recovery

### **Intensive Outpatient**

Full-fidelity, MATRIX model site.

## OEND

### **Overdose Education & Naloxone Distribution**

Naloxboxes,  
OnPoint Overdose Response Kit,  
NARCAN Trainings for Community

# Goals of CCBHC

- Help people improve their health by making it easier to get into treatment
- Keep people from going into the hospital when they don't need hospital care
- Blend mental health, substance use disorder, and physical health treatment services

# Goals of SUD Services

- Provide a continuum of services that adjusts to client need and person-centered goals
- Support evidence-based interventions to clients with SUD/COD
- Provide training and supervision opportunities to staff and community providers for SUD/COD

## OnPoint SUD Services Department

**Lauren Todaro, MSW, LMSW, CAADC**

SUD Services Manager

OnPoint SUD Services

**Brooke Hickman, LMSW, CAADC, DP-S, JD**

SUD Program Supervisor

OnPoint SUD Treatment Programs

**Heidi Denton, MSW, CPS-M**

SUD Prevention Supervisor

OnPoint Prevention Programs

**Erin Hurley - Prevention Specialist**

**Sherrie Chase, B.S. - Prevention Specialist**

**Nikki Barth, LMSW, CPC-M - Prevention Specialist**



# **Quality Improvement Plan for Fiscal Year 2023**

## **INTRODUCTION**

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

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

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

## **OUR MISSION**

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

## **OUR VISION**

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

## **OUR CORE VALUES**

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

## **OUR COMMITMENT**

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

1. Measuring and assessing the performance of services through the collection and analysis of data.

2. Conducting quality improvement initiatives and acting where indicated, including the design of new services and/or improvement of existing services or processes that affect the quality of care at OnPoint.

## QUALITY IMPROVEMENT ASSUMPTIONS

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

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

## PURPOSE

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

The purpose of the OnPoint Quality Improvement Program is to:

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

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



- Outline the structure for monitoring and evaluating OnPoint and service provider's compliance with regulations and requirements.

## GOALS

The OnPoint Quality Improvement Program will:

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

## QUALITY IMPROVEMENT STRUCTURE AND ACTIVITIES

### ***Board of Directors***

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

### ***Management Team***

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

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

### ***QI Coordinator***

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

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

### ***OnPoint Supervisors/Leadership***

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

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

### ***OnPoint Staff***

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

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

### ***Subcontracting Agencies***

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

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

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

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

- Actively participating in quality improvement activities designed to obtain stakeholder input.
- Using the systems and procedures in place.

- Identifying improvement opportunities.
- Participating in teams, work groups, and committees.
- Providing feedback regarding agency changes and process improvement projects.

## OVERVIEW OF COMMITTEES

### **Quality Improvement Council**

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

### **Recipient Rights Committee**

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

### **Behavioral Treatment Committee**

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

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

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

### **Utilization Management Committee**

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

### **Health and Safety**

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

- Conducts safety drills.
- Ensures physical accessibility.
- Completes annual inspections.

### **Corporate Compliance**

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

<b>QUALITY MANAGEMENT / IMPROVEMENT SYSTEM</b>
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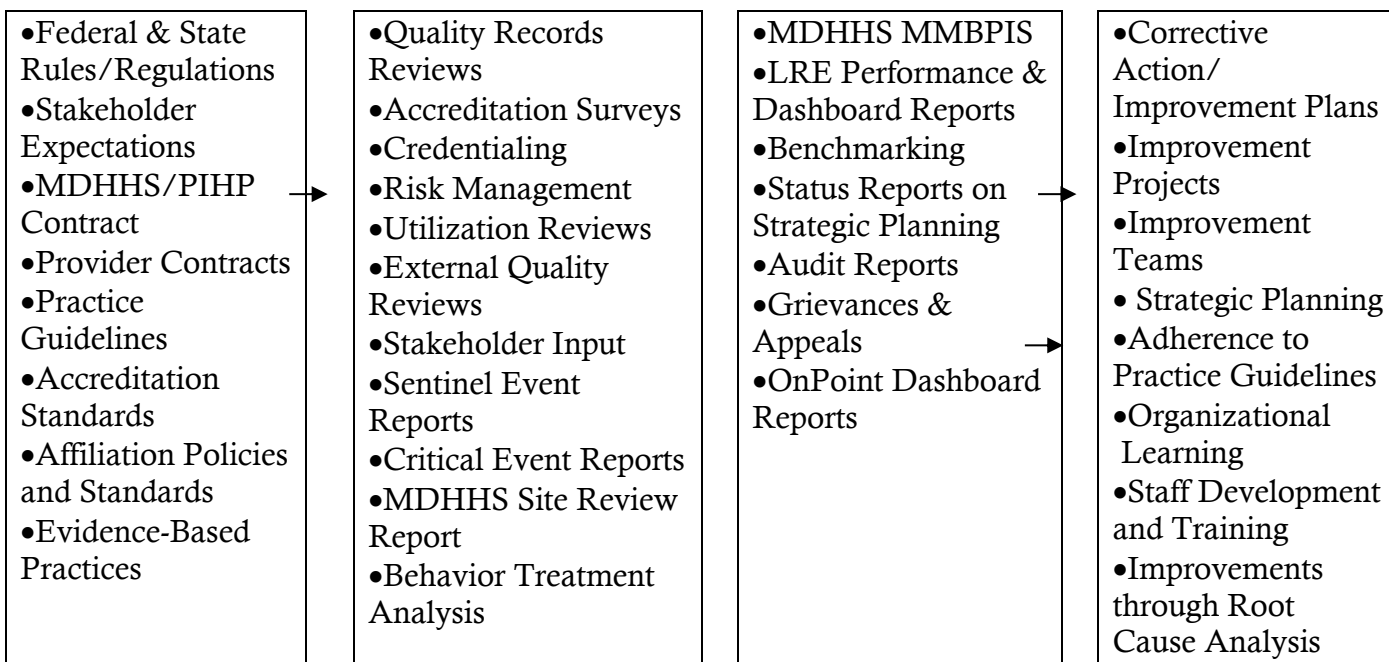
The OnPoint Quality Management System combines the traditional aspects of quality assurance and adds the elements of continuous quality improvement. The Quality Management System helps OnPoint achieve its mission, realize its vision, and live its values. It protects against adverse events and provides mechanisms to implement positive changes within the agency.

The *Quality Management System* includes:

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

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

ONPOINT QUALITY MANAGEMENT SYSTEM			
Quality Standards	Assessment Activities	Performance Measurements	Improvement Strategies



## I. Quality Standards

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

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

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

### Confidentiality

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

## II. Assessment Activities

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

### Stakeholder Input

OnPoint recognizes that obtaining stakeholder input is a vital aspect of any system designed for continuous quality improvement. Typical stakeholders identified to

provide input to OnPoint include: service consumers, staff, contract service providers, families/advocates, and the local community. Input is collected to better understand how OnPoint is performing from the perspective of its stakeholders. Quantitative and qualitative assessments are conducted to address issues of quality, availability, and accessibility of care. The input is continually analyzed, and the analysis is integrated into the practices of OnPoint.

