OnPoint
Caring for Allegan County

Board of Directors Meeting Agenda
Tuesday, November 17, 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 (10/20/2026)
      ii. Finance Committee (10/20/2026)
      iii. Program Committee (10/20/2026)
      iv. Executive Committee (10/16/2026)
7. Program Committee Report - Jessica Castañeda
   a. FY26 Quality Improvement Program Review & FY27 Quality Improvement Plan – Megan Ford
      i. **Motion** – Approval of FY2027 Quality Assurance & Performance Improvement Plan
      ii. **Motion** – Approval of 2027 Program Presentation Schedule
8. Finance Committee Report- Beth Johnston
   a. **Motion** – Approval of Voucher Disbursements
   b. **Motion** – Approval of Health Insurance Exemption
9. Recipient Rights Advisory Committee (Mar/June/Oct/Dec) – Kelsey Newsome
10. LRE Updates – Mary Dumas or alternate
11. Chairperson's, Executive Committees Reports – Alice Kelsey
    a. 2027 Board and Committee Meeting Schedule
12. OnPoint Chief Executive Officer's Report – Mark Witte
13. Provision for Public Comment (any topic, 5" limit per speaker) – Alice Kelsey
14. Board Member Comments – Alice Kelsey
15. Adjournment
16. Future Meetings:
    a. December 11, 2026 @ 2:30 pm – Executive Committee
    b. December 15, 2026 @ 4:15 pm – Program Committee
    c. December 15, 2026 @ 4:30 pm – Finance Committee
    d. December 15, 2026 @ 5:30 pm – Full Board Meeting
    e. December 15, 2026 @ 3:30pm – Recipient Rights Advisory Committee

AGENDA

OnPoint Board Finance Committee
November 17, 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 PA152 Calendar Year 2027

7) Informational Items

    a) Financial Reports

8) Finance Committee Member Comments

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

10) Adjournment – Next Meeting December 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, Rhoda Yutzy-Ryan

OnPoint Finance Committee Minutes - DRAFT
Tuesday, October 20, 2026, at 4:30 pm
Hamilton Conference Room, 540 Jenner Drive, Allegan MI 49010

Board Members Present: Mark DeYoung, Gale Dugan, Beth Johnston, Alice Kelsey & Rhoda Yutzy-Ryan

Board Members Absent: Krystal Diel

Staff Members: Mark Witte, Nikki McLaughlin, Erinn Trask. Jeanna Koerber

Public Present: N/A

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: Mr. Dugan Supported: Mr. DeYoung

   Motion carried.
4. **Approval of Minutes**

   Moved: Ms. Kelsey Supported: Mr. Dugan

   Motion carried.
5. **Review of Written Reports:**
   a. Administrative Report

      Ms. Trask reviewed the administrative report submitted. Revenue and Expense reports are through August, 2026 with a projected return of $1,422,233 Medicaid funds to the PIHP and a surplus in General Fund of $445,711, of which $360,324 would be returned to the state.

   b. **Facilities, Information Technology & Human Resources**

      Human Resources – Paycor project continues to progress according to schedule. Incorporated onboarding and recruiting transitioned from Jazz HR to Paycor in August. Performance Management module is next on the schedule to set up for employee evaluations, which begin in January, 2027. HR is currently working with staff for credentialing and re-credentialing within Paycor.

      Cohort 2 of leadership training kicked off on October 5, 2026. Leadership training from Cohort 1 received a very positive feedback, scoring 8.6 out of a scale of 10.

      Folks 4 Fun hosted an agency picnic at Little John Lake on August 21, 2026 with food, fun and activities. Planning continues for future activities.

      Transition is occurring for the HR Director position with Rehmann finishing up tasks that were outstanding as well as recruitment of position.

      3 New Hires with 5 separations (4 voluntary, 1 involuntary), 10 active postings.

      Information Technology – Continue to partner with Allegan County Information Technology with project lists. Finance team went live with Business Central (accounting software package) on October 1, 2026. The team also went live with Stampli, which took the place of Kwiktag. Stampli will allow electronic based processing of purchase requests as well as purchase approvals and payable invoice processing and approvals. This will

streamline the process, making it more efficient. Contract was signed to migrate data to Office 365 business tenant from government tenant.

Discussion occurred.

Facilities – Routine maintenance schedule.

6. **Action Items:**

   a. The Finance Committee recommends that the OnPoint Board approve the September, 2026 disbursements totaling $4,348,086.35.

   Moved: Ms. Kelsey Supported: Ms. Yutzy-Ryan

   Motion carried.

   b. The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2027.

   Moved: Mr. Dugan Supported: Ms. Yutzy-Ryan

   Motion carried.

7. **Informational Items**

   a. **Financial Reports**

   Ms. Trask reviewed the financial statements for August, 2026. 92% of the way through the fiscal year budget. Ms. Trask walked through the Summary Schedule of Revenues and Expense in the board packet.

   Income and expense are on track for the fiscal year.

   Quality Bonus Payment was received from the state with a discussion on metrics and changes. The QBP follows calendar year instead of fiscal. Ms. Koerber spoke to changes in the QBP matrix and preparation for the following year for those requirements.

   Balance Sheet – Discussion points of variances occurred.

   Income Statement – Discussion points of variances occurred.

   Discussion occurred.

8. **Finance Committee Member Comments**

   Comment was made about state and CCBHC metrics. Listening sessions seem to be beneficial for CCBHC and transitioning from demonstration.

9. **Public Comment**

   None

10. **Next Meeting** – November 17, 2026, at 4:30 pm.

11. **Adjournment**

Moved: Mr. Dugan Supported: Ms. Kelsey

Motion carried.

Meeting adjourned at 5:17 pm.

Administrative Services Board Report November 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 September 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 $1,253,210 (Medicaid and Healthy Michigan Plan combined) to the LRE and $538,371 of General Funds to MDHHS.

HUMAN RESOURCES

In Human Resources, the Human Resource Information System (HRIS) project continued to progress according to schedule. The Human Resources team ironed out final details with AssureHire to streamline the background check process by integrating it into Paycor Onboarding. This will allow all background checks and pre-employment testing to be ordered at one time and in one place, instead of logging in to multiple different vendors to have these completed. The integration is scheduled to be completed on 1 October 2026.

During the month, Cohort 2 for the OnPoint Leadership Foundations for Excellence training finalized its participants. Ten leaders were enrolled for the targeted program start date of 7 October 2026. At the end of September, HR participated in the CARF Accreditation interviews. The interviews went well, and HR received no verbal or written recommendations during the Exit Interview. The full report has yet to be finalized.

All members of the HR Team attend the Miller Johnson Employment Law Seminar in September. This seminar focused on current issues and complex situations employers regularly face, with breakout sessions focusing on regulations and requirements surrounding employees and workplace issues. Some specific topics of interest included employment law changes in the past year, workplace investigation cases, ADA/FMLA/PWFA/ESTA, and workforce reductions. These educational opportunities keep the HR team informed of best practices as well as any employment law changes that occur during the year.

Lastly, in its continued efforts to promote an engaging and inclusive workplace, Folks4Fun organized two different events in September: a pop-up pizza party and the Cutest Pet Officer (CPO) Contest. The pop-up pizza party treat to staff for their hard work this fiscal year. The Cutest Pet Officer competition accepted submissions September 17 through September 30, with voting taking place the first week of October.

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

New Hires- 5
Separations- 2 (both voluntary)
Active Postings- 10

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 September, the Finance department continued executing the project steps with our consulting partner TM Group, for transitioning our general ledger from Great Plains to Business Central. During the month we also began the project for transitioning from KwikTag to Stampli for our accounts payable and purchasing software. Both project efforts are on track and are expected to meet our go-live of 1 October 2026. Lastly, 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
November 9, 2026

Finance Committee ACTION REQUEST	Subject:	Voucher Disbursements
	Meeting Date:	November 17, 2026
	Requested By:	Beth Johnston, Finance Committee Chairperson

RECOMMENDED MOTION:

The Finance Committee recommends that the OnPoint Board approve the October, 2026 disbursements totaling $4,280,457.32.

SUMMARY OF REQUEST/INFORMATION:

Date Issued:	Voucher Number:	Type:	Amount:
October 1, 2026	N/A	Loan Payment	$21,334.00
October 9, 2026	P1802	Payroll	$508,874.74
October 15, 2026	V1010	Vendor	$2,104,262.28
October 16, 2026	P1803	Payroll	$20,753.07
October 23, 2026	P1804	Payroll	$506,750.51
October 30, 2026	V1011	Vendor	$877,137.86
October 31, 2026	V1012	Vendor	$241,343.86

BUDGET/FINANCIAL IMPACT

- These disbursements are part of the approved fiscal year 2026/2027 operating budget for OnPoint.

BY: Nikki McLaughlin, Accounting Manager	**DATE:** November 17, 2026

OnPoint
Caring for Allegan County

Full Board ACTION REQUEST	Subject:	Health Insurance Exemption
	Meeting Date:	November 17, 2026
	Requested By:	Beth Johnston, Finance Committee Chairperson

RECOMMENDED MOTION:

The Finance Committee recommends a motion to comply with the requirements of 2011 Public Act 152, the Publicly Funded Health Insurance Contribution Act, by adopting the 80%/20% option for the medical benefit plan coverage year January 1, 2027, through December 31, 2027.

SUMMARY OF REQUEST/INFORMATION:

- Annually the State of Michigan publishes the maximum amount that a public employer can pay for employee health insurance by plan type (single, employee plus spouse/one, and family).
- If public employers do not want to use the hard cap rates published by the State of Michigan, the employer can adopt a resolution to pay 80% of the health insurance cost for employees or public employers can adopt a resolution to exempt themselves from this requirement.

BUDGET/FINANCIAL IMPACT

- The fiscal year 2027 budget included an employer share over the hard cap amount. This motion does not represent a change to the Board's budget.

BY: Andre Pierre, Chief Financial Officer	**DATE:** November 17, 2026

ONPOINT



Period Ended September 30, 2026 (preliminary - unaudited)

Preliminary Monthly Finance Report

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

Summary of Variances and Fluctuations

September 30, 2026 (preliminary - unaudited)

I. Assets

- Cash & cash equivalents and Investments - Increase in combined balance of cash and cash equivalents and investments is due to the agency's increase in net position and the amount due back to PIHP for cash settlement (see below).
- Accounts receivable - The agency has not recorded the first- and third-party receivable for year end, which will be accrued based on actual cash receipts after September 30. Last year's accrual was $47,341. Also, the agency billed training fees to providers earlier than the prior year and those balances were primarily collected by year-end.
- Prepaids - The signicant increase over prior year is primarily related to the October Health Insurance premiums, which were paid prior to year-end.

II. Liabilities

- Due to other governmental units - The increase in Due to Other Governmental Units is primarily due to the accumulation current year-to-date surplus of Medicaid and Healthy Michigan Plan funds (see corresponding increase in cash and cash equivalents above).

I. Operating revenue

- CCBHC fee-for-service - Daily visit volume and rate were both higher than budgeted, resulting in total revenue exceeding our target.
- CCBHC quality bonus payment - This is an annual payment which was received in August 2026. Quality measures met and number of daily visits were higher than prior year, which led to an increase in QBP.
- Other reimbursements and revenue - Due to investment portfolio, exceeded budgeted expecations.

IV. Operating expenses

- Supplies & materials - The increase in expense is primarily due to grant expenses, which were either moved between categories through grant amendments or added with grant carryforward dollars which were not part of the original budget approved by the Board.
- Occupancy - Air duct cleaning will not be completed for fiscal year 2026 as it was completed in fiscal year 2025 as well as tree trimming services, which is a reduction to total occupancy expense.
- Depreciation - Variance from budget is due to recognition and alignment of adjustments to building depreciation due to grant funded assets.

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ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

For the Period From October 1, 2025 through September 30, 2026 (preliminary - unaudited)

	MDHHS Revenue	Coordination of Benefits	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid						
Medicaid - Mental Health	$ 23,268,092	-	$ -	$ (26,590,298)	$ -	$ (3,322,206)
Medicaid - Autism	6,272,343	-	-	(1,928,722)	-	4,343,621
Medicaid - SUD	622,966	-	-	(260,683)	-	362,283
Healthy Michigan Plan - Mental Health	1,773,701	-	-	(2,409,766)	-	(636,065)
Healthy Michigan Plan - SUD	1,075,041	-	-	(569,464)	-	505,577
Medicaid subtotal	$ 33,012,143	$ -	$ -	$ (31,758,933)	$ -	$ 1,253,210
CCBHC Demonstration						
CCBHC - Medicaid	8,120,145	164,554	$ -	$ (8,349,825)	$ -	$ (65,126)
CCBHC - Healthy MI Plan	2,849,022	25,724	-	(2,668,429)	-	206,317
CCBHC - NonMedicaid	79,692	222,347	777,269	(1,567,894)	488,586	-
CCBHC Subtotal	$ 11,048,859	$ 412,625	$ 777,269	$ (12,586,148)	$ 488,586	$ 141,191
General Fund	$ 1,793,124	$ 4,572	$ -	$ (770,739)	$ (488,586)	$ 538,371
SOR/SUD Treatment Block Grants	$ -	$ -	$ 382,282	$ (382,282)	$ -	$ -

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Statement of Net Position

September 30, 2026 (preliminary - unaudited)

	September 30, 2025	September 30, 2026 (preliminary
Assets		
Current assets:		
Cash and cash equivalents	$ 2,724,073	$ 4,699,432
Investments	3,035,027	2,370,693
Accounts receivable	102,482	1,518
Due from other governmental units	2,759,885	3,205,016
Prepaid items	216,270	543,321
Total current assets	8,837,738	10,819,980
Non-current assets:		
Capital assets not being depreciated	324,219	324,219
Capital assets being depreciated, net	8,046,066	7,625,346
Total non-current assets	8,370,284	7,949,565
Total assets	$ 17,208,022	$ 18,769,545
Liabilities		
Current liabilities:		
Accounts payable	$ 2,350,923	$ 2,598,722
Accrued payroll and benefits	430,990	455,093
Due to other governmental units	1,705,674	2,241,487
Unearned revenue	310,146	335,670
Compensated absences - current portion	125,039	125,039
Notes payable - current portion	256,008	256,008
Total current liabilities	5,178,780	6,012,019
Long-term liabilities:		
Compensated absences	708,551	728,392
Notes payable	4,708,315	4,586,044
Total long-term liabilities	5,416,866	5,314,436
Total liabilities	10,595,646	11,326,455
Net position		
Invested in capital assets	3,405,961	3,107,513
Restricted for USDA loan	37,265	15,535
Unrestricted	3,169,150	4,320,042
Total Net Position	$ 6,612,376	$ 7,443,090

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ONPOINT

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through September 30, 2026 (preliminary - unaudited)
Percent of Year is 100.00%

	Total FY 2026 Budget	YTD Totals 9/30/26	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid capitation	$ 30,530,129	$ 30,163,401	$ 366,728	98.80%
Medicaid settlement	(945,851)	(1,383,698)	437,847	
Healthy Michigan capitation	2,539,271	2,848,742	(309,471)	112.19%
Healthy Michigan settlement	479,683	130,488	349,195	
CCBHC fee-for-service	9,929,384	11,083,467	(1,154,083)	111.62%
CCBHC quality bonus payment	267,629	522,118	(254,489)	195.09%
State General Fund formula funding	1,707,737	1,793,124	(85,387)	105.00%
State General Fund settlement	-	(538,371)	538,371	
Grants and earned contracts	4,981,627	4,576,585	405,042	91.87%
Local funding	346,095	346,095	-	100.00%
Other reimbursements and revenue	608,680	703,936	(95,256)	115.65%
Total operating revenue	$ 50,444,385	$ 50,245,887	$ 198,498	99.61%
Operating expenses				
Salaries and wages	$ 12,123,863	$ 12,337,320	$ (213,457)	101.76%
Fringe benefits	4,343,434	4,269,902	73,532	98.31%
Supplies and materials	278,347	381,897	(103,550)	137.20%
Provider Network services	27,690,851	26,674,337	1,016,514	96.33%
Contractual services	4,179,355	4,291,022	(111,667)	102.67%
Professional development	185,641	131,467	54,174	70.82%
Occupancy	397,566	325,894	71,672	81.97%
Miscellaneous expenses	601,435	640,421	(38,986)	106.48%
Depreciation	286,121	432,155	(146,034)	151.04%
Total operating expenses	$ 50,086,614	$ 49,484,415	$ 602,199	98.80%
Nonoperating expenses				
Interest expense	118,450	104,359	14,091	88.10%
Change in net position	$ 239,320	$ 657,113	$ (417,793)	
Beginning net position	6,785,977	6,785,977		
Ending net position	$ 7,025,297	$ 7,443,090		

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OnPoint Board of Directors – Program Committee Meeting Agenda
Tuesday, November 17, 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) Quality Improvement Plan – Megan Ford
    b) Access & Mental Health Treatment Court – Melissa Potvin & Sarah Plummer
6) Review of Written Reports
    a) Chief Operating Officer – Jeana Koerber
    b) Customer Service Report – Cathy Potter
    c) Motion – Approval of 2027 Program Presentation Schedule
7) Program Committee Member Comments
8) Public Comment (any topic; 5" limit per speaker)
9) Adjournment – Next Meeting December 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

Program Committee MOTION REQUEST	Subject:	Program Presentation Schedule for 2027
	Meeting Date:	November 17, 2026
	Requested By:	Mark Witte

RECOMMENDED MOTION:

The Program Committee recommends that the Board adopt the attached Program Presentation Schedule for calendar year 2027.

SUMMARY OF REQUEST/INFORMATION:

- The Program Committee receives one or more reports from OnPoint's various program areas each month in its regularly scheduled meeting.
- 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.

BUDGET/FINANCIAL IMPACT

- None

BY: Mark Witte Chief Executive Officer	**DATE:** November 17, 2026

2027 ANNUAL PROGRAM COMMITTEE PRESENTATION SCHEDULE		
Program Committee meets the 3rd Tuesday each month at 4pm.		
MONTH	**PRESENTATION TOPIC**	**PRESENTER(S)**
January 19	CCBHC/Program Outcome	COO
February 16	Children's Services: ICC with Wraparound, Homebased and Infant Mental Health, Case Management	Tara Poore, Eve Cole, Tracy Monroe & Emma Higgs
March 16	Adult Outpatient Services	Geniene Gersh
	Evidence Based Practices	Geniene Gersh
April 20	Case Management and Supportive Services	John Eagle, Tori Stevens, & Laura Furey
	Provider Network and Self Determination	Ashley Gow & Mallory Mickevich
May 18	Access	Sarah Plummer and Melissa Potvin
	Crisis, and Mental Health Treatment Court	Melissa Potvin & Dreka Payne
June 15	Prevention Services	Heidi Denton and Penny Lawrence
	Housing Programs	Heidi Denton and Penny Lawrence
July 20	Medication Clinic Services and MAT	Angel Hopkins and Ashlynn Maneke
	Occupational Therapy	Rebecca DeHart & Brandon Lange
August 17	Peer Teams (Certified Peers, Recovery Coaches, Parent Support Partners)	Peer Group - RM Peers, Crisis Peers, Adult CM Peer, Youth Peer, PSPs, ACT peer, Housing peer
September 21	Utilization Management	Michell Truax
	Autism Program	Megan Ford
October 19	Quality Improvement Plan	Megan Ford
November 16	Assertive Community Treatment (ACT)	Aaron Dortch & John Eagle
	Supported Employment Services	John Eagle & Charles Wilkinson
December 21	Administrative Professionals	Christine Beals
	Recovery Management Services	Penny Lawrence and Todd Rockhill

OnPoint Board of Directors
DRAFT Program Committee Minutes
October 20, 2026

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

Board Members Absent: Karen Stratton

OnPoint Staff Present: Dawn Sisson; Jeana Koerber; Aaron Dortch; John Eagle; Geniene Gersh; Megan Ford; Rob Griffith; Charles Wilkinson; Lisa Pline (virtual); Michell Truax (virtual); Janice August (virtual).

