

Annual Presentation for the  
**Allegan County**  
**Board of Commissioners**

**July 10, 2025**



At 540 Jenner Drive – as of 5/8/23



# Mission Vision Values

## Mission

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

## Vision

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

## Values

**Integrity, Inclusivity, Honor, Equality, Humility, Innovation, Teamwork, and Cultural Competence**

# Allegan County News

May 14, 1969

## Mental Health Board Organized In County; To Launch Attack On Mental Health Problems

By Mary A. Simons

Allegan County is preparing to launch a full-scale attack on ever increasing mental health problems.

Coinciding with the beginning of National Mental Health Month Allegan supervisors announced May 1 the formation of their first Community Mental Health Services Board.

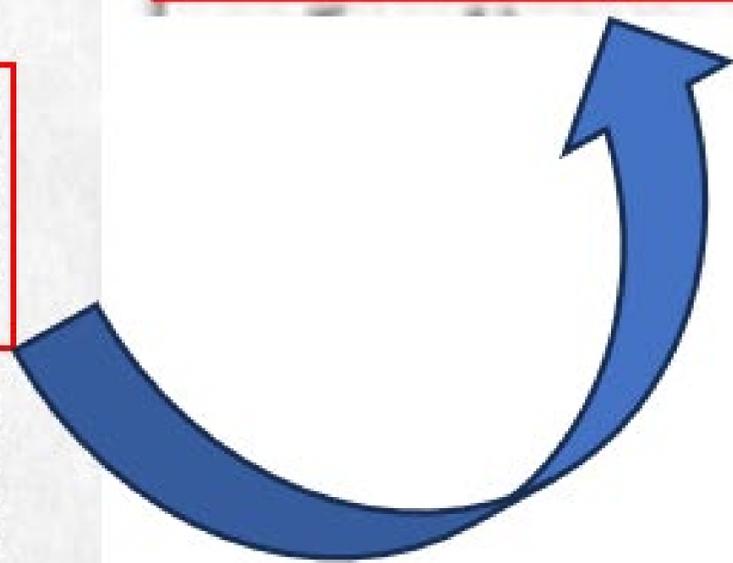
Less than three years after a volunteer committee of concerned citizens inaugurated psychiatric services in the county by bringing in extension clinics on an experimental part-time basis, county officers, convinced by the increasing numbers of

Allegan, has been employed by the board as executive secretary and office manager. The board is currently considering applications for the position of program co-ordinator.

Board Chairman Kyes said the ultimate goal of a projected Community Community Mental Health Center is to provide comprehensive mental health services for the entire county.

In line with this plan, development of the following services is in the offing: in-patient and out-patient care, emergency diagnosis and treatment, and after care (for county patients released from state hospitals).

Board Chairman Kyes said the ultimate goal of a projected Community Community Mental Health Center is to provide comprehensive mental health services for the entire county.