As a result of input from stakeholders, OnPoint:

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

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

<b>STAKEHOLDER INPUT-METHODS &amp; SOURCES</b>
--

Type of Input	Consumer	Staff	Providers	Family/ Advocates	Community
Interviews	<i>MDHHS Site Reviews, Accreditation, Individual Assessments, Evaluations</i>	<i>Performance Evaluations, Termination/Exit Interviews</i>	<i>ORR Site Visit, Quality Review of Providers</i>	<i>MDHHS Site Reviews</i>	
Suggestions	<i>Case Management/ Supports Coordination Contacts or Customer Service Contacts</i>	<i>Supervision, Quality Improvement Ideas</i>	<i>Quality Monitoring Reviews, Case Management Contacts</i>	<i>Case Management/ Supports Coordination Contacts</i>	<i>Contacts made to ONPOINT</i>
Forums	<i>Consumer Opportunity Advisory Panel, Board Meetings</i>	<i>Team/Unit Meetings</i>	<i>MDHHS Reviews, Contract Negotiations, Meetings</i>	<i>MDHHS Reviews, Advisory Council</i>	<i>MDHHS Reviews, Open Forums at Board Meetings, Advisory Council</i>
Surveys	<i>Consumer Surveys</i>	<i>Staff Surveys</i>	<i>Provider Surveys, Accreditation surveys</i>	<i>Satisfaction Surveys</i>	
Planning	<i>Service Planning Meeting</i>	<i>Program Planning</i>	<i>Budget Planning</i>	<i>Service Planning Meeting</i>	
Assessment	<i>Pre-planning Information, Progress Notes Reviews, Discharge Summary</i>	<i>Performance Evaluations</i>	<i>Quality Review of Providers.</i>	<i>Surveys assessing family/ advocate satisfaction level/ needs</i>	<i>Community Needs Assessment</i>

<b>Type of Input</b>	<b>Consumer</b>	<b>Staff</b>	<b>Providers</b>	<b>Family/ Advocates</b>	<b>Community</b>
Grievances / Appeals	<i>Grievance Systems to File a Grievance, Appeal, or Recipient Rights Complaint</i>	<i>Staff Grievance</i>	<i>Provider Grievance, Placement Reconsideration for Inpatient Requests</i>	<i>Grievance Systems</i>	<i>Contacts made to Customer Services</i>
Complaints	<i>Recipient Rights Complaint, Complaints Discussed with Customer Services</i>	<i>Employee Complaint</i>	<i>Recipient Rights Complaint</i>	<i>Recipient Rights Complaint</i>	<i>Recipient Rights Complaint</i>

#### Quality Records Reviews

OnPoint has a Quality Records Review Team comprised of staff

that are knowledgeable in external compliance standards and reimbursement practices. The team meets to complete random and/or focused reviews depending on present issues. Formal reports are generated from these reviews and are shared with the staff providing the service, managers/supervisors, the Clinical Director, and the QI Team. The Quality Records Review Team notifies the Corporate Compliance Committee when an issue warranting further investigation is identified. In addition, OnPoint will follow the LRE policy on Provider Network Monitoring, which describes additional mechanisms for monitoring and assessing compliance with contract, state, and federal requirements of service providers.

#### MDHHS Site Reviews

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

#### LRE Site Reviews

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

#### External Quality Reviews

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

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

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

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

The OnPoint QI Coordinator is responsible for tracking critical incidents, risk events, and sentinel events reported to OnPoint via incident reports. The Office of Recipient Rights (ORR) is responsible for reviewing consumer incidents and all complaints that



may violate the rights of consumers. In combination of efforts from the OnPoint QI Program and the Office of Recipient Rights, the critical incidents, complaints, and sentinel events review processes includes:

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

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

#### Credentialing

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

#### Accreditation

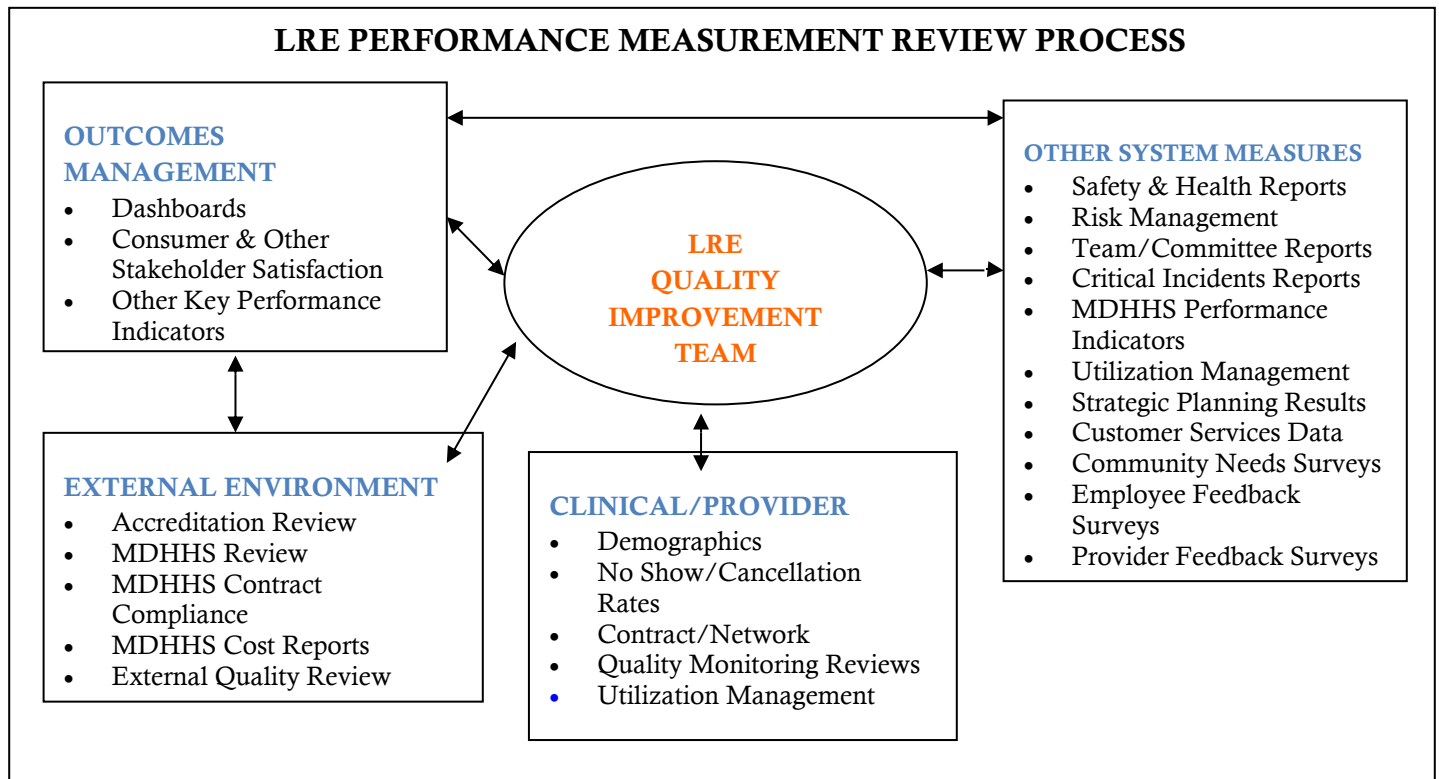
The Director of Quality and Compliance serves as the CARF Liaison and chairs the CARF/QI Team. The Director of Quality and Compliance organizes the CARF survey process and offers extensive consultation to the Management Team and Managers/Supervisors on meeting and exceeding CARF standards. Other members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

### **III. Performance Measurement**

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

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

The following figure displays many of the performance indicators that are monitored and reviewed by the LRE to determine significant trends and to plan, design, measure, assess, and improve services, processes, and systems. If performance does not meet the standard established by the LRE, an improvement strategy will be determined and implemented by OnPoint.



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

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

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

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

of the data across the affiliation and that the indicators conform to the “Validation of the Performance Measures” of the Balanced Budget Act protocols. The LRE will review MMBPIS results. If OnPoint is out of compliance with MDHHS standards, OnPoint will work with the LRE to ensure the implementation of an effective improvement plan.