Public Present: Stephanie VanDerKooi

1) **Call to Order** – Jessica Castañeda called the meeting to order at 4:15pm.
2) **Public Comment** – No comments received.
3) **Approval of Agenda** – Kim Bartnick made a motion to approve the agenda as presented and Deb Morse supported the motion. Motion carried by unanimous voice vote.
4) **Approval of Minutes** – Deb Morse made a motion to approve the minutes from the meeting on September 15, 2026 and Marcia Kerber supported the motion. Motion carried by unanimous voice vote.
5) **Program Committee Reports** – John Eagle, Program Manager of ACT, Case Management and Supportive Services, and Aaron Dortch, ACT Team Supervisor, presented an overview of Assertive Community Treatment (ACT). The multidisciplinary team provides intensive, community-based services to 30 adults with serious mental illness and co-occurring substance use needs across Allegan County. Services are delivered two to three times per week based on individualized, person-centered plans, with referrals received from agency and community sources, including hospitals and justice-related settings. Mr. Eagle noted the program is intended to promote stability, reduce crisis service use, and increase independence. Mr. Dortch shared that optional ACT groups were introduced last summer, including a Wednesday Mental Health Skills group at the Otsego Library and a Thursday substance use group at Allegan Bible Church. Transportation remains a significant challenge; however, the team provides rides when possible. He also stated that the team also offers seasonal or interest-based pop-up groups, including mindfulness, nature walks, healthy cooking, and, most recently, CPR instruction.

   John Eagle, Program Manager of ACT, Case Management and Supportive Services, and Charles Wilkinson, Employment Services Coordinator, presented an overview of Supported Employment. Mr. Wilkinson shared the program is currently serving approximately 28 individuals with significant employment barriers, providing job development, job coaching, benefits counseling, and community partnerships to support competitive, integrated employment. Mr. Wilkinson noted that some of the key challenges include transportation, employer receptiveness, and staffing capacity. Mr. Eagle mentioned that OnPoint is looking to seek additional contracted support as demand increases for employment supported services.

Dr. Jeana Koerber, Chief Operating Officer, provided her quarterly update of programs. She reported new hires in Adult Outpatient Services, ongoing staffing needs in Access and Care Coordination, and recruitment for her COO position. Dr. Koerber also shared that the CARF survey was completed successfully, with approximately 30 findings among more than 10,000 reviewed standards; the final accreditation determination is pending. Dr. Koerber reported that the HUD renewal applications were submitted, although proposed funding changes could shift. The agency was not awarded the new HRSA Impact Grant; current grant funding is continuing under a no-cost extension until July 2027. She noted that OnPoint is working to sustain services through CCBHC funding and OnPoint will continue to work with the jail to ensure services will continue there too.

6) **Program Committee Member Comments** – Program committee members provided comments as desired.
7) **Public Comment** – No comments from the public**.**
8) **Adjournment** – Motion by John Clark, supported by Marcia Kerber to adjourn the meeting. Motion carried by unanimous voice vote. Meeting adjourned at 4:53pm.

Submitted by,

Dawn Sisson

OnPoint

Caring for Allegan County

Quality Assurance & Performance Improvement Plan

FY 2027



OUR MISSION

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

OUR VISION

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

OUR CORE VALUES

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

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Introduction & Overview

The Michigan Department of Health and Human Services (MDHHS) requires each specialty Prepaid Inpatient Health Plan (PIHP) to maintain a Quality Assessment and Performance Improvement Program (QAPIP) in accordance with contractual standards. In addition to the regional QAPIP developed by the PIHP, every Community Mental Health Services Program (CMHSP) must implement a Quality Improvement Program. Many requirements are met at the regional level; however, areas specific to the CMHSP, such as elements of the CMH Quality Improvement structure and agency-specific goals and objectives, are detailed within this document.

The OnPoint Quality Improvement (QI) Program provides the foundation for upholding best practices and maintaining accreditation standards across the organization. It guides efforts to ensure services are accessible, effective, efficient, person-centered, and aligned with stakeholder expectations.

Purpose

OnPoint is committed to delivering high-quality, person-centered care that supports each individual in meeting their goals while maintaining their safety, dignity, rights, and overall, well-being. The QI Program exists to advance this mission by continuously improving the accessibility, effectiveness, efficiency, and satisfaction of OnPoint services.

The purpose of the Quality Improvement Program is to:

- Continually evaluate and enhance quality management processes, program outcomes, and administrative efficiencies.
- Monitor systems and processes that influence the health, quality of life, and satisfaction of individuals served.
- Identify, prioritize, and act on opportunities for performance improvement informed by input from stakeholders, including staff, clients, and providers.
- Cultivate a collaborative culture that encourages meaningful stakeholder participation in problem solving and decision making.
- Establish clear structures for monitoring and evaluating compliance with regulatory, contractual, and accreditation requirements across OnPoint and its provider network.
- The QI Program is overseen by the Director of Quality & Innovation and implemented in partnership with leadership, management, and staff across all departments. Its plan is reviewed at least annually and updated as needed to ensure it remains aligned with agency operations, emerging needs, and best practices in behavioral health quality improvement.

Quality Improvement Program Objectives

The OnPoint Quality Improvement Program will:

- Target improvement across all organizational levels focusing on access, coordination of services, timeliness, safety, respect, effectiveness (including recidivism), appropriateness, and continuity of care.
- Mitigate any risk of harm and experience of health disparities of those most vulnerable and identify opportunities to improve care and outcomes.
- Engage clients and caregivers in assessing and improving satisfaction of services and treatment outcomes.
- Develop and monitor performance metrics to ensure services are accessible, effective, safe, and appropriate.
- Track key performance indicators and compare results to benchmarks to guide decision-making.
- Continuously analyze program outcome data and client feedback to identify improvement opportunities.
- Ensure all providers meet regulatory, contractual, and accreditation requirements through systematic monitoring.
- Maintain a comprehensive process for evaluating staff and provider competency and credentialing to ensure high-quality service delivery.

Quality Improvement Assumptions

Throughout OnPoint and throughout the QI Program, the following assumptions are accepted:[1]

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

Our Commitment

OnPoint is committed to delivering the highest quality services and continuously improving the behavioral health system of care. This commitment forms the foundation of all quality improvement (QI) activities, which are guided by a structured, evidence-driven framework. Using rigorous data analysis and a solutions-focused approach, OnPoint works proactively to identify challenges, implement improvements, and enhance outcomes. This framework, adopted by agency leadership and supported through ongoing education, ensures that staff at all levels understand, embrace, and participate in performance improvement efforts.

OnPoint also upholds transparency and accountability as central principles of its QI Program and overall operations. At the same time, this accountability is balanced with a strong commitment to protecting the confidentiality of clients served. Safeguarding privacy remains a core expectation across all QI Program activities and is reinforced through agency policies and procedures governing the protection and handling of client records.

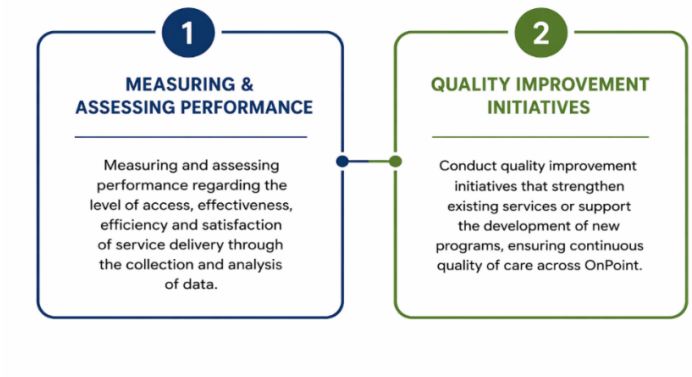
[1] Adapted from "Selecting Process Measures for Quality Improvement in Mental Healthcare," Richard C. Hermann, M.D., M.S. H. Stephen Leff, Ph.D. and Greta Lagodmos, B.A. Center for Quality Assessment and Improvement in Mental Health

QUALITY IMPROVEMENT STRUCTURE

The current QI department is made up of five key areas and programs:



But the Quality Improvement structure involves more than the core department. Quality improvement relies on two core activities that must occur at every level of the organization to embed a true culture of continuous improvement:



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

Board of Directors

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

Management Team

The OnPoint Management Team is comprised of the Chief Executive Officer, Chief Operating Officer, Chief Administrative Officer, Chief Financial Officer, Director of Human Resources, Director of Evidence-Based Practices, Compliance Officer, and the Director of Quality & Innovation. The Management Team demonstrates OnPoint's commitment to continuous quality improvement by fulfilling the following responsibilities:

- Ensuring that all employees are aware of the organization's vision, mission, and values.
- Collaborating with the QI department and other staff to identify improvement opportunities.
- Reviewing and acting on QI reports on performance findings and recommendations.
- Reviewing and evaluating employee suggestions for quality improvement within the agency.
- Ensuring effective improvement plans are developed, shared, implemented, and monitored.
- Identifying staff training and development needs.

Director of Quality & Innovation

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

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

QI Coordination and Data Analytics

The OnPoint QI Coordination and Data Analytics members play a vital role in carrying out the agency's QI program, including:

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

Leadership Team

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

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

OnPoint Staff

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

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

Provider Network

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

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

Clients and Other Stakeholders

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

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

ESSENTIAL COMMITTEES

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

Quality Improvement Council (QIC)*

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

**For more QIC responsibilities please refer to the Quality Improvement Council Charter*

Recipient Rights Committee

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

Behavior Treatment Committee (BTC)

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

Community Opportunity & Advisory Panel (COAP)

- Analyzes client feedback surveys/focus groups.
- Identifies future client opportunities.
- Provides OnPoint with feedback regarding policy development and change.
- Analyzes quality activity reports and provides feedback.
- Identifies community opportunities for clients and families.

Utilization Management Committee (UM)*

- Ensures clients receive timely, high quality, medically necessary, cost-effective services in the most appropriate and least restrictive treatment setting.
- Ensures OnPoint has a written Utilization Management Plan to describe how medical necessity is defined, information sources, and the process to review and approve services.
- Monitors and analyzes authorization and utilization patterns.

**For more UM Committee responsibilities please refer to OnPoint's Utilization Management Plan*

Health and Safety Committee

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

Corporate Compliance Committee

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

Policy Oversight Committee (POC)

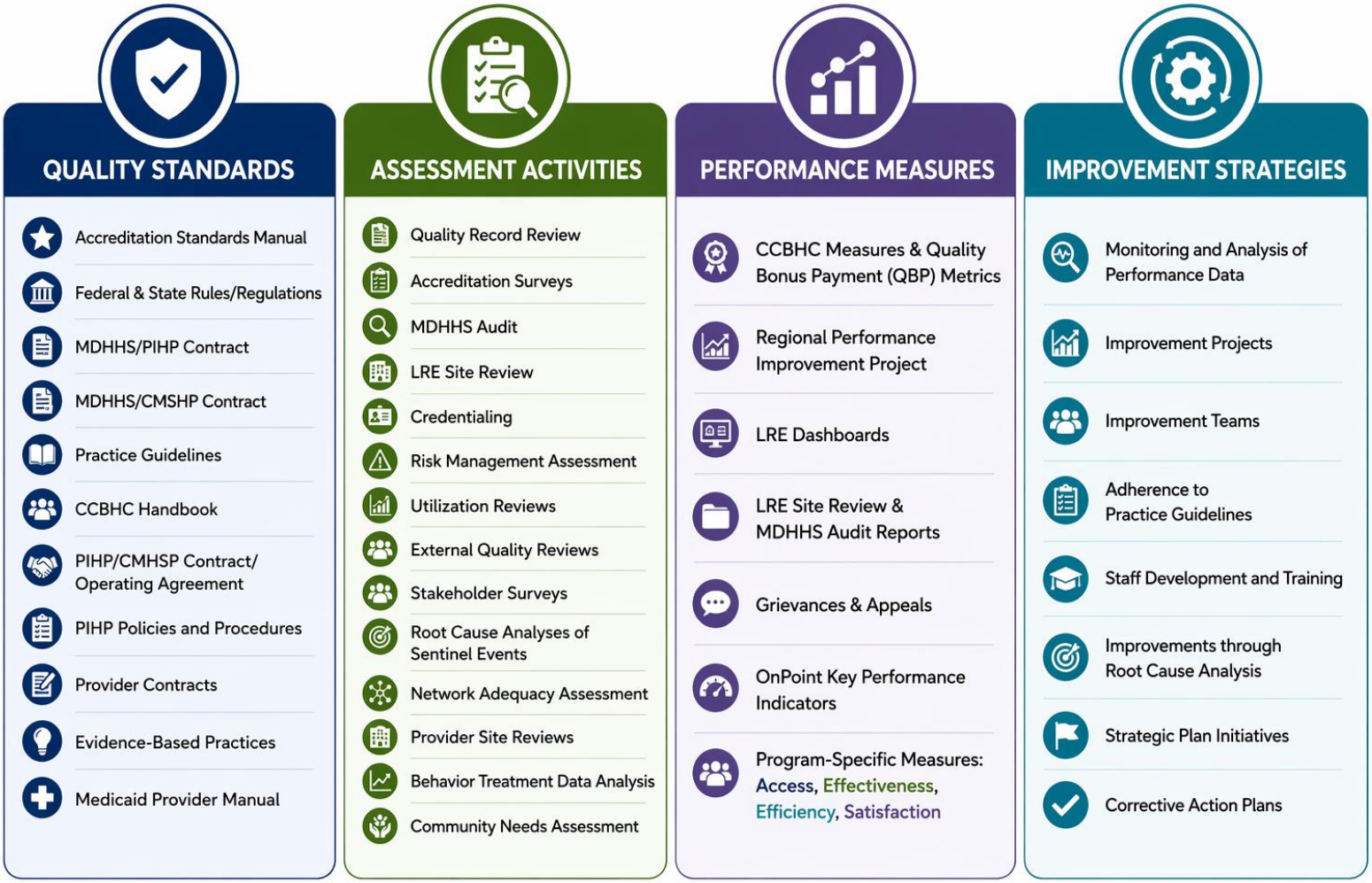
- Provides oversight of agency policies and procedures
- Facilitates regular reviewing and updating of policies
- Ensures agency policies align with all applicable local, state, and federal regulations

Sentinel Event Review Committee (SER)

- Reviews incidents to determine if a Sentinel Event (SE) or "Potential" SE has occurred.
- Completes a Root Cause Analysis of any identified events by identifying contributing risk factors and opportunities for systemic remediation to prevent future occurrence.
- Participates in the development and revision of Sentinel Event trend analysis.
- Reviews and monitors external audit/review corrective action plans and facilitate actions necessary to bring OnPoint into compliance with regional, state, and accreditation standards.
- Recommends to the Leadership Team any staff training(s) and/or activities deemed beneficial for staff to help prevent future sentinel event incidents.

QUALITY IMPROVEMENT PROGRAM & ACTIVITIES

The OnPoint QI Program combines the traditional quality assurance expectations of a CMHSP with the principles of continuous quality improvement. The QI Program helps OnPoint achieve its mission and vision, protects against adverse events, and sparks improvement across the agency. The QI Program includes four primary components:



Quality Standards

Quality Standards provide the specifications and benchmarks by which a process may be evaluated. OnPoint identifies and sets standards by reviewing, analyzing, and integrating such areas as:

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

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

Assessment Activities

Quality assessment consists of various strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards that are enhancing or inhibiting the achievement of quality. With that, obtaining stakeholder input during commencement and termination of such activities is also critical to quality assessment because it provides meaningful insight into the efficiency and effectiveness of existing systems and processes.

Accreditation Surveys

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

MDHHS Audits

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

LRE Site Reviews

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

External Quality Reviews

Federal regulations require states to contract with an External Quality Review Organization for annual independent reviews of each PIHP to evaluate the quality, timeliness of, and access to health care services provided to Medicaid enrollees. MDHHS contracts with the Health Services Advisory Group (HSAG) to conduct EQRs; as a member of the LRE, OnPoint participates in HSAG's review of the region.

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

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

Quality Records Reviews

OnPoint utilizes a Quality Records Review process as outlined in Policy #807 -- *Quality Record Reviews,* conducted by staff who are knowledgeable in compliance standards, reimbursement practices, service delivery, and clinical documentation. Reviews are conducted on a random sample of cases, with additional targeted reviews added as necessary and appropriate. Results of these reviews are shared with staff, supervisors and managers, and members of the QI Council. Issues warranting investigation are referred to Corporate Compliance and Recipient Rights, as appropriate.

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

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

The OnPoint QI Coordinator is responsible for tracking critical incidents, risk events, and sentinel events reported to OnPoint via incident reports. The Office of Recipient Rights (ORR) reviews all incident reports, in addition to complaints that may violate the rights of clients. Through this combination of efforts between the OnPoint QI Department and Office of Recipient Rights, the critical incidents, complaints, and sentinel events review processes include:

- Investigating complaints of rights violations.
- Reviewing incident reports, conducting follow-up activities and investigations as needed.
- Monitoring incidents for the identification of sentinel events.
- Analyzing data to identify trends and provide recommendations to prevent recurrence.
- Reviewing reports of recipient deaths.
- Investigating unexpected deaths within the Sentinel Event Review (SER) Committee for root cause analyses and identifying potential system improvements.
- Sharing and discussing information with the Recipient Rights Committee, the OnPoint Board of Directors, and Management Team.

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

Credentialing

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

Stakeholder Input

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

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

As a result of input from stakeholders, OnPoint:

- Takes specific action on individual cases as appropriate.
- Identifies and investigates sources of dissatisfaction.

- Outlines systemic action steps to follow up on findings.
- Utilizes stakeholder input in decision making.
- Informs stakeholders of the results of assessment activities.

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

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

Performance Measurement & Management

By systematically monitoring and evaluating the performance of administrative and clinical program operations, and implementing adjustments as necessary, OnPoint positions itself to use resources efficiently and to promote positive outcomes for those served. This performance measurement and management framework relies on well-defined indicators and metrics, supported by targets and benchmarks that guide the assessment of organizational performance.

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



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

- **Michigan Mission-Based Performance Indicator System (MMBPIS)***
  Effective 10/1/2025, MDHHS discontinued CMHSP and PIHP reporting of most MMBPIS indicators, which had been used across the state to measure access/timeliness and efficiency of services. Indicator 2a will be reported by CMHSPs and PIHPs throughout FY26 until a suitable new Access measure is defined, while certain indicators will be calculated administratively by MDHHS. The new set of nationally-recognized, validated quality/performance metrics selected by MDHHS will be introduced in phases during the next three years. Details regarding MDHHS' Behavioral Health Quality Transformation and the new metrics will be incorporated into future iterations of the QAPIP.

