OnPoint
Caring for Allegan County

Board of Directors Meeting Agenda
Tuesday, August 18, 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, enter ID 224 198 423 333 40#, and enter passcode Fx9Yw66g**)*

1. Call to Order – Alice Kelsey
2. Pledge of Allegiance
3. Roll Call – Alice Kelsey
4. Provision for Public Comment (agenda items only, 5" limit per speaker)
5. Approval of Agenda
6. Consent Agenda
   (All items listed are considered routine and will be enacted by one motion without separate discussion of each item. If discussion is desired, a board member may request the removal of any item from this list.)
   a. **Motion** – Approval of prior minutes:
      i. Board Meeting (07/21/2026)
      ii. Finance Committee (07/21/2026)
      iii. Program Committee (07/21/2026)
      iv. CEO Search Committee (07/17/2026 & 07/24/2026)
      v. Executive Committee 07/17/2026)
7. Program Committee Report - Jessica Castañeda
8. Finance Committee Report- Beth Johnston
   a. **Motion** – Approval of Voucher Disbursements
   b. **Motion** – Approval of FY2026 Contracts
   c. **Motion** - Approval of Fiscal Year 2027 General Fund contract with Michigan Department of Health and Human Services (MDHHS)
   d. **Motion** – Request to Authorize Execution of FY2027 PIHP Contract (LRE)
9. Recipient Rights Advisory Committee (Mar/June/Sep/Dec) – Kelsey Newsome
10. LRE Updates – Mary Dumas or alternate
11. Chairperson's, Executive and CEO Search Committees Reports – Alice Kelsey
    a. CEO Search Discussion – Alice Kelsey
12. OnPoint Chief Executive Officer's Report – Mark Witte
13. Provision for Public Comment (any topic, 5" limit per speaker) – Alice Kelsey
14. Board Member Comments – Alice Kelsey
15. Adjournment
16. Future Meetings:
    a. Sept 11, 2026 @ 2:30 pm – CEO Search Committee & Executive Committee
    b. Sept 15, 2026 @ 4:15 pm – Program Committee
    c. Sept 15, 2026 @ 4:30 pm – Finance Committee
    d. Sept 15, 2026 @ 5:30 pm – Full Board Meeting

AGENDA

OnPoint Board Finance Committee
August 18, 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 Contact(s)

c) Motion – to Recommend Board Approval of MDHHS General Fund Contract for Fiscal Year 2027

d) Motion – to Recommend Board Approval of PIPH FY2027 Contract

7) Informational Items

a) Financial Reports

b) Preliminary review of Fiscal Year 2027 budget

8) Finance Committee Member Comments

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

10) Adjournment – Next Meeting September 15, 2026 at 4:30 pm, 540 Jenner Drive, Allegan, MI

Finance Committee: Beth Johnston, Chair; Commissioner Gale Dugan, Vice Chair; Commissioner Mark DeYoung; Krystal Diel, Alice Kelsey

OnPoint Finance Committee Minutes - DRAFT
Tuesday, July 21, 2026, at 4:30 pm
Hamilton Conference Room, 540 Jenner Drive, Allegan MI 49010

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

Board Members Absent: N/A

Staff Members: Mark Witte, Andre Pierre, Nikki McLaughlin

Public Present: N/A

1. **Call to Order** – Beth Johnston –Chairperson, called the meeting to order at 4:33 pm.
2. **Public Comment** – None
3. **Approval of Agenda**

   Moved: Ms. Kelsey Supported: Mr. Dugan

   Amended to add consideration of Vice Chair for Finance Committee.

   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. Revenue and Expense reports are through May, 2026 with a projected return of $1,382,625 Medicaid funds to the PIHP and a surplus in General Fund of $460,984, of which $375,597 would be returned to the state.

      Human Resources – HRIS module was tested in May for the onboarding functions, scheduled to be active in June, 2026, meeting target date for full functionality. New candidates are applying through Paycor.

      HR Generalist position was filled by Margo Kelly, who comes from the manufacturing setting and is fully onboarded.

      In May, the leadership training kicked off with 10 participants. Received positive feedback for initial kick off as well as subsequent meetings. Surveys were sent out during week 3 and week 9 to the group. Capstone will be held on July 23, 2026 with a 45 minute meeting with the Mr. Witte, CEO.

      HR is assisting in the compilation of CARF documents, assuring policies are up to date.

      HR staff participated in a continuing education with SHRM Kalamazoo Chapter for a one day seminar.

      Folks for Fun partnered with downtown district for clean up and planting of the garden project in Allegan.

      6 New Hires with 3 separations (3 voluntary, 0 involuntary), 13 active postings.

      Information Technology – Tenant conversation continues towards moving from Government Tenant.

Facilities – Routine maintenance continues.

6. **Action Items:**
   a. The Finance Committee recommends that the OnPoint Board approve the June, 2026 disbursements totaling $4,015,994.03.

      Moved: Mr. Dugan Supported: Mr. DeYoung

      Motion carried.

7. **Informational Items**
   a. **Financial Reports**

      Mr. Pierre reviewed the financial statements for May, 2026. 66% of the way through the fiscal year budget. CCBHC number of visits for year to date budgeted are 22,200 with 22,783 provided, over budget by 583 visits. For the month of May, budgeted per month is 2,775 and actual provided were 2,826, over by 51 visits for the month.

      Income and expense are on track for the fiscal year.

      Balance Sheet – Discussion points of variances occurred.

      Income Statement – Discussion points of variances occurred.

      Received information on rate setting for CCHBC, financials are budgeted based on $370.65/day, rate to be increased by $16.52, above the amount budgeted. Dashboards were distributed for review.

      Discussion occurred on outcomes if General Fund would be exhausted for CCBHC services.

      Fiscal Year 2025 Single Audit and Compliance Audit was distributed and discussed.

8. **Finance Committee Member Comments**

   None

9. **Public Comment**

   None

10. **Next Meeting** – August 18, 2026, at 4:30 pm.

11. **Adjournment**

    Moved: Ms. Diel Supported: Mr. Dugan

    Motion carried.

    Meeting adjourned at 5:27 pm.

Administrative Services Board Report August 2026

Submitted by Andre Pierre, Chief Administrative Officer
269.569.3238 – APierre@OnPointAllegan.org

FINANCE

This month's packet includes the monthly financial report for June 2026. The Summary Schedule of Revenues and Expenses by Fund Source shows the difference between the revenue received from the Lakeshore Regional Entity (LRE) and the State of Michigan Department of Health and Human Services (MDHHS) and the eligible expenses incurred by OnPoint. These fund sources are cost settled at the end of each year, and any unspent funds are required to be returned to the LRE or MDHHS. We are projecting to return approximately $1,484,872 (Medicaid and Healthy Michigan Plan combined) to the LRE and $462,054 of General Funds to MDHHS.

HUMAN RESOURCES

In Human Resources, the Human Resource Information System (HRIS) project continued to progress according to schedule. In conjunction with the rollout of Paycor Payroll, the Online Onboarding component of the system went live in June, with our first new hire completing their onboarding documentation online via Paycor the last week of June. This streamlined the onboarding process by eliminating the majority of paperwork completed by new employees on their first day, as well as most of the new hire data entry previously performed by the payroll department. In addition, configuration for the Paycor Recruiting and Affordable Care Act (ACA) tracking was completed. Human Resources met with Paycor to discuss training for managers on Navigating Paycor Recruiting. The training is scheduled for August 6th.

The new Human Resources Generalist, started June 29th and will be responsible for coordinating the majority of talent acquisition and onboarding activities of the agency. The interim Human Resources consultant continued to provide support to ensure a smooth transition of duties and training, with the assignment ending on July 17th.

The twelve week, OnPoint Leadership Foundations for Excellence continued, and as part of the program, the cohort received focused sessions from Human Resources, Compliance, and Recipient Rights on: Human Resources Practices for Leaders, Corporate Compliance for Leaders, Recipient Rights for Leaders respectively. The sessions covered the span of two days and included overviews of key federal and state applicable laws, case studies, as well as OnPoint practices and procedures.

Ask the Management Team was held on June 22, 2026, with increased participation and engagement. Staff brought valuable feedback and suggestions to enhance program services for consideration.

Lastly, the Folks4Fun Committee offered employees the opportunity to enhance well-being by hosting two walks at the Armintrout-Milbocker Nature Preserve.

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

New Hires- 2
Separations- 3 (2 voluntary, 1 involuntary)
Active Posting- 9

INFORMATION TECHNOLOGY

In the area of Information Technology, we continue to work with Allegan County Information Technology (IT) on items in the 2026 project list. During June, there was little activity in the area of technology. We continued our work to review the users and files residing in our Microsoft 365 tenant.