**B. Utilization Management**

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

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

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

**IV. Improvement Strategies**

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

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

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

### ONPOINT QUALITY IMPROVEMENT GOALS FOR FISCAL YEAR 2023

Goal #1	Objective(s)	Action(s)/ Success Measure(s)	Responsible Party	Target Date
<b>Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS).</b>	<p>-To meet all standards for MMBPIS (quality of care) Indicators for access, timeliness to services, continuity of care, efficiency, and outcomes.</p> <p>-To report MMBPIS results to stakeholders on a consistent basis.</p>	<p><b><u>Actions:</u></b></p> <p>-The QI Coordinator will work with IT staff to ensure accurate reports are submitted in a timely manner.</p> <p>-Managers/Supervisors will oversee the activities related to MMBPIS standards and will encourage staff to strive to meet them on a consistent basis.</p> <p>-When a <i>Plan of Correction</i> is required by the LRE, Supervisors will be responsible to write it and the QI Coordinator will submit it in a timely manner.</p> <p><b><u>Measure:</u></b></p> <p>MMBPIS results are measured in percentages as required by the state: Indicators 1, 4a, and 4b are 95% or greater; Indicator 10 (Recidivism) is 15% or less. Indicators 2a and 3 do not currently have a standard, as they are being reviewed by the state.</p>	QI Coordinator, Supervisors, Clinical Staff	9/30/23

Goal #2	Objective(s)	Action(s)/ Success Measure(s)	Responsible Party	Target Date
<b>Ensure effective implementation of the Certified Community Behavioral Health Clinic (CCBHC) Expansion Grant.</b>	To ensure that CCBHC implementation, outreach, and engagement efforts are effectively expanding access to services.	<p><b><u>Actions:</u></b></p> <p>CCBHC Staff and QI Staff will work collaboratively to monitor and report out CCBHC data and improvement activities.</p> <p><b><u>Measures:</u></b></p> <ul style="list-style-type: none"> <li>- Trending and analysis of the number of CCBHC individuals served within the second year of the expansion grant award.</li> <li>- Increased service engagement by addressing barriers to service identified through data analysis and trending reports.</li> </ul>	CCBHC Health Services Data Lead, QI Staff	9/30/23

Goal #3	Objective(s)	Action(s)/ Success Measure(s)	Responsible Party	Target Date
<b>Further promote cultural competency, equity, inclusion, and trauma-informed approaches to respond to the needs of persons served, workforce, and the community.</b>	<p>As facilitated, monitored, and implemented through collaborative organizational efforts:</p> <ul style="list-style-type: none"> <li>-Provide enhanced training opportunities for staff that include concepts of historical/racial trauma and recovery-oriented principles.</li> <li>-Enhance current HR hiring and employee management practices to reflect principles rooted in equity and inclusivity and apply those principles to OnPoint training, hiring, and staff oversight practices.</li> </ul>	<p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>-The QIC will provide feedback and improvement ideas to DIA, as needed.</li> <li>-The OnPoint Quality Improvement Department will work in collaboration with the HR Department using feedback from the DIA to review existing forms, policies, and procedures to ensure inclusivity and equity in hiring practices across the organization. Outcomes will be reported to QIC on a quarterly basis.</li> </ul> <p><b><u>Measure:</u></b></p> <ul style="list-style-type: none"> <li>-80% of HR forms to be reviewed/revised by 9/30/2023.</li> <li>- The OnPoint Diversity and Inclusion Alliance (DIA) will submit a quarterly report to the QI Council (QIC) on education and training opportunities offered to the organization, as well as other areas for improvement identified by the committee.</li> </ul>	Diversity and Inclusion Alliance, Quality Improvement Committee, HR.	9/30/23

Goal #4	Objective(s)	Action(s)/ Success Measure(s)	Responsible Party	Target Date
<b>Establish a consistent process of reviewing, trending, and reporting Incident and Accident event data to stakeholders on a quarterly basis.</b>	OnPoint will actively synthesize data from reported incidents/events to identify potential issues and create a plan of action for areas in need of quality improvement.	<p><u><b>Actions:</b></u></p> <ul style="list-style-type: none"> <li>-Working collaboratively with the OnPoint Office of Recipient Rights, the OnPoint Quality Improvement Department will develop processes to analyze data and identify potential trends discovered from reviewing incident reports.</li> <li>-Data from Contracted/Service Providers will also be analyzed separately and recommendations will be made, as needed.</li> </ul> <p><u><b>Measures:</b></u></p> <ul style="list-style-type: none"> <li>-Total number of reports reviewed on a quarterly basis.</li> <li>-Number of quality improvement initiatives identified as a result of reviewing incident reports.</li> </ul>	Quality Improvement Staff, Recipient Rights Staff, HR	9/30/23

Goal #5	Objective(s)	Action(s)/ Success Measure(s)	Responsible Party	Target Date
<b>The OnPoint Quality Improvement Department and Quality Improvement Council will stay current and compliant with identified performance indicators, accreditation and regulatory standards.</b>	<ul style="list-style-type: none"> <li>-Improve monitoring and communication of accreditation, regulatory, and performance standards.</li> <li>-Ensure knowledge of current accreditation standards and changes within the CARF manual.</li> </ul>	<p><b><u>Actions:</u></b></p> <p>The QI Council will create a Reporting Matrix/Schedule for monthly review of quality data (e.g., MMBPIS, Encounter Data, Incident Reports, Regional Reports).</p> <p><b><u>Measures:</u></b></p> <ul style="list-style-type: none"> <li>-Reports will be reviewed at each QI Council meeting.</li> <li>-Improvement opportunities and projects will be identified from auditing results and outcomes.</li> </ul>	QI Department, QI Council	9/30/23



## OnPoint

<b>Board of Directors ACTION REQUEST</b>	<b>Subject:</b>	<b>FY 23 OnPoint Quality Improvement Plan</b>
	<b>Meeting Date:</b>	October 16, 2022
	<b>Requested By:</b>	Mandy Padget
<p><b><u>RECOMMENDED MOTION:</u></b></p> <p>The OnPoint Program Committee recommends the OnPoint Board approve the FY2023 OnPoint Quality Improvement Plan.</p>		
<p><b><u>SUMMARY OF REQUEST/INFORMATION:</u></b></p> <p><u>Rationale:</u></p> <p style="margin-left: 40px;">MDHHS requires each PHIP to author an annual Quality Assessment and Quality Improvement Program (QAQIP) which meets the specified standards in the MDHHS contract. Additionally, each CMH is required to author an annual Quality Improvement Plan (QIP) that is <b>approved by the CMH Board</b>. Most requirements are met through the PIHP QAQIP. Areas where CMH distinctions are necessary (QI Structure and QI Goals) are included in the QIP.</p> <p style="margin-left: 40px;">QIP Goals are to include areas in need of improvement within the agency. Goals should focus on the following: access, clinical care, consumer protection, integrating care, and consumer satisfaction.</p>		
<p><b>BY:</b> Mandy Padget, Director of Quality Improvement and Compliance</p>		<p><b>DATE:</b> October 18, 2022</p>

## OnPoint Integrated Health and SUD Board Report

### October 2022 BOARD REPORT

Leanne Kellogg, MS, BSN, RN, Director of Integrated Health and Substance Use Services

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

We have completed year 1 of CCBHC grant project- what a milestone accomplishment and a point in time appropriate for some reflection. This first year has been a significant undertaking- one full of many efforts- workflow improvements, process adjustments, staffing additions and an incredible amount of change effort. We appreciate the dedication from all our staff members throughout it all. We understand the work yet to be done together and are looking forward to more progress to provide these comprehensive services to our communities and individuals who need them.

During our first year, the CCBHC program served 194 adults and 90 children in year 1: an enrollment rate of 95%, exceeding SAMHSA's 80% target. In our annual program narrative to SAMHSA, we highlighted CCBHC required activities including our new preliminary screening & risk assessment, standardized screening tools to determine urgency level, the expanded comprehensive assessment that includes the primary care screening and NOMs intake data collection. A NOMS dashboard was created by our IBH Analytics team in PowerBI (Microsoft interactive data software) to monitor program access, functional status at intake, and outcomes for the CCBHC population as well as our disparate sub-populations (veterans and LGBTQ+). We showed dashboards on service utilization as a mechanism to monitor the availability and accessibility to CCBHC services. We also discussed our early continuous quality improvement efforts and the PowerBI dashboards as a manager's tool for targeted staff education and coaching, much more data driven outcomes to come!

