AGENDA

OnPoint Board of Directors Meeting
Tuesday, October 17, 2023 at 5:30 PM
Board Room, 540 Jenner Drive, Allegan, MI 49010

Also available virtually at the link or phone number below
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)
+1 616-327-2708,,896969400# United States, Grand Rapids
Phone Conference ID: 896 969 400#

1. Call to Order – Commissioner Gale Dugan

2. Pledge of Allegiance

3. Provision for Public Comment (agenda items only, 5" limit per speaker)

4. Approval of Agenda

5. Consent Agenda

   (All items listed are considered to be routine and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda upon request of any board member and will be considered separately.)

   a. Motion – Approval of prior minutes:
      i. Board Meeting (9/19/2023)
      ii. Finance Committee (9/19/2023)
      iii. Program Committee (9/19/2023)
      iv. Executive Committee (9/15/2023)

6. Program Committee – Alice Kelsey

7. Finance Committee Report – Beth Johnston
      a. Motion – Approval of Voucher Disbursements

8. Recipient Rights Advisory Committee (Feb/May/Aug/Nov) – Glen Brookhouse

9. Chairperson's/Executive Committee Report – Commissioner Dugan

10. LRE Updates – Mary Dumas or alternate

11. OnPoint Executive Director's Report – Mark Witte

12. Provision for Public Comment (any topic, 5" limit per speaker) – Commissioner Dugan

13. Board Member Comments – Commissioner Dugan

14. Adjournment

15. Future Meetings:
      a. November 17, 2023 @ 2:30 pm – Executive Committee
      b. November 21, 2023 @ 4:15 pm – Program Committee
      c. November 21, 2023 @ 4:30 pm – Finance Committee
      d. November 21, 2023 @ 5:30 pm – Full Board Meeting

AGENDA

OnPoint Board Finance Committee
October 17, 2023 @ 4:30 pm

Hamilton Conference Room
540 Jenner Drive, Allegan MI 49010

1) Call to Order – Beth Johnston

2) Public Comment (agenda items only, 5" limit per speaker)

3) Approval of Agenda

4) Approval of Minutes

5) Review of Written Reports

    a) Facilities & Human Resources – Andre Pierre

    b) Administrative Services Report – Andre Pierre

6) Action Items

    a) Motion – to Recommend Board Approval of Voucher Disbursements

7) Informational Items

    a) Financial Reports

8) Finance Committee Member Comments

9) Public Comment (any topic, 5" limit per speaker)

10) Adjournment – Next Meeting November 21, 2023 at 4:30 pm, 540 Jenner Drive, Allegan, MI

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

OnPoint Board of Directors
Finance Committee Minutes DRAFT
September 19, 2023 – 4:00 pm

Board Members Present: Glen Brookhouse, Gale Dugan, Mark DeYoung, Beth Johnston, Pastor Craig VanBeek

Board Members Absent:

Staff Members: Mark Witte, Andre Pierre, Nikki McLaughlin

Public Present:

1. **Call to Order** – Beth Johnston - Chairperson, called the meeting to order at 4:03 p.m.

2. **Public Comment** – None

3. **Approval of Agenda**

   Moved: Mr. Dugan   Supported: Mr. Brookhouse

   Motion carried.

4. **Approval of Minutes**

   Moved: Mr. Brookhouse   Supported: Mr. Dugan

   Amended to include 6C & 6D.

   Motion carried.

5. **Review of Written Reports:**

   a. Facilities & Human Resources

   Mr. Pierre reviewed his report with the Finance Committee, as staff settle into the building, finding a few basic repairs. Second HVAC unit was installed in August by contractors, balanced controls and is up and running. Generator switch to be installed on 9/29/2023; power will be cut to the building and staff are going to be working remote. Question was raised if power is out, could a portable unit be brought in.

   Human resource contract to address recruitment, job postings, compensation schedule (reviewing and completing market analysis).

   CCBHC Demonstration, posting positions to begin with up to 24 new staff to support CCBHC.

   Retention Bonus to staff was approved to retain current staffing. Looking at incentives for long-term employment.

   b. Administrative Services Report

   Mr. Pierre reviewed the administrative report with the Finance Committee. The 17th drawdown for building was made. There was an LRE audit for the IT Department with areas identified and OnPoint will be given an opportunity to address and respond back.

6. **Action Items:**

   a. The Finance Committee that the OnPoint board approve disbursements in August 2023 disbursements totaling $3,360,250.06.

   Moved: Pastor VanBeek   Supported: Mr. Dugan

   Motion carried by roll call.

b. The Finance Committee recommends that the OnPoint Board approve the Fiscal Year 2024 budget with expenditures totaling $41,011,311.

Moved: Mr. Brookhouse   Supported: Mr. DeYoung

Motion carried by roll call.

c. The Finance Committee recommends that the OnPoint Board approve the list of provider contracts for Fiscal Year 2023.

Moved: Mr. Dugan   Supported: Pastor VanBeek

Motion carried by roll call.

d. The Finance Committee recommends that the OnPoint Board approve the list of provider contracts for fiscal year 2024.

Moved: Mr. DeYoung   Supported: Pastor VanBeek

Motion carried by roll call.

7. **Informational Items**

   a. **Financial Reports**

   IA grant was awarded to OnPoint with a start date of September 30, 2023 through SAMHSA to enhance CCBHC services. Expenses were included in the budget, revenue was not, improving net position. Revenue has not been confirmed by the state to the LRE nor the PPS rate for Demonstration. Question was asked about enrollment decline.

8. **Finance Committee Member Comments**

   Mr. Dugan thanked staff for their continued hard work for the clients of Allegan County.

9. **Public Comment**

   None

10. **Next Meeting** – October 17, 2023, at 4:30 pm.

11. **Adjournment**

Moved: Mr. Durgan   Supported: Mr. Brookhouse

Motion carried by voice vote.

Meeting adjourned at 5:03 pm.

Administrative Services Board Report October 2023
Submitted by Andre Pierre, Chief Financial Officer
269.569.3238 – APierre@OnPointAllegan.org

We have officially taken occupancy of the new building on May 5, 2023. There still remains a "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 eighteenth construction draw totaling $ 34,898.62 which will be funded through the United States Department of Agriculture (USDA) loan and Michigan Economic Development Corporation (MEDC) grant. During the month of August, we did not execute any change order requests. We continue to meet with Cornerstone Construction and Schley Nelson Architects to review change orders, requests for information, and project status.

This month's packet includes the monthly financial report for August 2023. This is the nineth 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 $1,576,722 (MH Medicaid and SUD Medicaid combined) to the LRE and carry forward/lapse approximately $322,169 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.

The Lakeshore Regional Entity (LRE) completed our IT Compliance Audit August 3, 2023. Since then, we have received feedback in a preliminary report, identifying areas that will require some corrective planning. In September we responded with the submission of corrective action plans. The plans are currently being reviewed by the LRE, with expected feedback during the month of October.

I continue to work together with Erinn Trask 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 I progress into the scope of this role. During the month of September, we received confirmation notice from the State of Michigan that OnPoint has received final approval of our Prospective Payment (PPS) rate. Further actions to support this endeavor will continue to require a thoughtful and collaborative approach.

Sincerely,

Andre Pierre
Chief Financial Officer
October 9, 2023

Full Board ACTION REQUEST	**Subject:**	**Voucher Disbursements**
	Meeting Date:	October 17, 2023
	Requested By:	Beth Johnston, Finance Committee Chairperson

RECOMMENDED MOTION:

The Finance Committee recommends that the OnPoint Board approve the September, 2023 disbursements totaling $4,864,848.17.

SUMMARY OF REQUEST/INFORMATION:

Date Issued:	Voucher Number:	Type:	Amount:
September 1, 2023	N/A	Loan Payment	$21,334.00
September 1, 2023	P1706	Payroll	$430,743.04
September 15, 2023	V0920	Vendor	$1,443,740.15
September 15, 2023	P1707	Payroll	$412,642.56
September 22, 2023	P1708	Payroll (Retention Payment)	$448,990.41
September 29, 2023	P1709	Payroll (PTO Buyback)	$87,976.36
September 29, 2023	P1710	Payroll	$405,219.88
September 29, 2023	V0921	Vendor	$1,614,201.77

BUDGET/FINANCIAL IMPACT

- These disbursements are part of the approved fiscal year 2023 operating budget for OnPoint.
- V0921 Includes partial payback of FY 2022 Cost Settlement to Lakeshore Regional Entity

BY: Nikki McLaughlin, Accounting Manager	**DATE:** October 9, 2023

ONPOINT

OnPoint
Caring for Allegan County

Period Ended
August 31, 2023

Monthly Finance
Report

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

ONPOINT

August 31, 2023

I.   Assets

- Cash and cash equivalents - Significant increase is due to timing of payments from the Lakeshore Regional Entity (LRE). See corresponding decrease in Due from Other Governmental Units.

- Due from other governmental units - Significant decrease is due to timing of monthly payments, see corresponding increase in cash and cash equivalents.

- Prepaid items - Increase is primarily related to the timing of the September 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 due to the building being placed into service in May 2023.

- Accrued payroll and benefits - Significant increase is due to the accrual of a full pay period plus five days at the end of August.

- 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 General Fund revenue that can be carried forward into fiscal year 2024 which 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 LRE, 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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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.

- Depreciation expense - The original budget did not include depreciation for the new building (as the final building cost and construction completement date were not know at the time the budget was prepared) which was placed into service in May 2023.

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Summary Schedule of Revenues and Expenses by Fund Source
October 1, 2022 through August 31, 2023

Mental Health Services	Medicaid	Autism	Healthy MI Plan	Medicaid Combined	General Fund
Revenue	$ 22,471,513	$ 3,696,652	$ 2,672,230	$ 28,840,395	$ 1,640,892
Expense	23,200,235	2,084,765	2,898,612	28,183,612	1,318,723
Revenue over/(under) expenses	$ (728,722)	$ 1,611,887	$ (226,382)	$ 656,783	$ 322,169

Substance Use Disorder Services	Medicaid	Healthy MI Plan	Medicaid Combined	SUD Block Grant	Public Act 2
Revenue	$ 691,429	$ 1,399,339	$ 2,090,768	$ 260,359	$ -
Expense	388,318	782,511	1,170,829	260,359	-
Revenue over/(under) expenses	$ 303,111	$ 616,828	$ 919,939	$ -	$ -

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Statement of Net Position
August 31, 2023

	September 2022	August 2023
Assets		
Current assets:		
Cash and cash equivalents	$ 3,613,590	$ 5,196,601
Accounts receivable	79,421	85,034
Due from other governmental units	2,136,967	655,697
Prepaid items	447,203	565,982
Total current assets	6,277,181	6,503,314
Non-current assets:		
Capital assets not being depreciated	4,986,365	-
Capital assets being depreciated, net	23,050	8,932,191
Total non-current assets	5,009,415	8,932,191
Total assets	11,286,596	15,435,505
Liabilities		
Current liabilities:		
Accounts payable	$ 3,683,185	$ 1,837,035
Accrued payroll and benefits	291,048	476,085
Due to other governmental units	2,619,923	3,890,552
Unearned revenue	544,964	622,083
Compensated absences - current portion	94,855	94,855
Notes payable - current portion	256,008	256,008
Total current liabilities	7,489,983	7,176,618
Long-term liabilities:		
Compensated absences	537,509	537,509
Notes payable	1,893,586	4,742,827
Total long-term liabilities	2,431,095	5,280,336
Total liabilities	9,921,078	12,456,954
Net position		
Invested in capital assets	2,859,821	3,933,356
Restricted for building construction	852,754	-
Unrestricted	(2,347,057)	(954,805)
Total Net Position	$ 1,365,518	$ 2,978,551

