



## Board of Directors Meeting Agenda

Tuesday, January 20, 2026 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. Statement of Support for the Guard and Reserve – Mark Witte
5. Provision for Public Comment (agenda items only, 5” limit per speaker)
6. Approval of Agenda
7. 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 (12/16/2025)
    - ii. Finance Committee (12/16/2025)
    - iii. Program Committee (11/18/2025)
    - iv. Executive Committee (12/12/2025)
  - b. **Motion** – Approval of Closed Session Minutes (12/16/2025)
8. Program Committee – Jane LaBean
  - a. **Motion** – Approval of 2026 Program Presentation Schedule
9. Finance Committee Report – Beth Johnston
  - a. **Motion** – Approval of Voucher Disbursements
  - b. **Motion** – Approval of FY2026 Contracts
  - c. Building Report
10. Recipient Rights Advisory Committee (Mar/June/Sep/Dec) – Glen Brookhouse
  - a. Review of FY2025 Recipient Rights Report Submitted 12-26-2025
11. LRE Updates – Mary Dumas or alternate
12. Chairperson’s/Executive Committee Report – Alice Kelsey
  - a. Compliance Report
13. OnPoint Chief Executive Officer’s Report – Mark Witte
14. Provision for Public Comment (any topic, 5” limit per speaker) – Alice Kelsey
15. Board Member Comments – Alice Kelsey
16. Adjournment
17. Future Meetings:
  - a. February 13, 2026 @ 2:30 pm – Executive Committee
  - b. March 17, 2026 @ 3:30 pm – Recipient Rights Advisory Committee
  - c. February 17, 2026 @ 4:00 pm – Program Committee
  - d. February 17, 2026 @ 4:30 pm – Finance Committee
  - e. February 17, 2026 @ 5:30 pm – Full Board Meeting



## **OnPoint Board Finance Committee Agenda**

January 20, 2026 @ 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 February 17, 2026 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, December 16, 2025, at 4:30 pm**  
Hamilton Conference Room, 540 Jenner Drive, Allegan MI 49010

**Board Members Present:** Glen Brookhouse, Mark DeYoung, Krystal Diel, 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 4:30 pm.

2. **Public Comment** – None

3. **Approval of Agenda**

Moved: Ms. Kelsey

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. OnPoint began the new fiscal year October 1, 2025. Overall, OnPoint did well for the month of October, projecting to return \$202,684 to the PIHP and no projected return of general funds to the State.

**Human Resources** – As policy and development continues, 4 new policies were created as well as re-credentialing policy. Work also continues on the employee handbook with crosswalk and mapping with what Rehmann has provided as a standard handbook and reviewed for gaps for a full and active employee handbook.

Work continues with active items from the FOCUS group on employee climate.

HR worked with Rehmann on the supervisory training, clarifying videos.

Folks 4 Fun held a pumpkin decorating and door contest for fall.

Information: 3 New Hire, 1 Separations (1 Voluntary, 0 involuntary) with 10 active postings.

**Information Technology** – Held a kick-off meeting with Elios with Rob Griffith, project manager. Continued work with Rubix and hired a Health Analytics Manager that will be taking the place of Rubix as he comes up to speed.

**Facilities** – Final construction draw was requested, which means the closing of the USDA loan will be held soon.

**MAT** – Held a kick off meeting for the MAT build out, which gave an opportunity for key stakeholders to have dialog. Build out was placed on hold due to government shut down and approval of key elements for the grant. NOTE: As of the date of this meeting, build out has commenced.

6. **Action Items:**

- a. The Finance Committee recommends that the OnPoint Board approve the November, 2025 disbursements totaling \$3,843,005.91.

Moved: Mr. Brookhouse

Supported: Mr. Dugan

Motion carried.

- b. The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2026.

Moved: Ms. Kelsey

Supported: Ms. Diel

Motion carried.

## 7. Informational Items

### a. Financial Reports

Mr. Pierre reviewed the financial statements for October.

Due to the reporting of CCBHC services to the state and behavioral services reported to the PIHP, financials are presented with October expenses/revenue and utilizing encounters from September. September data should be very similar to what October would have looked like. CCBHC is actual visits from October and used budgeted PPS1 rate for 2026.

Projected \$202,684 to be returned to the PIHP. General Fund is currently not expecting to return funds to the State, with a surplus of \$31,881 and CCBHC surplus of \$73,194.

**Balance Sheet** – No Balance sheet currently available due to the closing of Fiscal Year 2025 audit.

**Income Statement** – OnPoint is 8% into the fiscal year with revenue at 7.77% and expenses at 7.63%, managing expenses to revenue. Change in current year net position of \$92,750.

Both HMP Cap and CCBHC slightly over in revenue. HMP due to disenrollments and more CCBHC services provided.

PPS1 rate for fiscal year 2026 is \$370.65, down from \$398.94 in fiscal year 2025. Daily visits budgeted for 2026 is 33,297 (2,775 per month). October actual units provided were 3,092, above the budget by 317 units. It is expected to have a similar report for November.

Professional Development – 9.68% due to conference activity in October for the CMHA conference.

Discussion followed.

Reviewed dashboards.

## 8. Building Committee

See Facilities above.

## 9. Finance Committee Member Comments

Mr. DeYoung shared that Ottawa County Community Mental Health is pursuing Authority Status, which is going through the Ottawa County Board at this time.

## 10. Public Comment

None

## 11. Next Meeting – January 20, 2026, at 4:30 pm.

## 12. Adjournment

Moved: Mr. Dugan

Supported: Ms. Diel

Motion carried.

Meeting adjourned at 5:24 pm.

**Administrative Services Board Report January 2026**  
Submitted by Andre Pierre, Chief Administrative Officer  
269.569.3238 – [APierre@OnPointAllegan.org](mailto:APierre@OnPointAllegan.org)

## **FINANCE**

This month's packet includes the monthly financial report for November 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 \$418,024 (Medicaid and Healthy Michigan Plan combined) to the LRE and no General Funds to return to MDHHS.

## **HUMAN RESOURCES**

In Human Resources, planning for the Human Capital Management system, a collaborative project effort between Finance and Human Resources was launched. A target implementation date of July 1, 2026, was established, system specifications were developed, and preliminary interview meetings between the OnPoint project team (CAO, CFO, HR Director and Project Coordinator) and six (6) vendors were initiated. This part of the process will be completed in early December. The HR Director is an active member of the Health and Safety Committee, and during the month worked with the group to revise the Staff Transportation of Persons Served Policy, which was subsequently approved by the CEO on November 25th. During the November Leadership Team Meeting, the HR Director presented the revised Remote Work Policy and Agreement, which was rolled out agency-wide and required supervisors to work with their staff in completing remote work agreements for all employees. Human Resources efforts continued, in guiding the discussions with senior leadership on the Employee Climate Survey FOCUS Group Action items, with included the topics of Organizational Communication, Facilities Planning, and the development of a Strategic Plan. In addition, the Human Resources team accomplished further development on the Supervisors Training Program for OnPoint, with the CEO, CAO, COO and HR Director completing a needs assessment to help refine the selection of educational materials/resources for the program. This interactive part of the process was facilitated by our partners at Rehmann. OnPoint's annual reviews are scheduled to start in February 2026, with preparation for this process beginning in November. During the month the Human Resources team began work on developing questions for the 'new goals' section of the review and building out, as well as proofing the six (6) performance evaluation templates. The rollout of updated material is scheduled to occur in January. Individuals from the Human Resources team continued to sharpen their skills and professional knowledge by attending the following conferences/seminars/trainings: Kalamazoo Human Resources Management Association (KHRMA) Legislative Update, in order to remain abreast of current and pending employment law legislation. We expect that these learning opportunities will continue to add value to OnPoint and the workplace experience of its employees.

November marks our open enrollment for employee health benefits. Human Resources and our partner Edge insurance conducted two employee benefits meetings to explain the plans and any changes for the 2026 calendar year. In order to maintain OnPoint's commitment to offering a competitive benefits package, the organization made the decision to switch carriers in the

following categories: Health Benefits - from Priority Health to Blue Care Network; Dental Benefits - from Standard to Delta for Dental; COBRA Benefits - from iSolved to Your COBRA Connection. Due to very low participation, the Dependent Care Spending Account was eliminated.

Lastly, as part of continued efforts to promote a positive and healthy workplace culture, The Folks4Fun Employee Activity Committee organized the Cookie Tasting contest.

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

New Hires- 0

Separations- 2 (1 voluntary, 1 involuntary)

Active Posting- 8

## **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 November, there was little activity in the area of technology. With a formal contract in place with Eleos Health, the project has progressed as planned with implementation and stakeholder engagement. Rubix IT consulting continues their active support by assisting OnPoint in the completion of ad-hoc reports that must be delivered on time.

## **FACILITIES**

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

Interactions with Schley Nelson Architects for the buildout of the MAT area of the building continued as we finalized negotiating the details of the contract with contractor, JKB Construction. The timing was favorable, as the Federal Government shutdown ended and the flow of HRSA funds for the project, were available. We are still targeting project completion during the first quarter of 2026.

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  
January 13, 2026

<b>Finance Committee ACTION REQUEST</b>	<b>Subject:</b>	<b>Voucher Disbursements</b>		
	<b>Meeting Date:</b>	January 20, 2026		
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson		
<b><u>RECOMMENDED MOTION:</u></b>				
<b><u>The Finance Committee recommends that the OnPoint Board approve the December, 2025 disbursements totaling \$3,765,054.66.</u></b>				
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>				
<b><u>Date Issued:</u></b>	<b><u>Voucher Number:</u></b>	<b><u>Type:</u></b>	<b><u>Amount:</u></b>	
December 1, 2025	N/A	Loan Payment	\$21,334.00	
December 5, 2025	P1775	Payroll	\$485,409.90	
December 15, 2025	V987	Vendor	\$1,909,619.13	
December 19, 2025	P1776	Payroll	\$494,201.55	
December 30, 2025	V988	Vendor	\$854,490.08	
<b><u>BUDGET/FINANCIAL IMPACT</u></b>				
<ul style="list-style-type: none"> <li>These disbursements are part of the approved fiscal year 2026 operating budget for OnPoint.</li> </ul>				
<b>BY:</b> Nikki McLaughlin, Accounting Manager		<b>DATE:</b> January 20, 2026		

<b>Full Board</b>  <b>ACTION REQUEST</b>	<b>Subject:</b>	<b>Contracts</b>
	<b>Meeting Date:</b>	January 20, 2026
	<b>Requested By:</b>	Beth Johnston, Finance Committee Chairperson
<b><u>RECOMMENDED MOTION:</u></b>		
<b><u>The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2026.</u></b>		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>		
Provider		Contractual Services
PREST Consulting		Consultant
<b><u>BUDGET/FINANCIAL IMPACT</u></b>		
The contracted services are part of the fiscal year 2026 operating budget for OnPoint.		
<b>BY:</b> Nikki McLaughlin, Accounting Manager		<b>DATE:</b> January 20, 2026



ONPOINT



Period Ended  
November 30, 2025

Preliminary  
Monthly Finance  
Report

## ONPOINT

### Summary of Variances and Fluctuations

November 30, 2025

#### I. Operating revenue

- 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

- Contractual - The agency budgeted for several significant information system upgrades, including the implementation of a new Human Capital Management (HCM) system. The agency is currently evaluating potential vendors, with a target implementation date of July 1, and therefore no expenses have been incurred yet.
- Miscellaneous expense - The most significant variance is due to the construction being funded with grant dollars, which was delayed due to the federal government shutdown. This project began in December 2025.

