



Board of Directors Meeting Agenda

Tuesday, November 18, 2025 at 5:30 PM

Board Room, 540 Jenner Drive, Allegan, MI 49010

*(To attend virtually via Microsoft Teams: **Click here to join the meeting**
or by audio only via telephone: **call 1-616-327-2708, and enter ID 598 536 159#**)*

1. Call to Order – Alice Kelsey
2. Pledge of Allegiance
3. Roll Call – Alice Kelsey
4. Provision for Public Comment (agenda items only, 5” limit per speaker)
5. Approval of Agenda
6. Consent Agenda
(All items listed are considered routine and will be enacted by one motion without separate discussion of each item. If discussion is desired, a board member may request the removal of any item from this list.)
 - a. **Motion** – Approval of prior minutes:
 - i. Board Meeting (10/21/2025)
 - ii. Finance Committee (10/21/2025)
 - iii. Program Committee (10/21/2025)
 - iv. Executive Committee (10/17/2025)
7. Program Committee – Jane LaBean
 - a. FY25 Quality Improvement Program Review & FY26 Quality Improvement Plan – Matt Plaska
 - i. **Motion** – Approval of FY2026 Quality Assurance & Performance Improvement Plan
8. Finance Committee Report – Beth Johnston
 - a. **Motion** – Approval of Voucher Disbursements
 - b. **Motion** - Approval of FY2026 Contracts
9. Recipient Rights Advisory Committee (Mar/June/Sep/Dec) – Glen Brookhouse
10. LRE Updates – Mary Dumas or alternate
11. Chairperson’s/Executive Committee Report – Alice Kelsey
12. OnPoint Chief Executive Officer’s Report – Mark Witte
13. Provision for Public Comment (any topic, 5” limit per speaker) – Alice Kelsey
14. Board Member Comments – Alice Kelsey
15. Adjournment
16. Future Meetings:
 - a. December 12, 2025 @ 2:30 pm – Executive Committee
 - b. December 16, 2025 @ 3:30 pm – Recipient Rights Advisory Committee
 - c. December 16, 2025 @ 4:00 pm – Program Committee
 - d. December 16, 2025 @ 4:30 pm – Finance Committee
 - e. December 16, 2025 @ 5:30 pm – Full Board Meeting



OnPoint Board Finance Committee Agenda

November 18, 2025 @ 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) Administrative Services Report – Andre Pierre
 - b) Facilities, Information Technology & Human Resources – Andre Pierre
 - 6) Action Items
 - a) Motion – to Recommend Board Approval of Voucher Disbursements
 - b) Motion – to Recommend Board Approval of Contracts
 - 7) Informational Items
 - a) Financial Reports
 - 8) Building Committee
 - 9) Finance Committee Member Comments
 - 10) Public Comment (any topic, 5 minute limit per speaker)
 - 11) Adjournment – Next Meeting December 16, 2025 at 4:30 pm, 540 Jenner Drive, Allegan, MI
- Finance Committee: Beth Johnston, Chair; Glen Brookhouse, Vice Chair; Commissioner Mark DeYoung; Krystal Diel, Commissioner Gale Dugan, Alice Kelsey

OnPoint Finance Committee Minutes - DRAFT
Tuesday, October 21, 2025, at 4:30 pm
Hamilton Conference Room, 540 Jenner Drive, Allegan MI 49010

Board Members Present: Glen Brookhouse, Krystal Diel, Mark DeYoung, Gale Dugan, Beth Johnston & Alice Kelsey

Board Members Absent: none

Staff Members: Mark Witte, Andre Pierre, Nikki McLaughlin

Public Present: None

1. **Call to Order** – Beth Johnston –Chairperson, called the meeting to order at 4:29 pm.

2. **Public Comment** – None

3. **Approval of Agenda**

Moved: Mr. DeYoung

Supported: Mr. Dugan

Motion carried.

4. **Approval of Minutes**

Moved: Mr. Dugan

Supported: Ms. Kelsey

Motion carried.

5. **Review of Written Reports:**

a. **Administrative Report**

Mr. Pierre reviewed the administrative report submitted.

b. **Facilities & Human Resources**

Information Technology – Beginning research around Artificial Intelligence (AI) and what that means for OnPoint. Looking at two points, Augmentation and Automation. With implementation of Elios and evaluating what this means for staff. Not all clinicians will be utilizing right away, but will have a high number. Elios will not be used for administrative staff at this time. Elios is being utilized by 35 CMHs in the state, OnPoint joined with 8 CMHs.

Human Resources – Two policy revisions were completed in August, approved and distributed.

Currently in the process of working with Rehmann, researching a leadership development program and implementation.

A recruitment and retention plan was presented to the CEO.

A “Meet the Management Team and CEO” was held in August, which saw new staff have a “coffee table conversation”, opening dialogue on what OnPoint and entertained questions for leadership.

Met with insurance broker, exploring options. OnPoint currently offers Priority Health. Last year (2025), there was a 30% increase on the table which was negotiated down to 17%. They came back for 2026 with a 13% increase (less than what was built in the budget). Insurance broker was asked to take to market and found that Blue Cross and Blue Care Network had packages that looked promising. Looking not just at price, but what would be best for staff as well.

Folks 4 Fun (F4F) hosted the agency picnic in August at Little John Lake.

Next round of performance reviews will take place in February. Receiving more active/engaged feedback from supervisors/managers to staff.

Information: 5 New Hire, 3 Separations (2 Voluntary, 1 involuntary) with 10 active postings.

Facilities – MAT Room August 12, notice to submit a Proposed Construction bid for the project was published with a close date of September 8. On August 19th, OnPoint hosted a walk through for prospective bidders with 20 attendees present. A draft timeline was shared.

Update: As of October 21, JKB Construction was selected, but project is currently on hold awaiting budget approval with HRSA. Staff with HRSA are currently on furlough due to government shut-down. In November, JKB and OnPoint will reconvene for a status check. Legal is reviewing the contract between JKB and OnPoint.

6. Action Items:

- a. The Finance Committee recommends that the OnPoint Board approve the August, 2025 disbursements totaling \$4,247,043.50.

Moved: Mr. Brookhouse

Supported: Ms. Diel

Motion carried.

7. Informational Items

a. Financial Reports

Mr. Pierre reviewed the financial statements for August.

Projected \$1,274,654 to be returned to the LRE. General Fund is currently not expecting to return funds to MDHHS. CCBHC revenue is currently at a year to date surplus of \$278,756. Volume for CCBHC budgeted YTD 25,392 with daily YTD visits at 26,075, 683 over budget YTD. August saw an increase of 209 visits above for the month.

Balance Sheet – Cashflow is continuing to do well with the surplus of daily visits for CCBHC funding. Government Due from increase is due to timing of CCBHC payments.

Prepaid – Reflects expenses that have been prepaid. Majority has been recognized through August.

Liability – Due to other government decrease saw a cost settlement for fiscal year 2022 for approximately \$450,000.

Unrestricted \$3.2 million reflects CCBHC activity.

Income Statement – 92% of the way through the fiscal year. Operating Revenue/Expense are being well managed. HMP increase over budget is due to increase of enrollments and/or unenrollments.

Supplies – increase due to purchase of furniture from HRSA grant, which does not come out of operational budget.

Provider Network – Increase in expenses due to increase in placements.

Occupancy – increase in expense for purchases that were not built into the budget for building ie Window cleaning, carpet cleaning and HVAC cleaning.

Reviewed dashboards.

8. Building Committee

See Facilities above.

9. Finance Committee Member Comments

Question was asked on the roll out of Elios. 100 seats purchased with Med Clinic not onboarding currently.

10. Public Comment

None

11. Next Meeting – November 18, 2025, at 4:30 pm.

12. Adjournment

Moved: Mr. Dugan

Supported: Mr. Brookhouse

Motion carried.

Meeting adjourned at 5:17 pm.

Administrative Services Board Report November 2025

Submitted by Andre Pierre, Chief Administrative Officer

269.569.3238 – APierre@OnPointAllegan.org

FINANCE

This month's packet includes the monthly financial report for September 2025. 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 \$1,150,844 (Medicaid and Healthy Michigan Plan combined) to the LRE and a carry forward/lapse of approximately \$26,702 in General Funds to return to MDHHS.

HUMAN RESOURCES

In Human Resources, two policies were approved and posted for use: a revised Smoking, Vaping and Tobacco Use Policy which outlines OnPoint's commitment to a smoke-free campus, as well as a revised Separation and Termination policy. The Human Resources team and Rehmann continued our joint effort to define the Supervisor's Training Program. It culminated in a draft proposal that was presented by Rehmann to the CAO and HR team for consideration. The team is planning to finalize the educational components of the program in October. During September, considerable progress was made on the Employee Climate Survey FOCUS Group Action Plan. The Human Resources Director presented the FOCUS group results to the Leadership team and facilitated discussion on the action items as well as next steps. Human Resources then administered a survey to the Leadership team members to prioritize the action items. The survey results would help to identify the top five priorities under each of the two areas of opportunity: leadership and communication. The resulting FOCUS Group Action Plan items were categorized as: Top 5 priority, Low-hanging fruit, and future priorities. The entire package was then shared in a presentation at the September All Staff meeting. In an effort to promote transparency involving updates with all stakeholders, the action items were placed in a Planner that will be maintained by the executive office. Updates on the action items will be provided prior to All Staff meetings, and will include a time of Q&A. As part of our employee recognition efforts, the Kudos application (app) was rolled out to all staff. This app replaces the previous Threads platform and allows staff to recognize each other and give badges for categories such as hard work, teamwork, etc. As part of continued efforts to promote a positive and healthy workplace culture, The Folks4Fun Employee Activity Committee organized a fall wellness challenge for employees.

In the month of September, the Human Resources department did experience some activity in the areas of turnover and internal transitions. The following activity occurred:

New Hires- 5

Separations- 1 (1 voluntary)

Active Posting- 9

INFORMATION TECHNOLOGY

In the area of Information Technology, we continue to work with Allegan County Information Technology (IT) on items in the 2025 project list. During September, there was little activity in the area of technology. OnPoint developed a primary draft of an Artificial Intelligence (AI) policy which a key step as we consider utilizing Artificial Intelligence (AI) in a limited clinical capacity. As a result, OnPoint executed the contract to purchase product services from Eleos Health. The company develops AI for dictation services (primarily note taking during client appointments). The project is scheduled to kick-off in October, with Rob Griffith acting as the project manager for OnPoint. Allegan County IT will partner with us at various meetings to ensure nothing is missed. Rubix IT consulting continues their active support by assisting OnPoint in the completion of ad-hoc reports that must be delivered on time. During the month of September Rubix continued their work on the dashboards, by evaluating additional data.

FACILITIES

In the area of Facilities, we had a relatively calm month with only routine maintenance actions taking place.

We officially began occupancy of the new building on May 5, 2023. We committed no construction draw of funds through the United States Department of Agriculture (USDA) loan and Michigan Economic Development Corporation (MEDC) grant. At this point the project close “punch list” of deliverables has been completed. Although OnPoint was physically connected to receive data in August, the final conversion to a live data feed from Allegan County (i.e Courthouse) was placed on temporary hiatus during September, due to competing projects within Information Services. We are expecting that the project will be completed in October along with the final construction draw.

Interactions with Schley Nelson Architects for the buildout of the MAT area of the building continued as we evaluated nine (9) competitive bids and conducted finalist interviews with three (3) contractors. On the 22nd of September OnPoint selected the contractor, JKB Construction. JKB is a small regional contractor located in Jenison, Michigan, with demonstrated experience doing healthcare projects the size of OnPoint’s. The new vendor contract as well as the project schedule will be worked on during October. There will be a preliminary kick-off meeting in early October, that will provide an opportunity for key stakeholders to be introduced. We are targeting for the project to be completed by the end of this calendar year.

We have been encouraged by all the interactions we are having and feel optimistic about the end deliverables. OnPoint is in the active project launch and review stage and will provide periodic updates to key stakeholders as warranted.

Sincerely,

Andre Pierre
Chief Administrative Officer
November 10, 2025

Full Board ACTION REQUEST	Subject:	Contracts												
	Meeting Date:	November 18, 2025												
	Requested By:	Beth Johnston, Finance Committee Chairperson												
<u>RECOMMENDED MOTION:</u> <u>The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2026.</u>														
<u>SUMMARY OF REQUEST/INFORMATION:</u>														
<table border="1"> <thead> <tr> <th>Provider</th> <th>Contractual Services</th> </tr> </thead> <tbody> <tr> <td>Ascension St. John Hospital dba Henry Ford St. John Hospital</td> <td>Single Case Agreement</td> </tr> <tr> <td>Pavo Behavioral Therapy LLC</td> <td>Supports & Services</td> </tr> <tr> <td>Healthicity</td> <td>Compliance Solutions</td> </tr> <tr> <td>PCE – Peter Chang Enterprise</td> <td>HER Solutions</td> </tr> <tr> <td>ASAM Continuum</td> <td>Licensure</td> </tr> </tbody> </table>	Provider	Contractual Services	Ascension St. John Hospital dba Henry Ford St. John Hospital	Single Case Agreement	Pavo Behavioral Therapy LLC	Supports & Services	Healthicity	Compliance Solutions	PCE – Peter Chang Enterprise	HER Solutions	ASAM Continuum	Licensure		
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<u>BUDGET/FINANCIAL IMPACT</u> The contracted services are part of the fiscal year 2026 operating budget for OnPoint.														
BY: Nikki McLaughlin, Accounting Manager		DATE: November 18, 2025												

ONPOINT



Period Ended
September 30,
2025

Monthly Finance
Report

ONPOINT

Summary of Variances and Fluctuations

September 30, 2025

I. Assets

- Cash and cash equivalents - Significant increase is due to the year-to-date Medicaid/Healthy Michigan Plan Surplus (also included in Due to Other Governments), as well as CCBHC surplus (see increase in net position below).

II. Liabilities

- Due to other governments - Significant decrease is due to the cost settlement of fiscal year 2024 with the Lakeshore Regional Entity (LRE) as well as fiscal year 2022 with the State of Michigan, which are offset by the current year surplus in Medicaid and Healthy Michigan Plan.
- Compensated absences - Increase is due to year-end accrual based on actual employee balances.

I. Operating revenue

- Medicaid and Healthy Michigan Capitation - Due to mid-year rate adjustments revenue came in higher than budgeted for both of these funding sources.
- Grants - As noted in the expense variances below, certain grant expenditures have been delayed. Revenue is only recognized to the extent the agency expends the funds, resulting in grant revenue coming in under budget.

IV. Operating expenses

- Provider Network services - Costs have come in higher than budgeted due to state mandated rate increases for Autism services, as well as overall increases in service utilization.
- Miscellaneous and Depreciation expense - Certain grant funded expenditures have been delayed due to staffing constraints. The most significant variance is due to the construction being funded with grant dollars, which was budgeted in fiscal year 2025 but the work won't occur until fiscal year 2026.

ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

For the Period From October 1, 2024 through September 30, 2025

	MDHHS Revenue	Coordination of Benefits	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid						
Medicaid - Mental Health	\$ 23,085,894	2,599	\$ -	\$ (24,800,018)	\$ -	\$ (1,711,525)
Medicaid - Autism	5,346,694	-	-	(2,027,900)	-	3,318,794
Medicaid - SUD	667,101	-	-	(409,376)	-	257,725
Healthy Michigan Plan - Mental Health	1,185,541	174	-	(2,437,612)	-	(1,251,897)
Healthy Michigan Plan - SUD	1,132,689	-	-	(594,942)	-	537,747
Medicaid subtotal	<u>\$ 31,417,919</u>	<u>\$ 2,773</u>	<u>\$ -</u>	<u>\$ (30,269,848)</u>	<u>\$ -</u>	<u>\$ 1,150,844</u>
CCBHC Demonstration						
CCBHC - Medicaid	7,194,381	132,950	\$ -	\$ (7,037,530)	\$ -	\$ 289,801
CCBHC - Healthy MI Plan	2,247,949	17,233	-	(2,127,720)	-	137,461
CCBHC - NonMedicaid	74,616	162,898	735,568	(1,525,270)	552,188	-
CCBHC Subtotal	<u>\$ 9,516,946</u>	<u>\$ 313,080</u>	<u>\$ 735,568</u>	<u>\$ (10,690,520)</u>	<u>\$ 552,188</u>	<u>\$ 427,262</u>
General Fund	<u>\$ 1,707,737</u>	<u>\$ 517</u>	<u>\$ -</u>	<u>\$ (1,129,364)</u>	<u>\$ (552,188)</u>	<u>\$ 26,702</u>
SUD Treatment Block Grant	<u>\$ -</u>	<u>\$ 5,117</u>	<u>\$ 363,471</u>	<u>\$ (368,588)</u>	<u>\$ -</u>	<u>\$ -</u>

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

ONPOINT

Statement of Net Position

September 30, 2025

	September 30, 2024	September 30, 2025
Assets		
Current assets:		
Cash and cash equivalents	\$ 5,255,099	\$ 3,875,078
Investments	-	1,892,370
Accounts receivable	82,350	46,086
Due from other governmental units	2,588,342	2,831,749
Prepaid items	350,669	217,693
Total current assets	8,276,460	8,862,976
Non-current assets:		
Capital assets not being depreciated	272,878	272,878
Capital assets being depreciated, net	8,349,223	8,071,699
Total non-current assets	8,622,101	8,344,577
Total assets	\$ 16,898,561	\$ 17,207,553
Liabilities		
Current liabilities:		
Accounts payable	\$ 2,319,632	\$ 2,214,279
Accrued payroll and benefits	397,234	461,845
Due to other governmental units	2,288,784	1,692,579
Unearned revenue	298,624	249,966
Compensated absences - current portion	113,975	113,975
Notes payable - current portion	256,008	256,008
Total current liabilities	5,674,257	4,988,652
Long-term liabilities:		
Compensated absences	645,859	719,615
Notes payable	4,857,094	4,707,661
Total long-term liabilities	5,502,953	5,427,276
Total liabilities	11,177,209	10,415,928
Net position		
Invested in capital assets	3,508,999	3,380,908
Restricted for USDA loan	43,402	52,144
Unrestricted	2,168,950	3,358,573
Total Net Position	\$ 5,721,352	\$ 6,791,625

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ONPOINT

Statement of Revenue, Expenses and Change in Net Position

October 1, 2024 through September 30, 2025

Percent of Year is 100.00%

	Total FY 2025 Budget	YTD Totals 9/30/25	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid capitation	\$ 27,645,387	\$ 29,099,689	\$ (1,454,302)	105.26%
Medicaid settlement	(577,831)	(1,864,994)	1,287,163	
Healthy Michigan capitation	1,925,568	2,318,230	(392,662)	120.39%
Healthy Michigan settlement	506,577	714,150	(207,573)	
CCBHC capitation and supplemental	9,078,140	9,516,946	(438,806)	104.83%
CCBHC quality bonus payment	-	430,588	(430,588)	
State General Fund formula funding	1,707,737	1,707,737	-	100.00%
State General Fund settlement	-	(26,702)	26,702	
Grants and earned contracts	4,326,003	3,940,598	385,405	91.09%
Local funding	346,095	346,095	-	100.00%
Other reimbursements and revenue	581,967	554,186	27,781	95.23%
Total operating revenue	<u>\$ 45,539,643</u>	<u>\$ 46,736,523</u>	<u>\$ (1,196,880)</u>	<u>102.63%</u>
Operating expenses				
Salaries and wages	\$ 11,908,348	\$ 11,371,244	\$ 537,104	95.49%
Fringe benefits	4,380,776	4,027,869	352,907	91.94%
Supplies and materials	279,936	315,267	(35,332)	112.62%
Provider Network services	24,048,125	25,823,946	(1,775,821)	107.38%
Contractual services	3,269,157	3,168,590	100,567	96.92%
Professional development	166,171	142,411	23,760	85.70%
Occupancy	293,728	273,185	20,543	93.01%
Miscellaneous expenses	515,518	151,042	364,476	29.30%
Depreciation	420,000	286,121	133,879	68.12%
Total operating expenses	<u>\$ 45,281,759</u>	<u>\$ 45,559,675</u>	<u>\$ (277,916)</u>	<u>100.61%</u>
Nonoperating expenses				
Interest expense	115,000	106,575	8,425	92.67%
Change in net position	<u>\$ 142,884</u>	<u>\$ 1,070,273</u>	<u>\$ (927,389)</u>	
Beginning net position	<u>5,721,352</u>	<u>5,721,352</u>		
Ending net position	<u>\$ 5,864,236</u>	<u>\$ 6,791,625</u>		

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OnPoint Board of Directors – Program Committee Meeting Agenda

Tuesday, November 18, 2025 @ 4:00 pm

Board Room, 540 Jenner Drive, Allegan MI 49010

*(To attend virtually via Microsoft Teams: [Click here to join the meeting](#)
or by audio only via telephone: [call 1-616-327-2708, and enter ID 598 536 159#](#))*

- 1) Call to Order – Jane LaBean, Chairperson
- 2) Public Comment (agenda items only; 5” limit per speaker)
- 3) Approval of Agenda
- 4) Approval of Minutes
- 5) Program Presentation:
 - a) Housing Programs – Heidi Denton
 - b) Quality Improvement Plan – Matt Plaska
- 6) Review of Written Reports
 - a) Chief Operating Officer – Jeana Koerber
 - b) Customer Services – Cathy Potter
- 7) Program Committee Member Comments
- 8) Public Comment (any topic; 5” limit per speaker)
- 9) Adjournment – Next Meeting December 16, 2025 at 4:00 pm, 540 Jenner Drive, Allegan, MI

Program Committee: Jane LaBean, Chairperson; Kim Bartnick, Vice-Chairperson;
Jessica Castañeda; Marcia Kerber; Debra Morse; Karen Stratton

**OnPoint Board of Directors
DRAFT Program Committee Minutes
October 21, 2025**

Board Members Present: Jessica Castañeda; Marcia Kerber; Jane LaBean, Chairperson; Deb Morse

Board Members Absent: Kim Bartnick, Vice-Chairperson; Karen Stratton

OnPoint Staff Present: Janice August (virtual); Diane Bennett (virtual); John Eagle; Geniene Gersh (virtual); Rob Griffith; Meagan Hamilton; Amy Kettring (virtual); Jeana Koerber; Kelsey Newsome; Matt Plaska; Cathy Potter; Michell Truax (virtual)

Public Present: Stephanie VanDerKooi (virtual)

- 1) **Call to Order** – Ms. LaBean called the meeting to order at 4:02pm.
- 2) **Public Comment** – No comments from members of the public.
- 3) **Approval of Agenda** – Deb Morse moved to approve the agenda. Marcia Kerber supported the motion. Motion carried by unanimous consent.
- 4) **Approval of Minutes** – Marcia Kerber moved to approve the minutes from the meeting on September 16, 2025. Deb Morse supported the motion. Motion carried by unanimous consent.
- 5) **Program Committee Reports** – John Eagle, Adult Case Management and Supportive Services Program Manager, presented on Supported Employment. Mr. Eagle started by providing an overview of supported employment, then discussed the key values, and the CCBHC impact to the program. Next, the program development was touched on including providing benefit counseling, coordinating with other organizations, marketing to businesses, and chambers of commerce outreach. Finally, the current challenges the program faces were shared which included transportation, benefit counseling, employer openness, and staffing.

Jeana Koerber, Chief Operating Officer, provided an overview of her report and shared that the Community Needs Assessment for the CCBHC was accepted by the state today, and the Art of Recovery event occurred last month and was well attended.

Matt Plaska, Director of Quality Innovation, shared the State Waiver Audit was last week, which went well, and this week the preliminary comments for revisions are going to be looked at and if they are corrected, then they will not be included in the final required action report. Additionally, the Provider Network team updated 90 service provider agency contracts this year.

Diane Bennett, Compliance Officer, provided a brief overview of her report, including the self-determination process needs to be looked at and has recommended mandatory training. Also, Ms. Bennett is working on the program integrity report for the OIG, which is now a monthly report.

- 6) **Program Committee Member Comments** – No member comments.
- 7) **Public Comment** – No comments from the public.
- 8) **Adjournment** – Motion by Jessica Castañeda, supported by Deb Morse to adjourn the meeting. Motion carried by unanimous consent. Meeting adjourned at 4:29pm.

Submitted by,
Meagan Hamilton



**Annual Review and Evaluation of
Quality Improvement Activities**
FY 2025

MISSION

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

VISION

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

CORE VALUES

Integrity | Inclusivity | Honor
Equality | Humility | Innovation
Teamwork | Cultural Competency

QUALITY IMPROVEMENT PROGRAM OVERVIEW

Purpose

As the Community Mental Health Services Provider (CMHSP) and Housing Assessment and Resource Agency (HARA) of Allegan County, OnPoint is committed to providing quality services throughout our community and across the agency's entire continuum of care. OnPoint's recognition as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration Site and a SAMHSA CCBHC-IA grantee also reflect the agency's emphasis on using evidence-based practices and new approaches to expand access to necessary services across Allegan County. And as a provider of CARF-accredited programs, OnPoint is committed to upholding best practices in behavioral healthcare across the agency's administrative operations and clinical treatment programs.

In keeping with the standards that underpin these designations, and in fulfillment of its contractual and Medicaid-provider obligations, OnPoint implements a comprehensive Quality Improvement Program (QIP), as described in the agency's Quality Assurance and Performance Improvement Plan (QAPIP). Beyond upholding best practices for quality improvement and performance management, the OnPoint QI Program incorporates many other quality-related activities and functions, including:

- Analysis and improvement of quality management, program, and administrative processes.
- Monitoring and evaluating systems and processes related to services provided by OnPoint to improve the behavioral and physical health, quality of life, and satisfaction of persons served.
- Establishing processes and methods to monitor, analyze and act upon performance data.
- Identifying and assigning priority to improvement opportunities as identified by stakeholders.
- Overseeing implementation of quality and/or performance improvement projects.
- Creating an organizational culture that encourages input and participation in problem solving.
- Assuring OnPoint and service providers' compliance with regulations and requirements.

Goals

As noted above, OnPoint is committed to promptly identifying and addressing any concerns regarding access to services, effectiveness and quality of treatment, integrated care and coordination of necessary services and supports, efficiency of service delivery, and satisfaction with services by all stakeholders. As the framework for achieving these aspirations, the OnPoint QI program provides a roadmap to guide the agency and articulates the goals of the QI Program, which include:

- Include levels of the agency in targeting improvements in coordination and continuity of care, as well as the accessibility, timeliness, safety, effectiveness, and appropriateness of services.
- Involve people served and their caregivers in assessing and improving satisfaction with services.
- Develop performance metrics to ensure services are accessible, effective, safe, and appropriate.
- Track key performance indicators, comparing performance to benchmarks whenever possible.
- Monitor and analyze outcome and satisfaction data for improvement opportunities.
- Ensure all providers fulfill contractual obligations and regulatory and accreditation standards.
- Use a credentialing process to ensure providers are qualified and capable of providing services.

ANNUAL QAPIP REVIEW & EVALUATION

Introduction

Each year, OnPoint's QI Department leads a review of the agency's QAPIP and QI Program, in keeping with CMHSP requirements, CCBHC Demonstration criteria, and accreditation standards. This review ensures the QI Program supports agency policy, procedure, and structures; upholds relevant standards, regulations, requirements, and current best practices; and aligns with OnPoint's strategic priorities. Additionally, the annual review creates an opportunity to apply the principles of continuous quality improvement to the QI Program itself. On a practical level, the QAPIP review and evaluation also offer a platform to present agency performance data, assess progress on strategic goals and objectives, identify areas for improvement, and share updates and accomplishments with OnPoint stakeholders.

QAPIP PERFORMANCE DATA & QUALITY IMPROVEMENT ACTIVITIES

Michigan Mission-Based Performance Indicator System (MMBPIS)

MDHHS' MMBPIS indicators are used to evaluate access/timeliness of services, continuity of care, efficiency, and outcomes across the state. Quarterly reports are submitted to the LRE and MDHHS, with corrective action plans required when performance thresholds are not met. OnPoint MMBPIS performance data for Medicaid beneficiaries during FY25 is reflected in Table 1 below:

Table 1. OnPoint FY25 MMBPIS Performance Data (10/1/2024 – 9/30/2025)

Ind. #	Description	Population	MDHHS Standard	FY25Q1	FY25Q2	FY25Q3	FY25Q4
1	Inpatient Screening Determination Within 3 Hours of Request	Child	95%	100%	100%	100%	TBD
		Adult	95%	99.0%	100%	100%	TBD
2a	Initial Assessment Completed Within 14 Days of Routine Request for Services	MI Child	62%	98.8%	98.3%	100%	TBD
		MI Adult	62%	100%	95.9%	100%	TBD
		DD Child	62%	100%	100%	100%	TBD
		DD Adult	62%	100%	100%	100%	TBD
3	Ongoing Services Start Within 14 Days of Initial Assessment	MI Child	72.9%	60.5%	89.8%	95.1%	TBD
		MI Adult	72.9%	63.4%	92.6	98.6%	TBD
		DD Child	72.9%	86.7%	95.0%	100%	TBD
		DD Adult	72.9%	60.0%	100%	100%	TBD
4a	Inpatient Discharge Follow-up ≤7 days	Child	95%	100%	100%	100%	TBD
		Adult	95%	100%	95.0%	91.3%	TBD
4b	Detox Discharge Follow-up ≤7 days	SUD	95%	N/A	100%	100%	TBD
10	Inpatient Readmission Within 30 Days of Discharge	Child	< 15%	17.7%	20.0%	15.4%	TBD
		Adult	< 15%	18.0%	16.2%	12.1%	TBD

* Cells in **GREEN** reflect performance at/above MDHHS performance thresholds.

* Cells in **RED** reflect performance below MDHHS thresholds.

* **NOTE:** Performance data for FY25Q4 has not been finalized as of the completion of this report.

Through the first three quarters of FY25, OnPoint has met MDHHS standards each quarter for Indicator 1 (Child and Adult), Indicator 2a (MI Child, MI Adult, DD Child, and DD Adult), Indicator 3 (DD Child), Indicator 4a (Child), and Indicator 4b (SUD). OnPoint performance met MDHHS standards for all but one quarter for Indicator 3 (MI Child, MI Adult, and DD Adult), and Indicator 4a (Adult). These trends reflect a significant improvement over FY23 and FY24 performance and are the result of numerous changes implemented by staff in the Access Department and Clinical Teams. The primary driver behind the performance improvements has been the implementation of same-day access, which began in September 2024 and allowed most new clients to rapidly enter services.

One indicator with ongoing room for improvement is Indicator 10, where OnPoint's inpatient readmission rate was only below the MDHHS maximum threshold for Adults during FY25Q3. Due to the small sample size for this indicator, each individual case has the potential to significantly impact performance levels. In fact, in nearly every quarter, OnPoint was only one or two cases away from meeting the MDHHS standard. However, because of the clinical significance, disruptive nature, and elevated costs of inpatient treatment, staff in the UM, QI, Crisis, and Clinical Program teams continue to look for ways to support individuals in the least restrictive setting possible and prevent readmissions.

The end of FY25 marks a significant milestone for the state's MMBPIS indicators. Effective 10/1/2025, MDHHS retired the use of all MMBPIS indicators except Indicator 2a, which is scheduled to be replaced by a new Access measure at the start of FY26. As part of MDHHS' statewide Behavior Health Quality Transformation Initiative, new performance measures will be phased in during the next three years. The new measures selected by MDHHS are all nationally-recognized, validated measures, many of which overlap with existing CCBHC Clinical Quality Measures.

While CMHSPs and PIHPs are no longer required to report on the discontinued indicators, OnPoint QI staff are still able to internally monitor the measures within the EHR, a resource that will likely prove valuable during this time of transition as new measures are introduced.

One final noteworthy change to the performance indicator system is that MDHHS has assumed full responsibility for compiling the necessary data and calculating performance rates for each of the state's PIHP's. This shift presents both an opportunity (in the form of removing time-consuming administrative burdens), as well as a potential risk (CMHSPs and PIHPs will have less visibility into their data and the subsequent performance calculations). OnPoint's QI team and data analytics partners are working to mitigate that risk but participating in statewide workgroups regarding the new measures, reviewing technical specifications and definitions, and laying the groundwork to be able to monitor our own performance and make improvements in real-time based on internal dashboards and reports.

Incident Reports, Critical Incidents, Risk Events, Physical Management and Sentinel Events

Critical Incidents (defined and monitored by MDHHS) and Risks Events (defined and monitored by the LRE) are reported on a monthly basis. The LRE compiles CMHSP submissions into aggregate regional data, which is reviewed during numerous meetings, including the QI ROAT, CIRE Committee, and Behavior Treatment Committee, where it is analyzed for trends, outliers, and improvement opportunities. to ensure incidents are properly investigated, reported, and plans are made to ensure client safety.

Sentinel Events, defined by CARF as “unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof,” require immediate notification and thorough investigation to identify causal factors and prevent future recurrence. Following each Sentinel Event, the QI Department conducts a Root Cause Analysis (RCA) with designated staff and supervisors. Completed RCA reports and findings are shared with agency leadership as appropriate, so that recommendations for systemic changes can be implemented to reduce the risk of future recurrences. Summary RCA reports are also submitted to the LRE for additional monitoring of the RCA process.

Critical Incidents

OnPoint receives dozens of incident reports each month, which describe an array of unusual occurrences documented by OnPoint staff and provider agency employees. OnPoint’s Recipient Rights Department reviews and categorizes each incident report, and determine which incidents are “reportable critical incidents,” as defined by MDHHS. Only events meeting specific criteria, including parameters for incident type, setting, client demographics, and other factors, are submitted to the LRE by the QI Department and subsequently reported to MDHHS.

The tables below summarize OnPoint’s monthly data for reportable Critical Incidents during FY25, as submitted to the LRE. Please note, however, that monthly Critical Incident submission timelines include a lag of up to 60 days. Therefore, data from September 2025 is not yet considered complete or finalized.