FACILITIES

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

We have been encouraged by all the interactions we are having and feel optimistic about the end deliverables. OnPoint is actively reviewing all initiatives and will provide periodic updates to key stakeholders as warranted.

Sincerely,

Andre Pierre
Chief Administrative Officer
August 10, 2026

Finance Committee ACTION REQUEST	Subject:	Voucher Disbursements
	Meeting Date:	August 18, 2026
	Requested By:	Beth Johnston, Finance Committee Chairperson

RECOMMENDED MOTION:

The Finance Committee recommends that the OnPoint Board approve the July, 2026 disbursements totaling $5,561,156.19.

SUMMARY OF REQUEST/INFORMATION:

Date Issued:	Voucher Number:	Type:	Amount:
July 1, 2026	N/A	Loan Payment	$21,334.00
July 2, 2026	P1793	Payroll	$511,040.73
July 15, 2026	V1003	Vendor	$2,760,369.45
July 17, 2026	P1794	Payroll	$518,398.63
July 31, 2026	V1004 & 1005	Vendor	$1,227,862.92
July 31, 2026	P1795	Payroll	$522,150.46

BUDGET/FINANCIAL IMPACT

- These disbursements are part of the approved fiscal year 2026 operating budget for OnPoint.

BY: Nikki McLaughlin, Accounting Manager	**DATE:** August 18, 2026

Full Board **ACTION REQUEST**	**Subject:**	**Contracts**
	Meeting Date:	August 18, 2026
	Requested By:	Beth Johnston, Finance Committee Chairperson

RECOMMENDED MOTION:

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

SUMMARY OF REQUEST/INFORMATION:

Provider		Contractual Services
Life Therapeutic Solutions, Inc		Supports & Services
Autism Academy of America, Inc dba Anthia Health		Supports & Services

BUDGET/FINANCIAL IMPACT

The contracted services are part of the fiscal year 2026 operating budget for OnPoint.

BY: Nikki McLaughlin, Accounting Manager	**DATE: August 18, 2026**

Finance Committee ACTION REQUEST	**Subject:**	**MDHHS-OnPoint Contract for FY2027**
	Meeting Date:	August 18, 2026
	Requested By:	Mark Witte

RECOMMENDED MOTION:

The Finance Committee recommends that the Board authorize the Chief Executive Officer to sign the FY2027 General Fund contract with the Michigan Department of Health and Human Services (MDHHS) on behalf of OnPoint (DBA for Allegan County Community Mental Health Authority), including any subsequent non-substantial amendments or extensions to the agreement which may be offered by the department.

SUMMARY OF REQUEST/INFORMATION:

- OnPoint is the Community Mental Health (CMH) entity for Allegan County.
- This contract is the avenue through which MDHHS distributes state general funds to OnPoint according to the funding formula specified by MDHHS.
- OnPoint has an ongoing opportunity to address concerns directly with MDHHS and/or through Contracts and Financial Issues (CFI) committee of the Community Mental Health Association (CMHA).
- The Chief Executive Officer and members of the Management Team have had the opportunity to review the terms of the draft agreement and support its execution and implementation. It is the practice of the Board to provide initial authorization for the Chief Executive Officer to sign this contract on behalf of OnPoint, as well as all subsequent non-substantial amendments or extensions.
- The recommended motion would establish that this action is authorized.

BUDGET/FINANCIAL IMPACT

- At the budget presentation scheduled to be given to the board in September, 2026, we project that $1,707,737.00 in state general fund revenues will result from this contract in FY2027.

BY: Mark Witte, Chief Executive Officer	**DATE:** August 18, 2026

Finance Committee MOTION REQUEST	Subject:	LRE-OnPoint Contract for FY2027
	Meeting Date:	August 18, 2026
	Requested By:	Mark Witte, Chief Executive Officer

RECOMMENDED MOTION:

The Finance Committee recommends that the Board authorize the Chief Executive Officer to sign the FY2027 contract with the Lakeshore Regional Entity (Region 3 PIHP) on behalf of OnPoint, including any subsequent non-substantial amendments or extensions to the agreement which may be offered by the LRE.

SUMMARY OF REQUEST/INFORMATION:

- Allegan County Community Mental Health Services (dba OnPoint) is the Community Mental Health (CMH) entity for Allegan County which operates under the funding auspices of the Lakeshore Regional Entity, which is the Prepaid Inpatient Health Plan (PIHP) for Region 3, an area which includes Allegan County.
- This contract is the avenue through which the LRE distributes Medicaid and other federal or state funds to OnPoint according to the funding formula specified by the LRE's Operating Agreement, which was separately approved by the OnPoint board.
- OnPoint has participated with the LRE and the other CMH's within the LRE region to review a draft of this common agreement. The Chief Executive Officer and members of the Management Team have had the opportunity to review the terms of the draft agreement and support its execution and implementation.
- It is the practice of the Board to provide initial authorization for the Chief Executive Officer to sign this contract on behalf of OnPoint, as well as all subsequent non-substantial amendments or extensions.
- The recommended motion would establish that this action is authorized.

BUDGET/FINANCIAL IMPACT

- High; a large proportion of the services provided by OnPoint's would be supported by revenues that are generated through this contract.

BY: Mark Witte, Chief Executive Officer	**DATE:** July 31, 2026

ONPOINT

Period Ended
June 30, 2026

Preliminary Monthly Finance Report

Summary of Variances and Fluctuations

June 30, 2026

I. Assets

- Cash & cash equivalents and Investments - Increase in combined balance of cash and cash equivalents and investments is largely offset by the amount due back to PIHP for cash settlement (see below).
- Accounts receivable - The agency bills providers for training fees annually, most of which were still outstanding as of September 30, 2025. The majority of those payments have been received, and the agency has billed the 2026 training fees, which will be reflected in August 2026 Financial Statements. This is resulting in a reduction in the outstanding receivables balance.
- Due from other governmental units - The increase is primarily due to the outstanding receivable from the Michigan Department of Health and Human Services (MDHHS) for Certified Community Behavioral Health Clinic (CCBHC) services.

II. Liabilities

- Accrued payroll and benefits - The increase is primarily due to the number of days accrued at month-end. In September of 2025, there were 7 out of 10 days accrued at month-end. In June of 2026 the entire pay period paid on 7/2/2026 was accrued plus 2 out of 10 days for the pay period paid on 7/17/2026.
- Due to other governmental units - The increase in Due to Other Governmental Units is primarily due to the accumulation of the fiscal year 2025 Medicaid and Healthy Michigan Plan settlement due back to the Lakeshore Regional Entity (LRE) (paid in July 2026), as well as the current year-to-date surplus of Medicaid and Healthy Michigan Plan funds (see corresponding increase in cash and cash equivalents above).

I. Operating revenue

- Healthy Michigan capitation - Increase related to higher than projected enrollment levels (less un-enrollments than projected).
- CCBHC quality bonus payment - This is an annual payment which will be received in September 2026. The amount has not yet been finalized by MDHHS and therefore no revenue has been accrued in this report.

IV. Operating expenses

- Supplies & materials - The increase in expense is primarily due to the purchase of laptops for the fiscal year, taking advantage of lower prices prior to an expected increase in electronics.
- Miscellaneous expense - The significant variance is due to the MAT construction being funded with grant dollars, which began in December 2025 and was completed in April 2026.
- Depreciation - Variance from budget is due to recognition and alignment of adjustments to building depreciation due to grant funded assets.

ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

For the Period From October 1, 2025 through June 30, 2026

	MDHHS Revenue	Coordination of Benefits	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid						
Medicaid - Mental Health	$ 17,413,380	-	$ -	$ (19,499,251)	$ -	$ (2,085,871)
Medicaid - Autism	4,697,513	-	-	(1,344,627)	-	3,352,886
Medicaid - SUD	511,103	-	-	(195,072)	-	316,031
Healthy Michigan Plan - Mental Health	1,356,961	-	-	(1,850,155)	-	(493,194)
Healthy Michigan Plan - SUD	829,252	-	-	(434,232)	-	395,020
Medicaid subtotal	$ 24,808,209	$ -	$ -	$ (23,323,337)	$ -	$ 1,484,872
CCBHC Demonstration						
CCBHC - Medicaid	5,851,731	109,062	$ -	$ (6,166,582)	$ 148,845	$ (56,944)
CCBHC - Healthy MI Plan	2,045,890	16,407	-	(2,005,353)	-	56,944
CCBHC - NonMedicaid	-	151,711	762,899	(1,115,882)	201,272	-
CCBHC Subtotal	$ 7,897,621	$ 277,180	$ 762,899	$ (9,287,817)	$ 350,117	$ -
General Fund	$ 1,366,190	$ 2,299	$ -	$ (556,318)	$ (350,117)	$ 462,054
SOR/SUD Treatment Block Grants	$ -	$ -	$ 255,849	$ (255,849)	$ -	$ -