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Statement of Revenue, Expenses and Change in Net Position
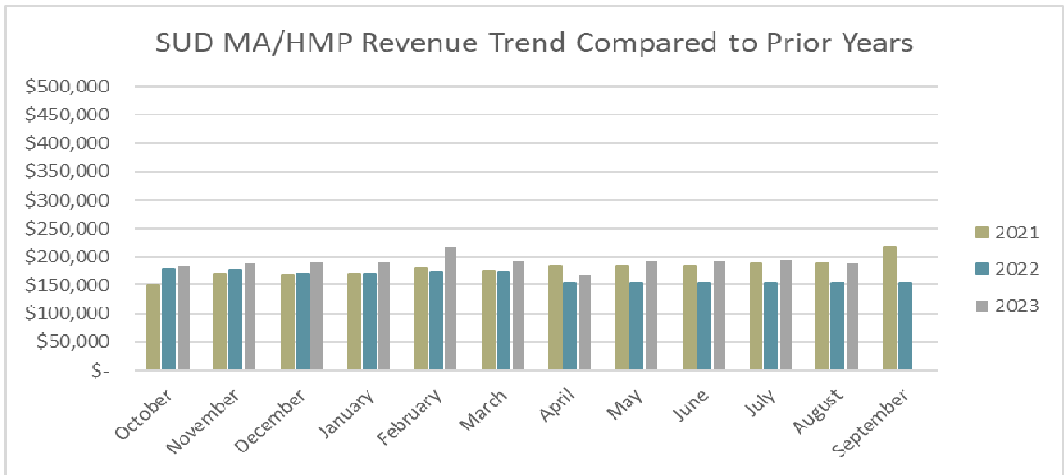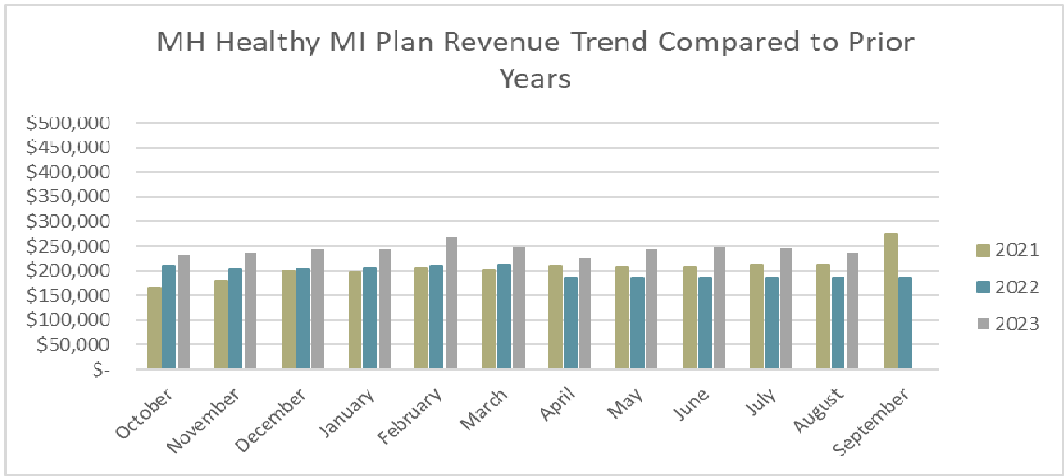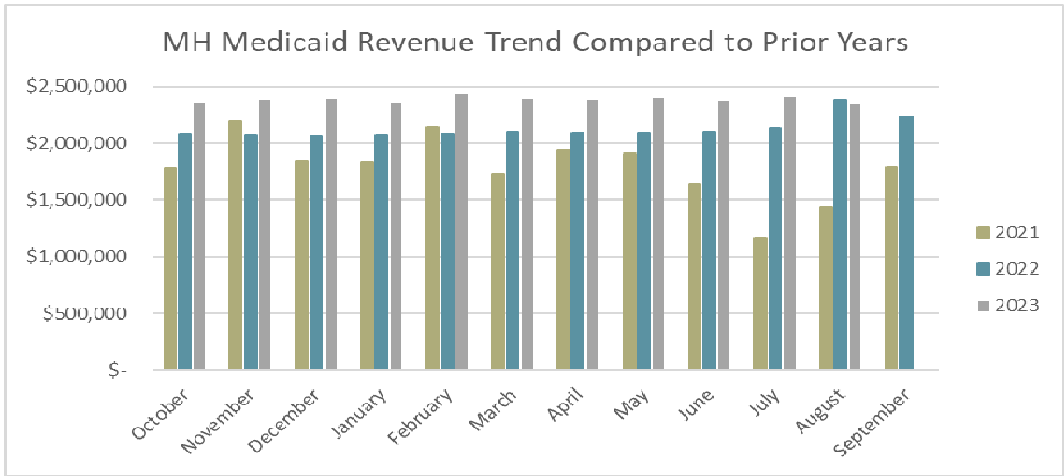October 1, 2022 through August 31, 2023
Percent of Year is 91.67%

	Total FY 2023 Budget	YTD Totals 8/31/23	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid:				
Traditional Capitation	$ 25,193,969	$ 22,471,513	$ 2,722,456	89.19%
Traditional Capitation-Autism	3,937,779	3,696,652	241,127	93.88%
Traditional Settlement	(619,666)	(883,165)	263,499	
Healthy Michigan Capitation	2,697,512	2,673,877	23,635	99.12%
Healthy Michigan Settlement	(274,727)	226,382	(501,109)	
Substance use disorder revenue:				
Traditional Capitation	730,726	691,429	39,297	94.62%
Traditional Settlement	(465,390)	(303,111)	(162,279)	
Healthy Michigan Capitation	1,541,824	1,399,339	142,485	90.76%
Healthy Michigan Settlement	(983,316)	(616,828)	(366,488)	
State General Fund:				
Formula Fundings	1,707,737	1,640,892	66,845	96.09%
Settlement	(110,377)	(322,169)	211,792	
Grants and earned contracts	5,109,145	4,875,644	233,501	95.43%
Local funding	346,095	317,254	28,841	91.67%
Performance based incentive payment (PBIP)	-	245,757	(245,757)	
Other reimbursements and revenue	268,262	428,732	(160,471)	159.82%
Total operating revenue	$ 39,079,574	$ 36,542,198	$ 2,537,376	93.51%
Operating expenses				
Salaries and wages	$ 11,496,279	$ 8,959,321	$ 2,536,958	77.93%
Fringe benefits	3,818,274	3,076,154	742,120	80.56%
Supplies and materials	409,807	240,757	169,050	58.75%
Provider Network services	20,980,022	19,831,132	1,148,890	94.52%
Contractual services	1,642,209	2,123,395	(481,186)	129.30%
Professional development	98,941	123,749	(24,808)	125.07%
Occupancy	186,154	173,766	12,388	93.35%
Miscellaneous expenses	356,194	343,405	12,789	96.41%
Depreciation	14,423	57,487	(43,064)	398.58%
Total operating expenses	$ 39,002,303	$ 34,929,166	$ 4,073,137	89.56%
Change in net position	77,271	1,613,032	$ (1,535,761)	
Beginning net position	106,285	1,365,519		
Ending net position	$ 183,556	$ 2,978,551		

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MH Medicaid Revenue Trend Compared to Prior Years

MH Healthy MI Plan Revenue Trend Compared to Prior Years

SUD MA/HMP Revenue Trend Compared to Prior Years

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MH Medicaid/Autism Revenue & Expense Trends

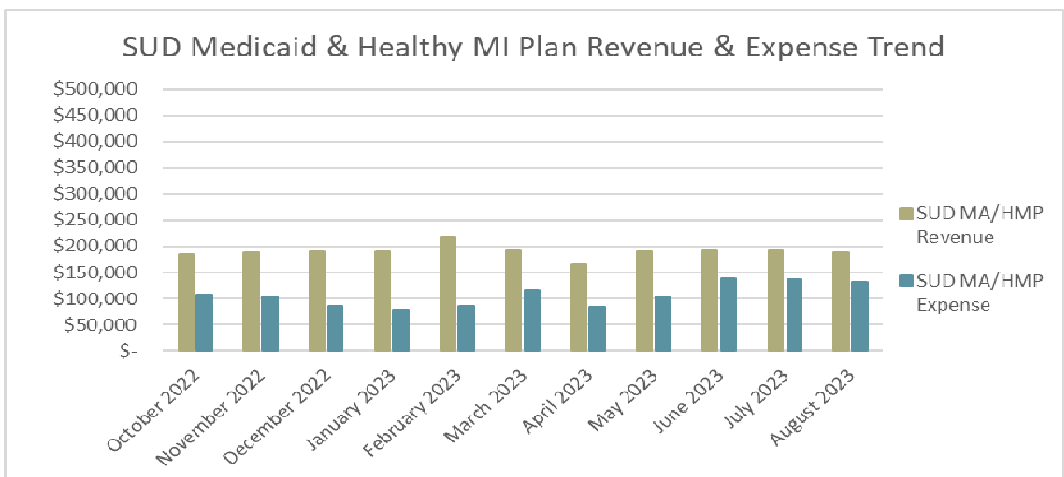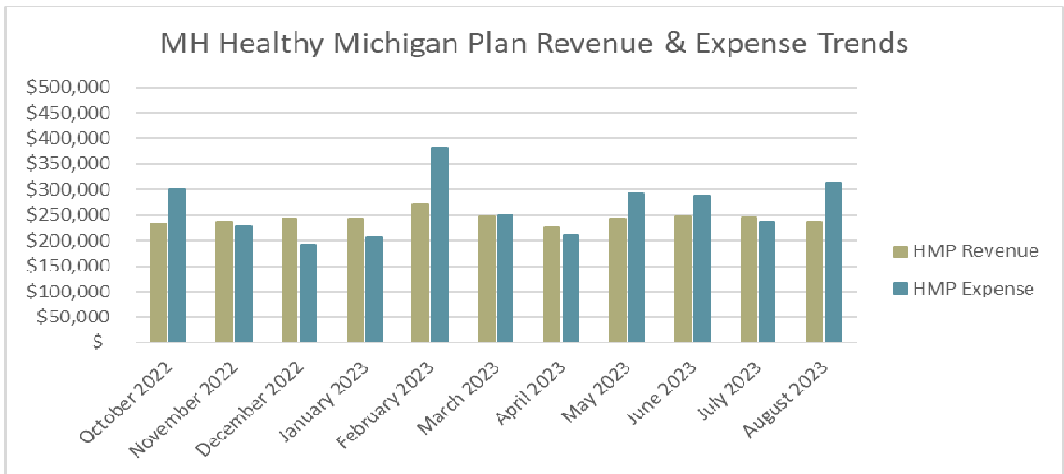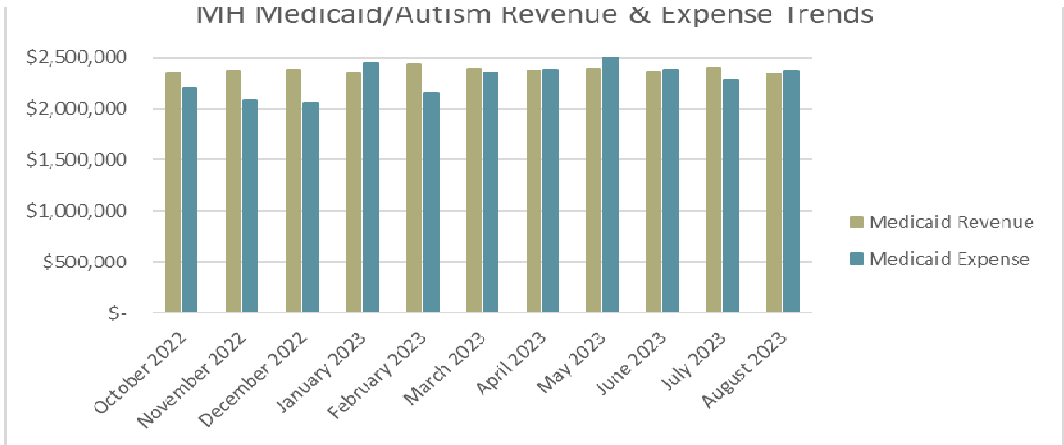MH Healthy Michigan Plan Revenue & Expense Trends

SUD Medicaid & Healthy MI Plan Revenue & Expense Trend

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Key Indicators

August 31, 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	$ 3,966	10	330	$ 397
Case Management	$ 210,730	415	18,724	$ 508
Outpatient Therapy	$ 212,630	238	18,872	$ 893
Occupational Therapy	$ 6,083	11	787	$ 553
ACT Program	$ 34,001	32	3,502	$ 1,063
Home Based Services	$ 76,879	54	8,884	$ 1,424
Med Clinic Services	$ 101,526	206	9,108	$ 493
CCBHC Program	$ 91,587	156	14,122	$ 587
SUD Services	$ 36,647	24	5,013	$ 1,527
Grand Total	$ 774,049	890	79,342	$ 870

Internal Program Name	November 2022			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	$ 13,207	12	1,099	$ 1,101
Case Management	$ 209,458	451	19,356	$ 464
Outpatient Therapy	$ 200,518	249	20,534	$ 805
Occupational Therapy	$ 5,944	10	685	$ 594
ACT Program	$ 40,353	32	4,367	$ 1,261
Home Based Services	$ 81,335	52	9,339	$ 1,564
Med Clinic Services	$ 90,171	184	8,207	$ 490
CCBHC Program	$ 93,085	157	14,388	$ 593
SUD Services	$ 51,075	28	6,307	$ 1,824
Grand Total	$ 785,146	908	84,282	$ 865

