

AGENDA

OnPoint Board of Directors Meeting
Tuesday, January 16, 2024 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,,598536159# United States, Grand Rapids
Phone Conference ID: 598 536 159#

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 (12/19/2023)
 - ii. Finance Committee (12/19/2023)
 - iii. Program Committee (12/19/2023)
 - iv. Executive Committee (12/15/2023)
6. Program Committee – Alice Kelsey
7. Finance Committee Report – Beth Johnston
 - a. Motion – Approval of Voucher Disbursements
8. Recipient Rights Advisory Committee (Mar/June/Sep/Dec) – Glen Brookhouse
 - a. Annual Rights Report as Submitted
9. LRE Updates – Mary Dumas or alternate
10. Chairperson’s/Executive Committee Report – Commissioner Dugan
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. February 16, 2024 @ 2:30 pm – Executive Committee
 - b. March 19, 2024 @ 3:00 pm – Recipient Rights Advisory Committee
 - c. February 20, 2024 @ 4:00 pm – Program Committee
 - d. February 20, 2024 @ 4:30 pm – Finance Committee
 - e. February 20, 2024 @ 5:30 pm – Full Board Meeting

AGENDA

OnPoint Board Finance Committee
January 16, 2024 @ 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 minute 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 February 20, 2024 at 4:30 pm, 540 Jenner Drive, Allegan, MI
- Finance Committee: Beth Johnston, Chair; Glen Brookhouse, Vice Chair; Commissioner Mark DeYoung;
Commissioner Gale Dugan

Moved: Pastor VanBeek

Supported: Mr. DeYoung

Motion carried.

7. Informational Items

a. Financial Reports

Mr. Pierre reviewed the financial reports from October. Change in reporting for CCBHC discussed as well as timeline of reporting CCBHC services.

8. Finance Committee Member Comments

None

9. Public Comment

None

10. Next Meeting – January 16, 2024, at 4:30 pm.

11. Adjournment

Moved: Mr. Dugan

Supported: Mr. DeYoung

Motion carried.

Meeting adjourned at 5:20 pm.

Administrative Services Board Report January 2024

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 nineteenth construction draw totaling \$65,534.19 which will be funded through the United States Department of Agriculture (USDA) loan and Michigan Economic Development Corporation (MEDC) grant. During the month of September, 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 November 2023. We have now been one year 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 \$ 807,479 (MH Medicaid and SUD Medicaid combined) to the LRE and carry forward/lapse approximately \$ 145,445 in General Funds back to MDHHS.

During the month the Human Resources department did not experience significant activity in the areas of turnover and internal transitions. The following activity occurred:

New Hires- 4

Separations- 2 (involuntary)

Active Posting- 9

In the area of Information Technology, OnPoint engaged in a formal partnership with Rehmann IT Security Solutions to begin addressing gaps and deficiencies within the area of policy & procedure, as well as our cyber security. Through our partnership with Allegan County Information Technology, we have developed a 2024 project list of items to target for completion. Work will commence within the next couple months. We anticipate that our partnerships will spread over several months to adequately put in place policies and infrastructure that will allow us to respectfully pass audits and safeguard the organization from internal and external threats. OnPoint is now in the active launch and review stage and will provide periodic updates to key stakeholders as warranted.

Sincerely,

Andre Pierre
Chief Financial Officer
January 8, 2024

Finance Committee ACTION REQUEST	Subject:	Voucher Disbursements	
	Meeting Date:	January 16, 2024	
	Requested By:	Beth Johnston, Finance Committee Chairperson	
<u>RECOMMENDED MOTION:</u>			
<u>The Finance Committee recommends that the OnPoint Board approve the December, 2023 disbursements totaling \$3,066,887.67.</u>			
<u>SUMMARY OF REQUEST/INFORMATION:</u>			
<u>Date Issued:</u>	<u>Voucher Number:</u>	<u>Type:</u>	<u>Amount:</u>
December 1, 2023	N/A	Loan Payment	\$21,334.00
December 8, 2023	P1715	Payroll	\$437,820.05
December 15, 2023	V0930	Vendor	\$1,622,997.72
December 22, 2023	P1716	Payroll	\$416,155.88
December 29, 2023	V0931	Vendor	\$568,580.02
<u>BUDGET/FINANCIAL IMPACT</u>			
<ul style="list-style-type: none"> • These disbursements are part of the approved fiscal year 2024 operating budget for OnPoint. 			
BY: Nikki McLaughlin, Accounting Manager		DATE: January 16, 2024	

ONPOINT



Period Ended
November 30, 2023

Monthly Finance
Report

ONPOINT

Monthly Financial Dashboard

November 30, 2023

OnPoint Financials

	Total FY 2024 Budget	YTD Totals 11/30/23	Under/(Over) Budget	Percent of Budget - YTD
Total operating revenue	\$ 41,488,054	\$ 6,838,087	\$ 34,649,967	16.48%
Total operating expenses	(41,011,311)	(6,515,005)	(34,496,306)	15.89%
Interest expense	(46,998)	(17,708)	(29,290)	62.32%
Change in net position	<u>\$ 429,745</u>	<u>\$ 305,374</u>	<u>\$ 124,371</u>	<u>71.06%</u>

Total Building Cost

	USDA	MEDC GRANT	ONPOINT	TOTAL
Building Cost	\$ 5,140,668	\$ 2,253,984	\$ 1,613,160	\$ 9,007,812
	Monthly Total	9/30/23 Loan Balance*	YTD Principal Payments	11/30/23 Loan Balance
Debt Service	\$ 21,334	\$ 5,043,381	\$ (24,960)	\$ 5,018,421
	Monthly Total	9/30/23 Asset Net Book Value*	YTD Accumulated Depreciation	11/30/23 Asset Net Book Value
Depreciation	\$ 12,388	\$ 8,945,872	\$ (24,776)	\$ 8,921,096

Program Performance - Top 5 Programs

	YTD Expense	YTD Clients Served	YTD Units of Service	Average Cost/Client
Case Management	\$ 429,168	645	2,241	\$ 665
Outpatient Therapy	\$ 405,974	714	1,816	\$ 569
Autism	\$ 353,823	63	20,336	\$ 5,616
Psychiatric Services	\$ 246,646	442	632	\$ 558
Substance Use Disorder	\$ 162,223	152	2,153	\$ 1,067

Regional Comparison

<u>LRE CMH's</u>	10/2023 Capitated Revenue	10/2023 Capitated Expense	10/2023 Surplus/ (Deficit)
HealthWest	\$ 5,461,400	\$ 4,434,670	\$ 1,026,730
Network180	15,146,068	14,980,259	165,809
OnPoint	2,664,059	2,305,448	358,611
Ottawa	4,101,820	653,961	3,447,859
West Michigan	1,886,756	1,740,208	146,548
LRE	307,117	307,117	-
Regional Total	<u>\$ 29,567,220</u>	<u>\$ 24,421,663</u>	<u>\$ 5,145,557</u>

*September 30, 2023 balances are preliminary, unaudited totals. Balances will be updated, if applicable, once the final audit has been issued.

ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

October 1, 2023 through November 30, 2023

	Capitation Revenue	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid					
Medicaid - Mental Health	\$ 3,751,077	\$ -	\$ (3,390,341)	\$ -	\$ 360,736
Medicaid - Autism	699,766	-	(353,823)	-	345,943
Medicaid - SUD	126,164	-	(44,852)	-	81,312
Healthy Michigan Plan - Mental Health	198,949	-	(303,513)	-	(104,564)
Healthy Michigan Plan - SUD	210,228	-	(86,176)	-	124,052
Medicaid subtotal	<u>\$ 4,986,184</u>	<u>\$ -</u>	<u>\$ (4,178,705)</u>	<u>\$ -</u>	<u>\$ 807,479</u>
CCBHC Demonstration					
CCBHC - Medicaid	\$ 1,272,726	\$ -	\$ (963,918)	\$ -	\$ 308,808
CCBHC - Healthy MI Plan	\$ 423,728	-	(418,266)	-	5,462
CCBHC - NonMedicaid	\$ -	241,696	(241,696)	-	-
CCBHC Subtotal	<u>\$ 1,696,454</u>	<u>\$ 241,696</u>	<u>\$ (1,623,880)</u>	<u>\$ -</u>	<u>\$ 314,270</u>
General Fund	<u>\$ 370,009</u>	<u>\$ -</u>	<u>\$ (224,564)</u>	<u>\$ -</u>	<u>\$ 145,445</u>
SUD Treatment Block Grant	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

ONPOINT

Statement of Revenue, Expenses and Change in Net Position

October 1, 2023 through November 30, 2023

Percent of Year is 16.67%

	Total FY 2024 Budget	YTD Totals 11/30/23	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid capitation	\$ 26,568,936	\$ 4,577,007	\$ 21,991,929	17.23%
Medicaid settlement	(924,438)	(787,991)	(136,447)	
Healthy Michigan capitation	3,286,276	409,177	2,877,099	12.45%
Healthy Michigan settlement	(408,682)	(19,488)	(389,194)	
CCBHC capitation and supplemental	7,656,476	1,696,454	5,960,022	22.16%
State General Fund formula funding	1,793,123	370,009	1,423,114	20.63%
State General Fund settlement	-	(254,765)	254,765	
Grants and earned contracts	2,362,800	605,186	1,757,614	25.61%
Local funding	346,095	57,683	288,412	16.67%
Performance based incentive payment (PBIP)	245,757	-	245,757	0.00%
Other reimbursements and revenue	561,711	184,815	376,896	32.90%
Total operating revenue	\$ 41,488,054	\$ 6,838,087	\$ 34,649,967	16.48%
Operating expenses				
Salaries and wages	\$ 10,829,937	\$ 1,735,402	\$ 9,094,535	16.02%
Fringe benefits	3,621,548	495,746	3,125,802	13.69%
Supplies and materials	164,312	39,575	124,737	24.09%
Provider Network services	23,603,305	3,731,553	19,871,752	15.81%
Contractual services	2,182,827	377,643	1,805,184	17.30%
Professional development	154,994	24,902	130,092	16.07%
Occupancy	150,706	34,872	115,834	23.14%
Miscellaneous expenses	145,467	50,536	94,931	34.74%
Depreciation	158,215	24,776	133,439	15.66%
Total operating expenses	\$ 41,011,311	\$ 6,515,005	\$ 34,496,306	15.89%
Nonoperating expenses				
Interest expense	46,998	17,708	29,290	37.68%
Change in net position	\$ 429,745	\$ 305,374	\$ 124,371	