Statement of Net Position

June 30, 2026

	September 30, 2025	June 30, 2026
Assets		
Current assets:		
Cash and cash equivalents	$ 2,724,073	$ 4,464,674
Investments	3,035,027	2,815,381
Accounts receivable	102,482	418
Due from other governmental units	2,759,885	3,079,204
Prepaid items	216,270	237,246
Total current assets	8,837,738	10,596,923
Non-current assets:		
Capital assets not being depreciated	324,219	324,219
Capital assets being depreciated, net	8,046,066	7,726,699
Total non-current assets	8,370,284	8,050,918
Total assets	$ 17,208,022	$ 18,647,841
Liabilities		
Current liabilities:		
Accounts payable	$ 2,350,923	$ 2,035,521
Accrued payroll and benefits	430,990	611,044
Due to other governmental units	1,705,674	3,237,783
Unearned revenue	310,146	302,741
Compensated absences - current portion	125,039	125,039
Notes payable - current portion	256,008	256,008
Total current liabilities	5,178,780	6,568,136
Long-term liabilities:		
Compensated absences	708,551	708,551
Notes payable	4,708,315	4,623,977
Total long-term liabilities	5,416,866	5,332,528
Total liabilities	10,595,646	11,900,664
Net position		
Invested in capital assets	3,405,961	3,170,933
Restricted for USDA loan	37,265	498,253
Unrestricted	3,169,150	3,077,991
Total Net Position	$ 6,612,376	$ 6,747,177

ONPOINT

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through June 30, 2026
Percent of Year is 75.00%

	Total FY 2026 Budget	YTD Totals 6/30/26	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid capitation	$ 30,530,129	$ 22,621,996	$ 7,908,133	74.10%
Medicaid settlement	(945,851)	(1,583,046)	637,195	
Healthy Michigan capitation	2,539,271	2,186,213	353,058	86.10%
Healthy Michigan settlement	479,683	98,174	381,509	
CCBHC capitation and supplemental	9,929,384	7,897,620	2,031,764	79.54%
CCBHC quality bonus payment	267,629	-	267,629	0.00%
State General Fund formula funding	1,707,737	1,366,190	341,547	80.00%
State General Fund settlement	-	(462,054)	462,054	
Grants and earned contracts	4,981,627	3,633,569	1,348,058	72.94%
Local funding	346,095	259,571	86,524	75.00%
Other reimbursements and revenue	608,680	414,748	193,932	68.14%
Total operating revenue	$ 50,444,385	$ 36,432,981	$ 14,011,404	72.22%
Operating expenses				
Salaries and wages	$ 12,123,863	$ 8,874,681	$ 3,249,182	73.20%
Fringe benefits	4,343,434	3,219,319	1,124,115	74.12%
Supplies and materials	278,347	305,724	(27,377)	109.84%
Provider Network services	27,690,851	19,661,704	8,029,147	71.00%
Contractual services	4,179,355	3,136,366	1,042,989	75.04%
Professional development	185,641	100,256	85,385	54.01%
Occupancy	397,566	249,774	147,792	62.83%
Miscellaneous expenses	601,435	521,551	79,884	86.72%
Depreciation	286,121	324,116	(37,995)	113.28%
Total operating expenses	$ 50,086,614	$ 36,393,491	$ 13,693,123	72.66%
Nonoperating expenses				
Interest expense	118,450	78,290	40,160	66.10%
Change in net position	$ 239,320	$ (38,800)	$ 278,120	
Beginning net position	6,785,977	6,785,977		
Ending net position	$ 7,025,297	$ 6,747,177		

ONPOINT

Fiscal Year 2027

Draft Budget

Significant Assumptions and Key Points

Draft Budget

I. Medicaid and Healthy Michigan (HMP) revenue based on projections received from the Lakeshore Regional Entity (LRE), using anticipated enrollment changes through the end of the fiscal year based on year-to-date trends. Fiscal year 2027 rates have not been received from the Michigan Department of Health and Human Services (MDHHS) yet, information is expected to be released in late-September.

II. The agency received approval for Certified Community Behavioral Health Clinic (CCBHC) Demonstration status. Revenue projections were prepared based on OnPoint's fiscal year 2026 annualized daily visits, plus projected daily visits for new positions added.

III. State General Fund revenue based on MDHHS redistribution model.

IV. Salaries, Wages, and Fringe Benefits include an estimate for moderate benefit rate increases, vacancy assumptions, and projected merit based increases. Very few new positions are budgeted, primarily to increase capacity for continued provision of CCBHC and substance use disorder (SUD) services.

V. All other expenses

- Built department by department based on actual identified needs of each.
- Provider claims projected based on actual service utilization trends experienced during fiscal year 2026 to date.

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Summary Schedule of Revenues and Expenses by Fund Source

For the Period From October 1, 2026 to September 30, 2027

	MDHHS Revenue	Coordination of Benefits	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid						
Medicaid - Mental Health	$ 23,088,560	-	$ -	$ (27,200,739)	$ -	$ (4,112,179)
Medicaid - Autism	6,009,307	-	-	(1,945,648)	-	4,063,659
Medicaid - SUD	709,015	-	-	(275,832)	-	433,183
Healthy Michigan Plan - Mental Health	1,692,222	-	-	(2,614,808)	-	(922,586)
Healthy Michigan Plan - SUD	1,041,878	-	-	(593,486)	-	448,392
Medicaid subtotal	$ 32,540,982	$ -	$ -	$ (32,630,513)	$ -	$ (89,531)
CCBHC Demonstration						
CCBHC - Medicaid	8,378,609	121,991	$ -	$ (8,564,649)	$ -	$ (64,049)
CCBHC - Healthy MI Plan	2,630,346	26,234	-	(2,527,250)	-	129,330
CCBHC - NonMedicaid	596,900	184,563	589,780	(2,063,984)	692,741	-
CCBHC Subtotal	$ 11,605,855	$ 332,788	$ 589,780	$ (13,155,883)	$ 692,741	$ 65,281
General Fund	$ 1,793,124	$ 1,329	$ -	$ (919,272)	$ (692,741)	$ 182,440
SOR/SUD Treatment Block Grants	$ -	$ -	$ 395,684	$ (393,881)	$ -	$ 1,803

ONPOINT

Statement of Revenue, Expenses and Change in Net Position

Draft Budget

For the fiscal year ended September 30, 2027

	2025 Final Actual	Original 2026 Budget	Annualized 2026 Actual	Requested 2027 Budget	Over (Under) Prior Budget
Operating revenue					
Medicaid capitation	$ 29,132,630	$ 30,530,129	$ 30,114,667	$ 29,806,882	$ (723,247)
Medicaid settlement	(1,661,019)	(945,851)	(2,297,960)	(384,663)	561,188
Healthy Michigan capitation	2,317,122	2,539,271	2,915,645	2,734,100	194,829
Healthy Michigan settlement	695,616	479,683	224,022	474,194	(5,489)
CCBHC capitation and supplemental	9,525,201	9,929,384	10,445,674	11,083,571	1,154,187
State General Fund formula funding	1,707,737	1,707,737	1,793,124	1,793,124	85,387
State General Fund settlement	(123,008)	-	(691,476)	(182,440)	(182,440)
Grants and earned contracts	3,953,199	4,981,627	4,634,879	4,241,567	(740,060)
Local funding	346,095	346,095	346,095	346,095	-
CCBHC Quality Bonus Payment	430,588	267,629	530,000	522,284	254,655
Other reimbursements and revenue	613,766	608,680	555,880	552,518	(56,162)
Total operating revenue	$ 46,937,927	$ 50,444,385	$ 48,570,549	$ 50,987,232	$ 542,847
Operating expenses					
Salaries and wages	$ 11,371,244	$ 12,123,863	$ 11,776,792	$ 12,422,378	$ 298,514
Fringe benefits	4,034,742	4,354,767	4,401,411	4,725,249	370,481
Supplies and materials	315,810	278,347	415,348	260,281	(18,066)
Provider Network services	25,858,182	27,690,851	26,053,845	27,881,814	190,963
Contractual Services	3,057,283	4,179,355	4,148,932	4,343,544	164,189
Professional development	143,137	174,308	136,171	153,518	(20,790)
Occupancy	291,452	397,566	327,621	360,352	(37,215)
Miscellaneous expenses	269,078	601,435	737,388	257,933	(343,501)
Depreciation	425,139	286,121	432,156	447,787	161,666
Total operating expenses	$ 45,766,067	$ 50,086,614	$ 48,429,662	$ 50,852,855	$ 766,241
Nonoperating expenses					
Interest expense	107,229	118,450	104,190	122,004	3,554
Change in net position	$ 1,064,631	$ 239,320	$ 36,696	$ 12,373	$ (226,947)

OnPoint
Caring for Allegan County

OnPoint Board of Directors – Program Committee Meeting Agenda
Tuesday, August 18, 2026 @ 4:15 pm
Board Room, 540 Jenner Drive, Allegan MI 49010

This meeting is open to the public. Most of the time will be spent holding in-person interviews for the upcoming CEO position opening. To support the objectives of the search process, live virtual streaming of this meeting will not be provided, nor will it be videotaped for later posting.