Table 2a. OnPoint FY25 Critical Incident Data – *Monthly Incident Totals* (10/1/2024 – 9/30/2025)

Incident Type	Oct-24	Nov-24	Dec-24	FY25Q1 Subtotal	Jan-25	Feb-25	Mar-25	FY25Q2 Subtotal	Apr-25	May-25	Jun-25	FY25Q3 Subtotal	Jul-25	Aug-25	Sep-25	FY25Q4 Subtotal	FY25 Total
Suicide					1		1	2						1		1	3
Non-Suicide Death	2	1	4	7	1	1	1	3	2	1		3	4		1	5	18
Accidental			1	1											1	1	2
Natural Causes	2	1	3	6	1	1	1	3	2	1		3	4			4	16
Emergency Medical Treatment	10	1	1	12	4	4	7	15	4	2	4	10	8	6		14	51
Hospitalization	1			1		2		2						1		1	4
Arrest	1			1	1	1		2		1	1	2		2		2	7
Monthly Incident Total	14	2	5	21	7	8	9	24	6	4	5	15	12	10	1	23	83

Table 2b. OnPoint FY25 Critical Incident Data – *Monthly Client Counts* (10/1/2024 – 9/30/2025)

Incident Type	Oct-24	Nov-24	Dec-24	FY25Q1 Subtotal	Jan-25	Feb-25	Mar-25	FY25Q2 Subtotal	Apr-25	May-25	Jun-25	FY25Q3 Subtotal	Jul-25	Aug-25	Sep-25	FY25Q4 Subtotal	FY25 Total
Suicide				0	1		1	2				0		1		1	3
Non-Suicide Death	2	1	4	7	1	1	1	3	2	1		3	4		1	5	18
Accidental			1	1				0				0			1	1	2
Natural Causes	2	1	3	6	1	1	1	3	2	1		3	4			4	16
Emergency Medical Treatment	7	1	1	9	4	2	5	9	3	2	4	8	7	5		12	31
Hospitalization	1			1		2		2				0		1		1	4
Arrest	1			1	1	1		2		1	1	2		2		2	6
Monthly Client Count	10	2	5	17	6	6	7	17	5	4	5	13	11	9	1	20	57

Risk Events

While not reported to MDHHS, Risk Events represent occurrences with potentially serious outcomes and are thus monitored by the LRE as part of the region’s overall commitment to risk management, health and safety, and quality improvement.

The tables below summarize OnPoint’s monthly data for reportable Risk Events during FY25, as submitted to the LRE. Again, please note that data from September 2025 is not yet complete.

Table 3a. OnPoint FY25 Risk Event Data – *Monthly Risk Event Totals* (10/1/2024 – 9/30/2025)

Risk Event Category	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Harm to Self			2	2	4	3		1		2	1		15
Harm to Others		1						2	2				5
Police Calls due to Behavior	3	2	1	1	5	7	2	3	2		4		30
Emergency Use of Physical Mgmt.	5	3	2	1	4	3	7	3	11	12	19		70
2+ Unplanned Hospitalizations													0
Monthly Risk Event Totals	8	6	5	4	13	13	9	9	15	14	24		120

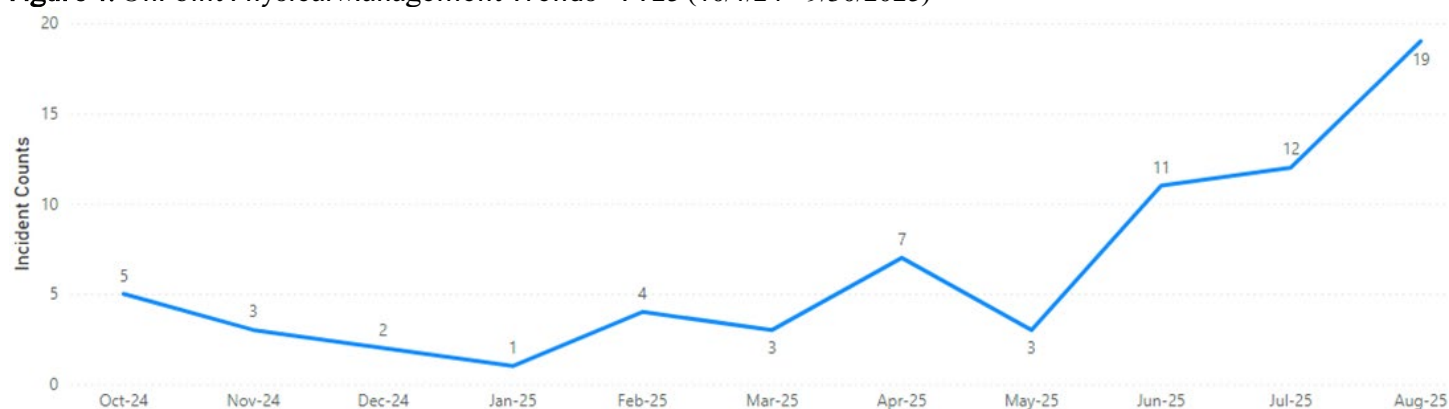
Table 3b. OnPoint FY25 Risk Event Data – *Monthly Client Counts* (10/1/2024 – 9/30/2025)

Risk Event Category	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Harm to Self			2	2	2	2		1		1	1		7
Harm to Others		1						2	1				3
Police Calls due to Behavior	2	1	1	1	3	4	2	3	2		3		15
Emergency Use of Physical Mgmt.	3	3	2	1	4	2	4	3	5	4	4		14
2+ Unplanned Hospitalizations													0
Monthly Client Counts	5	3	5	4	8	7	6	4	5	4	7		26

Physical Management

The emergency use of physical management is a type of incident given particular emphasis, due to the significantly elevated risk of injury to both clients and staff that is present (even when staff are properly trained, only authorized techniques are used, and all techniques are performed correctly). Following any interaction that involves the use of physical management, staff must document the occurrence on an incident report, regardless of how brief or minimal the intervention may have been. Incident reports must contain detailed information about all holds, the technique(s) used, exact duration of the physical management, and any individuals involved in the intervention. Physical management data is monitored by OnPoint’s Recipient Rights and QI Departments, as well as the Behavior Treatment Committee.

Figure 1. OnPoint Physical Management Trends – FY25 (10/1/24 – 9/30/2025)



**NOTE: physical management data contains the same reporting lag found in critical incident and risk event data; therefore, data from September 2025 is not included in the chart above, or the data tables on the following page.*

Table 4a. OnPoint FY25 Physical Management Data – Incident Counts (10/1/24 – 9/30/2025)

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Total Number of Incidents	5	3	2	1	4	3	7	3	11	12	19		70

Table 4a. OnPoint FY25 Physical Management Data – Client Counts (10/1/24 – 9/30/2025)

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	FY25 Total
Number of Distinct Clients	3	3	2	1	4	2	4	3	5	4	4		35

Figure 2. Comparison of Number and Duration of Physical Management Events, by Fiscal Year

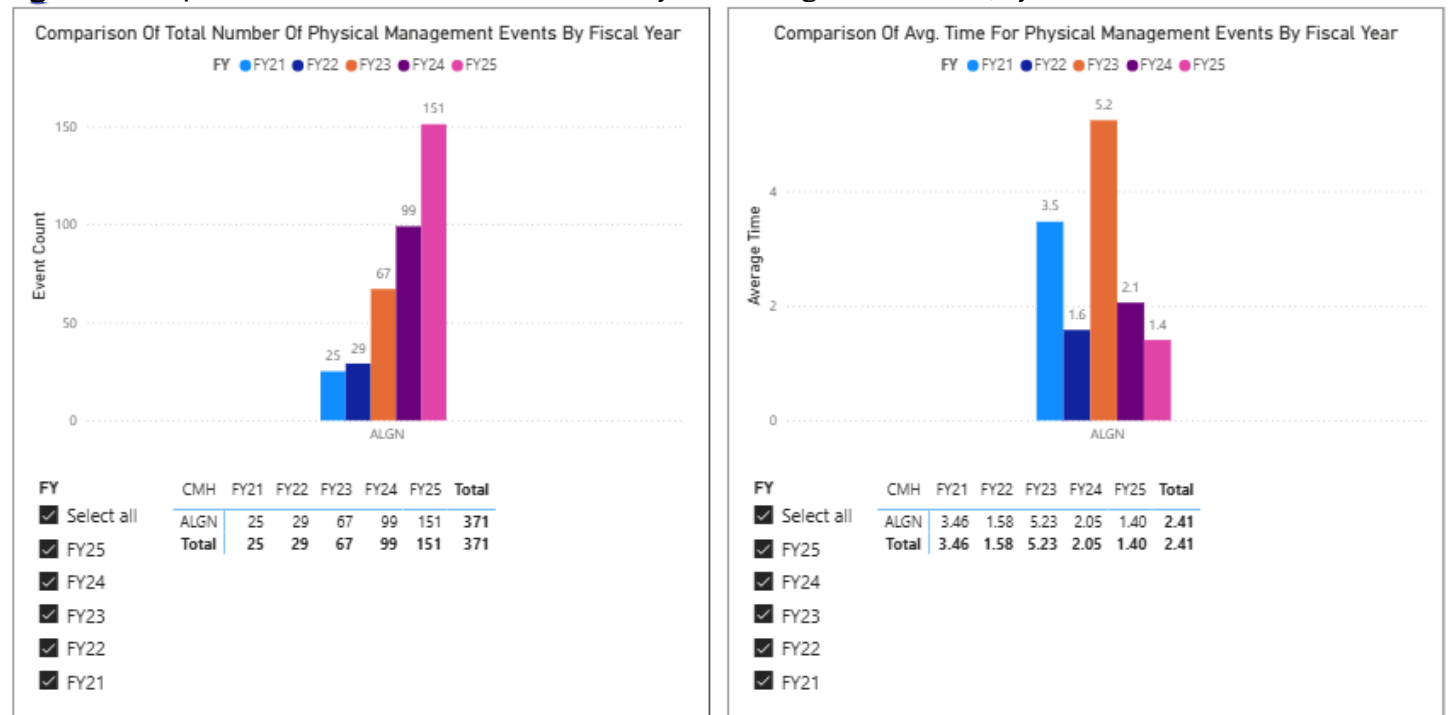
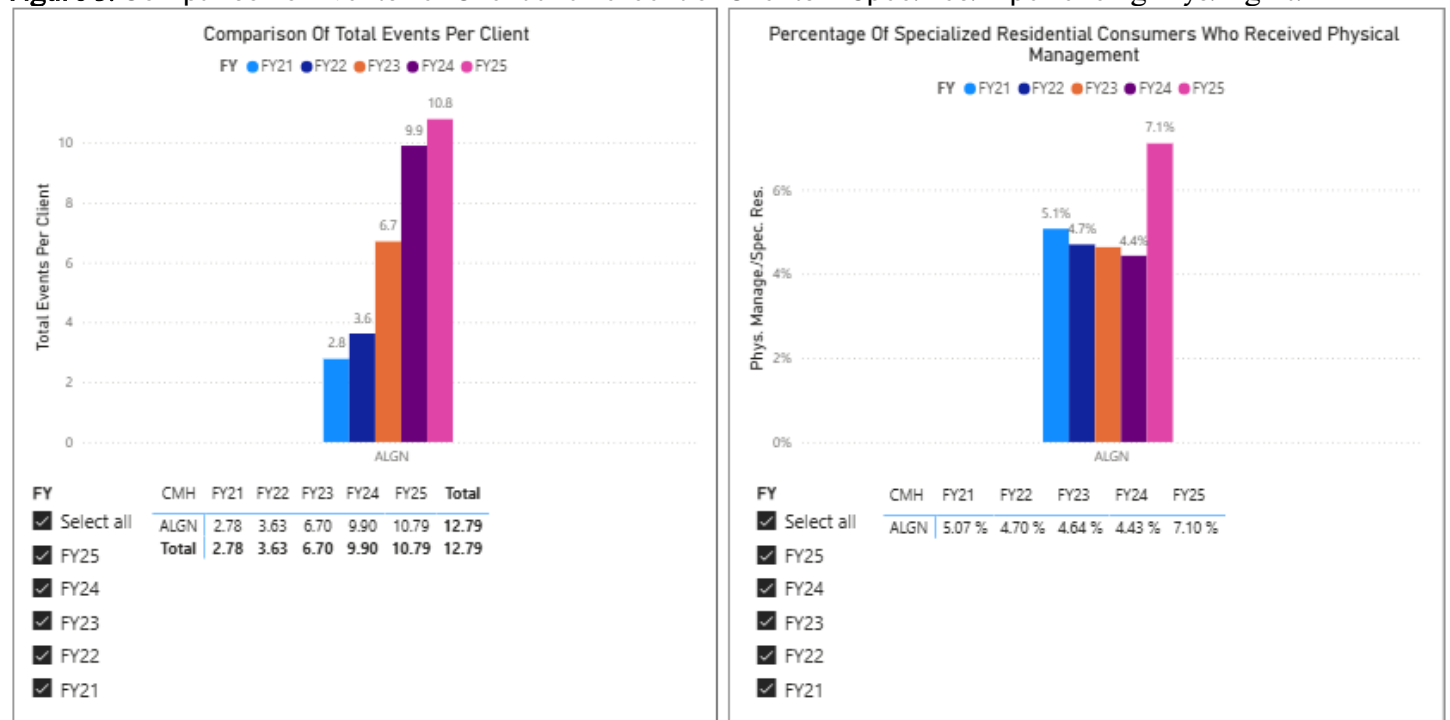


Figure 3. Comparison of Events Per Client and Percent of Clients in Spec. Res. Experiencing Phys. Mgmt.



Despite the narrow scope of required critical incident and risk event reporting, all incident reports received by OnPoint are treated with the same level of concern and intentionality. The RR Department frequently follows up with IR authors to obtain additional clarifying information, forwards IR's to case holders and supervisors, and is quick to provide recommendations regarding training needs, maintaining quality of care, and protecting the health and safety of staff and clients.

These processes received a significant boost during FY25, when OnPoint began using the PCE Incident Report module within Crane. While prior methods of IR submissions remain for those without access to Crane, the new IR module and workflows replace a process heavily reliant on manual data entry and tracking. Launching the module also created an opportunity to retrain staff on reporting requirements, update workflows, and review procedures shared between RR and QI. As many users have already experienced, the IR module allows staff to complete and submit IR's entirely within one platform; enables seamless routing of IR's to case managers, clinicians, supervisors, and others involved in the individual's treatment; ensures necessary supervisor reviews are completed; and provides the ability to monitor each IR throughout the submission, review, and approval process. The amount and quality of the data available as a result of using the IR module will enhance OnPoint's ability to monitor for trends, safety risks, and issues requiring intervention.

Site Reviews, Audits, and Accreditation

During FY25, OnPoint participated in multiple audits and reviews, including the annual CMHSP site review conducted by the LRE, the waiver site review performed by MDHHS (which is now an annual process), the regional external quality review carried out by Health Services Advisory Group (HSAG), and HCBS site visits conducted by CMS. OnPoint also hosted a successful MiFAST ACT Fidelity Review, as well as an in-person CCBHC Demonstration re-certification site visit. Feedback from these reviews illuminated many strengths, and helped identify standards that require remediation. Following each review, the QI Team partnered with teams and departments across the agency to digest the findings, consider the reviewers' recommendations, and develop corrective action plans to address all concerns.

MDHHS Waiver Site Review

Following the FY25 MDHHS waiver site review (which occurred in October-December 2024), OnPoint developed and implemented corrective action plans to address all identified citations. Evidence of the completed CAPs was submitted to MDHHS this spring and reviewed during the 90-day Follow-Up Visit. The subsequent approval of all proofs by MDHHS marked the official conclusion of the FY25 site review.

OnPoint completed the FY26 MDHHS waiver site review in October 2025 and is currently awaiting distribution of the final results, which is expected to occur in December. Receipt of the final results will then be followed by the requisite corrective action process.

CMHSP Site Review

OnPoint's annual CMHSP site review was conducted by the LRE in April 2025. This year's review resulted in the second consecutive year-over-year decrease in the number of citations, saw an overall increase in scores, and highlighted many strengths of OnPoint's administrative and clinical teams. Proposed corrective actions plans have been approved by the LRE and are moving toward completion. OnPoint's scores in the core components of the site review can be found in the following tables:

Table 5a. OnPoint FY25 CMHSP Site Review – Desk Audit Results

Desk Audit and Section	Sum of Question Score	Sum of Possible Score	Percent Compliant
2025 Standard VII Provider Selection	92	92	100.0%
2025 Standard IX – Grievance & Appeal Systems	115	118	97.5%
2025 Standard X Sub-Contractual Relationships and Delegation	16	16	100.0%
2025 Standard XI Practice Guidelines	18	18	100.0%
2025 Standard XII Health Information Systems	139	152	91.4%
2025 Standard XIII Quality Assessment and Performance Improvement Program	72	78	92.3%
2025 Standard XIV Corporate Compliance Program Integrity Requirements	38	38	100.0%
2025 Standard XVI Consumer Involvement	8	8	100.0%
2025 Standard XVIII Advanced Directives	15	16	93.8%

Table 5b. OnPoint FY25 CMHSP Site Review – Program-Specific Standards Audit Results

Program Specific Audit Section	Sum of Question Score	Sum of Possible Score	Percent Compliant
CMHSP Program Specific - Assertive Community Treatment	24	24	100.0%
CMHSP Program Specific - Home-Based Services	10	10	100.0%
CMHSP Program Specific - Clubhouse Psycho-Social Rehabilitation Program	0	2	0.0%
CMHSP Program Specific - Targeted Case Management	18	18	100.0%
CMHSP Program Specific - Children's Intensive Crisis Stabilization Services	18	18	100.0%

Table 5c. OnPoint FY25 CMHSP Site Review – Staff Training & Credentialing Audit Results

Audit Type	Sum of Question Score	Sum of Possible Score	Percent Compliant
2024 LRE Credentialing & Training Audit Tool, Non-Waiver	455	484	94.0%
Credentialing & Training Audit Tool, Non-Waiver (INTERNAL STAFF ONLY)	367	378	97.1%
Credentialing & Training Audit Tool, Non-Waiver (EXTERNAL STAFF ONLY)	88	106	83.0%

Table 5d. OnPoint FY25 CMHSP Site Review – Clinical Chart Audit Results

Audit Type	Number of Audits	Sum of Question Score	Sum of Possible Score	Percent Compliant
2025 LRE CMHSP Clinical Audit, Autism	4	525	542	96.9%
2025 LRE CMHSP Clinical Audit, IDD Adult	4	469	480	97.7%
2025 LRE CMHSP Clinical Audit, MI Adult	7	794	848	93.6%
2025 LRE CMHSP Clinical Audit, MI Child	4	458	478	95.8%
2025 LRE SUD Clinical Audit	1	37	38	97.4%

CARF Re-accreditation Survey

Looking ahead to 2026, OnPoint’s CARF re-accreditation survey is expected to take place near the end of FY26, prior to the agency’s current accreditation expiration date of 10/31/2026. Early preparations are already underway, and we look forward to welcoming the surveyors to OnPoint for our first onsite survey since the end of the Covid-19 pandemic. This survey will also provide an opportunity to pursue CARF accreditation as a CCBHC Demonstration Site, an undertaking that is currently being evaluated by the QI Department and Management Team.

