

AGENDA

OnPoint Board
Tuesday, August 15, 2023
5:30 pm

540 Jenner Drive
Board Room

Also available virtually at the link or phone number below:

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

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

Phone Conference ID: 896 969 400#

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 (07.14.2023)
 - ii. Board Meeting (07.18.2023)
 - iii. Finance Committee Meeting (07.18.2023)
 - iv. Program Committee Meeting (07.18.2023)
6. Program Committee – Alice Kelsey
7. Finance Committee Report – Beth Johnston
 - a. **Motion** – Approval of Voucher Disbursements July 2023
 - b. **Motion** – Human Resource Consultant.
8. Recipient Rights Advisory Committee (Feb/May/Aug/Nov) – Glen Brookhouse
9. Chairperson's/Executive Committee Report – Commissioner Gale Dugan
10. LRE updates – Stephanie VanderKooi
11. OnPoint Executive Director's Report – Mark Witte
12. Provision for Public Comment (any topic, subject to 5” limit per speaker) – Commissioner Dugan
13. Board Member Comments
14. Adjournment

Future meetings: 540 Jenner Drive

September 15, 2023 – 2:30 pm – Executive Committee

September 19, 2023 – 4:15 pm – Program Committee

September 19, 2023 – 4:30 pm – Finance Committee

September 19, 2023 – 5:30 pm – Full Board

AGENDA

**OnPoint
Finance Committee
August 15, 2023
3:00 pm**

540 Jenner Drive, Allegan
Hamilton 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
 - b. Facilities & Human Resources – None
6. Action Items
 - a. Voucher Disbursements July 2023
7. Informational Items
 - a. June 2023 Financial Reports
 - b. Human Resource Consultant
8. Finance Committee Member Comments
9. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
10. Adjournment until next meeting: September 19, 2023 – 540 Jenner Drive at 4:30 pm.

Finance Committee: Beth Johnston, Chair; Glen Brookhouse, Vice Chair;
Mark DeYoung, Gale Dugan

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.*

OnPoint
DRAFT Finance Committee Minutes
July 18, 2023

Board Members Present: Chairperson Beth Johnston, Commissioner Gale Dugan, Commissioner Mark DeYoung, Pastor Craig Van Beek

Board Members Absent: Glen Brookhouse

Staff Members: Andre Pierre, Mark Witte

Public Present: None

1. **Call to Order** – Chairperson Johnston called the meeting to order at 4:33 pm.
2. **Public Comment** – No members of the public were present.
3. **Approval of Agenda** – Commissioner Dugan moved, and Commissioner DeYoung seconded, that the agenda for today’s meeting be approved. All in favor. Approved.
4. **Approval of Minutes** – Commissioner Dugan moved, and Van Beek seconded, that the minutes of the June 20, 2023 meeting be approved as written. All in favor. Approved.
5. **Review of Written Reports:**
 - a. Administrative Service Report – Andre Pierre provided a verbal introduction and overview of the written Administrative Services Board Report that was in the packet. He noted that the submission of the CCBHC cost report was done on time.
 - b. Facilities and Human Resources – Doing well with hires and a few voluntary departures. Meeting tomorrow with potential consultant to assist with interim coverage and transition in Human Resources department. Some building issues (minor) with roof top units, PA system, panic buttons, door numbering, law enforcement familiarization. Will be making a few repairs and working with IT.
6. **Action Items:**
 - a. Voucher Disbursements – Commissioner DeYoung moved, and Commissioner Dugan seconded, to approve the June 2023 Voucher Disbursements as presented totaling \$3,488,908.49. All in favor. Approved.
 - b. Single Audit and Compliance Exam Reports – Andre Pierre provided a verbal overview to the Compliance Audit report included in the packet for this month.
7. **Informational Items:**
 - a. May 31, 2023 Financial Reports – Andre highlighted various items from the financial reports.
8. **Finance Committee Member Comments**
 - a. Commissioner Dugan noted that he is appreciating the working relationship that is obvious between Andre Pierre and Erin Trask during the transition.
 - b. Chairperson Johnston noted that she is interested in fine-tuning the information included in the monthly packet. She offers the suggestion that each committee member identify on a list the questions/answers that each would like the finance packet to include. Commissioner Dugan raised the idea of a “dashboard” concept.
 - c. Chairperson Johnston also asked for a final report of the final cost of the building and the sources of funding that were involved in that amount.
 - d. Chairperson Johnston also asked for information concerning the LRE’s financial position in our monthly packet.
9. **Future Meeting Planning** – Andre Pierre requested that the next meeting be held at 3:00 pm on 8/15/2023 to allow for Erinn Trask to present the financials in the Finance Committee meeting.
10. **Public Comment** – No members of the public were present.
11. **Adjournment** – Pastor Van Beek moved, and Commissioner Dugan seconded, to adjourn the meeting. All in favor. Approved. Meeting adjourned at 5:14 pm.

Submitted by Mark Witte



Administrative Services Board Report August 2023

Submitted by Erinn A. Trask, CPA, Finance Director

269.303.8945 – ETrask@OnPointAllegan.org

We are working with our contractor on the “punch list” of small building items/projects to be completed. These items are on track to be completed over the next few months. We are processing the seventeenth construction draw totaling \$ 183,270.65, which will be funded through the United States Department of Agriculture (USDA) loan. During the month of July we did not execute any change order requests.

This month’s packet includes the monthly financial report for June 2023. This is the ninth month under the agency’s new chart of accounts after implementing Standard Cost Allocation. We are required to track staff time and costs at a greater level of detail than in the past, and to change the methodology we use to allocate costs. Overall, this change in methodology has not resulted in a significant change in cost by funding source. 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. We are projecting to return approximately \$1,117,000 (MH Medicaid and SUD Medicaid combined) to the LRE and carry forward/lapse approximately \$301,000 in General Funds back to MDHHS.

Following the statements are several charts showing the trending of capitation revenue from the LRE for the past three fiscal years. Additionally, there are several charts comparing the revenue and expense by funding category for each month of this fiscal year. Finally, there are key indicators tables showing summary service data for each month of the fiscal year to date.

I continue to work together with Andre Pierre, Chief Financial Officer in the transition of responsibilities. Due to the complex nature of Community Mental Health Service Program (CMHSP) finances and reporting requirements, our collaboration will continue over the next several months, as Andre progresses into the scope of this role. During the month of July, we responded to questions from MDHHS on our the CCBHC Cost Report, which justifies our Prospective Payment (PPS) rate, for CCBHC demonstration.

The month of June was the first month requiring Medicaid renewals, following the end of the public health emergency (PHE). These renewals are happening over a rolling 12-month period, and individuals have 60 days to complete and return the renewal paperwork to maintain their coverage. We are working closely with our clients to assist with this renewal process and will be monitoring any changes in eligibility for appropriateness. We are awaiting final rate certifications from MDHHS’ actuary, Milliman, for fiscal year 2024 as well as a potential retro-rate increase for fiscal year 2023 related to the Medicaid renewal process. Those rates are anticipated to be received in mid-August. Once the revenue for next year is known, we will finalize the draft budget for fiscal year 2024 and bring to the Board for approval next month.

Sincerely,

Erinn A. Trask, Finance Director
Tuesday, August 8, 2023



Full Board ACTION REQUEST	Subject:	Voucher Disbursements		
	Meeting Date:	August 15, 2023		
	Requested By:	Beth Johnston, Finance Committee Chairperson		
<u>RECOMMENDED MOTION:</u>				
<u>The Finance Committee recommends that the OnPoint Board approve the July 2023 disbursements totaling \$3,950,343.01.</u>				
<u>SUMMARY OF REQUEST/INFORMATION:</u>				
<u>Date Issued:</u>	<u>Voucher Number:</u>	<u>Type:</u>	<u>Amount:</u>	
July 1, 2023	N/A	Loan Payment	\$21,334.00	
July 6, 2023	V0913	Construction	\$261,070.96	
July 7, 2023	P1702	Payroll	\$420,722.49	
July 14, 2023	V0914	Vendor	\$1,390,618.04	
July 21, 2023	P1703	Payroll	\$410,319.05	
July 31, 2023	V0915	Vendor	\$1,174,555.78	
July 25, 2023	V0916	Construction	\$271,722.69	
<u>BUDGET/FINANCIAL IMPACT</u>				
<ul style="list-style-type: none"> • These disbursements are part of the approved fiscal year 2023 operating budget for OnPoint. 				
BY: Nikki McLaughlin, Accounting Manager			DATE: August 15, 2023	



Full Board ACTION REQUEST	Subject:	Human Resource Consultation Contract
	Meeting Date:	August 15, 2023
	Requested By:	Beth Johnston, Finance Committee Chairperson
<u>RECOMMENDED MOTION:</u>		
<p><u>The Finance Committee recommends that the OnPoint Board approve a limited duration contract with Vision Matters, LLC, commencing in August, 2023 and ending November, 2023 in the amount of \$79,500, with additional fees related to travel and accommodations, if applicable.</u></p>		
<u>SUMMARY OF REQUEST/INFORMATION:</u>		
<ul style="list-style-type: none"> • OnPoint’s Human Resources Director left the agency within the past few months. • HR-related needs were identified in our most recent accreditation review and substantial HR operational improvements will be needed to succeed if OnPoint is selected to participate as a demonstration site for the federal grant to MDHHS for Certified Community Behavioral Health Clinics (CCBHC). • OnPoint leadership believes that it is important to accomplish a substantial portion of the remediation and improvement tasks so that we can successfully recruit and select our next HR Director. • The key areas of remediation and improvement are, but may not be limited to: <ul style="list-style-type: none"> ○ Human Resource and Related Policies ○ New Hire Onboarding ○ Open Requisition Posting Process ○ Compensation Program • A consultant with sufficient expertise in Human Resources is needed to address these areas. The proposed contractual consultation will involve an engagement of approximately three months. • All efforts will be focused on supporting the mission of OnPoint and our strategic priorities as we embark on a new chapter of service under the state’s CCBHC demonstration project. 		
<u>BUDGET/FINANCIAL IMPACT</u>		
<ul style="list-style-type: none"> • These disbursements are part of the approved fiscal year 2023 operating budget for OnPoint. 		
BY: Andre Pierre, Chief Financial Officer	DATE: August 15, 2023	

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Period Ended
June 30, 2023

Monthly Finance
Report

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Summary of Variances and Fluctuations

June 30, 2023

I. Assets

- Cash and cash equivalents - Significant increase is due to timing of receipts from the Lakeshore Regional Entity (LRE) (see corresponding decrease in due from other governments below), as well as receipt of the second half of the Michigan Economic Development Corporation (MEDC) grant funds (see corresponding increase in unearned revenue below).
- Due from other governments - Significant decrease is primarily due to timing of receipts from the Lakeshore Regional Entity (LRE), see corresponding increase in cash and cash equivalents above.
- Prepaid items - Increase is primarily related to the timing of the July 2023 health insurance payment, which was made prior to month-end.
- Capital assets - Significant increase is due to ongoing construction work on the agency's new building. The building was placed in service and began being depreciated during the month of May 2023.