What's new with  **OnPoint?**  
Caring for Allegan County

**1. Internal Changes**

**2. National Changes**

**3. Potential State Changes**

What's new at  **OnPoint?**  
Caring for Allegan County

# 1. Internal Changes

**Current**  
**OnPoint**  
Caring for Allegan County  
**Board**  
**Members**



Alice Kelsey,  
Chairperson



Glen Brookhouse,  
Vice-Chairperson



Beth Johnston,  
Treasurer



Mark DeYoung,  
Secretary



Kim Bartnick



Jessica Castañeda



Krystal Diel



Gale Dugan



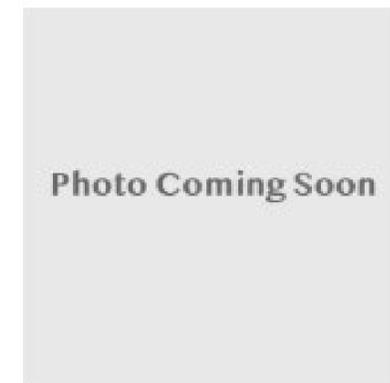
Jane LaBean



Debra Morse



Karen Stratton



Vacant

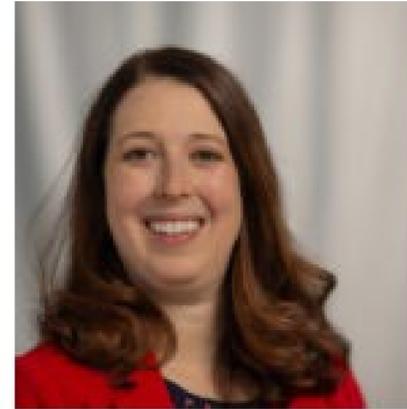
**Current**



**Management  
Team  
Members**



**Mark Witte**  
Chief Executive Officer



**Jeana Koerber**  
Chief Operations Officer



**Andre Pierre**  
Chief Administrative Officer



**Meagan Hamilton**  
Executive Assistant



**Bonnie Sexton**  
Director of Human  
Resources



**Geniene Gersh**  
Director of Evidence-  
Based Programs



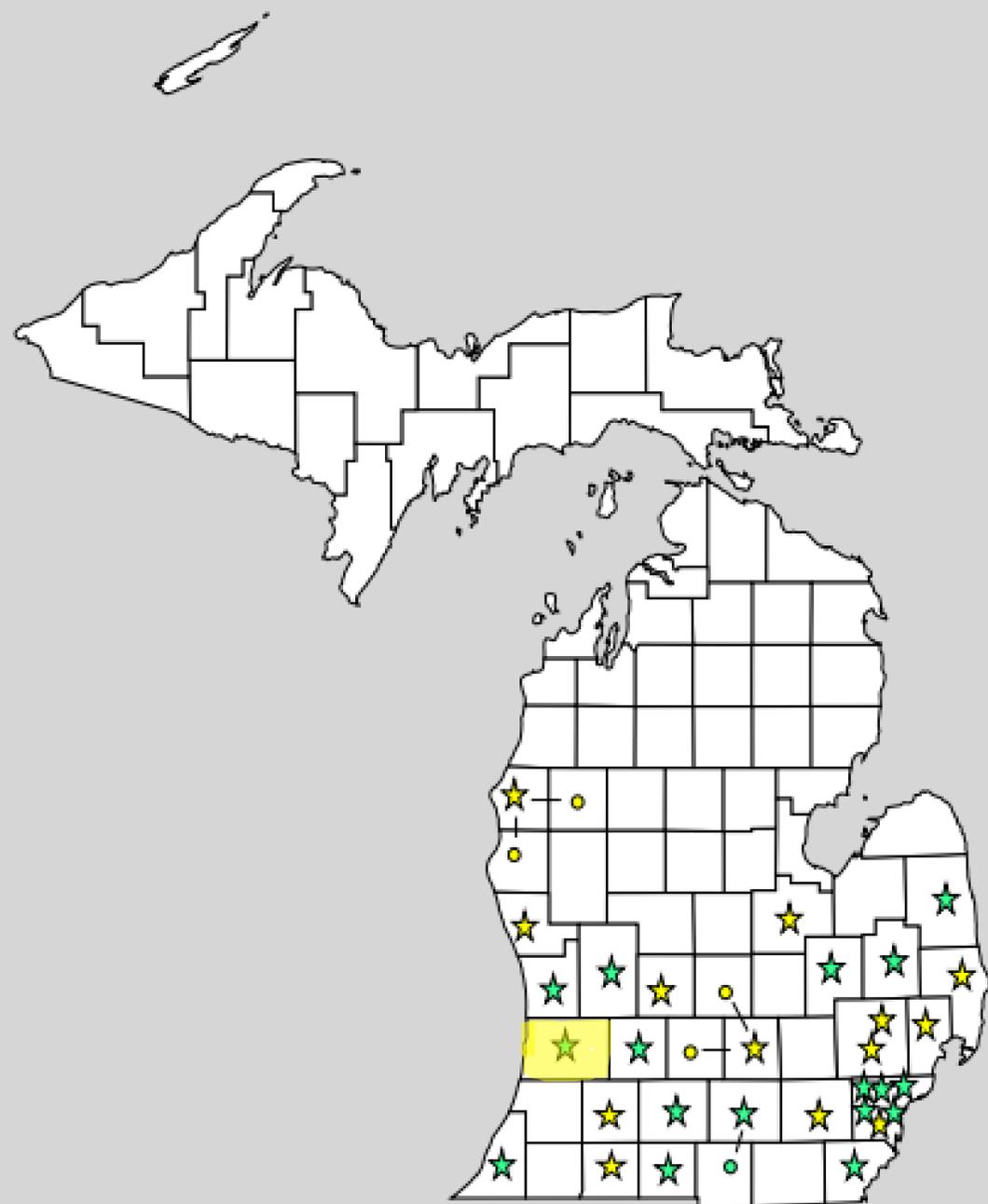
**Matthew Plaska**  
Director of Quality  
Innovation



**Erinn Trask**  
Chief Financial Officer

# Michigan's CCBHC Demonstration Sites

October 2023



- ★ Original CCBHC Demo Sites
- ★ New CCBHC Demo Sites (October 1, 2023)
- Satellite Site