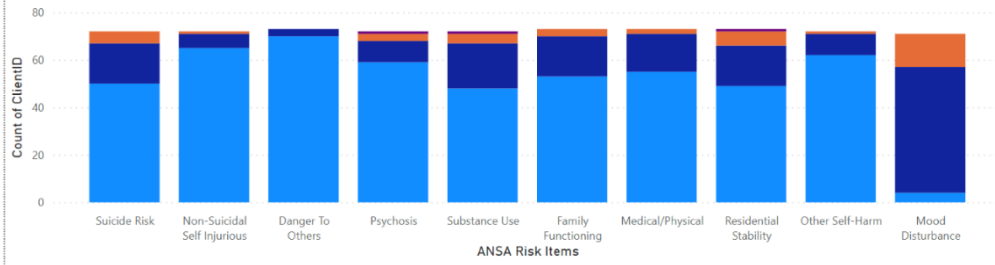
Below are examples of the dashboards created to measure the progress of our goals as well as empower our staff with information for change. We are grateful for the partnership with IBH Analytics to evaluate our grant goals and inform practice changes alongside us.

#### **Step 1: Preliminary Screening & Risk Assessment**



### Adult ANSA Preliminary Risk Assessment

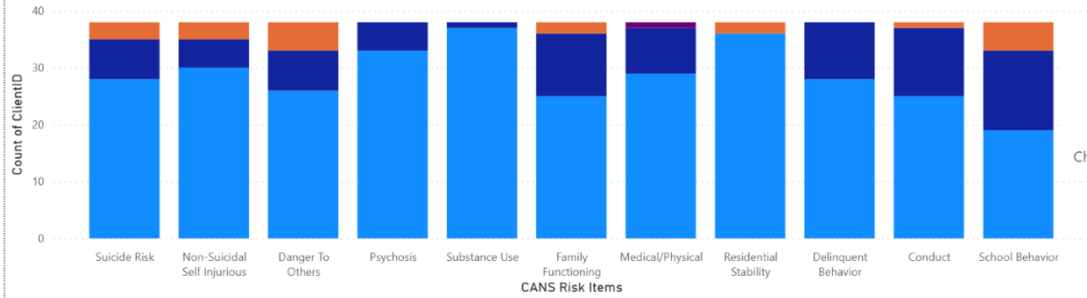
ANSA/CANS Levels: ANSA/CANS Label 0-No evidence of Need 1-Identified Need 2-Need Interferes with functioning 3-Need is Dangerous



**73**  
Adults Assessed

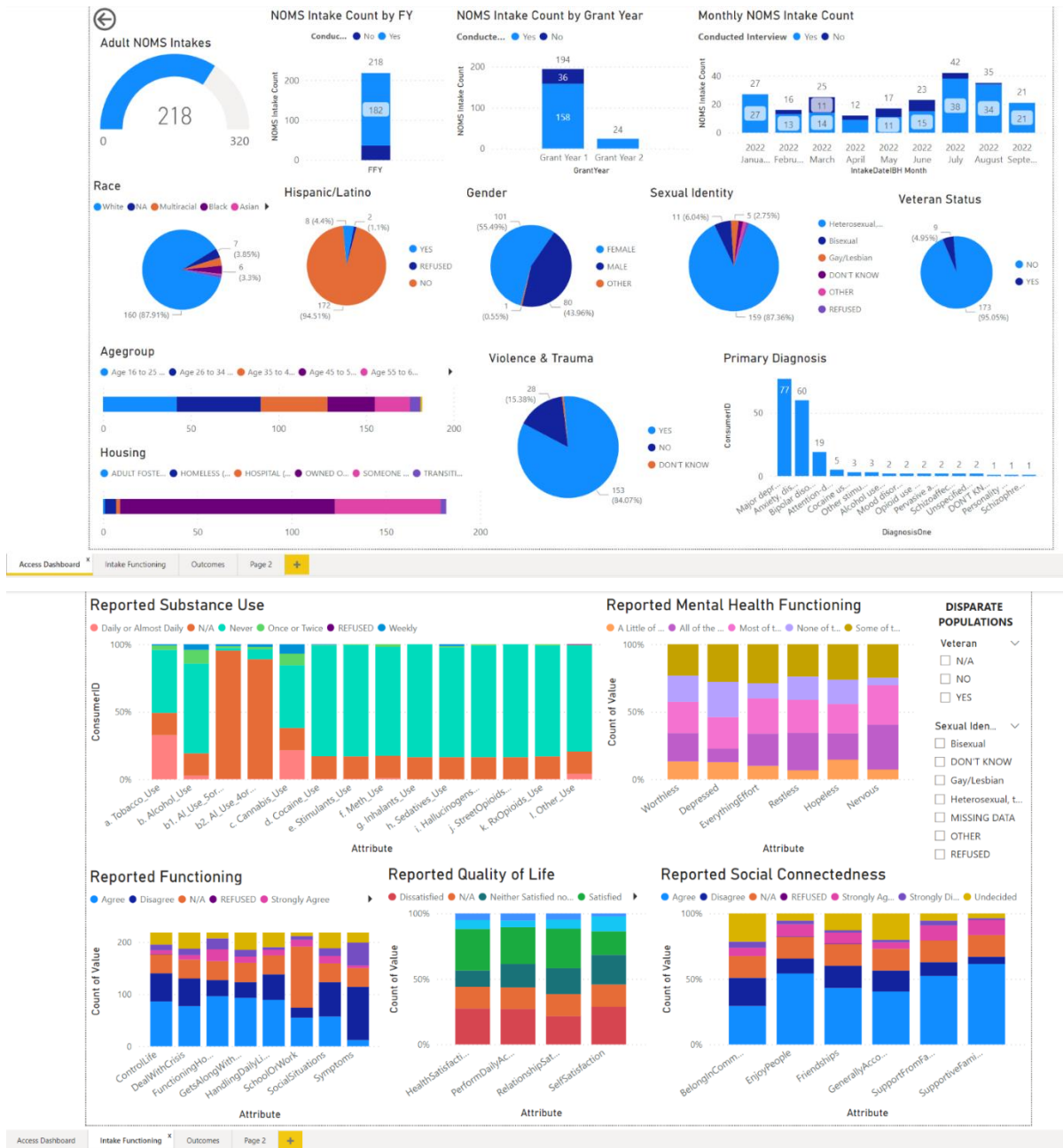
### Child CANS Preliminary Risk Assessment

ANSA/CANS Levels: ANSA/CANS Label 0-No evidence of Need 1-Identified Need 2-Need Interferes with functioning 3-Need is Dangerous