1) Call to Order – Jessica Castañeda, Chairperson
2) Public Comment (agenda items only; 5" limit per speaker)
3) Approval of Agenda
4) Approval of Minutes
5) Program Presentation:
    a) Peer Teams (Certified Peers, Recovery Coaches, Parent Support Partners) – Peer Group
    b) Administrative Professionals – Christine Beals
6) Review of Written Reports
    a) Chief Operating Officer – Jeana Koerber
    b) Customer Services Report- Cathy Potter
7) Program Committee Member Comments
8) Public Comment (any topic; 5" limit per speaker)
9) Adjournment – Next Meeting September 15, 2026 at 4:15 pm, 540 Jenner Drive, Allegan, MI

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

OnPoint Board of Directors
DRAFT Program Committee Minutes
July 21, 2026

Board Members Present: Jessica Castañeda, Chairperson; Kim Bartnick, Vice-Chairperson; Deb Morse; Marcia Kerber; John Clark; Alice Kelsey

Board Members Absent: Karen Straton

OnPoint Staff Present: Dawn Sisson; Geniene Gersh; Ashlynne Maneke; Angel Hopkins; Sarah Plummer; Macy Castañeda; Carin Johnson; Brandon Lange; Rob Griffith; Kelsey Newsome; Cathy Potter; Megan Ford; Selena Wolters (Virtual); Sarah Newman (Virtual); Jeana Koerber (Virtual); Michell Truax (Virtual); Tara Wilkes (Virtual); Janice August (Virtual); Emily Stough (Virtual); Sammy Taylor (Virtual)

Public Present: Stephanie VanDerKooi

1) **Call to Order** – Jessica Castañeda, Chairperson called the meeting to order at 4:15pm
2) **Public Comment** – No comments received.
3) **Approval of Agenda** – Marcia Kerber made a motion to approve the agenda as presented and John Clark supported the motion. Motion carried by unanimous consent.
4) **Approval of Minutes** – Kim Bartnick made a motion to approve the minutes from the meeting on June 16, 2026 and Deb Morse supported the motion. Motion carried by unanimous consent.
5) **Program Committee Reports** – Angel Hopkins, Manager of Medication Clinic Services presented an overview of the Psychiatric Medication services that are provided to the clients of OnPoint, the med clinic staff and their daily functions within the clinic. Ms. Hopkins then turned over the floor to Ashlynne Maneke, Medication Assisted Treatment (MAT) Navigator, who gave the committee a brief overview of the Medication Assisted Treatment (MAT) Clinic and its role in expanding access to evidence-based addition care. She provided the committee an overview of what her specific role is within the clinic. Ms. Maneke discussed the success and growth of the MAT clinic, emphasizing the expanded access to high-quality addiction treatment through specialized physicians, dedicated care coordination, and grant-supported services.

   Brandon Lange presented on Occupational Therapy (OT). An overview on Occupational Therapy in Mental Health was provided along with the individuals served, and a brief description of each role was provided including Occupational Therapist, Certified Occupational Therapy Assistant, and Occupational Therapy Student. Finally, CCHBC impact, program highlights and obstacles, and ideas for the future were discussed.

   Jeana Koerber, Chief Operating Officer, shared that a determination was made due to some vacancies in the program manager roles that some of the clinical department/services would shift around under the program managers. Ms. Koerber notes that once a clinical review was completed one program manager role was eliminated. Those changes went into effect July 11, 2026. She provided the committee a copy of the updated organizational chart which reflected those changes.

6) **Program Committee Member Comments** – Program committee members provided comments as desired.

7) **Public Comment** – No comments from the public**.**

8) **Adjournment** – Motion by Kim Bartnick, supported by Marcia Kerber to adjourn the meeting. Motion carried by unanimous consent. Meeting adjourned at 4:57pm.

Submitted by,

Dawn Sisson

Customer Services Quarterly Status Report – August 2026
(Report covers period: May, June, July)
Submitted by Cathy Potter, Customer Service Coordinator
269-355-0500 customerservices@onpointallegan.org

New Hire Orientation

During this quarter Customer Service (CS) met with 11 new hires for orientation and reviewed customer service-related items. All orientations were held in person at OnPoint. See listing below containing the number of new hires met during each month.

- Six new hires in May: *Adult Outpatient Clinician, Administrative Professional, two Adult Case Managers, Children Outpatient Clinician, Recovery Management Case Manager*
- Two new hires in June: *Recovery Management Case Manager, HR Generalist*
- Three new hires in July: *Access Clinician, Adult Case Manager, SUD & Grant Services Program Manager*

Grievances

Medicaid: One grievance has been completed during this quarter within the required 90-day timeframe. Category is Service Environment.
CCBHC Medicaid: Six grievances have been completed during this quarter within the required 90-day timeframe. Categories are Plan/Provider Care Management, Change of Worker Requests, Interaction with Provider, and Access & Availability.
*There are four active grievances that are currently in process and will be resolved by next report.
Local Disputes Resolution-Non-Medicaid: None.
CCBHC Local Disputes Resolution-Non-Medicaid: None

Appeals

Medicaid: Two Medicaid Appeals were received and completed during this quarter. One was a denial of Respite services, and the LRE did not approve this request. The second one was a denial of all services, and the LRE did approve this one, so the individual was able to continue receiving services.
CCBHC-Medicaid: One CCBHC Medicaid Appeal was received during this quarter which involved terminating services. OnPoint reviewed this request and approved services to start again.
Local Disputes Resolution-Non-Medicaid: None
CCBHC Local Disputes Resolution-Non-Medicaid: None

State Medicaid Fair Hearings (SMFH)

None.

Second Opinion Requests

There were four second opinion requests received and completed during this quarter. All were inpatient hospitalization denials.

Mediation Requests

None.

OnPoint Notices

CS has received information about a new notice that MDHHS is requiring all CCBHC agencies to send to individuals who are receiving CCBHC services anytime the service(s) change. Examples of a change in service could be a reduction, suspension, termination, or a denial of service. This new notice is called Negative Action Determination (NAD). The NAD is similar to the Notice of Adverse Benefit Determinations (NABD) that is

commonly known. These two notices are described as a written decision that adversely impacts the person served/beneficiary's claim for services due to a variety of reasons. CS developed guidelines and workflows for OnPoint staff who will be completing these notices. Training on these notices has been ongoing. CS met with Access and Crisis Supervisors during this quarter to discuss the NAD process.

Translation Requests
CS received four requests for translation this quarter which consisted of translating Consent for Treatment forms, housing forms, and notices into Spanish.

Customer Satisfaction Surveys
CS, QI, and Clerical staff met this quarter to discuss preparations for the annual Customer Satisfaction Survey for FY 2026. Copies of the cover letter and survey have been made and given to Clerical. The plan is to mail out a survey to all CCBHC individuals during the month of August and all Non-CCBHC individuals during the month of September. An updated Privacy Practice brochure has been ordered and will be included in the survey mailing.

Workshops/Conferences/Trainings
CS did not attend any this quarter.

Community Outreach/Events/Presentations
CS participated and/or coordinated the following community events/presentations during this quarter:

- Senior Expo was held in June at the Baptist Church in Allegan. Around 300 people attended and there were 45 vendors registered for this event. Lots of good information shared with the seniors.
- CS had a table at the People Helping People facility in Pullman during their food pantry day. Information was shared with those who attended.

Upcoming Community Events

- Wayland Balloon fest on September 11th & 12th
- Walk A Mile Rally on September 23rd
- Recovery Day on September 25th

OnPoint Materials Requested During this Quarter
Positive Options in Allegan contacted OnPoint. Agency Brochures, departmental brochures, business cards, agency magnets, and 988 materials were handed out.

CAP (Community Advisory Panel)
There was a CAP meeting held this quarter in June. Attached are the meeting notes for your review. CS attended this meeting with three individuals representing OnPoint. Next meeting is scheduled for June 11th.

COAP (Community Opportunity Advisory Panel)
The COAP group met twice during this quarter in the months of May and July. All members attended and took turns sharing life experiences. Angel Hopkins, Med Clinic Practice Manager, was invited to attend and she shared a power point presentation about all of the things that Med Clinic does. The group also completed the annual customer satisfaction survey together. Next meeting is scheduled October 3rd.