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Reporting Period: FY23 October 1, 2022 - September 30, 2023

CMH	# of Consumers Served (unduplicated count)	1647	Rights Office FTEs	4
LPH			Hours/40 Spent on Rights	

ALLEGATION TOTALS

Total Complaints Received	161	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Allegations	150	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations	149	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Investigations Substantiated	44	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions	1	← DO NOT TYPE HERE - CELL WILL AUTO FILL
Interventions Substantiated	1	← DO NOT TYPE HERE - CELL WILL AUTO FILL

ALLEGATIONS BY CATEGORY

Code	Category	Received
0000	No Right Involved	1

Code	Category	Received
0001	Outside Provider Jurisdiction	10

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - Nonaccidental act	5	5	0
72222	Abuse class II - unreasonable force	5	5	1
72223	Abuse class II - emotional harm	2	2	2
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	6	6	1
7223	Abuse - class III	3	3	3
7224	Abuse class I - sexual abuse	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	2	2	1
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	4	4	0
72262	Neglect class II - failure to report	1	1	1
72271	Neglect class III	15	15	10
72272	Neglect class III - failure to report	1	1	1

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	1	1	1		
7555	Retaliation/harassment toward recipients					

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7040	Civil rights: Discrimination, Accessibility, Accommodation, etc.					
7044	Religious practice					
7045	Voting					

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	35	35	10		
7082	Safe, Sanitary Humane Treatment Environment	3	3	0		
7083	Least restrictive setting					
7084	Dignity and Respect	36	36	5		
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams					
7110	Family Rights	1	1	0		
7120	Individual Written Plan of Service (Person-Centered Process)	4	3	0	1	1
7130	Choice of Physician/Mental Health Professional					
7140	Notice of Clinical Status/Progress					
7150	Services of a Mental Health Professional (External to the Agency/Hospital)					
7160	Surgery					
7170	Electroconvulsive Therapy					
7180	Psychotropic drugs (AR 7158)					
7190	Medication Side Effects					
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7240	Fingerprints, Photographs, Audiorecordings, Use of One-Way Glass					
7249	Video Surveillance	3	3	1		
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7261	Communications-Visits	1	1	0		
7262	Communications-Telephone	0				
7263	Communications-Mail	1	1	0		
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7286	Property-Possession and use	2	2	0		
7286	Personal Property – Limitations					
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7360	Labor and Compensation					
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7440	Freedom of Movement	9	9	0		
7400	Restraint					
7420	Seclusion	1	1	1		
Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7460	Complete Record					
7480	Disclosure of Confidential Information	9	9	6		
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)					
7490	Correction of Record					
7500	Privileged communication					
TOTALS		150	149	44	1	1

Section II: Intervention and Investigation remediation data for:			OnPoint (Allegan County)				
Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	SED	SED-W	DD-CWP	HSW
Abuse class II - emotional harm	Other	Employment Termination	Written Reprimand				
Abuse class II - emotional harm	Other	Employment Termination					
Abuse class II - unreasonable force	Other	Employment Termination					1
Abuse class III	ACT	Verbal Counseling	Written Reprimand				
Abuse class III	Residential MI & DD	Employment Termination					
Abuse class III	SIP	Written Reprimand	Training				
Abuse II Exploitation	Residential MI & DD	Suspension	Staff Transfer				
Dignity and Respect	Residential MI & DD	Training	Verbal Counseling				
Dignity and Respect	Residential MI & DD	Suspension	Staff Transfer				1
Dignity and Respect	Residential MI & DD	Training	Verbal Counseling				
Dignity and Respect	Residential MI & DD	Verbal Counseling	Verbal Reprimand				
Dignity and Respect	Other	Verbal Counseling	Policy Revision/Development				
Disclosure of Confidential Information	Other	Written Counseling	Other				
Disclosure of Confidential Information	Other	Verbal Counseling					
Disclosure of Confidential Information	Other	Employment resigned but substantiated	Staff Transfer				
Disclosure of Confidential Information	Other	Employment resigned but substantiated	Written Counseling				
Disclosure of Confidential Information	Residential MI & DD	Training					
Disclosure of Confidential Information	Residential MI & DD	Other					1
Mental Health Services Sulted to Condition	Case Management	Recipient Transfer to Another Provider/Site					
Mental Health Services Sulted to Condition	Case Management	Recipient Transfer to Another Provider/Site					1
Mental Health Services Sulted to Condition	Case Management	Recipient Transfer to Another Provider/Site	Verbal Counseling				
Mental Health Services Sulted to Condition	Case Management	Verbal Counseling	Other				1
Mental Health Services Sulted to Condition	Case Management	Verbal Counseling	Other				1
Mental Health Services Sulted to Condition	Case Management	Other					
Mental Health Services Sulted to Condition	Other	Written Counseling	Other				
Mental Health Services Sulted to Condition	Residential MI & DD	Contract Action	Recipient Transfer to Another Provider/Site				
Mental Health Services Sulted to Condition	Residential MI & DD	Verbal Counseling					
Mental Health Services Sulted to Condition	Other	Employment Termination					1
Neglect class I	SIP	Employment Termination	Environmental Repair/Enhancement				1
Neglect class II - failure to report	Case Management	Written Reprimand	Verbal Counseling				1
Neglect class III	ACT	Verbal Counseling	Written Reprimand				
Neglect class III	Case Management	Written Reprimand	Training				
Neglect class III	Case Management	Written Reprimand	Verbal Counseling				1
Neglect class III	Other	Employment resigned but substantiated	Staff Transfer				
Neglect class III	Residential MI & DD	Employment Termination					
Neglect class III	Residential MI & DD	Employment Termination					
Neglect class III	Residential MI & DD	Written Reprimand	Training				1
Neglect class III	Residential MI & DD	Employment Termination					1
Neglect class III	SIP	Employment Termination					
Neglect class III	SIP	Employment Termination					1
Neglect class III	Other	Employment resigned but substantiated	Training				
Video Surveillance	Residential MI & DD	Contract Action	Recipient Transfer to Another Provider/Site				
Right Protection System	Residential MI & DD	Training	Verbal Counseling				
Seclusion	SIP	Employment Termination					1
Individual Written Plan of Service (Person-Cent	Case Management	Policy Revision/Development					

DO NOT ENTER DATA HERE. THESE COLUMNS WILL AUTO FILL					
REMEDICATION TOTALS		POPULATION TOTALS		PROVIDER TOTALS	
Verbal Counseling	14	SED	0	ACT	2
Written Counseling	3	SED-W	0	Case Management	10
Verbal Reprimand	1	DD-CWP	0	Children's Foster Care	0
Written Reprimand	8	HSW	14	Clubhouse	0
Suspension	2			Crisis Center	0
Demotion	0			Day Program DD	0
Staff Transfer	4			Day Program MI	0
Training	8			Inpatient	0
Employment Termination	12			Out Patient	0
Employee left the agency, but substantiated	0			Partial Hospitalization	0
Contract Action	2			Psychosocial Rehabilitation	0
Policy Revision/Development	2			Residential DD	0
Environmental Repair/Enhancement	1			Residential MI	0
Plan of Service Revision	0			Residential MI & DD	16
Recipient Transfer to Another Provider/Site	5			Respite Homes	0
Other	0			SIP	5
Pending	0			Supported Employment	0
None	0			Workshop (prevocational)	0

APPEALS INFORMATION

Appeals Type	Number
Appeal Requests Regarding the Rights Office Investigation Received	0
Appeal Requests Regarding the Rights Office Investigation Accepted	0
Number Upheld	0
Number Sent Back for Reinvestigation	0
Number Where External Investigation by MDHHS-ORR Was Requested	0
Appeal Requests Regarding the Action Taken Received	1
Appeal Requests Received Regarding the Action Taken Accepted	1
Number Upheld	0
Number Sent Back for Further Action	1

Choose from drop down menu

ANNUAL TRAINING ACTIVITY

Training Received by Office Staff

(Please only list trainings related to rights protection)