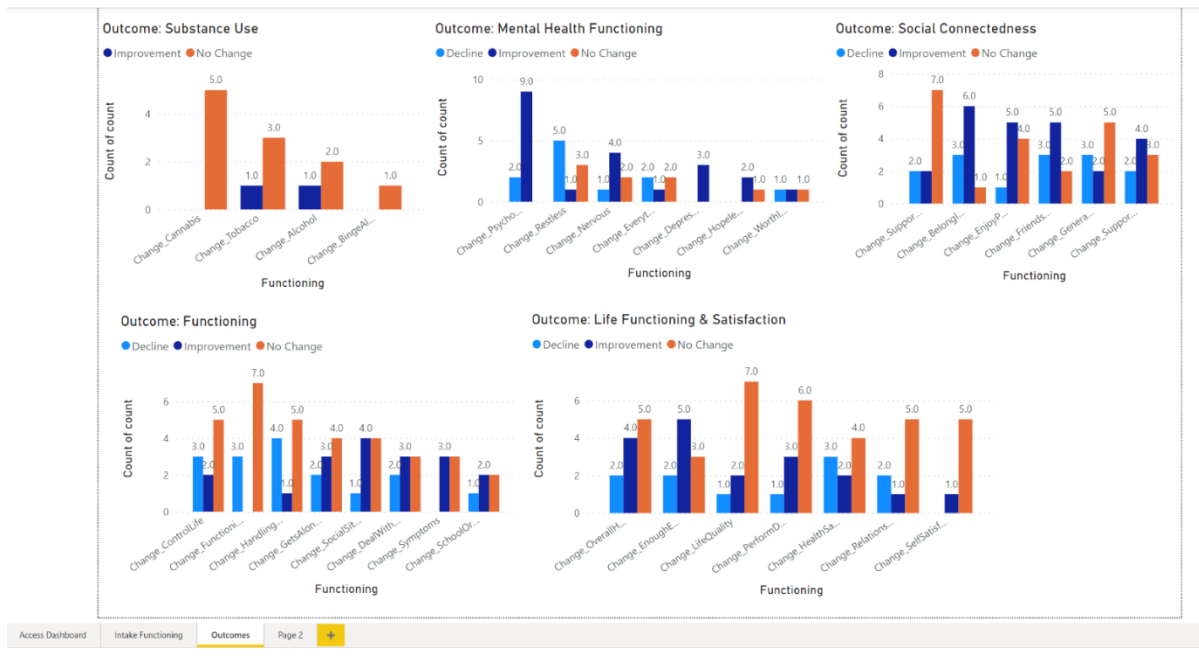


**38**  
Children Assessed

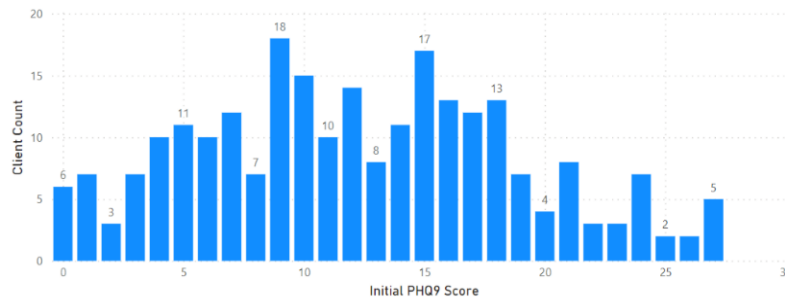
## Step 2: NOMS (Intake) Access & Functioning



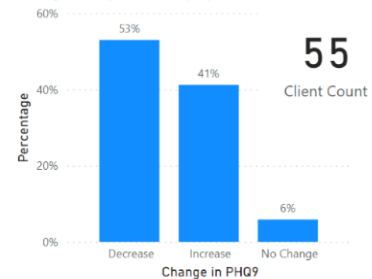
### Step 3: NOMS & PHQ-9 Outcomes



Distribution of Initial PHQ9 Score



Change in Depression Symptoms



### Outpatient Psychiatric Medical Clinic – Angel Hopkins RN

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
  - Continuing to advertise for a full time Psychiatric Provider, with no new applicants since last month.
  - We are currently in the process of contracting with a telehealth contractor to fill our appointment needs in the meantime. Hoping to interview a psychiatrist soon and beginning the onboarding process so they can begin to see patients from our waitlist.
- Information Technology
  - Continuing discussions regarding various ticket issues involving prescriptions differences with pharmacies, coordination of care report still not working,

- slowness of Streamline system, patient portal, ongoing continued evaluation and updates to our vendor EMR.
  - The clinic staff have been working closely with the county IT department on our office IT needs and updates, finding their services to be quick and helpful.
- Community/Residential Nursing continues to work with finance on billable services. The need for increasing RN caseload continues.

### **OnPoint Substance Use Disorder (SUD) Services September 2022 Board Report**

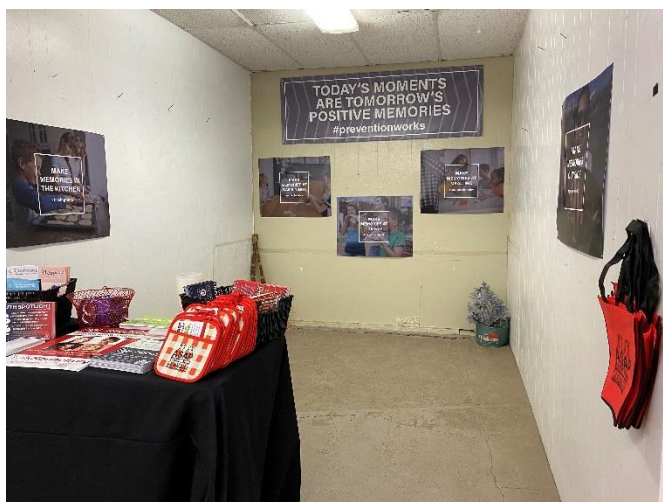
**SUD Services: Prevention Services** – Heidi Denton, MSW, CPS-M, SUD Prevention Supervisor

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

We were very active in the month of September at events- handing out information and fun items that directed people back to our website: [talksooner.org](http://talksooner.org)



#### **Fennville High School homecoming game 2022**



**Fair booth set up**





**Fair parade crew- silly photo!**

**Prime for Life:**

**Adult:** Adult probation class was held in September, with 4 participants.

**Youth:** 7 youth completed the class in September from 4 middle and high schools.

**Suicide Prevention Coalition:**

Next meeting has not been scheduled yet.

**Covid funds:**

Vape sensors have been purchased for several schools this Summer and have all been installed. An extensive education plan was shared with schools to provide resources, online webinars and Prime for Life programming along with the sensors. Three schools have assigned youth the online vaping education course as the result of first-time vaping offenses at their school.

**LARA funds:** Final reporting has been submitted to the state.

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

**OnPoint SUD Provider Network:**

Continued efforts are being made to onboard new higher level of care (HLOC) providers such as detox, short-term residential, and long-term residential providers. Currently, there are 3 new contracts moving through onboarding for HLOC providers and recovery residence providers.

**SUD Service Internal Program Development:**

SUD Program Supervisor has confirmed the following MCBAP (Michigan Certification Board of Addiction Professionals) CAADC (Certified Advanced Alcohol and Drug Counselor) staff within

the agency, achieving a CCBHC goal of having 8 CAADC's or CAADC DP's (Development Plan) staff within the agency.

Full CAADC in Clinical Direct-Care Role: 4 staff

Full CAADC in Agency-Total: 6 staff

CAADC Development Plan Approved: 11 staff

CAADC Development Plan Actively Pending: 10 staff

CAADC Development Plan Being Applied For: 1 staff

The OnPoint SUD Intensive Outpatient Program (IOP) started on October 3<sup>rd</sup>, 2022. This service will provide ASAM Level 2.1 Services to Allegan County. This is being achieved through the combined efforts of the OnPoint Outpatient Clinic and OnPoint SUD Services Department. ASAM (American Society of Addiction Medicine) CONTINUUM Assessments are being completed by Integrated Health Teams and Access/Crisis staff to evaluate level of care and treatment recommendations.

#### 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. OnPoint received notification that our agency was not selected as part of the first-round of award funding for FY23. The SUD Department was commended for our application, receiving a 96% out of a possible 100%. HRSA will be holding the application for any return-of-award that could potentially be allocated to OnPoint.

Representatives from three medication-assisted-treatment medications have attended meetings with the SUD Program Manager and Clinic Manager. Medications, such as combination buprenorphine and naloxone, can be covered by Medicaid and is being projected to be a first implementation in MAT for OnPoint.