- **Utilization Management**
  The OnPoint Utilization Management program is guided by agency policy and procedure and the annual OnPoint Utilization Management (UM) Plan, which ensures the appropriate authorization and delivery of services. Utilization management activities including quality record reviews, retrospective reviews, and data analysis are used to identify and correct under- and over-utilization at the individual, program, and system level.

- **Medicaid Claims Verification**
  MDHHS/PIHP contract requirements include the completion of regular Medicaid claims verification. This process verifies that adjudicated claims reflect services approved by MDHHS, and that services are sufficiently supported by clinical documentation. OnPoint will follow the LRE's policy and procedures for Medicaid Claims Verification.

Improvement Strategies

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

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

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



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

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

ANNUAL QAPIP REVIEW & EVALUATION OF QUALITY IMPROVEMENT ACTIVITIES FY2026

Each year, OnPoint's QI Department conducts a comprehensive review of the agency's QAPIP and overall Quality Improvement (QI) Program to assess their adequacy and promote continuous improvement. This annual evaluation ensures the QI Program aligns with agency policies, procedures, and structures; meets applicable standards, regulations, and best practices; and supports OnPoint's strategic priorities. The process also provides an opportunity to apply continuous improvement principles to the QI Program itself. The review serves as a opportunity to present performance data, evaluate progress toward strategic goals and objectives, identify opportunities for improvement, and communicate updates and accomplishments to OnPoint stakeholders.

Internal Monitoring

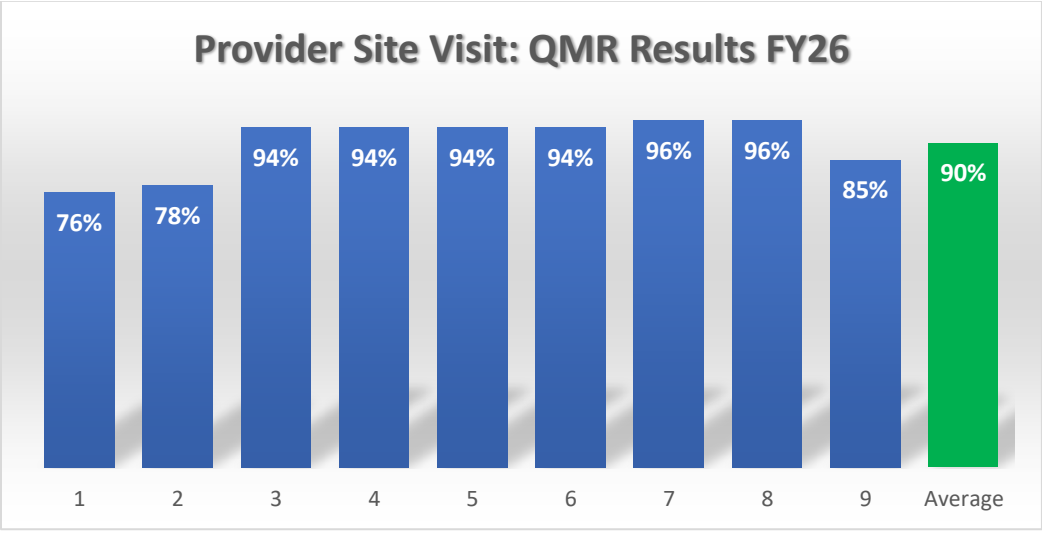
Quarterly Record Reviews

The new process for Quality Record Reviews commenced with a "beta" test in September of 2026 and will include reviews using three separate tools covering a Quality, Utilization Management, and Clinical review. These tools encompass a broad array of standards for all oversight bodies including the LRE and MDHHS and seek to use clinical best practice as the foundation for a quality review. Each program and ancillary service, including both internal and external is set to be reviewed on a quarterly rotation, with the "content experts" all reviewing charts according to their relevance. Data and Trends Tracking expected to begin reported out in the next QAPIP Progress report, with an annual review for the FY28 Plan.

Provider Network Reviews

Provider site reviews and audits are currently occurring through the Quality Monitoring Review (QMR) Process as outlined in Policy #707—*Provider Network Monitoring*. From October 2025- September 2026, the OnPoint Provider Network team completed 14 reviews, 5 completed by proxy through county partners and 9 reviews by internal staff. Of those 9, QMR scoring varied with an average of 90%. All required a Corrective Action Plan and follow up. Due to staffing and other unanticipated tasks, there were noted pauses and reschedules of reviews during this reporting period. Because of the vast number of providers and capacity to be able to adequately monitor, this process QMP is set for review and update to increase efficiency across all types of providers and OnPoint's surrounding county partnerships for FY27.

Figure 1. Quality Monitoring results for FY26



Key Performance Indicators (NEW)

Key Performance Indicators as set by OnPoint to be reported in next fiscal year review and update. (*See QAPIP Goals and Objectives*)

Process Improvement Activities (NEW)

With the reinitiation of the Quality Improvement Council, formal process improvement processes and results will be reported here in the next fiscal year plan.

Michigan Mission-Based Performance Indicator System (MMBPIS)

MDHHS' MMBPIS indicators are used to evaluate access/timeliness of services, continuity of care, efficiency, and outcomes across the state. Quarterly reports are submitted to the LRE and MDHHS, with corrective action plans required when performance thresholds are not met.

The end of FY25 marks a significant milestone for the state's MMBPIS indicators. Effective 10/1/2025, MDHHS retired the use of all MMBPIS indicators except Indicator 2a. As part of MDHHS' statewide Behavior Health Quality Transformation Initiative, new performance measures will be phased in during the next three years. The new measures selected by MDHHS are all nationally recognized, validated measures, many of which overlap with existing CCBHC Clinical Quality Measures. Once these measures are phased in, OnPoint's QI Department will work with all relevant stakeholders to implement and monitor as required.

While CMHSPs and PIHPs are no longer required to report on the discontinued indicators, OnPoint QI staff are still able to internally monitor the measures within the EMR. Currently OnPoint monitors all indicators listed below but is not actively addressing any that are not meeting the previous set standards outside of indicator 2a. If one were to impact the overall performance and quality of the agency, more thorough oversight and process improvement will be implemented at that time. Higher level of care screenings, discharge, and readmission rates from inpatient settings has already been identified as a target for UM committee for FY27, and aspects of it also are touched by CCBHC QBP measures slated for process improvement.

OnPoint MMBPIS performance data for Medicaid beneficiaries during FY26 is reflected in Table 1 below, although only indicator 2a was reported and monitored.

Table 1. OnPoint FY26 MMBPIS Performance Data (10/1/2025 – 9/30/2026)

Ind #	Description	Population	Standard	FY26Q1	FY26Q2	FY26Q3	FY26Q4	FY25Q1-3	FY26Q1-3
1	Inpatient Screening Determination w/in 3 Hours of Request	Child	95%	100	100	100	TBD	100	100
		Adult	95%	98.8	100	98.6	TBD	99.7	99.1
2a	Initial Assessment Completed w/in 14 Days of Routine Request for Servcies	MI Child	62%	100	100	100	TBD	99	100
		MI Adult	62%	82.4	100	95.4	TBD	98.7	92.6
		DD Child	62%	100	100	100	TBD	100	100
		DD Adult	62%	100	100	85.7	TBD	100	95.2
3	Ongoing Services Start w/in 14 Days of Initial Assessment	MI Child	72.9%	83.8	91.2	95	TBD	81.8	90
		MI Adult	72.9%	87.2	83	87.5	TBD	84.9	85.9
		DD Child	72.9%	100	100	94.1	TBD	93.9	98
		DD Adult	72.9%	100	100	100	TBD	86.7	100
4a	Inpatient Discharge Follow-up w/in 7 days of Discharge	Child	95%	95	100	94.7	TBD	100	96.6
		Adult	95%	75.8	80	76.5	TBD	95.4	77.4
10	Inpatient Readmission w/in 30 days of Discharge	Child	15%	3.7	0	18.2	TBD	17.7	7.3
		Adult	15%	12.7	9.4	8.9	TBD	15.43	10.4

*Cells in **GREEN** reflect performance at/above MDHHS performance thresholds. Performance data for FY26Q4 has not been finalized as of the completion of this report.*

Overall performance across the five indicators demonstrates that OnPoint generally met or exceeded the previously established standards across the populations evaluated. Because Indicators 1, 3, 4a, and 10 no longer have current

performance targets, the FY25 standards are presented as historical benchmarks to provide context for FY26 performance. For Indicator 1, inpatient screening within three hours of a request, both the child and adult populations met or exceeded the prior standard of 95%, with the child population achieving 100% compliance. For Indicator 3, initiation of services within 14 days of the initial assessment, all four populations performed well above the FY25 standard of 72.9% and demonstrated improvement during FY26 Q1–Q3 compared with the corresponding period in FY25. Indicator 4a, follow-up within seven days of discharge, showed a decline in the adult population relative to the previous 95% benchmark. Factors affecting this measure have been identified for further review, with related processes and workflows targeted for evaluation and improvement in FY27. For Indicator 10, inpatient readmissions, the child population's FY26 Q3 rate was 3.2 percentage points above the prior standard; however, the year-to-date rate remained well below the benchmark. Because results for all other quarters and for both child and adult populations remained below the established threshold, no immediate corrective action is indicated. OnPoint will continue routine monitoring to identify any emerging trends or need for intervention, and more specifically when the new indicators and standards are introduced by MDHHS.

Indicator 2a, initial assessment completed withing 14 days, is currently the last and only measure reported before MMBPIS is updated. OnPoint has successfully met this measure (62%) across the four populations every quarter which can be noted in both the table above and the figures below.

Figure 2a. OnPoint FY26 MMBPIS Indicator 2a results across populations

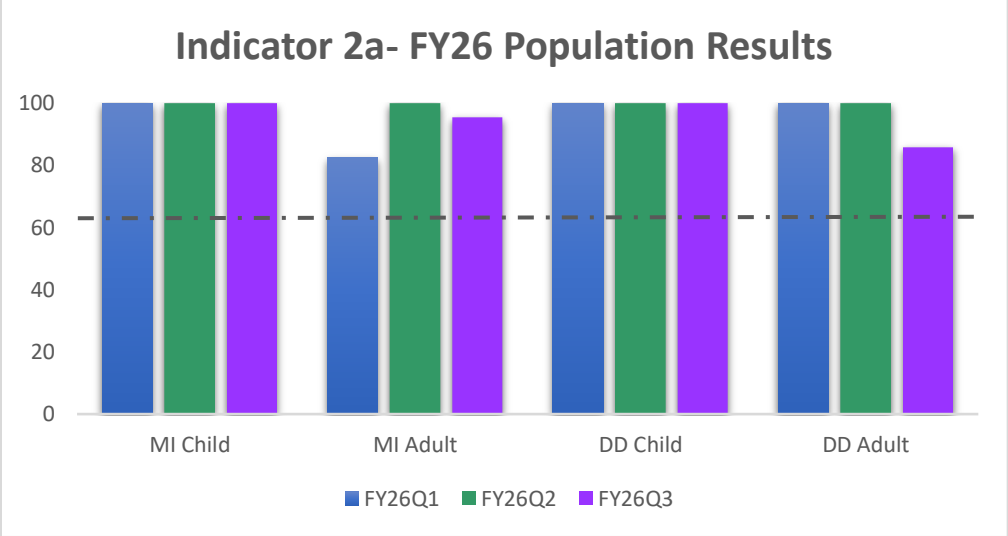
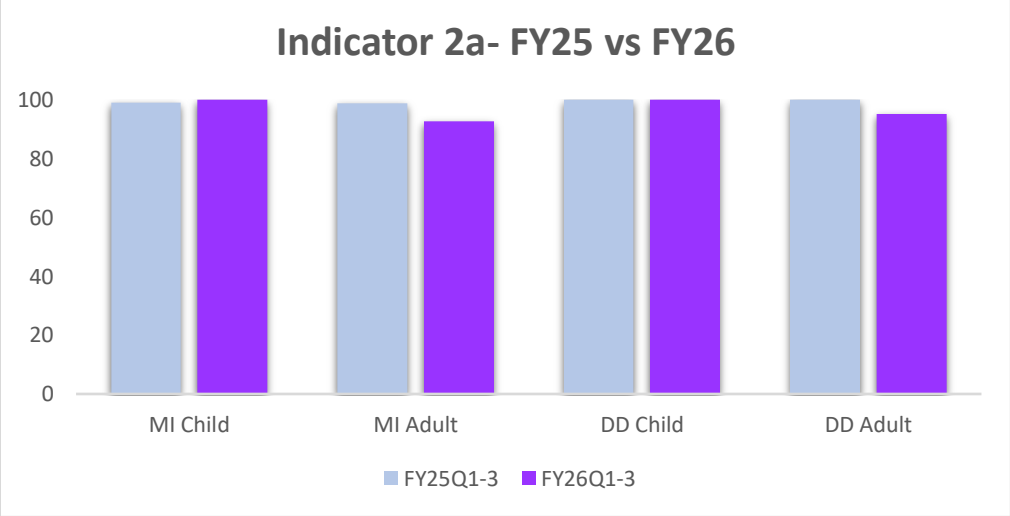


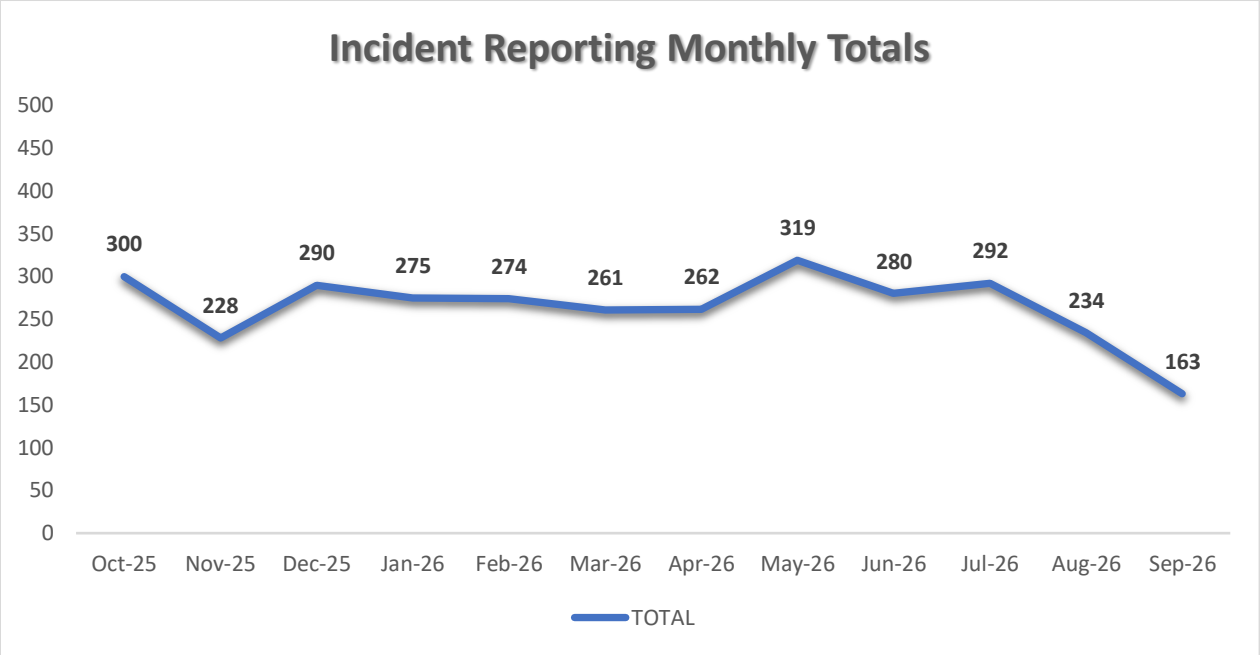
Figure 2b. OnPoint FY26 MMBPIS Indicator 2a results FY25 compared to FY26



Incident Reporting

During FY26, OnPoint and its contracted providers completed a total of 3,178 Client Specific Incidents Reports (IRs), averaging 265 IRs a month.

Figure 3. OnPoint Number of Incident Reports per month for FY26



Incident Reporting pulled from 10/1/2025- 9/30/2026. September 2026 numbers are not reflective of full amount due to time frames of reporting.

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

Having the Incident Reporting module in Crane has continued to improve systems revolving around client care and provider coordination. The IR module allows staff to complete and submit IR's entirely within one platform; enables seamless routing of IRs to case managers, clinicians, supervisors, and others involved in the individual's treatment; ensures necessary supervisor reviews are completed; and provides the ability to monitor each IR throughout the submission, review, and approval process. The amount and quality of the data available because of using the IR module continues to enhance OnPoint's ability to monitor trends, safety risks, and issues requiring intervention.

<u>The following data breaks down the types of reportable incidents as indicated by reporting type:</u>

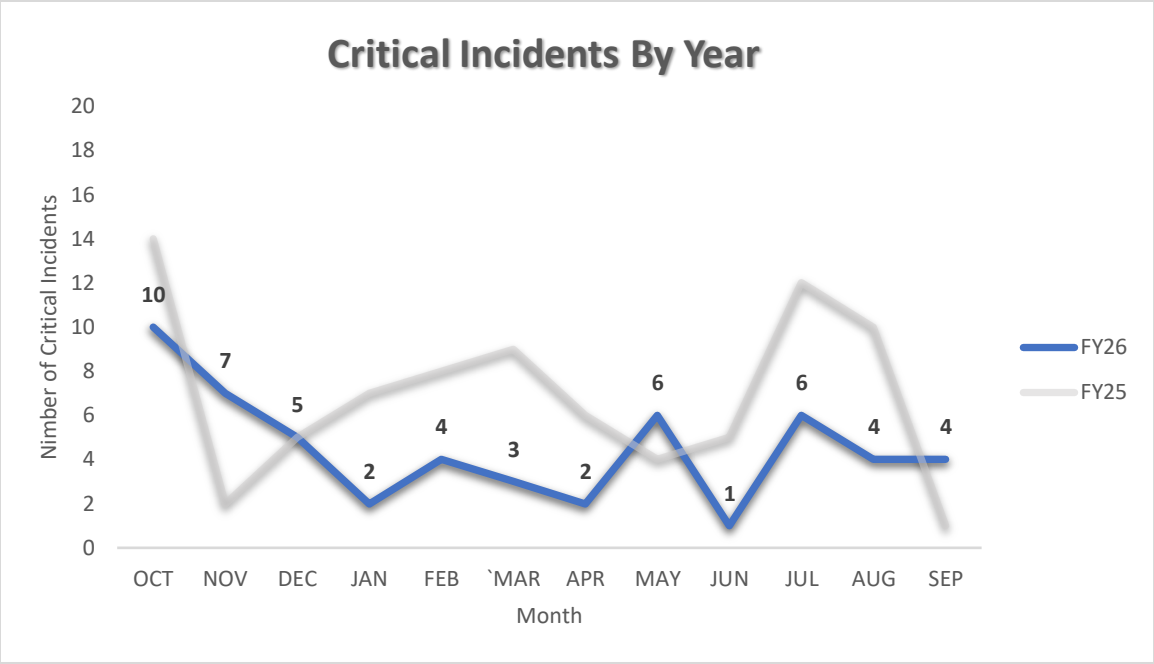
Critical Incidents

OnPoint receives dozens of incident reports each month, which describe an array of unusual occurrences documented by OnPoint staff and provider agency employees. These can include accidental deaths, deaths by natural causes, suicide, emergency medical treatment, hospitalization, and arrests. OnPoint's Recipient Rights Department reviews and categorizes each incident report, and determine which incidents are "reportable critical incidents," as defined by MDHHS. Only events meeting specific criteria, including parameters for incident type, setting, client demographics, and other factors, are submitted to the LRE by the QI Department and subsequently reported to MDHHS.