II. Liabilities

- Accounts payable - Primary component of significant decrease is related to the outstanding construction payable and retainage payable at September 30, 2022, which was much lower by May 31, 2023 due to the building being placed into service.
- Due to other governments - Significant increase is due to the accrual of the full fiscal year 2022 settlement balance due to the LRE and State of Michigan, along with the fiscal year 2023 to date settlement balances.
- Unearned revenue - Increase is primarily related to the receipt of the second \$1.25 million in grant funds from the Michigan Economic Development Corporation (MEDC), net of amounts spent year-to-date, see a corresponding increase in cash above. These funds are recorded as unearned revenue until spent at which time the revenue is recognized. Additionally the General Fund revenue that can be carried forward into fiscal year 2024 has been recorded as unearned revenue.
- Notes payable - Significant increase is related to draws on the agency's loan from the United States Department of Agriculture (USDA) to fund the building construction project. See the corresponding increase in capital assets above.

III. Operating revenue

- Performance based incentive payment - This is a once annual payment, earned by the CMHSP by achieving quality measures. The past several years this funding was withheld by the region, and as such the revenue was not budgeted for in the current year.
- Other reimbursements and revenue - Significant variance is due to increase in third-party billings, as an increasing number of individuals are served under the Certified Community Behavioral Health Clinic (CCBHC) model.

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Summary of Variances and Fluctuations

June 30, 2023

IV. Operating expenses

- Salaries and wages and fringes - Significant variance is due to vacant positions for the year to date.
- Supplies and materials - Significant variance is due to the nature of these items. This budget line item includes the annual replacement of technology, which only happens one or two times a year, as well as certain supplies related to the move into the new building which happened in May 2023.
- Contractual services - Variance is due in part to utilizing contracted staffing for vacant positions (see corresponding variances in salaries and fringes above), as well as identified enhancements to the agency's electronic health record.

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Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2022 through June 30, 2023

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 18,398,144	\$ 3,028,486	\$ 2,188,223	\$ 23,614,853	\$ 1,356,269
Expense	19,245,960	1,564,930	2,439,152	23,250,042	1,054,866
Revenue over/(under) expenses	<u>\$ (847,816)</u>	<u>\$ 1,463,556</u>	<u>\$ (250,929)</u>	<u>\$ 364,811</u>	<u>\$ 301,403</u>

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined	SUD Block Grant	Public Act 2
Revenue	\$ 566,135	\$ 1,144,251	\$ 1,710,386	\$ 205,425	\$ -
Expense	353,118	605,396	958,514	205,425	-
Revenue over/(under) expenses	<u>\$ 213,017</u>	<u>\$ 538,855</u>	<u>\$ 751,872</u>	<u>\$ -</u>	<u>\$ -</u>

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Statement of Net Position

June 30, 2023

	September 2022	June 2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 3,613,590	\$ 5,178,409
Accounts receivable	79,421	80,121
Due from other governmental units	2,136,967	643,486
Prepaid items	447,203	538,962
Total current assets	<u>6,277,181</u>	<u>6,440,978</u>
Non-current assets:		
Capital assets not being depreciated	4,986,365	-
Capital assets being depreciated, net	23,050	8,791,682
Total non-current assets	<u>5,009,415</u>	<u>8,791,682</u>
Total assets	<u>11,286,596</u>	<u>15,232,660</u>
Liabilities		
Current liabilities:		
Accounts payable	\$ 3,683,185	\$ 2,024,805
Accrued payroll and benefits	291,048	297,390
Due to other governmental units	2,619,923	3,417,988
Unearned revenue	544,964	813,118
Compensated absences - current portion	94,855	94,855
Notes payable - current portion	256,008	256,008
Total current liabilities	<u>7,489,983</u>	<u>6,904,164</u>
Long-term liabilities:		
Compensated absences	537,509	537,509
Notes payable	1,893,586	4,995,037
Total long-term liabilities	<u>2,431,095</u>	<u>5,532,546</u>
Total liabilities	<u>9,921,078</u>	<u>12,436,710</u>
Net position		
Invested in capital assets	2,859,821	3,540,637
Restricted for building construction	852,754	143,324
Unrestricted	<u>(2,347,057)</u>	<u>(888,011)</u>
Total Net Position	<u>\$ 1,365,518</u>	<u>\$ 2,795,950</u>

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Statement of Revenue, Expenses and Change in Net Position

October 1, 2022 through June 30, 2023

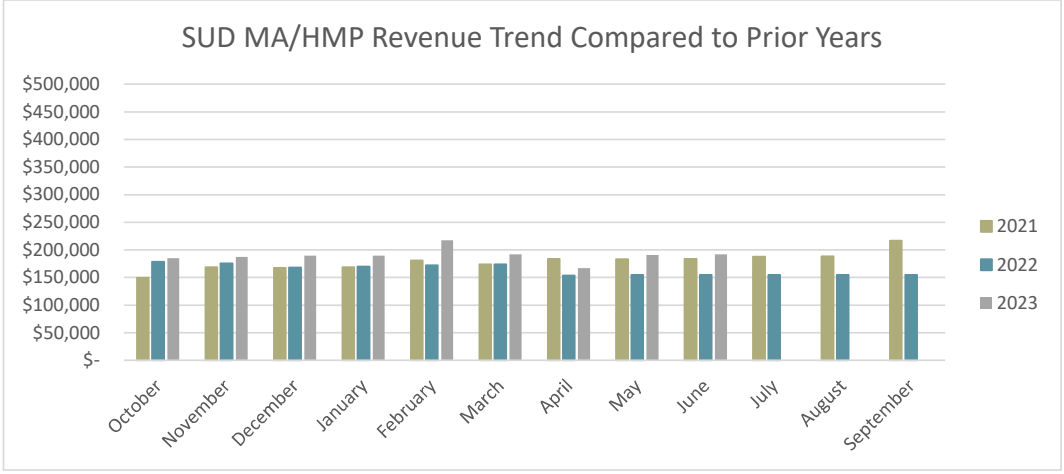
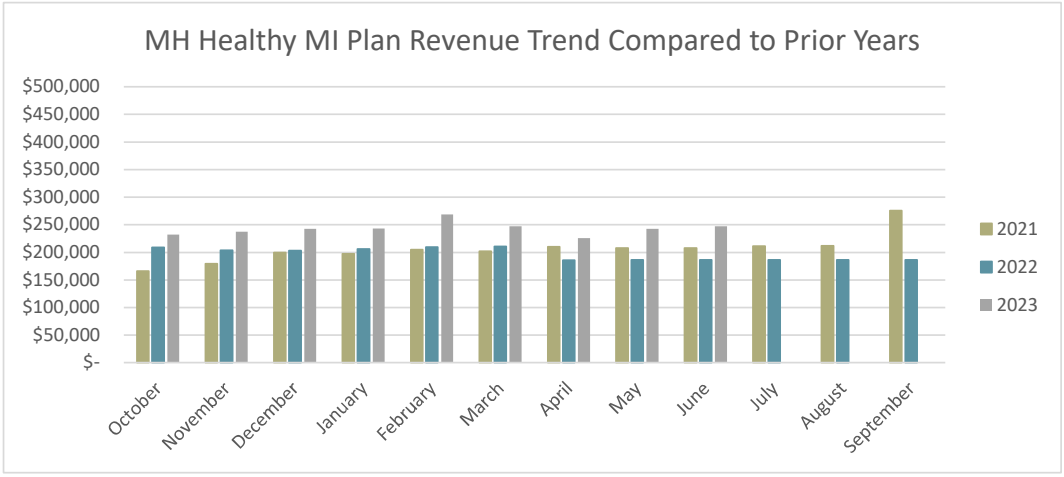
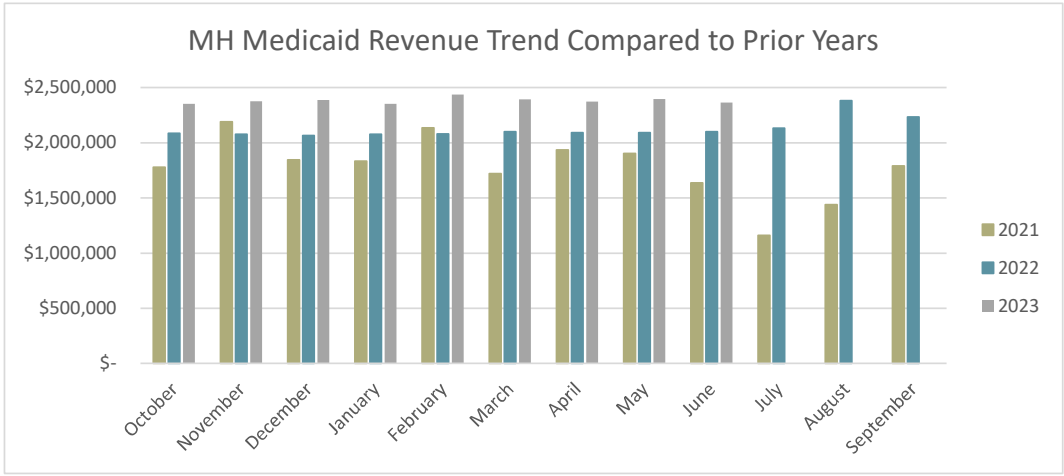
Percent of Year is 75.00%

	Total FY 2023 Budget	YTD Totals 6/30/23	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	\$ 25,193,969	\$ 18,398,144	\$ 6,795,825	73.03%
Traditional Capitation-Autism	3,937,779	3,028,486	909,293	76.91%
Traditional Settlement	(619,666)	(615,740)	(3,926)	
Healthy Michigan Capitation	2,697,512	2,188,223	509,289	81.12%
Healthy Michigan Settlement	(274,727)	250,929	(525,656)	
Substance use disorder revenue:				
Traditional Capitation	730,726	566,135	164,591	77.48%
Traditional Settlement	(465,390)	(213,017)	(252,373)	
Healthy Michigan Capitation	1,541,824	1,144,251	397,573	74.21%
Healthy Michigan Settlement	(983,316)	(538,855)	(444,461)	
State General Fund:				
Formula Fundings	1,707,737	1,356,269	351,468	79.42%
Settlement	(110,377)	(301,403)	191,026	
Grants and earned contracts	5,109,145	3,770,721	1,338,424	73.80%
Local funding	346,095	259,571	86,524	75.00%
Performance based incentive payment (PBIP)	-	245,757	(245,757)	
Other reimbursements and revenue	268,262	344,583	(76,322)	128.45%
Total operating revenue	\$ 39,079,574	\$ 29,884,054	\$ 9,195,520	76.47%
Operating expenses				
Salaries and wages	\$ 11,496,279	\$ 7,312,453	\$ 4,183,826	63.61%
Fringe benefits	3,818,274	2,570,215	1,248,059	67.31%
Supplies and materials	409,807	197,655	212,152	48.23%
Provider Network services	20,980,022	16,140,116	4,839,906	76.93%
Contractual Services	1,642,209	1,727,476	(85,267)	105.19%
Professional development	98,941	100,402	(1,461)	101.48%
Occupancy	186,154	141,466	44,688	75.99%
Miscellaneous expenses	356,194	231,541	124,653	65.00%
Depreciation	14,423	32,299	(17,876)	223.94%
Total operating expenses	\$ 39,002,303	\$ 28,453,623	\$ 10,548,680	72.95%
Change in net position	77,271	1,430,431	\$ (1,353,160)	
Beginning net position	106,285	1,365,519		
Ending net position	\$ 183,556	\$ 2,795,950		