Internal Program Name	December 2022			
	Total Cost of Services	Number of Clients Served	Total Minutes of Service	Average Cost per Client
Career Concepts	$ 5,083	10	423	$ 508
Case Management	$ 208,367	402	19,076	$ 518
Outpatient Therapy	$ 155,262	230	17,142	$ 675
Occupational Therapy	$ 12,197	19	1,240	$ 642
ACT Program	$ 41,976	30	4,442	$ 1,399
Home Based Services	$ 53,612	47	6,073	$ 1,141
Med Clinic Services	$ 65,244	139	5,639	$ 469
CCBHC Program	$ 77,927	157	11,862	$ 496
Grand Total	$ 656,441	870	70,522	$ 755

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ONPOINT

Key Indicators

August 31, 2023

Internal Program Name	January 2023			
	Total Cost of Services	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 7,391	5	615	$ 1,478
Case Management	$ 292,071	524	27,037	$ 557
Outpatient Therapy	$ 267,091	274	20,812	$ 975
Occupational Therapy	$ 23,980	26	2,444	$ 922
ACT Program	$ 54,857	33	5,757	$ 1,662
Home Based Services	$ 76,875	47	8,758	$ 1,636
Med Clinic Services	$ 107,070	233	9,304	$ 460
CCBHC Program	$ 86,576	170	13,014	$ 509
SUD Services	$ 36,449	41	4,629	$ 889
Grand Total	$ 952,360	1,032	92,370	$ 923

Internal Program Name	February 2023			
	Total Cost of Services	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 5,023	6	418	$ 837
Case Management	$ 244,138	464	22,206	$ 526
Outpatient Therapy	$ 282,200	248	17,692	$ 1,138
Occupational Therapy	$ 21,968	24	2,312	$ 915
ACT Program	$ 41,721	33	4,372	$ 1,264
Home Based Services	$ 75,461	47	8,588	$ 1,606
Med Clinic Services	$ 89,299	199	7,982	$ 449
CCBHC Program	$ 79,057	176	12,035	$ 449
SUD Services	$ 34,542	53	4,551	$ 652
Grand Total	$ 873,409	985	80,156	$ 887

Internal Program Name	March 2023			
	Total Cost of Services	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 15,322	10	1,275	$ 1,532
Case Management	$ 300,108	516	27,440	$ 582
Outpatient Therapy	$ 226,557	294	23,333	$ 771
Occupational Therapy	$ 26,790	29	2,831	$ 924
ACT Program	$ 58,721	34	6,549	$ 1,727
Home Based Services	$ 86,605	53	10,063	$ 1,634
Med Clinic Services	$ 86,902	199	7,702	$ 437
CCBHC Program	$ 100,760	196	15,230	$ 514
SUD Services	$ 44,800	49	5,386	$ 914
Grand Total	$ 946,565	1,100	99,809	$ 861

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Key Indicators

August 31, 2023

	April 2023			
Internal Program Name	**Total Cost of Services**	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 9,554	9	795	$ 1,062
Case Management	$ 269,274	502	25,545	$ 536
Outpatient Therapy	$ 231,651	274	19,917	$ 845
Occupational Therapy	$ 28,397	32	2,961	$ 887
ACT Program	$ 54,422	33	5,932	$ 1,649
Home Based Services	$ 86,284	55	9,975	$ 1,569
Med Clinic Services	$ 85,716	197	6,992	$ 435
CCBHC Program	$ 87,664	193	13,161	$ 454
SUD Services	$ 41,201	45	5,145	$ 916
Grand Total	$ 894,163	1,056	90,423	$ 847

	May 2023			
Internal Program Name	**Total Cost of Services**	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 5,408	2	450	$ 2,704
Case Management	$ 324,268	525	30,437	$ 618
Outpatient Therapy	$ 301,817	290	21,212	$ 1,041
Occupational Therapy	$ 35,000	33	3,733	$ 1,061
ACT Program	$ 72,523	35	7,992	$ 2,072
Home Based Services	$ 97,988	56	11,241	$ 1,750
Med Clinic Services	$ 84,205	195	6,768	$ 432
CCBHC Program	$ 102,581	230	15,478	$ 446
SUD Services	$ 48,443	52	5,391	$ 932
Grand Total	$ 1,072,233	1,130	102,702	$ 949

	June 2023			
Internal Program Name	**Total Cost of Services**	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 10,996	9	915	$ 1,222
Case Management	$ 294,426	513	27,640	$ 574
Outpatient Therapy	$ 204,409	256	16,984	$ 798
Occupational Therapy	$ 41,409	33	4,263	$ 1,255
ACT Program	$ 67,755	34	7,454	$ 1,993
Home Based Services	$ 92,828	55	10,757	$ 1,688
Med Clinic Services	$ 98,629	188	7,754	$ 525
CCBHC Program	$ 82,684	192	11,942	$ 431
SUD Services	$ 77,109	56	9,205	$ 1,377
Grand Total	$ 970,245	1,082	96,914	$ 897

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ONPOINT

	July 2023			
Internal Program Name	**Total Cost of Services**	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 17,485	14	1,455	$ 1,249
Case Management	$ 243,780	454	23,623	$ 537
Outpatient Therapy	$ 161,002	229	15,037	$ 703
Occupational Therapy	$ 36,894	35	3,928	$ 1,054
ACT Program	$ 54,747	32	5,814	$ 1,711
Home Based Services	$ 80,710	53	9,663	$ 1,523
Med Clinic Services	$ 74,241	155	6,539	$ 479
CCBHC Program	$ 57,443	145	8,085	$ 396
SUD Services	$ 85,006	55	10,342	$ 1,546
Grand Total	$ 811,308	943	84,486	$ 860

	August 2023			
Internal Program Name	**Total Cost of Services**	**Number of Clients Served**	**Total Minutes of Service**	**Average Cost per Client**
Career Concepts	$ 21,271	13	1,770	$ 1,636
Case Management	$ 305,167	509	28,828	$ 600
Outpatient Therapy	$ 251,627	253	18,903	$ 995
Occupational Therapy	$ 34,548	33	3,781	$ 1,047
ACT Program	$ 49,905	35	6,157	$ 1,426
Home Based Services	$ 75,055	50	9,355	$ 1,501
Med Clinic Services	$ 71,915	164	5,601	$ 439
CCBHC Program	$ 40,533	102	5,751	$ 397
SUD Services	$ 91,504	68	11,842	$ 1,346
Grand Total	$ 941,525	958	91,988	$ 983

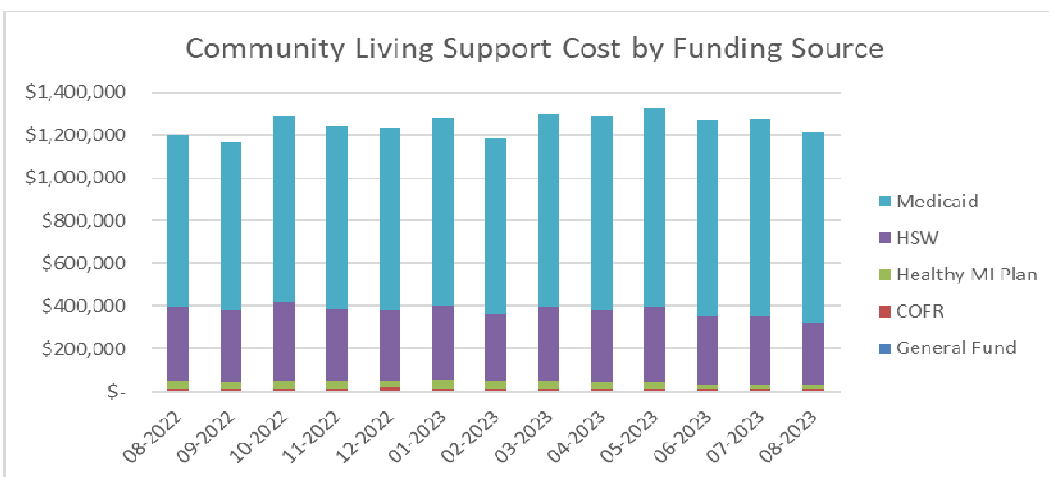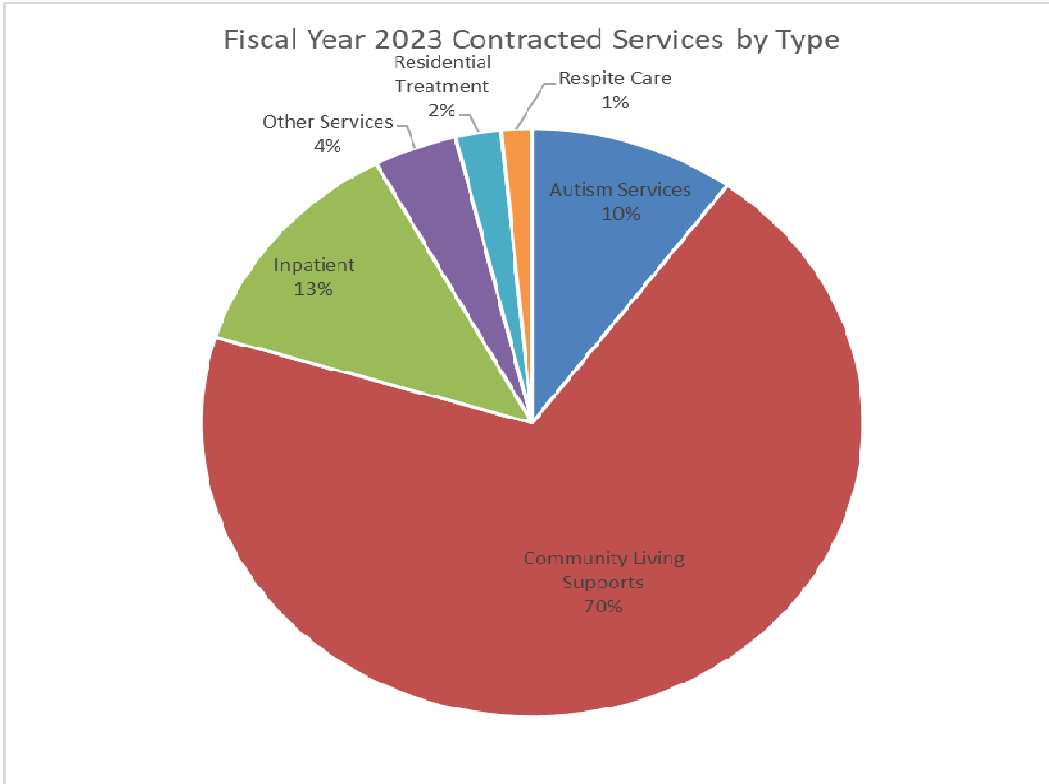This financial report is for internal use only. It has not been audited, and no assurance is provided.
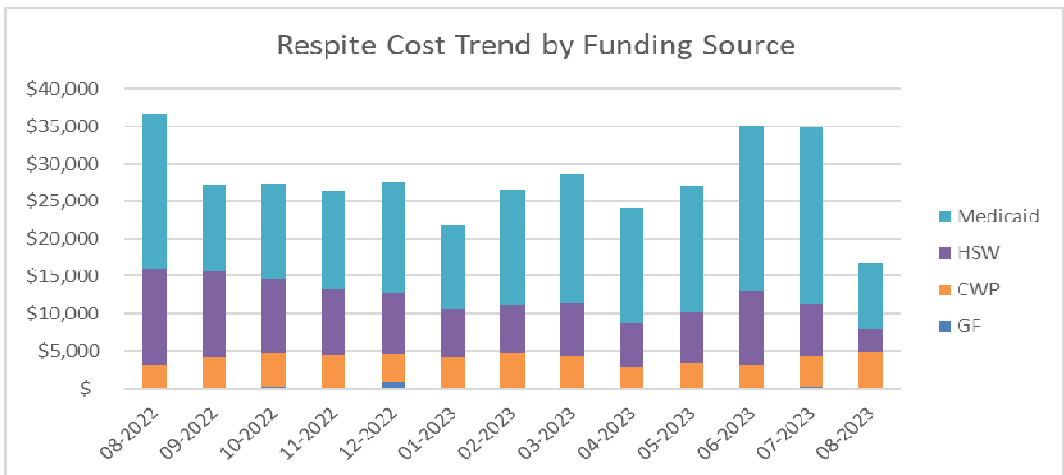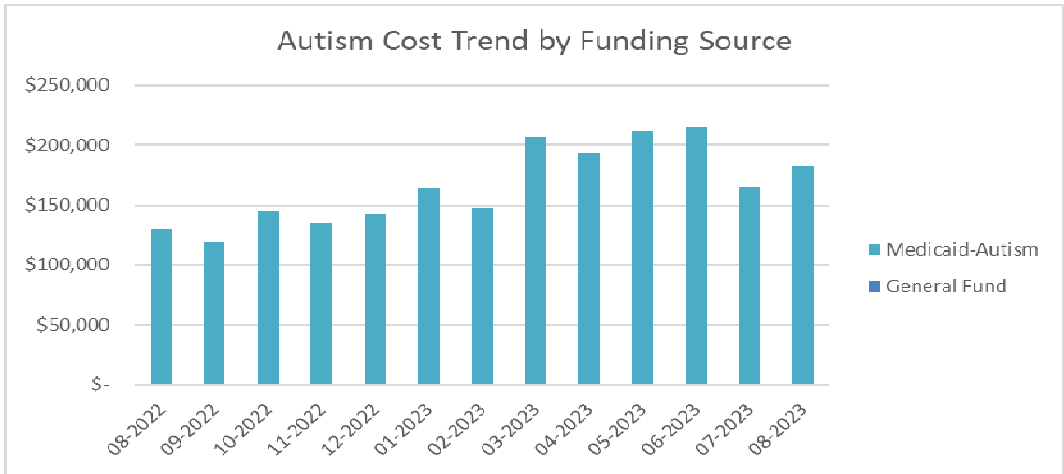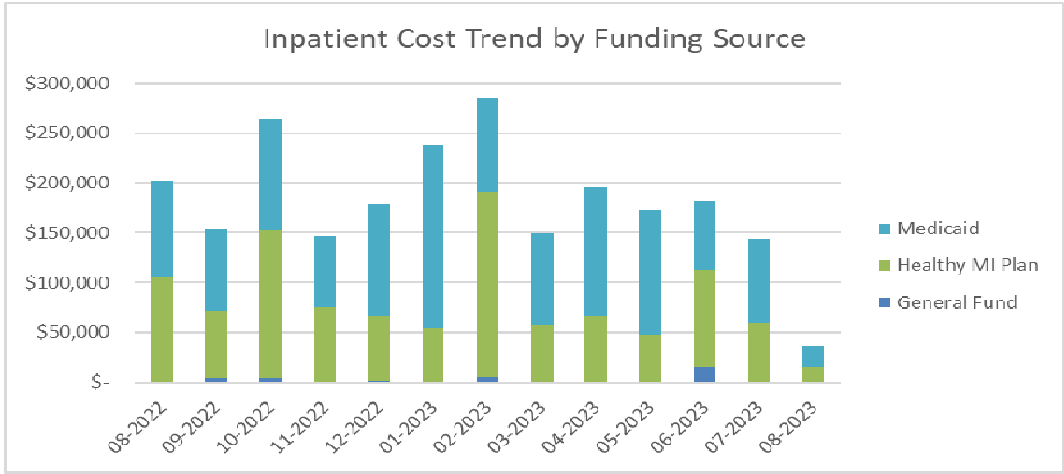
ONPOINT