Stakeholder Input

As part of OnPoint’s commitment to seeking and acting upon input from stakeholders, a variety of approaches are deployed each year. These activities include the annual satisfaction survey, follow-up surveys sent to recently discharged clients, annual behavior treatment plan surveys, interviews conducted during site reviews, feedback from COAP members, the opportunity to participate in the National Core Indicators (NCI) survey administered annually by Wayne State on behalf of MDHHS, and town hall meetings with clients, guardians, and families.

Annual Satisfaction Survey

OnPoint utilizes the standardized satisfaction survey selected and revised by the regional Satisfaction Survey Workgroup, which is composed of staff from the LRE and each CMHSP.

Each year, satisfaction surveys are sent to all active clients receiving mental health, substance use, and intellectual/developmental disabilities services. Participation in the survey is optional, and responses are kept confidential and anonymous. Accessibility is a point of emphasis for the survey: participants can share responses on an online version available via web address and QR code, paper copies mailed to each client, translated versions for individuals whose primary language is not English, in-person, over the phone, or with assistance from Customer Services staff. Additionally, respondents can request a call from Customer Services, if they wish to discuss their survey responses or experience with OnPoint.

Beginning in FY24, the LRE implemented the Mental Health Statistical Improvement Program (MHSIP) Survey for adults and Youth Services Survey (YSS) for children/youth. Regional use of these surveys, which continued in FY25, allows OnPoint and other CMHSPs to gather feedback about services and

identify areas for improvement. Importantly, the surveys also provide CCBHC like OnPoint with the data needed to complete reporting on the Patient Experience of Care Clinical Quality Measures (CQM).

Each year, OnPoint distributes approximately 2,100 surveys to open clients. Surveys are mailed in two batches, to distinguish CCBHC and non-CCBHC responses. Data showing number of responses is below:

	FY24	FY25
Adults (MHSIP)	204	206
Children/Youth (YSS)	57	39

While the FY25 survey administration is complete, the process of compiling and analyzing the response data is still underway. Full results (including comparisons from FY24 to FY25) will be shared with the Board, agency leadership, and other stakeholders as soon as the data is available.

Medicaid Verification

As part of the agency's commitment to responsible use of Medicaid funds, OnPoint participates in quarterly Medicaid Claims Verification audits conducted by the LRE. Within this process, a random sample of Medicaid claims are selected and reviewed using a 14-point audit tool. This process ensures that claims are supported by documentation, services are medically necessary and based on authorizations in the Individual Plan of Service (IPOS), and rendering providers have the proper training, qualifications and credentials necessary to deliver Medicaid services to clients.

OnPoint's performance on Medicaid Claims Verification audits continued at a high level this year. For the three quarterly audits completed so far in FY25, OnPoint has scored 100% accuracy for all Mental Health and SUD Medicaid services audited, a sample containing over 2,050 unique claims. In addition to confirming the accuracy of clinical documentation and claims submissions, the successful verifications determined there were \$0 worth of disputed claims and no recoupment of Medicaid funds was needed.

		FY25Q1	FY25Q2	FY25Q3	FY25Q4*	Overall YTD FY25*
Mental Health	Claims Reviewed	669	609	487	In Process	1795
	Claims Validated	669	609	487	In Process	1795
	Total Score	100%	100%	100%	100%*	100%
	Total Value: Unvalidated Medicaid Claims	\$0	\$0	\$0	\$0*	\$0
SUD	Claims Reviewed	42	11	233	In Process	286
	Claims Validated	42	11	233	In Process	286
	Total Score	100%	100%	100%	100%*	100%
	Total Value: Unvalidated Medicaid Claims	\$0	\$0	\$0	\$0*	\$0

QUALITY IMPROVEMENT ACTIVITIES

FY25 Goals and Strategic Objectives

For the past year, the QI Department has worked with other OnPoint teams and external partners to pursue the quality-related goals and strategic objectives that were adopted within the FY25 QAPIP. Key updates, progress to date, current status, and future plans are summarized below for each goal and objective.

GOAL 1: INFRASTRUCTURE				
OnPoint will adopt the necessary tools and frameworks to achieve the performance objectives within the agency's QAPIP, behavioral health accreditation standards, and contractual requirements.				
Objective		Target Date	Status	Notes
Data & Technical Resources	Launch Crane and utilize for all clinical documentation, claims/encounter processing, and required reporting.	10/1/24	✓	Crane launched 10/1/24. continue to fix issues & deploy enhancements
	Implement Power BI within OnPoint, for the development and use of real-time, interactive dashboards and reports.	12/31/24	➤	Licenses purchased; app configuration continues, with dashboard dev't
	Implement PCE Systems' Incident Reporting module and utilize for incident reporting, including critical incidents/risk events.	3/31/25	➤	Module live for OnPoint staff; provider training planned for early 2026
	Develop a comprehensive data warehouse that integrates various clinical and operational datasets for use in reporting and performance improvement.	6/30/25	➤	Warehouse established; adding new datasets next focus for FY26

Objective		Target Date	Status	Notes
Performance Metrics	Identify program-specific performance measures for accredited programs within the CARF-defined domains of Access, Effectiveness, Efficiency, and Satisfaction.	3/31/25	➤	Progress to date has focused on efficiency, satisfaction measures
	Develop a KPI dashboard for use by OnPoint's leadership and management teams.	3/31/25	➤	Awaiting Power BI dashboards
	Integrate performance standards from various stewards and oversight bodies (LRE, MDHHS, CCBHC, SAMHSA, grant funders, etc.) into the OnPoint QAPIP.	6/30/25	✓	Task complete, but will continue to monitor for new metrics

Objective		Target Date	Status	Notes
Administrative & Procedural Structures	Establish a monthly schedule that defines the datasets covered in each QIC meeting throughout the year.	10/31/24	➤	Task to be addressed during FY26
	Establish a system for the management and maintenance of agency Policy & Procedures, including regular review, updating, and promulgation of policies.	12/31/24	➤	Overall tracking system set up; updating info for specific policies ongoing
	Compile master index of all reporting requirements, including a calendar of due dates/deadlines.	12/31/24	➤	Master tracker launched Sept. 2025; ongoing work needed requirements & due dates stay up to date
	Establish a cyclical process for presenting and analyzing program-specific performance measures & agency KPIs	3/31/25	➤	Awaiting completion of Power BI dashboards

GOAL 2: IMPROVEMENT & INNOVATION

OnPoint will hold itself to the highest standards and will strive to meet all applicable performance benchmarks. When necessary, OnPoint will implement effective corrective action plans to address identified concerns and improvement opportunities.

Objective		Target Date	Status	Notes
Complete CAPs & Uphold Standards	Achieve CCBHC Demonstration Site Recertification	10/1/24	✓	Complete!
	Complete CAP items from LRE FY24 Site Review	12/31/24	✓	Complete!
	Complete CAP items from FY25 MDHHS Waiver Audit	5/31/25	✓	Complete!
	Complete all items within the Quality Improvement Plan (QIP) from 2023 CARF accreditation survey	3/31/26	✓	Efforts now focused on 2026 re-accreditation survey prep

Objective		Target Date	Status	Notes
Meet & Exceed Performance	Implement effective corrective actions to improve performance on MMBPIS indicators that do not meet MDHHS thresholds, particularly 2a, 2e, and 3.	12/31/24	✓	OnPoint has consistently met MDHHS thresholds
	Participate in regional Performance Improvement Projects for FUH and meet performance targets.	12/31/24	✓	Regional efforts complete.
	Meet all reporting requirements and submission timelines for critical incident, risk event, and sentinel event reporting and completion of RCAs.	12/31/24	➤	Progress has been made, w/ more improvements planned for FY26
	Meet all established benchmarks for CCBHC Demonstration Sites, including Quality Bonus Payment (QBP) metrics.	12/31/25	➤	OnPoint met 4 of 6 QBP targets and is striving for more this year!

GOAL 3: INCLUSION

OnPoint will actively seek out and incorporate the perspectives, input, and participation of a variety of stakeholders within the QI program.

Objective		Target Date	Status	Notes
OnPoint Coworkers	Review and update QI Council membership	10/1/24		Task will be addressed during FY26.
	Foster continuous and mutually beneficial collaboration between QI, clinical teams, and other OnPoint departments	10/1/24		Efforts to strengthen collaboration and drive improvements will continue indefinitely in the spirit of CQI!
	Enhance OnPoint's partnership with IBHA and integrate their evaluation and analytics expertise with internal resources	9/30/25		Updated contract signed with IBHA, effective 10/1/2025

Objective		Target Date	Status	Notes
Clients & Community Stakeholders	Ensure adequate representation of the subcontracted Provider Network within the OnPoint QI program	3/31/25		Complete – provider site reviews and other quality systems put in place by Provider Network Team
	Cultivate greater levels of input and representation from individuals receiving OnPoint services and COAP	3/31/25		Progress has been made, but efforts to seek greater inclusion will continue!
	Engage in community needs assessment processes as part of CCBHC and annual submission efforts	6/30/25		Complete!



Quality Assurance & Performance Improvement Plan

FY 2026

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 CORE VALUES

Integrity | Inclusivity | Honor
Equality | Humility | Innovation
Teamwork | Cultural Competency

INTRODUCTION & OVERVIEW

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 regional QAPIP developed by the PIHP, MDHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). Many of the requirements are met through the Regional QAPIP. Areas where CMHSP distinctions are necessary, which include elements of the CMHSP Quality Improvement (QI) structure and specific CMHSP QI goals and objectives, are included in this document. The OnPoint QI Program is also the means for upholding many best practices and standards required for maintaining the agency's accreditation status.

Purpose

As articulated in the agency's mission statement, OnPoint strives to deliver high-quality, person-centered care that allows each person to address their needs and meet their goals, while upholding their safety, dignity, rights, and well-being. In support of that mission, the core function of the Quality Improvement Program is to drive improvement in the agency's performance with respect to the accessibility, effectiveness, efficiency, and level of satisfaction with OnPoint services. The following OnPoint QI Plan provides a written description of the QI Program, including its structure, scope, responsibilities, activities and processes, and objectives of the agency's QI program. Because of its relevance to agency operations, the QI Plan is evaluated at least annually and updated whenever necessary. The QI Plan is the responsibility of the Director of Quality and Innovation, in collaboration with the OnPoint Management Team and agency staff at all levels in every department.

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.

Quality Improvement Program 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 and those who care for them in assessing and improving satisfaction of outcomes and services.
3. Develop performance metrics to ensure services are accessible, effective, safe and appropriate.
4. Track key performance indicators, comparing performance to benchmarks whenever possible.
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 Assumptions

Throughout OnPoint and throughout the QI program, the following assumptions are accepted:¹

1. Health care is not an isolated act between a clinician and individual, 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 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 benchmarks to identify improvement opportunities.
4. Improvement efforts should focus on the needs of the person served.
5. Quality Improvement draws upon knowledge, expertise, and efforts throughout the 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.

Our Commitment

Finally, OnPoint is committed to providing the highest quality services possible and striving for improvement throughout the entire behavioral health system of care. This commitment underpins all QI activities, which emerge from a systematic and organized framework for improvement and rely on the rigorous use of data and a solutions-focused approach to overcome challenges. This framework, adopted by OnPoint leadership, is understood, accepted, and applied throughout the organization through continuous education and the involvement of staff at all levels in performance improvement.

OnPoint is committed to transparency and accountability in the agency's operations and as a core principle of the agency's QI Program. However, this emphasis on accountability is matched by a commitment to maintaining the confidentiality of persons served by the organization at all times, including within the QI Program. This commitment is also reflected in the agency's policies and procedures related to the protection, confidentiality, and handling of the records of persons served.

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

QUALITY IMPROVEMENT STRUCTURE

Quality improvement involves two primary activities, which must occur at all levels of the organization in order for a true spirit of improvement to be fully incorporated into the organizational culture:

1. Measuring and assessing performance with regards to the level of access, effectiveness, efficiency and satisfaction of service delivery through the collection and analysis of data, and
2. Conducting quality improvement initiatives when necessary, including those that result in improvements to existing services/programs or the introduction of new services/programs, in such a way that enhances the quality of care at OnPoint.

Within OnPoint, many stakeholders play a valuable role in the agency's QI program. Together, the following teams and roles comprise the OnPoint QI Program Structure:

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 Chief Executive Officer, Chief Operating Officer, Chief Administrative Officer, Chief Financial Officer, Director of Human Resources, Director of Evidence-Based Practices, and the Director of Quality & Innovation. The Management Team demonstrates 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 department and other staff 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 suggestions for quality improvement within the agency.
- Ensuring effective improvement plans are developed, shared, implemented, and monitored.
- Identifying staff training and development needs.

Director of Quality & Innovation

The Director of Quality & Innovation is the author of the QAPIP and is responsible for the overall functioning of the QI Program within OnPoint, in addition to the following responsibilities:

- Oversee the development and implementation of QI activities described within the QAPIP.
- Ensure the resources, processes, and structures exist within the agency to facilitate continuous quality improvement activities and achieve established performance targets.
- Regularly present performance data to the OnPoint Management Team and Board of Directors.
- Establish processes that enable the identification and remediation of improvement opportunities.
- Identify staff training opportunities related to quality improvement.
- Collaborate with the Lakeshore Regional Entity (LRE) and MDHHS on regional and statewide quality improvement activities, respectively.

QI Coordinator

The OnPoint QI Coordinator plays a vital role in carrying out the agency's QI program, including:

- Tracking improvement data and follow-up methods
- Assisting with audit preparation and implementation of corrective action plans as needed
- Preparing and submitting MMBPIS performance indicator reports, ensuring validity of data, and facilitating development of corrective action plans when necessary
- Collaborating with Program Managers/Supervisors to implement and monitor QI goals.
- Coordinating data collection to and from committees, staff, and service teams.
- Monitoring and analyzing data sets for changes in performance and improvement opportunities.

Leadership Team

OnPoint's Leadership Team, which includes all agency supervisors, helps the agency establish a culture of quality improvement and fulfill the following responsibilities related to quality improvement:

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

OnPoint Staff

All OnPoint staff play a role in the quality improvement process and are a part of the following activities:

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

Provider Network

OnPoint network of sub-contracted, external provider agencies play an important role in operationalizing the agency's QI program, including by fulfilling the following responsibilities:

- Participating in required site review and audit activities.
- Engaging in network-wide and agency-specific quality improvement activities.
- Ensuring staff are compliant with appropriate credentials and training requirements.
- Implementing improvement actions and communicating improvement actions to OnPoint.
- Fulfilling contractual obligations and accreditation standards related to quality of care and performance improvement activities

Consumers/Other Stakeholders

OnPoint consumers/other stakeholders participate in the OnPoint QI Program in the following ways:

- 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.

ESSENTIAL COMMITTEES

In addition to the QI structure described above, numerous committees throughout OnPoint are aligned with and contribute to the implementation of the agency's QAPIP. The following list describes standing committees and highlights their responsibilities within the context of the OnPoint QAPIP:

Quality & Innovation Council

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

Recipient Rights Committee

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

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 Committee

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

Corporate Compliance Committee

- 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.

Policy Oversight Committee

- Provides oversight of agency policies and procedures
- Facilitates regular reviewing and updating of policies
- Ensures agency policies align with all applicable local, state, and federal regulations

QUALITY IMPROVEMENT PROGRAM & ACTIVITIES

The OnPoint QI Program combines the traditional quality assurance expectations of a CMHSP with the principles of continuous quality improvement. The QI Program helps OnPoint achieve its mission and vision, protects against adverse events, and sparks improvement across the agency. The QI Program includes four primary components: quality standards, assessment activities, performance measures, and improvement strategies. Examples of each are reflected below:

Quality Standards	Assessment Activities	Performance Measures	Improvement Strategies
• Accreditation Standards Manual • Federal & State Rules/Regulations • MDHHS/PIHP Contract • MDHHS/CMHSP Contract • Practice Guidelines • CCBHC Handbook • PIHP/CMHSP Contract/Operating Agreement • PIHP Policies and Procedures • Provider Contracts • Evidence-Based Practices • Medicaid Provider Manual	• Quality Record Review • Accreditation Surveys • MDHHS Audit • LRE Site Review • Credentialing • Risk Management Assessment • Utilization Reviews • External Quality Reviews • Stakeholder Surveys • Root Cause Analyses of Sentinel Events • Network Adequacy Assessment • Provider Site Reviews • Behavior Treatment Data Analysis • Community Needs Assessment	• MMBPIS Indicators • CCBHC Measures & Quality Bonus Payment (QBP) Metrics • Regional Performance Improvement Project • LRE Dashboards • LRE Site Review & MDHHS Audit Reports • Grievances & Appeals • OnPoint Key Performance Indicators • Program-Specific Measures: Access, Effectiveness, Efficiency, Satisfaction	• Monitoring and Analysis of Performance Data • Improvement Projects • Improvement Teams • Adherence to Practice Guidelines • Staff Development and Training • Improvements through Root Cause Analysis • Strategic Plan Initiatives • Corrective Action Plans

Quality Standards

Quality Standards provide the specifications and benchmarks by which a process may be evaluated. 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.