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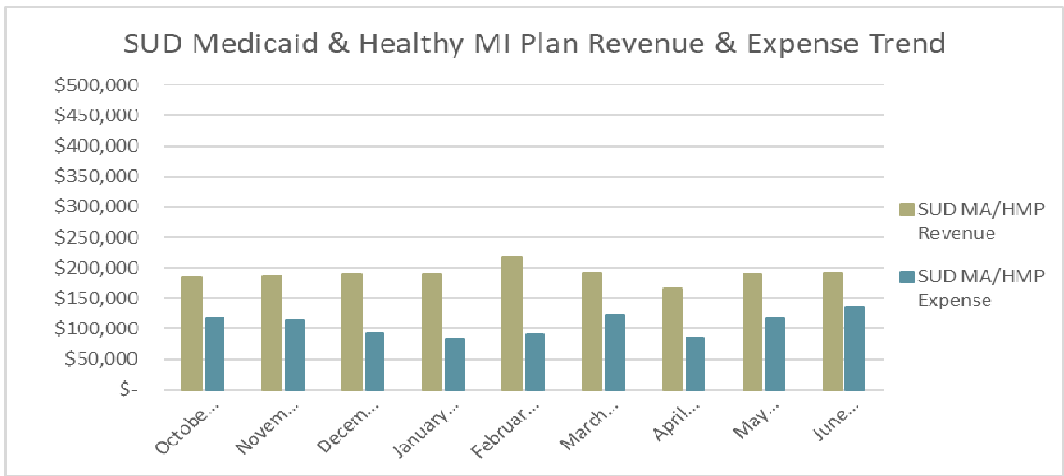
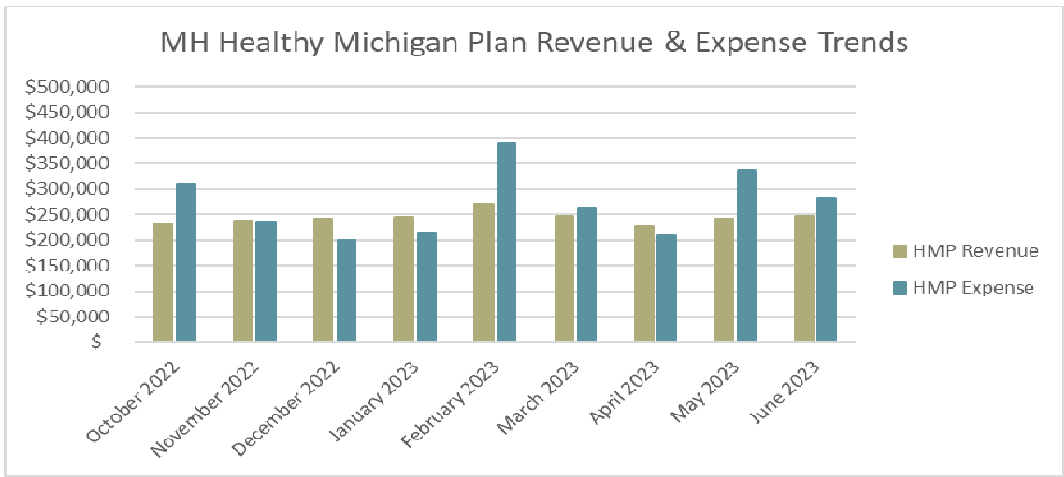
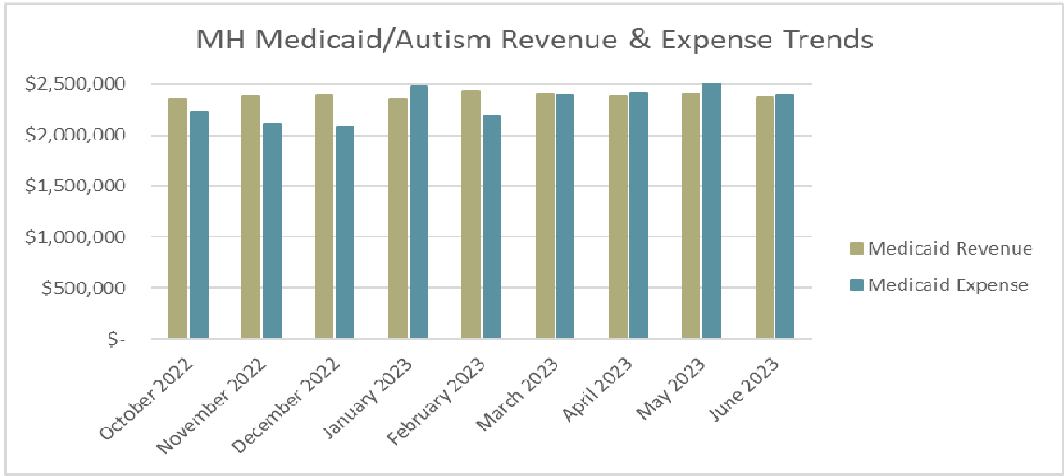
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Key Indicators June 30, 2023



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Key Indicators
June 30, 2023



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Key Indicators

June 30, 2023

The following tables summarize the agency's directly provided services by month, based on submitted encounters. Due to the amount of time it takes for documentation to be completed, first and third party billing processed, and then the encounter submitted, data for the most recent month(s) are likely not complete yet.

Internal Program Name	October 2022			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 4,990	10	330	\$ 499
Case Management	\$ 218,195	415	18,724	\$ 526
Outpatient Therapy	\$ 226,415	231	18,044	\$ 980
Occupational Therapy	\$ 6,709	11	787	\$ 610
ACT Program	\$ 34,984	32	3,502	\$ 1,093
Home Based Services	\$ 78,182	54	8,884	\$ 1,448
Med Clinic Services	\$ 109,742	201	8,638	\$ 546
CCBHC Program	\$ 95,004	142	12,826	\$ 669
SUD Services	\$ 47,214	24	5,013	\$ 1,967
Grand Total	\$ 821,435	870	76,748	\$ 944

Internal Program Name	November 2022			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 16,617	12	1,099	\$ 1,385
Case Management	\$ 217,498	451	19,356	\$ 482
Outpatient Therapy	\$ 215,859	242	19,417	\$ 892
Occupational Therapy	\$ 6,533	10	685	\$ 653
ACT Program	\$ 41,519	32	4,367	\$ 1,297
Home Based Services	\$ 82,714	52	9,339	\$ 1,591
Med Clinic Services	\$ 99,042	181	7,897	\$ 547
CCBHC Program	\$ 92,218	142	12,426	\$ 649
SUD Services	\$ 65,095	28	6,307	\$ 2,325
Grand Total	\$ 837,095	888	80,893	\$ 943

Internal Program Name	December 2022			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 6,396	10	423	\$ 640
Case Management	\$ 216,988	402	19,076	\$ 540
Outpatient Therapy	\$ 169,337	225	16,567	\$ 753
Occupational Therapy	\$ 13,411	19	1,240	\$ 706
ACT Program	\$ 43,189	30	4,442	\$ 1,440
Home Based Services	\$ 54,521	47	6,073	\$ 1,160
Med Clinic Services	\$ 67,671	131	5,185	\$ 517
CCBHC Program	\$ 72,254	136	9,591	\$ 531
Grand Total	\$ 690,592	843	67,297	\$ 819

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Key Indicators

June 30, 2023

Internal Program Name	January 2023			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 9,299	5	615	\$ 1,860
Case Management	\$ 302,738	523	26,977	\$ 579
Outpatient Therapy	\$ 284,217	268	20,138	\$ 1,061
Occupational Therapy	\$ 26,362	26	2,444	\$ 1,014
ACT Program	\$ 56,442	33	5,757	\$ 1,710
Home Based Services	\$ 78,178	47	8,758	\$ 1,663
Med Clinic Services	\$ 117,752	222	8,969	\$ 530
CCBHC Program	\$ 78,902	148	10,357	\$ 533
SUD Services	\$ 45,453	41	4,629	\$ 1,109
Grand Total	\$ 999,343	1,004	88,644	\$ 995

Internal Program Name	February 2023			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 6,320	6	418	\$ 1,053
Case Management	\$ 253,892	464	22,206	\$ 547
Outpatient Therapy	\$ 292,906	241	16,704	\$ 1,215
Occupational Therapy	\$ 24,170	24	2,312	\$ 1,007
ACT Program	\$ 42,927	33	4,372	\$ 1,301
Home Based Services	\$ 76,740	47	8,588	\$ 1,633
Med Clinic Services	\$ 96,872	187	7,670	\$ 518
CCBHC Program	\$ 63,088	129	8,330	\$ 489
SUD Services	\$ 41,632	53	4,360	\$ 786
Grand Total	\$ 898,547	931	74,960	\$ 965

Internal Program Name	March 2023			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 19,278	10	1,275	\$ 1,928
Case Management	\$ 311,871	514	27,398	\$ 607
Outpatient Therapy	\$ 238,817	277	21,393	\$ 862
Occupational Therapy	\$ 29,484	29	2,831	\$ 1,017
ACT Program	\$ 60,418	34	6,549	\$ 1,777
Home Based Services	\$ 88,125	53	10,063	\$ 1,663
Med Clinic Services	\$ 87,987	184	7,061	\$ 478
CCBHC Program	\$ 73,197	148	9,765	\$ 495
SUD Services	\$ 55,170	47	5,195	\$ 1,174
Grand Total	\$ 964,347	1,028	91,530	\$ 938

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Key Indicators

June 30, 2023

Internal Program Name	April 2023			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 12,021	9	795	\$ 1,336
Case Management	\$ 276,703	500	25,308	\$ 553
Outpatient Therapy	\$ 246,864	259	18,570	\$ 953
Occupational Therapy	\$ 31,211	32	2,961	\$ 975
ACT Program	\$ 55,985	33	5,932	\$ 1,697
Home Based Services	\$ 85,024	54	9,675	\$ 1,575
Med Clinic Services	\$ 85,479	173	6,383	\$ 494
CCBHC Program	\$ 65,036	132	8,592	\$ 493
SUD Services	\$ 50,683	46	5,025	\$ 1,102
Grand Total	\$ 909,006	975	83,241	\$ 932

Internal Program Name	May 2023			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 6,804	2	450	\$ 3,402
Case Management	\$ 330,436	516	29,938	\$ 640
Outpatient Therapy	\$ 304,788	259	18,273	\$ 1,177
Occupational Therapy	\$ 38,513	33	3,733	\$ 1,167
ACT Program	\$ 74,606	35	7,992	\$ 2,132
Home Based Services	\$ 95,703	55	10,851	\$ 1,740
Med Clinic Services	\$ 61,069	133	4,224	\$ 459
CCBHC Program	\$ 55,737	121	6,878	\$ 461
SUD Services	\$ 55,292	51	4,927	\$ 1,084
Grand Total	\$ 1,022,948	973	87,266	\$ 1,051

Internal Program Name	June 2023			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	\$ 12,928	8	855	\$ 1,616
Case Management	\$ 298,595	506	27,090	\$ 590
Outpatient Therapy	\$ 202,760	222	14,084	\$ 913
Occupational Therapy	\$ 45,057	33	4,213	\$ 1,365
ACT Program	\$ 65,353	32	6,966	\$ 2,042
Home Based Services	\$ 93,443	54	10,635	\$ 1,730
Med Clinic Services	\$ 58,281	109	4,165	\$ 535
CCBHC Program	\$ 38,003	96	4,348	\$ 396
SUD Services	\$ 78,750	52	7,488	\$ 1,514
Grand Total	\$ 893,170	924	79,844	\$ 967