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.

Fiscal Year 2023 Contracted Services by Type

- Residential Treatment 2%
- Respite Care 1%
- Other Services 4%
- Autism Services 10%
- Inpatient 13%
- Community Living Supports 70%

Community Living Support Cost by Funding Source

Legend: Medicaid, HSW, Healthy MI Plan, COFR, General Fund

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

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Inpatient Cost Trend by Funding Source

Legend: Medicaid, Healthy MI Plan, General Fund

Autism Cost Trend by Funding Source

Legend: Medicaid-Autism, General Fund

Respite Cost Trend by Funding Source

Legend: Medicaid, HSW, CWP, GF

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

AGENDA

OnPoint Board of Directors – Program Committee
Tuesday, October 15, 2023 @ 4:15 pm
Board Room, 540 Jenner Drive, Allegan MI 49010

Also available virtually at the link or phone number below
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting

Or call in (audio only)
+1 616-327-2708,,896969400# United States, Grand Rapids
Phone Conference ID: 896 969 400#

1) Call to Order – Alice Kelsey, Chairperson

2) Public Comment (agenda items only; 5" limit per speaker)

3) Approval of Agenda

4) Approval of Minutes

5) Program Presentation: Supported Employment Services – Joshua Behymer

6) Review of Written Reports

    a) COO Report – Leanne Kellogg

    b) Program Operations – Susan Conrad

    c) Evidence Based Practices – Geniene Gersh

    d) Quality, Innovation and Compliance – Mandy Padget

    e) ~~Customer Services – Cathy Potter~~ (Feb/May/Aug/Nov)

7) Program Committee Member Comments

8) Public Comment (any topic; 5" limit per speaker)

9) Adjournment – Next Meeting November 21, 2023 at 4:15 pm, 540 Jenner Drive, Allegan, MI

Program Committee: Alice Kelsey, Chairperson; (Vacant), Vice-Chairperson;
Kim Bartnick; Robin Klay; Jessica Castañeda

OnPoint Board of Directors
DRAFT Program Committee Minutes
September 19, 2023

Board Members Present: Alice Kelsey (chairperson), Kimberly Bartnick, Pam Brenner, Dr. Robin Klay
Board Members Absent: Jessica Castañeda, Karen Stratton
OnPoint Staff Present: Susan Conrad, Geniene Gersh, Mandy Padget

1) **Call to Order** – Ms. Kelsey called the meeting to order at 4:18 pm.

2) **Public Comment** – No members of the public in attendance.

3) **Approval of Agenda** – Approved by common consent.

4) **Approval of Minutes** – Ms. Brenner moved, and Ms. Bartnick supported, the approval of minutes from August 15, 2023. Motion carried.

5) **Program Presentation** – SUD Services Report presented via written report provided by Ms. Lauren Todaro, Ms. Susan Conrad walked through the report with the committee members.

6) **Program Committee Reports** – Susan Conrad, Director of Program Operations on behalf of Leanne Kellogg, Chief Operating Officer, reviewed her report and that of other program staff who were unable to be present. Upon conclusion, she offered to respond to questions. Topics included CCBHC demonstration efforts, peer support services, dashboard data development and jail-based service provision.

7) **QI Report** – Mandy Padget, Director of Quality Innovation and Compliance presented her written report.

8) **Public Comment** – No member of the public present.

9) **Program Committee Member Comments** – No committee member comments.

10) **Adjournment** – Motion by Ms. Bartnick, supported by Ms. Brenner, to adjourn the meeting. All in favor. Meeting adjourned at 5:29 pm.

Submitted by,

Mandy Padget

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

As the beginning of CCBHC Demonstration starts this month, leadership and staff are preparing in a variety of ways. Organizational structural changes have been made to align our staff for the delivery of exceptional care for those we serve. Quality and data reporting measures are being mapped and built in the background to prepare for programmatic education and presentation to align our services for all required reporting. Analytical reports are being configured to ensure oversight is occurring regularly and capability to audit is on hand. The foundation we have built through the CCBHC-E SAMHSA grant has proven helpful already. We are working with our partners and neighbors to best understand their approaches and learn from their experience. We also have been awarded the SAMHSA CCBHC-IA grant and are beginning to attend initial webinars. Eagerness to change and move for the people we serve is apparent in our conversations with leaders and staff.

**Autism Behavioral Health Treatment (Autism BHT)
and Children's Supports Coordination**
Submitted by Megan Ford – Supervisor of Autism & I/DD Services
269-673-6617; mford@onpointallegan.org

The Autism Benefit is now managed internally at each individual CMH, with each region expected to monitor and report to the state specific enrollment data. The Autism Supervisor, through the support of UM, has created reports to submit both Autism Enrollment status monthly as well as breaking down the utilization management across each Billing Code and Provider. The goal in the coming months is to track trends and problems areas and address them by improving our authorization and monitoring processes. With 202 individuals being served at the various stages of Enrollment (from testing to ABA Therapy), the Autism team is working diligently to create longer lasting outcomes and better serve the community by finding the right services to fit their needs. The Supervisor and Case Managers have started to meet with and visit all provider locations to get a better understanding of what each has to offer and ideally make referrals for the individuals served that will suit their needs. These more frequent meetings have allowed more connection and collaboration for case consultation to work as a team to help these individuals reach their goals and address any barriers that may be preventing that.

As mentioned previously, OnPoint is currently serving around 260 in Children's Case Management, with about 200 of those being engaged in Autism BHT. Amongst the six Supports Coordinators/Case Managers that oversee these individuals, who all bring different job experiences that lend to providing these individuals more efficient case management specific to needs, the team now has a bilingual Case Manager coming to OnPoint from Kent County. Having a Spanish Speaker on the team has presented an opportunity for our Spanish speaking community to address their unmet needs as well as opening a better line of communication to truly create a person-centered plan without the barriers that come with an interpreter.

Family Support and Training services is still being provided both by OnPoint and with a contracted provider. This service has made an impact for those individuals who: do not qualify for ABA or an Autism Diagnosis and have behavioral concerns, have been discharged from ABA but have additional needs, or are currently waiting for testing and have a need for support. Family Support and Training (FST) is an intervention used to provide parents and caregivers with the tools to decrease problem behaviors, and increase communication, living skills, and social skills in the home and community. Through FST, the clinician will work through curriculum and individually catered sessions to help the family reach their goals. With the main goal being to teach the family how to respond to behaviors appropriately, the clinician will also provide education on behavior principles that could be useful down the road. Even though this program is intended to be short-term and fade to more natural supports, FST can give the tools to success by teaching the family how to respond to behaviors appropriately and create ongoing success into the future no matter what situation arises.

Because the need for Family Support is growing and the service is frequently sought out, the Autism Supervisor is currently inquiring with families about their preferences for a Family Training Group. Though in its infant stage, there is quite a bit of interest in either a virtual or in person option, therefore it is looking that there is potential for a pilot group to roll out early in 2024.

**Quality Innovation, Utilization Management,
Provider Network, and Compliance Board Report**
Submitted by Mandy Padget, Director of Quality Innovation and Compliance
mpadget@onpointallegan.org (269) 673-6617 ext. 2718

Quality Innovation Activities – In this month's board packet, you will find a copy of the FY2024 OnPoint Quality Improvement Plan. To provide context, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program ("QIP") that is approved by the Board of Directors. The FY 2024 goals are focused on improving the physical and behavioral health outcomes for persons served by achieving and maintaining all CCBHC and MDHHS clinic required measures including MMBPIS.

Corporate Compliance Activities – There are no open investigations at this time.

Utilization Management Activities – The Utilization Manager is in the process of significantly updating the annual Utilization Management Plan. The update has included a review of Utilization Management Plans from other CMHSPs and PIHPs to identify any gaps that the OnPoint Utilization Management Plan. The goal of the update is to assure that OnPoint has addressed core concepts of a Utilization Management Plan. The updated plan is expected to be completed by the end of October.

The onboarding of the 1915(i)/iSPA Waiver for FY23 has concluded. A total of 228 individuals receiving services from OnPoint are currently enrolled in the waiver. A big thank you to Katelyn Rodriguez for the final push during the months of August and September to complete the enrollment process! The work is now transitioning to assure that people receiving services covered by the waiver are maintaining current enrollment.

Provider Network – No update.

Quality Improvement Plan

for

Fiscal Year 2024

INTRODUCTION

The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP), which meets the specified standards in the contract with MDHHS. In addition to the QAPIP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). Most of the requirements are met through the Regional Quality Improvement Plan. Areas where CMHSP distinctions are necessary have been included in this document. The distinct areas include:

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

OUR MISSION

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

OUR VISION

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

OUR CORE VALUES

Integrity, Humility, Inclusivity, Honor, Equality, Innovation, Teamwork, and Cultural Competence.

OUR COMMITMENT

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

1. Measuring and assessing the performance of services through the collection and analysis of data, and
2. Conducting quality improvement initiatives and acting where indicated, including the design of new services and/or improvement of existing services or processes that affect the quality of care at OnPoint.