The tables below summarize OnPoint's monthly data for reportable critical incidents during FY26, as submitted to the LRE. Please note, however, that monthly critical incident submission timelines include a delay of up to 60 days. Therefore, data from September 2026 is not yet considered complete or finalized. In comparison to the previous year,

the number of critical incidents decreased from 83 in FY25 to 54 in FY26. Currently, critical incidents are averaging around 4 per month.

Figure 4. OnPoint FY26 Critical Incident Data – *Monthly Totals Comparison to FY25*



September 2026 numbers are not reflective of full amount due to time frames of reporting.

Risk Events

While not reported to MDHHS, Risk Events represent occurrences with potentially serious outcomes and are thus monitored by the LRE as part of the region's overall commitment to risk management, health and safety, and quality improvement. Risk events include events that can include harm to self, harm to others, police involvement, physical management, and unplanned consecutive hospitalizations.

The tables below summarize OnPoint's monthly data for reportable risk events during FY26, as submitted to the LRE. Again, please note that data from September 2026 is not yet complete. There were 152 documented risk events from October 2025- September 2026, averaging 12 per month. During the month of February there was a spike in the number of events with 25, physical management accounting for 20 of those events. Such incidents do prompt review and analysis, which could result in recommendations in training or behavior supports. As seen in the graph below, the rest of the year trended around the average. See the section on physical management for more specific information regarding reviews and analyses.

Figure 5. OnPoint FY26 Risk Event Data – *Monthly Totals Comparison to FY25*



Sentinel Events

Twelve Sentinel events occurred from October 2025- September 2026. The breakdown of those events and the number that resulted in a Root Cause Analyses (RCA) are below in Table 2. With the updated Sentinel Event Review (SER) Process all Sentinel Events are evaluated for root cause and prevention recommendations. Two events are still currently pending and have been reviewed as "potential", currently waiting on Death Certificates or other information to confirm if to be Sentinel Events or not. Those that were determined “natural” were marked as pending until clarification that they were in fact a result of natural causes and further review was not needed. The two accidental deaths were the result of a house fire and car accident, no recommendations for prevention. For the unintentional overdose that did not result in a death, the client was having severe pain and self-medicated on prescription drugs. In the review, the SER committee determined no recommendations required as all steps prior to and the follow-up by the clinician and teams were appropriate and followed the best quality of care OnPoint seeks to provide. The intentional overdose resulting in no death was reviewed and determined to be no further recommendations were needed as the clinical teams responded quickly and appropriately, and the client had the appropriate services in place to continue to monitor appropriately.

Table 2. Breakdown of Sentinel Events Reviews and Root Cause Analyses for FY26

FY26 Sentinel Event Reviews		
TYPE	**NUMBER**	**RCA**
Death: Natural	6	0
Death: Pending Cause	2	TBD
Death: Accidental	2	2
Nondeath: Unintentional Overdose	1	1
Nondeath: Intentional Overdose	1	1
TOTAL	**12**	**4**

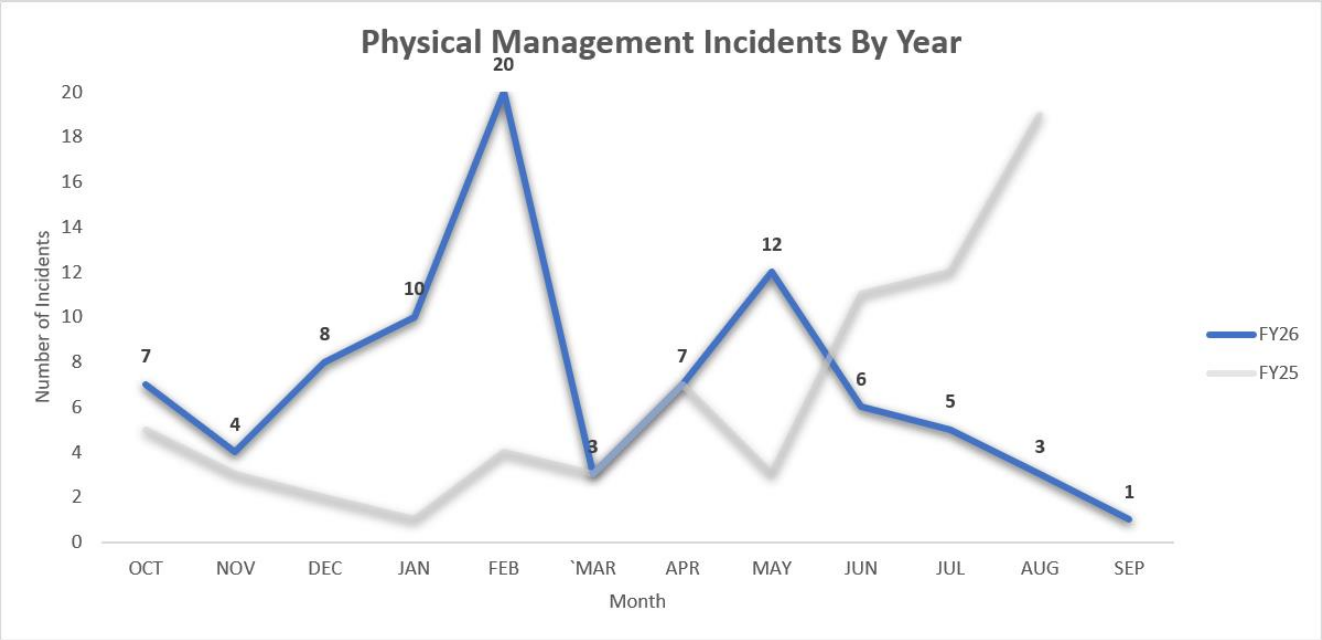
Through the SER and RCA process OnPoint continues to seek Continuous Quality Improvement with services provided, so all clients can succeed and engage in happy and healthy lives, and mitigate any risk of harm to those identified as must vulnerable.

Physical Management

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

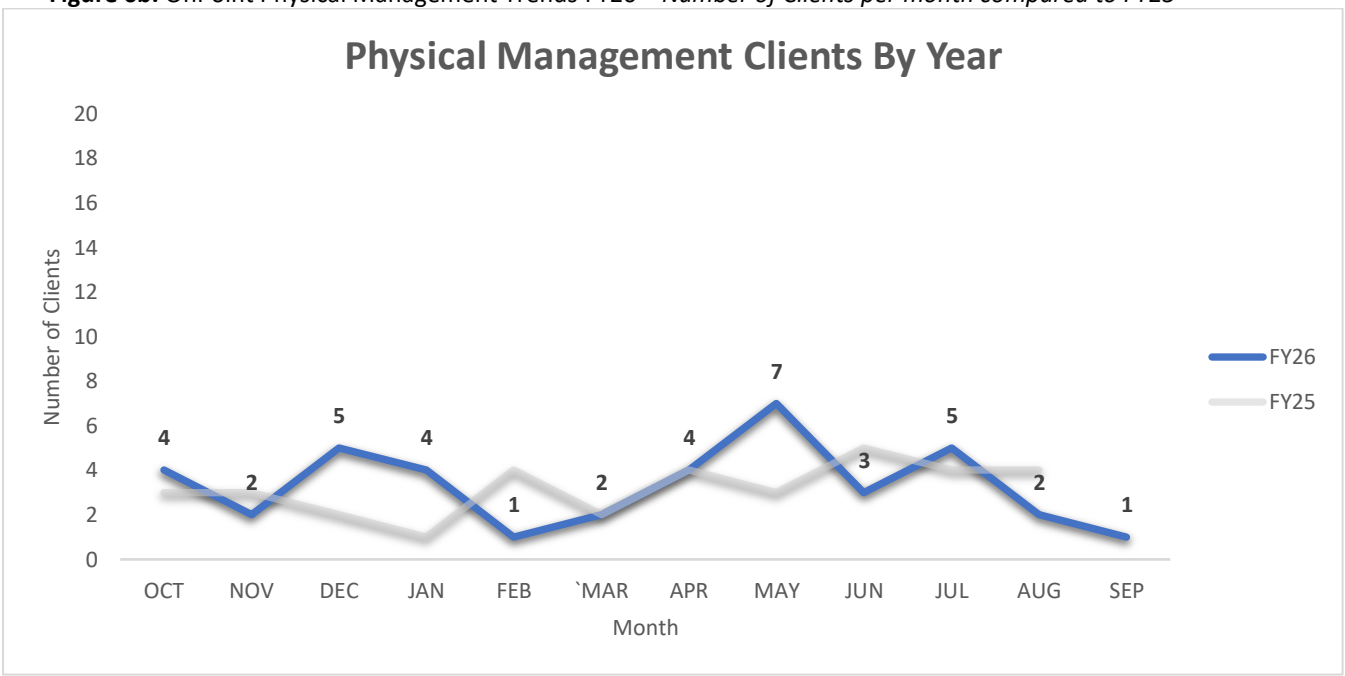
In the figures below, the monthly totals for physical management show downward trends in comparison to the year prior. Such trends can be attributed to a variety of factors, but through BTC oversight, the additions of more Positive Behavior Support Plans (PBSP) and Behavior Intervention Plans (BIP) as proactive measures prevent the need to use physical interventions. This means that those individuals who may have historically required the emergency use of physical management more often, now have antecedent interventions and supports to mitigate behavior prior to previous escalation levels. Through the continued oversight and collaboration of BTC and RR, it is expected these trends are to continue.

Figure 6a. OnPoint Physical Management Trends FY26 – *Monthly totals compared to FY25*



** NOTE: In Figures 6a & 6b, data from September 2025 is not included, and September 2026 not complete due to reporting timeframes*

Figure 6b. OnPoint Physical Management Trends FY26 – *Number of Clients per month compared to FY25*



Site Reviews, Audits, and Accreditation

During FY26, OnPoint participated in multiple audits and reviews, including the annual CMHSP site review conducted by the LRE, the waiver site review performed by MDHHS (which is now an annual process), CARF re-accreditation visit, the regional external quality review carried out by Health Services Advisory Group (HSAG), and HCBS site visits conducted by CMS. OnPoint also participated in recertification for CMHSP, Wraparound, Homebased, SUD, and is currently assisting with ICSS recertification. Feedback from these reviews illuminated many strengths and helped identify standards that require remediation. Following each review, the QI Team partnered with teams and departments across the agency to digest the findings, consider the reviewers' recommendations, and develop corrective action plans to address all concerns.

MDHHS Waiver Site Review

Following the FY26 MDHHS waiver site review (which occurred in October-December 2025), OnPoint developed and implemented corrective action plans to address all identified citations. The review resulted in 31 citations for corrective action. Those citations trended in areas regarding the completion of the IPOS training logs; IPOS goals including amount, scope, and duration; credentialed staff training requirements; and service utilization.
Evidence of the completed CAPs was submitted to MDHHS this spring and reviewed during the 90-day Follow-Up Visit. The subsequent approval of all proofs by MDHHS marked the official conclusion of the FY26 site review.

CMHSP Site Review

OnPoint's annual CMHSP site review was conducted by the LRE in June 2026. This year's review showed variances in scoring in comparison to years past. The completed desk audits at OnPoint are where the LRE assessed compliance with applicable policies, procedures, and organizational standards. All standards except Standard XIX, Behavior Treatment Plan Review Committee, were below the 95.00% compliance threshold and resulted in systemic corrective action. The biggest reported factors in these scores were the result of policies missing required contractual language or did not show adherence to the Code of Federal Regulations.

Table 2a. OnPoint FY26 CMHSP Site Review – *Desk Audit Results*

Desk Audit Type	Score Achieved	Score Possible	Score (%)
2026 Standard I Member Rights and Member Information	41	46	89.13%
2026 Standard III Availability of Services and Adequate Capacity	23	28	82.14%
2026 Standard V Coordination and Continuity of Care	34	48	70.83%
2026 Standard VI Coverage and Authorization of Services	72	84	85.71%
2026 Standard XII Health Information Systems	144	152	94.74%
2026 Standard XIX Behavior Treatment Plan Review Committee	94	94	100.00%

In the Program-Specific Audit, OnPoint resulted in an overall increase in the programs audited, with no citations, as all three programs scored 100%.

Table 2b. OnPoint FY26 CMHSP Site Review – *Program-Specific Standards Audit Results*

Program Specific Audit Type	Score Achieved	Score Possible	Score (%)
Fiscal Management Services (FMS) Monitoring	36	36	100.00%
Self-Direction	48	48	100.00%
Trauma Informed Care	12	12	100.00%

For the Staff Training and Credentialing portion of the audit, the LRE commended OnPoint for its strong training and credentialing performance with an overall score of 98.77%. IPOS training held a consistent area for improvement and is a topic for improvement identified in QIC.

Table 2c. OnPoint FY26 CMHSP Site Review – *Staff Training & Credentialing Audit Results*

Credentialing & Training Audit Type	Score Achieved	Score Possible	Score (%)
CMHSP Autism Credentialing Tool	658	662	99.40%
CMHSP Credentialing Tool	381	386	98.70%
Provider Training Audit	174	174	100.00%

The Clinical Chart Audit Results resulted in an overall score of 96.01%, with Autism Charts the only program falling below the 95% threshold, resulting in Corrective Action. The LRE noted some consistent patterns amongst the clinical charts including: Estimated cost of services remained not remediated from FY25, service delivery amounts and duration were below the authorized levels, and CLS service documentation did not clearly describe how the CLS intervention was provided. The LRE commended OnPoint for its "well- written assessments and coordination of care".

Table 2d. OnPoint FY26 CMHSP Site Review – *Clinical Chart Audit Results*

Clinical Audit Type	Score Achieved	Score Possible	Score (%)
Autism Services	825	881	93.64%
IDD Case Management	1189	1226	96.98%
MI Case Management	352	359	98.05%
Children's Services	350	363	96.42%

CARF Re-accreditation Survey

OnPoint successfully hosted the CARF re-accreditation survey onsite September 28th- September 30th. Four CARF reviewers met with staff and clients, reviewed proofs and standards, and evaluated OnPoint's building and processes. Due to delays in CARF processes and staffing shortages, the full report and Quality Improvement Plan is expected 6-8 weeks following commencement of the visit, earliest expected around the end of November. OnPoint did however receive a letter notifying receipt of another three-year certification through October of 2029.

Review and progress toward completion of the required Quality and Improvement Plan will be reported during the next fiscal year and quarterly updates as appropriate.

Site Reviews, Audits, and Accreditation Corrective Action (NEW)

This section of the QAPIP will be set to review the trends and data regarding the varying corrective action plans (CAPs) that are typically a result of audits and site reviews. For FY27 the QI team has already begun to compile data from current audit CAPs to report in next year's findings.

Stakeholder Input

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

Annual Satisfaction Survey

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

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

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

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

This year, OnPoint distributed approximately 2,300 surveys to open clients delineated between adults and children. Surveys were mailed in two batches, to distinguish responses between those that are eligible and engaging in CCBHC services, or Medicaid Specialty Services (typically waiver and DD only services). Data showing number of responses and surveys mailed over the years is below:

Table 3a. Number of responses received each year from LRE CSS survey

	FY24	FY25	FY26
Adults (MHSIP)	204	206	202
Children/Youth (YSS)	57	39	24

Table 3b. Number of surveys mailed each year for the LRE CSS survey

	FY25	FY26
Adults (MHSIP)	1331	1708
Children/Youth (YSS)	572	635

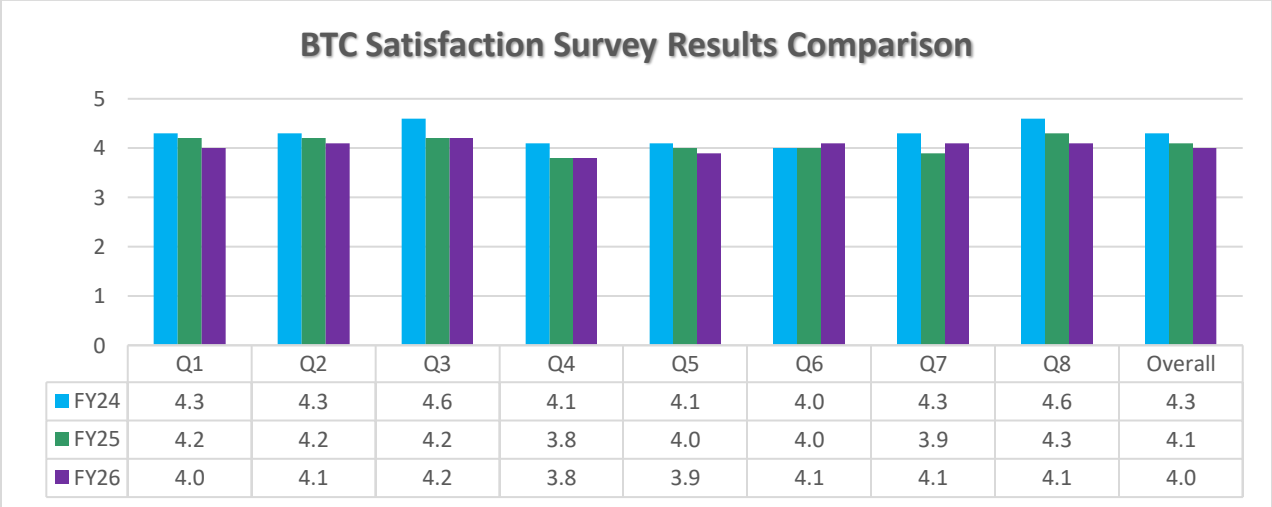
While the FY26 survey administration is complete, the process of compiling and analyzing the response data is still underway. Full results (including comparisons between years) of Customer Satisfaction Surveys are shared through OnPoint Customer Services and the QI team to the Board, agency leadership, and other stakeholders as soon as the data is available.

Customer Services and the QI team will continue to partner together for FY26 results and action plan regarding any findings that will approve the overall quality and client experience.

Behavior Treatment Committee (BTC) Survey

Each year the Behavior Treatment Committee Survey is sent to those clients and guardians as an opportunity for them to review and provide feedback on their behavior treatment services. It involves eight questions asking about their participation, accessibility, collaboration, and effectiveness in the behavior treatment plan. Responses are recorded on a Likert scale for responses, ranging from 1- strongly disagree to 5- strongly agree. For FY26, 36 surveys were sent in August, and 9 were returned (a 25% response rate). Overall, the scores for each questions trended lower than in recent years but are however still averaging around “agree” which indicates that based on the survey, the behavior supports are meeting expected satisfaction outcomes.