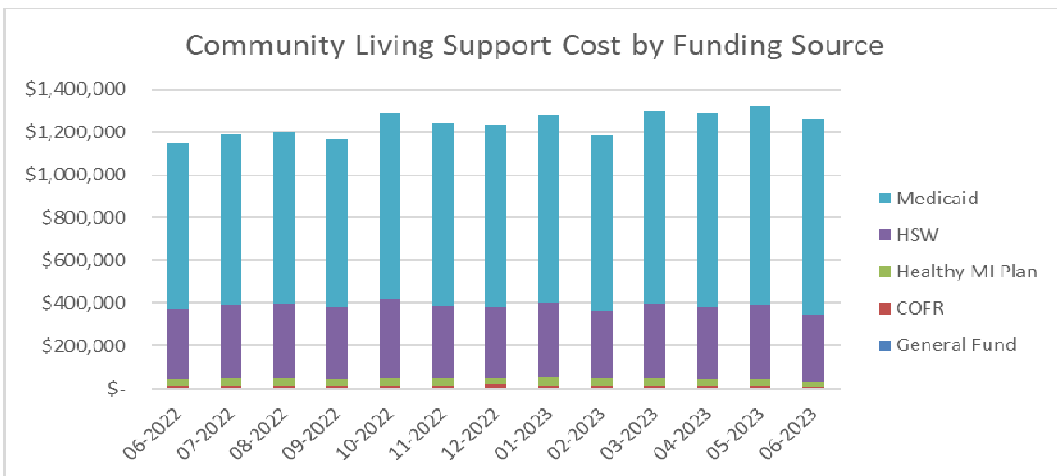
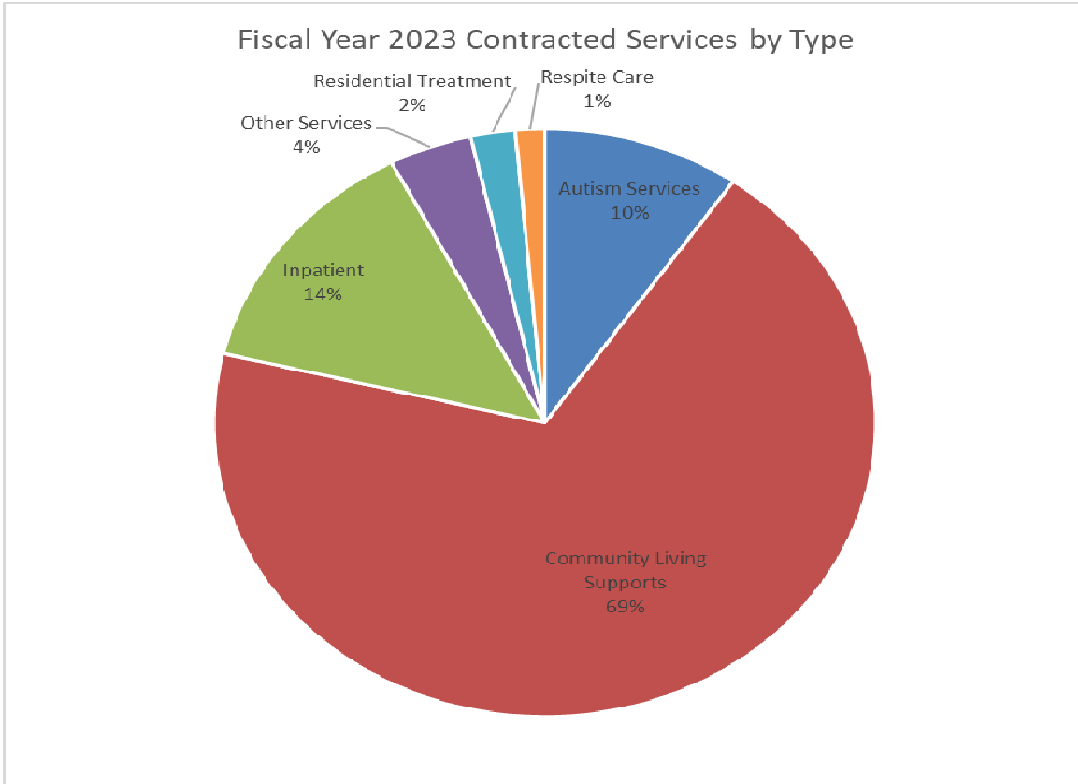
This financial report is for internal use only. It has not been audited, and no assurance is provided.

ONPOINT

Key Indicators

June 30, 2023

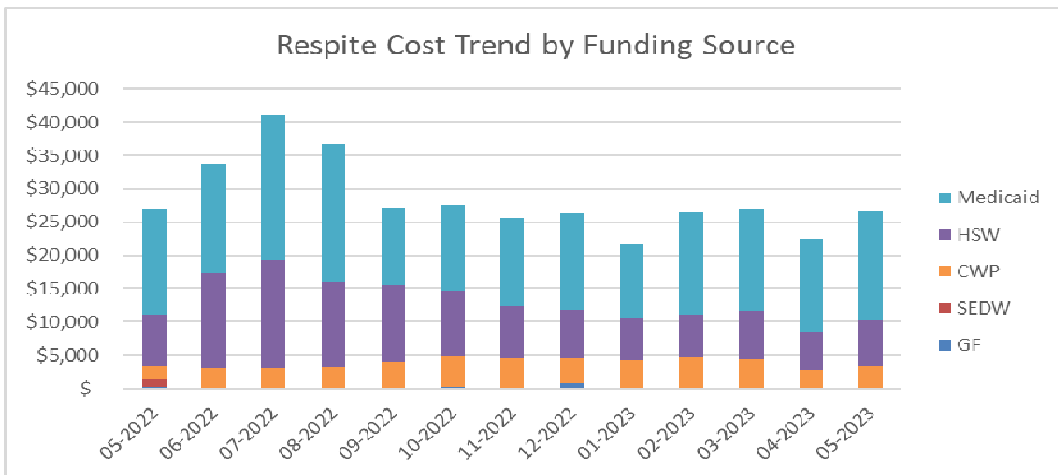
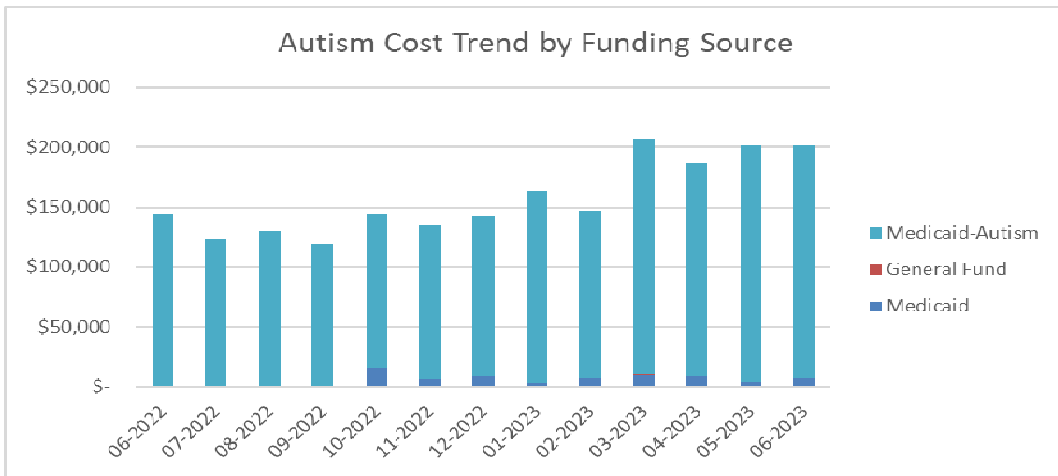
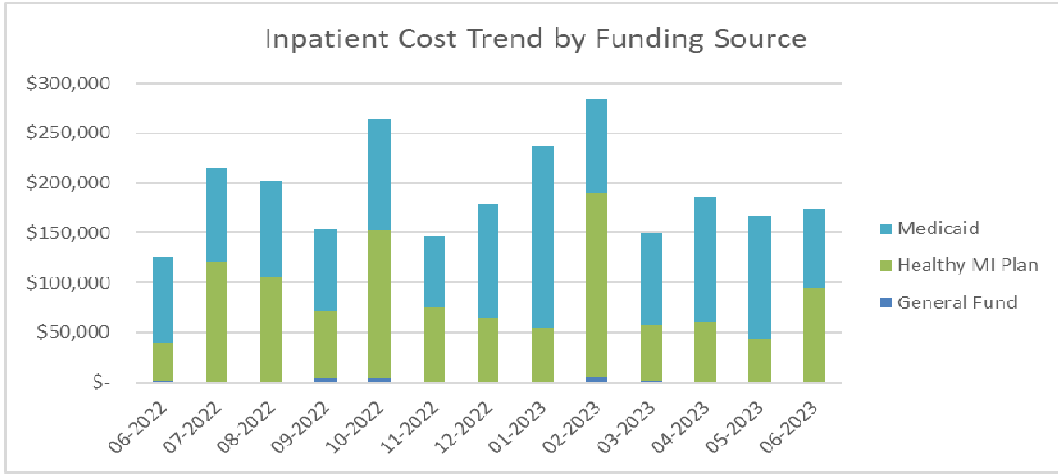
The following charts summarize the agency's provider network services. Providers have 60 days from the date of service to submit a claim, and then the agency has an additional 30 days to pay the claim and report the encounter. As such, the data for the most recent month(s) will be incomplete.



ONPOINT

Key Indicators

June 30, 2023



ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2022 through June 30, 2023

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	\$ 18,398,144	\$ 3,028,486	\$ 2,188,223	\$ 23,614,853	\$ 1,356,269
Expense	19,245,960	1,564,930	2,439,152	23,250,042	1,054,866
Revenue over/(under) expenses	<u>\$ (847,816)</u>	<u>\$ 1,463,556</u>	<u>\$ (250,929)</u>	<u>\$ 364,811</u>	<u>\$ 301,403</u>

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined	SUD Block Grant	Public Act 2
Revenue	\$ 566,135	\$ 1,144,251	\$ 1,710,386	\$ 205,425	\$ -
Expense	353,118	605,396	958,514	205,425	-
Revenue over/(under) expenses	<u>\$ 213,017</u>	<u>\$ 538,855</u>	<u>\$ 751,872</u>	<u>\$ -</u>	<u>\$ -</u>

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

AGENDA

**OnPoint
Recipient Rights Advisory Committee (RRAC)
Tuesday, August 15, 2023
3:30 pm**

New Meeting Location: OnPoint 540 Jenner Drive – Hopkins 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 – May 2023 and June 2023 (Special Meeting)
5. Review ORR Status Report – Kelsey Newsome
6. Review FY 23 Semi-Annual Report
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

2023 Meeting Dates: December 19

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
540 Jenner Drive, Allegan, MI 269-673-3384

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
May 16, 2023
3:30 pm- 4:00 pm

Committee Members Present:

Glen Brookhouse, Chairperson
John Weerstra, Board Member
Craig VanBeek, Board Member
Richard Wiley, Community Member

Committee Members Not Present:

Stacy Engelsman, Vice Chairperson

Staff Present:

Kelsey Newsome, Recipient Rights Director
Allison Kridler, Recipient Rights Officer