QUALITY IMPROVEMENT ASSUMPTIONS

The following assumptions are accepted:[1]

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

PURPOSE

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

The purpose of the OnPoint Quality Improvement Program is to:

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

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

GOALS

The OnPoint Quality Improvement Program will:

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

QUALITY IMPROVEMENT STRUCTURE AND ACTIVITIES

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

Management Team
The OnPoint Management Team is comprised of the Executive Director, Chief Operating Officer, Chief Financial Officer, Director of Program Operations, Director of Evidenced Based Practices, and the Director of Quality Innovation and Compliance. The Management Team will demonstrate OnPoint's commitment to continuous quality improvement by fulfilling the following responsibilities:

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

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

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

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

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

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

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

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

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

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

- Actively participating in quality improvement activities designed to obtain stakeholder input.
- Using the systems and procedures in place.
- Identifying improvement opportunities.
- Participating in teams, work groups, and committees.
- Providing feedback regarding agency changes and process improvement projects.

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

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

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

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

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

Health and Safety
- Ensures compliance with OSHA/MIOSHA.
- Develops infection control procedures.
- Conducts staff training related to health and safety goals.
- Updates required information for posting.
- Inspects buildings/grounds/equipment.
- Conducts safety drills.
- Ensures physical accessibility.
- Completes annual inspections.

Corporate Compliance

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

QUALITY MANAGEMENT / IMPROVEMENT SYSTEM

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

The *Quality Management System* includes:
- Predefined quality standards
- Formal assessment activities
- Measurement of outcomes and performance
- Strategies to improve performance that falls below standards.

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

ONPOINT QUALITY MANAGEMENT SYSTEM			
Quality Standards	**Assessment Activities**	**Performance Measurements**	**Improvement Strategies**
•Federal & State Rules/Regulations •Stakeholder Expectations •MDHHS/PIHP Contract •Provider Contracts •Practice Guidelines •Accreditation Standards •Affiliation Policies and Standards •Evidence-Based Practices	•Quality Records Reviews •Accreditation Surveys •Credentialing •Risk Management •Utilization Reviews •External Quality Reviews •Stakeholder Input •Sentinel Event Reports •Critical Event Reports •MDHHS Site Review Report •Behavior Treatment Analysis	•MDHHS MMBPIS •LRE Performance & Dashboard Reports •Benchmarking •Status Reports on Strategic Planning •Audit Reports •Grievances & Appeals •OnPoint Dashboard Reports	•Corrective Action/ Improvement Plans •Improvement Projects •Improvement Teams • Strategic Planning •Adherence to Practice Guidelines •Organizational Learning •Staff Development and Training •Improvements through Root Cause Analysis

I. Quality Standards

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

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

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

Confidentiality

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

II. Assessment Activities

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

Stakeholder Input

OnPoint recognizes that obtaining stakeholder input is a vital aspect of any system designed for continuous quality improvement. Typical stakeholders identified to provide input to OnPoint include individuals receiving services, staff, contract service providers, families/advocates, and the local community. Input is collected to better understand how OnPoint is performing from the perspective of its stakeholders. Quantitative and qualitative assessments are conducted to address issues of quality, availability, and accessibility of care. The input is continually analyzed, and the analysis is integrated into the practices of OnPoint.

As a result of input from stakeholders, OnPoint:

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

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

STAKEHOLDER INPUT-METHODS & SOURCES

Type of Input	Consumer	Staff	Providers	Family/ Advocates	Community
Interviews	*MDHHS Site Reviews, Accreditation, Individual Assessments, Evaluations*	*Performance Evaluations, Termination/Exit Interviews*	*ORR Site Visit, Quality Review of Providers*	*MDHHS Site Reviews*	
Suggestions	*Case Management/ Supports Coordination Contacts or Customer Service Contacts*	*Supervision, Quality Improvement Ideas*	*Quality Monitoring Reviews, Case Management Contacts*	*Case Management/ Supports Coordination Contacts*	*Contacts made to OnPoint*
Forums	*Consumer Opportunity Advisory Panel, Board Meetings*	*Team/Unit Meetings*	*MDHHS Reviews, Contract Negotiations, Meetings*	*MDHHS Reviews, Advisory Council*	*MDHHS Reviews, Open Forums at Board Meetings, Advisory Council*
Surveys	*Consumer Surveys*	*Staff Surveys*	*Provider Surveys, Accreditation surveys*	*Satisfaction Surveys*	*Community Needs Assessment Stakeholder Survey*
Planning	*Service Planning Meeting*	*Program Planning*	*Budget Planning*	*Service Planning Meeting*	
Assessment	*Pre-planning Information, Progress Notes Reviews, Discharge Summary*	*Performance Evaluations*	*Quality Review of Providers.*	*Surveys assessing family/advocate satisfaction level/needs*	*Community Needs Assessment*
Grievances /Appeals	*Grievance Systems to File a Grievance, Appeal, or Recipient Rights Complaint*	*Staff Grievance*	*Provider Grievance, Placement Reconsideration for Inpatient Requests*	*Grievance Systems*	*Contacts made to Customer Services*
Complaints	*Recipient Rights Complaint, Complaints Discussed with Customer Services*	*Employee Complaint*	*Recipient Rights Complaint*	*Recipient Rights Complaint*	*Recipient Rights Complaint*

Quality Records Reviews

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

MDHHS Reviews

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

LRE Site Reviews

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

External Quality Reviews

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

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

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

Critical Incidents, Risk Events, Complaints, & Sentinel Events
The OnPoint QI Coordinator is responsible for tracking critical incidents, risk events, and sentinel events reported to OnPoint via incident reports. The Office of Recipient Rights (ORR) is responsible for reviewing consumer incidents and all complaints that may violate the rights of consumers. In combination of efforts from the OnPoint QI Program and the Office of Recipient Rights, the critical incidents, complaints, and sentinel events review processes includes:

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

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

Sentinel Events (SEs) will be investigated, reported, and documented in accordance with the timeline and details outlined in OnPoint Policy *#805 Critical Incident and Sentinel Event Reporting.* In summary:

- Notification will be made to the LRE within 24 hours of potential event/knowledge of event.
- Determination will be made within 3 Business Days of the knowledge of an SE.
- If determined to be an SE, an RCA shall commence within 2 business days.
- The RCA is to be completed within 45 days after a SE determination is made.
- The final report shall be submitted to the LRE within 48 hours of completion.
- SE details, results, and follow-up plans will be documented and monitored by the QI department.
- QI will collaborate with OnPoint leadership to create and monitor Action Plans.

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

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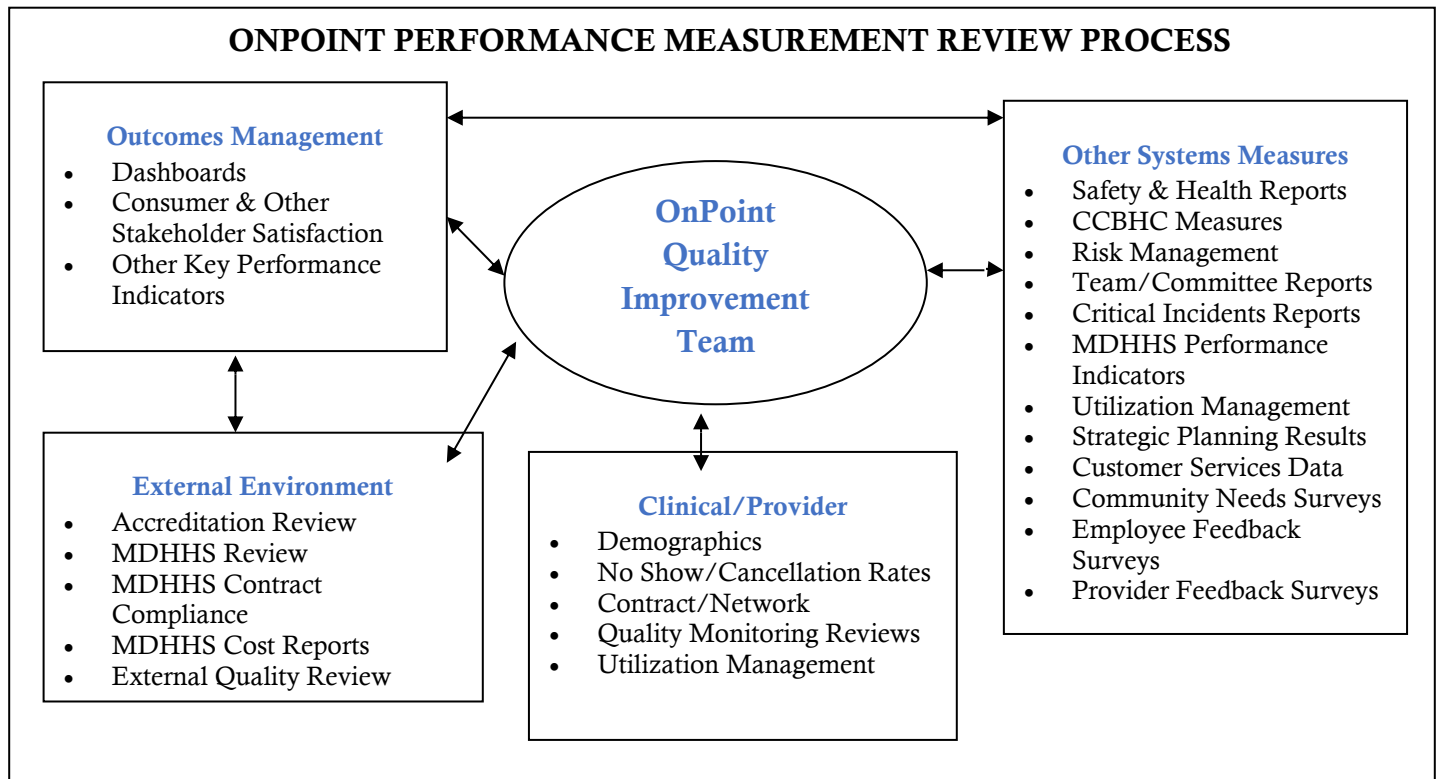
Compliance organizes the CARF survey process and offers extensive consultation to the Management Team and Managers/Supervisors on meeting and exceeding CARF standards. Other members of the CARF/QI Team also assist with the preparation process, as well as provide consultation to staff on how best to meet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

III. **Performance Measurement**

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

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

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

ONPOINT PERFORMANCE MEASUREMENT REVIEW PROCESS

Outcomes Management
- Dashboards
- Consumer & Other Stakeholder Satisfaction
- Other Key Performance Indicators

OnPoint Quality Improvement Team

Other Systems Measures
- Safety & Health Reports
- CCBHC Measures
- Risk Management
- Team/Committee Reports
- Critical Incidents Reports
- MDHHS Performance Indicators
- Utilization Management
- Strategic Planning Results
- Customer Services Data
- Community Needs Surveys
- Employee Feedback Surveys
- Provider Feedback Surveys

External Environment
- Accreditation Review
- MDHHS Review
- MDHHS Contract Compliance
- MDHHS Cost Reports
- External Quality Review

Clinical/Provider
- Demographics
- No Show/Cancellation Rates
- Contract/Network
- Quality Monitoring Reviews
- Utilization Management

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

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

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

A. **Michigan Mission-Based Performance Indicator System (MMBPIS)**
The Michigan Mission-Based Performance Indicator System (MMBPIS) was fully implemented by MDHHS on October 1, 1998. There are both Prepaid Inpatient Health Plans (PIHP) and Community Mental Health Services Programs (CMHSP) level indicators within the system. The affiliation (PIHP) and each of the affiliate members (CMHSP) submits data to MDHHS on a quarterly basis. MDHHS collects, aggregates, trends, and publishes the MMBPIS information on the indicators MDHHS has determined would best monitor the implementation of managed care throughout the state. As the PHIP for OnPoint, the LRE and the Information Systems Coordinator ensure the reliability and validity of the data across the affiliation, as well as the conformance of the indicators to the "Validation of the Performance Measures" of the Balanced Budget Act protocols. In partnership with OnPoint, the LRE reviews MMBPIS results. If OnPoint is out of compliance with MDHHS standards, OnPoint will work with the LRE to ensure the implementation of an effective corrective action plan.