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.

Accreditation Surveys

The Director of Quality & Innovation serves as the CARF Liaison and chairs the CARF Survey Team. The Director of Quality & Innovation 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 Survey 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 remains familiar with CARF changes and reports information to staff members as appropriate.

MDHHS Audits

MDHHS conducts annual audits of the quality of clinical services and administrative policies of each region. As a member affiliate of the LRE, OnPoint participates in these reviews, including through the preparation of credentialing and training records, facilitation of clinical chart reviews, provision of requested policies, procedures, and other forms of evidence. Following completion of the audit and issuance of the final report, corrective action plans are developed and implemented to address any citations for partially met and unmet standards.

LRE Site Reviews

As part of the delegated model of managed care utilized within the region, the LRE completes annual site reviews at each CMHSP. The LRE site reviews include review of administrative standards, policies, and practices; evaluation of clinical services and clinical chart documentation; audits of credentialing and training records; and validation of CMHSP performance indicator data. Areas of noncompliance are addressed through the development and implementation of a written Corrective Action Plan (CAP), which is approved and validated by the LRE.

External Quality Reviews

Federal regulations require states to contract with an External Quality Review Organization for annual independent reviews of each PIHP 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 EQRs; as a member of the LRE, OnPoint participates in HSAG's review of the region.

The objective of the EQR is to provide meaningful information that MDHHS and the LRE can use to:

- Evaluate the quality, timeliness, and access to mental health and substance abuse care.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate one of the two performance improvement projects of the LRE.
- Plan and initiate activities to sustain and enhance current performance processes.

Quality Records Reviews

OnPoint utilizes a Quality Records Review process conducted by staff who are knowledgeable in compliance standards, reimbursement practices, service delivery, and clinical documentation. Reviews are conducted on a random sample of cases, with additional reviews added as necessary and appropriate. Results of these reviews are shared with staff, supervisors and managers, and members of the QI Council. Issues warranting investigation are referred to the Corporate Compliance Officer.

Additionally, OnPoint monitors and provides oversight of its provider network through a combination of quality records reviews, site reviews, audits, Medicaid claims verification, and other mechanisms prescribed by LRE policy and contractual requirements.

Incident Reports, Critical Incidents, Risk Events and 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) reviews all incident reports, in addition to complaints that may violate the rights of consumers. Through this combination of efforts between the OnPoint QI Department and 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 as needed.
- Monitoring incidents for the identification of sentinel events.
- Analyzing data to identify trends and provide recommendations to prevent recurrence.
- Reviewing reports of recipient deaths.
- Investigating unexpected deaths to identify potential system improvements.
- Sharing and discussing information with the Recipient Rights Committee, the OnPoint Board of Directors, and Management Team.

The QI Coordinator notifies the Director of Quality & Innovation of potential sentinel events. The QI Coordinator reports confirmed sentinel events to the LRE, as required by LRE Policy and MDHHS reporting requirements. Following each sentinel event, a Root Cause Analysis (RCA) is conducted to understand the causal factors and identify any necessary systemic improvements. Following the conclusion of the RCA, a report summary is submitted to the LRE as required and corrective actions are

assigned to designated teams and individual staff within OnPoint. Concerns regarding possible violations of the rights of recipients, corporate compliance complaints, or improper/unprofessional employee conduct will not be addressed within the RCA process. Such concerns are referred to the appropriate OnPoint department(s) or supervisor for further review.

Each Sentinel Event (SE) is documented, reported, and reviewed according to the timeline and procedures outlined in OnPoint Policy #805 – *Critical Incident and Sentinel Event Reporting*.

- Notification will be made to the LRE within 24 hours of event/knowledge of event.
- Determination of a SE will be made within 3 Business Days of 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 90 days of the SE determination.
- The final report shall be submitted to the LRE within 48 hours of completion of the RCA.
- SE details, as well as RCA findings, will be documented, maintained, and monitored by the QI department.
- Recommendations for potential systemic improvements and remediation of any causal factors identified during the RCA will be provided to relevant agency leadership.
- QI will collaborate with agency leadership, as needed, to develop and carry out Action Plans.

Credentialing

Through the utilization of a standardized credentialing process, the OnPoint Credentialing Committee will ensure that all services and supports provided to OnPoint clients are delivered by staff who are properly credentialed and currently possess the necessary training, qualifications, and licensure to provide those services. OnPoint's Credentialing Committee will adhere to and apply all relevant agency, regional PIHP, and MDHHS policies regarding the credentialing and re-credentialing of individual and organizational providers. The responsibilities and procedures of the Credentialing Committee will also uphold all applicable regulations and requirements defined in the Michigan Mental Health Code, Medicaid Provider Manual, and MDHHS Behavioral Health Code Chart and Provider Qualifications reference. Finally, the functions of the OnPoint Credentialing Committee will align with and support the fulfillment of obligations delineated within the MDHHS/PIHP contract, MDHHS/CMHSP contract, PIHP/CMHSP contract, and the OnPoint/provider agency contract. Collectively, these many sources define the requirements and expectations of staff entrusted with caring for and delivering treatment to the individuals served by OnPoint and its network of providers.

Stakeholder Input

OnPoint recognizes that obtaining stakeholder input is a vital aspect of any system designed for continuous quality improvement. Typical stakeholders invited to provide input include individuals receiving services, guardians, parents and other family members, agency staff, contracted service providers, advocates, partner organizations and entities, and other members of the local community.

Collected on an ongoing basis, this input allows OnPoint to evaluate agency performance and the client experience from the perspective of its stakeholders. Both quantitative and qualitative tools are used to gather feedback; questions assess the quality, availability, and accessibility of care, as well as level of satisfaction with services. All input gathered is carefully compiled and analyzed, with subsequent insights applied to improve practices and enhance the quality of care provided by OnPoint.

As a result of input from stakeholders, OnPoint:

- Takes specific action on individual cases as appropriate.
- Identifies and investigates sources of dissatisfaction.
- Outlines systemic action steps to follow up on findings.
- Utilizes stakeholder input in decision making.
- Informs stakeholders of the results of assessment activities.

The following table summarizes the methods and sources used to gather stakeholder feedback:

Method	Consumer	Staff	Providers	Family/ Advocates	Community
Interviews	MDHHS Site Reviews, Accreditation, Assessments, Evaluations	Performance Evaluations, Exit Interviews	ORR Site Visit, Facility and Provider Site Reviews	MDHHS Site Reviews, Accreditation Surveys	Informal conversations
Suggestions	Case Management or Customer Service Contacts	Supervision, QI Feedback	Provider Meetings, Site Reviews	Case Management Contacts	Contacts made to OnPoint
Forums	Consumer Opportunity Advisory Panel, Board Meetings	Team/Unit Meetings	MDHHS Reviews, Contract Negotiations, Meetings	Advisory Council	Board Meetings, Advisory Council
Surveys	Satisfaction Surveys, NOMS Interviews, NCI Survey, Annual Needs Assessment Stakeholder Surveys	Staff Surveys	Provider Surveys, Accreditation Surveys	Satisfaction Surveys	Community Health Needs Assessment, Stakeholder Surveys
Planning	Service Planning Meeting	Program Planning	Budget Planning	Service Planning Meeting	Community Needs Assessment
Assessment	Pre-planning, Progress Notes Quarterly Reviews, Discharge Summary	Performance Evaluations	Quality Review of Providers	Satisfaction Surveys	Community Needs Assessment
Grievances/ Appeals	Grievance Systems to File a Grievance, Appeal, or Recipient Rights Complaint	Staff Grievance	Provider Appeals, Requests for Second Opinion,	Grievance Systems	Contacts made to Customer Services
Complaints	Recipient Rights & Customer Service Complaints	Employee Complaint	Recipient Rights Complaint	Recipient Rights Complaint	Recipient Rights Complaint

Performance Measurement & Management

By monitoring and evaluating the performance of administrative and clinical program operations – and adjusting accordingly – OnPoint will position itself to use its resources effectively and obtain the

positive outcomes for individuals served. Such performance measurement and management relies upon clearly defined indicators and metrics, which also have established targets and benchmarks that can be used to assess performance.

The table in Appendix A displays many of the performance and quality indicators that are used by OnPoint to monitor trends, ensure contractual compliance, manage performance, evaluate program effectiveness, gauge client satisfaction, assess access and quality of services, identify issues that need to be addressed, and provide information to clients and other stakeholders.

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

- Strategic planning
- Resource allocation
- Service delivery
- Process improvements
- Staff/provider acquisition
- Staff training and retention efforts
- Marketing and outreach activities

OnPoint monitors and reviews various sets of performance indicators, including Michigan Mission-Based Performance Indicator System, Utilization Management data, and the verification of claims generated by the delivery of Medicaid-funded services.

- **Michigan Mission-Based Performance Indicator System (MMBPIS)**
Effective 10/1/2025, MDHHS discontinued CMHSP and PIHP reporting of most MMBPIS indicators, which had been used across the state to measure access/timeliness and efficiency of services. Indicator 2a will be reported by CMHSPs and PIHPs throughout FY26 until a suitable new Access measure is defined, while certain indicators will be calculated administratively by MDHHS. The new set of nationally-recognized, validated quality/performance metrics selected by MDHHS will be introduced in phases during the next three years. Details regarding MDHHS' Behavioral Health Quality Transformation and the new metrics will be incorporated into future iterations of the QAPIP.
- **Utilization Management**
The OnPoint Utilization Management program is guided by agency policy and procedure and the annual OnPoint Utilization Management (UM) Plan, which ensure the appropriate authorization and delivery of services. Utilization management activities including quality record reviews, retrospective reviews, and data analysis are used to identify and correct under- and over-utilization at the individual, program, and system level.
- **Medicaid Claims Verification**
MDHHS/PIHP contract requirements include the completion of regular Medicaid claims verification. This process verifies that adjudicated claims reflect services approved by MDHHS, and that services are sufficiently supported by clinical documentation. OnPoint will follow the LRE's policy and procedures for Medicaid Claims Verification.

Improvement Strategies

Establishing and carrying out strategies to minimize performance outliers, incorporate best practices, and optimize outcomes is key to continuous quality improvement. OnPoint will develop improvement strategies based on performance data analysis, program evaluations, results of reviews and audits, and stakeholder input. The strategies used will vary according to the situation and the desired improvement.

Within its QI Program, OnPoint relies most heavily on the Plan-Do-Study-Act (PDSA) model when devising and implementing solutions to an identified challenge. This iterative process – also referred to as “Plan-Do-Check-Act” (PDCA) – is used throughout healthcare and other industries to improve outcomes and safety, increase efficiency, reduce waste and errors, and boost satisfaction.

Depending on the source cited, slight differences may exist in the description of each element of the model. However, at its core, the essential components of the four-step process can be summarized and described in the following way:

1. **Plan:** Design (or revise) a process or identify a potential change to improve results.
2. **Do:** Implement the plan on a limited scale and observe its impact on performance.
3. **Study:** Measure and evaluate initial results to determine if the stated goals were met.
4. **Act:** If intervention succeeds, implement broadly. If additional modifications are needed, begin PDCA process again.

Like all improvement cycles, the PDSA model relies on and thrives in an organizational environment centered on vigilant monitoring and analysis of performance data, so that improvement opportunities are quickly recognized and acted upon. Once the need for improvement is diagnosed, the PDSA process is set in motion by designing the intervention (“planning”) and testing the proposed intervention on a small scale (“doing”). This is followed by analysis of the initial results (“studying”) before implementing the intervention on a larger scale or returning to the planning phase (“acting”). Like other improvement models and philosophies, the PDSA model is cyclical, iterative, and can be repeated indefinitely until the desired outcomes are achieved.

Underpinning all improvement strategies is a key assumption asserted within the introduction of the QAPIP: all improvement – whether it is at the individual, program, agency, or system level – begins with a commitment to continuous learning and a willingness to adapt. Therefore, the final improvement strategy within OnPoint’s QAPIP is a commitment to continue absorbing and integrating new approaches and knowledge into the agency’s QI Program, and to continue cultivating the organizational culture and employee skills necessary to effect meaningful change in the lives of the individuals we serve and the agency itself.

Quality Assurance & Performance Improvement Goals & Objectives

FY2026

In addition to reviewing and updating the OnPoint QAPIP on an annual basis to ensure that it provides an accurate and comprehensive description of the agency's QI program, the QI Team partners with agency leadership to identify specific quality improvement-related goals and objectives for the upcoming year.

The FY26 QAPIP Goals and Objectives, which reflect the priorities of the agency's QI program for the upcoming fiscal year, are as follows:

GOAL 1: INFRASTRUCTURE			
OnPoint will adopt the necessary tools and frameworks to achieve the performance objectives within the agency's QAPIP, behavioral health accreditation standards, and contractual requirements.			
	Objective	Responsible Parties	Target Date
Expand Data Expertise & Technical Resources	Hire and onboard a skilled Healthcare Analytics Manager.	Director of QI	12/31/25
	Expand implementation of Power BI within OnPoint, including direct connections to EHR data, expanded training and support for users, and increased development and utilization of interactive dashboards and reports.	Director of QI, Healthcare Analytics Manager, IT partners	9/30/26
	Implement enhancements to the Incident Reporting module within Crane, train provider agencies on the module, and use for reporting incidents, critical incidents and risk events.	QI, RR, and PN teams, Crane system admins	3/31/26
	Strengthen the agency's data warehouse by integrating additional datasets, developing a data recovery plan, and testing back-up files and procedures.	Director of QI, external IT partners, Health Info Mgr.	9/30/26
Define Performance Metrics & Set Targets	Identify program-specific performance measures for all accredited programs within the CARF-defined domains of Access, Effectiveness, Efficiency, and Satisfaction.	Director of QI, COO, Program Leadership	12/31/25
	Develop a key performance indicator (KPI) dashboard for use by OnPoint's leadership and management teams.	Director of QI, Management Team	3/31/26
	Integrate new performance standards from measure stewards and oversight bodies (LRE, MDHHS, CCBHC, SAMHSA, grant funders, etc.) into the OnPoint QAPIP.	Director of QI, QI Coordinator	Ongoing

GOAL 2: IMPROVEMENT & INNOVATION

OnPoint will hold itself to the highest standards and will strive to meet all applicable performance benchmarks. When necessary, OnPoint will implement effective corrective action plans to address identified concerns and improvement opportunities.

Objective		Responsible Parties	Target Date
Uphold Standards & Take Action	Maintain CCBHC Demonstration Site Certification.	CCBHC Team, Project Director	Ongoing
	Complete all components of the Corrective Action Plan (CAP) established following the FY25 CMHSP Site Review.	Director of QI, QI Coordinator, Designated Staff	12/31/25
	Develop and complete a Corrective Action Plan (CAP) that addresses any findings from the FY26 MDHHS Waiver Site Review.	Director of QI, Waiver Coordinator, Designated Staff, Provider Agencies	5/31/26
	Complete all necessary preparations and successfully host OnPoint's 2026 CARF re-accreditation survey.	Director of QI, QI Coordinators, Designated Staff	9/30/26

Strive to Exceed Performance Targets	Maintain performance that meets or exceeds MDHHS thresholds for MMBPIS Indicator 2a (timeliness of initial assessment following a request for service).	Director of QI, QI Coordinator, Leadership Team	Ongoing
	Successfully adopt each of the performance measures introduced by MDHHS as part of the 3-year Behavior Health Quality Transformation initiative.	Director of QI, QI Coordinator, Leadership Team	9/30/26
	Meet all requirements and submission timelines for all regional, state, and federal reporting requirements.	Director of QI, Management Team, Designated Staff	Ongoing
	Update and maintain internal tracking system to ensure timely reporting of incidents and sentinel events, and full completion of necessary root cause analyses.	Director of QI, QI Coordinator, Designated Staff	12/31/25
	Meet all established Clinical Quality Measure (CQM) benchmarks for CCBHC Demonstration Sites, including Quality Bonus Payment (QBP) incentive metrics.	CCBHC Team, OnPoint Staff	Ongoing

GOAL 3: INCLUSION

OnPoint will actively seek out and incorporate the perspectives, input, and participation of a variety of stakeholders within the QI program.