Staff Not Present:

Samantha Dereski, Recipient Rights Officer
Melisse Hughes, ORR Specialist

Members of the Public Present:

1. **CALL TO ORDER** ~Chairperson Glen Brookhouse called the meeting to order at 3:30pm.
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, excluding the two typos in the agenda (date of meeting and date of next meeting). Board Member John Weersta supported to approve, 2nd by Community Member Richard Wiley. Unanimously approved by a voice vote.
4. **APPROVAL OF PRIOR MEETING MINUTES** ~ Chairperson Glen Brookhouse motioned to approve the February 21, 2023 meeting minutes. Board Member John Weerstra supported the motion, 2nd by Board Member Craig VanBeek. Unanimously approved by a voice vote.
5. **REVIEW OF ORR STATUS REPORT** ~ Recipient Rights Director Kelsey Newsome reviewed the ORR Status Report and answered questions as they arose.
6. **REVIEW OF UPDATED RECIPIENT RIGHTS POLICIES** ~ Recipient Rights Director Kelsey Newsome reported to board that this group has reviewed all policies. Kelsey Newsome discussed policies that have recently been updated.
7. **OTHER BUSINESS** ~ Chairperson Glen Brookhouse opened the floor for Other Business. Recipient Rights Director Kelsey Newsome discussed with the board the plan for the Semi-Annual report with the new quarterly meeting schedule. Kelsey Newsome proposed an additional RRAC meeting in December to review the report or move the November 2023 meeting to December 2023. The August 2023 meeting would stay the same, then the next meeting would be in December 2023, followed by March, June, and September 2024 meetings. If Kelsey Newsome feels that RRAC needs to meet between August and December 2023, she will request a meeting. Chairperson Glen Brookhouse motioned to move quarterly meetings to the third month of the quarter to align with the Semi Annual and Annual Report meetings. Board Member Craig VanBeek supported the motion. Unanimously approved with a voice vote.
8. **Public Comment** ~ No public comment.

9. **ADJOURNMENT** – Motion to adjourn made by Chairperson Glen Brookhouse supported by Board Member John Weerstra supported by Mr wiley and approved unanimously by voice vote. Adjourned at 3:55 pm.

Respectfully Submitted by

A handwritten signature in black ink, appearing to read "Allison Kridler". The signature is written in a cursive, flowing style.

Allison Kridler
Recipient Rights Officer

OnPoint
540 Jenner Drive, Allegan, MI 269-673-3384

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC) Special
June 27, 2023
4:03 pm

Committee Members Present:

Glen Brookhouse, Chairperson
Jessica Castañeda, Board Member
Craig VanBeek, Board Member
Stacy Engelsman, Vice Chairperson

Committee Members Not Present:

Richard Wiley, Community Member
Kimberly Bartnick Board Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Melisse Hughes, ORR Specialist

Staff Not Present:

Samantha Dereski, Recipient Rights Officer
Allison Kridler, Recipient Rights Officer

Members of the Public Present: None

1. **CALL TO ORDER** ~Chairperson Glen Brookhouse called the meeting to order at 4:08 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, agenda (date of meeting and date of next meeting). Board Member Jessica Castañeda supported to approve, 2nd by Community Member Stacy Engelsman. Unanimously approved by a voice vote.
4. **Closed Session** – Motion to move to closed session. “I move that the Recipient Rights Advisory Committee meet in closed session under Section 268(h) MCL 15.268(h) of the Open Meetings Act to perform its duties as the Recipient Rights Appeals Committee; and to consider material exempt from disclosure by Section 748 (MCL 330.1748) of the Mental Health Code.” By Board Member Craig VanBeek. Support by Glen Brookhouse.
 - a) Motion to uphold the decision made in close session approved by unanimous vote.
5. **Public Comment** ~ No public comment.
6. **ADJOURNMENT** – Motion to adjourn made by Board Member Jessica Castañeda supported by Vice Chairperson Stacey Engelsman supported by Chairperson Glen Brookhouse and approved unanimously by voice vote. Adjourned at 5:05 pm.

Respectfully Submitted by,

Melisse Hughes

Melisse Hughes
ORR Specialist

**RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
May 2023 STATUS REPORT**

Reporting Period: May, June, July 2023

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

May, June, July 2023 Allegations

Abuse II – Non-Accidental Act	1
Abuse II- Unreasonable Force	2
Abuse III	1
Neglect I	1
Seclusion	1
Neglect III	4
Neglect II	1
Safe Treatment Environment	2
Visitation	1
Access to phone/mail	1
Sanitary & Humane Treatment Environment	1
Treatment Planning Person Centered Process	1
Dignity & Respect	10
Mental Health Services Suited to Condition	13
Out of Jurisdiction	4
Disclosure of Confidential Information	2
Restrictions/Limitations without authorization	3
Total Allegations	49

FY 23 Timeliness Report:

	No Right Involved/ Out of Jurisdiction (Acknowledgement Letter Only)	≤ 30 days	≤60 days	≤90 days	>90 days	Total
Previously Closed Allegations	4			57+29	0	57
May, June, July 2023 Closed Allegations	5	0	0	28	0	31
Open Allegations	0	20	11	14	0	49
Total						

Progress Updates on FY 23 Annual Report Goals:

Goal	Updates/Current Status
<p>ORR will work collaboratively with QI and Compliance to improve the incident reporting process. Objectives to accomplish this goal include: a) update incident reporting policy and supporting forms b) review standards with internal and contracted provider staff c) update internal codes used to process IRs d) monitor compliance during annual provider site reviews.</p>	<ul style="list-style-type: none"> a) Policy has been updated. Forms TBD b) Policy changes & attestation sent to all internal staff. IR policy added as a standing agenda item to be reviewed at all Provider Network Meetings <ul style="list-style-type: none"> a. Trends in reporting discussed with other statewide RR Offices. Considering options for in person training to address continued gaps in reporting. c) TBD d) Ongoing – In process
<p>ORR will work with recipients to develop examples to include in recipient rights trainings.</p>	<p>TBD</p>
<p>ORR will work with the OnPoint Provider Network staff to strengthen Recipient Rights orientation/training for management and owner level staff for contracted providers.</p>	<p>TBD</p>

AGENDA

**OnPoint
Program Committee
Tuesday, August 15, 2023
4:15 pm**

540 Jenner Drive, Allegan

Also available virtually at the link or phone number below:

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

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

Phone Conference ID: 896 969 400#

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

1. Call to Order – Alice Kelsey, 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: Housing Services – Emily Berning
6. Written Reports to Program Committee
 - a. COO Report – Leanne Kellogg
 - b. Program Operations – Susan Conrad
 - c. Evidence Based Practices – Geniene Gersh
 - d. Quality Innovation and Compliance (written report only) – Mandy Padgett
 - e. Customer Service – Cathy Potter (Feb/May/Aug/Nov)
7. Program Committee Member Comments
8. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
9. Adjournment – Next meeting August 15, 2023 – **540 Jenner Drive**

Program Committee: Alice Kelsey, Chair; Vacant, Vice Chair;
Kim Bartnick, Robin Klay, Jessica Castaneda

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.

OnPoint
540 Jenner Drive

**Program Committee Minutes
July 18, 2023 – 4:15 pm**

Board Members Present: Pam Brenner and Alice Kelsey

Board Members Absent: Kimberly Bartnick, Robin Klay and Karen Stratton

OnPoint Staff Present: Geniene Gersh, Brenda Holquist, Leanne Kellogg and Mandy Padget,

Others:

1. Call to Order

Ms. Kelsey called the meeting to order at 4:15 pm.

2. Public Comment

None.

3. Approval of Agenda – no quorum present

Moved: Supported:

Motion carried.

4. Approval of Minutes of June 20, 2023 – no quorum present

Moved: Supported:

Motion carried.

6. Program Presentation – Occupational therapy and med clinic.

Ms. Hopkins, Ms. Dehart and Mr. Lange reviewed their presentations and were available for questions.

7. Program Committee Reports

a. Chief Operating Officer Report

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

b. Clinical Services

No report.

c. Quality Improvement/Performance Management

No report.

d. Customer Service

No report.

7. Program Committee Member Comments

None.

8. **Public Comment**

None.

9. **Adjournment**

Meeting adjourned at 5:12 pm.

**OnPoint
Housing Services
Board Report
August 2023
Emily Berning – Interim Program Supervisor**

Since 10/1/22, the Allegan County Housing Assessment and Resource Agency (HARA) at OnPoint has received over 50 contacts from individuals and families who report living outside, in their vehicle, in a shed or storage building, or other location not meant for human habitation. Approximately 75 additional contacts were from individuals and families who are precariously housed, meaning they may have a roof over their head today but would likely be homeless within 21 days. A designated Coordinated Entry (CE) Case Manager responds to all inquiries and manages eligible cases until the most appropriate housing service is identified. At that point, a Housing Case Manager picks up the case and provides housing stability and support services, advocacy and referral, access to financial subsidies for housing, and linkages to other resources to meet other basic needs.

In FY23 to date, case management, financial assistance and supportive services have been provided to over 100 adults and children with funding from the Michigan State Housing and Development Authority (MSHDA), the US Department of Housing and Urban Development (HUD), and the Michigan Department of Health and Human Services (MDHHS).

The Grants to Benefit Homeless Individuals (GBHI) project, funded by SAMHSA, supports masters' level clinicians and a certified peer recovery coach to provide specialized support for homeless individuals with a substance use or co-occurring disorder, in partnership with the identified housing case manager. This integrated approach maximizes the skill and experience of housing case managers in the context of an individual's behavioral health needs and is complimentary to the organization's CCBHC model of care and emerging SUD service continuum.

To facilitate integrated access and services, the HARA Coordinated Entry process has developed into an access point for all OnPoint services. From the point of first contact, the CE Case Manager works with the program supervisor and team lead and identifies a case coordination plan for existing OnPoint consumers and an access plan for those requesting behavioral health services. The integration of the GBHI program is critical to this effort, providing masters' level clinicians to the process. For example, GBHI clinicians are credentialed to provide comprehensive assessments to access to behavioral health services versus a separate referral to traditional access center response, reducing barriers and time to services.

All program audits have achieved 95% or above ratings, and grant monitors consistently highlight OnPoint's focus on exceptional and integrated care for those it serves. This includes active participation in the Michigan Balance of State Continuum of Care (MIBOSCOC); the Housing Supervisor sits on the governance, coordinated entry, HARA, Shelter and Data and Outcomes committees, and the agency's HMIS Lead participates actively in data and HMIS workgroups. The Allegan Local Planning Body (LPB) of the MIBOSCOC has been recognized for its emerging compliance with

MIBOSCOC standards; the Program Supervisor is a Co-Chair of the LPB and sits on the Executive Committee as does the Director of Program Operations.

OnPoint has expanded its continuum of housing services, including implementation of CERA Housing Stability Services (HSS) and successful application through the MIBOSCOC to the US Department of Housing and Urban Development for Rural Set-aside Funding to support an additional Coordinated Entry Case Manager and the addition of an Outreach Case Manager. The application was ranked in the top three of those submitted to the MIBOSCOC and was fully funded by HUD. Start date for the project is 10/1/23. These positions are also integrated into the outreach and access functions of the proposed CCBHC demonstration project.