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

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

IV. Improvement Strategies

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

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

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

ONPOINT QUALITY IMPROVEMENT GOALS FOR FISCAL YEAR 2023

Goal #1	Objective(s)	Action(s)/ Success Measure(s)	Responsible Party	Target Date
Achieve and maintain all standards of the Michigan Mission-Based Performance Indicator System (MMBPIS).	-To meet all standards for MMBPIS (quality of care) Indicators for access, timeliness to services, continuity of care, efficiency, and outcomes. -To report MMMBPIS results to stakeholders on a consistent basis.	**Actions:** -The QI Coordinator will work with IT staff to ensure accurate reports are submitted in a timely manner. -Managers/Supervisors will oversee the activities related to MMBPIS standards and will encourage staff to strive to meet them on a consistent basis. -When a *Corrective Action Plan* is required, Supervisors will be responsible to write it and the QI Coordinator will submit it in a timely manner. **Success Measures (Ind 1, 4a, 4b, 10):** MMBPIS results are measured in percentages as required by the state. The standard for Indicators 1 (children/adults), 4a (children/adults), and 4b (SUD) is 95% or greater. The standard for Indicator 10 is 15% or less. Indicator 1 (PreScreen): The percentage of children/adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition	QI Coordinator, Directors, Supervisors, Clinical Staff	9/30/24

| | | was completed within 3 hours must be equal to or greater than 95%.

Indicator 4a (Hospitalization Follow-up): The percentage of children/adults discharged from a psychiatric inpatient unit who were seen for follow-up care within 7 days must be equal to or greater than 95%

Indicator 4b (Detox follow-up): The percentage of SUD consumers discharged from a sub-acute detoxification unit who were seen for follow-up care within 7 days must be equal to or greater than 95%.

Indicator 10 (Recidivism): The percentage of children/adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit is 15% or less.

Success Measures (Ind 2a, 2e and 3): The standards for Indicators 2a, 2e, and 3 are yet to be determined by MDHHS.

Indicator 2a (New Request): The percentage of new persons (DDC, DDA, MIC, MIA) receiving a completed biopsychosocial assessment within 14 days of request for service. | | |

		Indicator 2e (New Request for SUD Services): The percentage of new SUD consumers receiving a completed assessment within 14 days of request for service. Indicator 3 (Start of Services) The percentage of qualified new persons (DDC, DDA, MIC, MIA) starting services within 14 days of receiving a completed biopsychosocial.		
Goal #2	**Objective(s)**	**Action(s)/** **Success Measure(s)**	**Responsible Party**	**Target** **Date**
To improve the physical and behavioral health outcomes for persons served by achieving and maintaining all CCBHC clinic required and MDHHS identified quality measures.	OnPoint currently monitors CCBHC quality measures 1-9 indicated within the chart below. Upon inclusion in the CCBHC demonstration project, OnPoint proposes the following plan to measure the state reported measures 10-22 as indicated in the chart below:	Please see the following table.	Please see the following table.	9/30/24

	Quality Measure Name	Measure Description	Measure Steward	Data Collection Form	Data Collection Staff	Reporting Mechanism	Monitoring Staff	Quality Benchmark
1	Time to Initial Evaluation (I-EVAL)	Percentage of patients who receive an initial evaluation service within 10 business days from the request for treatment.	SAMHSA	EMR Client Episodes & qualifying procedure code	Access Clinician	EMR CCBHC Module (I-Eval)	QI Staff & IBH Analytics	
2	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters.	CMS	Screening Results and follow-up documented in the EMR Flowsheet	Primary Care Screener	EMR CCBHC Module (CMS 69)	QI Staff & IBH Analytics	
3	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user.	NCQA	Screening Results and intervention documented in the EMR Flowsheet	Primary Care Screener	EMR CCBHC Module (CMS 138)	QI Staff & IBH Analytics	

4	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)	The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized tool and received appropriate follow-up care if they screened positive.	NCQA	NIAAA Single Alcohol Screening Question (SASQ) and intervention documented in the EMR Flowsheet	Primary Care Screener	EMR CCBHC Module (ASC 3301)	QI Staff & IBH Analytics
5	Screening for Clinical Depression and Follow-Up Plan (CDF-BH)	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.	CMS	Self-administered PHQ9 and PHQ-A completed. Screening data and follow-up for all positive screens are documented by Access Clinician in the EMR PHQ-9/A Form.	Access Clinician	EMR CCBHC Module (CMS 2)	QI Staff & IBH Analytics
6	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period: BMI documented, counseling for	NCQA	Screening Results and intervention documented in the EMR Flowsheet	Primary Care Screener	EMR CCBHC Module (CMS 155)	QI Staff & IBH Analytics

		nutrition, and counseling for physical activity.					
7	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Mathematica	Columbia Suicide Severity Rating Scale (C-SSRS) Form in EMR	Access & Primary Clinicians	EMR CCBHC Module	QI Staff & IBH Analytics	
8	Adult Major Depressive Disorder: Suicide Risk Assessment (SRA-A)	All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit.	Mathematica	Columbia Suicide Severity Rating Scale (C-SSRS) Form in EMR	Access & Primary Clinicians	EMR CCBHC Module	QI Staff & IBH Analytics	
9	Depression Remission at Twelve Months (DEPREM-12)	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.	MN Community Measurement	PHQ9 and PHQ-A readministered every 90 days	Primary Clinician	EMR CCBHC Module (CMS 159) & Power BI Dashboard	QI Staff & IBH Analytics	

10	Housing Status (HOU)	The percentage of consumers in 10 categories of living situation (collected 2x/year): 1. Private residence 2. Foster home 3. Residential care 4. Crisis residence 5. Residential treatment center 6.Institutional setting 7. Jail (correctional facility) 8. Homeless (shelter) 9. Other 10. Not available	MDHHS-CCBHC Demonstration	EMR Client Episodes	Access and/or Primary Clinician	EMR CCBHC Module	QI Staff & IBH Analytics	
11	Patient Experience of Care Survey (PEC)	Annual completion and submission of Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey.	MDHHS-CCBHC Demonstration	Paper/Electronic surveys	Persons Served	Power BI Dashboard	QI Staff & IBH Analytics	
12	Youth/Family Experience of Care Survey (Y/FEC)	Annual completion and submission of Youth/Family Services Survey for Families (VSS-F) Experience of Care Survey.	MDHHS-CCBHC Demonstration	Paper/Electronic surveys	Persons Served	Power BI Dashboard	QI Staff & IBH Analytics	
13	Follow-Up After Emergency Department	Percentage of emergency department (ED) visits for beneficiaries aged 6 years and older with a primary diagnosis	MDHHS-CCBHC Demonstration	A/D/T reporting in EMR	Care Coordinators	EMR CCBHC Module	QI Staff & IBH Analytics	

	Visit for Mental Illness (FUM)	of mental illness, who had an outpatient visit, an intensive outpatient visit, or a partial hospitalization for mental illness. Two rates are calculated: • Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit • Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit						
14	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	The percentage of emergency department (ED) visits for consumers 13 years of age and older with a primary diagnosis of alcohol or other drug (AOD) dependence, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for AOD. Two rates are reported: • Percentage of ED visits for which the beneficiary received	MDHHS-CCBHC Demonstration	A/D/T reporting in EMR	Care Coordinators Case Managers Hospital Liaison	CCBHC EMR Module	QI Staff & IBH Analytics	

| | | follow-up within 30 days of the ED visit.

• Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit. | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 15 | Plan All-Cause Readmissions Rate (PCR-AD) | For consumers aged 18 and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Data are reported in the following three categories:

• Count of Index Hospital Stays (IHS) (denominator)

• Count of 30-Day Readmissions (numerator)

• Readmission Rate | MDHHS-CCBHC Demonstration | A/D/T reporting in EMR | Care Coordinators

Case Managers

Hospital Liaison | CCBHC EMR Module | QI Staff & IBH Analytics | |
| 16 | Diabetes Screening for People with schizophrenia or bipolar disorder who are using | The percentage of consumers 18-64 years of age with Schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and | MDHHS-CCBHC Demonstration | CCBHC Screening Reporting (Custom) in EMR | Clinic Staff | CCBHC EMR Module | QI Staff & IBH Analytics | |

	antipsychotic medications (SSD-AD)	had a diabetes screening test during the measurement year.						
17	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Percentage of enrollees ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.	MDHHS-CCBHC Demonstration	CCBHC Medication Reconciliation Reporting (Custom) in EMR	Care Coordinators Clinical Staff	CCBHC EMR Module	QI Staff & IBH Analytics	58.5%
18	Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)	The percentage of discharges for consumers aged 18 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1. Percentage of discharges for which the consumer received follow-up within 7 days of discharge. 2. Percentage of discharges for which the consumer received follow-up within 30 days of discharge.	MDHHS-CCBHC Demonstration	A/D/T reporting paired with CCBHC reporting (Custom)	Care Coordinators Clinical Staff Hospital Liaison	CCBHC EMR Module	QI Staff & IBH Analytics	58%

19	Follow up after hospitalization for mental illness, ages 6 to 17(child/adolescent) (FUH-CH)	Percentage of discharges for children and adolescents ages 6 to 17 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1. Percentage of discharges for which children received follow-up within 7 days of discharge. 2. Percentage of discharges for which children received follow-up within 30 days of discharge.	MDHHS-CCBHC Demonstration	A/D/T reporting paired with CCBHC reporting (Custom)	Care Coordinators Clinical Staff Hospital Liaison	CCBHC EMR Module	QI Staff & IBH Analytics	70%
20	Follow-up Care for Children Prescribed ADHD Medication (ADD-CH)	Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSO) with an ambulatory prescription	MDHHS-CCBHC Demonstration	CCBHC Medication Reconciliation Reporting (Custom) in EMR	Care Coordinators Clinic Staff	CCBHC EMR Module	QI Staff & IBH Analytics	

		dispensed for ADHD medication who had one follow- up visit with practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance (C&M) Phase: Percentage of children 6 to 12 years old as of the IPSO with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.					
21	Antidepressant Medication Management (AMM-BH)/(AMM-AD)	The percentage of consumers aged 18 and older who were treated with antidepressant medication, had a diagnosis of major depressive disorder and who remained on an antidepressant medication treatment. Two rates are reported: 1. Effective Acute Phase Treatment. Percentage of consumers who remained on an	MDHHS-CCBHC Demonstration	CCBHC Medication Reconciliation Reporting (Custom) in EMR	Care Coordinators Clinic Staff	CCBHC EMR Module	QI Staff & IBH Analytics	

		antidepressant medication for at least 84 days (12 weeks). 2.Effective Continuation Phase Treatment. Percentage of consumers who remained on an antidepressant medication for at least 180 days (6 months). For the numerator, two measurement periods are used: 1. Acute Phase: The time between 114 days after the IPSO measurement period begins and 114 days after the IPSO measurement period ends. 2. Continuation Phase: The period between 231 days after the IPSO measurement period begins and 231 days after the IPSO measurement period ends.						
22	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)	The percentage of consumers aged 13 and older with a new episode of alcohol or other drug (AOD) dependence who received the following: 1.Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial	MDHHS-CCBHC Demonstration	A/D/T reporting paired with CCBHC reporting (Custom) and client episodes	Care Coordinators Case Managers	CCBHC EMR Module	QI Staff & IBH Analytics	Initiation - 25%

		hospitalization within 14 days of the diagnosis 2.Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit						

Board of Directors ACTION REQUEST	**Subject:**	**FY 24 OnPoint Quality Improvement Plan**
	Meeting Date:	October 17, 2023
	Requested By:	Mandy Padget, MSW, CHC Director of Quality Innovation and Compliance

RECOMMENDED MOTION:

The OnPoint Program Committee recommends the OnPoint Board approve the FY2024 OnPoint Quality Improvement Plan.

SUMMARY OF REQUEST/INFORMATION:

Rationale:

> MDHHS requires each PHIP to author an annual Quality Assessment and Quality Improvement Program (QAQIP) which meets the specified standards in the MDHHS contract. Additionally, each CMH is required to author an annual Quality Improvement Plan (QIP) that is **approved by the CMH Board**. Most requirements are met through the PIHP QAQIP. Areas where CMH distinctions are necessary (QI Structure and QI Goals) are included in the QIP.

> QIP Goals are to include areas in need of improvement within the agency. Goals should focus on the following: access, clinical care, consumer protection, integrating care, and consumer satisfaction.

BY: Mandy Padget, MSW, CHC Director of Quality Innovation and Compliance	**DATE:** October 17, 2023

ONPOINT BOARD OF DIRECTORS MINUTES – DRAFT
Tuesday, September 19, 2023 at 5:30 pm
Board Room, 540 Jenner Drive, Allegan, MI 49010

Present: Pam Brenner, Glen Brookhouse, Kim Bartnick, Commissioner Mark DeYoung, Commissioner Gale Dugan, Jane Ferrel, Beth Johnston, Alice Kelsey, Dr. Robin Klay, Pastor Craig VanBeek

Absent: Jessica Castañeda, Karen Stratton

1. **Call to Order**

   Commissioner Dugan called the meeting to order at 5:30 pm. Roll call was taken. A quorum was present. A particular welcome was extended to Jane Ferrel of Allegan, a newly appointed board member.