## ONPOINT

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

For the Period From October 1, 2025 through November 30, 2025

	MDHHS Revenue	Coordination of Benefits	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid						
Medicaid - Mental Health	\$ 3,961,885	201	\$ -	\$ (4,235,862)	\$ -	\$ (273,776)
Medicaid - Autism	994,488	-	-	(295,866)	-	698,622
Medicaid - SUD	113,344	-	-	(56,626)	-	56,718
Healthy Michigan Plan - Mental Health	289,993	-	-	(471,979)	-	(181,986)
Healthy Michigan Plan - SUD	237,476	-	-	(119,030)	-	118,446
Medicaid subtotal	<u>\$ 5,597,186</u>	<u>\$ 201</u>	<u>\$ -</u>	<u>\$ (5,179,363)</u>	<u>\$ -</u>	<u>\$ 418,024</u>
CCBHC Demonstration						
CCBHC - Medicaid	1,287,755	26,199	\$ -	\$ (1,157,219)	\$ -	\$ 156,735
CCBHC - Healthy MI Plan	419,375	3,166	-	(381,010)	-	41,531
CCBHC - NonMedicaid	-	32,402	129,513	(262,447)	-	(100,532)
CCBHC Subtotal	<u>\$ 1,707,130</u>	<u>\$ 61,767</u>	<u>\$ 129,513</u>	<u>\$ (1,800,676)</u>	<u>\$ -</u>	<u>\$ 97,734</u>
General Fund	<u>\$ 284,622</u>	<u>\$ 163</u>	<u>\$ -</u>	<u>\$ (299,585)</u>	<u>\$ -</u>	<u>\$ (14,800)</u>
SUD Treatment Block Grant	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 75,699</u>	<u>\$ (75,699)</u>	<u>\$ -</u>	<u>\$ -</u>

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

## ONPOINT

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

October 1, 2025 through November 30, 2025

Percent of Year is 16.67%

	Total FY 2026 Budget	YTD Totals 11/30/25	Under/(Over) Budget	Percent of Budget - YTD
<b>Operating revenue</b>				
Medicaid capitation	\$ 30,530,129	\$ 5,069,717	\$ 25,460,412	16.61%
Medicaid settlement	(945,851)	(481,564)	(464,287)	
Healthy Michigan capitation	2,539,271	527,469	2,011,802	20.77%
Healthy Michigan settlement	479,683	63,540	416,143	
CCBHC capitation and supplemental	9,929,384	1,707,130	8,222,254	17.19%
CCBHC quality bonus payment	267,629	-	267,629	
State General Fund formula funding	1,707,737	284,622	1,423,115	16.67%
State General Fund settlement	-	-	-	
Grants and earned contracts	4,981,627	585,921	4,395,706	11.76%
Local funding	346,095	57,683	288,412	16.67%
Other reimbursements and revenue	608,680	99,412	509,268	16.33%
<b>Total operating revenue</b>	<u>\$ 50,444,385</u>	<u>\$ 7,913,930</u>	<u>\$ 42,530,455</u>	<u>15.69%</u>
<b>Operating expenses</b>				
Salaries and wages	\$ 12,123,863	\$ 1,913,729	\$ 10,210,134	15.78%
Fringe benefits	4,343,434	590,631	3,752,803	13.60%
Supplies and materials	278,347	36,093	242,254	12.97%
Provider Network services	27,690,851	4,612,046	23,078,805	16.66%
Contractual services	4,179,355	456,574	3,722,781	10.92%
Professional development	185,641	23,426	162,215	12.62%
Occupancy	397,566	43,910	353,656	11.04%
Miscellaneous expenses	601,435	53,069	548,366	8.82%
Depreciation	286,121	47,687	238,434	16.67%
<b>Total operating expenses</b>	<u>\$ 50,086,614</u>	<u>\$ 7,777,165</u>	<u>\$ 42,309,449</u>	<u>15.53%</u>
<b>Nonoperating expenses</b>				
Interest expense	118,450	17,607	100,843	14.86%
<b>Change in net position</b>	<u>\$ 239,320</u>	<u>\$ 119,158</u>	<u>\$ 120,162</u>	

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**Office of Recipient Rights Demographic Data**

**Data Report Covering  
October 1, 2024 through September 30, 2025**

**Regarding the Current Status of Recipient Rights at**

OnPoint
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**Rights Office Director Name**

Kelsey Newsome
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**Unduplicated Count of Individuals Served (CMH)**

2913
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**-or-**

**Number of Beds (LPH)**

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**Staff Performing Recipient Rights Functions**

Staff Name	Hours Per Week	Role
Kelsey Newsome	32	Investigation
Samantha Dereski	40	Investigation
Allison Kridler	40	Investigation
Melisse Hughes	40	Other ORR Function

## Summary of Complaint Data by Category

Code	Category	Total Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	0			
7224	Abuse Class I Sexual Abuse	2	2		0
72221	Abuse Class II Nonaccidental Act	6	6		2
72222	Abuse Class II Unreasonable Force	5	5		2
72223	Abuse Class II Emotional Harm	1	1		1
72224	Abuse Class II Treating as Incompetent	0			
72225	Abuse Class II Exploitation	5	5		2
7223	Abuse Class III	19	19		9
72251	Neglect Class I	1	1		0
72252	Neglect Class I Failure to Report	0			
72261	Neglect Class II	11	11		5
72262	Neglect Class II Failure to Report	1	1		1
72271	Neglect Class III	26	26		15
72272	Neglect Class III Failure to Report	0	0		0
7040	Civil Rights	0			
7044	Religious Practice	0			
7045	Voting	0			
7081	Mental Health Services Suited to Condition	48	48		17
7082	Safe Sanitary and Humane Treatment Environment	7	7		3
7083	Least Restrictive Setting	0			
7084	Dignity and Respect	24	24		5
7100	Physical and Mental Exams	0			
7110	Family Rights	7	7		1
7120	Individual Written Plan of Service	4	4		2
7130	Choice of Physician or Mental Health Professional	0			

Code	Category	Total Received	Investigation	Intervention	Substantiated
7140	Notice of Clinical Status and Progress	0			
7150	Services of a Mental Health Professional	0			
7160	Surgery	0			
7170	Electroconvulsive Therapy	0			
7180	Psychotropic Drugs	0			
7190	Medication Side Effects	0			
7240	Fingerprints Photographs Recordings	0			
7249	Video Surveillance	1	1		1
7261	Visits	1	1		0
7262	Telephone	0			
7263	Mail	0			
7281	Possession and Use of Personal Property	6	6		2
7286	Limitations on Personal Property	0			
7300	Safeguarding Money (State Hospitals Only)	0			
7360	Labor and Compensation	1	1		0
7440	Freedom of Movement	1	1		0
7400	Restraint	0			
7420	Seclusion	0			
7460	Complete Record	0			
7480	Disclosure of Confidential Information	6	6		5
7481	Access Denial to Confidential Information	1	1		0
7490	Correction of Record	2	2		0
7500	Privileged Communication	0			
0000	No Right Involved	3			
0001	Outside ORR Jurisdiction	7			

## Substantiated Rights Violations and Remedial Action Taken

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Abuse Class II Emotional Harm	Direct Hire	Employment Termination	Other
Abuse Class II Exploitation	Contracted Provider	Employment Termination	Other
Abuse Class II Exploitation	Contracted Provider	Employment Termination	Other
Abuse Class II Nonaccidental Act	Contracted Provider	Employment Termination	Other
Abuse Class II Nonaccidental Act	Contracted Provider	Contract Action	Recipient Transfer to Another Provider/Site
Abuse Class II Unreasonable Force	Contracted Provider	Employee Resigned	Other
Abuse Class II Unreasonable Force	Contracted Provider	Contract Action	Recipient Transfer to Another Provider/Site
Abuse Class III	Contracted Provider	Employee Resigned	Written Reprimand
Abuse Class III	Direct Hire	Employment Termination	Other
Abuse Class III	Direct Hire	Written Reprimand	Training
Abuse Class III	Contracted Provider	Employment Termination	Other
Abuse Class III	Contracted Provider	Employment Termination	Other
Abuse Class III	Contracted Provider	Staff Transfer	Written Reprimand
Abuse Class III	Contracted Provider	Employment Termination	Other
Abuse Class III	Contracted Provider	Employment Termination	Other
Abuse Class III	Direct Hire	Employment Termination	Policy Revision/Development
Neglect Class II	Direct Hire	Written Reprimand	Training
Neglect Class II	Direct Hire	Employee Resigned	Other
Neglect Class II	Direct Hire	Employment Termination	Training
Neglect Class II	Direct Hire	Employment Termination	Training
Neglect Class II	Direct Hire	Employment Termination	Policy Revision/Development
Neglect Class II Failure to Report	Contracted Provider	Contract Action	Recipient Transfer to Another Provider/Site
Neglect Class III	Contracted Provider	Contract Action	Training
Neglect Class III	Direct Hire	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Written Counseling
Neglect Class III	Direct Hire	Written Reprimand	Training
Neglect Class III	Contracted Provider	Employee Resigned	Other
Neglect Class III	Direct Hire	Employee Resigned	Written Reprimand
Neglect Class III	Contracted Provider	Written Reprimand	Verbal Counseling
Neglect Class III	Contracted Provider	Written Reprimand	Verbal Counseling
Neglect Class III	Contracted Provider	Employment Termination	Training
Neglect Class III	Contracted Provider	Employment Termination	Other



Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted Provider	Employment Termination	Other
Neglect Class III	Direct Hire	Employment Termination	Policy Revision/Development
Neglect Class III	Contracted Provider	Pending	
Neglect Class III	Contracted Provider	Pending	
Dignity and Respect	Direct Hire	Employee Resigned	
Dignity and Respect	Contracted Provider	Employment Termination	
Dignity and Respect	Contracted Provider	Written Counseling	Training
Dignity and Respect	Contracted Provider	Policy Revision/Development	
Dignity and Respect	Direct Hire	Employment Termination	Training
Disclosure of Confidential Information	Direct Hire	Verbal Counseling	
Disclosure of Confidential Information	Contracted Provider	Employment Termination	
Disclosure of Confidential Information	Direct Hire	Employment Termination	
Disclosure of Confidential Information	Contracted Provider	Contract Action	Recipient Transfer to Another Provider/Site
Disclosure of Confidential Information	Direct Hire	Employment Termination	Training
Family Rights	Direct Hire	Employment Termination	
Family Rights	Direct Hire	Employment Termination	
Individual Written Plan of Service	Direct Hire	Training	Policy Revision/Development
Individual Written Plan of Service	Direct Hire	Written Reprimand	
Mental Health Services Suited to Condition	Direct Hire	Policy Revision/Development	Training
Mental Health Services Suited to Condition	Direct Hire	Policy Revision/Development	Written Reprimand
Mental Health Services Suited to Condition	Direct Hire	Policy Revision/Development	Employee Resigned
Mental Health Services Suited to Condition	Direct Hire	Written Counseling	
Mental Health Services Suited to Condition	Direct Hire	Written Reprimand	
Mental Health Services Suited to Condition	Contracted Provider	Employment Termination	
Mental Health Services Suited to Condition	Direct Hire	Written Reprimand	
Mental Health Services Suited to Condition	Direct Hire	Employment Termination	
Mental Health Services Suited to Condition	Direct Hire	Training	
Mental Health Services Suited to Condition	Direct Hire	Training	Verbal Counseling
Mental Health Services Suited to Condition	Contracted Provider	Contract Action	Policy Revision/Development
Mental Health Services Suited to Condition	Direct Hire	Employment Termination	Training
Mental Health Services Suited to Condition	Contracted Provider	Employee Resigned	
Mental Health Services Suited to Condition	Direct Hire	Policy Revision/Development	
Mental Health Services Suited to Condition	Direct Hire	Policy Revision/Development	Training



### Training Received by the Office of Recipient Rights

[illegible]

**Training Provided by the Office of Recipient Rights**

[illegible]

## Appeals

Allegation Appealed	Grounds for Appeal	Action	Final Decision

## Desired Outcomes and Progress Toward These Outcomes

### Outcomes

Update New Hire Training and Annual Relias Training

ORR will work with recipients to develop examples to include in recipient rights trainings.