Figure 7. BTC Satisfaction Survey result comparison of the last three fiscal years



	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Overall
FY24	4.3	4.3	4.6	4.1	4.1	4.0	4.3	4.6	4.3
FY25	4.2	4.2	4.2	3.8	4.0	4.0	3.9	4.3	4.1
FY26	4.0	4.1	4.2	3.8	3.9	4.1	4.1	4.1	4.0

Audit Outcome Surveys (NEW)

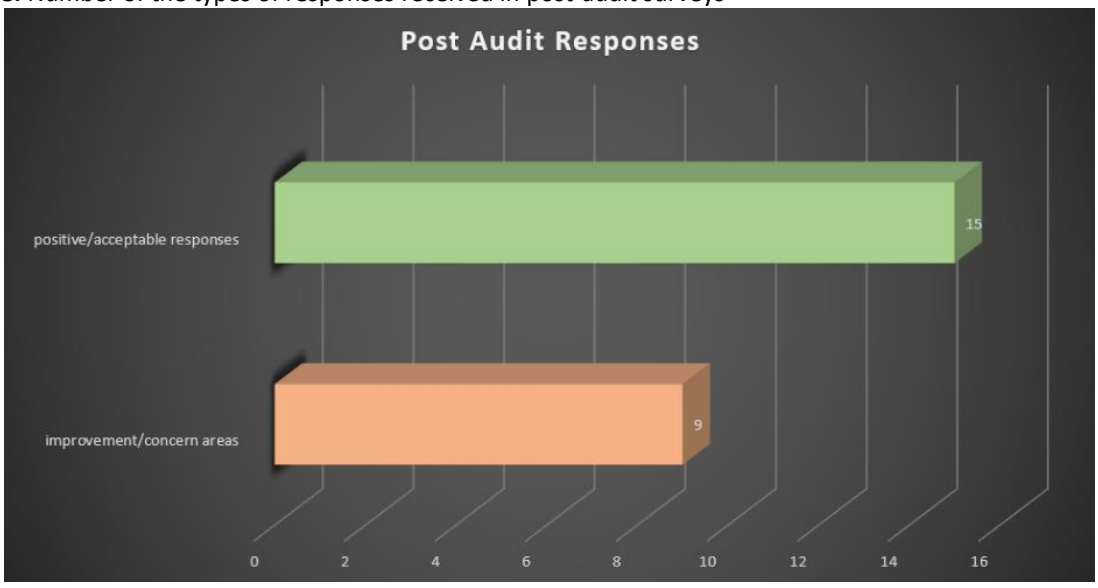
Starting in June of 2026, the OnPoint QI Team has began to send a staff post-audit survey for stakeholder input on the audit process. These surveys seek to get feedback on a specific audit, the current process, and what can be improved upon the next time to make the process more effective for all involved.

From the feedback received so far on the two audits/reviews that have occurred, the combined responses indicate a generally satisfactory view of the audit process. Staff frequently described it as smooth, organized, or well communicated. With the positive feedback, there was also shared concerns about workload, preparation time, and finding supporting documentation. The overall findings is that staff generally valued how the audit was coordinated while identifying areas for improvement in the work needed to become audit ready.

Staff feedback identified several strengths within the audit process that support OnPoint's commitment to continuous quality improvement. Respondents consistently noted that the process was well-organized and effectively communicated, with clear expectations, timely updates, and defined responsibilities. Staff also noted the coordination and support provided by audit leads. Additionally, the use of shared folders and documents, enhanced efficiency by improving access to materials and enabling real-time tracking of tasks. Feedback further emphasized the teamwork demonstrated across departments, with staff working collaboratively and effectively to meet audit requirements.

Based on the feedback received, the strongest overall improvement opportunity is to maintain the current coordination structure, while establishing a more robust, year-round readiness. A few items the QI team will take into consideration will include implementing a tracking system, assigning designated document owners, scheduling routine policy-review reminders, and creating mechanisms to verify follow-up on chart-review findings. These actions will directly address the gaps staff identified and strengthen existing processes and keep the parts of hteprocess that are reported to be going well.

Figure 8. Number of the types of responses received in post-audit surveys



Feedback Trends (NEW)

Stakeholder Feedback trends acquired by OnPoint to be reported in next fiscal year review and update. (*See QAPIP Goals and Objectives*)

Medicaid Verification

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

OnPoint's performance on Medicaid Claims Verification audits continued at a high level this year. For the three quarterly audits completed so far in FY26 (Q3 still being reported due to provider delays), OnPoint was able to obtain in both Q1 and Q2 100% accuracy for all Mental Health and SUD Medicaid services audited, a sample containing over 900 unique claims. In addition to confirming the accuracy of clinical documentation and claims submissions, the successful verifications determined there were $0 worth of disputed claims and no recoupment of Medicaid funds was needed.

Table 4. Q1 and Q2 of OnPoint Medicaid Claims verifications

		FY26Q1	FY26Q2
Mental Health	**Claims Reviewed**	330	559
	Claims Validated	330	559
	Total Score	100%	100%
	Total Value: Unvalidated Medicaid Claims	$0	$0
SUD	**Claims Reviewed**	5	28
	Claims Validated	5	28
	Total Score	100%	100%
	Total Value: Unvalidated Medicaid Claims	$0	$0

CCBHC Quality Metric Outcomes

The CCBHC Quality Metrics is impletement and monitored through collaborative efforts with IBH analytics, the QI team, and clinical programs. These metrics are reviewed frequently in CCBHC meetings as well as reported out at QIC quarterly. The QI team works to support IBH Analytics in there efforts of having the data and progress toward these measures reported out to all the appropriate stakeholders. As depicted in the table below, these metrics are reported out in calendar year instead of fiscal year, therefore CY26 only reflects through September 30th. There are also some benchmarks and current year data not yet reported out from MDHHS to know where OnPoint is performing, escpecailly in reference to the "State Reported Quality Measures".

Any items listed in red, were metrics that did not meet reported out benchmarks and on the contrary any items in green did. As seen below, OnPoint is on target to succeed benchmarks in more metrics than had in CY25. On the contrary, there are repeated measures that are repeatedly not meeting the benchmarks. Because of this, those metrics have been identified as areas for improvement and will be targeted as an objective in the goals of this QAPIP.

Table 5. OnPoint CY25 and CY26 performance in CCBHC Quality Metrics- *Clinic Led and State Reported*

Quality Metric Standard	CY25	CY26*	CY26 Benchmark
Clinic Led Quality Measures			
Time to Services #1	**0.8 Days**	**0.5 Days**	*10 days*
Time to Services #2	**3.7 Days**	**3.2 Days**	*16 days*
Time to Services #3	**0.4 hours**	**0.3 Hours**	*2 hours*
SRA: Children MDD	**58.1%**	**87.9%**	*60.0%*
SRA: Adult MDD	**78.4%**	**89.8%**	*76.0%*
Depression Remission at 6 months	**11.8%**	**12.9%**	*11.0%*
Screening for Dep and F/up Plan- Adults	**65.6%**	**63.2%**	*60.9%*
Screening for Dep and F/up Plan- Children	**69.6%**	**70.1%**	*61.6%*
Tobacco Cessation Screening	**65.9%**	**52.7%**	*72.8%*
Tobacco Cessation Intervention	**27.4%**	**26.0%**	*74.2%*
Alcohol Use: Screening	**92.5%**	**99.3%**	*56.6%*
Alcohol Use: Brief Counseling	**58.9%**	**54.8%**	*56.6%*
SDOH	**86.6%**	**70.5%**	*58.0%*
State Reported Quality Measures			
F/up after Hospitalization (18+) #1	**87.2%**	***CY26 reporting to account for January 2026- September 2026** **Blue Standards reflect those that are eligible for a quality bonus payment.*	
F/up after Hospitalization (18+) #2	**63.1%**		
F/up after Hospitalization (6-17) #1	**95.5%**		
F/up after Hospitalization (6-17) #2	**69.7%**		
Glycemic Status for Diabetes #1	**27.9%**		
Glycemic Status for Diabetes #2	**65.6%**		
IET #1	**28.0%**		
IET #2	**8.4%**		
Plan All Cause Readmission	**3.1%**		

QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT
Goals and Objectives FY2027

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

Below is a review and progress update on the FY26 Plan Goals and Objectives, identifying which objectives have been met for 2026, and which will be continued, modified or discontinued, and newly added for 2027:

GOAL 1: INFRASTRUCTURE

OnPoint will adopt the necessary tools and frameworks to achieve the performance objectives within the agency's QAPIP, behavioral health accreditation standards, and contractual requirements.

OBJECTIVE	TARGET DATE	STATUS	REVIEW	MODIFIED
Hire and onboard a skilled Healthcare Analytics Manager.	12/31/25	✓	**MET.** Louis Marx was hired during FY26 as the Healthcare Analytics Manager.	
Expand implementation of Power BI within OnPoint, including direct connections to EHR data, expanded training and support for users, and increased development and utilization of interactive dashboards and reports.	9/30/26	✓	**MET.** Clinical Leadership has been trained on Power BI. Usage and access currently being addressed with updated Microsoft Licensure for those that were not in leadership positions when Power BI was first explored. Three dashboards have been created and are being used that cover Data Integrity, Billable counts, Document signature and Timeliness, Productivity, and EVV Compliance. Next step will be reporting out and trends tracking, along with the development of a Key Performance Indicator Dashboard.	
Through the Power BI Dashboards, the QI Data team will develop a system of reporting out trends and tracking from the dashboards to the relevant stakeholders to make data informed decisions regarding both agency and program standards.	12/31/26	+	**NEW.**	

Implement enhancements to the Incident Reporting module within Crane, train provider agencies on the module, and use for reporting incidents, critical incidents and risk events.	3/31/26		**MET.** Incident Reporting module is now live in Crane. Recipient Rights continues to meet with each provider to explore the IR process individually, and that is planned to be completed by end of FY27. The QI Coordinator uses IR reporting in Crane for CIRE and now the Sentinel Event Reviews.	
Partnering with Recipient Rights, the QI Team will work with the Crane Incident Reporting Module to enhance its SER and RCA processes.	3/31/27		**NEW.**	
Strengthening the agency's data warehouse by integrating additional datasets, developing a data recovery plan, and testing back-up files and procedures.	9/30/27		**CONTINUED.** Healthcare analytics Manager was able to gain access to the streamline archival data and has created the data hub on the intranet for more data accessibility and transparency for staff. OnPoint will continue to work with Allegan County IT regarding its data recovery plan and procedures.	
Identify program-specific performance measures for all accredited programs within the CARF-defined domains of Access, Effectiveness, Efficiency, and Satisfaction.	12/31/25		**DISCONTINUED.** This goal will be modified into the KPI dashboard goal. CARF Standards regarding performance measures have been incorporated into all QI policies, including being outlined in 801.1 for the QAPIP.	
Develop a key performance indicator (KPI) dashboard for use by OnPoint's leadership and management teams.	3/31/27		**CONTINUED AND MODIFIED.** Rubix had made a KPI Dashboard, but it reportedly was not functional for use. This goal is then technically met but is being continued and modified to better suit the current agency data needs.	**The QI team, in partnership with the OnPoint Leadership Team, will develop a KPI dashboard that captures both qualitative and quantitative performance measures, covering the domains of Access, Effectiveness, Efficiency, and Satisfaction.**

With the development of the KPI dashboard, the QI team will track and monitor baseline data of the KPI's to be used for goal setting in the following year.	9/30/27		**NEW.**	
Integrate new performance standards from measure stewards and oversight bodies (LRE, MDHHS, CCBHC, SAMHSA, grant funders, etc.) into the OnPoint QAPIP.	Ongoing		**MET.** The QI Director developed 801.1 to ensure the QAPIP will incorporate required performance standards of all oversight bodies.	
GOAL 2: IMPROVEMENT & INNOVATION **OnPoint will hold itself to the highest standards and will strive to meet all applicable performance benchmarks. When necessary, OnPoint will implement effective corrective action plans to address identified concerns and improvement opportunities.**				
Maintain CCBHC Demonstration Site Certification.	Ongoing		**MET.** CCBHC Demonstration Certification continues through 2027.	
Complete all components of the Corrective Action Plan (CAP) established following the FY25 CMHSP Site Review.	12/31/25		**MET**. CAPs are now integrated in the QI Coordination team duties for organization and completion. All summaries regarding CAP, audit, and review outcomes are now included in the annual review of activities in the QAPIP.	
Develop and complete a Corrective Action Plan (CAP) that addresses any findings from the FY26 MDHHS Waiver Site Review.	5/31/26		**MET.** All items were completed prior to the commencement of the current MDHHS Waiver Audit for FY27.	
Complete all necessary preparations and successfully host OnPoint's 2026 CARF re-accreditation survey.	9/30/26		**MET.** CARF Site Review occurred in person on September 28th-30th, 2026.	
Maintain performance that meets or exceeds MDHHS thresholds for MMBPIS Indicator 2a (timeliness of initial assessment following a request for service).	Ongoing		**DISCONTINUED.** MMBPIS Indicator 2a will be ending with the implementation of the MDHHS 3-year Behavior Health Quality Transformation initiative.	
Successfully adopt each of the performance measures introduced by MDHHS as part of the 3-year Behavior Health Quality Transformation initiative.	9/30/27		**CONTINUED.** MDHHS is still working on these measures.	

Meet all requirements and submission timelines for all regional, state, and federal reporting requirements.	9/30/27		**CONTINUED.** The current Reports spreadsheet being adapted to a Reporting Tracker/Calendar expected to be completed and published on the Intranet by 9/30/27.	
Update and maintain internal tracking system to ensure timely reporting of incidents and sentinel events, and full completion of necessary root cause analyses.	12/31/25		**MET.** See goal regarding IRs and RCA module for next objectives for SER and RCA developments.	
Meet all established Clinical Quality Measure (CQM) benchmarks for CCBHC Demonstration Sites, including Quality Bonus Payment (QBP) incentive metrics.	9/30/27		**CONTINUED AND MODIFIED.** Partially met. Two metrics have been established as targets for Process Improvement.	**For the two metrics not meeting QBP standards, the QI team will conduct process analysis and collaborate with stakeholders to revise the current workflows and reach required benchmarks by FY27.**
GOAL 3: INCLUSION **OnPoint will actively seek out and incorporate the perspectives, input, and participation of a variety of stakeholders within the QI program.**				
Review and update QI Council membership	Ongoing		**MET.** Updated QI Council commenced May 2026.	
Foster continuous and mutually beneficial collaboration between QI, clinical teams, and other OnPoint departments	Ongoing		**CONTINUED.** Work has begun and continues with increasing meetings across teams. The QI Director has started meeting with teams about data and quality needs, and with the movement toward data transparency and ongoing analysis, QI and other departments can continue to progress forward to meeting goals.	
Ensure adequate representation of the subcontracted Provider Network within the OnPoint QI program	3/31/25		**MET.** Marked completed on FY25 QAPIP.	
Under the QI Department, the Provider Network will develop a Provider Satisfaction Survey to assess provider perspectives on their partnership with OnPoint and its impact on service delivery and client outcomes.	9/30/2027		**NEW.**	

Expand opportunities to participate and share input for individuals receiving services, family members, guardians, and others, including COAP members.	3/31/27		**CONTINUED and MODIFIED.** The customer services team has continued to recruit for COAP. Input is collected in a vast array of opportunities. The current gap is the follow-up of the feedback for overall quality improvement.	**As stakeholder participation expands, the Customer Services Department and QI team will implement a system to track and compile feedback and survey data to guide actionable improvements.**

Complete List of Goals and Objectives for FY27

GOAL 1: INFRASTRUCTURE

OnPoint will adopt the necessary tools and frameworks to achieve the performance objectives within the agency's QAPIP, behavioral health accreditation standards, and contractual requirements.

- Through the Power BI Dashboards, the QI Data team will develop a system of reporting out trends and tracking from the dashboards to the relevant stakeholders to make data informed decisions regarding both agency and program standards.
- Partnering with Recipient Rights, the QI Team will work with the Crane Incident Reporting Module to enhance its SER and RCA processes.
- Strengthening the agency's data warehouse by integrating additional datasets, developing a data recovery plan, and testing back-up files and procedures.
- The QI team, in partnership with the OnPoint Leadership Team, will develop a KPI dashboard that captures both qualitative and quantitative performance measures, covering the domains of Access, Effectiveness, Efficiency, and Satisfaction.
- With the development of the KPI dashboard, the QI team will track and monitor baseline data of the KPI's to be used for goal setting in the following year.

GOAL 2: IMPROVEMENT & INNOVATION

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

- Successfully adopt each of the performance measures introduced by MDHHS as part of the 3-year Behavior Health Quality Transformation initiative.
- Meet all requirements and submission timelines for all regional, state, and federal reporting requirements.
- For the two metrics not meeting QBP standards, the QI team will conduct process analysis and collaborate with stakeholders to revise the current workflows and reach required benchmarks by FY27.

GOAL 3: INCLUSION

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

- Foster continuous and mutually beneficial collaboration between QI, clinical teams, and other OnPoint departments
- Under the QI Department, the Provider Network will develop a Provider Satisfaction Survey to assess provider perspectives on their partnership with OnPoint and its impact on service delivery and client outcomes.
- As stakeholder participation expands, the Customer Services Department and QI team will implement a system to track and compile feedback and survey data to guide actionable improvements.

November Program Committee Report

Prepared by COO: Jeana Koerber, Ph.D.

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

November 6, 2026

I am pleased to announce that a new COO has been identified and is scheduled to start Monday, November 16th. She should be present at the board meeting on Tuesday, November 17th.

While we did not receive additional HRSA funds, we did receive feedback on our proposal and scored a 97 out of 100 points, again highlighting the increased competitive nature of federal grants. We are currently working on our applications for Rural Health Transformation funds as well as working with the county on the upcoming plan with Opioid Settlement Dollars. We are also still waiting to hear about our HUD grants for 2027.

We are still waiting for our finalized report but did receive a letter from CARF indicating we have be certified for the next three years! Once we have the finalized report, we will begin our quality improvement initiatives.

Clerical Team Updates – Submitted by Christine Beals

The team welcomed Lindsy Barton to the team on 9/28, rounding out the team to 4 staff making it finally complete.

The team has been working on assembling Narcan kits for OnPoint staff, etc. relocating completed kits to the crisis suite.

The team assisted customer service with the annual LRE mass mailing of the Customer Satisfaction Survey. Assembled and mailed 2,089 CCBHC surveys in August and 254 Non-CCBHC surveys in September. An increase of approx. 500 surveys compared to 2025 mailings.

With the onset of cold/flu season, there has been an uptick in clinician requests for clerical to cancel and reschedule their day's appointments due to clinicians out sick. This has increased the phone traffic for the clerical team.

Healthcare Project Updates - Submitted by Rob Griffith

This past quarter has been extremely busy, as I've been involved in a variety of initiatives focused on better serving our clients, supporting our staff, and strengthening the organization. I'm particularly excited about continuing our work to develop the Behavioral Health Care Coordination Team. Through my involvement in several organizational projects, I've gained insight into opportunities where this team could provide additional support and value across the organization.

Eleos Updates and Initiatives.

Our generative notetaking program, Eleos, continues to work well. We've recently implemented a compliance dashboard that combines documentation from Crane with Eleos' AI scanning technology to generate a comprehensive compliance score. We are currently evaluating this component to ensure the information and scores being produced are accurate and reliable.