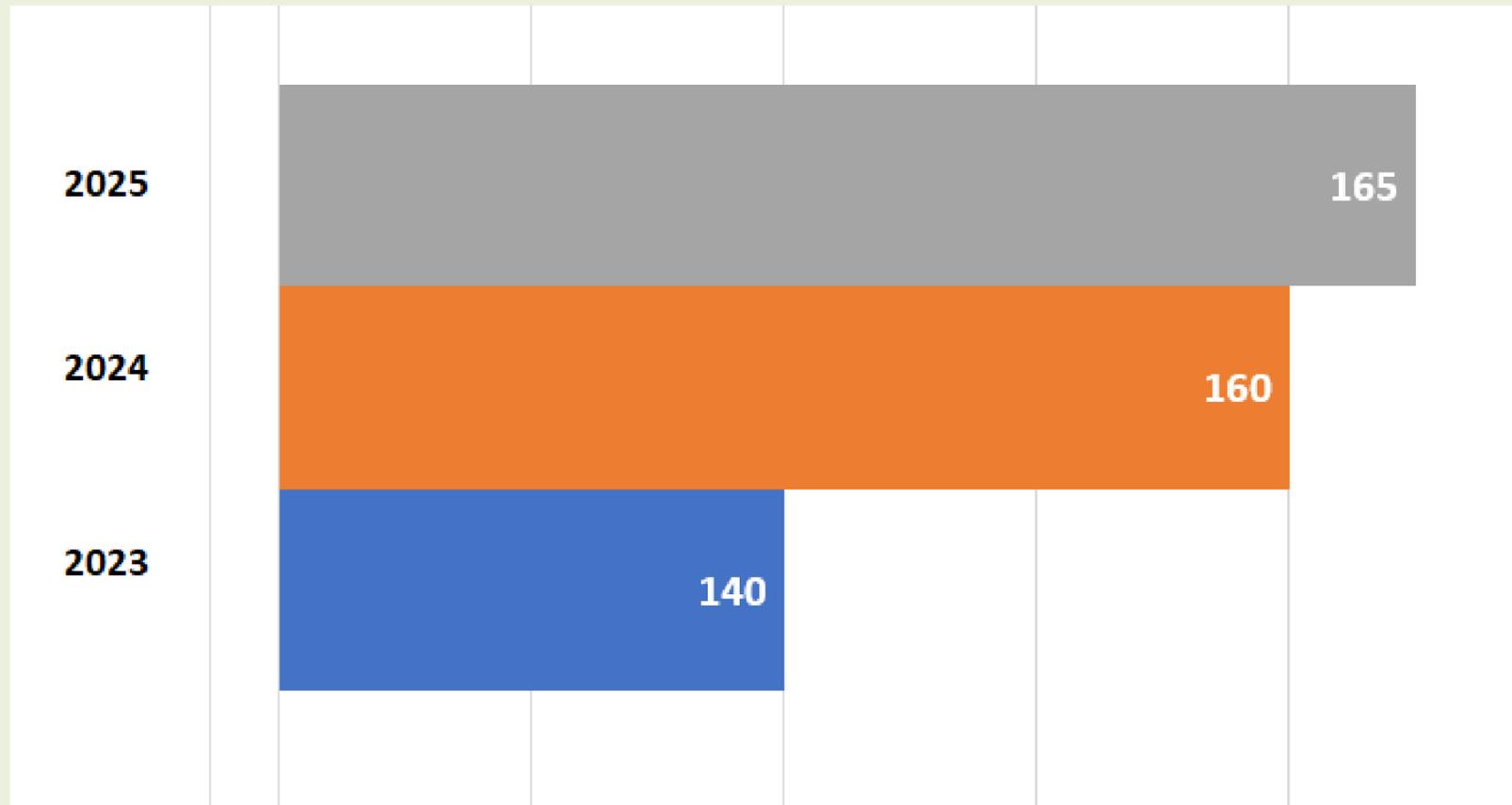
- Arab Community Center for Economic and Social Services (Wayne)
- Barry County CMH Authority (Barry)
- CEI CMH (Clinton, Eaton, Ingham)
- CNS Healthcare (Oakland)
- CNS Healthcare (Wayne)
- Community Mental Health of Ottawa County (Ottawa)
- Development Centers, Inc. (Wayne)
- Easter Seals Michigan (Oakland)
- Elmhurst Home (Wayne)
- Genesee Health System (Genesee)
- HealthWest (Muskegon)
- Integrated Services of Kalamazoo (Kalamazoo)
- Lapeer County Community Mental Health (Lapeer)
- LifeWays (Jackson and Hillsdale)
- Macomb County CMH (Macomb)
- Monroe Community Mental Health Authority (Monroe)
- Network180 (Kent)
- **OnPoint (Allegan)**
- Pines Behavioral Health Services (Branch)
- Pivotal (St. Joseph)
- Riverwood Center (Berrien)
- Saginaw County CMH (Saginaw)
- Sanilac Community Mental Health (Sanilac)
- Southwest Counseling Solutions (Wayne)
- St. Clair County CMH (St. Clair)
- Summit Pointe (Calhoun)
- The Guidance Center (Wayne)
- The Right Door (Ionia)
- Washtenaw County CMH (Washtenaw)
- West Michigan CMH (Mason, Lake, Oceana)



OnPoint is  
**Allegan County's  
CMH**  
and a  
**Certified Community  
Behavioral Health  
Clinic (CCBHC)**  
which opens our  
doors to **everyone** in  
Allegan County