Increase in person/face-to-face consultative presence - with an aim of preventing rights violations (check ins with teams)

Recommendation to the OnPoint Office of Recipient Rights: Explore the option to develop and send a survey to internal and/or contracted provider staff regarding needs for the prevention of recipient rights violations.

### Outcomes established for the Office of Recipient Rights for 2026

Maintain in-person & face-to-face consultative presence with an aim of preventing rights violations.

Review status report format and data categories with RRAC. Implement suggested changes.

## Recommendations to the Governing Board

*The Office of Recipient Rights and Recipient Rights Advisory Committee Recommends:*

RRAC is recommending ORR assess current policies and any gaps in them, and make recommendations to strengthen standards of care.

## Director Attestation

*(To be completed by the CMH/LPH Director)*

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

Name (sign or type below)

Mark A. J. Tio

DATE

12/26/2025



## Data Summary

Demographic Information	
Reporting CMH/LPH	OnPoint
Recipient Rights Office Director Name	Kelsey Newsome
Reporting Period	October 1, 2024 through September 30, 2025
Number of Rights Office Staff	4
Full Time Equivalents (FTEs)	3.8
Staff with an Investigative Role	3
FTEs for Investigation	2.80
Complaints per FTE	66.42857143

Complaint Data Summary		
Type	Received	
All Allegations Received	196	
Allegations Received Subject to Investigation/Intervention	186	
Allegations Received with No Right Involved or Outside Jurisdiction	10	
Investigations Completed	186	
Interventions Completed	0	
Allegations Substantiated	73	
Percent of All Allegations Substantiated	39%	
Highlighted Complaint Categories	Received	Substantiated
Abuse I, II, III	38	16
Neglect I, II, III	39	21
Dignity and Respect	24	5
MH Services Suited to Condition	48	17
Individual Written Plan of Service	4	2
Disclosure of Confidential Information	6	5

Complaint Remediation	
Remediation Type	Total
Verbal Counseling	5
Written Counseling	4
Verbal Reprimand	0
Written Reprimand	14
Suspension	0
Demotion	0
Staff Transfer	1
Training	20
Employment Termination	27
Employee Resigned	8
Contract Action	6
Policy Revision/Development	13
Environmental Repair/Enhancement	1
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	4



**OnPoint Board of Directors – Program Committee Meeting Agenda**

**Tuesday, January 20, 2026 @ 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) Risk Management Plan – Jeana Koerber
- 6) Review of Written Reports
  - a) Chief Operating Officer – Jeana Koerber
  - b) Motion – Approval of 2026 Program Presentation Schedule
- 7) Program Committee Member Comments
- 8) Public Comment (any topic; 5” limit per speaker)
- 9) Adjournment – Next Meeting February 17, 2026 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  
November 18, 2025**

**Board Members Present:** Marcia Kerber; Jane LaBean, Chairperson; Deb Morse; Karen Stratton

**Board Members Absent:** Kim Bartnick, Vice-Chairperson; Jessica Castañeda

**OnPoint Staff Present:** Janice August (virtual); Heidi Denton; Geniene Gersh; Rob Griffith (virtual); Meagan Hamilton; Angel Hopkins (virtual); Amy Kettring (virtual); Jeana Koerber; Kelsey Newsome; Matt Plaska; Cathy Potter; Michell Truax (virtual)

**Public Present:** Stephanie VanDerKooi

- 1) **Call to Order** – Ms. LaBean called the meeting to order at 4:01pm.
- 2) **Public Comment** – No comments from members of the public.
- 3) **Approval of Agenda** – Karen Stratton moved to approve the agenda. Marcia Kerber supported the motion. Motion carried by unanimous consent.
- 4) **Approval of Minutes** – Karen Stratton moved to approve the minutes from the meeting on October 21, 2025. Deb Morse supported the motion. Motion carried by unanimous consent.
- 5) **Program Committee Reports** – Heidi Denton, Housing and Prevention Supervisor, presented on the Homeless Assistance Program. Ms. Denton started by providing an overview of the Homeless Assistance Program, introduced the Housing team, and provided definitions of the different categories of homelessness. Additionally, an overview of OnPoint’s current homeless assistance programs, the master lease program, and steps to stability funding were provided. Finally, the challenges the homeless assistance program faces, the fair market rent rates, recent program successes, and number served in 2024 were provided.  
  
Matt Plaska, Director of Quality Innovation, provided the Annual Review and Evaluation of Quality Improvement Activities for FY2025, discussed the Quality Assurance & Performance Improvement Plan for FY2026, and reviewed the Performance and Quality Measures for FY2026.  
  
Jeana Koerber, Chief Operating Officer, shared Eleos will be rolling out towards the end of January 2026, there have been no further updates around the HRSA funds, and there are changes coming to the housing grants that may require reapplying by December 12, 2025.  
  
Cathy Potter, Customer Services Coordinator, shared the number of orientations conducted this past quarter, and reviewed grievance reports. Additionally, Ms. Potter provided an update on Notice of Adverse Benefit Determinations (NABD), including an audit that the LRE conducted that OnPoint received 100% on. Furthermore, community events attended were reviewed as well as upcoming events.
- 6) **Program Committee Member Comments** – The presenters were thanked for their presentations and praised for their work.
- 7) **Public Comment** – No comments from the public.

- 8) **Adjournment** – Motion by Karen Stratton, supported by Deb Morse to adjourn the meeting. Motion carried by unanimous consent. Meeting adjourned at 4:50pm.

Submitted by,  
Meagan Hamilton

**Program Committee Board Report January 2026**  
Submitted by Jeana Koerber, Ph.D., Chief Operating Officer  
269-550-6649 – [Jkoerber@OnPointallegan.org](mailto:Jkoerber@OnPointallegan.org)

**Program Updates**

**Access.** The Access team focused on training a new intake clinician in December and still has an open position on the team. The same day access system continues to flow along well, and the team has added the responsibility of educating and helping clients set up the patient portal at their intake appointment. There were 83 assessments completed in the month of December, and 18 of those were referred for services underneath the Arbor Circle staffing contract which continues to go well. The Access team supervisor Alison Schuyler did put in her resignation in December, and her last day will be the 16<sup>th</sup> of January. Workflow adjustments are being made to assist in the transition.

**Adult Outpatient.** The Adult Outpatient team focused on interviewing some candidates for their 2 open positions without much luck to date. However, the staffing contract with Arbor Circle is allowing clients to be assigned to therapists in a timely manner. The month of December focused on transitioning Melissa Potvin out of the program manager position to Geniene Gersh. Combined workflow meetings to help get the DBT treatment program up and running were held. Guidelines for outpatient productivity expectations were also transmitted to the team in written form and discussed. Guidelines were also developed for clients who are using telehealth for appointments to transmit expectations for clients to have a safe and private therapy experience.

**Adult Targeted Case Management.** The Intensive Case Manager is leaving OnPoint to pursue other professional opportunities. We have made a request to fill that vacancy not with an Intensive Case Manager but with another traditional case manager. Clients that require Intensive Case Management services will be served by case managers or by other teams, such as ACT or Recovery Management. We have recently on-boarded a case manager who will also be able to provide back-up OBRA screens when our primary OBRA screener, Bev, is out of the office.

**Assertive Community Treatment (ACT).** The ACT team hired a peer support specialist who started in October, bringing the team back to full staffing with a team lead/clinician, case manager, nurse, clerical support, and now our peer support specialist. The team continues to operate under an exception request with the state for the fidelity model to ensure all new team

members are fully trained. This is set to expire at the end of March 2026. We will continue to evaluate the team and referrals to determine if/when we need to add an additional team member, likely a therapist. Currently two clients on the team receive therapy from a different clinician due client preferences.

**Behavioral Services.** OnPoint no longer has an internal Behaviorist but is contracting out the majority of behavioral supports to Positive Behavioral Supports (PBS). We continue to work through this process as we onboard new clinicians from PBS to the program.

**Care Coordination.** OnPoint now has 2 behavioral health Care Coordinators that assist staff and individuals to organize, obtain, and coordinate services and ensure we are providing quality integrated care to the people we serve in Allegan County.

**Children's Autism and IDD Services.** With the new fiscal year and setting program billable expectations, the team has shifted their focus on increasing billable time as well as assessment quality. Two new contracts have been initiated for Autism Services, one a testing a provider for Autism evaluations and the other an in-home provider that is looking to serve the northeast side of the county to start. Caseload numbers continue to remain steady as the Case Managers continue to monitor all aspects of the Autism benefit and ensure all clients are striving to their goals.

The Autism Coordination team (including the newly onboarded BCBA) updated and rolled out a new ABA plan approval Rubric, collaborating with providers for feedback before finalization as this process drives clinical rationale for medical necessity and approval of ABA units. With this new Rubric, the BCBA has been able to thoroughly review all provider plans for meeting best clinical practices and following the Medicaid guidelines.

Family training has resumed to those seeking behavior support services and to work with an interdisciplinary team. The BCBA is currently onboarding eight families. The program manager and Autism coordinator concluded their Family Training Group and report it's successful, looking to do another group later this winter or early Spring 2026

**Children's Outpatient.** The outpatient team continues to provide therapy support to the children of Allegan County. Due to the influx of children seeking outpatient services, our team is

grateful for the contracts with Arbor Circle and Hope and Wholeness. A number of children have been referred to our therapy contracts to provide them with timely access to therapy services. We currently have 10 therapists (combination of full-time staff and part-time staff) that provide therapy for nearly 300 children. Our newly developed Outpatient Case Manager position has been able to help both staff and families. Due to the intensity of need for some families our Case Manager is able to give more frequent and direct support when helping families connect to more services in the community. Our Outpatient Case Manager currently supports 28 families.

Teen groups continue to be a popular service amongst consumers at OnPoint. Teen group serve ages 13-17 years old. We have been able to conduct teen group quarterly. Additionally, we successfully completed our first group for smaller children 6-12 years old. With the success of the group we plan to run another group this summer.

**Crisis.** The Crisis team had an elevated number of individuals discharging from inpatient in the month of December and focused on follow-up contacts and referrals. Crisis team access to the lower level of care of crisis residential remains limited with Pine Rest Centerpoint being the main provider for the agency. More clinicians and other staff have signed up for mobile crisis shifts to help keep those services flowing, and quarterly training meetings have been arranged for the year for the group.