Eleos has also released a promising mobile application designed to improve the experience for staff working in the field, as well as those providing extended in-person sessions. Additionally, their new Management Hub allows us to manage user accounts internally rather than routing all requests through Eleos support. This should improve efficiency and reduce some of the administrative burden associated with managing the program.

Looking ahead, Eleos is developing a feature that will provide real-time feedback to staff as they complete documentation, including a compliance score while the document is being written. We don't have a projected implementation date yet, but Eleos is actively working on this enhancement.

Crane / DocuSign Integration

PCE is in the final stages of programming a DocuSign integration within Crane. This functionality will allow us to send documents directly to clients and guardians from within Crane, significantly improving our ability to obtain required signatures on critical documentation. The final software code review was scheduled for the last week of October, so this functionality may already be available by the time this update is published.

Arbor Circle DCO Transition

We've successfully transitioned Arbor Circle from a staffing contract permission structure in Crane to a new Designated Collaborating Organization (DCO) arrangement for CCBHC services. As this was our first DCO contract, there were some unknowns going into the transition. Overall, the process went well and provided us with valuable experience that we can build upon as we continue developing these types of partnerships.

Ongoing Committees, Support, and Organizational Initiatives

I continue to participate in the Compliance Committee and Health & Safety Committee while maintaining my involvement in Crane support and staff education initiatives. I also continue to assist with various informal IT requests and troubleshooting needs that arise throughout the organization.

Additionally, Louis and I have begun a two-year commitment as members of the CMHA CCBHC Data Warehouse Project Team. This initiative will focus on developing a centralized data infrastructure to strengthen Michigan's CCBHC network by promoting shared learning, improved data utilization, and continuous quality improvement.

Overall, it's been a productive quarter with several exciting initiatives moving forward. I'm looking forward to building on this progress, particularly as we continue developing the Behavioral Health Care Coordination Team and identifying new opportunities to improve organizational efficiency, compliance, and the services we provide to our clients.

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

Quality and Reporting

<u>Quality and Reporting</u>

The Quality Team has finished its Quality Assurance and Performance Improvement Plan for FY27 for board approval (See FY27 QAPIP). The team continues to work in the fiscal year for data and reporting, include the new access to care measures replacing the previous MMBPIS reporting.

The updated Quality Record Review process has been initiated with trends expected to shed light on key areas for focus on clinical processes and oversight.

Utilization Management – submitted by Utilization Manager, Michell Truax

Two Utilization Management staff members recently attended the 27th Annual Substance Use and Co-Occurring Disorder Conference. The conference provided updates on substance use disorder (SUD) rights and rights protection, along with best practices for SUD case management. A pre-conference session on the ASAM 4th Edition included an extended live demonstration of the assessment tool and will support OnPoint's planned integration of the new edition in 2027.

Utilization Management is refining the authorization process as OnPoint fully implements the state's new guidance for Expedited Authorization Requests. When an authorization is requested fewer than 10 days before services are scheduled to begin, a decision must be made within 72 hours. If a decision cannot be made within that timeframe, an extension may be used. The extension process requires a reasonable attempt to notify the client or guardian verbally, followed by a mailed letter. Clinical and Utilization Management teams will collaborate to reduce the need for extensions and minimize confusion or inconvenience for the clients and guardians we serve.

Provider Network- submitted by Provider Network Manager, Ashley Gow

The Provider Network team oversees the entire network of providers, monitoring compliance and service quality across multiple areas while evaluating network adequacy. The team also provides oversight of self-directed arrangements. Recently, the Provider Network Manager Position was filled internally by a former Contract Specialist bringing an established knowledge of the provider network.

The most recent Provider Network meeting was held on October 13, 2026. We had a well-attended meeting with 65 participants from the entire Provider Network and OnPoint staff. Outside of the quarterly Provider Network meeting, the contract specialists continue to hold regularly scheduled 1:1 meetings with providers to share updates, strengthen collaboration and increase the quality of services in Allegan County.

The Provider Network has officially onboarded the following providers in the last quarter which have all been presented to the board previously:

Provider Name	Provider Type
Gage Consulting for Behaviors, LLC	Behavior Treatment Plan Services
Cascading Grace Adult Foster Care Home	Specialized Residential
Anthia Health Autism	Family Behavior Treatment Guidance
Life Therapeutic Solutions Specialty Service	Rec, Music, Art Therapy

Additionally, the Provider Network Team, in collaboration with multiple OnPoint departments, successfully onboarded their first Designated Collaborating Organization (DCO) for CCBHC with Arbor Circle. This partnership will expand client access to services and increase opportunities for choice in service delivery.

The Provider Network team also recently finished the first phase of onboarding a new contract software program called Contract Logix. Over the next year, the team will collaborate with the Healthcare Analytics Manager to test the system, develop workflows, and create templates to support efficient system practices. These efforts will prepare the team for the implementation of phase two which is scheduled for October 1, 2027.

For Credentialing and Training, the Provider Network Quality Specialist will resume the Quality Monitoring Review (QMR) Process, which was temporarily placed on hold due to several concurrent agency priorities, including CARF accreditation, the CMHSP application, and the LRE audit.

For Self Determination, the SD Coordinator along with the Provider Network Manager and QI Director will start developing, implementing, and updating policies and procedures related to self-determination. These efforts will help ensure services are delivered in accordance with applicable federal and state regulations while promoting consistency and accountability across the program. It will additionally support agency-wide workflow improvements, help strengthen support for those in SD arrangements and provide clearer guidance to employers and employees involved in these arrangements.

Autism Coordination

The Autism Team is currently in the process of onboarding another provider, as well as monitoring the newly implemented changes due the LRE Autism Framework. The team continues to work with the LRE on updates to forms and process when it comes to the request and approval processes.

Submitted by Geniene Gersh, Ph.D., Director of Evidence Based Practices and Adult Behavioral Health Services Grant Project Director for the CCBHC State Demonstration and the Federal SAMHSA CCBHC Improvement and Advancement Grant.

Evidence-Based Practice Programming Development and Implementation – Submitted by Geniene Gersh, Ph.D.

Dialectical Behavior Therapy (DBT) Program

Geniene and the DBT Program Supervisor, Staci Goften, LMSW, continue to collaborate with Integrated Behavioral Health Analytics (IBHA) to establish systems and processes that evaluate client outcome measures and ensure adherence to the DBT model of care. Geniene and Staci have been coordinating with MDHHS to arrange for the first Michigan Fidelity Assistance and Support Team (MiFAST) Review of the DBT Program. The MiFAST review dates have been set for February 24 and 25, 2027. We are looking forward to collaborating with the MiFAST team and demonstrate the excellent treatment that staff are providing to enhance the care for individuals in the program.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

This evidence-based model emphasizes an integrated approach to identifying and addressing substance use disorders (SUD). The SBIRT Program was initially implemented within The Medication Assisted Treatment and Medication Clinic Programs in June 2026. Since this time, the SBIRT team continues to

work with Geniene and the Integrated Behavioral Health Analytics (IBHA) team to implement a clinical workflow that outlines SUD screening, the delivery of client educational material, and facilitates access to a referral to either internal counseling services or other community resources as appropriate. Additionally, program metrics have been established to maintain adherence to the fidelity of the SBIRT treatment model. We will meet again in late November review and monitor the program metrics.

Components for Enhancing Clinicians Experience and Reducing Trauma (CE-CERT)
CE-CERT is a skills-based model designed to assist mental health professionals in managing secondary trauma and mitigating clinician burnout. During the month of October, OnPoint staff continue to participate in CE-CERT training sessions. In December, OnPoint staff will have the opportunity to demonstrate their ability to apply the skills they have learned by conducting a virtual presentation to the larger CE-CERT training group. This will allow staff to practice teaching CE-CERT skills in preparation for training the OnPoint leadership team staff in 2027.

Certified Community Behavioral Health Clinic (CCBHC) Updates – Submitted by Geniene Gersh, Ph.D.
The following are highlights of the CCBHC accomplishments achieved in 2026:

- OnPoint maintains Full CCBHC Certification status under Michigan CCBHC Demonstration.
- OnPoint continues to provide all 9 Core CCBHC services with Same Day Access.
- OnPoint actively participates in the National Council's National Evaluation of the CCBHC program, an assessment of how Certified Community Behavioral Health Clinics expand access to care and improve service quality.
- OnPoint demonstrates both its expanded capacity and its broadened reach to individuals with mild-to-moderate behavioral health needs. Since securing our first CCBHC expansion grant in 2021, OnPoint has increased access to care by serving an additional 1,000 individuals each year.
- OnPoint launched its Dialectical Behavior Therapy (DBT) Program on April 8, 2026, further expanding evidence-based treatment options for individuals with complex behavioral health needs.
- In June 2026, OnPoint implemented the Screening, Brief Intervention and Referral to Treatment (SBIRT) Program which is focused on providing screening for unhealthy alcohol use with clients and provides educational resources and a referral to internal of external resources to support client needs as appropriate.
- OnPoint implemented the use of Power BI dashboard expansion to further advance and support measurement-based care.
- OnPoint earned CY2025 quality bonus payment achievement across all four clinic-led measures and three of the five state-led measures, reflecting strong overall performance in quality outcomes.

SAMHSA CCBHC Improvement and Advancement (IA) Grant
October 1, 2026, marked the beginning of the fourth year of a four-year award period for the federal Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Improvement and Advancement (IA) Grant. Over the past couple of months, Geniene and other members of the CCBHC Committee have been completing the Annual Performance Report. This comprehensive report highlights OnPoint's progress toward established grant goals and features program outcome data across several clinical measures of client care. The final report will be shared with the board following its completion and submission to SAMHSA in late December 2026.

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

New Hire Orientation

During this quarter Customer Service (CS) met with 14 new hires for orientation and reviewed customer service-related items. This was the highest amount of new hires that CS met in one quarter. All orientations were held in person at OnPoint. See listing below containing the number of new hires met during each month.

- Two new hires in August: *Adult Outpatient Clinician, Access Clinician*
- Seven new hires in September: *Peer Recovery Coach, RN, Accounting Supervisor, Behavioral Health Care Coordinator, Medical Assistant, Administrative Professional, Adult Case Manager*
- Five new hires in October: *Compliance/Privacy Officer, Wraparound Facilitator, three Adult Case Managers*

Grievances

Medicaid: One Non-CCBHC Medicaid grievance has been received and completed during this quarter within the required 90-day timeframe. Category includes; Plan/Provider Care Management.
CCBHC Medicaid: Three CCBHC Medicaid grievances have been received and completed during this quarter within the required 90-day timeframe. Categories include; Plan/Provider Care Management, Change of Worker Requests, and Interaction with Provider.
Local Disputes Resolution-Non-Medicaid: None.
CCBHC Local Disputes Resolution-Non-Medicaid: None

Additional Grievance Notes: All four grievances leaned towards substantiation and improvements or follow ups were made. There are currently 10 grievances that have been received during this quarter which are still open and actively being reviewed. Resolutions to these grievances are on track to be completed within the 90-day timeframe and will be reported next quarter. The attached grievance breakdown report shows a comparison of the number of grievances received in the past several years.

Appeals

Medicaid: Two Medicaid Appeals were received, reviewed, and completed by the LRE during this quarter. One was a *denial* of Children's Waiver Program, and the other one was an *approval* of Community Living Supports.
CCBHC-Medicaid: One CCBHC Medicaid Appeal was received, reviewed and completed by OnPoint during this quarter. This appeal was a *denial* of Peer Support services.
Local Disputes Resolution-Non-Medicaid: None
CCBHC Local Disputes Resolution-Non-Medicaid: None

State Medicaid Fair Hearings (SMFH)

None.

Second Opinion Requests

There were two second opinion requests received and completed during this quarter. One was an inpatient hospitalization denial, and the other request was for a crisis residential placement.

Mediation Requests

None.

Case Transfer Requests
One of the rights that an individual has while receiving services at OnPoint is the right to request to be transferred to a different worker including; case manager, therapist, doctor, etc. There is a policy and workflow that is followed when a case transfer request is received. CS will be providing this information in future board reports. During this quarter eight case transfer requests were received, reviewed, and completed.

OnPoint Notices
During this quarter, MDHHS has provided updates to PIHP's regarding notices involving new consumer service request timeframes, provider prior/standard authorization request timeframes, and the Access to Care standard interplay. CS has been involved in ongoing discussions with key staff at OnPoint regarding these updates. Meetings with CS and Utilization Management staff have occurred.

Translation Requests
CS received five requests for translation this quarter which consisted of translating notices and engagement letters into Spanish. All requests came from OnPoint's Behavioral Care Coordinator.

Customer Satisfaction Surveys
The annual Customer Satisfaction Survey for FY 2026 was mailed out to all OnPoint individuals receiving CCBHC and Non-CCBHC services during the months of August and September totaling over 2300 surveys. The survey period has ended and calls are being made to those individuals requesting a call from CS.

Workshops/Conferences/Trainings
CS attended the 33rd Annual Recipient Rights Conference titled "Raise Your Voice For Rights" in the month of September held at Crystal Mountain Resort. CS attended many work sessions and networked amongst the Rights and CS professionals.

Community Outreach/Events/Presentations
CS participated and/or coordinated seven of the following community events/presentations during this quarter. Attached is a recap of the pictures taken during each one.

- 9/2/26 – CS had a table at the People Helping People facility in Pullman during their food pantry day. OnPoint information was shared with those who attended.
- 9/11/26 & 9/12/26 – CS set up canopy for the Wayland Balloonfest Suicide Awareness event. OnPoint information was shared with hundreds of people and joined over 48 vendors. The non-profit, 4 One 2 Cares, hosts this event and works towards raising awareness for Suicide Prevention and mental health.
- 9/15/26 – CS had a table set up at the Allegan County Fair for Senior's Day. Allegan County Senior Services and Commission on Aging hosted this event and provided a tasty breakfast. Despite the rainy weather, it was a good turnout with around 200 people attending and given the opportunity to visit over 40 vendors. Lots of goodies and information was shared with seniors who attended.
- 9/23/26 – CS set up canopy for the 22nd Annual 'Walk a Mile in My Shoes' Rally on the State Capitol Lawn in Lansing. OnPoint had a good group of 11 people representing Allegan County. Each year, this event draws more than 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. Beautiful weather and uplifting speeches shared throughout this amazing event.
- 9/28/26 – CS and OnPoint's Homebased Therapist & Infant Mental Health Specialist participated in the Prepare Fair in Allegan at the Hanson Park parking lot behind the Allegan Library. September was National Preparedness Month and OnPoint was invited to participate in this event to provide information to families. Even though the turnout was low, valuable information was shared and connections were made. We look forward to participating in this event next year.
- 10/22/26 – CS had a table set up at the annual Allegan County Veteran's Stand Down event at the First Baptist Church in Allegan. This event supports and honors local veterans. OnPoint has participated in this event for many years and this year we were excited to have Kenneth Klett, OnPoint's Medication Clinic Supervisor, join CS representing OnPoint. Kenneth is a veteran with 11 years of service and he said this

community is very important to him. The statue and several different helmets he brought with him were a big hit with the veterans and lots of great discussion happened because of it.

- 10/27/26 – CS had lots of fun participating in the annual Trunk or Treat event hosted by Allegan County DHHS. There were around 30 trunks who participated and an estimated between 300-400 kids walking through making it the biggest event ever.

Upcoming Community Events

- People Helping People Food Pantry Day in Pullman on November 4th.
- Holiday Parade in downtown Allegan on Friday, December 4th.

OnPoint Materials Requested During this Quarter

- Wayland Union Schools District School Nurse contacted CS for Narcan kits.
- Safe Harbor Children's Advocacy Center Children's Therapist requested medication lock bags. She saw one of these bags at a community event that CS participated in. It was a nice connection.
- Saugatuck-Douglas Library staff contacted CS regarding OnPoint brochures and materials.
- MDHHS Resource Coordinator at the Allegan location requested OnPoint brochures, business cards, and materials. It was mentioned that they are sharing a lot more information with their customers about OnPoint services.

CAP (Community Advisory Panel)

There was a CAP meeting held this quarter in September. Attached are the meeting notes for your review. CS attended this meeting with three individuals representing OnPoint. Next meeting is scheduled for December 10th.

COAP (Community Opportunity Advisory Panel)

The COAP group met in October during this quarter. We celebrated one of the members' birthdays and listened to members share any lived experiences they wanted to share. The group reviewed photos of various community events that OnPoint staff participated in. Lots of good discussion occurred regarding these events and talked about ideas on how to promote awareness. Mark Witte joined the group and provided an update on the transition of the upcoming CEO and answered questions. Mark will be greatly missed by the COAP group as he has joined many meetings throughout his career working as CEO for OnPoint. Mark mentioned to the group that he will invite Jeana Koerber to meet the group during the next meeting scheduled for December 4th.