Finally, the work of the HARA can be seen in the community's most recent Community Health Improvement Plan (CHIP), which includes Housing as a core focus area. Functioning as a subject matter expert, OnPoint was active in providing data and feedback to establish specific goals related to the homeless services sector portion of the CHIP. OnPoint staff also participate in the Housing Workgroup of the CHIP.

Notable Trends

Of the 600 calls and emails in FY23 to date, over 50% did not meet eligibility for HARA programs and were given referrals to community agencies and services better equipped to meet their needs. This is an increasing trend as Covid-19 resources are no longer available, and individuals and families are struggling to pay rent and other household expenses. This has created pressure on the HARA in its efforts to prioritize and respond to those most in need as established by funding guidelines. Program leaders continue to work with the LPB and other community partners to clearly articulate the role of the HARA in serving those who are category 1 or category 2 homeless versus a general resource for any housing related issue, question or concern.

HUD and MSHDA rental assistance funding remains available for the foreseeable future for category 1 homeless households, but lack of affordable housing units remains a significant barrier to assuring individuals and families are safe and stable.

OnPoint COO BOARD REPORT

August 2023

Submitted by: Leanne Kellogg, Chief Operating Officer, MS, BSN, RN,
269-673-6617 ext. 4868 email: lkellogg@onpointallegan.org

Chief Operating Officer

Continued focus and effort surround the CCBHC project and feedback received from the State. We responded to a quick deadline of additional clarifying information on a few standards. We will additionally be reporting back on a few inquiries to the cost report as well prior to the close of July. Continued communication occurs with the larger leadership team for preparation and project planning. We also await any feedback on our SAMHSA IA application and anticipate hearing on that prior to fall.

OnPoint
Director of Program Operations
Board Report - August 2023
Submitted By Susan Conrad, LMSW, CMHP, QMHP, QIDP

UPDATES

CCBHC Demonstration

As you are aware, we successfully submitted our application to become a state CCBHC demonstration site on June 30. We received the first round of feedback in late July, requesting additional evidence (show proofs) of our readiness and qualifications, and with a very tight turnaround and an assist from all teams and departments, we responded by the deadline. If selected, OnPoint would implement the project October 1. Planning centers on assuring our service capacity and structure supports the project as proposed in the application. There is significant focus on community outreach, flexible and responsive access and assessment, interdisciplinary treatment teams, person- and family-centered services, and care coordination.

Housing – Funding and Service Delivery

The Housing Services Department is in the depths of grant season, including data collection and reporting, proposal writing and submission, and coordination with the local planning body and Michigan Balance of State Continuum of Care. Grants include funding from the Michigan State Housing and Development Authority (MSHDA), Michigan Department of Health and Human Services (MDHHS), and US Department of Housing and Urban Development (HUD). The grants total approximately \$300,000 and include funding for case management, administrative costs and rental assistance. A recently funded HUD rural outreach project begins 10/1/23 and will add additional outreach and access capacity to the team; the grant totals approximately \$400,000 over three years.

Capacity Management and Program Development

A significant portion of the DPO's time since being named to the position in April centers on analysis of service capacity in relation to client and community need, including utilization trends, access patterns, internal integration, and intensity and complexity of new and ongoing cases. This effort will be integrated in CCBHC implementation as the organization works to deliver exceptional services while maximizing resources and assuring sustainability. This includes collaborative partnerships with agency leaders in finance, quality innovation and compliance, and human resources.

Program development currently focuses on strengthening and enhancing core services through CCBHC, including examining historic and traditional practice through a very new lens and perspective. While this creates incredible opportunities to serve the community in expanded and more effective ways, it is a process that requires thinking about the work very differently than in the past. Intention and consistent focus on the system and service array we are working to create is essential to our success. And that success will provide the infrastructure within which we can explore expansion and implementation of new services in partnership with the community. It is a very exciting time to be at OnPoint!

BY THE NUMBERS (July)

- 1,521 Open Cases
 - 68% adult
 - 32% children and families
- 87 individuals were admitted to program services
- 57 individuals were discharged from services

OnPoint Substance Use Disorder (SUD) Services August 2023 Board Report

Department Report by Lauren Todaro, MSW, LMSW, CAADC, CCJP-M

SUD Services Manager, 269-249-7288; ltodaro@accmhs.org

Current OnPoint SUD Services Enrollment as of August 2, 2023:

Program	Individuals Enrolled*
OnPoint SUD Services	51 (-1.9%)
OnPoint Corrections – SUD Services*	60 (+17.6%)

*Corrections enrollment designates the referral source coming from Allegan County Probation & Parole.

SUD Provider Network:

In tandem with Amy Kettring, Provider Network Manager, the SUD Provider Network continues to expand to allow for a wider range of provider locations for services not provided within OnPoint.

Contracts have been completed for an additional detox/short-term residential and long-term residential provider in Battle Creek, MI.

Jail-Based Medication-Assisted Treatment (MAT):

SUD Services is supporting the implementation of jail-based MAT for inmates within Allegan County Correctional Center (ACCC), with the support of Allegan County Correctional Center staff. Current status is as follows;

- 1) MAT medication trainings have concluded.
- 2) Policy and procedures for MAT administration have been completed within ACCC for medication provision.
- 3) Start dates have been developed and processes/procedure is taking place.

Ongoing updates will be provided as this project moves forward. This implementation follows the evidence-based model of MAT in corrections settings, and will be supported by State Opioid Response Grant 3 (SOR 3).

Michigan State Police (MSP) Overdose Fatality Review (OFR) Grant:

Overdose Fatality Review (OFR) teams are multidisciplinary teams that review overdose fatalities similar to the Child Death Review model, and includes information about a decedent of overdose within the county which can contribute to the analysis of available data to make recommendations that will prevent future overdose deaths. The Allegan OFR is scheduled to meet three more times within the life of the Grant. To request participation or forward the information to a community member who could benefit from membership, please contact ltodaro@onpointallegan.org

State Opioid Response (SOR) Grant 3; Treatment Overdose & Education, Naloxone Distribution:

The *OnPoint Overdose Response Kit* have been created for community and staff distribution, alongside support from the Grand Rapids Red Project for Narcan Administration training. The *OnPoint Overdose Response Kit* is designed to be an overdose “first-aid kit” to be carried and kept in case of recognition of overdose. The kit contains two nasal-administration doses of Narcan (naloxone), “opioid antagonist” used to counter the effects of opioid overdose, for example a heroin or fentanyl overdose. The kit also contains a disposable CPR face shield, non-latex gloves, fentanyl test strips, informational cards for post-administration, and contact cards for further aftercare. The OnPoint goal for distribution is approximately 500 kits within the community and staff. As of August 7th, 285 kits have been distributed to OnPoint clients, staff, or within our partners and community. Please contact Lauren at ltodaro@onpointallegan.org or (260)249-7288 if you are interested in obtaining an *OnPoint Overdose Response Kit*.

SUD Services: Prevention Services

Program Report Submitted by Heidi Denton, MSW, CPS-M

SUD Prevention Supervisor, hdenton@onpointallegan.org

Allegan County Substance Abuse Prevention Coalition (ASAP):

The next ASAP meeting will be in person at OnPoint on August 17th from 9a-10:30. All agencies attending are asked to bring any resources or materials they would like to share.

We are also walking in the fair parade again this year (September 11th) if anyone wants to join us to help hand out information and promotional items.

Prime for Life:

Adult: Next class is scheduled for September at OnPoint. This will be returning to an in-person class after requests from participants.

Youth: Erin is currently running a group at Cheever with 4 students.

Suicide Prevention Coalition:

No report this month.

Covid funds: Planning for September as “family meals month”. We will be partnering with local pizza places to distribute pizza cutters with the talk sooner website and a reference to the importance of eating regular meals with your kids. These are printed in English on one side and Spanish on the other side.

LARA funds: Media campaign focused on locking up marijuana is currently running. Full report will be available next month. Locked bags were shipped to all the dispensaries in the county this spring to promote safe storage of marijuana.

Stop act funds: Compliance checks in process at all the bars, restaurants, stores and gas stations in the county.

PAL's and Pride: no update

Mental Health First Aid:

The collaboration with Perrigo and their health and safety team to train in mental health first aid to employees started with an in-person training this Spring, as well as a conversation and refresher for those who were trained last year. We have 5 dates scheduled in the fall.

Tobacco Cessation: We ran one 6-week group with 2 regular participants (and 1 additional participant for a few weeks) this summer. Their feedback overall was very positive. We will be adding a second group option on Tuesdays in the late afternoon starting August 29th. We will also be scheduling a virtual group soon based on interest from 3 people. Go Media is working on designing a media campaign that promotes that we offer cessation groups. That campaign will start running in a couple weeks.

SUD Services: Treatment Services

Program Report Submitted by Brooke Hickman, LMSW-C, CAADC, DP-CCS, JD

SUD Program Supervisor, 269-512-2594; bhickman@onpointallegan.org

SUD Services Internal Staff Credentialing:

The 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: 1 staff

Full CAADC in Agency-Total: 3 staff

CAADC Development Plan Approved: 21 staff

CADC Development Plan Approved: 1 staff

Total: 26 staff

SUD Services Internal Program Development:

The number of clients who we are providing SUD and SUD Integrated (co-occurring) services continues to grow. Since last month, total program enrollment has increased by 7.8%. As of 8/2/23, there are 111 clients who are enrolled in OnPoint SUD Services and OnPoint Corrections SUD Services. These clients are self-referred, as well as referred by MDOC. The SUD Services Department is continuing to build our relationship and referral base with Allegan County Probation and Parole Department.

Over the past month, the OnPoint SUD Intensive Outpatient Program (IOP) has increased by 100%. Currently, there are six clients who are participating in this program. The IOP provides ASAM Level 2.1 services to Allegan County. This program runs three times weekly for three hours each group, over a period of ten weeks.

Additionally, each IOP participant is engaged in SUD individual therapy. 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.

State Opioid Response (SOR) Grant 3; Peer Outreach & Linkage:

The SUD Peer Recovery Coach has fifteen clients on her caseload. These clients were referred by Outpatient clinicians and the Crisis team. Additionally, the GBHI Peer Recovery Coach is currently working with two SUD clients. We appreciate both of their efforts!

EVIDENCE BASED PROGRAMS BOARD REPORT ~ August 2023
by Geniene Gersh, PhD, Director of Evidence Based Programs
269-673-6617, email ggersh@onpointallegan.org

Evidence Based Practice Programs at OnPoint

The following is a brief overview of the evidence-based practices required for the CCBHC State Demonstration. This Director is currently working with the Director of Program Operations as well as clinical managers and supervisors to assess the training needs of the staff across all programs. It is important that we gather this information to complete our training development and implementation plan. Once we have this information, it will enable us to move forward to ensure that we have all the training completed for each respective clinician that will utilize specific EBPs when working with clients.

Many of the EBPs have been a part of service delivery at OnPoint for many years such as cognitive behavioral therapy (CBT) and assertive community treatment services (ACT). However, some of the EBPs are new and will require training across program staff as clinicians and other staff learn these new skills.