**Home-based and Infant Mental Health.** Our current team consists of 5 staff members with a combination of full-time therapists and those with split caseloads. Two staff are also providing IMH (Infant Mental Health) services; one with a MI-AIMH endorsement and the other working toward endorsement and currently on a provider waiver with expected completion in May 2026. One new therapist has recently been hired to fill a position vacated by previous staff in May 2025. He started earlier this month. There is currently one open position vacated by previous staff in September 2025. As of 12/15/25, our current team is serving 48 HB/IMH clients.

Two HB therapists are also trained in, and currently providing, PMTO (Parent Management Training - Oregon Model) to families in Allegan County. Three staff have completed the training portion of Parenting Through Change (PTC) training, a 10-week group model of PMTO, and provided the first PTC group for Allegan County families in the fall with their second group scheduled to begin in February. Jodie May continues to provide IECMHC (Infant/Early

Childhood Mental Health Consultation) services through a grant with MiLEAP and MDHHS. She has offered several professional development trainings, both in person and virtually, to early childcare professionals with upwards of 150 professionals in attendance. She also completed a Train the Trainer series and is now approved as a trainer in the Pyramid Model, an evidence-based practice focused on promoting healthy social-emotional development for children in daycare and preschool settings.

**Housing.** Our housing access case manager resigned from her role. We are currently covering these duties in the team and are hiring for a full-time peer support specialist. The team has successfully started billing Medicaid for current clients and will continue to expand by working with other clients in the agency as case loads allow.

**Med Clinic/MAT/OT Services.** The Medical Clinic has experienced several staffing changes. We want to acknowledge the departure of Mary Griffith, RN, whose last day with us was December 5, 2025. We are grateful for her contributions during her time here and wish her the very best in her next chapter. We are currently partnering with ECS to provide nursing services on the days our MAT doctors are in the office to ensure we can provide all of the injection services for clients. We currently have MAT doctors in office two days a week.

In addition, we are actively recruiting for several key positions, interviews are currently underway for the Medical Clinic Supervisor role, and we have one RN position and one MAT position posted. We have an RN scheduled to start on 1/20/26 but still have a vacant role. Our goal is to ensure continuity of care and maintain strong clinical coverage as we move through these hiring processes.

Our Occupational Therapist, Rebecca DeHart, continues to supervise our COTA (Certified Occupational Therapist Assistant), Brandon Lang, on a part-time basis to support ongoing service delivery and compliance.

**Peer Support.** Peer Support specialists often work alongside mental health professionals to enhance treatment outcomes and promote recovery. We have peer supports on our crisis team, adult teams, recovery management teams, ACT team (currently hiring), children's team and also our parent support partners. Many of our peers have worked together to lead a successful Art of



Recovery Event in September. We also have several groups that peers are leading or co-facilitating with other clinicians.

**Recovery Management.** The Recovery Management (RM) team has started a Women's Seeking Safety Groups and Wellness Recovery Action Plan (WRAP) Groups. The team has also transitioned many clients to lower levels of care and are receiving clients who previously had intensive case management services. We are exploring new names for the team as we look to expand their focus into co-occurring and potentially clients who need a higher level of care but only have a mental health diagnosis.

**Supportive Employment.** Charles Wilkinson (Employment Services Coordinator) is one step away from completing the WIP-C certification. This certification will allow Charley to provide accurate and important information to individuals about Social Security Benefits and work incentives, while helping individuals move into employment opportunities without fear or losing their benefits.

**Wraparound.** Wraparound service referrals continue to come in at steady rate, with most referrals coming from those involved in the juvenile justice or foster care systems. Due to the increased need, we now have 4 full time Wraparound Facilitators. Wraparound services are currently being provided to 45 youth and their families. Our Wraparound Facilitators continue to attend trainings and learn the new Intensive Care Coordination with Wraparound (ICCW) model. This model incorporates wraparound added with care coordination to our families with serve.

Sincerely,

Jeana Koerber, Ph.D.  
Chief Operating Officer  
January 12, 2026





<b>Program Committee MOTION REQUEST</b>	<b>Subject:</b>	<b>Program Presentation Schedule for 2026</b>
	<b>Meeting Date:</b>	January 20, 2026
	<b>Requested By:</b>	Mark Witte
<b><u>RECOMMENDED MOTION:</u></b>  <b><u>The Program Committee recommends that the Board adopt the attached Program Presentation Schedule for calendar year 2026.</u></b>		
<b><u>SUMMARY OF REQUEST/INFORMATION:</u></b>  <ul style="list-style-type: none"> <li>• The Program Committee receives one or more reports from OnPoint's various program areas each month in its regularly scheduled meeting.</li> <li>• The programs included and their sequence is proposed by OnPoint program staff and approved by the Board. The schedule allows for appropriate lead-time for scheduling, planning and preparation for presentation by OnPoint staff.</li> </ul>		
<b><u>BUDGET/FINANCIAL IMPACT</u></b>  <ul style="list-style-type: none"> <li>• None</li> </ul>		
<b>BY:</b> Mark Witte Chief Executive Officer		<b>DATE:</b> January 20, 2026

<b>2026 ANNUAL PROGRAM COMMITTEE PRESENTATION SCHEDULE</b>		
<i>Program Committee meets the 3rd Tuesday each month at 4pm.</i>		
<b>MONTH</b>	<b>PRESENTATION TOPIC</b>	<b>PRESENTER(S)</b>
<b>January 20</b>	Risk Management Plan	Jeana Koerber
<b>February 17</b>	Children's Services: ICC with Wraparound, Homebased and Infant Mental Health	Tara Poore, Eve Cole, Tracy Monroe & Emma Higgs
<b>March 17</b>	Access, Crisis, and Mental Health Treatment Court	Melissa Potvin & Dreka Payne
	Evidence Based Practices	Geniene Gersh
<b>April 21</b>	Assertive Community Treatment (ACT)	Lauren Todaro
	Provider Network and Self Determination	Amy Kettring & Mallory Mickevich
<b>May 19</b>	Case Management and Supportive Services	John Eagle & Laura Furey
<b>June 16</b>	Prevention Services	Heidi Denton
	Housing Programs	Heidi Denton
<b>July 21</b>	Medication Clinic Services and MAT	Angel Hopkins and Ashlynn Maneke
	Occupational Therapy	Rebecca DeHart & Brandon Lange
<b>August 18</b>	Peer Teams (Certified Peers, Recovery Coaches, Parent Support Partners)	Peer Group
	Administrative Professionals	Christine Beals
<b>September 15</b>	Utilization Management	Michell Truax
	Autism Program and Children's Supports Coordination Services	Megan Ford
<b>October 20</b>	Supported Employment Services	John Eagle & Charles Wilkinson
<b>November 17</b>	Quality Improvement Plan	Matt Plaska
<b>December 15</b>	Outpatient Services	Melissa Potvin & Tracy Laing
	Recovery Management Services	Lauren Todaro

**OnPoint Board of Directors Minutes - DRAFT**  
**Tuesday, December 16, 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; Deb Morse; Karen Stratton

**Board Members Absent:** Kim Bartnick; Jane LaBean

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

**Public Present:** Andrew Brege; Nan Lawrence; Stephanie VanDerKooi (virtual)

1. **Call to Order** – Ms. Kelsey called the meeting to order at 5:31pm.
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 move the closed session after the second provision for public comment (14).

Moved: Alice Kelsey

Supported: Glen Brookhouse

Motion carried by common consent.

Motion: To approve the agenda as amended.

Moved: Jessica Castañeda

Supported: Marcia Kerber

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 (11/18/2025)

ii. Finance Committee (11/18/2025)

iii. Program Committee (11/18/2025)

iv. Executive Committee (11/14/2025)

v. Recipient Rights Advisory Committee (09/16/2025)

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

Moved: Commissioner Gale Dugan

Supported: Jessica Castañeda

Motion carried by common consent.

7. **Program Committee** – The Program Committee meeting was cancelled this month.
8. **Finance Committee Report** – Beth Johnston, Treasurer, shared Human Resources dispersed additional policies to staff, the employee handbook is continuing to be developed with Rehmann, the Employee Climate Survey FOCUS group continues to meet with HR and Rehmann to develop trainings for supervisors, and the Folks for Fun committee has put on several events for the staff. Additionally, Eleos implementation is ongoing, the Healthcare Analytics Manager will be creating data reports for review, and the MAT Room construction has started. Finally, the summary of variances and fluctuations; summary schedule of revenues

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

- a. Motion: To approve the November 2025 disbursements totaling \$3,843,005.91 as recommended by the Finance Committee.

Moved: Beth Johnston

Supported: Glen Brookhouse

Motion carried by unanimous roll call vote.

- a. Motion: To approve the list of provider contracts for fiscal year 2026 as recommended by the Finance Committee.

Moved: Beth Johnston

Supported: Jessica Castañeda

Motion carried by unanimous roll call vote.

9. **Recipient Rights Advisory Committee** – Glen Brookhouse shared the status report from September through November was reviewed, as well as the annual report which was approved to be submitted to the state. Additionally, policy revisions are going to continue and increased training for supervisors as well as clarification on training. Finally, the annual report will be available to the board next month.
10. **Lakeshore Regional Entity (LRE) Updates** – Stephanie VanDerKooi, Chief Operating Officer of the LRE, provided an update on LRE matters. Ms. VanDerKooi shared at the Oversight Policy Board meeting a PA2 reserve request was approved for the Allegan Drug Court, and the policy board is focusing on two advocacy areas with one of the areas being tobacco licensing. Additionally, there are a few senate bills that are to be sent to the House to license tobacco, and there are two bills being proposed to prohibit marijuana billboards and the Oversight Policy Board sent a letter of support to the state representatives regarding the bills. Ms. VanDerKooi will be taking the advocacy items to the full LRE board meeting on December 17<sup>th</sup> for their approval and support. Also, the LRE has allowed their staff to use Copilot (artificial intelligence) and has received positive feedback. Finally, the LRE is pulling together their annual report for FY2025, and they have not heard anything from the court regarding the RFP.
11. **Chairperson's/Executive Committee Report** – Alice Kelsey shared she has noticed an increased commitment from the county representatives on the LRE board to remain within their budgets. Also, Mark will be reaching out to organizations within the county regarding interest in joining the OnPoint board since a member will be leaving in March.
12. **OnPoint Chief Executive Officer's Report** – Jeana Koerber shared the HUD notice of award was paused with our grants expiring at the end of April 2026. Mark Witte highlighted a few items from his report, including part of the board packet is being sent to county legislators, the CMHA Winter Conference is coming up and let Meagan Hamilton know if you would like to attend, we are awaiting Judge Yates' ruling regarding the RFP, and briefly discussed the federal budget for FY2026.
13. **Provision for Public Comment** – No comments received.
14. At 6:06pm, Chairperson Kelsey moved, and Glen Brookhouse seconded, to enter into a closed session pursuant to MCL 15.268(1)(h), to discuss material exempt from disclosure by statute, more particularly the written legal opinion of our attorney which is exempted from disclosure under MCL 15.243(1)(g).

Roll Call Vote:

Voting Yes – Glen Brookhouse; Jessica Castañeda; Commissioner Mark DeYoung; Krystal Diel; Gale Dugan; Beth Johnston; Alice Kelsey; Marcia Kerber; Deb Morse; Karen Stratton

Voting No – None

Motion carried by unanimous roll call vote

--- 6:06pm – 7:02pm CLOSED SESSION ---

- a. Motion: To consider the written legal opinion of counsel and move to follow the advice of counsel.