2. **Pledge of Allegiance** – All present stood to recite the Pledge of Allegiance.

3. **Provision for Public Comment** – Royal Grewe of Allegan commented on his appreciation for the work of staff members Rebecca Dehart (OT) and Cathy Potter (Customer Services).

4. **Approval of Agenda**

   Chairperson Dugan added (a) LRE Board Appointment and (b) Appointment of Delegates to the fall CMHA conference.

   Moved: Ms. Kelsey   Supported: Ms. Bartnick

   Motion carried by roll call.

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

   a. To approve prior meeting minutes:
      i. Board Meeting (8/15/2023)
      ii. Finance Committee (8/15/2023)
      iii. Program Committee (8/15/2023)
      iv. Executive Committee (8/11/2023)

   Moved: Ms. Klay   Supported: Mr. Brookhouse

   Motion carried by roll call.

6. **Program Committee** – Vice-Chairperson Alice Kelsey

   Vice-Chairperson Kelsey briefly reviewed the activities of the Program Committee including the very exciting developments around CCBHC expansion to include all CMH's in the LRE region, to incorporate a larger cohort of peer support specialists and peer recovery coaches, to eliminate barriers to access by anyone in need, and numerous other positions. Recognize the hard work of implementation ahead of us as well.

7. **Public Hearing on Proposed FY2024 OnPoint Budget**

   At 5:45 pm, Chairperson Dugan read a copy of the public notice posted in the Allegan County News newspaper on Thursday, August 31, 2023 announcing an opportunity for the public to comment on the proposed FY2024 operating budget. No comments were received in person from members of the public. No comments were received in writing to be read into the record. Ms. Kelsey noted that the budget increased by roughly $2 million and asked if it is enough. Mr. Pierre commented that the proposed budget is conservative in its statement

of revenue, and thus excluded grants that were pending at the time it was written (but which have been officially received at this time). At 5:51 pm, Chairperson Dugan closed the public hearing.

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

   a. **Motion:** To include item 8d, "FY2023 Provider Contracts" as an agenda item.

      Moved: Commissioner DeYoung   Supported: Ms. Kelsey

      Motion carries by voice vote.

   b. **Motion:** The OnPoint Board approves the recommendation of the Finance Committee to approve OnPoint's disbursements in July 2023 totaling $3,360,250.06.

      Moved: Ms. Johnston   Supported: Pastor VanBeek

      Motion carried by roll call.

   c. **Motion:** The OnPoint board approves the recommendation of the Finance Committee approve the fiscal year 2024 budget with expenditures totaling $41,011,311.

      Motion: Ms. Johnston   Supported: Dr. Klay

      Board members asked a few questions concerning revenues and rainy-day funding needs. Mr. Pierre affirmed his belief that the budget was a strong and positive one.

      Motion carried by roll call.

   d. **Motion:** The OnPoint board approves the recommendation of the Finance Committee to approve the list of providers as presented by the Finance Committee for contracts for fiscal year 2023.

      Motion: Ms. Johnston   Supported: Ms. Brenner

      Motion carried by roll call.

   e. **Motion:** The OnPoint board approves the recommendation of the Finance Committee to approve the list of providers as presented by the Finance Committee for contracts for fiscal year 2024.

      Motion: Ms. Johnston   Supported: Dr. Klay

      Dr. Klay asked if board members might be able to gain a little more detail about the nature of contracts associated with each provider when contracts are approved. Chairperson Dugan noted that high standards are applied to those included on the list. Mr. Witte noted that the list lacks description only to keep the motion compact and invites anyone with a question about any one provider to raise that question for clarification. Ms. Padget offered to provide a future discussion on credentialing standards and provider network enrollment. Dr. Klay welcomed this opportunity as she has heard some indirect comments about quality gaps in certain types of care.

      Motion carried by roll call.

Financial statements were provided in the packet. Mr. Pierre noted that the surplus of $1.5 million showing will be affected by depreciation for the new building that is just beginning to hit the books as well as a structured 5% retention payment provided to staff in the last month of the fiscal year. The impact will be to end the fiscal year with a net surplus of ~$500K. An opportunity for questions was provided.

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

Mr. Brookhouse noted that the committee did not meet today; next meeting in November.

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

    a. Executive Committee Report

Commissioner Dugan noted several items of interest including compliance reporting, MDHHS disclosure of ownership procedures, review of Jane Ferrel's application, LRE board member recruitment, board member email addresses, review of revenue estimates/variables, CMHA member assembly delegates.

      i. **Motion:** <u>The OnPoint board confirms the appointment of Pastor Craig VanBeek as a member of the LRE Board</u>.

        Motion: Commissioner DeYoung   Supported: Ms. Johnston

        Motion carried by roll call.

      ii. **Motion:** <u>The OnPoint board confirms the appointments of Mark Witte (as Executive Director) and board members Commissioner Mark DeYoung, Commissioner Gale Dugan (as board member delegates), and Glen Brookhouse (as alternate)</u>.

        Motion: Ms. Johnston   Supported: Ms. Kelsey

        Motion carried by roll call.

11. **LRE Updates**

Stephanie VanderKooi, Chief Operating Officer of the LRE, gave an update on LRE matters. She reported on visits from MDHHS personnel to the LRE, noted that all payments have now been made to members from FY2018/2019 past debt obligations, and noted plans for October to have actuarial firm Wakely provide an overview of recommended allocations to the LRE's ISF (Internal Service Fund).

12. **OnPoint Executive Director's Report – Mark Witte**

Mr. Witte reviewed his report, offered some supplementary information about efforts being made around community review of a recently completed housing analysis and appreciated the role taken by the County Commission as a support.

13. **Provision for Public Comment** – No one sought recognition.

14. **Board Member Comments**

Commissioner DeYoung appreciated the work done to prepare the budget. Commissioner Dugan extended a warm formal welcome to Ms. Ferrel and made a comment of appreciation and gratitude for the staff of OnPoint.

15. **MOTION TO ADJOURN:**

Moved: Ms. Johnston   Supported: Ms. Kelsey

Motion carried by voice vote. Meeting adjourned at 6:39 pm.

Respectfully submitted,

Mark Witte   Gale Dugan
Executive Director   Board Chairperson

OnPoint
Executive Committee Meeting DRAFT Minutes
September 15, 2023

Board Members   [X] Commissioner Gale Dugan, OnPoint Board Chairperson
                [X] Alice Kelsey, OnPoint Board Vice-Chairperson
                [X] Elizabeth Johnston, OnPoint Board Treasurer
                [X] Commissioner Mark DeYoung, OnPoint Board Secretary
OnPoint Staff   [X] Mark Witte, OnPoint Executive Director
                [X] Mandy Padget, OnPoint Director of Quality, Innovation and Compliance

1. **Call to Order** – Chairperson Dugan called the meeting to order at 2:38 pm.
2. **Members Present/Excused** – All members were present.
3. **Review/Approval of Agenda** – Ms. Kelsey moved, and Ms. Johnston supported, that the agenda be approved as presented. All voted yes.
4. **Review/Approval of Minutes of Prior Meeting** – Commissioner DeYoung moved, and Ms. Kelsey supported, that the minutes of August 11, 2023, be approved as presented. All voted yes.
5. **Compliance Update** – Ms. Mandy Padget reported on relevant items:
   a. She reported on good partnership with our internal Finance team for auditing and provider network meetings. Some needs for improvement in quality documentation is evident.
   b. She is reviewing our current compliance plan and policies and asked the committee members' input for their development or review prior to next May's board training.
   c. She briefed the group on the LRE's request for data to comply with MDHHS's Disclosure of Ownership requirements. She noted we have had direct legal guidance as we've worked on this and are complying to the best of our ability.
   d. Ms. Padget will plan to return to the Executive Committee again in November 2023.
6. **Updates on Prior Meeting Topics**
   a. Board Recruitment
      a. <u>OnPoint Board</u> – Applicant Jane Ferrel of Allegan was approved by the Board of Commission on 9/14/2023. Another candidate from the Saugatuck area did not materialize.
      b. <u>LRE Board</u> – Perrigo helpfully sought an internal candidate to help with our need but was unable to find someone. Mr. Witte noted a conversation with Pastor Craig VanBeek's and his offer to serve if someone from the Perrigo effort did not materialize. Chairperson Dugan indicated he will speak with Pastor VanBeek and is prepared to recommend this to the OnPoint board next week.
   b. Board Email Addresses – Mr. Witte reported that this project (conversion of all board email communications through an OnPoint email account) is pending until after the new Executive Assistant is hired. Committee member expressed no objection.
7. **Executive Director Items (Witte)**
   a. Review Key Board Tasks by Month – The committee reviewed the monthly schedule of tasks noting those scheduled for this month relative to processing of the annual budget.
   b. Review Board Meeting Packet – Reviewed the packet; no items of concern or needs for discussion.
   c. Budget Updates – Mr. Witte noted some "squishiness" in revenue estimations for next year based on variables with pandemic Medicaid eligibility wind-down, regional ISF requirements, changes in the way fees are generated/covered through the CCBHC demonstration, grant variables, etc. Ms. Johnston asks about the potential for renegotiation of the LRE Operating Agreement if at the end of this year the assets of the LRE are depleted.

    d. Building Update – Mr. Witte noted that the generator transfer switch is due to be installed on 9/28 and 9/29, necessitating an office closure due to the lack of power to the building for an extended length of time during that process.

2. **Discussion Items Requested by Members**
    a. CMHA October Member Assembly – Delegates will be needed for the CMHA Member Assembly upcoming in October. May be wise to take care of this at September's meeting. Chairperson Dugan will take this from here.
    b. Question about General Fund (GF) – Ms. Kelsey asked about the prospects of a GF in the future. Given that the fund has traditionally been the source of funding for Medicaid spend-downs, it's uncertain how much demand there will be in FY2024. However, it will likely be up significantly as the Medicaid enrollment wind-down from the pandemic comes to a close.

3. **Next Meeting Date/Time**
    a. Friday, October 13, 2023, at 2:30 pm – Ms. Kelsey notes she will be absent.

4. **Adjournment**
    a. Ms. Kelsey moved, and Ms. Johnston supported, that the meeting be adjourned. All voted yes. The meeting was adjourned at 3:45 pm.

Submitted by Mark Witte

OnPoint Board of Directors
Executive Director Report
October 2023

1. Agency

October 1 launches our participation in the state's CCBHC demonstration project. If you have any interest in seeing a bit of the "secret sauce" – meaning the requirements we voluntarily submitted to as a part of this project – you can follow this link over to the state's CCBHC demonstration website (https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc) or even take a look at the CCBHC demonstration handbook to see what's required. Be sure to find handbook version 1.7 which should soon be posted as a link on that same site.

Because our performance as an agency is so critical, we have made certain changes in our program leadership structures to prepare for the kind of goal-directed action that is needed to succeed for our clients and within the CCHBC program opportunity. I'll defer to others for the description of those changes in assignment and alignment. We have hosted meetings with all agency leadership to emphasize the critical importance of meeting our targets for service and program compliance, and the expectation is that we will enter into this phase of operations with a renewed sense of joint responsibility for our success.

I mentioned last month that we were entering into conversation with Health Resources & Services Administration (HRSA) about the 3 year/$3m grant we were awarded. We were pleased to hear their encouragement (almost an expectation) to revise our grant plan and budget to account for changes in context between application and award (2 years). We should be able to make modifications to the plan that will make it possible to continue with the award and develop stronger local capacity over time to provide medication assisted treatment (MAT) as part of the Rural Communities Opioid Response Program (RCORP).

It is my hope that by the time of our board meeting you will see the newly crafted "posters" in the board room (as well as our lobby and staff break room) that depict OnPoint's mission, vision and values. We post them in part as touchpoints and reminders, but also as visible commitments of what OnPoint exists to do in Allegan County.

2. Board

We continue to search for a well-qualified candidate for the position of Executive Assistant. The current opening in this position continues to cause a pause in our BoardWorks training effort and OnPoint email setups for board members. We've had a lot of good applicants – but few with the level of executive support experience and/or background or passion for the field of human services that we've determined to be essential to this position. And so the search continues as of the date of this report.

Orientation with our newest board member, Jane Ferrel, should be complete by the time of our next board meeting. It is so good to have all 12 seats filled! There's never a bad time to join the board, however, as we undertake this next chapter (CCBHC) at OnPoint I anticipate that all board members will appreciate having been on board when it began.