# Staffing

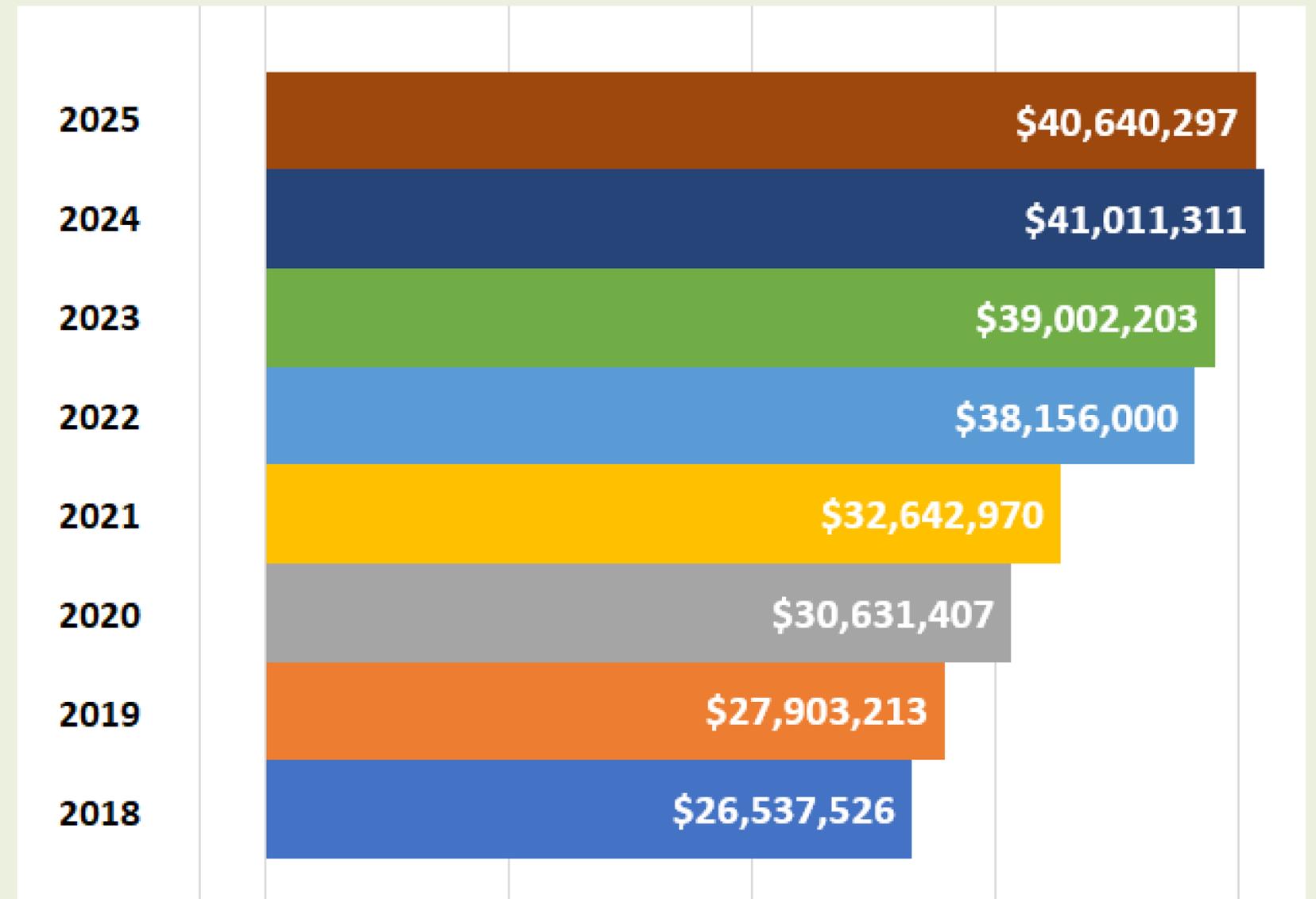


We've grown to meet our responsibilities – and the strong demand of our community for service – after becoming a CCBHC and making services available to everyone who has a need.

And we have several more positions posted.

# Budgetary

- Medicaid Program Increase
  - Actuarial Rate Adjustments
- Competitive Grants
  - SAMHSA – CCBHC Implementation
  - State of MI – CCBHC Demonstration
  - HRSA – Rural Opioid Tx Access
  - HUD – Homelessness Intervention



What's new at  **OnPoint?**  
Caring for Allegan County

## **2. National Changes**

# Public Law 110-21 (HR 1 as Adopted)

- *Medicaid is unique to each state*
  - *States submit “waivers” that have been approved over the years*
- *Many impacts on Michigan’s Medicaid Program*
  - *Consequently, also for people OnPoint serves*
    - on their physical health care as well as their behavioral health needs*
- *Number 1 impact – Fewer people on Medicaid*
  - *Not necessarily fewer people showing up for urgent/emergent care*

# Public Law 110-21 (HR 1 as Adopted)

- *Anticipated market effects:*
  - *Fewer insured people → more uninsured people*
  - *Uninsured → wait until needs are extreme to get help*
  - *Risks of losses from unreimbursed care → reluctance of providers to enter/stay in a rural market*
  - *Providers that stay will → offset uninsured losses from insured patients through cost increases; insurers typically shift risk by burdening patients with narrower coverage, higher premiums and/or higher copays.*

# Public Law 110-21 (HR 1 as Adopted)

- *Anticipated enrollment impacts:*
  - *Shorter enrollment window → fewer insured people*
  - *Risk of errors as 50 states establish 50 new systems to:*
    - *Verify social security numbers each monthly*
    - *Check federal death master file quarterly to assure enrollees are alive*
    - *Redetermine/re-establish eligibility every 6 months*
    - *Document 80 hr/mo work requirements (some exceptions)*
    - *\$35/service copays (some exceptions)*

# Public Law 110-21 (HR 1 as Adopted)

- *Anticipated financing issues:*
  - *Federal match reduced 10% for states that give healthcare to non-legal adults (even if only on the state dime)*
  - *Forced reduction over time of provider taxes to boost revenues*

# Public Law 110-21 (HR 1 as Adopted)

## What I'm keeping in mind:

1. Changes happen over time (up to 10 years) and may be modified or reversed by future laws.
2. Congress gave latitude to administration on how to implement the law. Vigilance will be needed.
3. Lawsuits are likely. No false hopes but no surprise if parts of the law are blocked.

# Public Law 110-21 (HR 1 as Adopted)

## What I'm keeping in mind:

4. Medicaid for general healthcare is way bigger than mental health. CMH funding must be “actuarially sound”. Even if MI gets less federal money, CMH’s must receive adequate funding or MDHHS must reduce benefits without increasing reliance on hospitalization.
5. PL 110-21 doesn’t change Michigan’s benefit plan. Federal waivers continue in force.

# Public Law 110-21 (HR 1 as Adopted)

## What I'm keeping in mind:

6. MI's Medicaid expansion under the ACA covers those ineligible for Medicaid (e.g., single childless adults). Some states will automatically eliminate their expansion when federal funds drop. Not Michigan.
7. None of this distracts us from our responsibility to:
  - (a) serve our community as fully as possible and
  - (b) achieve higher efficiency and productivity in all of our operations.

What's new at  **OnPoint?**  
Caring for Allegan County

# 3. Potential State Changes

# Press Release

**FOR IMMEDIATE RELEASE:** Feb. 28, 2025

**CONTACT:** Lynn Sutfin, 517-241-2112, [SutfinL1@michigan.gov](mailto:SutfinL1@michigan.gov)

## **MDHHS launches initiative to strengthen behavioral health care access, quality and choice for Michigan families**

*Online survey offered to identify opportunities and improvements to Medicaid behavioral health services prior to selecting Pre-Paid Inpatient Health Plans*

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is launching an initiative designed to improve access to quality behavioral health care. As part of this effort, MDHHS is seeking public input through an online survey as the department moves to a competitive procurement process for the state’s Pre-Paid Inpatient Health Plan (PIHP) contracts.

This initiative will help to increase consumer choice and access to services while preserving the Community Mental Health Services Programs (CMHSPs) many Medicaid beneficiaries go to for behavioral health care services today.

“Michigan Medicaid beneficiaries deserve access to behavioral health care services when and where they need them,” said Elizabeth Hertel, MDHHS director. “This effort brings together the investment, creativity and commitment of the department and its partners – including community mental health, health care providers, individuals served and communities – to create a more accessible and person-centered system of care dedicated to ensuring Michigan residents a healthier future.”