Handouts

1) Consumer Advisory Panel (CAP) Meeting Summary, June 11, 2026

Board Considerations/Action Needed
None

Respectfully Submitted,

Cathy Potter, Customer Service Coordinator

8/6/26

August Program Committee Report

Prepared by COO: Jeana Koerber, Ph.D.

Specific portions were authored by the overseeing directors/managers/supervisors

8/7/26

With fiscal year 2027 around the corner, the clinical teams are revising billable targets for the next fiscal year. We have analyzed teams and roles and are prepared to meet the community needs for the next year. We continue to review all our internal processes for improvement to ensure we are meeting all contractual and clinical requirements. We have been awarded a no cost extension from our HRSA MAT grant. We did apply for a HRSA Impact grant but may not hear back on the award status until September. The notice of funding opportunities (NOFO) for HUD was released, and we submitted all new and revised applications to the balance of state. Due to legal challenges, local competition at the balance of state were put on hold after submission. Our current funding is secured until May of 2027 for some HUD grants and October 2027 for others.

Clerical Team Updates – Submitted by Christine Beals

Clerical team continue to be busy with directing increased crisis calls and high-volume onsite appointments. The team has been short staffed since the team lead started her leave on 7/2 and newest team member Tiffany, recently submitted her resignation effective 8/20. The team is assigning MAT buildout spaces and are appreciative of the added available space for onsite appointments. The team is gearing up to assist customer service with a mass Customer Satisfaction Survey mailing starting end of July/early Aug for the first round and end of August/early Sept for the remaining lists. An estimated 2773 surveys will be stuffed and mailed.

Clerical continues to assist in collecting signatures on unsigned documents at check-in. The new task of processing all checks received in the mail (client and insurance remittance) has been added to their responsibilities along with processing credit card payments at the front desk and over the phone.

Healthcare Project Updates - Submitted by Rob Griffith

Over the past few months, I've been able to wrap up a few projects, continue to move a few projects forward, and started working on a new project. I'm proud to announce our RAVE emergency alert project has been completed! Not only will all our staff receive emergency alerts from this system, but we are also now able to send our own alerts for items such as fire drills, weather events, medical & crisis responses within the building, building closures, etc. This will significantly enhance our abilities to effectively communicate vital information to our staff in a timely manner.

Ongoing projects include adding a compliance module in Eleos, finishing our Docusign initiative in Crane and with our contracts team, and transitioning our Med Clinic providers from their current dictation services to Eleos.

I've started a new project related to CCBHC care coordination to ensure our work and roles are aligned with this section of the CCBHC manual. We are currently reviewing staff survey data to develop next steps.

Along with those projects my work revolves around being a member of the Health & Safety Committee, the Compliance Committee, and the CARF reaccreditation process.

Quality and Innovations Team Update – submitted by Megan Ford, unless otherwise noted.

Quality and Reporting

The Quality Team with the onboarding of the new Director has been working to review all current policies and processes to ensure all are up to date to align with current reporting requirements and standards. The Quality Improvement Council began reconvening in May and finalized its 2026 Charter.

The Quality Team has been working with the staff on the preparations for OnPoint's CARF accreditation in September, pulling proofs and documents to support OnPoint's commitment to quality services and outcomes. We recently completed our LRE audit and are finalizing our corrective action plan.

With the support of the Healthcare Analytics Manager, the Quality Team is in the process of transitioning most data to Power BI for ease of data review, which is in alignment with the Director's focus for FY27 for data analysis and trends reporting in conjunction with KPIs and Performance Indicators.

Utilization Management – submitted by Utilization Manager, Michell Truax

Utilization Management recently finished a project for Continued Stay Reviews (CSR). The team collaboratively revised OnPoint's CSR form to assure all the required elements of the corresponding LRE policy were addressed. The team also updated the format to prompt providers to submit complete information with the first submission. The revised form is being distributed to providers during the month of August with a planned implementation of October 1st.

Utilization Management also recently completed training related to ASAM 4th Edition. This new edition is scheduled to be implemented by Michigan next fiscal year. The training involved both the training that clinicians completing the tool would receive to assure accurate scoring of the tool and "Implementing the ASAM Criteria 4th Edition in Utilization Management Course". This fundamental training will assist Utilization Management in collaboratively working with both internal and external stakeholders towards successful implementation of the tool.

Provider Network- submitted by Provider Network Manager, Amy Kettring

The Provider Network team oversees the entire network of providers with the responsibility of monitoring providers based on multiple levels of compliance and quality components as well as evaluates the adequacy of our network. This team also encompasses the oversight of self-directed arrangements. Currently, The Provider Network Manager position is currently posted and we are reviewing applications.

Provider Meetings have been taking place virtually on a quarterly basis. The last meeting was held on July 14, 2026. The next meeting is scheduled for October 13, 2026. The meetings are always well attended with over 50 participants from the provider network, Lakeshore Regional Entity as well as OnPoint staff. This meeting includes all providers regardless of the population served. The purpose is to increase collaboration and communication with the provider network with a goal of increasing quality of services in Allegan County. Over the past year, the provider network team has worked diligently with

provider agencies via education and training, random sampling of staff records though the PN quality monitoring process. Providers have expressed gratitude for the collaboration and improvement was noted in the LRE audit where no corrective action plan is required. This is a great accomplishment for the entire OnPoint provider network and shows the dedication and hard work of all network providers as well as the OnPoint provider network team.

Several policies and procedures have been revised to ensure they meet MDHHS, LRE and CARF requirements. Self-determination procedures are ever evolving and have been revised to improve efficiencies and ensure compliance.

For Self Determination, OnPoint provider network team members continue to participate in Regional and Statewide workgroups where implications of the Waskaul settlement are discussed, and policy changes are developed. These workgroups have been collaborative across the state, and the goal is to create as much consistency as possible throughout the state. The team has also been working collaboratively with Finance and Information Technology staff to develop process to ensure we have systems in place to monitor EVV provider data. A new dashboard has been created to assist in monitoring which matches claims submitted to OnPoint with the timecards the direct care staff enter the EVV system. MDHHS requires the following CMH services to utilize EVV: H2015: Community Living Supports (CLS), 15 Minute and T1005: Respite Care, 15 Minute.

Project implementation is underway to onboard contract software called Contract Logix, a product of Legal Sifter. The Provider Network team has been working with the project manager to develop a repository for all contract documents as well as develop improved processes that will create efficiencies and increase accuracy. The first phase of the project is anticipated to be fully implemented by October 1, 2026, with the second phase being fully finalized by October 1, 2027.

Autism Coordination

The Autism Team has shifted to the quality department with the change in director. They are currently in the process of onboarding another provider, as well as monitoring the newly implemented changes due to the LRE Autism Framework. This Framework was not much of shift for current operations, but the Autism Team is working to support providers as they may have to adapt their policies and procedures to be in alignment.

OnPoint Board of Directors Minutes - DRAFT
Tuesday, July 21, 2026, at 5:30 PM
Board Room, 540 Jenner Drive, Allegan, MI 49010

Board Members Present: Jessica Castañeda; Commissioner Mark DeYoung; Krystal Diel; Commissioner Gale Dugan; Beth Johnston; Alice Kelsey; Deb Morse; Kim Bartnick; John Clark, Rhoda Yutzy-Ryan, Marcia Kerber

Board Members Absent: Karen Stratton

OnPoint Staff Present: Dawn Sisson, Mark Witte, Geniene Gersh, Rob Griffith, Megan Ford, Kelsey Newsome, Cathy Potter, Macy Castañeda (Virtual), Selena Walters (Virtual), Sarah Newman (Virtual), Jeana Koerber (Virtual), Michell Truax (Virtual), Tara Wilkes (Virtual), Janice August (Virtual), Emily Stough (Virtual), Sammy Taylor (Virtual), Amy Kettring (Virtual), Missy Hughes (Virtual), Diane Bennett (Virtual), Madi Shank (Virtual), Angel Hopkins (Virtual), Eugenia Bryant (Virtual), Ashlynne Maneke (Virtual), Tori Stevens (Virtual), Nikki McLaughlin (Virtual)

Public Present: Stephanie VanDerKooi, Andrew Brege (Virtual), Royal Grewe

1. **Call to Order** – Ms. Kelsey called the meeting to order at 5:32pm
2. **Pledge of Allegiance** – All present stood to recite the Pledge of Allegiance.
3. **Roll Call** – Prior to roll call Ms. Kelsey introduced the newest board member, Rhoda Yutzy-Ryan. She then conducted the roll call with the attendance of board members as documented above. A quorum was established.
4. **Provision for Public Comment** – No comments received.
5. **Approval of Agenda**

   Motion: To approve agenda as presented.