LIST THE NAMES OF ALL RIGHTS STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS Course Number	Topic of Training Received	Category (drop down)	# Hours
Allison Kridler	Allison Kridler	RCA23- GSI	The Power of Advocacy	IV - Augmented Training	1.50
Kelsey Newsome	Allison Kridler	RCA23-03	Understanding Michigan's Forensic Interviewing Protocol	I - Operations	1.50
Melisse Hughes	Allison Kridler	RCA23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
Samantha Dereski	Allison Kridler	RCA23-09	How to Succeed and Communicate Effectively with Most Challenging Personalities	IV - Augmented Training	1.50
	Allison Kridler	RCA23-10	Confidentiality Basics	I - Operations	1.50
	Allison Kridler	RCA23-15	Implicit Bias and Measuring Ours	IV - Augmented Training	1.50
	Allison Kridler	RCA23-18	Nurturing Boundaries	I - Operations	1.50
	Kelsey Newsome	RCA23-34	RROAM Roundtable	I - Operations	5.00
	Kelsey Newsome	RCA23-35	Michigan Court Ordered Special Advocates	IV - Augmented Training	1.50
	Kelsey Newsome	RCA23-36	Applied Behavior Analysis	IV - Augmented Training	2.00
	Kelsey Newsome	RCA23-37	Oakland mediation Services	IV - Augmented Training	0.25
	Kelsey Newsome	RCA23-52	Four Pillars	IV - Augmented Training	4.00
	Kelsey Newsome	RCA23-54	Youth Mental Health and School-Based Training	IV - Augmented Training	1.75
	Kelsey Newsome	RCA23-PC	Emotional Intelligence	I - Operations	6.00
	Kelsey Newsome	RCA23- GSI	The Power of Advocacy	IV - Augmented Training	1.50
	Kelsey Newsome	RCA23-01	Discovering Wisdom Through Tough Times	I - Operations	1.50
	Kelsey Newsome	RCA23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Kelsey Newsome	RCA23-08	How to Use LOCUS and MichiCANs Information in Your Investigation	I - Operations	1.50
	Kelsey Newsome	RCA23-10	Confidentiality Basics	I - Operations	1.50
	Kelsey Newsome	RCA23-18	Nurturing Boundaries	I - Operations	1.50
	Kelsey Newsome	RCA23-GSIII	The Final Frontier	IV - Augmented Training	1.50
	Melisse Hughes	RCA23-34	RROAM Roundtable	I - Operations	5.00
	Melisse Hughes	RCA23-35	Michigan Court Ordered Special Advocates	IV - Augmented Training	1.50
	Melisse Hughes	RCA23-36	Applied Behavior Analysis	IV - Augmented Training	2.00
	Melisse Hughes	RCA23-37	Oakland mediation Services	IV - Augmented Training	0.25
	Melisse Hughes	RCA23-52	Four Pillars	IV - Augmented Training	4.00
	Melisse Hughes	RCA23-54	Youth Mental Health and School-Based Training	IV - Augmented Training	1.75
	Melisse Hughes	RCA23-PC	Emotional Intelligence	I - Operations	6.00
	Melisse Hughes	RCA23- GSI	The Power of Advocacy	IV - Augmented Training	1.50
	Melisse Hughes	RCA23-03	Understanding Michigan's Forensic Interviewing Protocol	I - Operations	1.50
	Melisse Hughes	RCA23-09	How to Succeed and Communicate Effectively with Most Challenging Personalities	IV - Augmented Training	1.50
	Melisse Hughes	RCA23-10	Confidentiality Basics	I - Operations	1.50
	Melisse Hughes	RCA23-15	Implicit Bias and Measuring Ours	IV - Augmented Training	1.50
	Melisse Hughes	RCA23-18	Nurturing Boundaries	I - Operations	1.50
	Melisse Hughes	RCA23-GSIII	The Final Frontier	IV - Augmented Training	1.50
	Samantha Dereski	RCA23- GSI	The Power of Advocacy	IV - Augmented Training	1.50
	Samantha Dereski	RCA23-03	Understanding Michigan's Forensic Interviewing Protocol	I - Operations	1.50
	Samantha Dereski	RCA23-GSII	MDHHS Director Elizabeth Hertel	I - Operations	0.75
	Samantha Dereski	RCA23-09	How to Succeed and Communicate Effectively with Most Challenging Personalities	IV - Augmented Training	1.50
	Samantha Dereski	RCA23-10	Confidentiality Basics	I - Operations	1.50
	Samantha Dereski	RCA23-15	Implicit Bias and Measuring Ours	IV - Augmented Training	1.50

CATEGORY TOTALS

I - Operations	42.25
II - Legal Foundations	0.00
III - Leadership	0.00
IV - Augmented Training	37.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

OnPoint (Allegan County)
SECTION II: ANNUAL TRAINING ACTIVITY
Part B: Training Provided by Rights Office

Topic of Training Provided	How long was the training? (# Hours)	NUMBER OF ATTENDEES BY TYPE				Method of Training Used
		Agency Staff	Contractual Staff	Consumers	Other Staff	
Recipient Rights - Initial Training	2.00	19	27			Face-to-Face
Recipient Rights - Initial Training	2.00	3				Video
Recipient Rights - Annual Update	1.00	132				Computer
Recipient Rights - Board Training	0.50					Face-to-Face

Type of Training Totals	Agency Staff	Contractual Staff	Consumers	Other Staff	
Face-to-Face	17	19	27	0	0
Video	2	3	0	0	0
Computer	1	132	0	0	0
Paper	0	0	0	0	0
Video & Face-to-Face	0	0	0	0	0
Computer & Face-to-Face	0	0	0	0	0
Paper & Face-to-Face	0	0	0	0	0
Teams/Zoom, etc	0	0	0	0	0
Other (please describe)	0	0	0	0	0
<i>These Numbers will self-fill</i>					

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 23. Pick from the drop-down in the STATUS column and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 24 goal section below.

Outcomes	Status
1 ORR will work collaboratively with QI and Compliance to improve the incident reporting process. Objectives to accomplish this goal include: a) update incident reporting policy and supporting forms b) review standards with internal and contracted provider staff c) update internal codes used to process IRs d) monitor compliance during annual provider site reviews	Accomplished
2 ORR will work with recipients to develop examples to include in recipient rights trainings.	Ongoing
3 ORR will work with the OnPoint Provider Network staff to strengthen Recipient Rights orientation/training for management and owner level staff for contracted providers.	Discontinued
4	
5	

Outcomes established by the office for FY24	
1	ORR will train all internal staff on Incident Reporting standards and expectations.
2	ORR will work with recipients to develop examples to include in recipient rights trainings.
3	
4	
5	

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR and Advisory Committee recommends the following:

Recommendations

1	
2	
3	
4	
5	

I attest that I have reviewed this annual report and I am submitting it as required by law.

NAME



DATE

12/29/2023

AGENDA

OnPoint Board of Directors – Program Committee
January 16, 2024 @ 4:00 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,,598536159# United States, Grand Rapids
Phone Conference ID: 598 536 159#

- 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:
 - a) CCBHC Overview – Leanne Kellogg
 - b) Corporate Compliance Plan – Mandy Padget
- 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) Prevention Report – Heidi Denton
 - f) 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 February 20, 2024 at 4:00 pm, 540 Jenner Drive, Allegan, MI

Program Committee: Alice Kelsey, Chairperson; (Vacant), Vice-Chairperson;
Kim Bartnick; Pam Brenner; Jessica Castañeda; Jane Ferrel; Dr. Robin Klay; Karen Stratton

OnPoint Program Committee Minutes - DRAFT
Tuesday, December 19, 2023, at 4 pm
Board Room, 540 Jenner Drive, Allegan MI 49010

Board Members Present: Alice Kelsey, Chairperson; Kim Bartnick; Pam Brenner; Jane Ferrel; Dr. Robin Klay (virtual); Karen Stratton

Board Members Absent: Jessica Castañeda

OnPoint Staff Present: Leanne Kellogg (virtual); Tom Lohrmann (virtual); Mandy Padget; Rob Griffith; Meagan Currie

Public Present: None

- 1) **Call to Order** – Ms. Kelsey called the meeting to order at 4:04pm.
- 2) **Public Comment** – No members of the public in attendance.
- 3) **Approval of Agenda** – Pam Brenner moved to approve the agenda. Kim Bartnick supported the motion. Motion carried by unanimous consent.
- 4) **Approval of Minutes** – Kim Bartnick moved to approve the minutes from the meeting on November 21, 2023. Pam Brenner supported the motion. Motion carried by unanimous consent.
- 5) **Program Committee Reports** – Leanne Kellogg, Chief Operating Officer, presented the 2024 Program Committee Presentation Schedule. Ms. Kelsey proposed having a yearlong study of CCBHC and how it affects the programs throughout the year, basic details of the services offered by OnPoint, and submission of information by board members to OnPoint staff regarding public talk (i.e. news articles, rumors, ideas, etc.). Ms. Brenner agreed with Ms. Kelsey’s proposition but would also like to keep the presentations. In the end, Ms. Kellogg offered to give a broad overview of the programs, gradually move into the individual department presentations with the impact CCBHC has or does not have on them, have time on the agenda for board member input/touchpoint with the community, and a discussion with Mark and Andre will be had to determine where strategic planning will be added. Ms. Brenner also requested staffing updates. Ms. Kellogg will look into providing staffing updates. Ms. Kelsey went on to discuss the 2024 CMHAM Winter Conference and recommended the committee members attend a few sessions. Meagan distributed a link to the conference with more information. Mandy Padget, Director of Quality Innovations and Compliance gave thanks to Mr. Lohrmann for all of the work he has been doing since he joined OnPoint.
- 6) **Program Committee Member Comments** – No comments from the committee members.
- 7) **Public Comment** – No members of the public in attendance.
- 8) **Adjournment** – Motion by Kim Bartnick, supported by Jane Ferrel to adjourn the meeting. Motion carried by unanimous consent. Meeting adjourned at 5:06pm.

Submitted by,
Meagan Currie

2024 ANNUAL PROGRAM COMMITTEE PRESENTATION SCHEDULE

Program Committee meets the 3rd Tuesday each month at 4pm.