#### SOR II and SOR III:

Many projects are occurring for SOR II and SOR III. Please contact Lauren Todaro, [ltodaro@onpointallegan.org](mailto:ltodaro@onpointallegan.org) or Brooke Hickman, [bhickman@onpointallegan.org](mailto:bhickman@onpointallegan.org) for further details in these projects at this time due to the anticipated arrival of MOU from LRE.

Project categories include Overdose Education and Naloxone Distribution (OEND), Stimulant and Opioid Use Disorder Treatment and Recovery, Jail-Based MAT, Recovery Housing, and Peer Recovery Services.



**CLINICAL SERVICES BOARD REPORT ~ October 2022**  
**Submitted by Geniene Gersh, PhD, Director of Clinical Services**  
**269-673-6617, email [ggersh@onpointallegan.org](mailto:ggersh@onpointallegan.org)**

**A Call to Action and Advocacy for Audio-Only Telehealth Treatment**

There has been a proposed change to the Michigan Medicaid telemedicine policy to no longer reimburse services provided through audio-only. This proposed telemedicine policy would be effective the day after the end of the current Federal Public Health Emergency (PHE) which is currently scheduled to end October 15, 2022. However, there have been statements made by the Health and Human Services Secretary, Xavier Bacerra that the PHE may be extended for an additional 90-days.

As a result of this proposed change, the Community Mental Health Association (CMHA) Behavioral Telehealth Resource Center has responded by a call to action to advocate for the continued use and reimbursement of audio-only telemedicine services. They identified several areas in which this action would lead to greater disparity in receiving health care and thus, leading to reduced health outcomes for individuals. Within Allegan County, telephonic appointments have been an effective method of providing care for individuals who face such barriers as the limitations in the public transportation system to access care and the lack of accessibility to internet and computer technology to participate in video telehealth appointments.

In response to this call to action, the OnPoint Clinical team engaged staff requesting their input regarding this proposed change and the impact this would have on client care. Staff were encouraged to share stories about the positive impact of providing telephonic telehealth services.

The table below illustrates the number of telemedicine appointments provided by OnPoint staff from August 2019 through August 2022:

2019-2020	10,038
2020-2021	13,382
2021-Present	9,115
Grand Total	32,535

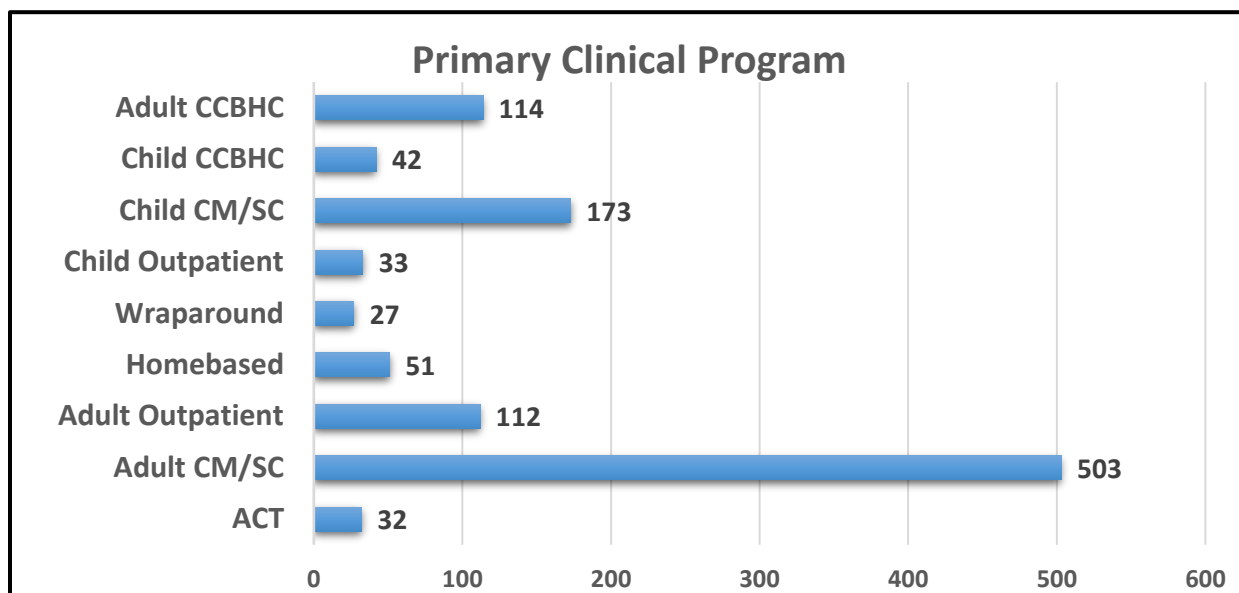
**Clinical Services Program Data for the Month of September**

**Primary Clinical Programs**

The graph and table below illustrate the number of individuals who are receiving services within each of the Clinical Services programs for the month of September was a total of 1087 clients served across clinical programs during the month of September as compared to 920 during the month of August. This increase includes the 156 individuals who are enrolled in services through the Certified Clinical Behavioral Health Clinic grant (CCBHC). There was 114 adults and 42 children and adolescents that have been enrolled in CCBHC during the month of September.

The Children's Services team experienced a small increase in the number of children receiving Outpatient Counseling as well as Case Management and Supports Coordination and Homebased Services.

In Adult Services, the number of individuals receiving Outpatient Counseling increased as well as those in Case Management and Supports Coordination Services. The Assertive Community Treatment Services team served 32 individuals during the month of September.



Primary Clinical Program	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Six-Month Average
Child Outpatient	33	34	37	35	34	33	34
Child CM/SC	173	170	162	164	172	173	169
Wraparound	17	19	22	23	27	27	23
Homebased	43	47	45	51	47	51	47
Adult Outpatient	107	106	102	107	108	112	107
Adult CM/SC	490	501	495	500	499	503	498
ACT	32	32	33	33	33	32	33
Child CCBHC	-	-	-	-	-	42	-
Adult CCBHC	-	-	-	-	-	114	-
<b>Total</b>	<b>895</b>	<b>909</b>	<b>896</b>	<b>913</b>	<b>920</b>	<b>1087</b>	<b>-</b>

### Intakes Conducted During the Month of August

The table below illustrates the number of intakes conducted by the Access Team during the month of September. There was a total of 61 intakes completed in September compared to 37 intakes for the month August. There was 59 people that were admitted to OnPoint services and 2 individuals that were referred to community resources.

.	Count
Admit/Refer to Funded Services	59
Referred to Community Resources	2
<b>Grand Total</b>	<b>61</b>

### Discharges During the Month of August

The table below illustrates the number discharges in the month of September. There was a total of 41 discharges during the month of August. A total of 11 of these discharges were planned and 30 were unplanned.

Discharges	Count
Planned	11
Unplanned	30
<b>Grand Total</b>	<b>41</b>

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

**OnPoint Adult Clinical Services** – John Eagle LLMSW, QIDP, QMHP, Laura Furey BS, QIDP, QMHP, Bryan Day LMSW

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 CCBHC Grant we hope to increase access to mental health and substance use disorder treatment, expand established relationships with community partners, and reduce recidivism and prevent hospital readmission.

Intellectual and Developmental Disability (IDD) and Mental Health Case Managers/Case Manager Assistants: The team is excited to welcome our new Peer Support Specialist to the team, Angela Messinger. Angela comes to us with many years of wide and varied experience. She is going to be a great support to the individuals we serve. We have also had a new case manager start this week, Todd Rockhill, with experience working with children, adults with IDD and adults with SMI as well as extensive knowledge in the supportive housing world. Our final CM position is expected to be filled later this month and our team will again be fully staffed. This will allow us to continue to work toward some restructuring and making our team as flexible and well-rounded as possible. Several team members are learning new responsibilities to provide support in other areas and working toward additional certification that will allow provision of SUD supports. Staff continue to complete a hybrid model of telehealth and face-to-face contacts.