   Moved: Jessica Castañeda Supported: Beth Johnston

   Motion carried by unanimous voice vote.
6. **Consent Agenda** – *All items listed are considered routine and thus will be enacted by one motion.*
   i. Board Meeting (06/16/2026, 06/23/2026, & 07/14/2026)
   ii. Finance Committee (06/16/2026)
   iii. Program Committee (06/16/2026)
   iv. CEO Search Committee (06/12/2026 & 06/30/2026)
   v. Executive Committee (06/12/2026)
   vi. Approval of June 2026 Voucher Disbursements

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

   Moved: Commissioner Gale Dugan Supported: Kim Bartnick

   Motion carried by unanimous roll call vote, 11 Yes's to 0 No's.
7. **Program Committee** – Jessica Castañeda shared that the program committee heard presentations from Angel Hopkins on Medication Clinic Services, Ashlynne Maneke provided an overview of Medication Assisted Treatment (MAT) services, and Brandon Lange shared an overview of Occupational Therapy services that are available for clients receiving services with OnPoint. Overall, these programs are running well and working through some of their challenges with open positions.
8. **Finance Committee Report** – Beth Johnston, Treasurer, shared that all things seem to be running financially well. Ms. Johnston shared that she was happy to announce that the first

cohort of OnPoint Leadership Foundations for Excellence Kicked off in May and the first ten (10) participants had just completed the Introductory Learner Overview and Self-Paced Learning and Facilitated Conversation on the Manager Role and Trust and Relationships. The feedback from the participants has been very positive.

9. **Recipient Rights Advisory Committee** – The committee did not meet this month.
10. **Lakeshore Regional Entity (LRE) Updates** – Stephanie VanDerKooi, Chief Operating Officer of the LRE, provided an update on LRE matters. Ms. VanDerKooi shared that the full Board of Directors meeting for the Lakeshore region was scheduled for Wednesday July 22, 2026 at 1pm and there will not be a work session. Work sessions will resume in August, and the will be talking about strategic planning and compliance training as well. She provided a brief update regarding the cost settlement and shared they received information from the Detroit Court of Appeals that on August 6, 2026, at 11am there is a hearing scheduled. This will be discussed more tomorrow at the board meeting.
11. **Chairperson's/Executive Committee Report** – Alice Kelsey shared there were not any specific matters to discuss from the Executive Committee meeting that was held on July 17, 2026.
12. **CEO Search Committee Report -** Chairperson Alice Kelsey provided an update pertaining to the CEO search and how the board would proceed. She asked all board members to be prepared to discuss their first choice for the next CEO. Ms. Kelsey opened the floor to start the discussions. Each member of the board then took their opportunity to vote for their first-choice selection. After all votes we cast, the board was left with a five (5), five (5) split decision.

    Motion: To have the CEO Search Committee prepare to bring top two (2) selected candidates, Mandy Padget and Jeana Koerber back for a third-round interview.

    Moved: Commissioner Gale Dugan Supported: Kim Bartnick

    Motion carried by unanimous voice vote.
13. **OnPoint Chief Executive Officer's Report** – Mark Witte shared a brief update regarding if the state will reissue an RFP for PIHP services. There has not been a clear answer on whether this will move forward or not. Mr. Witte then clarified a mistake made on a prior report. The work requirements do not apply to individuals on regular Medicaid. They do apply to individuals – unless they have an exception. So, he wanted to just clarify that note.
14. **Provision for Public Comment** – No comments from public given.
15. **Board Member Comments** – No comments given by board members.
16. **Motion to Adjourn**

    Moved: Marcia Kerber Supported: Krystal Diel

    Meeting adjourned at 6:30 pm

    Motion carried by unanimous voice vote.

Respectfully submitted,

Dawn Sisson
Executive Assistant

Alice Kelsey
Board Chairperson

Executive Committee Meeting DRAFT Minutes
July 17, 2026
Location: OnPoint, 540 Jenner Drive, Allegan, MI 49010

Board Members	[X] Alice Kelsey, OnPoint Board Chairperson
	[X] Elizabeth Johnston, OnPoint Board Treasurer
	[X] Commissioner Mark DeYoung, OnPoint Board Secretary
	[X] Commissioner Gale Dugan, OnPoint Board Immediate Past Chairperson
	[ ] *OnPoint Board Vice Chairperson (Vacant)*
OnPoint Staff	[X] Mark Witte, OnPoint Chief Executive Officer
	[X] Diane Bennett, OnPoint Compliance Officer

1. **Call to Order** – Chairperson Kelsey called the meeting to order at 4:02 pm. All members present.
2. **Review/Approval of Agenda**

   Motion: Ms. Johnston moved, and Commissioner Dugan supported, that the draft agenda be adopted with the addition of the discussion of the open Vice-Chairperson position.

   All in favor; Motion adopted.
3. **Review/Approval of Minutes of June 12, 2026 Meeting** (Chairperson Kelsey)

   Motion: Commissioner DeYoung moved, and Ms. Johnston supported, that the minutes of June 12, 2026 be approved as presented.

   All in favor; Motion adopted.
4. **Compliance Committee Report** – Ms. Bennett presented her report to the committee. She included an announcement of her intent to leave her position (as a contract staff) on or about 11/30/2026. Mr. Witte has already begun the process to post for a regular full-time employee to continue our compliance program. Ms. Bennett responded to questions from the committee.
5. **Updates on Prior Meeting Topics**
   a. Impact of same-day access on demand – tabled for Program Committee to address.
   b. Discussion on efficiency – tabled until after CEO search process is complete.
6. **Chief Executive Officer Items**
   a. Board Recruitment update – Mr. Witte provided the committee with Ms. Rhoda Yutzy-Ryan's application materials.
   b. Vice-Chair – Ms. Kelsey said she has discussed this opening with a couple of board members and will continue to hold conversations in anticipation of an eventual appointment.
   c. Key Board Tasks by Month –
      - Compliance report (done earlier in this meeting)
      - Semi-Annual Rights (done by RRAC last month).

d. Board Meeting Packet Review – The committee reviewed the Board meeting packet and handouts, and rearranged the order of the agenda to allow for maximum time for CEO selection.
e. Mr. Witte briefed the LRE regarding recent conversations on fund distribution methodology.

7. **Discussion Items Requested by Members**
   a. None
8. **Next Meeting Date/Time** – Friday, August 14, 2026 at 2:30pm (Note: 3rd Friday)
9. **Adjournment**

> ***Motion: Commissioner Dugan moved, and Ms. Johnston supported, that the meeting be adjourned.***
>
> *All in favor; Motion adopted.*

10. **Meeting adjourned** at 5:01 pm

Submitted by Mark Witte
July 17, 2026

OnPoint CEO Search Committee Minutes DRAFT

Friday, July 17, 2026 – 2:30 pm

Location: OnPoint (Board Room A), 540 Jenner Drive, Allegan MI 49010

Committee Members:	[X]	Alice Kelsey, Chairperson	[X]	Comm. Mark DeYoung
	[X]	Comm. Gale Dugan	[X]	Beth Johnston
	[X]	Deb Morse		
Staff:	[X]	Mark Witte	[ ]	Dawn Sisson (on PTO)

1. **Call to Order** – Meeting called to order by Chairperson Kelsey at 2:51pm. A quorum is present. Ms. Johnston joined the meeting at 3:04 pm. Commissioner Dugan joined the meeting at 3:09 pm.
2. **Review and Approval of Agenda** – Agenda was reviewed.

   Motion by Ms. Morse, supported by Commissioner DeYoung, to approve the agenda as presented.

   All in favor. Motion approved.
3. **Review and Approval of Prior Meeting Minutes** – Minutes were reviewed.

   Motion by Commissioner DeYoung, supported by Ms. Morse, to approve the minutes of June 30, 2026 as presented.

   All in favor. Motion approved.
4. **Next Steps Planning** – Chairperson Kelsey leads a discussion about the process the board will follow on 7/21 to reach a selection for the top CEO candidate. Upon review, it appears that straw polls are inconsistent with Robert's Rules and so direct dialogue in open session will be needed. At the request of the Search Committee, Dawn will send a message to the board members asking them to come to the meeting on Tuesday prepared to share their personal perspectives that supports their top choice. The Search Committee values unanimity, but there may be sincere differences in opinion. However, once a decision is made, the desire of the committee is for the entire board to coalesce behind the board's choice.
5. **Project Schedule Review (awareness of timelines)** – If a selection of a new CEO is made, the Executive Committee (plus Ms. Morse) will meet with Andre Brege at 10 am on 7/24/2026 at OnPoint (virtual attendance will be possible). Mr. Witte will provide a copy of his current contract for those members for information.
6. **Next Meeting date** – August 14, 2026 at 2:30pm.
7. **Adjournment**

   Motion by Commissioner Dugan, supported by Ms. Johnston, to adjourn.