Objective		Responsible Parties	Target Date
Agency Staff	Review and update QI Council membership	Director of QI	Ongoing
	Foster continuous and mutually beneficial collaboration between QI, clinical teams, and other OnPoint departments	QI & Leadership Teams	Ongoing

Clients & Community	Ensure adequate representation of the subcontracted Provider Network within the OnPoint QI program	Director of QI, Provider Network	3/31/25
	Expand opportunities to participate and share input for individuals receiving services, family members, guardians, and others, including COAP members.	Director of QI, Customer Services	3/31/25

Performance and Quality Measures

FY2026

Performance/Quality Measure Overview				Source of Requirement				Performance Domain				Tools & Methodology				Responsible OnPoint Staff		Applicable Populations					
Measure Name (Code)	Description	Steward	Target	MDHHS	CCBHC	LRE	OnPoint	Access	Effectiveness	Efficiency	Satisfaction	Data Source	Data Extraction	Monitoring & Analysis	Reporting Entity	Collect Data	Extract, Validate, Analyze, Report	All Clients	Adults	Child/Youth	Program Specific*	Pop: MI/DD/SUD	CCBHC/PIHP/Dual
Pre-Admission Screening Timeliness (1)	% of inpatient admission decisions ≤3 hrs. after request for screening	MDHHS	95%	x				x		x		EHR: HLOC Screening	PCE PI Report	MMBPIS Excel Chart	PIHP	Crisis Staff	QI	x					
Timeliness of Assessment (2a)*	% of individuals w/ initial assessment completed ≤14 days after routine request	MDHHS	62.0%	x				x				EHR: Service Request, BPS	PCE PI Report	MMBPIS Excel Chart	PIHP, CMHSP	Access	QI		x	x	x	MI DD	P
Time to Treatment SUD (2b) ⁱ	% of individuals starting SUD Tx ≤14 days after request	MDHHS	62.8%					x				EHR: BHTEDS	PCE PI Report			SUD staff	QI					S	
Time to Treatment MH (3) ⁱ	% of individuals w/ next service ≤14 days after initial assessment	MDHHS	72.9%					x				EHR: BPS, SAL’s	PCE PI Report			Access, Case Holder	QI					MI DD	
Follow-Up to Inpatient Discharge (4a) ⁱ	% of inpatient psych. discharges w/ follow-up care within 7 days	MDHHS	95%					x		x		EHR: HLOC, CSR, SAL’s	PCE PI Report			Access, Case Holder	QI					MI DD	
Follow-Up to SUD Detox Discharge (4b) ⁱ	% of SUD detox discharges w/ follow-up care within 7 days	MDHHS	95%					x		x		EHR: BHTEDS, SUD Episode	PCE PI Report			SUD staff	QI					S	
Inpatient Recidivism (10) ⁱ	% of inpatient psych. discharges w/ inpatient readmission ≤ 30 days	MDHHS	< 15%							x		EHR: HLOC, Service Auth	PCE PI Report			Case Holder, Crisis	QI					MI DD	
Time to Service (I-SERV)	Avg. # days to initial eval	SAMHSA	≤ 75 th %-ile of sites’ rates	x [‡]				x		x		EHR: SAL’s, Service Request, Crisis Note	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	Access, Case Holder	QI, IBHA		x	x	x	MI DD S	C D
	Avg. # day to initial service																						
	Avg. # hours to crisis services																						

Performance/Quality Measure Overview				Source of Requirement			Performance Domain			Tools & Methodology				Responsible OnPoint Staff		Applicable Populations							
Measure Name (Code)	Description	Steward	Target	MDHHS	CCBHC	LRE	OnPoint	Access	Effectiveness	Efficiency	Satisfaction	Data Source	Data Extraction	Monitoring & Analysis	Reporting Entity	Collect Data	Extract, Validate, Analyze, Report	All Clients	Adults	Child/Youth	Program Specific*	Pop: MI/DD/SUD	CCBHC/PIHP/Dual
Depression Remission at Twelve Months (DEP-REM-6)	% of clients (12-17, 18+) w/ major depression or dysthymia who reach remission 6 mos. (± 60 days) after index event	MN Comm. Measure	≥ 25 th %-ile of sites’ avg.		x [†]				x			EHR: PHQ-9, Progress Note, Diagnosis	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA		x	x	x	MI	C D
Unhealthy Alcohol Use: Screen/Brief Counseling (ASC)	% of clients (18+) screened for unhealthy alcohol use and who received proper follow-up if positive	NCQA	---		x				x			EHR: Single Alcohol Screening Question	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA		x			MI DD S	C D
Screening for Social Drivers of Health (SDOH)	% of clients (18+) screened for various social determinants of health	CMS	---		x				x			EHR: SDOH, BPS	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA	x	x	x	x	MI DD S	C P D
Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	% of clients (18+) screened for depression using standard tool AND follow-up plan recorded if positive	CMS	---		x				x			EHR: PHQ9, Prog. Note, Psych Eval, Med Review	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA		x			MI	C D
Screening for Clinical Depression and Follow-Up Plan (CDF-CH)	% of clients (12-17) screened for depression using standard tool AND follow-up plan recorded if positive	CMS	---		x				x			EHR: PHQ9, Prog. Note, Psych Eval, Med Review	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA			x		MI	C D
Tobacco Use: Screening & Cessation Intervention (TSC)	% of clients (18+) screened for tobacco use 1+ times AND who received cessation intervention if positive	NCQA	---		x				x			EHR: Health Screen	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	Med Clinic Staff	QI, IBHA		x			MI DD S	C D
Adult MDD: Suicide Risk Assessment (SRA-A)	% of clients (18+) with a Dx of MDD w/ a suicide risk assessment completed during visit w/ new or recurrent Dx	Mathe-matica	73%		x [†]				x			EHR: Prog. Note, BPS, C-SSRS	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA		x			MI	C D
Child/ Adolescent MDD: Suicide Risk Assess. (SRA-BH-C)	% of visits for patients (6-17) with a Dx of MDD w/ an assessment for suicide risk	Mathe-matica	57%		x [†]				x			EHR: Prog. Note, BPS, C-SSRS	PCE CCBHC Module	Power BI, SAMHSA template	CCBHC Clinic-reported	All staff	QI, IBHA			x		MI	C D

Performance/Quality Measure Overview				Source of Requirement			Performance Domain			Tools & Methodology				Responsible OnPoint Staff		Applicable Populations							
Measure Name (Code)	Description	Steward	Target	MDHHS	CCBHC	LRE	OnPoint	Access	Effectiveness	Efficiency	Satisfaction	Data Source	Data Extraction	Monitoring & Analysis	Reporting Entity	Collect Data	Extract, Validate, Analyze, Report	All Clients	Adults	Child/Youth	Program Specific*	Pop: MI/DD/SUD	CCBHC/PIHP/Dual
Patient Experience of Care Survey (PEC)	Results of annual MH Statistics Improvement Program (MHSIP) Adult Experience of Care Survey	SAMHSA	---		x						x	MHSIP Survey	LRE Fastlane	Power BI, SAMHSA template	CCBHC Clinic-reported	Clients, CS/QI Teams	QI, IBHA	x	x		x	MI DD S	C P D
Youth/Family Experience of Care Survey (YFEC)	Results of annual Youth Services Survey (YSS) Experience of Care Survey	SAMHSA	---		x						x	YSS Survey	LRE Fastlane	Power BI, SAMHSA template	CCBHC Clinic-reported	Clients, CS/QI Teams	QI, IBHA	x		x	x	MI DD S	C P D
Follow-up Care for Children Prescribed ADHD Med (ADD-CH)	Initiation: % of children (6-12) prescribed ADHD meds w/ one f/u visit within 30 days of dispensation	NCQA	52.60%	x	x				x	x		EHR: Health Screen, Medical Chart Notes	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA			x		MI	C P D
	Continuation: % of children (6-12) remaining on ADHD meds ≥ 210 days w/ 2+ visits within 270 days of initiation		61.20%																				
Antidepressant Medication Management (AMM)	Effective Acute: % of clients remaining on meds ≥ 84 days	NCQA	---		x				x			EHR: Med Review, Rx Records	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA		x	x	x	MI	C D
	Effective Continuation: % of clients remaining on meds ≥180 days (6 months)		---																				
Follow-Up After Emergency Dept. Visit for AOD Dependence (FUA-CH)	% of ED visits for clients (13-17) w/ Dx AOD dependence and follow-up within 7 days	SAMHSA	---		x				x	x		EHR: ADT data, SAL's, CC360	CC360	CC360	MDHHS	All staff	QI, IBHA	x	x			MI DD S	C P D
	% of ED visits for clients (13-17) w/ Dx AOD dependence and follow-up within 30 days		35.6%	x	x																		
Follow-Up After Emergency Dept. Visit for AOD Dependence (FUA-AD)	% of ED visits for clients (18+) w/ Dx AOD dependence and follow-up within 7 days	SAMHSA	---		x				x	x		EHR: ADT data, SAL's, CC360	CC360	CC360	MDHHS	All staff	QI, IBHA	x	x			MI DD S	C P D
	% of ED visits for clients (18+) w/ Dx AOD dependence and follow-up within 30 days		36.30%	x	x																		

Performance/Quality Measure Overview				Source of Requirement				Performance Domain				Tools & Methodology				Responsible OnPoint Staff		Applicable Populations					
Measure Name (Code)	Description	Steward	Target	MDHHS	CCBHC	LRE	OnPoint	Access	Effectiveness	Efficiency	Satisfaction	Data Source	Data Extraction	Monitoring & Analysis	Reporting Entity	Collect Data	Extract, Validate, Analyze, Report	All Clients	Adults	Child/Youth	Program Specific*	Pop: MI/DD/SUD	CCBHC/PIHP/Dual
Follow-Up After ED Visit for AOD Dependence (FUA-30)	% of ED visits for clients (13+) w/ Dx AOD dependence and follow-up within 30 days	SAMHSA	---	x					x	x		EHR: ADT data, SAL's, CC360	CC360	CC360	MDHHS	All staff	QI, IBHA	x	x	x		MI DD S	P D
Follow-Up After Hospitalization for Mental Illness, ages 6-17 (FUH-CH)	% of discharges for clients (6-17) hospitalized for MH Dx w/ follow-up in 7 days	NCQA	60.0%		x [‡]				x	x		EHR: CSR, Progress Note, SAL's	PCE CCBHC Module, CC360	CC360	MDHHS	All staff	QI, IBHA			x	x	MI DD S	C P D
	% of discharges for clients (6-17) hospitalized for MH Dx w/ follow-up in 30 days		79.0% 88.0% [‡]	x	x [‡]																		
Follow-Up After Hospitalization for Mental Illness, ages 18+ (FUH-AD)	% of discharges for clients (18+) hospitalized for MH Dx w/ follow-up in 7 days	NCQA	48.0%		x [‡]				x	x		EHR: CSR, Progress Note, SAL's	PCE CCBHC Module, CC360	CC360	MDHHS	All staff	QI, IBHA		x		x	MI DD S	C P D
	% of discharges for clients (18+) hospitalized for MH Dx w/ follow-up in 30 days		62.0%, 75.0% [‡]	x	x [‡]																		
Follow-Up After Hospitalization for Mental Illness, ages 18+ (FUH-30)	% of discharges for clients (6+) hospitalized for MH Dx w/ follow-up in 30 days	NCQA	---	x					x	x		EHR: CSR, Progress Note, SAL's	PCE CCBHC Module, CC360	CC360	MDHHS	All staff	QI, IBHA		x	x	x	MI DD S	P D
Follow-Up After Emergency Dept. Visit for Mental Illness (FUM-CH)	% of ED visits for clients (6-17) w/ MI Dx or self-harm w/ follow-up within 7 days.	NCQA	---		x				x	x		EHR: ADT data, SAL's; CC360 data	EHR: ADT's, CC360	CC360	MDHHS	All staff	QI, IBHA			x	x	MI	C D
	% of ED visits for clients (6-17) w/ MI Dx or self-harm w/ follow-up within 30 days.																						
Follow-Up After Emergency Dept. Visit for Mental Illness (FUM-AD)	% of ED visits for clients (18+) w/ MI Dx or self-harm w/ follow-up within 7 days.	NCQA	---		x				x	x		EHR: ADT data, SAL's; CC360 data	EHR: ADT's, CC360	CC360	MDHHS	All staff	QI, IBHA		x		x	MI	C D
	% of ED visits for clients (18+) w/ MI Dx or self-harm w/ follow-up within 30 days.																						

Performance/Quality Measure Overview				Source of Requirement				Performance Domain				Tools & Methodology				Responsible OnPoint Staff		Applicable Populations					
Measure Name (Code)	Description	Steward	Target	MDHHS	CCBHC	LRE	OnPoint	Access	Effectiveness	Efficiency	Satisfaction	Data Source	Data Extraction	Monitoring & Analysis	Reporting Entity	Collect Data	Extract, Validate, Analyze, Report	All Clients	Adults	Child/Youth	Program Specific*	Pop: MI/DD/SUD	CCBHC/PIHP/Dual
Follow-Up After Emergency Dept. Visit for Mental Illness (FUM-30)	% of ED visits for clients (6+) w/ MI Dx or self-harm w/ follow-up within 30 days.	NCQA, CMS	60.80%	x					x	x		EHR: ADT data, SAL's; CC360 data	EHR: ADT's, CC360	CC360	MDHHS	All staff	QI, IBHA		x		x	MI	P D
Glycemic Status Assessment for Patients w/ Diabetes (GSD-AD)	% of clients (18-75) w/ Type 1 or 2 diabetes whose HbA1c was controlled (<8.0%) during the M.Y.	NCQA	≥ 25 th %-ile of sites' rates		x [‡]				x			EHR: Medical Chart Notes, SAL's; CC360 data	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA		x			MI DD S	C D
	% of clients (18-75) w/ Type 1 or 2 diabetes whose HbA1c was poorly controlled (>9.0%) during the M.Y.		≤ 75 th %-ile of sites' rates																				
Initiation and Engagement of AOD Dependence Tx (IET-AD)	% of clients (13+) w/ new Dx/AOD dependence episode receiving Tx within 14 days	NCQA	40.0%, 41.0% [‡]	x	x [‡]				x	x		EHR: ADT data, SAL's; CC360 data	EHR: ADT's, PCE CCBHC Module, CC360	CC360	MDHHS	All staff	QI, IBHA	x	x	x	x	MI DD S	C P D
	% of clients (13+) w/ new Dx/AOD dependence episode receiving Tx within 34 days		15.0%, 14.0% [‡]																				
Pharmacotherapy Tx for Opioid Use Disorder (OUD-AD-TOTAL)	% of Medicaid clients (18-64) w/ OUD Dx who filled an Rx or were administered any approved OUD med	CMS	---		x				x	x		EHR: Medical Chart Notes, SAL's; CC360 data	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA		x			S	C D
Pharmacotherapy Tx for Opioid Use Disorder (OUD-AD-DETAIL)	% of Medicaid clients (18-64) w/ OUD Dx who received oral naltrexone	CMS	---		x				x	x		EHR: Medical Chart Notes, SAL's; CC360 data	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA		x		x	S	C D
	% of Medicaid clients (18-64) w/ OUD Dx who received injectable naltrexone																						
	% of Medicaid clients (18-64) w/ OUD Dx who received methadone																						

Performance/Quality Measure Overview				Source of Requirement				Performance Domain				Tools & Methodology				Responsible OnPoint Staff		Applicable Populations					
Measure Name (Code)	Description	Steward	Target	MDHHS	CCBHC	LRE	OnPoint	Access	Effectiveness	Efficiency	Satisfaction	Data Source	Data Extraction	Monitoring & Analysis	Reporting Entity	Collect Data	Extract, Validate, Analyze, Report	All Clients	Adults	Child/Youth	Program Specific*	Pop: MI/DD/SUD	CCBHC/PIHP/Dual
Plan All-Cause Readmissions Rate (PCR-AD)	# of inpatient stays for clients (18-64) w/ unplanned readmit (any Dx) within 30 days; report # of 30-day readmits, # index stays, calculated probability/rate of readmit	NCQA	≤ 10.0%		x†				x	x		EHR: HLOC, service auths, ADT data; CC360 data	CC360	CC360	MDHHS	All Staff	QI, IBHA		x			MI DD S	C P D
Adherence to Antipsychotic Medications for Individuals w/ Schizophrenia (SAA-AD)	% of clients (18+) during MY w/ Dx of schizophrenia or schizoaffective disorder who were dispensed & remained on an antipsychotic med. ≥ 80% of their Tx period.	NCQA	---		x				x	x		EHR: Health Screen, Medical Chart Notes, CC360 data	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA		x		x	MI	C D
Child/Adolescent Well-Care Visits (WCV-CH)	% of children (3-21) w/ at least one well-care visit w/ a PCP or OB/GYN	NCQA	---		x				x			CC360; EHR: Medical Chart Notes, Health Screen	CC360	CC360	MDHHS	Med Clinic Staff	QI, IBHA			x	x	MI DD S	C D
Metabolic Monitoring of Children on Antipsychotics (APM)	Metabolic monitoring (TOTGC – blood glucose and cholesterol testing) of children/adolescents on antipsychotic meds	CMS	27.60%	x					x			CC360, EHR: Health Screen, Medical Chart Notes	CC360	CC360	MDHHS	N/A	QI, IBHA			x		MI	P D
Use of First-Line Psychosocial Care: Children & Adolescents (APP)	Use of first-line psychosocial care for children/adolescents on antipsychotic medications	CMS	65.60%	x					x			EHR: Health Screen, Medical Chart Notes	CC360	CC360	MDHHS	N/A	QI, IBHA			x		MI	P D

Program Committee Board Report November 2025
Submitted by Jeana Koerber, Ph.D., Chief Operating Officer
269-550-6649 – Jkoerber@OnPointAllegan.org

Committee Workgroups

Policy Oversight Committee. The policy oversight committee continues to meet monthly and review agency policies.

Health and Safety Committee. The health and safety committee is working to update relevant policies and practices for staff. We are currently looking into an alert system that could be pushed out to agency cell phones for building closures, other emergent events, etc.