MONTH	PRESENTATION TOPIC	PRESENTER(S)
January 16	CCBHC Overview	Leanne Kellogg
	Corporate Compliance Plan	Mandy Padget
February 20	OnPoint Service Overview	Susan Conrad
	Children's Services: Wraparound, Homebased and Infant Mental Health	Tara Poore, Tracy Monroe & Emma Higgs
March 19	Access, Crisis, and Mental Health Treatment Court	Melissa Potvin, Alison Schuyler & Dreka Payne
	Evidence Based Practices	Geniene Gersh
April 16	Assertive Community Treatment (ACT)	Lauren Todaro & Shandra Stewart
	Utilization Management	Michell Truax
May 21	Case Management and Supportive Services	John Eagle & Laura Furey
June 18	Prevention Services	Tara Poore & Heidi Denton
	Administrative Professionals	Administrative Professional Supervisor
July 16	Medication Clinic Services	Angel Hopkins
	Occupational Therapy	Rebecca DeHart & Brandon Lange
August 20	Peer Teams (Certified Peers, Recovery Coaches, Parent Support Partners)	Peer Group
	Housing Programs	Emily Berning
September 17	Provider Network and Self Determination	Amy Kettring & Mallory Kramer
	Recovery Management Services	Lauren Todaro
October 15	Supported Employment Services	John Eagle & Joshua Behymer
	Quality Improvement Plan	Mandy Padget
November 19	Autism Program and Children's Supports Coordination Services	Tara Poore & Megan Ford
	Customer Services	Cathy Potter
December 17	Outpatient Services	Melissa Potvin & Tara Poore

OnPoint

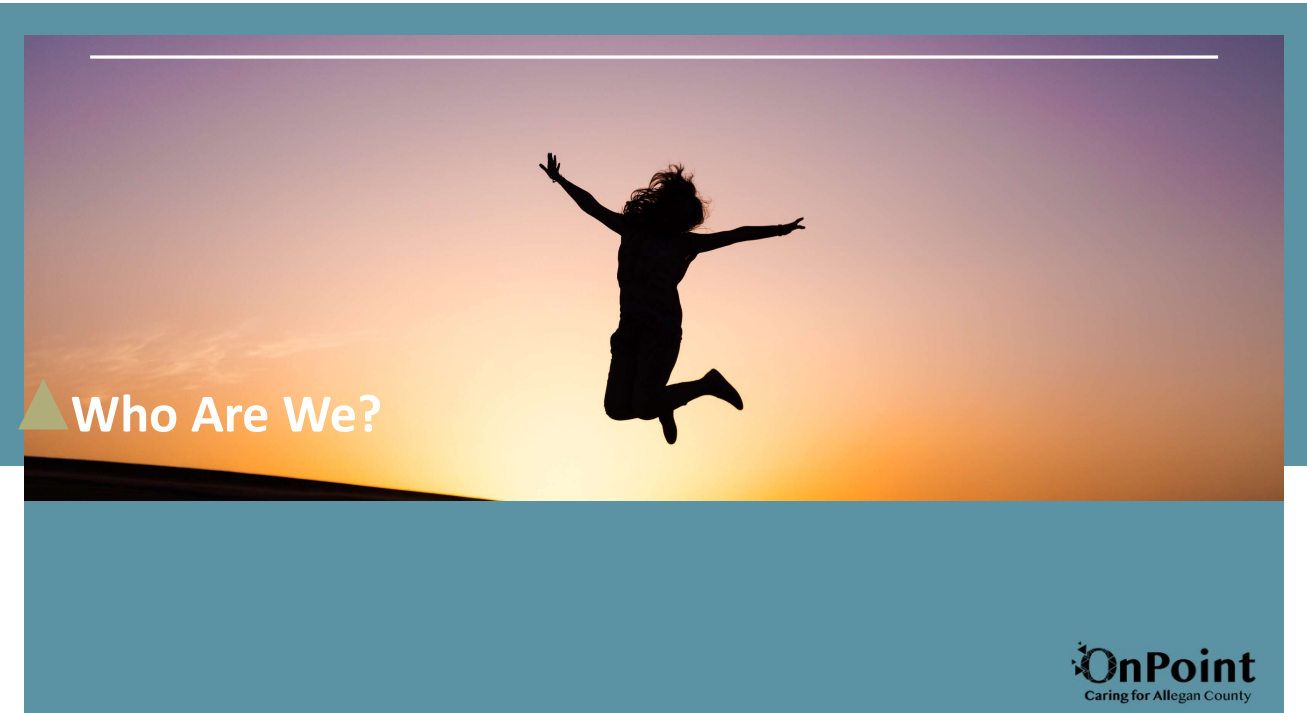
Caring for Allegan County



▲ CCBHC Board
Overview

January, 2024





▲ Who Are We?



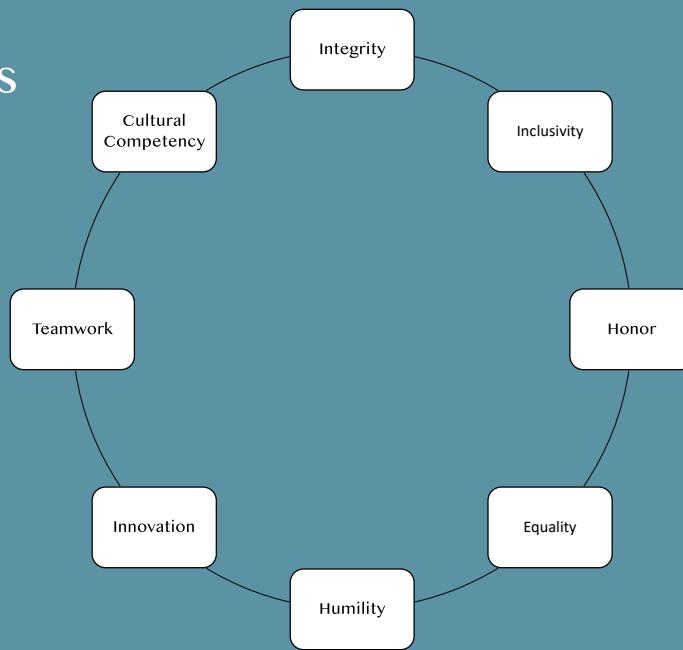
▲ Our Mission and Vision

Our Mission - Improving the lives of people in Allegan County through exceptional behavioral health and homelessness services.

Our Vision - An inclusive community with integrated behavioral health services and safe, affordable housing for all.



▲ Our Values



▲ Where Are We Going? CCBHC ▲

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/CCBHC/CCBHC_Demonstration_Handbook.pdf?rev=348f4306e23d4854b3bee1c34e297805&hash=6DC124959BCAFAFF9



▲ **History of CCBHC in State of Michigan**

In 2016, MDHHS applied to CMS to become a CCBHC Demonstration state under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA).

- August 5, 2020, federal CARES Act of 2020: 2 additional states—Michigan and Kentucky—to join the demonstration.
- 10/1/2021: MDHHS approved for 2-year demonstration
- These sites include 11 Community Mental Health Services Programs (CMHSPs) and 3 non-profit behavioral health entities, together serving 18 Michigan counties.
- CCBHC Demonstration Sites are selected in accordance with federal requirements, including the attainment of state based CCBHC certification, and available funding.
- On 4/20/2023 MDHHS released a letter announcing an opportunity to join the CCBHC Demonstration beginning October 1, 2023 (FY24).

▲▲ a dream doesn't become reality through magic, it takes sweat, determination and hard work. ▲▲

- Joe Mc Greedy -



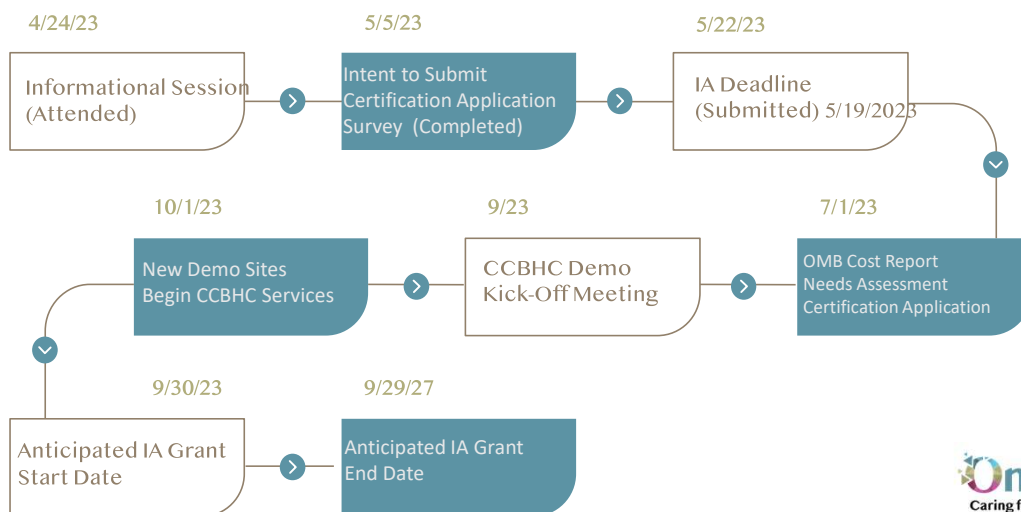
▲ CCBHC Services: Demonstration & IA Grant

9 Core Services

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



▲ OnPoint CCBHC Milestones



▲ CCBHC Requirements: Demonstration & IA Grant

1. Services provided regardless of their ability to pay
 - Including those who are underserved, have low incomes, are on Medicaid, insured or uninsured, and are active-duty military or veterans.
2. Reporting Requirements
 - A. Clinical quality measure reporting
 - B. Cost Reporting
 - C. Certification Processes

[CCBHC Demonstration Handbook \(michigan.gov\)](https://michigan.gov)



▲ CCBHC Differences

State of MI Demonstration

- Narrative, MDHHS and PIHP site visits accompany Certification Process
- Prospective Payment System
 - Daily clinic-specific rate based on the average expected daily cost
 - Payment based on production

SAMHSA Improvement and Advancement (IA) Grant

- Narrative Certification Process
- Grant Budget Specifically Designed by each CCBHC
 - Service Provision
 - Administrative Costs





▲ OnPoint
540 Jenner Drive
Allegan, MI 49010
www.onpointallegan.org



CORPORATE COMPLIANCE PLAN

(Reviewed annually, updated as needed)

2/12, 02/13, 11/14, 01/16, 01/17, 10/17, 1/19, 2/20, 02/22, 10/23, 01/2024
Approved by OnPoint Board January 16, 2024

Introduction

Having a compliance plan is important for many reasons beyond the most obvious — it's required by law. An effective compliance plan is crucial for preventing fraudulent claims, erroneous billing, preparing for potential audits, and avoiding ethical conflicts in business operations and services delivered to persons served.