Moved: Commissioner Gale Dugan

Supported: Jessica Castañeda

Motion carried by common consent.

15. **Board Member Comments** – No comments received.

16. **Motion to Adjourn**

Moved: Beth Johnston

Supported: Krystal Diel

Meeting adjourned at 7:03pm.

Motion carried by common consent.

Respectfully submitted,

Meagan Hamilton  
Executive Assistant

Alice Kelsey  
Board Chairperson



## **CORPORATE COMPLIANCE PLAN – FY26**

**October 1, 2025**

(Reviewed and approved by Board of Directors annually, updated as needed)

OnPoint Compliance Committee Approval – 1/5/2025  
OnPoint Board Executive Committee Recommended Approval –  
Approved by OnPoint Board –



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## Introduction

The OnPoint Corporate Compliance Plan provides a high-level overview of the Corporate Compliance Program and outlines OnPoint's commitment to ensuring compliance with applicable federal, state, and regional statutory, regulatory, and contractual requirements. The Compliance Plan provides a formal statement of OnPoint's intent to conduct itself ethically regarding business operations, adherence to applicable regulations, and providing services and care. It includes the ~~required seven~~ fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste, and abuse and other potential non-compliance.

To the extent that the OnPoint Corporate Compliance Plan conflicts with, or misstates any applicable regulation, statute or contractual requirement, the regulation, statute, and/or contractual requirement controls.

The overview of the OnPoint's compliance standards and practices are outlined in policy 901, Corporate Compliance Program and this document, (901.1 OnPoint Corporate Compliance Plan). Other compliance policies, procedures, and standards can be found in section 9 of the OnPoint policy and procedure manual.

## Purpose of the OnPoint Compliance Program

Ultimately, the purpose of a corporate compliance program is to protect the organization. The benefits of a strong program go well beyond regulatory and legal compliance to also include operational benefits. A well-balanced corporate compliance program, along with a continuous quality improvement approach, will help ensure that the agency's organizational structure, people, processes, and technology are working in harmony to manage risks, improve stakeholder satisfaction, optimize the use of limited resources, oversee providers, and achieve strategic and operational goals. The purpose of the OnPoint Compliance Program is to also:

1. Encourage the highest level of ethical and legal behavior from all OnPoint Personnel and Contract Providers.
2. Educate all OnPoint Personnel, Contract Providers, and other applicable stakeholders on their responsibilities and obligations to comply with applicable federal, state, and local laws.
3. Communicate to all OnPoint Personnel and Contract Providers, and other applicable stakeholders OnPoint's Corporate Compliance Program structure to promote understanding and encourage communication.
4. Minimize organization risk and improve compliance with applicable federal, state, and regional statutory, regulatory, and contractual requirements; service provision, documentation standards; and Medicaid, and coding and billing requirements.
5. Maintain adequate internal controls throughout all programs.
6. Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold applicable federal, State, and regional regulations and contractual requirements.
7. Provide oversight and monitor functions to reduce the possibility of misconduct, and violations through prevention and early detection and minimize exposure to civil and criminal sanctions as well as non-compliance with applicable federal and state statutory, regulatory, and

contractual requirements; service provision; documentation standards; and Medicaid coding and billing requirements.

8. OnPoint's Compliance Program further supports the organization's Mission, Vision and Values which are:

- 8.1. **Mission** – To improve the lives of people in Allegan County through exceptional behavioral health and homelessness services.

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

- 8.3. **Values** - Integrity, Inclusivity, Honor, Equality, Humility, Innovation, Teamwork, Cultural Competence.

## Application of OnPoint Corporate Compliance Program

The OnPoint Corporate Compliance Plan is intended to provide the framework for OnPoint to comply with all applicable laws, regulations, contracts, and program requirements. It is OnPoint's intent that all its compliance policies and procedures promote integrity, support objectivity, and foster trust throughout the service region. The OnPoint Corporate Compliance Plan applies to all OnPoint day-to-day activities, including those activities that come within Federal, State, and regional oversight of CMHSPs.

OnPoint personnel are subject to the requirements of the OnPoint Corporate Compliance Plan as a condition of employment/appointment/individual contract. All OnPoint personnel are required to fulfill their duties in accordance with the OnPoint Corporate Compliance Plan, policies, and procedures to promote and protect the integrity of OnPoint. Failure to do so will result in disciplinary action, up to and including termination of employment/contract, depending on the egregiousness of the offense. Disciplinary action may also be taken against a supervisory staff member, who directs or approves a staff member's improper conduct, is aware of the improper conduct, and does not act appropriately to correct it, or who fails to properly exercise appropriate supervision over a staff member.

OnPoint may contract for services and/or supports with external organizational providers. The OnPoint Corporate Compliance Plan applies to Network Providers receiving payment through OnPoint and/or through LRE managed care functions. All Network Providers, including their officers, employees, contractors, servants, and agents, are subject to the requirements of OnPoint Corporate Compliance Plan as applicable to them and as stated within the applicable contracts. Failure to follow the OnPoint Corporate Compliance Plan and cooperate with the OnPoint Corporate Compliance Program will result in corrective action plans, remediation, and contract action, as needed.

The OnPoint Corporate Compliance Plan, standards, policies, and procedures included or referenced herein are not exhaustive or all inclusive. All OnPoint personnel and Network Providers are required to comply with all applicable laws, rules, regulations, and policy including those that are not specifically addressed in the OnPoint Corporate Compliance Plan.

OnPoint's Compliance Officer and/or Compliance Committee may recommend modifications, amendments, or alterations to the written Corporate Compliance Plan and will communicate any changes to all OnPoint Personnel and Network Providers, as necessary.

This document is not intended, nor should be construed, as a contract or agreement and does not

grant any individual or entity employment or contract rights.

## Legal Basis for Compliance Plan

Numerous laws establish compliance requirements for the OnPoint and Contract Providers. However, in formalizing OnPoint's Corporate Compliance Program, the legal basis for OnPoint's Corporate Compliance Program centers around the following primary legal and regulatory standards. (For a more extensive list of compliance related laws and regulations see the list of Federal and Michigan Laws under "References" of Policy #901 *Corporate Compliance Program*.)

1. Affordable Care Act

This ACT requires agencies to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste, and abuse. All OnPoint Personnel and Contract Providers fall within the scope of the OnPoint Compliance Plan.

2. Anti-Kickback Statute.

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

3. Civil Monetary Penalties Law

The Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a) allows HHS-OIG to seek civil monetary penalties and/or exclusion for many offenses. Penalties can range from several hundred to multimillion dollars based on the violation(s) cited.

4. Exclusion Statute

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

5. False Claims Acts (Federal and Michigan).

The *Federal False Claims Act* (31 U.S.C. §§ 3729-3733) applies when an agency or individual knowingly presents or causes to be presented a false or fraudulent claim for payment; knowingly uses or causes to be used a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses or causes to be used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government, or its designated entity.

The *Michigan False Claims Act* prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments, and to authorize the Michigan Attorney General to investigate alleged violations of this Act. Examples of criminal offenses that will result in exclusion include:

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

dispensing of controlled substances

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

## Fundamental Elements of OnPoint’s Compliance Program

The HHS-OIG has declared that the elements described in Chapter 8 of the 2015 *United States Sentencing Commission Guidelines Manual* and the *US Dept of Health and Human Services Office of Inspector General, General Compliance Program Guidance, November 2023*, are the ~~seven~~ fundamental elements of an effective compliance plan. Therefore, OnPoint’s Corporate Compliance Program is comprised of the recommended elements described below to ensure its program effectiveness.

### *Element 1 – Compliance Standards and Procedures*

An effective compliance program is dependent on written policies, procedures, and code of ethical conduct. The development, distribution, and enforcement of Code(s) of Conduct and Ethics, and written policies and procedures that promote OnPoint’s commitment to full compliance with applicable federal, state, and regional statutory, regulatory, and contractual obligations that are accessible and applicable to all OnPoint Personnel and Network Providers. These policies, procedures, and code(s) of conduct and ethics incorporate the culture of compliance into our day-to-day operations and address specific areas of potential fraud, waste, and abuse. OnPoint maintains its policies, procedures, and code of conduct and ethics through annual review.

See OnPoint Policies/Procedures:

For Providers at: [Providers – OnPoint](#)

For OnPoint Personnel at: [Policies, Procedures and Guidelines – Home](#)

### *Element 2 – Compliance Program Leadership and Oversight*

OnPoint has established an extensive corporate compliance structure with defined roles that involves all levels of the organization. The structure consists of the Corporate Compliance Officer, Compliance Committee, Management Team, Chief Executive Officer (CEO), and Board of Directors.

OnPoint’s Compliance Officer is responsible for the day-to-day activities of the compliance programs, monitors program implementation, and reports directly to the CEO with a direct line of reporting to the Board of Directors. The Compliance Officer:

- Is the primary “go to” person for compliance/noncompliance related issues.
- Must be familiar with the operational practices and compliance activities.
- Conducts and/or ensures compliance investigations are initiated timely and conducted within a reasonable timeframe.
- Is the chairperson and member of the Compliance Committee.
- Also acts in the capacity of OnPoint’s Privacy Officer

The Compliance Committee is a multidisciplinary committee that reports ~~directly~~ to the

Management Team and/or the CEO. The Compliance Officer and Compliance Committee are jointly responsible for:

- Reviewing, updating, and recommending approval of the compliance plan, policies, and procedures.
- Developing and revising, as needed, the compliance program work plan.
- Assisting in the annual risk management assessment and plan.
- Monitoring and reviewing the effectiveness of the compliance program.
- Assists and/or conducts compliance investigations.
- Is available to assist and provide guidance to the Compliance Officer.

OnPoint's Board of Directors provides oversight and monitors/ensures the effectiveness of the compliance program through the Board's Executive/Compliance committee which meets at least quarterly.

For more information on the key roles of the OnPoint's Compliance Program refer to 901.3 *Compliance Structure and Oversight Policy* and 900 *Compliance Committee Charter*.

### ***Element 3 – Effective Training and Education, Credentialing and Due Diligence***

OnPoint requires training and education for the Compliance Officer, all personnel including senior management and board of directors, and contract providers and their employees regarding fraud, waste and abuse, the Deficit Reduction Act, other federal and State standards, and requirements applicable to program integrity and compliance. While the compliance officer may provide training to senior management, employees and board members, "effective" training for the compliance officer means it cannot be conducted by the compliance officer him/herself.

The initial training provides a comprehensive review of the OnPoint Compliance Program, the identity and role of the compliance, privacy, and security officers, the role of the compliance committee, the importance of open communication with the compliance officer, nonretaliation for disclosing or raising compliance concerns, the means through which the entity enforces its written policies and procedures equitably and impartially, and the Codes of Conduct/Ethics. Thereafter, annual training may highlight the Compliance Plan and any changes or new developments as well as re-emphasizing the OnPoint Employee Code of Conduct/Ethics. Targeted training may be required for personnel and/or contract providers involved in specific areas of risk. Successful completion of required training is considered a condition of employment/contract and failure to comply will result in disciplinary action up to and including termination.

Credentialing, criminal history checks, sanction checks and conducting due diligence on employees, potential employees and contractors are required to help ensure integrity of the workforce and contractors.