Michigan’s specialty behavioral health system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with PIHPs as the regional Medicaid managed care entity.

PIHPs are charged with providing adequate supports and services to those in need of the specialty behavioral health benefit and are key to achieving the department’s mission to improve the health, safety and prosperity of residents. PIHPs manage provider networks including CMHSPs and behavioral health providers.



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

**FOR IMMEDIATE RELEASE:**  
May 23, 2025

**CONTACT:** Lynn Sutfin  
517-241-2112  
[SutfinL1@michigan.gov](mailto:SutfinL1@michigan.gov)

## **MDHHS releases results of behavioral health care survey and details related to PIHP procurement requirements**

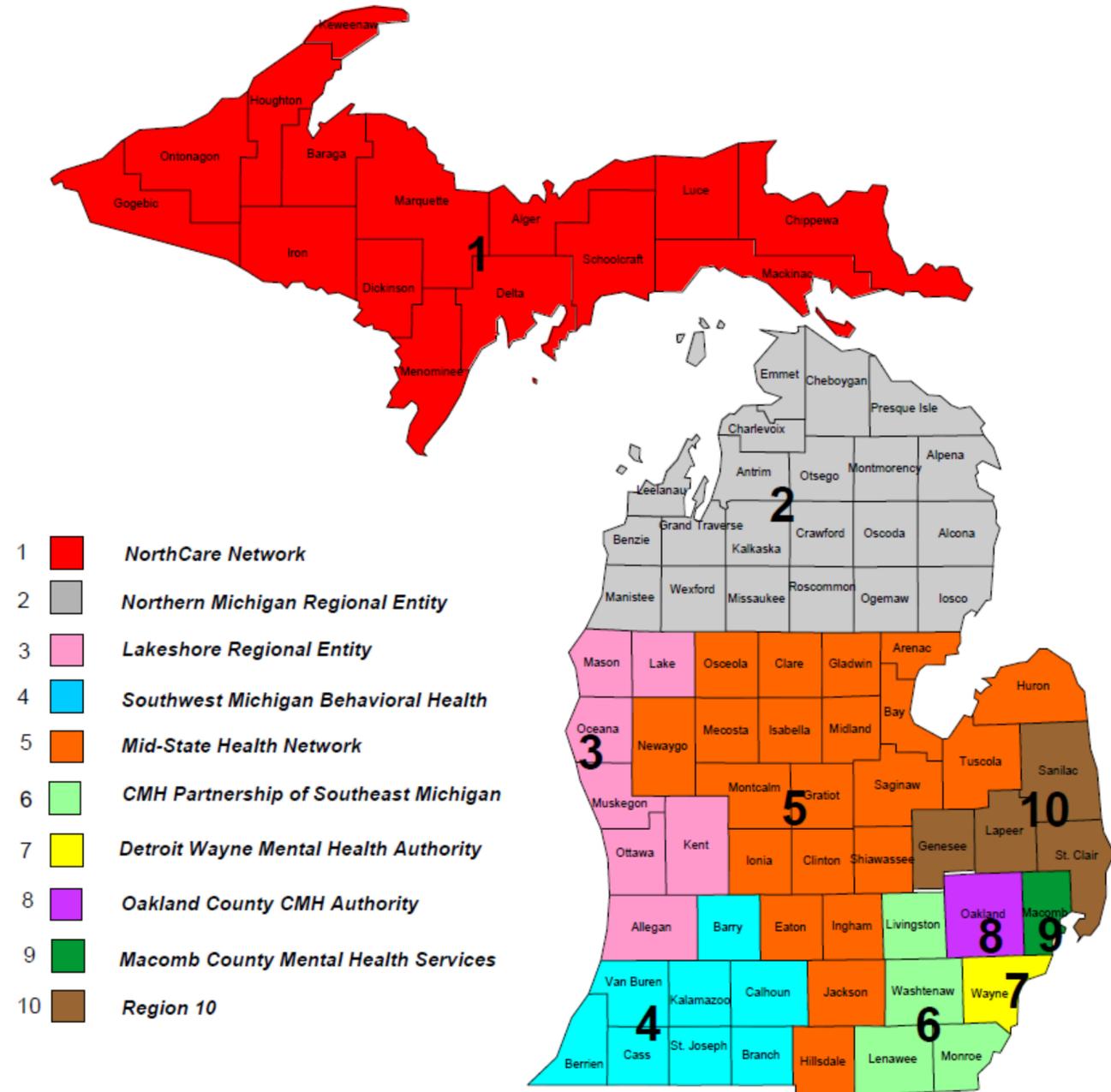
LANSING, Mich. - The Michigan Department of Health and Human Services today released results from its recent survey about behavioral health care as well as information about an upcoming competitive procurement process for the state’s Prepaid Inpatient Health Plan (PIHP) contracts.

Michigan’s specialty behavioral health care system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with regional PIHPs to manage and deliver these Medicaid-covered services in communities across the state.

PIHPs are responsible for making sure people receive the behavioral health care services and support they need and manage the network of behavioral health care providers including Community Mental Health Service Providers. They play a vital role in helping the department achieve its mission to improve the health, safety and prosperity of residents.

Through a competitive procurement process, MDHHS will select PIHPs to contract with the state to provide managed care functions for the specialty behavioral health care services.