Handouts

1) Grievance Breakdown Report (FY22 – FY26)
2) Consumer Advisory Panel (CAP) Meeting Summary, September 10, 2026

Board Considerations/Action Needed

None

Respectfully Submitted,

Cathy Potter, Customer Service Coordinator

11/9/26

OnPoint Grievance Breakdown Report

FY26 (10/1/25 - 9/30/26)

1st Quarter FY26 (10/1/25 – 12/31/25)

13 – Total Grievances Completed this quarter

11 - CCBHC Medicaid Grievances completed

2 - Non-CCBHC Medicaid Grievances completed

Categories include: Quality of Care, Financial/Billing Matters, Interaction with Provider

7 – Substantiated

6 - Unsubstantiated

2nd Quarter FY26 (1/1/26 – 3/31/26)

0 – Total Grievances Completed this quarter

0 - CCBHC Medicaid Grievances completed

0 - Non-CCBHC Medicaid Grievances completed

Categories include: None to report

0 – Substantiated

0 - Unsubstantiated

3rd Quarter FY 26 (4/1/26 – 6/30/26)

6 – Total Grievances Completed this quarter

4 - CCBHC Medicaid Grievances completed

2 - Non-CCBHC Medicaid Grievances completed

Categories include: Access & Availability, Interaction with Provider, Change of Worker Request, Service Environment

6 – Substantiated

0 - Unsubstantiated

4th Quarter FY26 (7/1/26 – 9/30/26)

5 – Total Grievances Completed this quarter

4 - CCBHC Medicaid Grievances completed

1 - Non-CCBHC Medicaid Grievances completed

Categories include: Plan or Provider Care/Case Management, Change of Worker Request, Access & Availability

5 – Substantiated

0 - Unsubstantiated

24 - Total Grievances for FY26 (10/1/25 – 9/30/26)

19 - CCBHC Medicaid Grievances completed

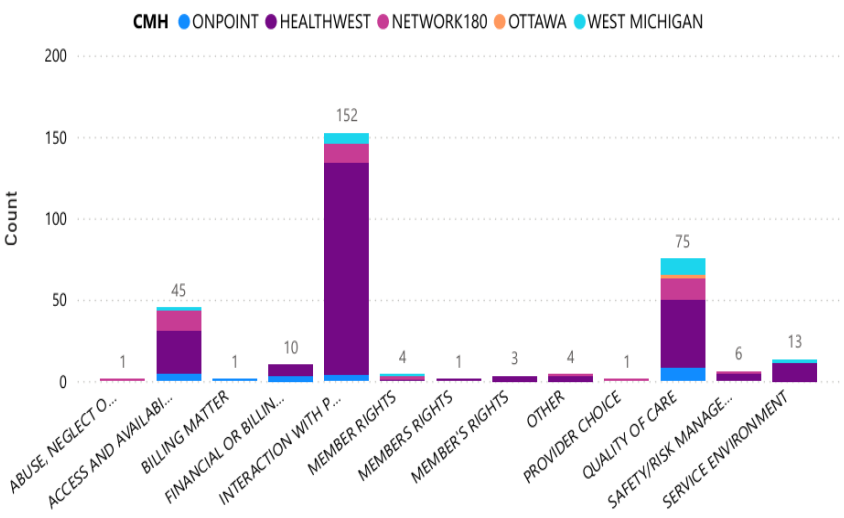
5 - Non-CCBHC Medicaid Grievances completed

18 – Substantiated

6 – Unsubstantiated

Grievance Breakdown

Count of Closed Cases by Grievance Category

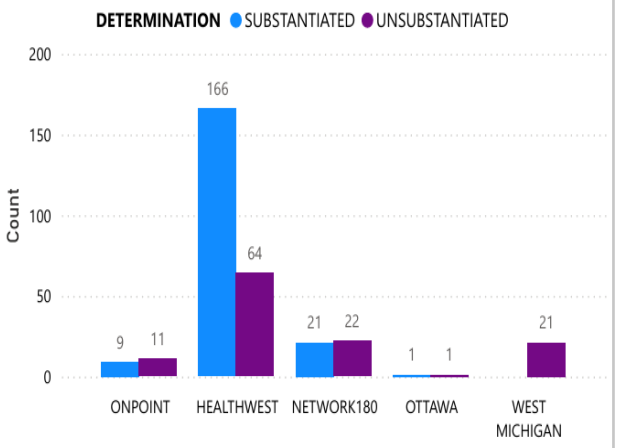


GRIEVANCE CATEGORY	ONPOINT	HEALTHWEST	NETWORK180	OTTAWA	WEST MICHIGAN	Total
SERVICE ENVIRONMENT		11			2	**13**
SAFETY/RISK MANAGEMENT		5	1			**6**
QUALITY OF CARE	8	42	13	2	10	**75**
PROVIDER CHOICE			1			**1**
OTHER		3	1			**4**
MEMBER'S RIGHTS		3				**3**
MEMBERS RIGHTS		1				**1**
MEMBER RIGHTS		1	2		1	**4**
INTERACTION WITH PROVIDER OR PLAN	4	130	12		6	**152**
FINANCIAL OR BILLING MATTERS	3	7				**10**
BILLING MATTER	1					**1**
ACCESS AND AVAILABILITY	4	27	12		2	**45**
ABUSE, NEGLECT OR EXPLOITATION			1			**1**
Total	**20**	**230**	**43**	**2**	**21**	**316**

Fiscal Year
- [ ] Select all
- [ ] FY26
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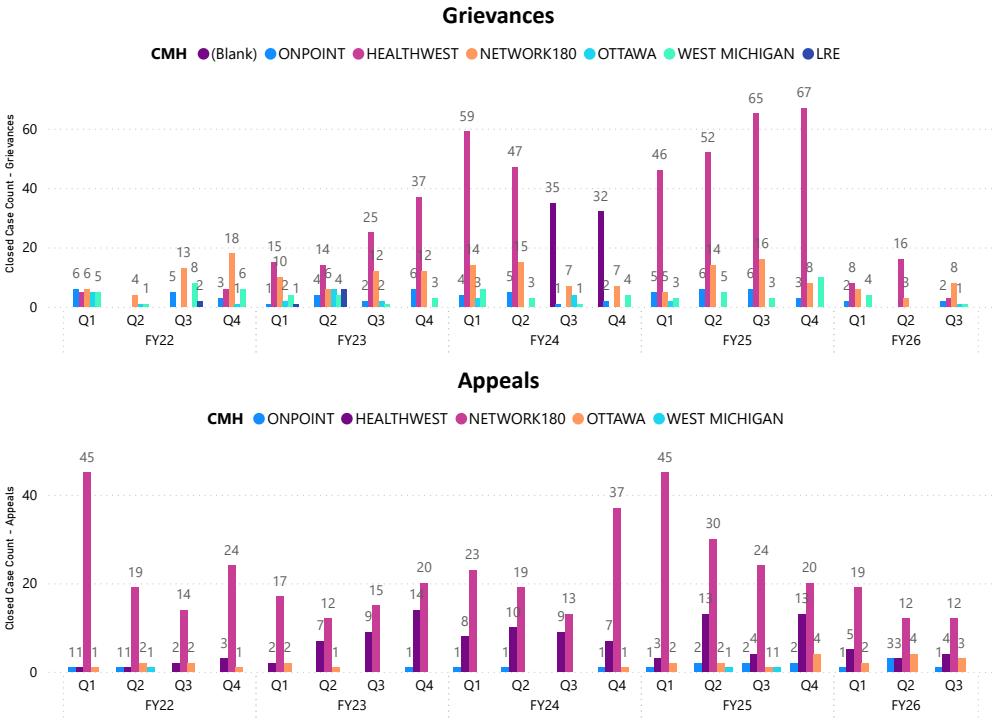
CMH
- [ ] Select all
- [x] ONPOINT
- [x] HEALTHWEST
- [x] NETWORK180
- [x] OTTAWA
- [x] WEST MICHIGAN
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Count of Closed Cases by Grievance Determination



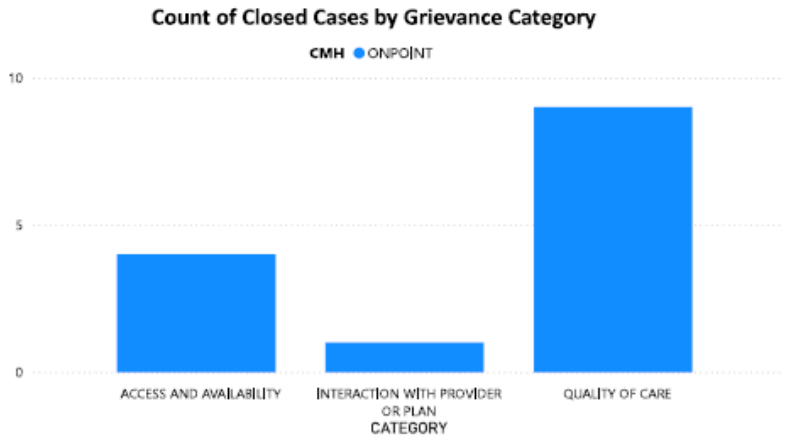
DETERMINATION	ONPOINT	HEALTHWEST	NETWORK180	OTTAWA	WEST MICHIGAN
SUBSTANTIATED	9	166	21	1	
UNSUBSTANTIATED	11	64	22	1	21
Total	**20**	**230**	**43**	**2**	**21**

Grievances & Appeals by CMH/Quarter

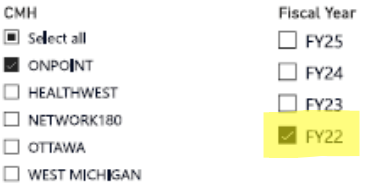


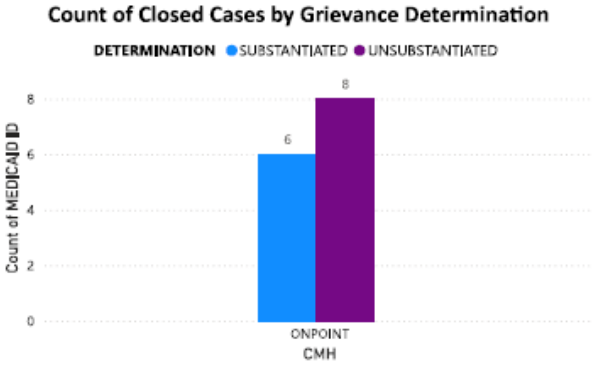
OnPoint Grievance Breakdown Reports (FY22-FY25)

Grievance Breakdown



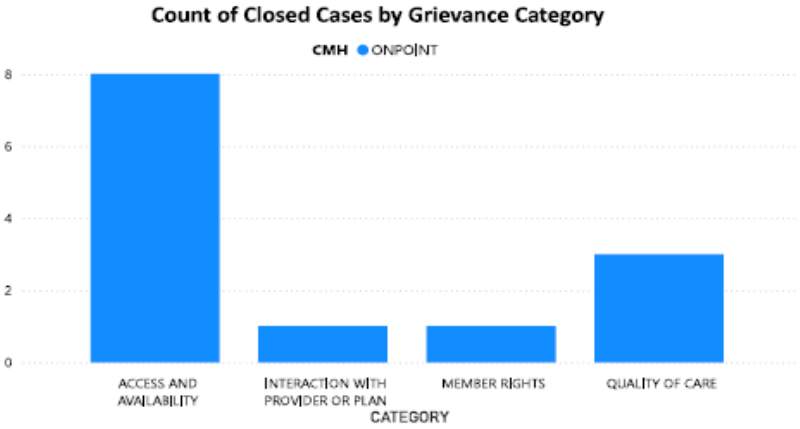
GRIEVANCE CATEGORY	ONPOINT	Total
ACCESS AND AVAILABILITY	4	4
INTERACTION WITH PROVIDER OR PLAN	1	1
QUALITY OF CARE	9	9
Total	14	14



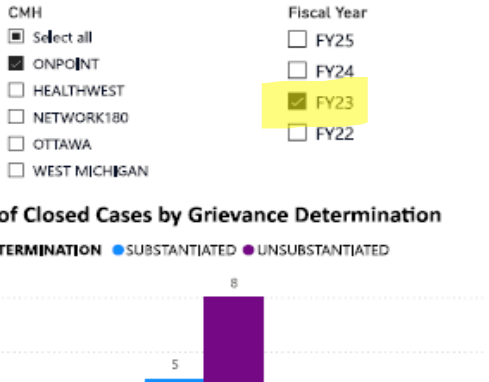


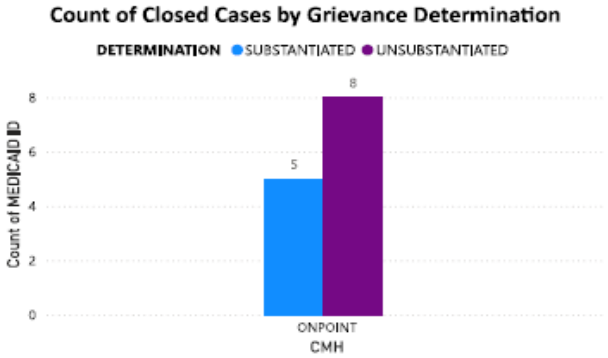
DETERMINATION	ONPOINT	Total
SUBSTANTIATED	6	6
UNSUBSTANTIATED	8	8
Total	14	14

Grievance Breakdown



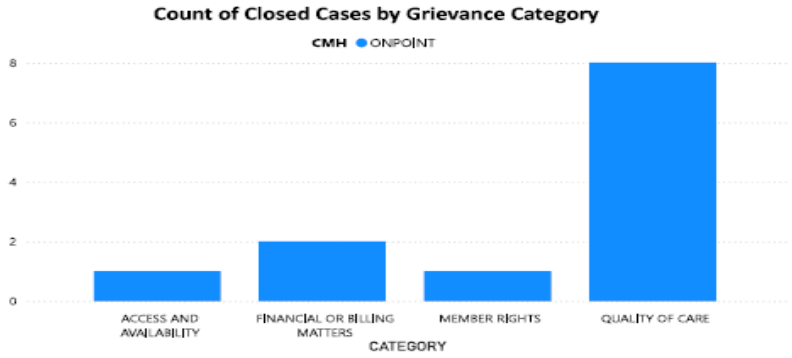
GRIEVANCE CATEGORY	ONPOINT	Total
ACCESS AND AVAILABILITY	8	8
INTERACTION WITH PROVIDER OR PLAN	1	1
MEMBER RIGHTS	1	1
QUALITY OF CARE	3	3
Total	13	13



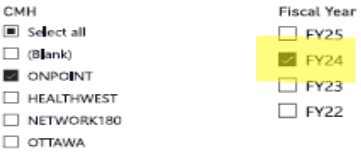


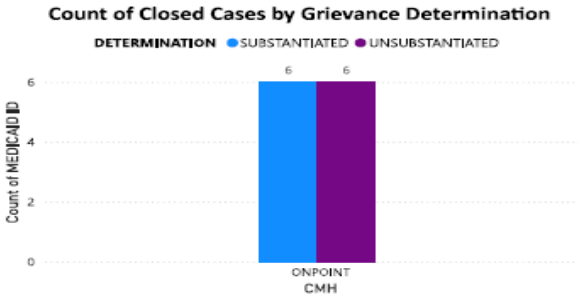
DETERMINATION	ONPOINT	Total
SUBSTANTIATED	5	5
UNSUBSTANTIATED	8	8
Total	13	13

Grievance Breakdown



GRIEVANCE CATEGORY	ONPOINT	Total
ACCESS AND AVAILABILITY	1	1
FINANCIAL OR BILLING MATTERS	2	2
MEMBER RIGHTS	1	1
QUALITY OF CARE	8	8
Total	12	12

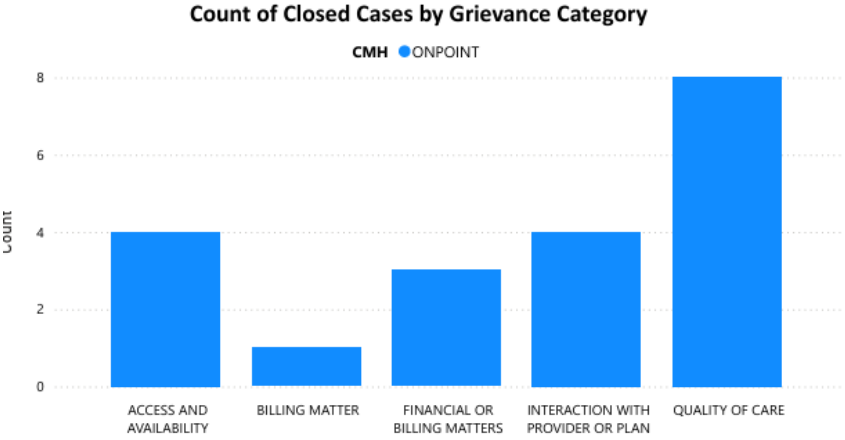




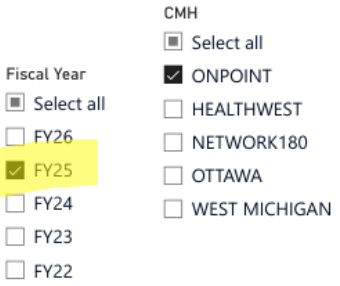
DETERMINATION	ONPOINT	Total
SUBSTANTIATED	6	6
UNSUBSTANTIATED	6	6
Total	12	12

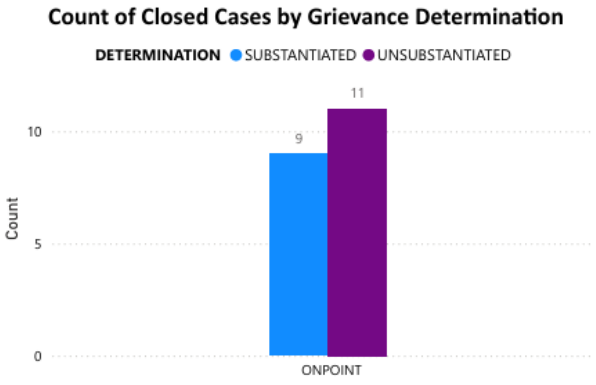
LAKESHORE REGIONAL ENTITY

Grievance Breakdown



GRIEVANCE CATEGORY	ONPOINT	Total
ACCESS AND AVAILABILITY	4	4
BILLING MATTER	1	1
FINANCIAL OR BILLING MATTERS	3	3
INTERACTION WITH PROVIDER OR PLAN	4	4
QUALITY OF CARE	8	8
Total	20	20

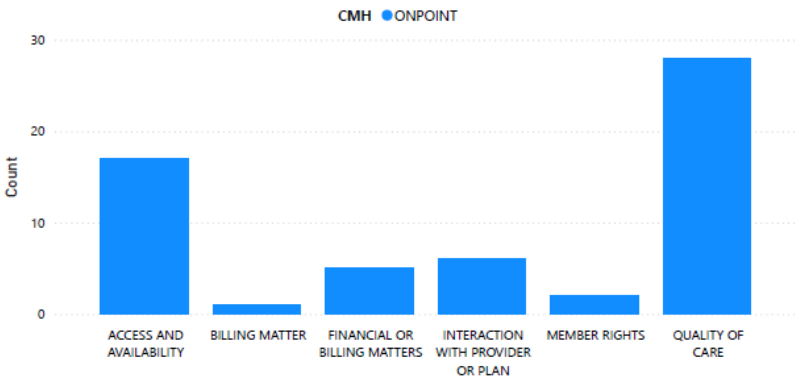




DETERMINATION	ONPOINT	Total
SUBSTANTIATED	9	9
UNSUBSTANTIATED	11	11
Total	20	20

Grievance Breakdown

Count of Closed Cases by Grievance Category

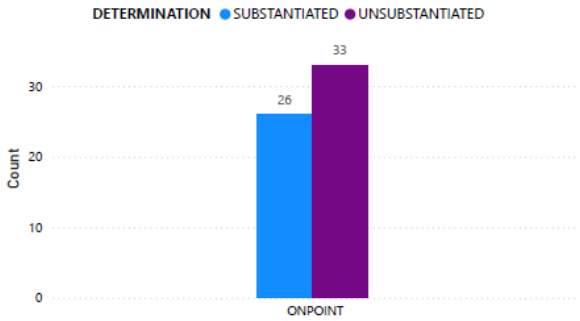


GRIEVANCE CATEGORY	ONPOINT	Total
ACCESS AND AVAILABILITY	17	17
BILLING MATTER	1	1
FINANCIAL OR BILLING MATTERS	5	5
INTERACTION WITH PROVIDER OR PLAN	6	6
MEMBER RIGHTS	2	2
QUALITY OF CARE	28	28
Total	59	59

Fiscal Year
- [x] Select all
- [ ] FY26
- [x] FY25
- [x] FY24
- [x] FY23
- [x] FY22

CMH
- [x] Select all
- [ ] (Blank)
- [x] ONPOINT
- [ ] HEALTHWEST
- [ ] NETWORK180
- [ ] OTTAWA
- [ ] WEST MICHIGAN
- [ ] LRE

Count of Closed Cases by Grievance Determination



DETERMINATION	ONPOINT	Total
SUBSTANTIATED	26	26
UNSUBSTANTIATED	33	33
Total	59	59

OnPoint Board of Directors Minutes - DRAFT
Tuesday, October 20, 2026, at 5:30 PM
Board Room, 540 Jenner Drive, Allegan, MI 49010

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

Board Members Absent: Krystal Diel; Karen Stratton

OnPoint Staff Present: Dawn Sisson; Mark Witte; Jeana Koerber; Erinn Trask; Geniene Gersh; Megan Ford; Rob Griffith; Charles Wilkinson; Cathy Potter; Kelsey Newsome; Michell Truax (virtual); Janice August (virtual); Diane Bennett (virtual)

Public Present: Stephanie Vander Kooi (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 approve agenda as presented

   Moved: Kim Bartnick Supported: Commissioner Gale Dugan

   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 (09/15/2026)
   ii. Finance Committee (09/15/2026)
   iii. Program Committee (09/15/2026)
   iv. CEO Search Committee (08/21/2026 & 09/14/2026)
   v. Executive Committee (09/14/2026)
   vi. Closed Session Minutes (09/15/2026)
   vii. Recipient Rights Advisory Committee (12/16/2026,03/17/2026, & 06/16/2026)

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

   Moved: Commissioner Gale Dugan Supported: Jessica Castañeda

   Motion carried by unanimous voice vote.