### ***Element 4 – Effective Lines of Communication with the Compliance Officer and Disclosure Programs***

Open lines of communication between the Compliance Officer and OnPoint Personnel, Contract providers, and other stakeholders is essential to the successful implementation of a compliance program and the reduction of any potential fraud, waste, and abuse. The Compliance Officer will communicate compliance messages via informal training methods, such as posters, newsletters, email, and Intranet communications. Avenues for communication must allow for anonymity and protection from retaliation for addressing

concerns and/or reporting known or suspected violations.

## Reporting

All OnPoint Personnel and contract providers have the responsibility of ensuring the effectiveness of the agency's compliance efforts by adhering to the Corporate Compliance Program, Employee Code of Conduct and Ethics, and reporting suspected and known violations.

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

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

OnPoint personnel, contract providers, persons served, or other stakeholders may choose any of the following methods for reporting suspected compliance violations and may report anonymously if desired.

- Electronic Mail (Email) – Suspected compliance violations can be sent by email to the following address: [cofficer@onpointallegan.org](mailto:cofficer@onpointallegan.org). When emailing, staff may complete the form entitled "Compliance Complaint Reporting Form" (Refer to 903.1) or may specifically outline the details of their concerns within the content of an e-mail. For providers or individuals who do not have a [@onpointallegan.org](mailto:@onpointallegan.org) email address, PHI is **NOT** to be included in any unsecured emails.
- Mail Delivery – Suspected compliance violations can be mailed to the Compliance Officer at: OnPoint Compliance Officer, 540 Jenner Drive Allegan, MI 49010. When mailing, the form entitled 903.1 Compliance Complaint Reporting Form may be used, or the concerns may be submitted in any written format.
- In Person – Suspected compliance violations may be made in person to any member of the OnPoint Compliance Committee. Meeting via Zoom or Teams is considered to be "in person".
- By Phone – Suspected compliance violations may be made by calling the Compliance Officer directly at 269-512-4737. If there is no answer a *confidential* voice message may be left.
- Effective in January of 2026, OnPoint will implement a helpline for reporting completely anonymously. Unsigned letters may still be mailed to the OnPoint office, attention Compliance Officer to also report anonymously, however calling the helpline is the preferred method.

- If preferred, suspected violations (related to Medicaid) may be reported directly to the Corporate Compliance Officer for the Lakeshore Regional Entity by calling 231-769-2050 and asking for the Compliance Officer. More information may be found at: <http://www.lsre.org/contact-us>.

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

Where violations are substantiated, appropriate recommendation and/or corrective action will be initiated, which may include making prompt restitution of any overpayment amounts (within 60 days of identifying amount), notifying the appropriate governmental agency, staff education, and disciplinary action against responsible employees.

When it is determined that a report is deemed a credible allegation of fraud, the OnPoint Compliance Officer will immediately protect relevant information s/he has access to that may be needed to perform a thorough investigation and/or work with OnPoint's Information Management personnel to ensure protection. All document disposal practices will be stopped immediately. If reasonable suspicion exists that employees might destroy or remove documents, the employee's access to such documents may be suspended or removed pending investigative findings.

Compliance activity is reported to Lakeshore Regional Entity as required on the ~~quarterly~~ monthly Program Integrity Reporting template. Additionally, OnPoint's Compliance Officer will file all potential fraud allegations to the Lakeshore Regional Entity (LRE) when allegations of fraud, waste, or abuse of Medicaid dollars is estimated to be over \$5,000. LRE will report to the OIG (Office of Inspector General) who will determine if further investigation will be completed by the OIG, LRE, or be assigned to OnPoint. This may also result in reporting to other governmental agencies as required.

For identified compliance related issues that do not require a formal investigation (i.e. a compliance inquiry), the Compliance Officer will document the reported incident and the outcome.

### **Non-Retaliation and Non-Intimidation of Persons Reporting Non-Compliance**

OnPoint Personnel and Network Providers and staff, who make good faith reports of violations of federal or state law, are protected by state and federal whistleblower statutes.

Under the Federal False Claims Act and the Michigan Medicaid False Claims Act, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

1. The Federal False Claims Act, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel state laws pertaining to civil and criminal penalties for false claims and statements, and provides "whistleblower" protection for those making good faith reports of statutory violations.
2. Under the Michigan Medicaid False Claims Act, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee



in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA236, MCL §600.2591; or (ii) planned, initiated, or participated in the conduct upon which the action is brought; or (iii) is convicted of criminal conduct arising from a violation of that act.

### *Element 5 – Enforcing Standards: Consequences and Incentives*

For a compliance program to be effective, the organization should establish appropriate consequences for instances of noncompliance, as well as incentives for compliance. Consequences may involve remediation, sanctions, or both, depending on the facts. Incentives may be used to encourage compliance, performance, and innovation. Both incentives and consequences are important to enforcing compliance.

#### Consequences

OnPoint has established appropriate consequences for instances of noncompliance.

Consequences are the result of noncompliant actions. Consequences may be educational or remedial and non-punitive, they may be punitive sanctions, or they may involve both.

To deter noncompliant behavior, the consequences of noncompliance will be consistently applied and enforced. All levels of employees are subject to the same consequences for the commission of similar offenses. The commitment to compliance applies to all personnel levels within the agency, including contractors and medical staff. Officers, managers, supervisors, health care professionals, and medical staff are all held accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, the applicable standards, laws, policies, and procedures.

OnPoint's policy 910 Enforcement and Discipline for Noncompliance Policy includes recommended disciplinary guidelines.

#### Corrective Action Plans

If an internal investigation substantiates a reported violation, corrective action will be initiated and may include, as appropriate, OnPoint: 1) issuing a non-compliance letter, 2) requiring a Corrective Action Plan (CAP) from the department or agency found out of compliance, 3) monitoring CAPs with appropriate follow-up, 4) requesting out of compliance agency develop a CAP inclusive of monitoring for adequate implementation and risk mitigation with approval from OnPoint, and 5) requiring changes to prevent a similar violation from recurring in the future, is possible.

As appropriate, given the nature of the noncompliance, a corrective action plan submitted to OnPoint for approval shall, at a minimum, include: 1) A detailed description of the corrective action that will be taken to minimize or eliminate the risk from repeating in the future, 2) Names or Titles of those responsible for implementing the corrective action, and 3) An implementation date.

Depending on the seriousness of the offense, the resulting action for OnPoint staff could include additional training, written reprimand, suspension, or termination of employment. The resulting

action for the Network Provider would also depend on the seriousness of the offense and could include additional training, written reprimand, suspension, letter of contract non-compliance, and termination of contract.

### *Incentives*

As a behavioral health service provider, OnPoint is unable to publicly recognize an individual who raises a substantiated concern that results in the mitigation of harm or risk. However, OnPoint will respond to suspected or known offenses reported and individually thank individuals for raising concerns when able. OnPoint also strives to recognize personnel in the performance reviews of individuals. This, of course, is not possible for people who wish to remain anonymous. Also, this does not apply to individuals who raise compliance or legal violations for which they themselves committed or were responsible.

## ***Element 6 – Risk Assessment, Auditing, and Monitoring***

Risk assessment, auditing, and monitoring each play a role in identifying and quantifying compliance risk.

### *Risk Assessment*

Risk assessment is a process for identifying, analyzing, and responding to risk. A compliance risk assessment is a risk assessment process that looks at risk to the organization stemming from violations of law, regulations, or other legal requirements. As an entity participating in or affected by government health care programs, OnPoint's compliance risk assessment must focus on risks stemming from violations of government health care program requirements and other actions (or failures to act) that may adversely affect OnPoint's ability to comply with those requirements. Periodic compliance risk assessments is a component of OnPoint's compliance program and is reviewed/updated/conducted at least annually.

Responsibility for OnPoint's Risk Assessment and Plan have been assigned to the QI Department who will present to the Compliance Committee and Management Team for review, feedback, and final approval. The assessment and plan will incorporate all areas of risk including privacy, security, and departmental.

### *Auditing and Monitoring*

A schedule of audits to be conducted based on risks identified by the annual risk assessment and other activities will be included in the annual Compliance work plan. This work plan will also contain routine monitoring of ongoing risks, plus the capacity to monitor the effectiveness of controls and risks remediation. Routine monitoring may include monthly screening of LEIE and State Medicaid exclusion lists, regular screening of State licensure and certification databases, routine audits of clinical documentation and billing, and annual review of OnPoint policies and procedures. Other areas appropriate for routine monitoring will be based on OnPoint's risk assessment and results of audits, monitoring, and investigations.

## ***Element 7 – Responding to Detected Offenses and Developing Corrective Action Initiatives***

Allegations of noncompliant conduct are investigated, and the outcome of the investigation should determine whether, and what kind of, reporting to the Government is necessary. There may be

material violations of applicable law where no monetary loss to a federal or State health care program or Government entity has occurred; however, in these instances, corrective action and reporting (e.g., to CMS or a State Medicaid program) are still necessary to protect the integrity of the applicable program and its enrollees.

OnPoint believes in the importance of self-reporting. OnPoint will utilize the OIG's voluntary self-reporting program to report suspected fraud, as necessary.

OnPoint will take prompt corrective action upon the collection of sufficient credible information to determine the nature of the misconduct. Corrective action may include, but is not limited to:

- refunding of overpayments;
- enforcing disciplinary policies and procedures; and
- making any policy or procedure changes necessary to prevent a recurrence of the misconduct.

If the misconduct resulted in an overpayment, OnPoint will promptly repay the overpayment to affected government agency(ies). Federal law requires repayment to Medicare or State Medicaid program within 60 days after identification.

### *Element 8 – Compliance Program Effectiveness Review*

A compliance program effectiveness review is conducted annually and should assess how effective each element of the compliance program is. The OnPoint Board's Executive/Compliance Committee will review and confirm the effectiveness assessment and present the findings and recommendations to the full Board of Directors.

## **CONFIDENTIALITY AND PRIVACY**

OnPoint Personnel and Network Providers and staff must conduct themselves in accord with the principle of maintaining the confidentiality of consumers' information in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code and the Privacy and Security Regulations issued pursuant to HIPAA and HITECH regulations, and 42 CFR Part 2 as it relates to substance abuse records. OnPoint Personnel and Network Providers and staff will refrain from disclosing any personal or confidential information concerning consumers unless authorized by laws relating to confidentiality of records and protected health information. If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing information, OnPoint Personnel and Network Providers and staff should seek guidance from the OnPoint Compliance/Privacy Officer or anonymously seek guidance through the OnPoint Corporate Compliance and Privacy Helpline at 1-866-951-0063.

OnPoint Personnel and Network Providers and staff are expected to maintain confidentiality and refrain from discussing reports of non-compliance and associated, interviews, documentation, etc. pertaining to such report, inquiry, or investigation. OnPoint will strive to maintain the confidentiality of the reporting employee/provider's identity. There may be a point where the individual/provider's identity may become known or may have to be revealed. For example, in certain instances OnPoint may be required to inform governmental authorities.