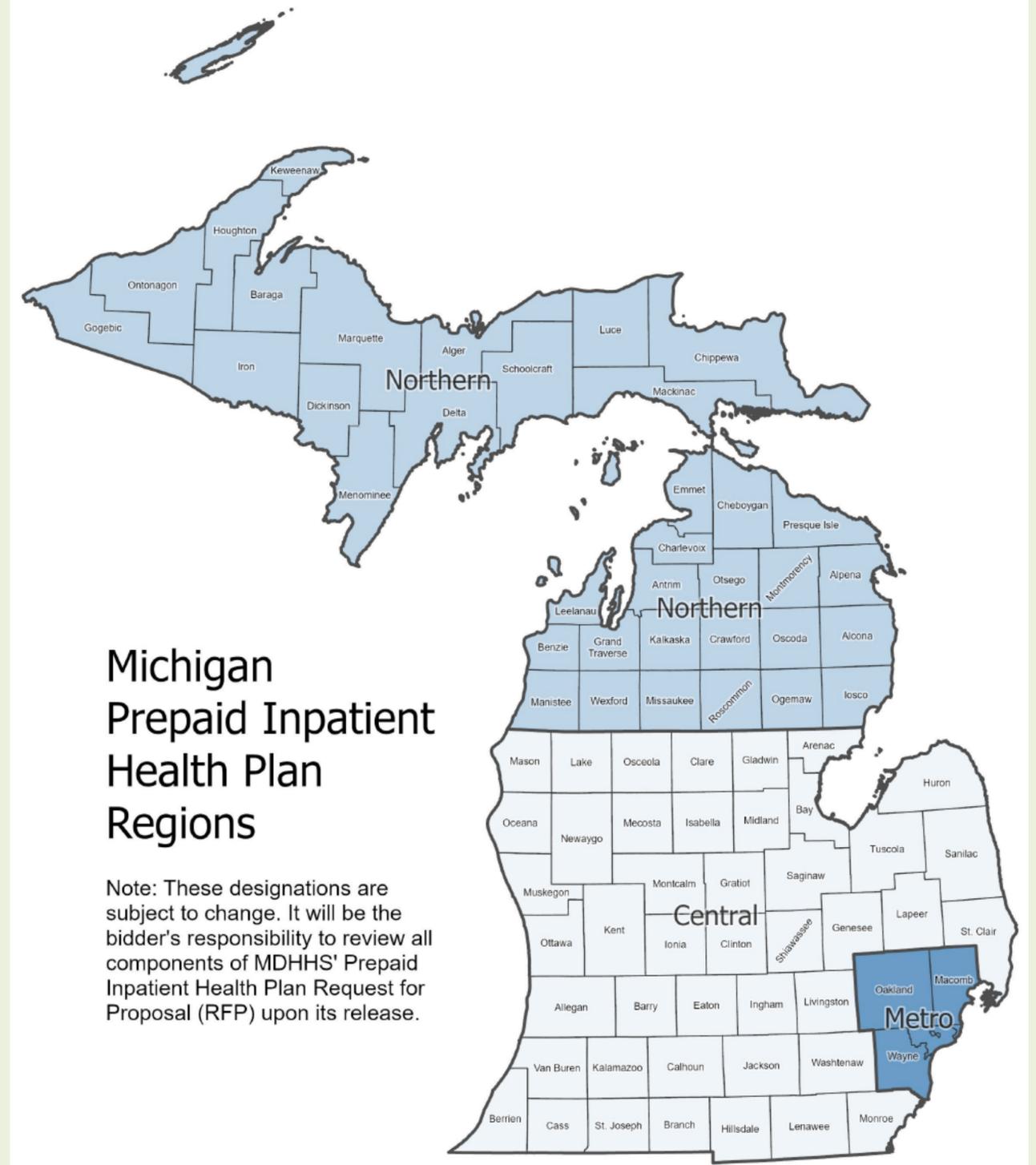
Effective January 1, 2014, Michigan has ten (10) PIHPs, responsible for managing the Medicaid resources for behavioral health and intellectual/developmental disabilities services for Medicaid and Healthy Michigan enrollees.



OR

### Michigan Prepaid Inpatient Health Plan Regions

Note: These designations are subject to change. It will be the bidder's responsibility to review all components of MDHHS' Prepaid Inpatient Health Plan Request for Proposal (RFP) upon its release.



MDHHS plans to issue a request for proposals (RFP) for Pre-Paid Inpatient Health Plans (PIHPs) the summer of 2025 with the goal of a service start date Oct. 1, 2026.

## Anticipated contract requirements for PIHP procurement

### 1. Operate exclusively as a payor entity, fully independent from providers. Including:

- Contractors are expected to provide managed care functions to enrollees. Managed care functions include, but are not limited to, eligibility and coverage verification, utilization management, network development, contracted network provider training, claims processing, activities to improve health care quality, and fraud prevention activities. Contractors may not directly provide or deliver health care services beyond these managed care functions;
- Contractors may not delegate managed care functions to contracted provider entities;
- Contractors must establish and maintain governance for the payor entity that is fully independent of and distinct from any providers with which they contract for Medicaid-covered services, as well as from any owners holding direct or indirect interests in those providers. This governance responsibility includes, but is not limited to, overseeing daily operations, implementing quality protocols, and managing consumer complaints, in accordance with the conflict-of-interest safeguards and ownership disclosure requirements under 42 CFR § 455 Subpart B; and,
- Contractors must have a separate and distinct board structure that is not shared with any contracted provider entity. The board must prioritize meaningful representation from persons served, recognizing their unique insights and lived experience as vital to guiding governance and ensuring decisions reflect the needs and perspectives of those the payor entity serves.

### 2. Have a non-profit organizing structure. Contractors must be considered a nonprofit organization<sup>1</sup>. Additionally, to support public value and encourage collaborative governance, this RFP will grant additional consideration to proposals submitted by:

- **Public Entities** (e.g., municipal agencies, public universities)
- **Public-Private Partnerships (PPPs)** that demonstrate clear governance, risk-sharing, and public benefit.

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<sup>1</sup> Additional guidance on the definition of a non-profit is forthcoming

### 3. Have National Committee for Quality Assurance (NCQA) accreditation. Contractors with accreditation must provide proof of accreditation status. Contractors that are not currently accredited must provide a detailed plan to obtain NCQA accreditation by October 1, 2027.