Additionally, if noncompliance with the law results in a Department of Health and Human Services' Office of Inspector General (DHHS-OIG) complaint and investigation, the consequences can be significant. Not understanding the law or failing to provide compliance training for staff is not an excuse when violations occur.

The range of possible penalties that the government can impose for submitting fraudulent or erroneous claims or violating state or federal fraud and abuse laws include exclusion from Medicare and Medicaid, civil and criminal penalties, and/or the loss of a professional licenses.

The Corporate Compliance Plan is a most crucial part of the overall OnPoint Corporate Compliance Program (see OnPoint Policy 901). The Compliance Plan provides a formal statement of OnPoint's intention to conduct itself ethically in regard to business operations, government regulations, and conduct services and care; and it includes the required seven fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste, and abuse.

Key Definitions and Terms

- Abuse. Practices that are inconsistent with sound fiscal, business, or clinical practices, and result in unnecessary costs to the Medicaid and Medicare programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care (42CFR 455.2).
- Fraud (Federal Claims Act). An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act (42CRF 455.2).
- Fraud (per Michigan statute and case law interpretation). Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."
- Waste. Over utilization of services or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.
- Other terms related to compliance can be found within policy attachment *901.5 Compliance Related Definitions*.

Legal Basis for Compliance Plan

The legal basis for the OnPoint Corporate Compliance Plan centers around five key laws and statutes:

1. The Federal False Claims Act. This Act (31 U.S.C. §§ 3729–3733) applies when an agency or individual knowingly presents or causes to be presented a false or fraudulent claim for payment; knowingly uses or causes to be

used a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses or causes to be used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government or its entity. In addition to the Federal False Claim Act, the Michigan False Claims Act prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments, and to authorize the Michigan Attorney General to investigate alleged violations of this Act.

2. The Anti-Kickback Statute.

This Act (42 U.S.C. § 1320a–7b(b)) prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with the delivery of services.

3. Exclusion Statute

Under the Exclusion Statute (42 U.S.C. § 1320a-7), HHS-OIG must exclude individuals or entities from participation in all federal healthcare programs when certain offenses are committed.

Examples of criminal offenses that will result in exclusion include:

- Medicare or Medicaid fraud
- Abuse or neglect
- Felony convictions for other healthcare-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

4. Affordable Care Act

This ACT requires agencies to have a written and operable compliance program capable of preventing, identifying, reporting and ameliorating fraud, waste, and abuse. All OnPoint employees and provider network are within the scope of the OnPoint Compliance Plan.

5. Civil Monetary Penalties Law

The Civil Monetary Penalties Law (42 U.S.C. § 1320a–7a) allows HHS-OIG to seek civil monetary penalties and/or exclusion for many offenses. In 2017, an adjustment went into effect allowing for increases in civil monetary penalty ranges due to annual inflation. Penalties can range from several hundred to multimillion dollars based on the violation(s) cited.

The Federal government agencies responsible for enforcing these laws are the U.S. Department of Justice, HHS-OIG, and the Centers for Medicare & Medicaid Services (CMS). In addition, the Michigan Attorney General’s Office has responsibilities in Michigan for enforcement.

New or revised regulations or requirements can represent potential high risk for non-compliance. As these changes become effective, the Corporate Compliance Committee may determine that a special focus and/or plan are needed to become compliant in the given area.

There are numerous laws and regulations that affect the OnPoint Compliance Program and Plan. For a more extensive list of compliance related laws and regulations see the list of Federal and Michigan Laws under “References” of Policy #901 *Corporate Compliance Program*.

Seven Fundamental Elements of an Effective Compliance Plan

The HHS-OIG has declared that the elements described in Chapter 8 of the 2015 *United States Sentencing Commission Guidelines Manual* are the seven fundamental elements of an effective compliance plan. These fundamental elements are stated within the OnPoint Corporate Compliance Plan as:

1. [Compliance Standards and Procedures](#). The development and distribution of written Employee Code (standards) of Conduct/Ethics, as well as written policies and procedures that promote the agency's commitment to aggressively addressing potential fraud, waste, and/or abuse.
2. [Compliance Program Oversight](#). The designation of a Compliance Officer, Compliance Committee, and other oversight designees who are responsible for the operation authority of the compliance program.
3. [Credentialing and Due Diligence](#). Credentialing, criminal history checks, sanction checks and conducting due diligence on employees, potential employees and contractors helps to ensure the integrity of the workforce and contractors.
4. [Effective Education and Communication](#). The development and provision of regular, effective training for all employees and the development of communication mechanisms between the Compliance Officer and/or Compliance Committee with employees and provider agencies, while assuring an anonymity process and protection from retaliation.
5. [Reporting, Response and Prevention](#). The development and revision of policies, procedures and processes that address the detection of offenses, corrective actions, and the reporting to government officials when appropriate.
6. [Monitoring, Auditing and Assessment of Risk](#). The use of investigations and internal monitoring to assist in identifying areas of concern and opportunities for improvement.
7. [Enforcement and Discipline](#). The development of disciplinary practices that are consistently communicated and enforced.

Each of these elements are further described in the following pages.

Element 1 - Compliance Standards and Procedures

An effective compliance program is dependent on written policies, procedures, and code of ethical conduct. The overview of the OnPoint compliance standards and practices are outlined in policy 901, Corporate Compliance Program and this document, the OnPoint Corporate Compliance Plan *901.1*. Other compliance policies, procedures and standards are found in section 9 on the OnPoint policy and procedure manual.

As part of policy and procedure, OnPoint has established its Employee Code of Conduct/Ethics. The Employee Code of Conduct/Ethics has been established using the following six principles:

1. *Honesty* – we will be truthful in all our endeavors, to be honest and forthright with one another and with persons served, service providers and community partners.
2. *Respect* – we will treat one another with dignity and fairness, appreciating the diversity within our community and the uniqueness of each individual. Staff will use language that communicates respect.
3. *Trust* – we will build confidence through teamwork and open, candid communication at all levels of the organization.
4. *Responsibility* – we will speak up and allow others to speak without fear of retribution and report concerns within the organization, including any violation of law, regulation, ethical standard, and OnPoint policy.
5. *Citizenship* – we will obey the laws of the land, work to make our community more productive, and act with pride and confidence as a representative of OnPoint.
6. *Competency* – we will have and maintain the required competencies and credentials for carrying out job responsibilities.

The Employee *Code of Conduct/Ethics* is provided in Attachment *901.2*. Each staff member must sign an

attestation that they have read, understood, and adhere to the Employee Code of Conduct/Ethics at the time of hire and annually thereafter.

Element 2 – Compliance Program Oversight

OnPoint has designated two key roles, the OnPoint Compliance Officer, and the Compliance Committee, for the primary oversight and administration of the Compliance Program. The Compliance Officer:

- Reports directly to the Executive Director and has a direct line of report to the OnPoint Board.
- Must be very familiar with the operational practices and compliance activities.
- Is the chairperson and member of the Compliance Committee.

The Compliance Committee is a multidisciplinary committee that reports directly to the Management Team and the Executive Director. The Compliance Officer and Compliance Committee are jointly responsible for:

- Reviewing and updating compliance policies and procedures.
- Developing and revising, as needed, the compliance program and plan and the risk assessment plan.
- Monitoring and reviewing the effectiveness of the compliance program and plan.
- Conducting and overseeing compliance investigations.

For more information on the roles of the Compliance Officer and Compliance Committee, refer to Attachment 901.3 *Compliance Structure and Oversight*.

Element 3 – Credentialing and Due Diligence

OnPoint conducts thorough background checks on all new employees and periodic background checks on existing employees. The practice verifies that employees have not engaged in illegal activities and are not on the exclusion list of Medicaid or Medicare providers.

A number of activities are carried out to ensure that all staff and contract provider employees have the necessary competencies and are free from criminal convictions that would impair their ability to work with or care for persons served. Depending on the type of position, these activities may include:

- Office of Inspector General Database for sanction inquiry.
- State Licensing Database.
- Privileging.
- Credentialing.
- Competency reviews within agency training records.
- Reference and criminal checks at hire.

New employees are hired through a detailed pre-employment screening and hiring process Credentialing and re-credentialing of all staff and provider organizations is conducted. Other due diligence is conducted in the hiring and periodic assessment of employees.

Verification that all employees and volunteers transporting persons served have a valid driver's license as well as a safe driving record.

Other due diligence is conducted when hiring or contracting with providers and other vendors where indicated.

Element 4 – Effective Education and Communication

The fourth core element is effective training and education to ensure there is an adequate understanding of the expectations set forth in the compliance plan and employee code of conduct/ethics.

Compliance training is mandatory for all employees as well as Board members. The initial training provides a comprehensive review of the OnPoint Compliance Plan and Employee Code of Conduct/Ethics. Thereafter, an annual review training highlights the Compliance Plan and any changes or new developments as well as re-emphasizes the OnPoint Employee Code of Conduct/Ethics. Additional training may be required for employees involved in specific areas of risk. Successful completion of training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

Open lines of communication between the Compliance Officer and OnPoint employees and its provider agencies are essential to staff's knowledge and awareness of compliance issues, to the successful implementation of the Compliance Plan, and minimizing noncompliance. The Compliance Officer will communicate compliance messages via informal training methods, such as posters, newsletters, and Intranet communications.

Element 5 – Reporting, Response and Prevention

All employees, contract providers, and board members of OnPoint have the responsibility of ensuring the effectiveness of the agency's compliance efforts by adhering to the Corporate Compliance Plan and Employee Code of Conduct/Ethics and reporting suspected violations.