## **ONPOINT COMPLIANCE CONTACT AND REPORTING INFORMATION**

**OnPoint Compliance Officer** – Tel: 269-512-4737; Email: [Cofficer@onpointallegan.org](mailto:Cofficer@onpointallegan.org)

**OnPoint Privacy Officer** – Tel: 269-512-4737; Email: [Cofficer@onpointallegan.org](mailto:Cofficer@onpointallegan.org)

**OnPoint Security Officer** – Tel: 269-512-4737; Email: [Cofficer@onpointallegan.org](mailto:Cofficer@onpointallegan.org)

**OnPoint Compliance Helpline** – Tel: 1-866-951-0063– anonymous reporting

**Lakeshore Regional Entity (LRE) Compliance Officer**– Tel: 231-769-2079; Email: [Compliance@lsre.org](mailto:Compliance@lsre.org)

#### **GOVERNMENTAL AGENCIES**

To report suspected Fraud, Waste, or Abuse to the Office of Inspector General: MDHHS Medicaid

Fraud Hotline: 1-855-MI-FRAUD (1-855-643-7283) voicemail available after hours or send a letter to:

Michigan Office of Inspector General

PO Box 30062

Lansing, MI 48909

Health and Human Services (HHS)/OIG Hotline: 1-800-HHS-TIPS (1-800-447-8477) or make an online report: <https://oig.hhs.gov/fraud/report-fraud/>



## ***Attachment A – OnPoint Personnel Compliance Attestation***

### ***OnPoint Personnel Compliance Attestation***

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

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OnPoint Personnel (Please print)

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Title (Please print)

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Organization

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Signature

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Date



## ***Attachment B – OnPoint Contract Provider Compliance Attestation***

### ***OnPoint Contract Provider Compliance Attestation***

1. I acknowledge that I have received a copy of and/or training on OnPoint’s Corporate Compliance Program. This includes a copy and/or overview of OnPoint’s written Compliance Plan and applicable compliance policies, standards, procedures, and Code of Conduct and Ethics which collectively make up the OnPoint Corporate Compliance Program.
2. I understand that I am responsible for participation and successful completion of future compliance training, as required, and understand that failure to do so may result in sanctions up to and including termination of our contract with OnPoint.
3. I have received and understand the OnPoint Corporate Compliance Plan and Code of Conduct and Ethics.
4. I understand the processes for reporting potential violations and accept my responsibility to report any suspected or known compliance violations to OnPoint. I understand that failure to report may result in sanctions, up to and including termination of our contract with OnPoint.
5. I pledge to educate staff and others within my organization on OnPoint and internal compliance related requirements, as applicable, including how and where to report suspected or known violations or wrongdoing.
6. If I have questions concerning appropriate actions that I may need to take to comply with OnPoint’s Compliance Program requirements, I will seek advice from OnPoint’s Compliance Officer and/or a member of the OnPoint Compliance Committee and ensure staff are aware of this opportunity.

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Contract Provider Owner/CEO/Director (Please print)

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Title (Please print)

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Organization

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Signature

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Date



## Attachment C – 901.5 Compliance Related Definitions and Terms

**Abuse** - Practices that are inconsistent with sound fiscal, business, or clinical/medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid programs. (42CFR 455.2)

**Alleged Violation/Alleged Wrongdoing** - Conduct which, at face value, appears to conflict with required law, regulation, contract language, agency policy or Code of Conduct/Ethics or illegal activity. (Also see “Wrongdoing” and “Violation”).

**Breach** - The unauthorized acquisition, access, use, or disclosure of PHI in a manner which compromises the security of privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain the information.” (45 CFR 164.408)

**Business Associate (BA)** - A person or organization that performs a function or activity on behalf of a *covered entity* but is not part of the *covered entity’s workforce*. A *business associate* can also be a *covered entity* in its own right. Also see Part II, 45 CFR 160.103.

**Complaint** - A complaint is any report of suspected or known violation of applicable laws, regulations, contract language, regional and local policies, etc., any suspected wrongdoing, or known or suspected fraud, waste, or abuse of public funding.

**Complainant** - The individual reporting the alleged compliance violation, wrongdoing or improper conduct. A reporting person can be any agency officer, board member, full-time, part-time and temporary employee, volunteer, student, applicant for employment, provider, vendor, (sub)contractor and any other person or entity that may become part of or affiliated with the provider network in the future.

**Compliance Investigations** - The observation or study of suspected fraud, abuse, waste, or reported violations of laws and regulations for all OnPoint covered services by close examination and systematic inquiry.

**Confidentiality of Alcohol and Drug Abuse Participant Records - 42 CFR Part 2** - 42 CFR Part 2 applies to AOD (Alcohol and Other Drugs) programs that are federally conducted, regulated or assisted in any way, directly or indirectly. Regulations apply to recipients of AOD and their participant identifiable information and prohibit most disclosures of information without participant consent.

<https://www.gpo.gov/fdsys/granule/CFR-2010-title42-vol1/CFR-2010-title42-vol1-part2/content-detail.html>

**Contract Provider** (Also referred to as Network Provider) - Any individual, group, or organization that

has a provider agreement with OnPoint to provide services and supports to individuals we serve.

**Corporate Compliance** - The organization's adherence to laws, regulations, contract language, and policies applicable to its operations. Consists of the mechanisms, including the written Compliance Plan and Policies, that are collectively intended to prevent and detect unethical and/or illegal business practices and violations of law.

**Corporate Compliance Plan** - Provides a formal statement of OnPoint's intention to conduct itself ethically in regard to business operations, government regulations, conduct, and services and care; it includes the required seven fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste and abuse and overall compliance.

**Corporate Compliance Program** - A formal program specifying an organization's policies, procedures, and actions (plan) to help prevent and detect violations of laws, regulations, contractual obligations, standards, and ethical practices. OnPoint's "Corporate Compliance Program" is made up of the Corporate Compliance Plan and all association compliance policies, including but not limited to the Code of Conduct and Ethics.

**Covered Entity** - Is defined at CFR 160.103 as one of the following: (1) A health plan; (2) a health care clearinghouse; (3) a health care provider who transmits any health information in electronic form in connection with a transaction covered by part 162 of title 45 of the Code of Federal Regulations (CFR).

**Disclosure** - The release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.  
Also see Part II, 45 CFR 164.501.

**Fraud** (Federal Claims Act) - An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person [or agency/organization]. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act (42CFR 455.2)

**Fraud** (Per Michigan Statue and Case Law Interpretation) - Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."

**FWA** -The federal term contained in the Deficit Reduction Act (DRA) refers to any event pertaining to an alleged or actual wrongdoing of Fraud, Waste or Abuse (i.e., generically known as "FWA").

**Health Information** - Any information, whether oral or recorded in any form or medium that: (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and that (b) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

**HIPAA Privacy Rule** - Establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires



appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without participant authorization. The Rule also gives participants' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

**HIPAA Security Rules** - Establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html>

**HITECH (Health Information Technology for Economic and Clinical Health Act of 2009)** - The Act provides for improved portability of health benefits and enables better defense against abuse and fraud, reduces administrative costs by standardizing format of specific healthcare information to facilitate electronic claims, directly addresses confidentiality and security of patient information - electronic and paper. HIPAA was amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (**HITECH Act**), as set forth in Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009. The United States Department of Health and Human Services (DHHS) promulgated administrative rules to implement HIPAA and HITECH, which are found at 45 CFR Part 160 and Subpart E of Part 164 (the "Privacy Rule"), 45 CFR Part 162 (the "Transaction Rule"), 45 CFR Part 160 and Subpart C of Part 164 (the "Security Rule"), 45 CFR Part 160 and Subpart D of Part 164 (the "Breach Notification Rule") and 45 CFR Part 160, Subpart C (the "Enforcement Rule"). DHHS also issued guidance pursuant to HITECH and intends to issue additional guidance on various aspects of HIPAA and HITECH compliance. Throughout this policy, the term "HIPAA" includes HITECH and all DHHS implementing regulations and guidance. (Contract between Lakeshore LRE and ONPOINT – Medicaid Managed Specialty Supports and Services ..., p. 6)

**Individually Identifiable Health Information (IIHI)** (Also see Protected Health Information (PHI)) - Information that is a subset of health information, including demographic information collected from an individual and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and related to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identified the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

**Inquiry** - An informal process whereby a person makes the Compliance Office aware of a potential compliance related concern and the Compliance Officer examines the concern to determine if it merits a formal complaint and investigation. If the outcome of the *inquiry* determines that the matter is not FWA related, the Compliance Officer will document the *inquiry* and outcome and take any action necessary to rectify the concern. Conversely, if the outcome of the *inquiry* determines that a formal investigation is warranted, the Compliance Officer will convert the informal *inquiry* into a formal complaint and will conduct a formal investigation in accordance with the policy investigation guidelines.

**Knowingly** - Defined under the federal False Claims Act (FCA) to include the willful disregard of a regulation imposed upon an organization, the "deliberate ignorance" of the regulation's propriety, the submission of a claim in "reckless disregard" of the truth, or the falsity of claim. Managerial staff of the provider organization can be held accountable in situations where they refuse to explore a credible

concern about the compliance requirements for a particular business or clinical practice, or a submitted bill or claim requiring use of federal funds for its reimbursement.

**Lakeshore Regional Entity (LRE)** -The LRE is the PIHP (Prepaid Inpatient Health Plan) created to manage specialty carved out Medicaid mental health, intellectual/developmental disability, and substance use disorders services for Medicaid and Health Michigan enrollees in Allegan, Lake, Mason, Oceana, Muskegon, Ottawa, Kent counties. The LRE includes any administrators retained by contract by the LRE.

**Marketing** - Marketing and advertising practices are defined as those activities used by OnPoint to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers.

**Minimum Necessary – HIPAA Privacy Rule Standard** (45 CFR 164.502(b), 164.514(d)) - A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose (*need to know*) of the use, disclosure, or request.

**Nominal Value** - \$25.00 or less per gift; \$300 maximum per year from any one individual/organization/company.

**Personnel** - For the purposes of the Compliance Program Plan and associated Policies, Personnel means OnPoint's staff members, Board of Directors, individuals under contract, students, interns, and volunteers.

**Protected Health Information** (*Also see Individually Identifiable Health Information (IIHI)*) - Any information, whether oral or recorded in any form or medium, that is created or received by a "Covered Entity" (or a Business Association of a Covered Entity), and relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

**Provider** - Any healthcare organization that furnishes or renders health care services or items within the agency network for which Medicaid or Medicare reimbursement will be sought. A provider includes a person who performs billing, coding, or other reporting services functions. OnPoint often makes a distinction between internal providers (employees) and external providers (contract providers).

**Psychotherapy Notes** - As defined by 45 CFR 164.501 - Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the record. Psychotherapy notes do not include any information about medication prescription and monitoring counseling session start and stop times, the modalities and frequencies of treatment furnished, or results of clinical tests, nor do they include summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

**Qui Tam Provision** - The federal False Claims Act (FCA) allows any person with direct knowledge of a false claim to bring a civil suit on behalf of the United States Government, known as a "*Qui Tam*" action. The individual must first formally notify the Department of Justice of the suspected fraud. The Department of Justice then has the option of either intervening in and prosecuting the action or allowing the individual to proceed on his/her own. If the suit is ultimately successful, the individual who initially brought the suit may be awarded a percentage between 15- 30% of the funds recovered.

**Violation** - An action that breaks or acts against something, especially a law, agreement, principle, or

something that should be treated with respect. An act or omission concerning (a) a violation of any law or regulation; (b) a breach of the Code of Conduct/Ethics of OnPoint; (c) knowing non-compliance with a OnPoint policy; (d) misuse of public funds or assets; (e) mismanagement of a nature sufficiently substantive which would lead one to reasonably believe that such mismanagement would have a potentially harmful impact on OnPoint's work, reputation or operations; or (f) conduct which includes such behaviors as intimidation, harassment and other unethical behavior.