   Motion: To approve the closed session minutes of September 15, 2026 as presented.

   Moved: John Clark Supported: Beth Johnston

   Motion carried by voice vote of those present who attended the closed session.

7. **Program Committee** – Ms. Jessica Castañeda reported that the Program Committee received two presentations at its recent meeting. John Eagle, Program Manager, and Aaron Dortch, ACT Team Supervisor, provided an overview of ACT services and the ACT fidelity model. Ms. Castañeda noted that ACT is a community-based program in which staff primarily meet with clients in the community. She emphasized that ACT provides 24/7 on-call support to assist clients whenever needed. The second presentation was delivered by John Eagle,

Program Manager of Case Management & Supportive Services, and Charles Wilkinson, Supported Employment Coordinator. They discussed the role and responsibilities of the Supported Employment Coordinator. Ms. Castañeda highlighted that Charles is credentialed to provide benefits counseling and assists clients in navigating existing benefits to ensure they do not experience unintended loss of coverage when pursuing meaningful employment. She also shared that Charles remains highly active in the community and regularly meets with potential employers to promote the services he provides. Ms. Castañeda informed the board that Dr. Jeana Koerber, Chief Operating Officer, presented her quarterly update. Dr. Koerber reported that the CARF audit has been completed, and OnPoint expects to receive the full report and determination in the coming weeks. She also noted that OnPoint's HUD application has been submitted, and the team is awaiting status notification. Lastly, Ms. Castañeda shared that Dr. Koerber provided an update on current staffing.

8. **Finance Committee Report** – Beth Johnston, Treasurer, shared that the HRIS work remained on schedule. Integration with AssureHire is progressing to streamline background checks within Paycor Onboarding. She stated that leadership received Paycor Recruiting training on August 8 and HR will continue supporting staff with the new statewide credentialing system. Ms. Johnston shared that Cohort 1 of Leadership Foundations concluded with strong feedback, and planning for Cohort 2 to begin. The Folks4Fun hosted the August 21 staff picnic. She also shared that Finance has continued transitioning from Great Plains to Business Central, and Stampli was selected for purchasing and A/P management. Lastly, Ms. Johnston reviewed the summary schedule of revenues and expenses by fund source; statement of net position; and statement of revenue, expenses and change in net position.

    a. Motion: <u>To approve the September 2026 disbursements totaling $4,348,086.35 as recommended by the Finance Committee.</u>

        Moved: Beth Johnston Supported: Marcia Kerber

        Motion carried by unanimous roll call vote.

    b. Motion: <u>To approve the list of provider contracts for fiscal year 2027 as recommended by the Finance Committee.</u>

        Moved: Beth Johnston Supported: Kim Bartnick

        Motion carried by unanimous roll call vote.

9. **Recipient Rights Advisory Committee** – Kelsey Newsome reported that the RRAC Committee met with a quorum, approved prior minutes, and completed new member orientation. She noted that repeat citations have decreased significantly year over year, reflecting improved rights-protection practices. Because the September meeting was shifted to October, the committee reviewed a four-month reporting period. Ms. Newsome stated that complaint numbers were slightly higher than usual; however, all cases are being managed appropriately. Despite the increase in higher-severity investigations, all cases remain within the required 90-day completion timeframe. She also noted that the increase in complaints corresponds with serving a larger number of individuals. Lastly, Ms. Newsome reported that budget updates were completed and recorded, and that the next RRAC meeting is scheduled for December.

10. **Lakeshore Regional Entity (LRE) Updates** – Stephanie VanDerKooi, Chief Operating Officer of the LRE, provided an update on several operational matters. She reported that the

Compliance Department is undergoing a staffing transition as the current Compliance Officer will retire at the end of November. She noted work is underway to finalize the agency's Compliance Plan, which will be presented to the Board of Directors at next week's meeting. She shared that the Board of Directors meeting is scheduled for Wednesday, October 28, 2026, from 3:30 p.m. to 4:30 p.m. and following the meeting, a retirement celebration will be held. Additionally, she reported that the agency is proceeding with implementation of the compliance software Compliancy, which is currently rebranding under the name "The Guard."

11. **Chairperson's CEO Search/Executive Committee Report** – Alice Kelsey provided her report from the Executive Committee meeting held on Friday, October 16, 2026. Ms. Kelsey reported that negotiations for the new CEO were successfully concluded and the employment contract has been signed. With the CEO search complete, she recommended that the board dissolve the Search Committee, as its work is now finished. Ms. Kelsey also informed the board that Jim Storey, one of the three OnPoint representatives serving on the LRE Board, has indicated that his term is ending, and he does not wish to be reappointed due to other commitments. This creates a vacancy on the LRE Board. Ms. Kelsey shared that she spoke with Jessica Castañeda, who expressed willingness to serve, and requested that the board confirm Ms. Castañeda's appointment to fill the vacancy. Ms. Kelsey then asked Diane Bennett, OnPoint's Compliance Officer, to provide an overview of the Corporate Compliance Plan for FY2027. Ms. Bennett reviewed the plan and highlighted the main updates. She noted that all changes had been previously discussed and that no major new revisions were included. Ms. Bennett also informed the board that Russ Graves has been hired to backfill her position, as she will be retiring in November.
    a. Motion: To approve the CEO contract as negotiated between Dr. Jeana Koerber and the OnPoint Board of Directors.
        Moved: John Clark Supported: Kim Bartnick
        Motion carried by unanimous roll call vote, 10 Yes's to 0 No's.
    b. Motion: To dissolve the CEO Search Committee as of 10/20/2026.
        Moved: Commissioner Gale Dugan Supported: Beth Johnston
        Motion carried by unanimous voice vote.
    c. Motion: To confirm Jessica Castañeda as the LRE Board member.
        Moved: Commissioner Gale Dugan Supported: Marcia Kerber
        Motion carried by unanimous voice vote.
    d. Motion: To approved OnPoint's Corporate Compliance Plan for FY2027
        Moved: Commissioner Gale Dugan Supported: Jessica Castañeda
        Motion carried by unanimous voice vote.

12. **OnPoint Chief Executive Officer's Report** – Mark Witte presented his Chief Executive Officer report and highlighted several recent activities and organizational updates. He noted a strong turnout and positive engagement at the Walk-a-Mile event at the Capitol. He also reported the successful completion of the CARF audit and expressed appreciation to Megan Ford, Director of Quality Innovation, and her team for their leadership and hard work. Mr. Witte reviewed the upcoming CEO transition, stating that the November board meeting will be his final meeting at the board table. He and Dr. Jeana Koerber provided an update on the

hiring process for the Chief Operating Officer position, with second-round interviews being conducted this week. Mr. Witte also mentioned the upcoming Fall CMHA Conference in Traverse City, noting that six board members plan to attend. Lastly, he provided an update on the HRSA Grant. OnPoint was not awarded continuation funding; however, existing grant funds remain available for use through July 2027. Mr. Witte stated that OnPoint will continue to pursue alternative funding sources to support these services.

13. **Provision for Public Comment** –No public comments made.
14. **Board Member Comments** – Board members made comments as desired.
15. **Motion to Adjourn**

    Moved: Beth Johnston Supported: Marcia Kerber

    Meeting adjourned at 6:23pm

    Motion carried by unanimous voice vote.

Respectfully submitted,

Dawn Sisson
Executive Assistant

Alice Kelsey
Board Chairperson

Executive Committee Meeting DRAFT Minutes

October 16, 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
	[X] Krystal Diel, OnPoint Board Vice Chairperson
OnPoint Staff	[X] Mark Witte, OnPoint Current CEO
	[X] Dawn Sisson, OnPoint Executive Assistant
	[X] Diane Bennett, Current OnPoint Compliance Officer
	[X] Russ Graves, Incoming OnPoint Compliance Officer
	[X] Dr. Jeana Koerber, Current OnPoint COO, *incoming CEO*

1. **Call to Order** – Chairperson Kelsey called the meeting to order at 2:31 pm. All members present.
2. **Review/Approval of Agenda**

   Motion: Commissioner Gale Dugan moved, and Beth Johnston supported the draft agenda be approved as presented.

   All in favor; Motion adopted.
3. **Review/Approval of Minutes of September 14, 2026 Meeting** (Chairperson Kelsey)

   Motion: Commissioner Mark DeYoung moved, and Commissioner Gale Dugan supported, that the minutes of September 14, 2026 be approved as presented.

   All in favor; Motion adopted.
4. **Compliance Committee Report** – Ms. Bennett introduced the incoming Compliance/ Privacy Officer, Russ Graves, who provided a brief overview of his background and expressed his enthusiasm for joining OnPoint. Ms. Bennett presented the quarterly compliance report for July through September 2026 and reviewed the FY2027 Corporate Compliance Plan with the committee. Mr. Witte informed the committee that the organization's Conflict-of-Interest policies (Policy 625, Board Policy 201, and the Board Bylaws) contain differing language and will undergo a review in the coming months.

   Motion: Commissioner Gale Dugan moved to refer the FY2027 Corporate Compliance Plan to the Full Board for approval, and Beth Johnston supported the motion.

   All in favor; Motion adopted.
5. **Updates on Prior Meeting Topics**
   a. Plans for dissolution of CEO Search Committee – Board Chairperson Alice Kelsey will make a recommendation to the full board to dissolve the CEO Search Committee as they have completed their work in selecting a new CEO.

b. Executive Committee approval of outstanding Search Committee minutes – The Executive Committee reviewed the following minutes:
   - 08/14/2026
   - 08/21/2026
   - 09/14/2026

Motion: Commissioner Gale Dugan moved, and Commissioner Maek DeYoung supported, that the minutes of 08/14/2026, 08/21/2026, and 09/14/2026 be approved as presented.

All in favor; Motion adopted.

6. **Chief Executive Officer Items – Witte**
   a. The committee reviewed key board tasks due for completion in October:
      - The QI Plan has been pushed to November – for 2026 only
      - The addition of the Corporate Compliance Plan will also be updated to the October board tasks calendar for future awareness.
   b. CEO Transition Planning – Mr. Witte mentioned that he is working with incoming CEO, Dr. Jeana Koerber. Dr. Koerber has been shadowing over the past few weeks and will continue to do so until his return from planned PTO on 11/15/2026. Mr. Witte mentioned that they have been interviewing candidates for the COO position currently held by Dr. Koerber in preparation for her to transition into her role as CEO. Dr. Koerber provided the committee with an update on the interview process so far and they have narrowed their selection down to two candidates for second round interviews to be conducted next week.
   c. Pending Items – Koerber
      - Impact of same-day access on demand – to be addressed in Program Committee. Dr. Koerber informed the committee that she plans to have an updated provided sometime in either November or December.
      - Discussion on efficiency – to be addressed after CEO search process is complete. - Dr. Koerber informed the committee that she is excited to have Louis Marx on board as our Health Care Information Manager and that Louis has been able to build a tool for Managers/Supervisors to use in real time to help meet team efficiency goals.
   d. Briefing on other agency issues as warranted or requested
      - Update for CHMA Fall Conference – Mr. Witte provided an overview of important times and meetings that will be held during this year's Fall CHMA Conference.
      - Update from CARF exit audit- Mr. Witte provided the committee with an overview from the CARF auditors and that we are awaiting our final report.
      - Board of Commissioners' presentation - Mr. Witte informed the committee that he will be presenting at his final Board of Commissioners meeting on Thursday October 22, 2026 at 9:00am. He does plan to have Dr. Koerber join him so he can make introductions.

7. **Discussion Items Requested by Members**
   a. Commissioner Dugan suggested the committee listen to a broadcast on WHTC – Talk of the Town pertaining to Ottawa county's (mental health) millage.

b. Commissioner Mark DeYoung had asked about the current situation regarding CHIP. Mr. Witte did provided feedback regarding the progress and the future of the group.

8. **Next Meeting Date/Time** – Friday, November 13, 2026 at 2:30pm
9. **Adjournment**

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

10. **Meeting adjourned** at 3:55pm

Submitted by Dawn Sisson
October 16, 2026

OnPoint
Caring for Allegan County

ONPOINT BOARD
Committee & Board Meetings 2027

Location: All meetings are held at OnPoint, 540 Jenner Dr., Allegan, MI 49010
OnPoint website: www.onpointallegan.org

Committee	Meeting Date	Time	Board Members
Recipient Rights Advisory Committee Hopkins Conference Room	March 16 June 15 September 21 December 21	3:30 pm	Pastor Craig VanBeek, RRAC Chair , RRAC Vice Chair Kim Bartnick Pam Brenner Jessica Castañeda Gale Dugan John Clark Rhoda Yutzy-Ryan
Finance Committee Hamilton Room	January 19 February 16 March 16 April 20 May 18 June 15 July 20 August 17 September 21 October 19 November 16 December 21	4:30 pm	Beth Johnston, Chair (Board Treasurer) Krystal Diel, Vice Chair (Board Vice Chair) Mark DeYoung (Board Secretary) Gale Dugan Alice Kelsey (Board Chair)
Program Committee Board Conference Room		4:15 pm	Jessica Castañeda, Chair Kim Bartnick, Vice Chair Debra Morse Karen Stratton Marcia Kerber John Clark
Full Board Meeting Board Conference Room		5:30 pm (or as soon as committee meetings have ended)	Alice Kelsey, Board Chair Krystal Diel, Board Vice Chair Beth Johnston, Board Treasurer Mark DeYoung, Board Secretary Gale Dugan, Immediate Past Board Chair Kim Bartnick Jessica Castañeda Krystal Diel Marcia Kerber Debra Morse Karen Stratton John Clark Rhoda Yutzy-Ryan
Executive Committee Hamilton Room	January 15 February 12 March 12 April 16 May 14 June 11 July 16 August 13 September 17 October 15 November 12 December 17	2:30 pm	Alice Kelsey (Board Chair) Krystal Diel (Board Vice Chair) Beth Johnston (Board Treasurer) Mark DeYoung (Board Secretary) Gale Dugan (Immediate Past Board Chair)
Nominating Committee	Meets as needed		Krystal Diel, (Board Vice Chair) Jessica Castañeda

❖ Other ad-hoc committees meet on an as-needed basis.

Revised 09.21.2026

Chief Executive Officer Report for November 2026

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

AGENCY

CARF – On October 30, CARF informed our QI Director, Megan Ford, that we have been awarded a full three-year reaccreditation. This is great news, which will be followed by a full report from their early October visit. In that report, we may see a few recommendations that will require plans for improvement to meet standards – nothing unusual in that. My thanks again to the QI team that led the effort – Megan Ford and her staff – and to the board members who participated in the process by completing surveys or speaking with the team when they were here.

Compliance/Privacy Officer – As noted last month, November marks the end of our contract relationship with Diane Bennett as our Compliance/Privacy Officer. We give our formal thanks to Diane here for her support for OnPoint's work.

BOARD

CEO Transition – With the board having approved a CEO contract agreement with Dr. Jeana Koerber, we now shift to the business of transition. As noted in my report last month, Jeana joined me at most of the meetings and events I attended in the community and with regional/statewide entities. She now begins to assume the acting CEO role starting 11/16/26, while I focus on supporting her transition and doing the parts of the job that I must do through 1/8/27. We have successfully hired a new COO who also starts on 11/16/26 – details on that new hire will be provided at the November board meeting. It will be a busy month and a half of transition activities!

COMMUNITY

Community Events – Our staff have been active this month in staffing a table at the Allegan County Veterans Stand Down on 10/22/26 and the annual Trunk or Treat event at MDHHS. Look for a report (and perhaps photos in the next Customer Services report).

STATE

Election Notes – The Community Mental Health Association of Michigan (CMHA) provided the following summary from the 11/3/26 elections (I am providing only excerpts focused on state results):

> ***2026 Michigan Election Recap: Democrats Sweep Statewide Races and Take Control of Legislature***
> *Michigan voters delivered a decisive victory for Democrats in Tuesday's general election, sweeping major statewide races, expanding their majority in the Michigan Senate, flipping control of the Michigan House, and picking up key congressional seats. The results reflected a broader national shift toward Democrats, fueled in part by voter dissatisfaction with President Donald Trump and concerns over rising costs and affordability.*
> ***Governor:** Democrat Jocelyn Benson defeated Republican John James, becoming the first Democrat elected to succeed another Democratic governor in Michigan since 1960. Benson will replace term-limited Governor Gretchen Whitmer in January 2027.*
> ***----***
> ***Michigan State Senate:** Democrats expanded their majority in the Michigan Senate, picking up three additional seats and increasing their advantage from 20–18 to **23–15***

heading into the 2027–2028 legislative session. Several competitive races resulted in Democratic victories, including the defeat of two incumbent Republican senators.

Michigan State House: *Democrats regained control of the Michigan House of Representatives, picking up* ***11 seats and securing a 63–47 majority****, a significant shift from the previous 58–52 Republican majority. Democrats defeated 10 Republican incumbents and flipped an additional open seat. Some of the notable victories included:*

Looking Ahead: *The election results will significantly reshape Michigan's political landscape heading into 2027. With Democratic control of the governor's office and both chambers of the Legislature, the incoming Benson administration will have an opportunity to advance its policy priorities. For Michigan's public behavioral health system, the transition presents an important opportunity to engage the new administration and legislative leadership on Medicaid funding, strengthening the public mental health system, and protecting local accountability.*

NATION

As a follow-up from last month's report: We did receive our scores from the HRSA grant application for which I reported last month that OnPoint was not selected. In their communication, HRSA stated: "*Your application was evaluated and scored by an external panel of reviewers selected by HRSAs Division of Independent Review (DIR) based on their training and experience, and absence of conflict of interest. Their evaluation was based on the review criteria stated in the notice of funding opportunity announcement. Unfortunately, your application did not score in the fundable range for this competitive process.*" The rating sheets showed that we received 97 out of 100 points. With such a high score falling outside the fundable range, one can only wonder where the fundable scoring range began.

FINALLY

This is the final report I will write for you as part of my time with you at OnPoint because Dr. Koerber will write the December 2026 report as part of her onboarding tasks.

My final written message to you is this: It has been a privilege to serve Allegan County and to work under you as their appointed representatives. I appreciate every courtesy and consideration you've provided me, and for the trust you've placed in me to lead the noble work of OnPoint. I ask that you provide Jeana with that same level of confidence and trust and to provide her with the resources and support for our staff to do excellent work on behalf of the people of Allegan County. Thank you.

Submitted by Mark Witte
Chief Executive Officer
November 6, 2026