Any suspected illegal, unethical, or improper activities need to be reported. Some examples of suspected violations include:

- Billing for services, assessments or medical tests that were never performed.
- Performing inappropriate or unnecessary procedures to increase reimbursement.
- Upcoding or inflating a bill by using diagnosis codes that increase the reimbursement for that particular condition.
- Double billing or billing twice for the same service.
- Unbundling a service to submit multiple claims.
- Billing without reporting payments received from other sources such as Medicare.
- Inflating the actual work performed or billing for the highest level of service when in actuality a lower level of service was delivered.
- Reporting inaccurate dates and/or times of services provided.
- Billing for services that are not included in the individual's plan for services.
- Stealing cash or other OnPoint assets, such property or supplies.
- Falsifying timesheets or workers comp claims.
- Falsifying expense reimbursements.
- Outside employment appears to conflict with OnPoint employment.
- Violations of the OnPoint Employee Code of Conduct/Ethics.
- Purposefully falsifying financial statements.
- HIPAA Privacy or Security violation issues.
- Falsifying records or statements to get a claim paid or approved.

OnPoint will not take disciplinary or retaliatory action against a person for reporting what the person reasonably believed to be a potential compliance violation. However, an employee will be subject to disciplinary action up to and including termination if it is concluded that the employee knowingly fabricated, exaggerated, or minimized a report of wrongdoing to either injure someone else or to protect himself/herself or others. Also, an employee whose report contains admissions of personal wrongdoing

will not be guaranteed protection from discipline. Retaliation for reporting an alleged compliance violation is strictly prohibited and may lead to disciplinary action up to and including termination.

Employees, contract providers, persons served, or board members may choose any of the following methods for reporting suspected compliance violations and may report anonymously if desired.

- Electronic Mail – Suspected compliance violations can be sent electronically by email to the following address: cofficer@onpointallegan.org. When emailing, staff may complete the form entitled “Compliance Reporting Form” (Refer to 901.7) or may specifically outline the details of their concerns within the content of an e-mail. For providers or individuals who do not have a @onpointallegan.org email address, no PHI is to be included in any unsecured emails.
- Mail Delivery – Suspected compliance violations can be mailed to the Compliance Officer at: OnPoint Compliance Officer 540 Jenner Drive Allegan, MI 49010. When mailing, the form entitled “Report of Suspected Violation of Misconduct” may be used or the concerns may be submitted in any written format.
- In Person – Suspected compliance violations can be made in person to any member of the OnPoint Compliance Committee.
- By Phone – Suspected compliance violations can be communicated to any Corporate Compliance Committee member.
- If preferred, suspected violations may be reported directly to the Corporate Compliance Officer for the Lakeshore Regional Entity - <http://www.lsre.org/contact-us> .

The OnPoint Corporate Compliance Committee will ensure that any problem identified through an investigative report, audit report, or data findings are analyzed and have the appropriate follow-up. (Refer to policy *903 Compliance Inquiry and Investigations* for additional information.)

The Compliance Officer will work in collaboration with the LRE Compliance Officer if/when allegations of fraud, waste, and abuse of Medicaid dollars indicate the need for formal investigation. This will include the reporting of any governmental agency as necessary.

Where violations are substantiated, appropriate corrective action will be initiated, which may include making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, staff education, repayment of overpayments, and disciplinary action against responsible employees.

When a credible report of a violation is received, the OnPoint Compliance Committee will immediately protect any relevant information that may be needed to perform a thorough investigation. All document disposal practices will be stopped immediately. If reasonable suspicion exists that employees might destroy or remove documents, the employees may be suspended or removed from sensitive areas.

For identified compliance related issues that do not require a formal investigation, the Compliance Officer or Compliance Committee member will document the reported incident and the outcome.

Refer to the policy *903 Compliance Inquires & Investigations* for additional information in this area.

Element 6 –Monitoring, Auditing and Risk Management

OnPoint has created systems for monitoring and auditing the effectiveness of the Corporate Compliance Program and Plan as well as identifying compliance risks.

Monitoring includes reviewing policies and procedures to gauge whether they are working as intended and following up on recommendations and corrective action plans to ensure they have been implemented.

Auditing ensures compliance with statutory and CMS requirements and includes routine evaluations of the compliance program to determine the program’s overall effectiveness.

Monitoring and auditing of the agency’s operations are critical to ensure compliance with the Compliance Plan, Employee Code of Conduct/Ethics, and related policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education may be needed. The Compliance Officer will oversee the development and processes associated with the agency’s Risk Management Plan. The Management Team will offer input into the Risk Management Plan.

Element 7 - Enforcement and Discipline

The following Corrective Action Plan Guidelines will be used, as indicated by contract with the Lakeshore Regional Entity (LRE). All compliance investigations are reported to the LRE quarterly and the Office of Inspector General (OIG) as needed.

Violation	Possible Disciplinary Action
Knowingly and willfully committing fraud and/or violation of a federal or state billing or documentation practice(s). Knowingly and willfully providing false or misleading information in a compliance context to OnPoint, governmental agency, person served, or MDHHS. (e.g. billing for services not performed, forging documentation or signatures, upcoding, kickbacks, bribes)	<ol style="list-style-type: none"> 1. First Offense – Termination of employee. 2. Claims adjustments - identification of any False Claims to a third-party payor; remuneration will occur.
Unknowingly violating federal or state billing of documentation practice(s).	<ol style="list-style-type: none"> 1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the OnPoint Compliance Officer, Correction Action Plan to the LRP Compliance Director by the OnPoint Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity. 2. Claims adjustments - identification of any false claims to a third-party payor; remuneration will occur. 3. Second Offense – Possible termination.
Knowingly violating policies and/or procedures as set forth in the Compliance Program/Plan.	<ol style="list-style-type: none"> 1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the OnPoint Compliance Officer, Correction Action Plan to the LRP Compliance Director by the OnPoint Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity. 2. Second Offense – Possible termination.
Detection of, but failure to report or failure to detect substantive violations of federal and state mandates in duties where a reasonable person could be expected to detect violation(s).	<ol style="list-style-type: none"> 1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the OnPoint Compliance Officer, Correction Action Plan to the LRP Compliance Director by the OnPoint Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity. 2. Second Offense – Possible termination.

Conclusion

Compliance is a complex topic when providing mental health and substance use disorder services as it involves numerous regulations and layers of oversight. However, at its core, compliance is intended to promote ethical conduct and business practices. By developing and adhering to an effective compliance plan and educating staff, OnPoint practices can prevent fraudulent activity, promote ethical behavior and business practices, and support quality care and services.



Employee/Provider/Contractor/Board Corporate Compliance Attestation

1. I acknowledge that today I received training on OnPoint’s Corporate Compliance Program, which provides an overview of OnPoint written compliance policies, standards, procedures, structure and standards of conduct/ethics.
2. I understand that I am responsible for participation and successful completion of future compliance training and understand that failure to do so may result in disciplinary action, up to and including termination of my employment or contract.
3. I have received and understand the Corporate Compliance Plan and Employee Code of Conduct/Ethics. I pledge to act in compliance with and abide by the Plan and Employee Code of Conduct/Ethics.
4. I understand the processes for reporting potential violations and accept my responsibility to report any suspected compliance violations. I understand that failure to report may result in disciplinary action, up to and including termination of my employment or contract.
5. If I have questions concerning appropriate actions that I may need to take in order to comply with the requirements, I will seek advice from a member of the OnPoint Compliance Committee.

Employee/Provider/Contract/Board Name (please print)

Organization (please print)

Signature

Date

Program Committee ACTION REQUEST	Subject:	FY 24 OnPoint Compliance Plan
	Meeting Date:	January 16, 2024
	Requested By:	Mandy Padgett
<u>RECOMMENDED MOTION:</u>		
The OnPoint Program Committee recommends the OnPoint Board approve the FY2024 OnPoint Compliance Plan.		
<u>SUMMARY OF REQUEST/INFORMATION:</u>		
<u>Rationale:</u>		
The existence, maintenance, and review of a corporate compliance plan and program is required by MDHHS/LRE and funders.		
BY: Mandy Padgett, MSW, CHC Director of Quality Innovation and Compliance	DATE: January 16, 2024	

Quality Innovation, Utilization Management, Provider Network, Health Information Management, and Compliance Board Report January 2024

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

Quality Innovation Activities

Team QI has been hard at work on a number of quality improvement and quality innovation activities associated with the implementation of OnPoint’s CCBHC demonstration and IA grant. The team is working hard to ensure OnPoint is equipped to report out on a variety of key performance indicators.

Corporate Compliance Activities

OnPoint has no open investigations at this time. The 2024 OnPoint Compliance Plan is included with this month’s board packet and will be reviewed at the 01/12/2024 Executive Committee meeting.

Utilization Management Activities

The Utilization Management team collectively reviewed and approved hundreds of internal and external service authorizations.

Health Information Management

Tom Lohrmann, Health Information Manager has been working to revise a number of policies and procedures to improve security within OnPoint’s EMR. In December, Tom assumed responsibility for a portion of OnPoint’s IT support and by all accounts, things are going very well!

Provider Network

Amy Kettring, Provider Network Manager has been hard at work revamping workflows within the Provider Network team to improve efficiency and timeliness across service lines supported by the provider network team including self-determination and county of financial responsibility agreements.

Respectfully submitted,

Mandy Padget, MSW, CHC
Director of Quality Innovation and Compliance
1/9/2024

SUD Services: Prevention Services Report January 2024
Submitted by Heidi Denton, MSW, CPS-M, SUD Prevention Supervisor
269-633-9719 – [hdenton@onpointallegan.org](mailto:h Denton@onpointallegan.org)

Allegan County Substance Abuse Prevention Coalition (ASAP):

We have switched over the full coalition meetings to be monthly meetings of the school resource officers for now.

Prime for Life:

Adult: The fall class was held online for 1 participant.

Youth: The first 4 months of the school year included 32 students attending a PFL class at 6 school buildings.