**Use of Protected Health Information (PHI)/Individually Identifiable Health Information (IIHI)** - The sharing of health/clinical information, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

**Waste** - Over utilization of services or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.

**Whistleblower** - A person who tells someone in authority about alleged dishonest or illegal activities (misconduct) occurring in a government department, a public or private organization, or a company. The alleged misconduct may be classified in many ways; for example, a violation of a law, rule, regulation and/or a direct threat to public interest, such as fraud, health/safety violations, and corruption.

**Wrongdoing** - Illegal or dishonest behavior. Under the federal Deficit Reduction Act (DRA), "wrongdoing" may be either an intentional act or an unintentional act (i.e., omission).

## Executive Committee Meeting Minutes

December 12, 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  
[ ] Elizabeth Johnston, OnPoint Board Treasurer  
[X] Commissioner Mark DeYoung, OnPoint Board Secretary  
[X] 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 2:34 pm.
2. **Members Present/Excused** – All present except Ms. Johnston.
3. **Review/Approval of Agenda** – Mr. Brookhouse moved, and Commissioner Dugan seconded, that the draft agenda be adopted as presented. All in favor. Motion adopted.
4. **Review/Approval of Minutes of November 14, 2025 Meeting** – Commissioner DeYoung moved, and Commissioner Dugan seconded, that the minutes of November 14, 2025 be approved as presented. All in favor. Motion adopted.
5. **Updates on Prior Meeting Topics**
  - a. Planning Discussion – Chairperson Kelsey noted plans for the upcoming board meeting.
  - b. LRE Update – Chairperson Kelsey commented positively on increasing tone of cooperation from county representatives on the LRE board as to their commitments and ownership of the financial problems that exist. There is no financial crisis expected for FY2025 as of today.
  - c. Bid-Out – Mr. Witte provided a written summary of the outcome of the December 8-10 Court of Claims hearings on the PIHP bid-out. An opinion is expected next week from Judge Yates.
  - d. MAT Room Buildout Update – Mr. Witte noted that demolition began this week and offered an opportunity to see the room after the meeting.
  - e. CEO Year-End Summary – Board members followed up on Mr. Witte’s report to the Board on his progress on the budget goals and objectives in his contract. No further action taken.
6. **Compliance Update** – No report from Ms. Bennett this month. Mr. Witte provided the draft language for proposed bylaws changes when they are considered for March 2026. Language will be reviewed. Mr. Witte notes that this will provide for a quarterly compliance committee function under the auspices of the Executive Committee. There were no requests for further changes at this time.
7. **Chief Executive Officer Items**
  - a. The committee reviewed the “Key Board Tasks by Month” document:
    - CEO Evaluation – Mr. Witte presented draft CEO Evaluation Feedback Sheets for board and leadership. No changes were recommended to the 2025 format. Mr. Witte will ask Ms. Hamilton to prepare them for distribution to the board and OnPoint Leadership with a requested return deadline of Friday, January 9, 2026.

- Recipient Rights Advisory Committee (RRAC) – The committee noted that the RRAC will review and approve the annual Recipient Rights data submission at their December meeting and OnPoint ORR staff will submit it to MDHHS by December 31, 2025.
- b. Review Board Meeting Packet
  - 12/16/2025 Program Committee – The Program Committee Program Chair and Vice-Chair will both be absent next week for the board meeting. Chairperson Kelsey recommends that cancellation of the committee meeting. Commissioner Dugan moves, and Mr. Brookhouse seconds, that the Program Committee meeting of 12/16/2025 be cancelled. All in favor. Motion adopted. Mr. Witte will convey that decision to board and staff today as well as update the website accordingly.

#### **8. Discussion Items Requested by Members**

- a. Board Appointments – Commissioner Dugan announced that the County Commission acted today to reappoint Ms. Marcia Kerber and Mr. Glen Brookhouse to the OnPoint board for terms renewing on April 1.
- b. Board Composition – Chairperson Kelsey inquired as to the composition status of the board relative to consumer representation, including on the Recipient Rights Advisory Committee. Mr. Witte noted that OnPoint is in compliance with the Mental Health Code, though we should continue to recruit consumers to serve on the board.
- c. Board Recruitment – Members encouraged Mr. Witte to reach out to InterCare, People Helping People, and Love Inc to secure candidates for board membership from the SW quadrant of Allegan County.

#### **9. Next Meeting Date/Time**

- a. Friday, January 16, 2026 at 2:30 pm (the 3rd Friday of January)

#### **10. Adjournment** – Mr. Brookhouse moved, and Commissioner Dugan seconded, that the meeting be adjourned. All in favor. Motion adopted. Meeting adjourned at approximately 3:26 pm.

Submitted by Mark Witte  
12/12/2025

**Chief Executive Officer Report for January 2026**  
Submitted by Mark Witte, Chief Executive Officer  
269-615-4893 – [mwitte@onpointallegan.org](mailto:mwitte@onpointallegan.org)

AGENCY

**Building** – Construction continues on the buildout of the former “MAT Room”. Here are several small pictures showing you the status of this project as of December 23:



BOARD

**Board Member Opening** – Here is your post-holiday reminder to help us to recruit for the open seat that will be coming as Jane LaBean concludes her service with OnPoint on 3/31/2026. I am joining you in the effort but would appreciate any word-of-mouth help you can provide.

**Retirement Plan Notification** – As of the morning of January 5, all board members, agency staff, regional PIHP and CMH CEOs and key local MACC leaders have been informed of my intent to retire on or about January 8, 2027. Thank you for your understanding and support, and I look forward to completing my final year of service to OnPoint through 2026.

COMMUNITY

**Multi-Agency Collaborative Council (MACC)** – The group of area agencies and organizations that function collectively as the MACC met in mid-December to evaluate the direction of our work. For the past several years, MACC has been the primary organizational framework for addressing the hospital’s Community Health Improvement Plan – which follow their three-year Community Health Needs Assessment. The Steering Committee of the MACC agreed that a strategic planning effort was due and will begin this spring.

**New Beacon Allegan Administrator** – Beacon Health System has replaced its Allegan administrator with an interim leader from Beacon’s administration while it searches for a permanent leader. I learned that Greg Piper, Vice President of Beacon Retail Services, became

Interim President of Beacon Allegan Hospital, replacing Paul Hoffman on 11/1/2025. I have reached out to Mr. Piper and am awaiting a response.

## 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** – As of the date of this report, there has been no opinion posted by the Court of Claims on the suits brought by two groups of CMHs and PIHPs. We anticipated an opinion the week of December 15, but that has not materialized. Similarly, the state has not issued the results of its RFP as it was planning to do by “mid-December”. There is some optimism that the state will have to at least re-work its RFP if not pull it altogether, depending on how the ruling lands.

## NATION

**Federal Budget for FY2026** – As of the date of this report, the federal government has passed three (3) of the twelve (12) federal appropriations bills that fund the US government. To avoid another federal government shutdown at the end of January 2026, the remaining nine (9) bills or another temporary stopgap (“continuing resolution”) bill will need to be passed. We have seen a lot of tensions over the funding of Affordable Care Act subsidies, and there is a discharge petition pending that will be voted on in January to approve a three-year extension to those subsidies. If that passes, the Senate may offer amendments to the House version which will require another round of voting by the House to resolve those differences. We expect these votes to be contentious and chew up considerable time that might otherwise be used to address the larger budget bills.

As I said last month, this is relevant to OnPoint in a very direct way. People who are unable to afford health insurance may be forced to go without insurance. If uninsured Allegan County residents seek care through OnPoint, we would have to meet those needs through (a) CCBHC funding or (b) state General Funds (GF) if the need is for services not covered by the CCBHC program. GF is currently not enough to meet that kind of need because it was reduced to support expanded Affordable Care Act coverage (see my December 2025 board report).

**Homelessness Grants** – I reported to you last month that the US Department of Housing and Urban Development (HUD) was moving to tighten access to the “Emergency Solutions Grant” which OnPoint uses for case management and short-term financial assistance to those who are literally homeless or facing a court-ordered eviction. Federal agencies have recently claimed a larger portion of federally funded programs as “federal public benefits” which allows them to provide only to citizens. Similarly, HUD has been working to revise the “Continuum of Care” (CoC) grant program – which funds long-term rental assistance and supportive services – to convert most of its funding to short-term transitional assistance.

HUD’s Notice of Funding Opportunity (NOFO) said it would use taxpayer resources to promote treatment and recovery, welcome transitional housing and supportive services projects including street outreach, increase competition for grants in order to improve system efficiencies and to increase innovation, measure long-term meaningful outcomes such as increases in self-sufficiency and reduction in recidivism rates, strengthen the role of local elected officials, law enforcement and the community leaders, advance public safety through thoughtful partnerships with law enforcement, and increase personal accountability through enhanced treatment requirements to combat the Fentanyl crisis. HUD also made it clear that it would look for an expansion of providers to include faith-based providers, but that it would

not support drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia, or permit the use or distribution of illicit drugs on property under their control. Entities doing so would be referred to the Department of Justice for further action, potentially including prosecution for any violations of law.”

It’s not that all these things are bad. But the way it would be implemented would likely come at the expense of successful current programs and push thousands of people (including children) out of their homes. If only 30% of CoC funding can be requested in the future for permanent supportive housing (“PSH”) and rapid re-housing (“RRH”) – down from the current 87% nationally – then Michigan’s residents could lose \$56 million in rental assistance. That would put 7,094 Michigan residents (including 2,163 families with children) back at risk of homelessness. The aims sound noble, but are intended to accomplish using, e.g., decidedly unscientific principles for SUD treatment and the increased use of law enforcement measures with homeless people.

A lawsuit was filed claiming that HUD changed the CoC grant program through its Notice of Funding Opportunity (NOFO) in violation of congressional intent and put illegal conditions on access to the funding. It said HUD is “illegally upending support for people experiencing housing insecurity or homelessness by abruptly rescinding a necessary program notice, replacing it with another than limited access to long-term housing and other services.”

On December 23, 2025, US District Court Judge Mary S. McElroy issued a written order granting a preliminary injunction that (1) temporarily pauses HUD's rescission of the FY2024-2025 NOFO, (2) temporarily pauses HUD from moving forward on a new FY2025 NOFO, and (3) orders HUD to preserve the status quo that existed under the FY2024-2025 NOFO, in part by taking steps to process eligible renewals for FY2025. However, HUD is not ordered to obligate funding or grant any specific renewals at this time. Finally, (4) HUD is required to inform recipients of any steps they need to take for eligible renewals to be processed, except for the actual obligation of funding.

As a result of all of that, Allegan County – part of a 61-county block that together operates as one of the state’s Continuum of Care organizations – does not have to do anything now to preserve services for those we are presently serving. We must know that this issue is not yet finally resolved. It is the opening transaction in a lawsuit that sought to require congressional approval for the dramatic policy shift that the executive branch was prepared to impose. That shift would have moved almost half of the CoC \$3.9 billion allocation dollars away from permanent housing (PSH and RRH) to temporary housing support.

Submitted by Mark Witte  
Chief Executive Officer  
January 6, 2026