### 4. Submit a Regional Proposal. Bidders must submit proposals by region as defined in the RFP, not by individual counties. Bidders may bid on more than one region; however, only one proposal submission is required when bidding on more than one region. Bidders must demonstrate the ability to be fully operational across the entire geographic area of the region for which they are submitting a proposal. Bidders that cannot provide services throughout the entire region will not be considered.

# Thank You!

**MAC**  
MICHIGAN ASSOCIATION OF COUNTIES

110 W. Michigan Ave., Suite 200  
Lansing, MI 48933  
517-372-5374 Fax 517-482-4599  
www.micounties.org  
**Stephan W. Currie, Executive Director**

May 15, 2025

Hon. Gretchen Whitmer  
Governor of Michigan  
111 S. Capitol Ave.  
Lansing, MI 48933

Re: Opposition to MDHHS proposal to bid out PIHP contracts

Dear Gov. Whitmer,

I am writing to express the Michigan Association of Counties' (MAC) strong concern regarding the Michigan Department of Health and Human Services (MDHHS) proposal to solicit bids for the state's Prepaid Inpatient Health Plan (PIHP) contracts. This initiative threatens to privatize the management of Michigan's public mental health system, potentially shifting oversight from locally governed, county-based entities to private for-profit or nonprofit health plans. Such a change could undermine service access and quality, erode local governance and reduce transparency.

S T A T E O F M I C H I G A N

BOARD OF COMMISSIONERS OF THE COUNTY OF ALLEGAN

**BOARD OF COMMISSIONERS - OPPOSES THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES' (MDHHS) PLAN**

**WHEREAS**, the State of Michigan currently operates a publicly managed and community-based system for the delivery of specialty behavioral health services through 10 Prepaid Inpatient Health Plans (PIHPs), which are responsible for managing Medicaid mental health, developmental disability, and substance use disorder services; and

**WHEREAS**, the current PIHP system has consistently demonstrated value, local accountability, and community engagement, while successfully managing costs and improving health outcomes for vulnerable populations; and

**WHEREAS**, the Michigan Department of Health and Human Services (MDHHS) recently announced plans to initiate a competitive procurement process for the management of PIHP functions, which may open the door to private, non-



## **Resolution of the OnPoint Board of Directors on the Proposed Bid-Out of PIHP Services by MDHHS**

The Board of Directors of OnPoint, in a meeting of the Board of Directors that was duly noticed, called, and at which a quorum was present to conduct business and which was held on June 17, 2025, hereby takes the following actions and resolutions regarding the proposed bid-out of Pre-Paid Inpatient Health Plan services by the State of Michigan:

**WHEREAS**, the State of Michigan currently operates a publicly managed and community-based system for the delivery of specialty behavioral health services through 10 Prepaid



# Protecting People Over Profit

Public Management of Michigan's Behavioral Health System



On February 28, 2025 the Michigan Department of Health and Human Services (MDHHS) announced that they are seeking public input through an online survey as the department moves to a competitive procurement process for the state's Pre-Paid Inpatient Health Plan (PIHP) contracts. **Our concern is that such bid-out plans, in the past, have opened the door to the privatization of Michigan's public mental health system.**

## Unmandated Competitive Procurement: A Risky Proposal That Adds Chaos to Care



Potential funding cuts on the horizon



Disrupts care and creates confusion for those relying on critical services



Procurement process is NOT being driven by Federal rules or requirements

Sufficient Funding



Ensure & Enhance Local Voice



Reduce Administrative Overhead



Increase Workforce & Network Capacity

### • Sufficient Funding

Funding for the core mental health and I/DD services has remained FLAT over the past 5 fiscal years (including \$0 general fund increase) while medical inflation has increased by over 10%\* and Medicaid expenses have increased by nearly 25%. **Inadequate funding leads to shortages in available services, long wait times, and a lack of quality mental health providers.**

### • Ensure & Enhance Local Voice

Only a publicly managed system protects local input. **Privatization removes people's power, shifting care decisions to out-of-state boards with no direct ties to Michigan communities.**

### • Reduce Administrative Overhead

Collectively PIHPs have a MLR (Medical Loss Ratio) of 96.3%. The **ONLY** way to reduce layers and ensure more money goes directly into services is by reducing administrative overhead, which has dramatically increased over the past 5 years. **More bureaucracy means longer wait times, more hoops to jump through, and fewer resources for essential care.**

### • Increase Workforce & Network Capacity

3/4 of Michigan's public mental health organizations are experiencing workforce gaps despite salary increases or retention bonuses. Top reasons people leave the public mental health field: (1) too much paperwork / administrative hoops to jump through, and (2) better pay and work life balance. **A shortage of mental health workers means longer wait times, fewer available services—leaving Michigan's most vulnerable without the support they need.**

\*According to the U.S. Bureau of Labor Statistics

## WHAT IS MDHHS PROPOSING?

The Michigan Department of Health and Human Services (MDHHS) has released a **Request for Proposals (RFP)** for restructuring the state's Prepaid Inpatient Health Plan (PIHP) system. The proposal would:

- Redraw the state from **10 PIHP regions down to three**
- **Remove local decision-making authority** from current PIHPs and CMHSPs (Community Mental Health Services Programs)
- Allow new regional entities – including **private health plans** – to manage Medicaid Specialty behavioral health funding and services
- **Reduce/eliminate local decision making** for the county governments related to Medicaid Specialty behavioral health services in their communities

As currently written, **existing PIHPs would not be eligible to submit a proposal** without significant reorganization, effectively dismantling the public mental health system that has existed for over 60-years.

01.

## WHAT ARE PIHPs + CMHSPs, AND HOW DOES FUNDING FLOW THROUGH THEM?

02.