3. Community

Housing – I participated with Emily Berning from our housing department in a presentation about housing before the Board of Commission on 9/28/2023 organized by County Administration and the Allegan County Community Foundation (ACCF). ACCF held subsequent sessions on October 2 and 3 to present the results of a comprehensive Allegan County housing needs assessment by Patrick Bowen from Bowen National Research. The 320-page detailed assessment was summarized over the course of an hour. It quantifies the dramatic need for

housing and offers a solid foundation for the development of housing at all levels within Allegan County.

Ascension – We have been invited to continue to meet with Ascension Borgess Allegan Hospital leadership and a group of former board members of the local Allegan hospital and other community stakeholders in search of ways to support a strong local hospital system. Of significance since our last meeting in July is the hospital foundation's loss of Jenifer Garcia to Allegan County's office of senior and veteran services. The group seems particularly concerned about the perception of lost investment in the community.

Schools – We have received and are responding to recent overtures by two local school systems – Hamilton and Otsego – to participate in varying kinds of strategic relationships that would bolster each school's services around behavioral health. More can be shared as we continue the dialogue, but our posture is to do what we can in alignment with our mission.

4. Region

I do not have any noteworthy information this month relative to the LRE or the region.

5. State

CMHA – I spent September 28-29 at our association's fall Director's Forum in Lansing. It was a jam-packed set of meetings touching on a dizzying array of topics:
1. Legislation/Policies – MDHHS juvenile justice reform, an expected short fall legislative session, policy issues (family medical leave, mental health parity, direct care and professional staffing, telehealth, and proposed (US Department of Labor) threshold changes for exempt/non-exempt employees.
2. Particular CMH/PIHP Challenges – Increasing service demand, workforce challenges, provider rate pressures, creative and non-traditional recruitment interventions, and developing partnerships with housing/courts/law enforcement/schools).
3. State Initiatives:
    a. Conflict Free Access and Planning"
    b. Electronic Visit Verification (EVV)
    c. Standard Cost Allocation (SCA)
    d. Proposed FY 2024 Medicaid rates to PIHPs
    e. MI Kids Now (MKN)
    f. Screening foster care youth with the "MichiCANS" tool
    g. Mobile Crisis Response pilots
    h. Wraparound services in the State Plan (vs. in SED waiver) for wider access
    i. CCBHC site expansion to additional 17 sites
    j. Opioid Settlement Funds
    k. Behavioral Health Workforce Shortage (Health Management Associates report)
    l. MKN Loan Repayment and Internship stipends, and state hospital development, increasing community inpatient access
    m. Administrative burden reductions including reduced complexity of billing codes
    n. Customer Relations Management (CRM)-based credentialing system
    o. Dual eligibles Special Needs Plan (DSNP)
    p. Status of Medicaid health plan rebid
    q. Status of Crisis Stabilization Unit (CSU) standards
    r. Intensive Community Transition Services (ICTS)
    s. Psychiatric Residential Treatment Facilities (PRTF)

MATCP – I spent October 3-5 at the annual board meeting of the Michigan Association of Treatment Court Professionals for which I currently serve as Treasurer. The MATCP board

consists mostly of really remarkable specialty court judges that work to assure the successful implementation of specialty treatment courts in Michigan, including mental health courts, family treatment courts, drunk driving courts, drug courts, and veteran treatment courts.

OnPoint's interests in this are relevant since a core function of substance use disorder treatment is random drug testing/accountability for participants. In 2023, the only provider of drug testing left Allegan County which currently endangers the ability of our local specialty courts to maintain certification by the state supreme court. We are working with a group of local partners to evaluate options for testing. Part of the analysis is a determination of how it will align with our potential needs for testing in the future for OnPoint's programs. The net community need from courts, OnPoint and others should help determine feasibility and location. It might well be best if these services are performed outside of OnPoint, given our involvement in other program implementation activities. At this point, we are merely exploring.
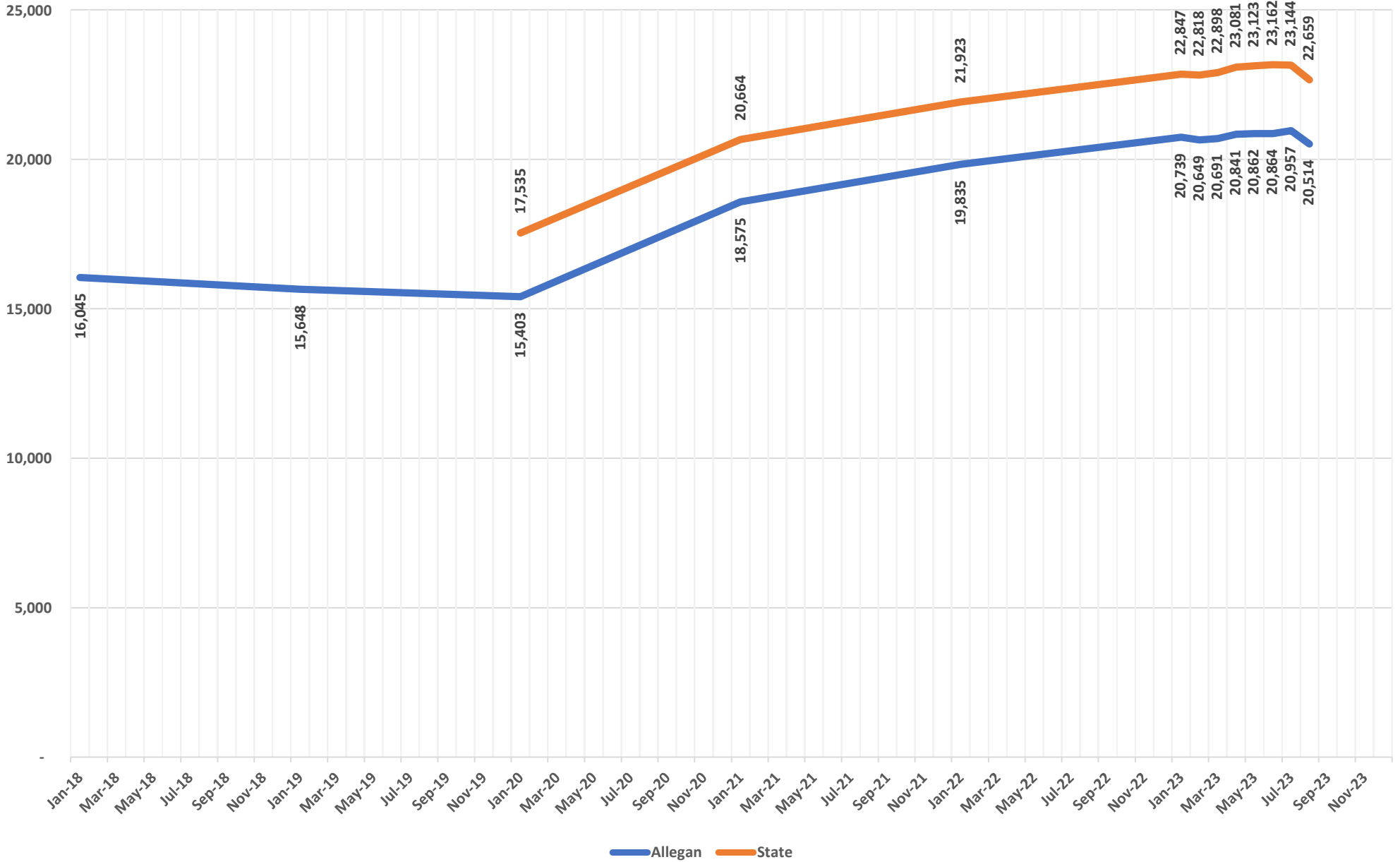
Bonus Information Pages – To spare you from 2,000 more words, I've attached two pictures that may tell you all you want to know about Medicaid enrollment and expansion of the state's CCBHC demonstration.

1. Medicaid enrollment status and trends for Allegan vs. Michigan through and following the end of the public health emergency. We mirror the state's trends so far.
2. Geographic distribution of CCBHC demonstration sites in Michigan as of 10/1/2023. There is a lot of room for growth north!
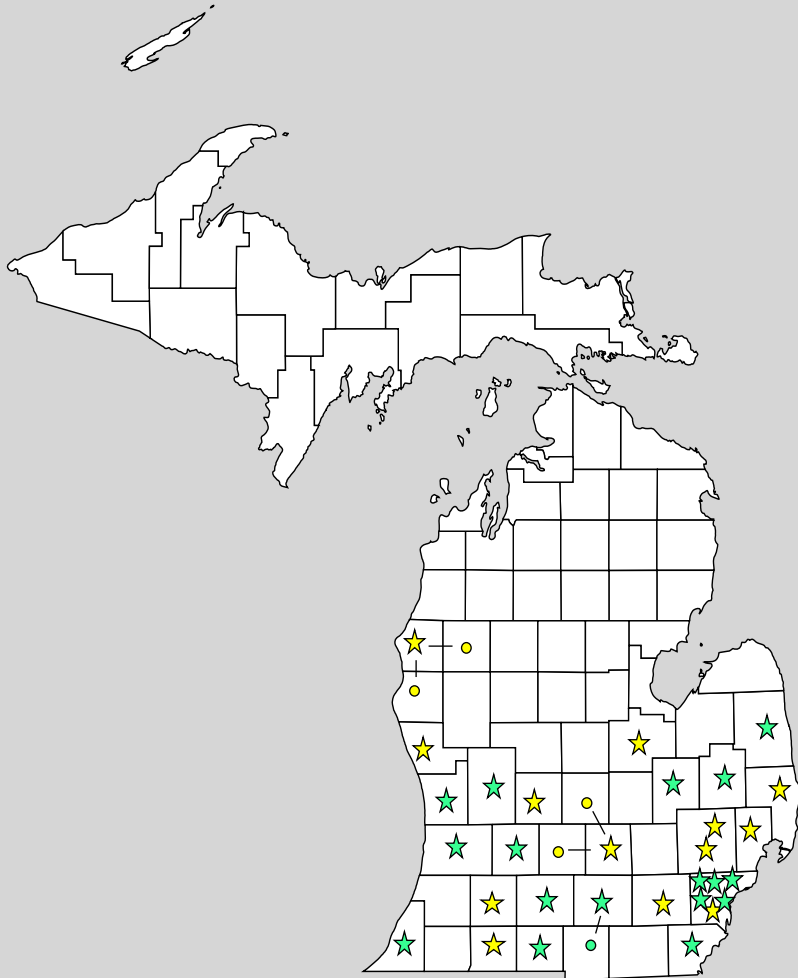
Sincerely,

Mark Witte
October 9, 2023

**Medicaid Enrollments
(Allegan = Actual Enrollment, while
State = Actual Enrollment Divided by 100 for Ease of Comparison)**

Allegan values: 16,045 · 15,648 · 15,403 · 18,575 · 19,835 · 20,739 · 20,649 · 20,691 · 20,841 · 20,862 · 20,864 · 20,957 · 20,514

State values: 17,535 · 20,664 · 21,923 · 22,847 · 22,818 · 22,898 · 23,081 · 23,123 · 23,162 · 23,144 · 22,659

Legend: Allegan — State

- Arab Community Center for Economic and Social Services (Wayne)
- Barry County CMH Authority (Barry)
- CEI CMH (Clinton, Eaton, Ingham)
- CNS Healthcare (Oakland)
- CNS Healthcare (Wayne)
- Community Mental Health of Ottawa County (Ottawa)
- Development Centers, Inc. (Wayne)**
- Easter Seals Michigan (Oakland)
- Elmhurst Home (Wayne)
- Genesee Health System (Genesee)
- HealthWest (Muskegon)
- Integrated Services of Kalamazoo (ISK)
- Lapeer County Community Mental Health (Lapeer)
- LifeWays (Jackson and Hillsdale)
- Macomb County CMH (Macomb)
- Monroe Community Mental Health Authority (Monroe)**
- Network180 (Kent)
- OnPoint (Allegan)
- Pines Behavioral Health Services (Branch)
- Pivotal (St. Joseph)
- Riverwood Center (Berrien)
- Saginaw County CMH (Saginaw)
- Sanilac Community Mental Health (Sanilac)
- Southwest Counseling Solutions (Wayne)
- St. Clair County CMH (St. Clair)
- Summit Pointe (Calhoun)**
- The Guidance Center (Wayne)
- The Right Door (Ionia)
- Washtenaw County CMH (Washtenaw)
- West Michigan CMH (Mason, Lake, Oceana)

⭐ Original CCBHC Demo Sites

☆ New CCBHC Demo Sites (October 1, 2023)

○ Satellite Site

October 2023