   All in favor. Motion approved.

   Meeting adjourned at 3:58 pm.

OnPoint CEO Search Committee Minutes DRAFT

Friday, July 24, 2026 – 9:00 am

Location: OnPoint (Hopkins Conference Rm), 540 Jenner Drive, Allegan MI 49010

Committee Members:	[X]	Alice Kelsey, Chairperson(virtual)	[X]	Comm. Mark DeYoung
	[X]	Comm. Gale Dugan	[X]	Beth Johnston
	[X]	Deb Morse	[X]	Kerreen Conley (Virtual)- public guest
Staff:	[X]	Mark Witte	[X]	Dawn Sisson

1. **Call to Order** – Meeting called to order by Commissioner Dugan, acting Chair for Ms. Kelsey at 9:00am. A quorum is present.
2. **Review and Approval of Agenda** – Agenda was reviewed.

> ***Motion by Commissioner DeYoung, supported by Ms. Johnston, to approve the agenda as presented.***
>
> *All in favor. Motion approved.*

3. **Review and Approval of Prior Meeting Minutes** – Minutes were reviewed.

> ***Motion by Ms. Johnston, supported by Ms. Morse, to approve the minutes of July 17, 2026 as presented.***
>
> *All in favor. Motion approved.*

4. **Next Steps Planning** – Mr. Witte provided a recap of the prior board meeting to frame the discussion on the upcoming steps in the CEO search process. Ms. Kerren Conley of Rehmann assisted the committee in outlining the key challenges in selecting the next CEO. The committee agreed that each finalist will deliver a ten-to-fifteen-minute presentation to the board as the first portion of their interview, followed by four predetermined interview questions agreed upon by the committee.

5. **Any other agenda items:**

    a. None added

6. **Next Meeting date** – August 14, 2026 at 2:30pm.
7. **Adjournment**

> ***Motion by Ms. Morse, supported by Ms. Johnston, to adjourn.***
>
> *All in favor. Motion approved.*

Meeting adjourned at 10:33 am.

Chief Executive Officer Report for August 2026

Submitted by Mark Witte, Chief Executive Officer
269-615-4893 – mwitte@onpointallegan.org

BOARD

I am so proud of the spirit of this community. Serving on a CMH board is a labor of love that requires a lot more work from its members than many public boards. You oversee a complex system that takes most people many years to even understand, let alone master. Despite that challenge, we have had very little difficulty in finding members over the past several to keep our board roster full. It is a great credit to you and the county commission that appoints you. I am so delighted that you are here and I look forward to finishing my time at OnPoint with you over the next few months, confident that we are in good hands.

You are also serving at a very consequential time in the history of the agency. You are selecting a new leader for the organization's next administrative chapter at a time when basic questions about the foundations of our work are up for grabs. You are poised to engage in the public policy debate over who should "own" what has been up to now a publicly managed behavioral health system. You will be a part of determining how services should be delivered, and at what level funding should be provided.

We extend our sympathies to board member Karen Stratton following the death of her son Larry. I was grateful for the opportunity to represent you and our staff at the family's celebration of Larry's life held on 7/23/2026.

COMMUNITY

Opioid Settlement Funds – I will attending an Opioid Settlement Cohort in Kalamazoo with Dan Wedge, Allegan County's Deputy County Administrator of Services. The meeting in Kalamazoo on 8/28/2026 is intended to assist and give input to the county throughout the meeting about how county opioid settlement dollars may be spent. Our role, of course, is to think beyond OnPoint's opportunities to the full array of options needed in Allegan County. We must focus on meeting treatment needs while also minimizing the burden of substance misuse on the broader community.

Allegan County Fair Parade – OnPoint will be represented in the annual Allegan County Fair parade on Monday, 9/14/2026. You are all welcome to join many of our staff who will volunteer to walk with the decorated float (wagon courtesy of Commissioner Dugan). See Dawn Sisson for details.

REGION

Losses Mounting – Regional finances continue to be a significant topic of conversation. Between the predictions of LRE losses for FY2026 and the early projections for continued losses in FY2027 amid declining capitation revenues, it is going to be a challenging year for the LRE.

General Fund Shortages – That said, there is a significant MDHHS funding policy matter also involved. When the state created the Healthy Michigan Plan (HMP), it took $168 million in state General Funds (GF) in FY2015 to leverage increased federal funding through Medicaid. The presumption was that there would be less need for GF because of available Medicaid coverage. It will be anything but beautiful when enrollment in Healthy Michigan drops due to HR 1. OnPoint will need to access GF to pay for services required under the Michigan Mental Health Code for the uninsured. However, GF has not been restored from the

reductions we experienced in FY2015. This is an appropriation problem that was not addressed in the FY2027 state budget.

STATE

State Budget – The FY2027 state budget has now been approved. As noted above, it included large reductions in revenue from Medicaid for HMP. HMP is being reduced to $392 million for FY2027, $135 million less than the FY2025 allocation of $527 million. GF was not increased.

MDHHS PIHP Bid-Out – As of 8/7/2026, a notice remains on the state's business website indicating that a bid for PIHP services is anticipated in August. It remains very difficult to know what this means, as it could simply be the state's move to replace a current PIHP with another public entity.

On 7/13/2026, Gonger/State Affairs reported: "… Lynn Sutfin, a spokesperson for DHHS, said there was no official timeline for the new RFP. She noted the Vendor Opportunity Dashboard disclaimer that "*the dates are estimates only; the project may be posted in the month prior or the next consecutive month*."

"*It is an estimated date*," she said in an email. "*The Michigan Department of Health and Human Services continues to engage community partners as it evaluates paths forward that strengthen Michigan's behavioral health system and better serve individuals and families.*"

There is some speculation that the proposal is currently under review by the Attorney General's office to assure the RFP complies with the Court of Claims ruling by Judge Yates that led to its initial withdrawal. Even so, it is now so late in the term of the Whitmer administration that one might wonder why they would initiate such a controversial and divisive process that would have to be immediately managed by the next Governor – who is not yet known and has not established their own priorities.

MDHHS CCBHC "Listening Sessions" – MDHHS has begun a series of "Listening Sessions" that are intended to inform the state as it begins to prepare for the ending of the CCBHC Demonstration project and continue the benefits through an amendment to the (Medicaid) State Plan. This is a very constructive and responsible effort, though it is difficult at times to participate without defensiveness in view of the looming undefined potential PIHP bid out. If the aim is to open the door to private entities as system managers not connected to counties, our feedback would be much different. As it is, then, the feedback is premised on a continuation of our current structure.

NATION

We are members of the **National Council for Mental Wellbeing** through our membership in CMHA. Their weekly '*Capitol Connector*' newsletter contained several important national matters:

> ***Funding*** *– On Aug. 5, the Senate cleared a procedural hurdle on a continuing resolution (CR) that would fund the federal government through Dec. 11, but it has not yet taken a final passage vote. Funding for the federal government will expire Sept. 30 if no agreement is reached by Congress prior to that time. Senate leaders continue negotiating an agreement on the remaining votes, while the House is on recess through the remainder of August. The Senate CR text also included language which would prohibit the Office of Management and Budget from finalizing a proposed grant overhaul before Dec. 11. Senators on both sides of the aisle have expressed concerns about the impact of the rule on the federal grantmaking process and are urging a delay in finalizing the rule, which is currently due to be final on*

Oct. 1. Under the proposed rule, discretionary grants would undergo pre-issuance review by senior political appointees to confirm alignment with the president's policy priorities. The rule would also broaden agencies' discretion to terminate grants deemed out of step with those priorities. National Council for Mental Wellbeing submitted comments urging changes to the rule and disseminated a comment template for members ahead of last month's July 13 comment deadline.