As a Certified Behavioral Health Clinic (CCBHC) State of Michigan Demonstration designation, the Michigan Department of Health, and Human Services (MDHHS) will require the provision of several evidence-based practices (EBPs). In addition, OnPoint has selected two additional EBPs to pursue due to their efficacy in providing effective health outcomes for specific populations. The following is a brief description of each of these models/treatment practices:

Required EBPs:

- 1) **Dialectical Behavior Therapy (DBT)** - Effective for individuals with borderline personality disorder, substance use disorder and some eating disorders. Helps people regulate their emotions and increase coping skills to replace ineffective behavior and reduces crisis and emergency room visits.
- 2) **Motivational Interviewing (MI)** - Explores ambivalence, elicit change talk during clinical interaction and mobilize client resources for change. Provides skills to help move clients to the next stage of change.
- 3) **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** – TF-CBT is an evidence-based treatment that helps children address the negative effects of trauma, including processing their traumatic memories, overcoming problematic thoughts and behaviors, and developing effective coping and interpersonal skills.
- 4) **Cognitive Behavioral Therapy (CBT)** -Teaches skills to identify cognitive distortions and faulty thinking, restructure negative thought patterns, and identify cues and triggers. Skills-building is focused on addressing behavioral patterns that impact mood by practicing healthy routines that support positive mood and physical health. Effective for individuals with depression, anxiety, and substance use disorders.

- 5) **Assertive Community Treatment (ACT)** – A multidisciplinary approach for severe mental illness (SMI), and co-occurring disorders. Reduces hospitalizations and increases housing stability and quality of life.
- 6) **Michigan Crisis and Access Line (MI-CAL)** – “Air Traffic Control” Michigan Crisis and Access Line (MiCAL) Model. A State-wide “Air Traffic Control” (ATC) system of access, support, crisis distress. Provides a warmline for support and connection to a mental health clinician.
- 7) **Infant Mental Health (IMH)** - Effective for families at risk for relationship problems, child abuse and neglect. Reduces the risk for infant/toddler developmental delays and relationship disturbances.
- 8) **Integrated Dual Disorder Treatment (IDDT)** – A multidisciplinary treatment model combines substance abuse services with mental health services to help people address both disorders at the same time and in the same service organization by the same team of treatment providers. Reduces relapse of substance use and mental illness, hospitalization, and incarceration.
- 9) **Parent Management Training – Oregon Model (PMTO)** – Effective for parents with mental health conditions, dealing with poverty, family divorce, and have experienced a death in the family. Provides coping skills, encouragement, limit setting, family problem solving, increased monitoring and supervision of children.
- 10) **Medication Assisted Treatment (MAT)** – Effective treatment for the prevention of relapse, infectious disease, and overdose. Provides risk reduction for relapse, prevention of overdose, decrease risk of infections.
- 11) **MATRIX Model** - The Matrix Model is an integrative treatment model meant to directly address the needs of people who have stimulant addiction. People who participate in Matrix therapy participate in an intensive outpatient treatment program utilizing both group and individual sessions. Highly effective to increase coping skills to abstain from stimulants.
- 12) **Screening Brief Intervention Referral to Treatment (SBIRT)** – An approach to screening, provides intervention and access to treatment to address alcohol and substance use at risky levels. Prevents health consequences through early intervention.
- 13) **Zero Suicide** - To address high rates of suicide: A framework for health and behavioral healthcare systems to provide safer care for individuals with suicide risk. Prevention of suicide deaths for individuals under the care of health and behavioral healthcare systems.

Additional Recommended EBPs:

- 1) **Dimensions Tobacco Free Toolkit** - Skills enhancement for tobacco cessation. Helps to create change in behavior, increased awareness, and smoking cessation.
- 2) **Permanent Supportive Housing (PSH)** - An approach to homelessness that provides people with permanent housing as quickly as possible to reduce the length of time homeless. Improvements in quality of life, in the areas of health, mental health, substance use, and employment due to achieving housing.

Respectfully Submitted By,

Geniene Gersh, Ph.D.

Director of Evidence Based Programs

Melissa Potvin MA, LPC – Manager of High Intensity Services

Access

There were 148 inquiries for services and 140 assessments scheduled for the month of July (this number is slightly lower than usual due to scheduled staff PTO). 89 of those assessments were completed and 51 were either same day cancellations or no shows. There were 38 adult mental health assessments, 9 SUD assessments, 23 children's mental health assessments, 13 children's I/DD & Autism assessments, and 3 adult I/DD assessments, as well as 3 annual assessments completed for med clinic only services.

Mental Health Treatment Court

There are currently 4 people in Phase 1 and 3 people in Phase 2 of mental health treatment court. No new people entered the program in July.

Crisis

The total number of prescreen evaluations decreased in July to 42 with 57 being completed in May. 80% of the mental health prescreen evaluations were conducted for adults and 20% for minors. 28% of the evaluations were diverted from higher level of care placements and safety planned home. The team used inpatient hospitalization, partial hospitalization and crisis residential placement for different levels of services authorized based on client's needs and MCG criteria. There were 2 mobile crisis service events for the month of July. The crisis team also completed 17 SUD brief screen evaluations for higher levels of care (detox, long term and short term residential) and 3 ASAM-C assessments for internal SUD services.

Assertive Community Treatment

The numbers have decreased slightly for ACT team participants since last month, there are currently 32 enrolled with services at OnPoint, three discharges and coincidentally three scheduled for treatment planning within the next week so we anticipate being back at 35 consumers. Though not the goal for the program, reasons for some of the discharges include consumer request to end services and being jailed for over 90days. Housing still tends to be the most sought-after service for many individuals on the ACT team, and those actively seeking stable housing are getting closer to reaching those goals through referrals to the Housing team at OnPoint. There has been consistent communication with the Social Security Administration to help establish financial benefits regarding several consumers in the program. Lastly, advocacy uplifts the voices of the voiceless in areas where ACT consumers are unsure how to schedule doctor appointments, reserve a bus ride, check their bank balance, grocery shop at the store, or contact their family members and request a visit. One consumer who followed through on his employment goal of driving trucks is almost to the finish line traveling as far as Washington State and now only has two weeks left where he will then be able to drive his own truck through the company! He reported, "It feels good to have money in the bank, I look forward to taking a short break, but then getting back to it."



**Quality Innovation, Utilization Management, Provider Network, and Compliance
Board Report
August 2023**

Submitted by Mandy Padget, Director of Quality Innovation and Compliance
mpadget@onpointallegan.org (269) 673-6617 ext. 2718

Quality Innovation Activities

July was a very busy month for the OnPoint Quality Innovation team!

OnPoint participated in the 2023 HSAG PMV audit on July 13, 2023. PMV (Performance Measure Validation) is designed to assess the accuracy of reported performance measures and determine the extent to which the reported rates follow the measure specifications and reporting requirements. The validation of performance measures is one of the mandatory EQR activities that the state Medicaid agencies are required to perform as described in CFR §438.358(b)(2). Results are pending and will be disseminated across the organization and shared with the board and key stakeholders.

OnPoint participated in the 2023 LRE desk audit July 25-31, 2023. The desk audit results are pending and will afford the organization the opportunity to receive feedback across both clinical and administrative operations. Upon receipt, results will be disseminated across the organization and shared with the board and key stakeholders.

Quality Innovation staff continue to support the organization's CCBHC initiative via work on the CCBHC.

Corporate Compliance Activities

A total of 2 investigations are currently open and active.

Utilization Management Activities

The Utilization Management department is expanding! Katelyn Rodriguez will be joining the team as a Waiver Coordinator, and we are just so excited to welcome her aboard!

Provider Network

Amy Kettring, OnPoint Provider Network Manager hosted a provider network meeting on July 11, 2023. The meeting was attended by providers across OnPoint's provider network and included updates regarding budgets and rates from Andre Pierre, OnPoint CFO, LRE updates from Jim McCormick, LRE Provider Network Manager, and a refresher on billing errors and personal care forms by Nikki McLaughlin, OnPoint Accounting Manager. The next provider network meeting is scheduled for October 10, 2023, at 10:30 am via Microsoft Teams.

Respectfully submitted,

Mandy Padget, MSW, CHC
Director of Quality Innovation and Compliance
OnPoint

MINUTES

ONPOINT BOARD **Tuesday, July 18, 2023, at 5:30 P.M.** 540 Jenner Drive

Present: Commissioner Mark DeYoung, Commissioner Gale Dugan, Beth Johnston, Alice Kelsey and Pastor Craig Van Beek

Absent: Kim Bartnick, Jessica Castaneda, Glen Brookhouse, Robin Klay and Karen Stratton

Staff: Geniene Gersh, Brenda Holquist, Leanne Kellogg, Kelsey Newsome, Mandy Padget, Andre Pierre and Mark Witte

Visitors: Stephanie VanderKooi

1. Call to Order

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

2. Pledge of Allegiance

Recited.

3. Provision for Public Comment

None.

4. Approval of Agenda

Moved: Ms. Johnston

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. Executive Committee Meeting (06.16.2023)
- ii. Board Meeting (06.20.2023)
- iii. Finance Committee Meeting (06.20.2023)
- iv. Program Committee Meeting (06.20.2023)

Moved: Pastor Van Beek

Supported: Commissioner DeYoung

Motion carried by roll call.

6. Program Committee Report

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

7. Finance Committee Report

a. The Finance Committee recommends that the OnPoint Board approve the June 2023 disbursements totaling \$3,488,908.49.

Moved: Ms. Johnston

Supported: Ms. Kelsey

Motion carried by roll call.

Mr. Pierre gave an overview of the April financials and was available for questions.

8. Recipient Rights Advisory Committee (Feb/May/Aug/Nov) Ms. Newsome gave a semi-annual report and was available for questions.

9. Chairperson's/Executive Committee Report

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

The Board of Directors of OnPoint restates its Mission, Vision and Values as follows:

MISSION – Improving the lives of people in Allegan County through exceptional behavioral health and homelessness services.

VISION – An inclusive community with integrated behavioral health services and safe, affordable housing for all.

CORE VALUES – Integrity, Inclusivity, Honor, Equality, Humility, Innovation, Teamwork, Cultural Competence.

Moved: Commissioner Dugan

Supported: Ms. Johnston

Motion carried by roll call.

As chairperson of the OnPoint board, I request affirmation of the board for my appointment of Jim Storey as a candidate to the Executive Committee of the Lakeshore Regional Entity.

Moved: Ms. Kelsey

Supported: Commissioner DeYoung

Motion carried by roll call.

10. LRE Update

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

11. OnPoint Executive Director's Report

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

12. Provision for Public Comment

None.

13. Board Member Comments

Ms. Johnston states that finance committee will meet at 3:00 on 8/15.

Commissioner Dugan welcomes Pam Brenner to the board. He also thanks the staff for their hard work on CARF.

14. Motion to Adjourn:

Moved: Ms. Johnston

Supported: Ms. Kelsey

Motion carried.

Meeting adjourned at 6:23 pm.

Respectfully submitted,

Brenda Holquist
Executive Assistant

Gale Dugan
Board Chair

OnPoint Board of Directors
Executive Director Report
August 2023

1. Agency

July has been a busy month on several levels. First, we've had some heavy documentation to provide in the form of (a) our accreditation plan of improvement submission to the Council on the Accreditation of Rehabilitation Facilities (CARF), and (b) our financial cost report for participation in the state's demonstration project for the Certified Community Behavioral Health Clinic program (CCBHC). I shared a paper copy of the CARF report with the Executive Committee members in July and will likely do something similar with our plan for improvement.