Erin partnered with Juvenile Justice staff in a variety of ways to offer groups throughout the summer and fall of 2023. In conjunction with Cheever, we ran 2 small groups of students in a reflective setting, with 7 total youth participating. With Community Justice Officer, we ran a group as an add-on to their summer Why Try group, reaching 4 students. And at the youth detention center we ran a short/intensive group of 11 youth during Christmas break. In addition to running groups, we helped support one community justice officer and one detention staff to be certified trainers in PFL, and Cheever supported one of their staff to be trained. We look forward to this continued collaboration.

Suicide Prevention Coalition:

The prevention team partnered with Wayland High School counselors to provide the signs of suicide curriculum to all the 10th grade students in smaller classroom settings in November.

The health dept printed signs to promote the “988” hotline this fall. We distributed the signs throughout the county to schools and other agency buildings. We also distributed 2000 water bottle stickers promoting the 988 hotline.

Covid funds: We have contracted with “Speak it Forward” to provide presentations and workshops at Fennville MS & HS, as well as for a teen group through OnPoint.

In conjunction with the Red Ribbon Week Campaign initiatives that the Fennville Middle School planned in executed, we sponsored the Speak it Forward speakers to present for an hour a piece for both an audience of all Middle school and all High School students and staff. The message was set in believing in yourself, standing in your strength and being a good person for the community. It aligned with the Red Ribbon Week theme of making solid good choices around vaping, alcohol and other drugs. The speakers were well received, and it was stated by one of the principals that “This was a message for not only our students, but our staff as well. We all needed to hear this today.” Between presentations, the speakers met with a group of 20 high school students, identified by the principal as a potentially strong group of leaders who needed a little direction and motivation.

LARA funds: The funds for FY 2023 ended in September. The application for funds this FY was submitted to the state in December, pending approval the funding will start in February.

Stop act funds: Funding ended in September.

PAL's and Pride:

PALs programs are underway in Plainwell, Wayland and Saugatuck. Each school has been up to great things this Fall!

Plainwell:

Class has 14 students and has started the second trimester of training. Our PALs at large (trained PALs) have started actively orienting new students to the district. They also have increasing numbers of students in PALs classroom placements, directly assisting students at the elementary, middle, and high school level (specifically in the ESL class). We are also piloting having a PAL placement in the guidance office to directly service students who need regular support as referred by guidance counselors.

Wayland:

The Wayland training class has 11 students, and the PALs at large continue to be active in the school. They send monthly informational emails to the student body, have an active Instagram account, and started "The Cinderella Project" to collect used formal dresses and shoes to distribute to students in need during homecoming/prom seasons. Approximately 35 students received dresses this past Fall. The school has asked them to continue.

PALs continue orienting new students and have PAL Placements available at all buildings. They also provided support in each classroom where the Signs of Suicide Curriculum was presented to all sophomores.

Saugatuck:

The training class is underway with 6 participants and takes place first and third trimester. During second trimester, the PRIDE girls mentoring program began in December, with 4 PAL mentors and 18 6th grade participants. In addition, the PALs are currently paired with 1-3 8th grade students to meet one-on-one to provide listening and support services, as referred by social work/counselor/staff.

Saugatuck has also added Signs of Suicide to the 9th grade healthy living class curriculum. It is co-facilitated between Nikki and the Saugatuck PALs and will take place every trimester. This model will hopefully be adopted in other buildings where both programs are offered.

The prevention team welcomed Nicole Galloway to our team in November. Nicole will be facilitating the PAL's and Pride classes at Allegan and Hopkins. Nicole was a PAL at Allegan High School so she comes to our team with an excellent background in the programming.

Nicole has started teaching the PAL's class at Allegan. We are excited to begin working on transitioning Allegan PAL's from a one to a two trimester class. If successful, this will give students an opportunity to take more time learning important content, as well as add additional topics that are currently being cut due to time constraints. We are also happy to mention that the new teacher of record, Amanda Boes, is passionate and looking to help grow the PAL program at Allegan. The PAL students at Allegan are getting ready to take a new assessment, called the CliftonStrengths, to provide them with insight on their top five personal strengths.

Mental Health First Aid:

We held 2 in-person Adult MHFA at Perrigo for their staff, as well as a virtual blended Youth MHFA class for OnPoint and LRE based staff & professionals; throughout the fall of 2023.

Tobacco Cessation: Go Media designed a campaign that promotes the cessation program for the New Year, with information on contacting OnPoint for more info. More details will be shared next month in the report.

We currently have 3 active participants in smoking cessation groups.

Elementary School Resiliency Groups-

Our partnership with Fennville Elementary School and the resiliency-based groups for 3rd to 5th grade students is continuing this school year, with the 5 small groups meeting for 30 minute sessions throughout the school day. Students are referred through a process using teachers and staff, utilizing tiered system of needs, to help wholly support students to be successful not only academically, but also with friends and family, and their own mindset.

Middle School Mindfulness Groups-

Erin is continuing mindfulness-based stress reduction groups at Fennville middle school this school year, starting at the beginning of the year, and has also started running 2 groups at Allegan Middle School.

Sincerely,

Heidi Denton
SUD Prevention Supervisor
1/5/2024

OnPoint Board of Directors Minutes - DRAFT
Tuesday, December 19, 2023, at 5:30 PM
Board Room, 540 Jenner Drive, Allegan, MI 49010

Board Members Present: Kim Bartnick; Pam Brenner; Glen Brookhouse; Commissioner Mark DeYoung; Commissioner Gale Dugan; Jane Ferrel; Beth Johnston; Pastor Craig VanBeek; Karen Stratton

Board Members Absent: Dr. Robin Klay; Jessica Castañeda

OnPoint Staff Present: Mandy Padget; Andre Pierre; Kelsey Newsome; Cathy Potter; Rob Griffith; Lauren Todaro; Mark Witte; Meagan Currie

Public Present: None.

1. **Call to Order** – Commissioner Dugan called the meeting to order at 5:30pm. Roll call was taken. A quorum was established.
2. **Pledge of Allegiance** – All present stood to recite the Pledge of Allegiance.
3. **Provision for Public Comment** – No comments received.
4. **Approval of Agenda**

Motion: To approve the agenda as presented.

Moved: Kim Bartnick

Supported: Beth Johnston

Motion carried by unanimous roll call vote.

5. **Consent Agenda** – *All items listed are considered routine and will be enacted by one motion.*
 - i. Board Meeting (11/21/2023)
 - ii. Finance Committee (11/21/2023)
 - iii. Program Committee (11/21/2023)
 - iv. Executive Committee (11/17/2023)
 - v. Recipient Rights Advisory Committee (8/15/2023)

Motion: To approve the minutes on the consent agenda as presented.

Moved: Alice Kelsey

Supported: Karen Stratton

Motion carried by unanimous roll call vote.

6. **Program Committee** – Alice Kelsey

Ms. Kelsey briefly reviewed the activities of the Program Committee including the 2024 Program Committee Presentation Schedule. The Program Committee requested a CCBHC 101 where a high-level overview will be provided then the various programs will gradually start presenting on how CCBHC affects or does not affect their area. There was also discussion on the 2024 CMHAM Winter Conference and a few presentations that may be of interest to the group. Ms. Johnston requested the CCBHC 101 be opened up to all of the board members. Ms. Kelsey asked if Senator Stabenow could come to a meeting. Mr. Witte said he talked with Senator's staff and they relayed that it is something she would like to do at some point.

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

Motion: To approve the November 2023 disbursements totaling \$3,138,577.78 as recommended by the Finance Committee.

Moved: Beth Johnston

Supported: Alice Kelsey

Motion carried by unanimous roll call vote.

Motion: To approve the list of provider contracts for fiscal year 2024 as recommended by the Finance Committee.

Moved: Beth Johnston

Supported: Kim Bartnick

Motion carried by unanimous roll call vote.

Andre Pierre, Chief Financial Officer, gave an overview of the Schedule of Revenues and Expenses by Fund Source, as well as the Statement of Revenue, Expenses and Change in Net Position. Ms. Kelsey asked what “redirects” are and Mr. Pierre went on to explain that they reflect the overtures and expenses.

8. **Recipient Rights Advisory Committee (RRAC)**

RRAC Chairperson, Glen Brookhouse, reviewed the December 2023 Status Report, FY23 and FY24 Timeliness Reports, and touched briefly on the ORR Annual Report. Mr. Brookhouse noted that allegations have decreased in volume but increased in severity, which has been an ongoing trend. Next, there were two allegations for FY23 that were over the 90-day allotment but that was due to further investigation. Also, there have already been two allegations closed before the 90-day allotment in FY24. Finally, the ORR Annual Report has been forwarded to the Executive Director for his signature, it will then be sent to the state, and next month the board will get to look at the full report.

9. **LRE Updates** – Stephanie VanDerKooi, Chief Operating Officer of the LRE, gave a virtual update on LRE matters. Ms. VanDerKooi reported tomorrow is the LRE’s Board of Directors Meeting at 1pm and there will not be a Board Work Session in the morning. LRE has hired a Clinical Manager who will be starting on January 8th and there are three other open positions/in the process of filling. Also, LRE received feedback from MDHHS about their Substance Use Disorder Strategic Plan and it was approved as well as the best in the state. Finally, LRE is embarking on a new contract with the CMHs they work with and will need the feedback by January 12th which will go into effect on April 1st, 2024.

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

Commissioner Dugan reported on the proceedings of last week’s Executive Committee meeting, this includes the Executive Director’s Evaluation and how staff input of the director will be recorded. Directors and Managers at OnPoint received a survey to fill out and return to Meagan Currie by January 9th. The board members received a survey as well to fill out and to return to Meagan Currie by January 9th. Ms. Johnston asked about an online survey for the Executive Director evaluation, this will be looked further into. The 2024 Board and Committee Meeting dates were presented for approval. Also, Mr. Dugan called legal to take care of some processes in case the Executive Board makes a recommendation after evaluations have finished.