Program Updates

Organizational/Clinical Workflow Updates. We continue to backfill vacant roles and new roles from the previous fiscal year, but aside from development of our MAT services, we do not anticipate additions to clinical teams for staffing this fiscal year. For FY26, we developed billable targets for each role or team in the agency. Managers are monitoring team performance and so far, teams are tracking as expected. We are working with Eleos to determine our roll out plan and expect this will be live for staff after the holidays. This should help staff streamline documentation and be able to spend more clinical time with our clients. Finally, we continue to work through the changes in the CCBHC manual to ensure we are compliant, with the goal of finalizing process changes, or work plans for longer processes by January 2026.

Clinical Space Update. Using HRSA funds we were able to add more workspaces for our staff in the existing suites. Unfortunately, we have been unable to proceed with building out the MAT room as we continue to await approval of the contractor through HRSA. The teams are working together to try to maximize existing space to best fit clinical needs.

MAT updates. In the month of October, we added a second MAT day to our schedule. Services are now provided by our contracted doctors on Mondays and Thursdays. We continue to evaluate to ensure hours of service and days of the week meet the needs of our clients. We have had a MAT Supervisor/RN role posted for over a year and have not had success in finding an appropriate candidate for the role. We recently separated out the two roles and have those posted on our website. We continue to discuss our services with community partners, with TBD solutions, making initial contact and then Ashlynn, our MAT Navigator, engaging in follow-up discussions.

Housing services. Our co-chair for the Local Planning Body (LPB), Brenda Molendyk from Community Action, has submitted her resignation from the LPB effective 12/31/25. Currently, I am serving as the other co-chair. I'll be taking over as the representative of the county on the governance council for the balance of state. We are working with other agencies to determine who else might be suitable as a co-chair for the LPB.

Sincerely,

Jeana Koerber, Ph.D.
Chief Operating Officer
November 7, 2025

Customer Services Quarterly Status Report – November 2025

(Report covers period: August, September, October)

Submitted by Cathy Potter, Customer Service Coordinator

269-355-0500 customerservices@onpointallegan.org

New Hire Orientation

During this quarter Customer Service (CS) met with 13 new hires for orientation and reviewed customer service-related items. All orientations were held in person at OnPoint. See listing below containing the number of new hires met during each month.

- Five new hires in August: *Administrative Professional, Housing Case Manager, Children Outpatient Case Manager, Behavioral Health Care Coordinator, Wraparound Facilitator*
- Five new hires in September: *Adult Outpatient Clinician, Adult Case Manager, Behavioral Health Care Coordinator, Board-Certified Behavioral Analyst (BCBA), Children's Home-Based Clinician*
- Three new hires in October: *Adult Case Manager, ACT Peer Support Specialist, Access Clinician*

Grievance, Appeals, Medicaid Fair Hearings, Local Disputes, 2nd Opinions, and Mediation:

Grievances (Medicaid): Six grievances have been completed during this quarter. All were completed within the 90-day required timeframe. Categories of these grievances include Quality of Care, Member Rights, Interaction with Provider, and Financial/Billing matter. One out of the six grievances leaned towards substantiation and improvements or follow ups were made. It should be noted there are currently nine grievances active and open which have been received in the months of September and October. These grievances are currently being reviewed.

Local Disputes Resolution (Grievances for Non-Medicaid): One Local Dispute to report during this quarter involving housing. Follow-ups were done to resolve the concerns.

Appeals (Medicaid): Three Medicaid Appeals were completed during this quarter. Two appeals were denied, and one was approved. Service areas of these appeals include SED Waiver (2) and Community Living Supports.

Local Disputes Resolution (Appeals for Non-Medicaid): There was one Non-Medicaid Appeal received during this quarter and was handled through OnPoint's Local Dispute Resolution process. This was completed on 11/3/25 and involved nursing services.

State Medicaid Fair Hearings (SMFH): No SMFH's to report during this quarter.

2nd Opinion Requests: There were two second opinion requests during this quarter involving inpatient hospitalizations. There was also a request for a second review on a medication for an individual that customer service became aware of.

Mediation Requests: No requests received during this quarter.

Notice of Adverse Benefit Determination (NABD):

CS plays a big role in NABD's and assists staff in assuring these are completed for OnPoint customers as required. During this quarter, CS responded to emails from staff who had questions or needed assistance completing a NABD. CS works closely with OnPoint's Care Coordinator who completes most of the NABD's for adults receiving services. CS created a NABD Power Point educational training which will be available for staff. During this quarter, CS, COO, and QI staff reviewed the summary of FY25 Quarter 3 NABD audit report. Below is a summary of the results. We scored a 100% for the first time on this audit.

FY25 Quarter 3

22 "denial" NABD's reviewed

Score of 100%

We scored a "met" on all standards with a few recommendations to consider

Translation Requests:

CS received two requests for translation this quarter which involved translation of OnPoint's Same Day Access flyer and consent forms for an individual. Both were translated into Spanish.

Customer Satisfaction Surveys

The annual regional Customer Satisfaction Survey was mailed out to all individuals receiving OnPoint services and the survey period is now closed. OnPoint is finalizing the last steps in the survey process to assure all completed surveys have been entered into the system. Survey reports containing information about the data received will be shared once available.

Workshops/Conferences/Trainings:

CS attended the annual Recipient Rights Conference September 16th-19th. The conference was held at the Radisson in Kalamazoo.

Community Outreach/Events/Presentations:

Pictures included at the end of this report of the following community events that CS participated in during this quarter:

- Wayland Balloonfest was held on September 5th and 6th, 2025
- Senior Day at the Allegan County Fair held on September 9, 2025
- Walk A Mile Rally held in Lansing at the State Capitol on September 17, 2025
- Art of Recovery held downtown Allegan on September 27, 2025
- Allegan County Veteran's Stand Down Event held in Allegan on October 23, 2025
- Trunk or Treat event held in Allegan on October 23, 2025

There is Public Safety Presentation that is scheduled on November 21, 2025, see attached flyer for details.

OnPoint has also been invited to participate in the annual holiday parade in downtown Allegan on December 5, 2025.

OnPoint Materials Requested During this Quarter

CS distributed many agency brochures and materials during community events this quarter along with talking with individuals about services offered at OnPoint.

CAP (Consumer Advisory Panel)

There was a CAP meeting held this quarter in September. Attached are the meeting notes for your review. CS attended this meeting with several individuals representing OnPoint.

COAP (Community Opportunity Advisory Panel)

The COAP group met one time during this quarter in October. Each member completed the annual customer satisfaction survey and provided valuable feedback about OnPoint services they are receiving. Community events and the Holland Drop In Center brochure was shared with the group. A draft copy of the Public Safety presentation flyer was reviewed and discussed this upcoming event.

Handouts:

- 1) Public Safety Presentation flyer
- 2) Consumer Advisory Panel (CAP) Meeting Summary, September 11, 2025

Board Considerations/Action Needed:

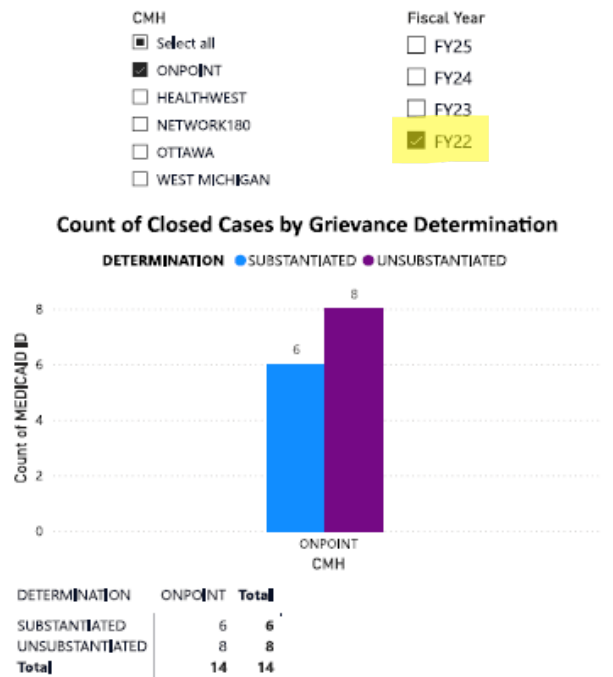
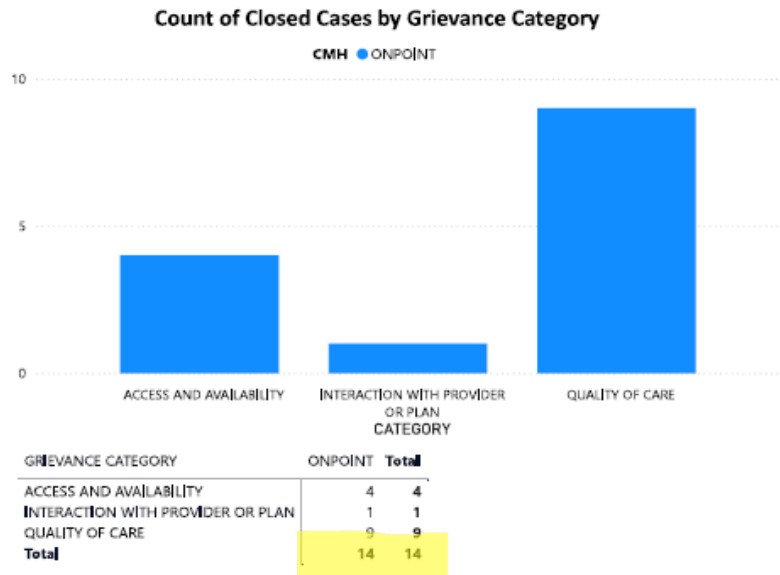
None

Respectfully Submitted,

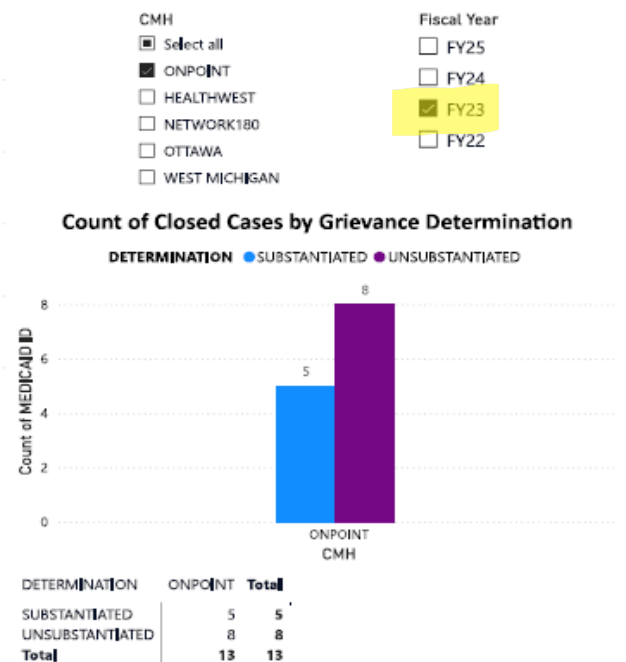
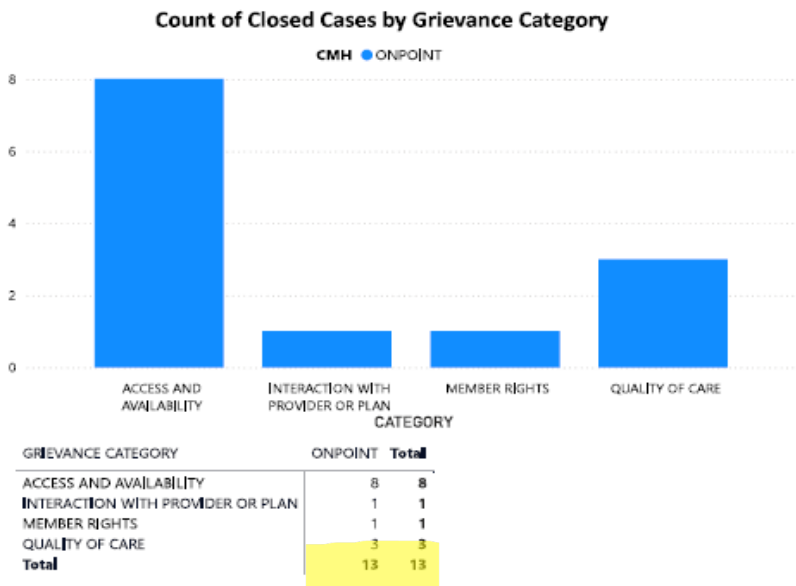
Cathy Potter
Customer Service Coordinator
November 6, 2025

OnPoint Grievance Breakdown Reports (FY22-FY25)

Grievance Breakdown

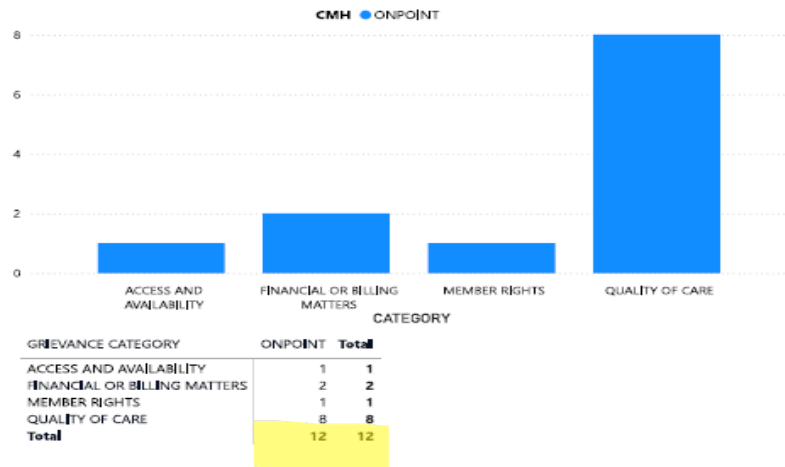


Grievance Breakdown

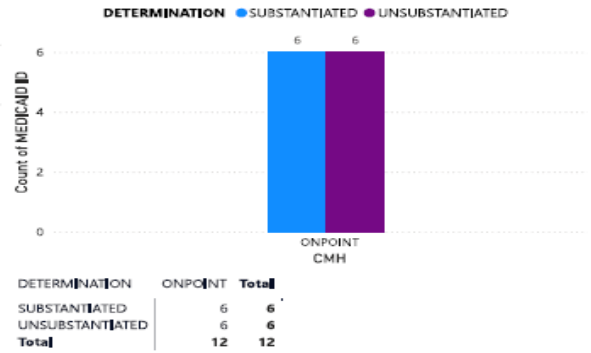


Grievance Breakdown

Count of Closed Cases by Grievance Category

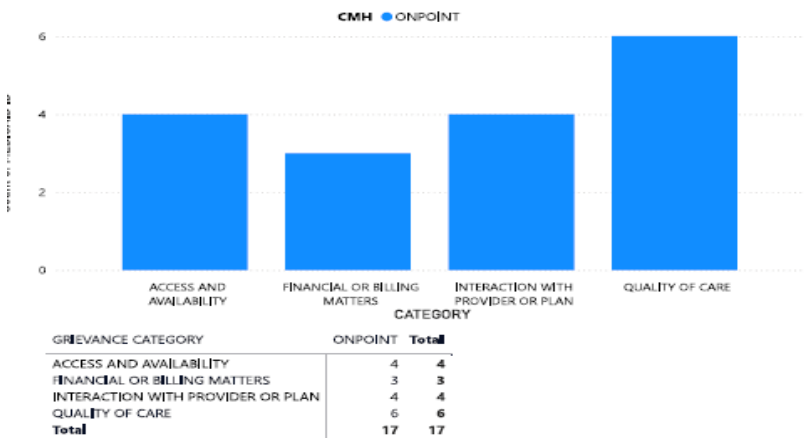


Count of Closed Cases by Grievance Determination

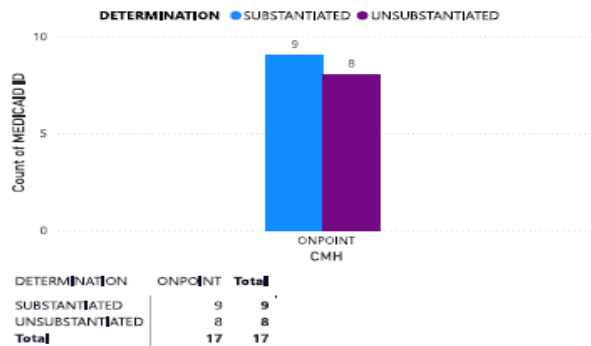


Grievance Breakdown

Count of Closed Cases by Grievance Category



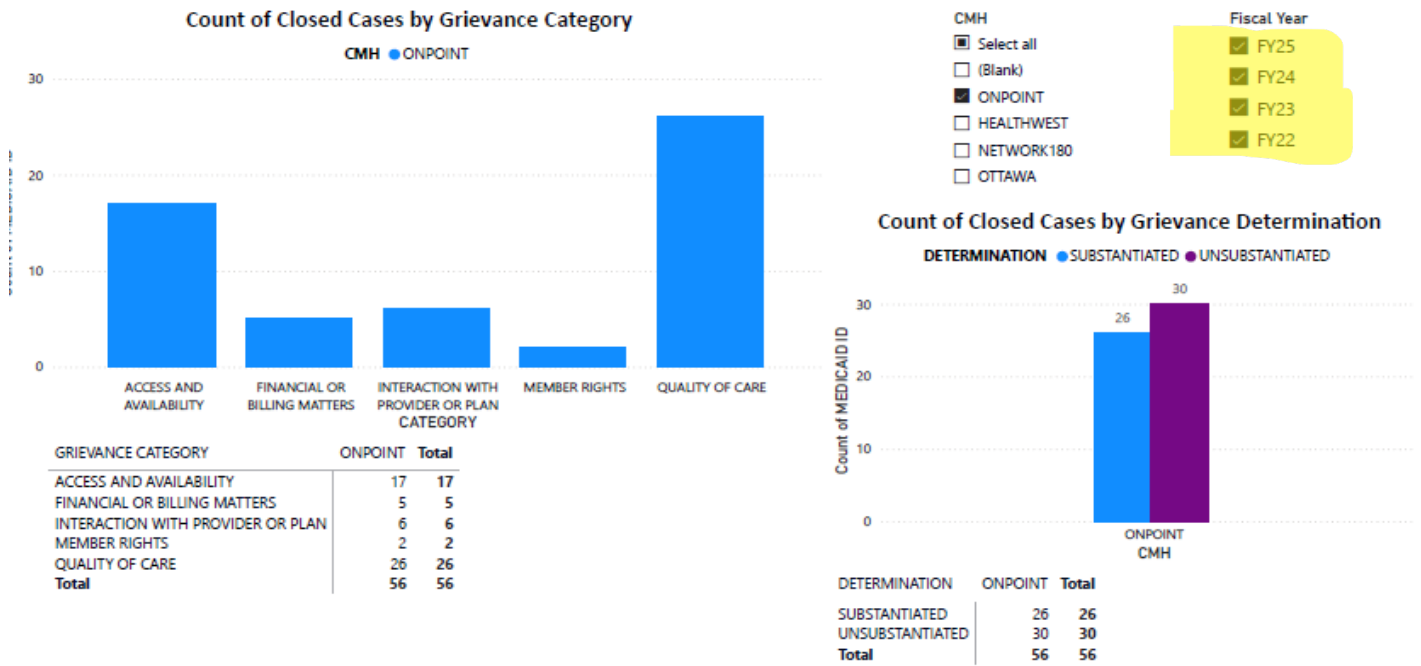
Count of Closed Cases by Grievance Determination