Michigan's public mental health system uses a **county-based model**, where services are delivered locally by **Community Mental Health Services Programs (CMHSPs)** and managed regionally by **Prepaid Inpatient Health Plans (PIHPs)**.

- **PIHPs** are regional entities that **contract with MDHHS** to manage Medicaid behavioral health dollars. They receive funds from the state and distribute them to CMHSPs and other providers, while also handling oversight and reporting.
- **CMHSPs**, like LifeWays, are local public agencies that **provide direct behavioral health services** – such as therapy, case management, crisis care, and supports for people with serious mental illness, developmental disabilities, and substance use disorders. They receive funding from their PIHP to deliver these services in their communities.

In short: **funding flows from MDHHS → PIHPs → CMHSPs**, ensuring that **local agencies make care decisions based on community needs**.

The proposed PIHP procurement would disrupt this structure by removing funding and decision-making from CMHSPs and shifting control to new regional entities – some potentially private or out-of-state.

## WHY IS THIS CONCERNING?

According to the Community Mental Health Association of Michigan (CMHAM), this proposal would:

03.

- **Eliminate local governance and oversight**
- **Disrupt long-standing relationships** between counties, CMHSPs, and PIHPs
- **Allow private, non-local health plans** to control behavioral health funding and service utilization
- **Weaken accountability** by removing requirements to comply with the Open Meetings Act and FOIA
- **Strip consumer voice** by removing mandates for people with lived experience to serve on governance boards

As currently written, **existing PIHPs would not be eligible to submit a proposal** without significant reorganization, effectively dismantling the public mental health system that has existed for over 60 years.

## WHAT IMPACT WILL THIS HAVE ON FUNDING?

04.

- Public PIHPs in Michigan currently operate with an **average administrative cost of 2%**.
- Private health plans – eligible under this proposal – are allowed to keep **up to 15%** for administration and overhead, the federal medical loss ratio standard.
- According to CMHAM, this would result in a **projected \$500 million loss annually** to direct behavioral health services.

(Source: CMHA presentations, June 2025)

## WILL THIS IMPROVE SERVICES?

05.

There is no evidence that this change will improve care. In fact, CMHAM and national data from other states with similar models show:

- **Increased wait times**
- **Lower service quality**
- **Decreased provider rates**
- **High provider turnover and closures**

The proposal is based on a **medical model** that fails to reflect the complexity of behavioral health care and community-based services.

## WHO WILL THIS AFFECT?

This proposal will impact **some of Michigan's most vulnerable residents**, including:

- **Children with serious emotional disturbance (SED)**
- **Adults with serious mental illness (SMI)**
- **People with intellectual or developmental disabilities (I/DD)**
- **Individuals with substance use disorders (SUD)**
- **Families and caregivers who rely on local support systems**

Under the proposed changes:

- These individuals may experience **delays or denials of essential services** due to the loss of local authority to approve care.
- **Critical services** like Community Living Supports (CLS), respite care, and specialized residential services — designed to support people with complex needs — would be harder to access in a centralized or privatized system.
- The system would return to a **fee-for-service model**, which does not work well for behavioral health. It was previously abandoned in 1996 because it led to fragmented care and limited flexibility in meeting individual needs.

A fee-for-service model pays providers for each individual service they deliver — such as a visit, test, or session — based on approved billing codes. While common in medical care, it often fails to meet the needs of behavioral health, where care is ongoing, complex, and less easily billed in isolated units.

06.

## DOES THIS PROPOSAL FOLLOW MI LAW?

As written, the proposal may violate several key Michigan laws:

- **Michigan Mental Health Code**  
Requires local governance, county delegation, and consumer involvement in behavioral health oversight. The new model would remove or severely limit these elements.
- **Michigan Social Welfare Act**  
Establishes the role of county governments in delivering welfare services. The proposal bypasses counties, reducing or eliminating their decision-making role.
- **The Headlee Amendment**  
Prohibits the state from shifting responsibilities to local governments without funding. By restructuring CMHSPs without compensation or input, this may trigger a constitutional conflict.

These concerns have been raised publicly by CMHAM leadership, including CEO Bob Sheehan and Associate Director Alan Bolter, during board and conference presentations in May and June 2025.

Additionally, **MDHHS has not yet submitted this proposal to the Centers for Medicare & Medicaid Services (CMS)** – a required step for federal approval of Medicaid funding changes.

07.

## ISN'T THIS JUST A PAYMENT MODEL CHANGE?

No. This proposal goes far beyond a change in how providers are paid. It would:

08.

- Allow **private, non-local entities** to control public mental health dollars
- Remove **consumer voice** and eliminate requirements for **local board oversight**
- **Privatize** the behavioral health system, favoring bidders with no local presence or track record
- **Undermine** decades of public infrastructure and investment
- **Eliminate transparency and accountability** by removing requirements for public entities to follow the **Open Meetings Act and Freedom of Information Act (FOIA)**

These changes dismantle core principles of Michigan's public mental health system: local control, public input, and transparency.

## WHAT IS CMHAM DOING ABOUT THIS?

CMHAM is actively opposing this proposal and engaging in **legislative advocacy**, urging policymakers to halt the process. They've launched an **Action Alert platform** to help providers, staff, and the public contact their legislators.

09.

You can learn more and participate at:

<https://cmham.org/advocacy/take-action-now>

What's new at  **OnPoint?**  
Caring for Allegan County

**Final Thoughts**

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# Questions or Comments?

**Mark A. Witte, MSW**  
**Chief Executive Officer**  
Cell: 269-615-4893

The logo for OnPoint features a stylized 'O' composed of several overlapping, colorful triangles in shades of blue, green, and purple. To the right of this icon, the word 'OnPoint' is written in a large, blue, sans-serif font.

**OnPoint**  
**Caring for Allegan County**

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