Motion: To approve the 2024 Board and Committee Meeting dates and times.

Moved: Gale Dugan

Supported: Beth Johnston

Motion carried by common consent.

11. OnPoint Executive Director's Report – Mark Witte

Mr. Witte started out by recapping the legislative status of several bills (5276-5280) that were mentioned at the Board of Directors meeting. One bill is a Veteran Mental Health Bill, which we will need to watch closely to make sure it is being advanced with coordination and care. This would create another place where veterans could go to seek the mental health help they need, separate from the VA.

12. Provision for Public Comment – No comments received.

13. Board Member Comments

Mr. Brookhouse wished everyone a happy and safe holiday, which was echoed by the whole board.

14. Motion to Adjourn:

Moved: Beth Johnston

Supported: Kim Bartnick

Motion approved by common consent. Meeting adjourned at 6:14pm.

Respectfully submitted,

Meagan Currie
Executive Assistant

Gale Dugan
Board Chairperson

OnPoint Executive Committee Minutes - DRAFT
Friday, December 15, 2023 at 2:30 pm
Hamilton Conference Room, 540 Jenner Drive, Allegan, MI 49010

Board Members [X] Commissioner Gale Dugan, OnPoint Board Chairperson
 [X] Alice Kelsey, OnPoint Board Vice-Chairperson
 [] Elizabeth Johnston, OnPoint Board Treasurer
 [X] Commissioner Mark DeYoung, OnPoint Board Secretary

OnPoint Staff [X] Mark Witte, OnPoint Executive Director

1. **Call to Order** – Chair Dugan called the meeting to order at 2:31 pm.
2. **Members Present/Excused** – All members present except Ms. Johnston who is excused for today.
3. **Review/Approval of Agenda**
 - a. Ms. Kelsey moved, with Commissioner DeYoung’s support, that the agenda be approved as presented. All in favor. Adopted.
 - b. Commissioner Dugan moved, with Commissioner DeYoung’s support, that today’s meeting be concluded by 4 pm. All in favor. Adopted.
4. **Review/Approval of Minutes of 11/17/2023 Meeting**
 - a. Commissioner DeYoung moved, with Ms. Kelsey’s support, that the agenda be approved as presented. All in favor. Adopted.
5. **Compliance Update** – No report this month.
6. **Updates on Prior Meeting Topics** – No items to review this month.
7. **Executive Director Items**
 - a. Review Key Board Tasks by Month – Packet was reviewed; Commissioner Dugan will distribute Executive Director evaluation feedback sheets.
 - b. Board Meeting Packet Review –
 - Ms. Kelsey moved, with Commissioner DeYoung’s support, that the draft board meeting schedule for 2024 be recommended for approval to the board. All in favor. Adopted.
 - Commissioner DeYoung noted that he received the registration invitation for the February 2024 CMHA conference in Kalamazoo. Commissioner Dugan will highlight this in his Executive Committee report and encourage all board members to attend.
 - Ms. Kelsey asked about the year-end finance outcomes; Mr. Witte commented and shared some early concerns about the adequacy of state revenues with sharp Medicaid enrollment declines.
 - c. Board Email Account Transitions – Mr. Witte noted that the conversion of board members emails to OnPointAllegan.org accounts has been completed by Executive Assistant Meagan Currie. She is providing individual member assistance as requested.

- d. CMHA BoardWorks Trainings – Ms. Currie will resume implementation of this program for board member education in January 2024.

8. Discussion Items Requested by Members

- a. Legal Consultation/Input – Commissioner Dugan provided an update on input from counsel. With the consensus of those present, Commissioner Dugan will continue the process with our legal counsel.
- b. Executive Director’s Evaluation – Commissioner Dugan reported on a request he’d received from staff to give input into the Executive Director’s evaluation. The committee reviewed the overall evaluation process and current tools. With Mr. Witte’s support and assistance from Ms. Currie, newly developed feedback forms will be distributed to agency managers and directors. The customary forms will be distributed to the board next week.
- c. LRE Oversight Policy Board – Commissioner DeYoung reported on the discussions to relocate the meeting site of the OPB. No change yet but is might happen later.
- d. Ms. Kelsey’s Involvements – Ms. Kelsey noted that she has stepped down from the Commission on Aging.

9. Next Meeting Date/Time

- a. Proposed: Friday, January 12, 2024 at 2:30 pm (note: the second Friday)

10. Adjournment

- a. Ms. Kelsey moved, with support from Commissioner DeYoung, that the meeting be adjourned. All in favor. Adopted. Meeting adjourned at 4:45 pm.

Submitted by Mark Witte

Executive Director Report January 2024
Submitted by Mark Witte, Executive Director
269.615.4893 – mwitte@onpointallegan.org

1. Agency

Happy New Year! Though it will be well past 1/1/2024 by the time you meet, it's good to use that phrase in every "first" gathering – if only to help us remember to not write 2023 anymore.

As is generally the case every year, this past December was a very quiet month. Many of our staff and our community partners took time away from work for refreshment and renewal with families or friends. For those of us who worked through the holidays, it was a time to concentrate our energies on tasks for which there is often less time available than we need.

For me, that included sorting through a dozen or more agency scrapbooks, mostly from the 1990s to the 2000s. It's no secret that the digital and online era caused scrapbooks to go out of favor. But for the ones we had, they'd been boxed for many years. Few eyes were ever able to enjoy the rich past of our agency's work.

I photographed ornately decorated scrapbook pages and scanned photos of numerous staff gatherings as well as numerous newspaper stories. Paging through a physical scrapbook is still enjoyable, but digitizing ours for preservation and for sharing with many more people is far better. I'm not done; there's a lot of identifying and labeling left to do. But now it's January and that'll wait for another day.

2. Board

Our board members – with Meagan's support – have largely completed the process of conversion to OnPoint email addresses. Thank you for your understanding and cooperation as we seek to protect you from difficult personal inconveniences that could have happened if we didn't make that change.

3. Community

Nothing to report this month.

4. Region

I reported last month on the development process for our new LRE Medicaid contract. The target date remains April 1, though I anticipate that the process of review within and across our member CMHs may eventually lead to a further extension of the current contract. The primary concern is that there are many important policies referenced in the contract that must be updated prior to the execution of the contract. As I said last month, we will seek your approval to enter into the contract at the appropriate point in this process and advise you along the way as to the major changes in contract format and content.

On Thursday, January 4, 2024 we learned from news media reports that Network180 had experience a data breach in October 2023 similar to what it experienced in October 2018. Their press release stated (quoting in part):

WHAT HAPPENED

On October 18, 2023, a Network180 user noticed unusual activity on their email account and immediately notified our IT department of the situation. Our IT team was immediately deployed to address and contain the situation. Containment was completed on October 18, 2023 and Network180 IT engaged outside third-party forensic and cybersecurity experts to assist in the investigation and remediation of the incident. The third-party experts worked with Network180 IT personnel to assess the scope of the incident and recommend additional security measures. On October 25, 2023, the forensic experts determined that Network180 was the victim of a phishing attack by unknown threat actors, whereby the individual unknowingly clicked on a link in a malicious email which affected the user's Network180 secure email account. Clicking this link enabled the threat actors to access the user's email account and credentials, bypassing various security protections in effect, including multi-factor authentication. Our investigation revealed that the unauthorized threat actors had access to the affected email account between September 28, 2023 – October 18, 2023 and were able to access and export certain data contained on the user's e-mail account, the full extent of which was not known until early December 2023. In addition, law enforcement, including the FBI, was notified of the incident.

What Information Was Involved?

The third-party experts worked around the clock with Network180 IT personnel to implement containment and security measures. Based upon the forensic team's investigation and analysis of the data impacted, we discovered that the personal information of Network180's current and former employees and current and former clients serviced by Network180 was involved, which may have included full names and one or more of the following: address, date of birth, driver's license number (for a small number of individuals), full or partial Social Security Number, health insurance policy information (including Subscriber Number and designated insurer), medical information, other demographic information (i.e., race or gender), and in a limited number of cases, financial account of payment card numbers. As a result, your personal information may have been potentially exposed to others. Please be assured that we have taken every step necessary to address the incident.

What did Network180 do?

As noted above, after suspicious activity was detected on the Network180 user's email account, Network180 took quick and decisive action to contain the incident. Network180 has also taken additional steps to strengthen the security of the IT environment and to ensure that future incidents are unsuccessful, including hiring cybersecurity staff to proactively monitor Network180's systems and implement the recommendations of the forensics experts.

Our staff immediately began the process of assessing impact and implications, if any, for OnPoint. Mandy Padget, Director of Quality, Innovation and Compliance, is leading an effort with Tom Lohrman, Health Information Manager, and Amy Kettring, Provider Network Manager, to determine if any individuals served through Network180 under "County of Financial Responsibility" arrangements were impacted by the breach.

5. State

State Legislative Update – The legislature has not been in session since the date of my last report.

MI Department of Health and Human Services (MDHHS) – Shortly after this report is written, OnPoint staff are scheduled to participate in a stakeholder input session with MDHHS. The state's purpose is to strengthen "Independent Options Counseling" for long term supports and

services (LTSS) under an Expanding Home and Community-Based Services American Recovery Plan Act (ARPA) proposal. Our CMH association (CMHA) notes that options counseling – which is already active in senior care services under regional Area Agency on Aging programs – can cover many different topics. Feedback from stakeholder groups is intended to inform recommendations and next steps.

The CMH network has important connections to the long-term care systems in Michigan for older adults and adults with disabilities. Therefore, staff from local CMHs, PIHPs, and providers familiar with the concept of Independent Options Counseling were invited to join in a short focus group discussion. I will brief you on any relevant actions coming out of that session.

Mark Witte
Executive Director
January 4, 2024