Adding 4th quarter data, see updated totals for FY25 below:

Grievance Category	Total	Determination	Total
Access and Availability	4	Substantiated	9
Financial or Billing Matters	4	Unsubstantiated	11
Interaction with Provider or Plan	4	Total	20
Quality of Care	8		
Total	20		

Grievance Breakdown



Adding 4th quarter data from FY25, see updated combined totals for FY22-FY25 below:

Grievance Category	Total	Determination	Total
Access and Availability	17	Substantiated	26
Financial or Billing Matters	6	Unsubstantiated	33
Interaction with Provider or Plan	6	Total	59
Member Rights	2		
Quality of Care	28		
Total	59		





ALLEGAN COUNTY
Senior Services



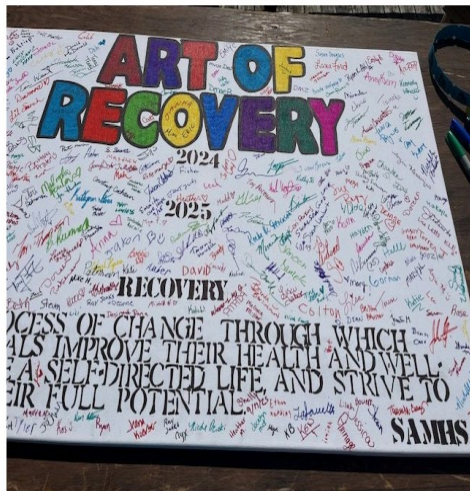
COME &
JOIN US FOR

SENIOR DAY

AT THE **FAIR**

TUESDAY, SEPTEMBER 9 8:00 am - 10:00 am





Community Trunk or Treat!



OnPoint Board of Directors Minutes - DRAFT
Tuesday, October 21, 2025, at 5:30 PM
 Board Room, 540 Jenner Drive, Allegan, MI 49010

Board Members Present: Glen Brookhouse; Jessica Castañeda; Commissioner Mark DeYoung; Krystal Diel; Commissioner Gale Dugan; Beth Johnston; Alice Kelsey; Marcia Kerber; Jane LaBean; Deb Morse

Board Members Absent: Kim Bartnick; Karen Stratton

OnPoint Staff Present: Janice August (virtual); Diane Bennett (virtual); Rob Griffith; Meagan Hamilton; Amy Kettring (virtual); Jeana Koerber; Kelsey Newsome; Andre Pierre; Matt Plaska; Cathy Potter; Michell Truax (virtual); Mark Witte

Public Present: Royal Grewe; Stephanie VanDerKooi (virtual)

1. **Call to Order** – Ms. Kelsey called the meeting to order at 5:29pm.
2. **Pledge of Allegiance** – All present stood to recite the Pledge of Allegiance.
3. **Roll Call** – Ms. Kelsey conducted the roll call with the attendance of board members as documented above. A quorum was established.
4. **Provision for Public Comment** – No comments received.
5. **Approval of Agenda**

Motion: To approve the agenda as presented.

Moved: Beth Johnston

Supported: Glen Brookhouse

Motion carried by common consent.

6. **Consent Agenda** – *All items listed are considered routine and thus will be enacted by one motion.*

- i. Board Meeting (09/16/2025)
- ii. Special Board Meeting (10/06/2025)
- iii. Finance Committee (09/16/2025)
- iv. Program Committee (09/16/2025)
- v. Executive Committee (09/12/2025)

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

Moved: Commissioner Gale Dugan

Supported: Jessica Castañeda

Motion carried by common consent.

Motion: To approve the special board meeting closed session minutes as presented.

Moved: Glen Brookhouse

Supported: Commissioner Gale Dugan

Motion carried by common consent.

7. **Program Committee** – Jane LaBean shared that the Program Committee received a presentation from Program Manager, John Eagle, on Supported Employment and provided an overview of the presentation. Jeana Koerber and Diane Bennett reviewed their reports as well.
8. **Finance Committee Report** – Beth Johnston, Treasurer, shared the amount returning to the LRE, policy review is still occurring, there is continued work with the Management Team on the Employee Climate Survey FOCUS Group action items, and the first quarterly session of “Meet the Management Team” and “Meet the CEO” occurred back in August. Additionally, health benefits options are being reviewed, Eleos (AI that assists with medical notes) has been implemented, the firewall and signal testing for fiber was successful and will be switched over, and there has been a pause on the MAT Room buildout due to the federal government shutdown. Finally, the summary

schedule of revenues and expenses by fund source; statement of net position; and statement of revenue, expenses and change in net position were reviewed.

- a. Motion: To approve the September 2025 disbursements totaling \$4,247,043.50 as recommended by the Finance Committee.

Moved: Beth Johnston

Supported: Jessica Castañeda

Motion carried by unanimous roll call vote.

9. **Recipient Rights Advisory Committee** – The committee did not meet this month.
10. **Lakeshore Regional Entity (LRE) Updates** – Stephanie VanDerKooi, Chief Operating Officer of the LRE, provided an update on LRE matters. Ms. VanDerKooi shared the LRE was able to extend contracts with all providers and were able to backdate them to 10/1, the LRE's Board of Directors meeting is tomorrow and will not have a work session beforehand, the final report from the Health Services Advisory Group was received and the LRE received 92%, and the LRE is actively monitoring the RFP and procurement in the litigation,
11. **Chairperson's/Executive Committee Report** – Alice Kelsey shared an updated OnPoint organizational chart was provided to the board members, and the Executive Committee participated in judging the fall door decorations around the building.
12. **OnPoint Chief Executive Officer's Report** – Mark Witte shared Eleos has been distributed to all staff that create clinical notes, last week an individual had a medical emergency and passed in the building after staff did everything possible to revive the individual, the government shutdown has prevented access to HRSA grant funds for the MAT Room construction, and Mr. Witte touched on a presentation he attended on state health reform. Additionally, the State budget was resolved, Judge Yates issued an opinion a day after the RFP was due and stated the State has a right to issue an RFP but there are parts of it that are illegal. Since Judge Yate's opinion, four other CMHs have filed suite against the State. Finally, two additional boards joined MiPLAN.
13. **Provision for Public Comment** – Dr. Koerber gave kudos to the team who put on the Art of Recovery event and thanked Rob Griffith for his leadership during the incident that occurred last week. Cathy Potter shared there is a Veteran's Standdown event and a Trunk-or-Treat event this Thursday.
14. **Board Member Comments** – Commissioner Dugan shared the Emergency Operations Committee (EOC) of Allegan County received an award for proficiency and professionalism during the Palisades drill, and Ms. Johnston thanked the OnPoint team for working hard. Additionally, Commissioner DeYoung shared Sarah Clark received the Emergency Manager of the year award at the safety conference, and if anyone needs a gun safety advisor, the United Church of Wayland (UCW) offers services, and Commissioner DeYoung is looking forward to attending the CMHA fall conference. Finally, Ms. Kelsey shared she is looking forward to the conference as well.
15. **Motion to Adjourn**
- Moved: Commissioner Gale Dugan
- Supported: Beth Johnston
- Meeting adjourned at 6:05pm.
- Motion carried by common consent.

Respectfully submitted,

Meagan Hamilton
Executive Assistant

Alice Kelsey
Board Chairperson

Executive Committee Meeting Minutes

October 17, 2025 – 2:30 pm

Location: OnPoint, 540 Jenner Drive, Allegan, MI 49010

Board Members [X] Alice Kelsey, OnPoint Board Chairperson
[X] Glen Brookhouse, OnPoint Board Vice Chairperson
[X] Elizabeth Johnston, OnPoint Board Treasurer
[X] Commissioner Mark DeYoung, OnPoint Board Secretary
[] Commissioner Gale Dugan, OnPoint Board Immediate Past Chairperson
OnPoint Staff [X] Mark Witte, OnPoint Chief Executive Officer

1. **Call to Order** – Chairperson Kelsey called the meeting to order at 2:39 pm.
2. **Members Present/Excused** – Commissioner Dugan reported his absence prior to the meeting and was excused by Chairperson Kelsey.
3. **Review/Approval of Agenda** – Ms. Johnston moved, and Mr. Brookhouse seconded, that the draft agenda be adopted as presented. All in favor. Motion adopted.
4. **Review/Approval of Minutes of September 12, 2025 Meeting** – Commissioner DeYoung moved, and Mr. Brookhouse seconded, that the minutes of September 12, 2025 be approved as presented. All in favor. Motion adopted.
5. **Compliance Update** – Mr. Witte reported that Ms. Diane Bennett, Director of Compliance, did not request to join today's meeting. Her quarterly Compliance Report is found in the board packet. Following up on the plans made at last month's Board Executive Committee meeting, Mr. Witte shared a memo from himself and Ms. Bennett that provided background and recommendations regarding bylaws language for a board-level Compliance Committee. To continue discussion next month. Mr. Witte was requested to invite Ms. Bennett to join that meeting.
6. **Updates on Prior Meeting Topics**
 - a. LRE Update – Mr. Witte and Ms. Kelsey reported that there was really no significant news on the status of the LRE's legal challenges and administrative disputes with MDHHS.
 - b. Bid-Out – Mr. Witte emailed the board on 10/15 with an update from the 10/9/25 Court of Claims Hearing and 10/14/2025 CoC opinion from Judge Yates. The committee engaged in additional discussion on this case and heard about a new case filed by four CMHs that is also to be heard by Judge Yates. None of the CMHs bringing this case are within the LRE/Region 3. The new case claims a violation of the law (current MH Code).
 - c. MiPLAN – The committee reviewed draft minutes from the 10/10/25 initial MiPLAN transitional board meeting. Future meetings are on a quarterly basis (fourth Friday in Jan, Apr, Jul, Oct) at 1 pm in Lansing.
 - d. MAT Room Buildout – Mr. Witte notified the committee that the federal government shut-down meant that we are unable to proceed with construction because we did not get final HRSA sign-off on our construction plans before 10/1/25.
 - e. Fiber (County connection) – Mr. Witte noted that the final connection to the county via fiber optic cabling is now scheduled to occur on 10/22/25.

7. Chief Executive Officer Items

- a. Briefing Recent Incident – Mr. Witte provided an update on an incident that occurred onsite on 10/16/25. All systems functioned as they should. Mr. Witte will brief full board on 10/21/25 as part of his report.
- b. Review of Key Board Tasks by Month
 - Mr. Witte noted that the Quality Improvement Plan, which is scheduled to be reviewed by the Program Committee and approved by the Board will be presented in November.
 - Mr. Witte noted, as stated above, that Ms. Bennett’s quarterly Compliance Report is in the board packet.
- c. Board Packet Review – Committee members reviewed the board packet. No questions or comments.
- d. PTO Plans – Mr. Witte shared his intended out of state vacation plans from 10/30 pm through 11/12 pm. CAO Pierre and COO Koerber will be authorized to cover CEO duties as needed during that time.
- e. Future Planning – The committee continued its work on future planning efforts.
- f. Other – Briefing on other agency issues as warranted or requested
 - Executive Committee members to serve as judges for agency door decoration contest.

8. Discussion Items Requested by Members

- a. Ms. Kelsey requested an updated printed copy of OnPoint’s organizational chart for all board members at the 10/21/25 board meeting.

9. Next Meeting Date/Time

- a. Friday, November 14, 2025 at 2:30 pm.

10. Adjournment – Meeting adjourned by common consent at approximately 3:50 pm to engage in door decoration judging.

Submitted by Mark Witte
10/20/2025

Chief Executive Officer Report for November 2025

Submitted by Mark Witte, Chief Executive Officer

269-615-4893 – mwitte@onpointallegan.org

You may notice (or appreciate) this briefer report. With the state budget decided last month and the continuation of the federal shutdown, not as much is happening on those two fronts. Combined with some time off, you get a much smaller report!

AGENCY

Building – The federal shut-down is still impeding approval from HRSA to initiate the MAT room construction. We remain stalled until that is resolved.

BOARD – Nothing to note this month.

COMMUNITY

Feeding Allegan County – National attention has been given to the impact of the federal shut-down on the Supplemental Nutrition Assistance Program (SNAP) on which many people in Allegan County rely. Food security is essential but outside of our direct ability to control, of course. I and many of our staff have engaged in personal advocacy efforts and supported local food donation drives to attempt to supply some of the needs of our neighbors until this crisis ends.

REGION

Lakeshore Regional Entity – There is no news as of the date of this report on the LRE's dispute with the state. The status is the same as reported last month.

STATE

State RFP for PIHP Functions – CMHA Associate Director Alan Bolter shared the following summary of the Court of Claims opinion provided by Judge Yates on 10/14/2025:

“Earlier this evening [late on 10/14/25], the Court issued the attached opinions and orders. It’s a partial win and a partial loss. The Court of Claims issued a decision relating to the RFP. The Court determined that (1) MDHHS has the unilateral authority to shift to a competitive procurement model for Medicaid behavioral health services; and (2) MDHHS can reduce the number of regions. The Court also said that it could not issue a final decision in the case because the RFP may violate Michigan law in assigning functions to PIHPs that belong to local CMHs, and in not funding CMHs so that they can fulfill their statutory obligations. The lawsuit will continue and will likely focus on these areas.

Here’s the breakdown:

1. **State’s summary disposition motion:** *The Court determined that MDHHS has the legal authority to shift to a competitive procurement system and reduce the number of regions. The Court also held that there is an issue of fact on whether the RFP violates Michigan law. Because there is an issue of fact, the case is not decided in full yet (and neither side has an appeal as of right). The Court seemed most concerned about:*

- a. *The RFP assigning PIHPs functions that belong to the CMHSPs under MCL [330.1206\(1\)](#); and*
 - b. *Medicaid funds are essential to CMHSPs carrying out their responsibilities, and the RFP does not require a PIHP to provide funds to the CMHs to carry out their responsibilities.*
2. ***Preliminary injunction order:*** *As the Court indicated at the hearing, the Court denied the preliminary injunction motion because the Court feels declaratory relief is more appropriate when dealing with executive agencies. That said, the Court made two important statements:*
- a. *“although the Court has not yet granted plaintiffs any declaratory relief, the possibility of such an outcome is significant”*
 - b. *“If circumstances develop after the issuance of this opinion and order denying injunctive relief that cause the Court to revisit the necessity of a preliminary injunction, the Court will reconvene the hearing addressing plaintiffs’ motion.”*

As I understand it, unless there is an unexpected settlement between the parties, the suit will continue in a hearing in Grand Rapids on 12/8/2025. I plan to attend. As of today, the state has not revised or reissued the RFP, but it has indicated that it intends to announce RFP winners sometime in “mid-December”. Thus, the hearing date is strategically important. To my knowledge, there has been no action taken with or in the legislature to revise current mental health code language that (we assert) conflicts with the requirements for bidders in the RFP.

MiPLAN – Work continues toward setup of the new regional entity you voted to join on October 6. The MiPLAN entity submitted a bid on the RFP as a means of preserving a public system to the extent possible under the RFP. If the RFP is not ruled illegal, it was our only pathway to pursue that option. A number of other CMHs have now joined MiPLAN by adopting a resolution adopting the same bylaws you approved.

NATION

Federal Budget for FY2026 – Having failed to pass a FY2026 budget or adopt a resolution for continued temporary funding, the federal government continues under a shut-down that began on 10/1/2025. As of the moment this report is written, the shut-down remains in effect even though negotiations appear to be moving toward a possible deal that would bring it to an end.

Submitted by Mark Witte
 Chief Executive Officer
 November 9, 2025