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. OnPoint continues work on systemic change within the Adult Team to provide support to the OBRA Coordinator.

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. The month of September began the process of incorporating services for people with primary substance use diagnosis. Providing primary substance use services is a landmark accomplishment for OnPoint, which has historically been provided by contract agencies. The outpatient team has also initiated the process of returning to the office. Starting in November we will be working 3 days in the office. The team has also taken the goal of accommodating people who want to schedule appointments after traditional hours of operation, and such we will be coordinating to be available on Thursday evening. 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. Joshua Behymer (Supported Employment Coordinator) continues to provide quality work to those people we serve, looking for jobs in their community. He currently has 23 people on his caseload. He provides job development, job coaching, benefit counseling, general employment advice, and other support as needed.

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.

### **Manager of High Intensity Services – Melissa Potvin MA, LPC**

#### Access

For the month of September, access department has started competing a new assessment tool for many clinicians called the ASAM-C. This is the assessment tool for enrolling individuals in co-occurring and internal SUD services. Staff are getting used to the instrument, and we have started with fairly low numbers of requests (under 10) so far for the month of September. Volume is expected to increase as the rollout continues. Interviews have been ongoing to fill vacant positions in the department. Demand for services stayed true to the trend to increase in September as is usually the case with the start of the school year.

#### Mental Health Treatment Court

Mental health treatment court in Allegan was able to find a company to fulfill its drug testing part of the program, and so the court will continue for the next year. The overall contract that came in recently is for less hours as the court has declined in numbers significantly over the past year.

#### Crisis

The Crisis department showed an increase in the number of prescreen requests for September with 51 individuals (41 adult/10 minors) screened for higher levels of care. About 70% of individuals screened received an authorization for a higher level of care that was spread amongst inpatient, partial hospitalization and crisis residential. Thirty percent were diverted and referred to other resources including OnPoint mobile crisis services.

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

Fall is in full swing, and we continue to receive a steady stream of referrals to Children's Services. With the CCBHC expansion, we are able to provide more outpatient therapy and case management. It is evident that these are much needed services in our county. We continue to grow and expand our team as well. This fall, we have onboarded 1 new outpatient therapist, 1 case manager and 1 supports coordinator.

Due to the increase in need and the substantial impact that our peer services have had, we are posting a 2 part-time positions; one for another parent support partner and another youth peer support. The primary role of both of these positions is to increase family involvement, voice and engagement within the mental health treatment process. We hope to have these positions filled in the next couple of months.

Our current parent support partner facilitates a quarterly group, "Caring for Children who have experienced Trauma". Please see attached flyer for more information about this group.

*Geniene Gersh, Ph.D.*

Director of Clinical Services

# Quality Improvement/Compliance/Utilization Management Board Report October 2022

Submitted by: Mandy Padget, Michell Truax, Kimberly Bectel, and Jennifer Taylor

## QUALITY IMPROVEMENT

- OnPoint received the results of the LRE Annual Site Review, which took place August 8, 2022, through August 26, 2022. The results of the audit (indicated in the chart below) reflect that organizationally, OnPoint has made significant improvement in meeting the 95% compliance requirement set forth by the region. OnPoint achieved a score of 95% or better in 10 out of 16 categories (as compared to meeting 4 out of 13 categories in the 2021 audit). Additionally, our overall comprehensive score rose from 92.45% to 93.7%. QI staff in collaboration with staff from across the organization will be coordinating OnPoint's response to the Corrective Action Plan assigned by the region.

Comprehensive Score:				Under 95% (UnMet)	FY21 Results	FY21 to FY22
	Combined Score	Score	Possible score	95% or Higher (Met)		% Change
A	Admin/Managed Care Functions: Desk Audit	886	964	91.9%	97.3%	↓ 5.4%
B	Program Specific Standards	231	240	96.3%	86.7%	↑ 9.6%
C	Non-Waiver/Autism Clinical Charts	4233	4453	95.1%	N.A.	N.A.
D	Non-Waiver/Non-Autism Staff Training	194	204	95.1%	Combined:	↑ 3.7%
E	Non-Waiver/Non-Autism Staff Credentialing	187	194	96.4%	91.4%	↑ 5.0%
F	Autism Charts	546	572	95.5%	79.8%	↑ 15.7%
G	Autism Training/HR	339	370	91.6%	82.3%	↑ 9.3%
H	SEDW Charts	125	140	89.3%	100.0%	↓ 10.7%
I	SEDW Training/HR	48	50	96.0%	84.6%	↑ 11.4%
J	HSW Charts	718	744	96.5%	37.5%	↑ 59.0%
K	HSW Training/HR	665	852	78.1%	87.2%	↓ 9.1%
L	CWP Charts	263	284	92.6%	91.7%	↑ 0.9%
M	CWP Training/HR	31	34	91.2%	90.9%	↑ 0.3%
N	MIEV Review	701	701	100.0%	N.A.	N.A.
O	MMBPIS Review	236	236	100.0%	100.0%	None
P	CIRE Review	52	52	100.0%	100.0%	None
Comprehensive Score		9455	10090	93.7%	92.45%	↑ 1.25%

- The Quality Improvement (QI) Plan for FY23 has been completed. Please review the attached document for OnPoint Board review and approval of the FY23 QI Goals.

## UTILIZATION MANAGEMENT

- Completed preparation for the State Waiver Audit. Preparation included preparing credentialing files for the auditors and chart reviews to assure necessary elements are in place for the audit. MDHHS will be reviewing OnPoint's materials in October.
- Completed a review and re-write of OnPoint's Utilization Management Plan. The plan is currently being reviewed by the UM Committee and is expected to be approved during the month of October.
- Just over 350 authorizations reviewed and entered during the month of September. This does not include concurrent reviews.

**Quality Improvement/Compliance/Utilization Management Board Report  
October 2022**

Submitted by: Mandy Padget, Michell Truax, Kimberly Bectel, and Jennifer Taylor

**CORPORATE COMPLIANCE**

- Mandy Padget assumed the role of Director of Quality Improvement and Compliance effective September 12, 2022. In this role, Ms. Padget will also be acting as the organizational Corporate Compliance Officer for OnPoint.
- Amy Kettring shifted her role from interim Corporate Compliance Officer to standing Corporate Compliance Committee member.
- The OnPoint Corporate Compliance Committee met on September 21, 2022.
- Two external compliance cases were closed in September 2022.
- Three compliance cases were opened in September 2022 (2 external and 1 internal).

## **MINUTES**

### **ONPOINT BOARD**

**Tuesday, August 16, 2022 at 5:30 P.M.**

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

**Present:** Glen Brookhouse, Amy Clugston, Commissioner Mark DeYoung, Commissioner Gale Dugan, Beth Johnston, Alice Kelsey, Commissioner Jim Storey, Emily Schwarz (5:36) and John Weerstra

**Absent:** Kim Bartnick, Karen Stratton and Pastor Craig VanBeek

**Staff:** Geniene Gersh, Brenda Holquist, Amy Kettring, Nan Lawrence, Brenda Polmanteer, Cathy Potter, Lauren Tordaro, 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** – with the amendment RRAC Committee will become 8 and Finance Committee to 9.

Moved: Commissioner Storey

Supported: Ms. Kelsey

Motion carried by roll call.

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

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

- i. RRAC Meeting (06.21.2022)
- ii. Executive Committee Meeting (08.15.2022)
- iii. Board Meeting (08.16.2022)
- iv. Building Committee Meeting (08.16.2022)
- v. Finance Committee Meeting (08.16.2022)
- vi. Program Committee Meeting (08.16.2022)

Moved: Ms. Kelsey

Supported: Mr. Weerstra

Motion carried by roll call.