The CCBHC document followed a state grant submission on June 30 of the demonstration program application, which followed the federal grant submission on May 19 of the CCHBC Improvement and Advancement (IA) application. The IA would provide two years of continued federal funding at \$1 million per year. Without a known result for the demonstration project, we considered it a responsible thing to do so we can keep the CCBHC project going. State staff who provided a letter of endorsement for our IA application said they expect the federal decisions to be issued around 8/31/2023 and project start dates to be effective by 9/30/2023.

And, on top of it all, we were notified within the past few days that we have officially been awarded a new federal grant from the Health Resources & Services Administration (HRSA) that we applied for over a year ago. HRSA is an agency within the US Department of Health and Human Services. The grant is a product of HRSA's Rural Communities Opioid Response Program and is valued at \$1 million per year for three years. It will support rural access in Allegan County through OnPoint to medication assisted treatment for individuals with opioid use disorders. It's a little early to be talking at length about this grant award, but it is very encouraging to see such success blooming out of our team's grant writing efforts. It raises good problems – like how to manage so many new activities and potentially overlapping grant coverage. We will sort it out.

With all of that, and probably also because it's summer, we've had a fair number of staff taking some time off over the past few weeks! As busy as it was last month, we're preparing for what might come next if we continue to see success with all those applications.

2. Board

CMHA BoardWorks Training – We will be checking back with you to assure completion of the “Intended Beneficiary Command” training at <https://vimeo.com/799865157> and collect the evaluation document. I hope you've found time to complete it and that you've found it useful.

The August training is “Public Policy” which explores the historical origins of the public mental health system focusing on Michigan and discusses the probable future of our public policy driven community mental health system. The video is available at <https://youtu.be/iqJlqNHBQk>. We will provide you a copy of the PowerPoint and the evaluation document at the board meeting.

Board Members – There has been one new lead for our final board member opening. I have reached out to the Saugatuck area lead offered by our own board member Dr. Robin Klay and am awaiting a response.

3. Community

Community Collaboration – Work continued across two primary fronts in July. We participated in ongoing work on the Community Health Improvement Plan (CHIP), where we

participate in three of the four workgroups (Behavioral Health, Housing, and Community Information Exchange). I have also been working a bit more closely with Community Action of Allegan County (CAAC) and the Allegan County Community Foundation (ACCF) to strategize about ways to leverage improvements in planning for housing programs in alignment with the CHIP and from our own operational “lanes”.

United Way – Of some interest as well is the recent announcement of funding reductions (eliminations in many cases) of annual United Way support for funded agencies in our area. The leadership of the Allegan-Ottawa United Way office has fluctuated over the past year and has recently been transferred to the Grand Rapids-based Heart of West Michigan United Way (HWMUW). I am scheduled to meet with Becki Postma of HWMUW in our office on 8/4/2023 to discuss our relationship and support for strengthening of the United Way’s focus on Allegan County needs.

4. Region

Lakeshore Regional Entity (LRE) – Since my last report, a hoped-for nomination of a third Allegan County resident to name to the LRE board fell through. We continue to seek an individual with the appropriate perspective and flexibility to join day-long in-person meetings in Muskegon on a monthly basis. The vice-chairperson of the board (a person from Muskegon County) resigned her membership on the board last month, so the meetings were chaired by the board secretary. Your strong recommendation/appointment of Commissioner Jim Storey to the LRE Executive Committee was affirmed at the July meeting. I expect that his role on the board as an officer – or not – will be determined in the next meeting or two. A nominations process was initiated last time.

5. State

Budget – As you may have heard, Governor Whitmer signed the FY2024 budget into law last month. Legislative analysis by the Community Mental Health Association (CMHA) included the following observations:

- The large recently passed FY 2024 state budget – the largest in state history, with much of the revenue the result of American Rescue Plan Act/COVID relief dollars.
- The fact that the CCBHC line grew dramatically, by \$297 million, reflecting more sound funding for current CCBHC Demonstration sites and the addition of over a dozen new CCBHC Demonstration sites.
- The stalling of the local match draw down (LMDD) elimination, at year 3 of a what was to have been a 5 year phase-out of the LMDD requirement. This is beyond disappointing to CMHA and its members, given that this stall out causes the loss of local dollars to meet local non-Medicaid needs.
- The elimination of the guardianship payments line in the budget, with boilerplate language to form a workgroup to determine how these funds will be distributed in the future. The guardianship funds in the FY 2023 budget will, in all likelihood, be carried over into FY 2024.
- The creation of a Direct Care Worker (DCW) training and credentialing program, in the FY2023 supplemental, which was passed along with the FY2024 budget. It was shared that the creation and use of a training and credentialing program may be hindered without a sizeable wage increase to the DCW workforce.
- Very little for the state’s behavioral health system, with a modest increase in the PIHP Medicaid rates (2.5%), a low DCW wage increase (\$.85/hour) in light of the \$4/hour advocacy target set by the DCW coalition of which CMHA is a member.
- Given the fact that a meaningful DCW wage increase will be a tough political battle, in the future, given what looks to be a tight budget in future years. Given this, an

advocacy effort around reductions in the administrative and paperwork demands on the DCW workforce will be key – as an offset of some of the demands on these workers.

- \$5 million in the accelerated social work graduate school initiative which will bring in 167 master’s level social workers (MSWs) into the system.
- The work being done by CMHA and its allies, National Association of Social Workers (NASW)-Michigan and the 13 graduate schools of social work, to replace the requirement that MSWs pass the Association of Social Work Board (ASWB) test to become a licensed clinical social worker with a rigorous education and substantial supervised clinical experience.
- The confusion around the relationship between the CCBHC financing and base Medicaid capitation financing was discussed and the need for CMHA and its members continue to work to make this financing more distinct.

MDHHS Forum – I was invited to participate in an event on July 31 in Grand Rapids with MDHHS Director Hertel and several health system leaders. The event was intended to discuss the \$364 million investment the budget makes in behavioral health services. My driving points throughout the discussion were to plead for state investments to produce direct and accessible benefit for people in Allegan County and other similar rural communities. It does very little good to create good resources in areas too far away to benefit people who need accessible local resources. I’ve attached the press release that was produced from that event.

Sincerely,

Mark Witte
August 3, 2023



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

FOR IMMEDIATE RELEASE
July 31, 2023

CONTACT: Lynn Sutfin
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MDHHS director, health leaders discuss state's commitment to behavioral health service access for Michigan families through nearly \$364 million in budget investments

GRAND RAPIDS, Mich. - Michigan Department of Health and Human Services (MDHHS) Director Elizabeth Hertel joined with other health leaders today at Pine Rest in Grand Rapids to discuss with stakeholders how the state is continuing its commitment to ensuring Michigan families can more easily access behavioral health services. The roundtable discussion focused on the nearly \$364 million in investments for behavioral health services included in Gov. Gretchen Whitmer's Fiscal Year 24 and FY 23 budgets.

"Everyone deserves access to quality health care where and when they need it," said Hertel. "This year's budget builds upon the current-year budget with investments in behavioral health services that build a Michigan where everyone can live a safe, healthy life. We will work to increase the number of providers in Michigan through scholarships, as well as continue to improve access to care through certified community behavioral health clinics, psychiatric residential treatment facilities, crisis stabilization units and mobile crisis response units to help improve access to behavioral health care for youth and adults."

Bob Nykamp, vice president and chief operating officer at Pine Rest Christian Mental Health Services, noted the state's investment in behavioral health demonstrates alignment between Michigan legislators and leading behavioral health care organizations on one of the state's most pressing health care issues.

"The need for behavioral health services has been steadily rising over the past several years, and this is especially true for children and young adults. Families in crisis have often found the services they or their children need do not exist in their area or require extended wait times for care," Nykamp said. "This investment from the State of Michigan is a commitment to prioritizing access to care for all who need it. It allows Pine Rest and other behavioral health leaders to take action to help Michigan residents thrive."

The FY 24 budget includes the following investments to improve access to behavioral health for Michigan youth and families:

- \$279.7 million to expand the number of Certified Community Behavioral Health Clinics (CCBHC) sites in Michigan. CCBHCs serve anyone who requests care for mental health or substance use, regardless of their ability to pay.
- \$45 million to improve facilities for school-based health services and \$28.9 million to continue school-based mental health services on campuses.
- \$5 million for the Michigan Crisis and Access line.
- \$5 million to offer scholarships for those going to college studying behavioral health and strengthen the health care workforce.



Michigan Department of Health and Human Services (MDHHS) Director Elizabeth Hertel joined with other health leaders today at Pine Rest in Grand Rapids to discuss with stakeholders how the state is continuing its commitment to ensuring Michigan families can more easily access behavioral health services. Pictured are (l. to r.) Meghan Groen, senior deputy director of Behavioral and Physical Health and Aging Services, MDHHS; Al Jansen, senior advisor to the director, MDHHS; Hertel; and Dr. Mark Eastburg, President & CEO of Pine Rest.

CCBHCs are non-profit or local government agencies that are federally required to provide nine comprehensive behavioral health services, including 24/7 mobile crisis response and medication-assisted treatment for substance use disorders. Nationally, the CCBHC model has been shown to substantially increase access to care, advance physical health integration, strengthen community partnerships, address health inequities and improve the quality of behavioral health services.



Pictured are Michigan Department of Health and Human Services staff, health leaders and stakeholders following a roundtable at Pine Rest in Grand Rapids where the discussion focused on the nearly \$364 million in investments for behavioral health services included in Gov. Gretchen Whitmer's Fiscal Year 24 and FY 23 budgets.

There are currently 13 CCBHCs in Michigan, and an additional 24 provider organizations that are currently receiving federal grant funding to provide CCBHC services. In FY22, CCBHCs provided services to 62,626 unique individuals across Michigan. Approximately 30% of individuals served were children and young adults ages 0 to 21 and 70% were adults.

These investments build upon the current year FY 23 budget, which includes \$238.1 million to build behavioral health capacity. Funding includes:

- \$38 million for the Pine Rest pediatric behavioral health center.
- \$32 million for establishing crisis stabilization units.
- \$10 million for establishing psychiatric residential treatment facilities (PRTFs).

The Pine Rest Pediatric Behavioral Health Center will offer a comprehensive continuum of care for children and teens, including new and expanded programs tailored specifically to meet the needs of those who are struggling in our Michigan community. The Pediatric Behavioral Health Center will increase access to inpatient and partial hospitalization, residential services, psychological testing and outpatient care, along

with a developing a new pediatric psychiatric urgent care center and many specialty services.

PRTFs are a new model for Michigan and provide an environment that allows someone to transition or step-down from inpatient care services to community placement. The facilities also relieve pressure on hospital emergency departments by expanding the number of beds for people who need short-term crisis stabilization or residential treatment.

Michigan Public Act (PA) [402 of 2020](#) created crisis stabilization units to provide an alternative to emergency department and psychiatric inpatient admission for people who can be stabilized through treatment and recovery coaching within 72 hours. Currently, MDHHS is collaborating with pilot sites and other interested partners on administrative rules and CSU development.

Another MDHHS effort to improve access to services is the implementation of a standard behavioral health assessment for children across the state entering the mental health system or the child welfare system by Dec. 31, 2023.

“Children too often wait days or weeks for an assessment to identify what treatments they need, if any,” Hertel said. “MDHHS is developing a customized statewide version of the Child and Adolescent Needs and Strengths assessment tool so children can be seen, wherever they are, by clinicians who specialize in working with children.”

#