***CCBHCs Served 3.4 Million People in 2025** – The National Council's 2026 CCBHC Impact Report finds that the nation's 539 CCBHCs served an estimated 3.4 million people last year — up nearly 13% since January 2024 — with clinics now operating in 40% of U.S. counties.*

- *54% of CCBHC clients — nearly 1.4 million people — live with serious mental illness or serious emotional disturbance.*
- *76% of CCBHCs report positive justice system outcomes, including diversion from arrest to treatment and reduced law enforcement time on behavioral health crises.*
- *73% deliver services in schools or childcare settings, reaching families in more than 9,000 schools.*

[access the Council's 2026 CCBHC Impact Report here: https://tinyurl.com/2r3tej3k]

***National Council Signs National Behavioral Health Quality Pledge, and Will Help Define What It Means in Practice** – As federal attention turns to behavioral health quality, the National Council for Mental Wellbeing and our members will help shape what those standards look like in practice. On July 29, Council CEO Chuck Ingoglia joined providers, national associations and policy experts in Washington to sign the National Behavioral Health Quality and Best Practices Voluntary Pledge – a set of best practice principles defining how mental health and substance use care should be delivered:*

- *Timely access to high-quality mental health and substance use treatment*
- *Evidence-based assessment, diagnosis, treatment, referral and recovery support*
- *Measurement of quality and outcomes, accountability and continuous improvement*
- *Patient-centered, recovery-focused care that supports long-term wellness*
- *Clinical expertise and individualized treatment decisions grounded in patient needs and the best available evidence*
- *Whole-person care that addresses chronic physical conditions, including HIV and HCV, alongside behavioral health treatment*

None of these commitments are new to us. Outcome measurement, accountability, integrated whole-person care — the National Council and our members have championed these principles for years, and the Certified Community Behavioral Health Clinic (CCBHC) model is among the most fully realized examples of them operating at scale. That track record matters now, because principles on paper eventually become standards in practice. As quality and accountability expectations take shape, the National Council will lead that conversation, drawing on our members' experience to ensure the standards that emerge are rigorous, workable and grounded in how care is actually delivered.

We are monitoring related guidance and reporting expectations and will share updates as they become available. Members who wish to sign the pledge independently can do so through SAMHSA's website.

Court Denies Injunction on H.R.1 Community Engagement Rule *– On July 28, a hearing was held in the lawsuit filed last month by 25 states and Washington, D.C., on the Center for Medicare and Medicaid Services (CMS) interim final rule implementing community engagement requirements under H.R.1. The plaintiffs argued that several provisions of the rule unlawfully exceed the statute, including a provision narrowing the "medically frail" exemption, which encompasses individuals with mental health and substance use conditions. CMS's rule added a stipulation that a qualifying condition making a person medically frail must "significantly impair" an individual's ability to comply with community engagement requirements. The court denied the states' request to grant an initial injunction, which would have halted implementation of the challenged parts of the rule, but did not yet rule on the underlying arguments in the case and will do so in the coming months. If the court ultimately rules in favor of the plaintiffs, it could delay the implementation of only the challenged portions of the rule, including the need to show functional impairment in addition to a qualifying condition. Community engagement requirements must be implemented in most states by Jan. 1, 2027.*

Department of Education Revises Professional Degree Rule *– Following a federal court order staying its narrower definition, the Department of Education expanded its list of "professional degrees" eligible for H.R.1's higher $50,000 annual graduate loan limit from 11 to 29 programs. The revised list adds advanced nursing, physician assistants, and occupational therapy degrees, but excludes master's degrees in social work, marriage and family therapy, and other behavioral health professions. Students in excluded programs remain capped at $20,500 annually, and further relief is uncertain. The Department of Education has stated it intends to appeal.*

National Council worked with members of the Congressional Bipartisan Mental Health Caucus in sending a letter to the Department advocating for the broader inclusion of additional behavioral health professions in the list with higher loan limits and will continue advocating for this cause as the process continues to play out.

National Survey on Drug Use and Health Results Released *– On July 27, the Substance Abuse and Mental Health Services Administration (SAMHSA) released the 2025 National Survey on Drug Use and Health (NSDUH) results. This survey provides insights into the experiences of U.S. residents experiencing mental health and substance use challenges. The 2025 NSDUH results found that 44.6 million people aged 12 or older (15.3%) had a past-year substance use disorder (SUD) and 54.6 million adults (20.6%) had any mental illness, with adolescent major depressive episodes falling from 20.8% in 2021 to 15.1% in 2025 and adult serious mental illness (SMI) declining from 7.9% to 6.9% over the same period. Notably, only about 1 in 6 people needing substance use treatment received services, with 86.4% of those with an SUD receiving neither treatment nor other services, and roughly a third of adults with SMI receiving neither mental health treatment nor other services.*

Understanding H.R.1 Starts with Medicaid 101 *- Medicaid is the nation's largest payer of behavioral health services, making changes under H.R.1 especially important for mental health and substance use care providers. Our new Medicaid 101 Factsheet explains the difference between traditional Medicaid and Medicaid expansion, outlines which H.R.1 provisions apply to expansion populations, and highlights what these changes could mean across states.* [see next page]

Medicaid 101

Medicaid is the single largest payer of behavioral health services in the United States,[1] and the changes to Medicaid under H.R.1 will significantly impact behavioral health services throughout the country. Implementation will vary widely across states, given the nature of the program's state-federal relationship.

This fact sheet explains the differences between traditional Medicaid and Medicaid expansion and how H.R.1 provisions impact the Medicaid expansion population.

What Is Medicaid?

Medicaid is a joint federal and state program that provides free or low-cost health coverage to millions of eligible low-income adults, children, pregnant individuals, older adults and people with disabilities. While the federal government sets baseline rules, each state administers its own Medicaid program. As a result, eligibility requirements and covered services vary by state.

Difference Between Traditional Medicaid and Medicaid Expansion

Traditional Medicaid: Traditional Medicaid covers groups of historically eligible individuals based on categorical criteria. A list of mandatory eligibility groups is available from Medicaid.gov.

Medicaid Expansion: In contrast, under the Affordable Care Act, Medicaid expansion covers low-income adults who may not have been eligible for Medicaid under traditional state rules. Generally, this means that the Medicaid expansion population is non-pregnant individuals ages 19-64, not eligible or enrolled in Medicare Part A, not enrolled in Medicare Part B, with income up to 138% of the Federal Poverty Level ($21,597 for an individual in 2025).

A table of states' income eligibility limits is available from Kaiser Family Foundation (KFF).

- A Supreme Court ruling in 2012 made Medicaid expansion optional for states. As of April 2025, all but 10 states have adopted the expansion. See the status of states' Medicaid expansion decisions on the KFF website.

H.R.1 also eliminates a temporary, two-year increase in the enhanced federal match provided to states, which limits incentives for states to expand Medicaid if they have not done so already.

H.R.1 and Medicaid Expansion Populations

Many of the changes to Medicaid under H.R.1 apply specifically to the expansion population. The bill imposes cost sharing, mandatory work requirements and six-month eligibility redeterminations on this population exclusively. Georgia and Wisconsin have not extended Medicaid through traditional means but have similar state waivers in place, and these changes would apply to people enrolled through these waivers.

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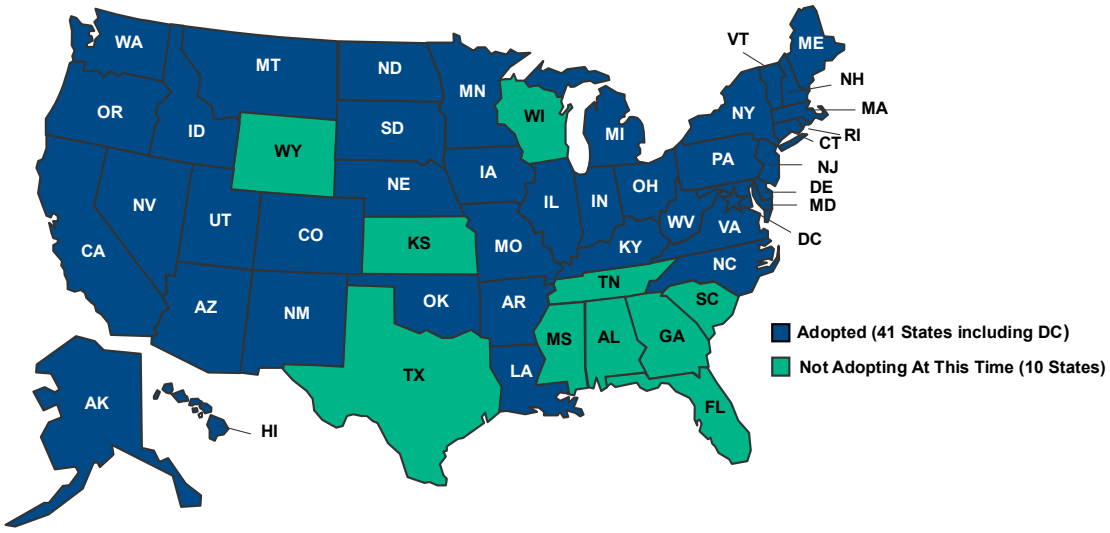
[1] Medicaid and CHIP Payment and Access Commission. (n.d.). *Behavioral health.* https://www.macpac.gov/topic/behavioral-health/

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.
SOURCE: "Status of State Medicaid Expansion Decisions: Interactive Map," https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

KFF

Submitted by Mark Witte
Chief Executive Officer
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