#### **6. Building Committee**

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

#### **7. Program Committee Report**



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

#### **8. Recipient Rights Advisory Committee (Feb/Apr/Jun/Sept/Oct/Dec)**

Mr. Brookhouse gave an overview of the most recent meeting and was available for questions. The FY2023 RRAC proposed budget was reviewed.

#### **9. Finance Committee Report – Ms. Johnston**

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

- a. The Finance Committee recommends that the OnPoint Board approve the August 2022 disbursements totaling \$6,819,969.08.

Moved: Ms. Johnston                      Supported: Mr. Weerstra

Motion carried by roll call.

- b. The Finance Committee recommends that the OnPoint Board approve the amended fiscal year 2022 budget totaling \$38,156,000.

Moved: Ms. Johnston                      Supported: Mr. Weerstra

Motion carried by roll call.

- c. The Finance Committee recommends that the OnPoint Board approve the presented list of provider contracts for fiscal year 2023.

Moved: Ms. Johnston                      Supported: Mr. Brookhouse

Motion carried by roll call.

- d. The Finance Committee recommends that the OnPoint Board approve the fiscal year 2023 budget totaling \$39,002,303.

Moved: Ms. Johnston                      Supported: Ms. Schwartz

Motion carried by roll call.

- e. The Finance Committee recommends that the Board authorize the Executive Director to sign the FY2023 General Fund contract with the Michigan Department of Health and Human Services (MDHHS) on behalf of OnPoint (DBA for Allegan County Community Mental Health Authority), including any subsequent non-substantial amendments or extensions to the agreement which may be offered by the department.

Moved: Ms. Johnston                      Supported: Mr. Brookhouse

Motion carried by roll call.

#### **10. Chairperson's/Executive Committee Report**

Commissioner Dugan reported on the Executive Committee meeting and was available for questions.

#### **11. LRE Update**

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

#### **12. OnPoint Executive Director's Report**

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

#### **13. Provision for Public Comment**

None.

#### **14. Board Member Comments**

Mr. Weerstra states that following his stroke, his mental health declined. He started services with OnPoint and after 3 months he is symptom free.

Commissioner Storey states the ShopKo signage will be reused and updated to reflect OnPoint.

Commissioner Dugan thanks the board and the staff for the support it provides the county.

#### **15. Motion to Adjourn:**

Moved: Ms. Johnston

Supported: Mr. Weerstra

Motion carried by roll call.

Meeting adjourned at 6:29 pm.

Respectfully submitted,

Brenda Holquist  
Executive Assistant

Gale Dugan  
Board Chair

Allegan County Community Mental Health Services Board, d/b/a OnPoint  
Executive Committee – Minutes  
September 23, 2022

Following a 2:30 p.m. tour of the Shopko Building under renovation for the agency's new quarters, the meeting was called to order at 3:00 p.m.

**Present:** Chairperson Dugan, members Kelsey, Johnston, Storey and E.D. Witte

**Agenda:** Member Johnston requested that the agenda be amended to include a discussion of Lakeshore regional entity remittances due the agency. Approved on motion of Kelsey, 2<sup>nd</sup> by Johnston. Amended agenda approved on motion of Kelsey, 2<sup>nd</sup> by Johnston.

**Minutes:** Minutes of the previous exec comm meeting were approved on motion of Kelsey. 2<sup>nd</sup> by Johnston.

**Prior Meeting topics:** a) building – the committee reviewed three (3) change orders affecting cable installation, glass surfaces, and a “window wall”, were discussed. b) board packet review- the committee discussed the impending recruitment of a permanent chief financial officer to succeed the Rehmann interim staffing of the position.

**Members requested discussion items:** a) Dugan and Storey briefed the committee on the expiration of an emergency student outreach effort the Board of Commissioners funded in September 2021 in response to Covid confinement and masking. The contract is set to expire in November. The BOC is considering an extension, but the suggestion aired at the BOC 09/24/22 meeting of whether this is properly a function of the mental health agency, rather than the county general government. Funding was provided by a small allocation from the county's ARPA grant. Other funding to extend the contract or similar programming may be available from new allocations announced by the DHHS-State of Michigan. Witte will investigate and report back. b) L.R.E. remittances – Member Johnston raised serious concern about the lagging flow of funds due Allegan OnPoint by the Lakeshore Regional Entity. She noted that a number of months have passed without the remittance of certain funds and expressed related concerns about the projection of a \$1.2 million deficit in current budget estimates. County reps on the L.R.E. and Witte will follow-up and advise.

**Executive Director Report:** a) LRE update – Witte advised that Allegan member DeYoung was elected chair of the LRE board, and a Muskegon member was elected vice chair. b) CMHA – the association is actively engaged in advocacy efforts to entice a national organization to weigh-in on MI Senate Bills 597/598. It would supplement the organization's serious arguments against adoption of the bills. CCBHC recommendations document is also being drafted to advance the use of recommended operations of CCBHC programs. In addition to other efforts, the

organization is actively working to push the Department of Health & Human Services to action in key areas. The organization's fall conference is upcoming, and the committee will recommend that any board member that so desires should be funded to attend.

Witte reported on two community events to which he was invited: introduction of new leadership at partner Allegan Ascension Hospital and the ARC Allegan organization. Witte suggested the ARC director, Stacy Engelsmann, be invited to address the board of OnPoint.

There being no further business for the committee to consider, the meeting adjourned at 4:10 pm on the motion of Johnston, 2<sup>nd</sup> by Kelsey.

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

With the relatively short time between our late September board meeting and the early October deadline for this month's board reports, you'll perhaps appreciate this relatively brief Executive Director's report!

1. **Senate Bills 597/598** – No discernible movement.
2. **Community Initiatives**
  - a. MACC (MultiAgency Coordinating Council) – The draft Community Health Improvement Plan (CHIP) for Ascension Borgess Allegan was presented on October 7 at the first in-person meeting in over two years of the monthly MACC meeting. In general, there was a fairly strong endorsement of the directions for the plan, which has been aligned with the overall course being charted by OnPoint for behavioral health and homelessness services. In addition, the CHIP also supports important initiatives toward addressing food insecurity within Allegan County. Several of our team are now engaged in an evaluation committee to help determine the criteria by which improvement will be measured.
  - b. Ascension Borgess Leadership Meet & Greet – Commissioner Jim Storey and I were in attendance at an informal gathering on September 22 to meet Dr. Thomas Rohs (Regional President and CEO) and Natalie Ryder (Administrator for Ascension's Dowagiac and Allegan hospitals). Both expressed interest in linking with OnPoint to continue conversations initiated with former administrator Rob Mach.
  - c. Housing Needs Assessment – Efforts continue to undertake a substantial assessment of housing needs in Allegan County. As reported last month, the estimated cost if the assessment is around \$40,000 and has largely been raised already by industry leaders/stakeholders from within the County (which did not include OnPoint). We look forward to assisting with these efforts that may develop additional housing options in the county, and particularly those are accessible to individuals with limited income.
3. **Community Mental Health Association Update** – In response to a call for nominations for Treasurer for the CMHA Board of Directors, and with the approval of Commissioner Gale Dugan, OnPoint has facilitated his nomination from CMHA's Western region. We have been notified that his nomination has been accepted and should be on the ballot at the member assembly meeting in Traverse City this October. With the withdrawal of one nominee, two remain including Commissioner Dugan.
4. **Lakeshore Regional Entity** – LRE Executive Director Mary Belonga-Dumas will be joining us for our October meeting as part of an effort to more directly connect with the member CMH's in our region.
5. **Expanding Children's Mobile Crisis Services** – As reported last time, we received notice of funding to expand crisis response services in Allegan County. We have decided to apply and our application should be submitted on October 10. I will defer to Dr. Gersh and the program team to provide details as to the elements of our application, which is intended by the state for "*services that are proactive in nature and address crisis situations prior to further escalation.*"

Mark Witte, Executive Director

Sunday, October 9, 2022