



August 26th, 2025, 4:00 pm
Pivotal Conference Room

- I. Approval of Agenda** *Welcome & Preliminaries: the focus for our meeting.*
- II. Public Comment:** *Guests and visitors can comment, with a maximum of 3 mins. per person.*
- III. Consent Agenda** *Ratification and approval of minutes & non-debatable items ** (L. Rosado)*
 - a. Contracts July/August 2025 pg.2
 - b. Check Register June 2025 pg.4
 - c. Check Register July 2025 pg. 8
 - d. Meeting Minutes June 2025 pg.12
 - e. QIP FY 25 Plan pg.15
- IV. Monitoring Reports** *Assuring Executive and Organizational Performance (10-30 min) (C. Bullock)*
 - a. **Executive Limitations:** *Is the organization operating within the boundaries the Board sets?*
 - i. **V.05 -Financials*** pg. 34
 - 1. Cashflow Analysis pg. 36
 - 2. Investments pg. 37
 - ii. **V.05 – Financials - Policy Revision*** pg. 43
 - iii. **V.04 – Financial Planning and Budgeting*** pg.45
- V. Performance on Ends:** *Is the organization on track with its vision? (C. Bullock)*
 - a. Report on Ends Accomplishments – **Subpart 3*** pg. 47
 - b. Discussion on Implication of Ends Report- N/A
- VI. Board Policy Review** *Do our existing policies reflect the board's current values (L. Rosado)*
 - a. VI.04 Agenda Planning – Liz R pg. 52
 - b. VI.05 Board Chairperson Role – Damon K pg.53
- VII. Board Work on Ends, Linkage Activities, and Board Education (60-150 min) (L. Rosado)**
 - a. Community Health Needs Assessment pg. 55
 - b. FY 26 Strategic Planning pg. 56
 - c. FY 26 Budget
- VIII. Board Decisions (Motions) Actions:** *Only the Board has the authority to make them. (30-60 min) (L. Rosado)*
 - a. **Investment****
 - b. **Compensated Absences Balance****
 - c. **Building Loan****
 - d. **Building Spending Authority****
 - e. **Parking Lot RFP****
 - f. **Bank Signers***
 - g. **Union COLA Ask****
- IX. Communications:** *Keep the Board current on significant events and operations. (10-15 min) (C. Bullock)*
 - a. **Directors' Report** – July/August 2025 pg. 60
 - b. **Strategic Plan FY 25** – Q3 Update pg. 62
 - c. **Provider Letter** – SWMBH/Pivotal pg. 66
 - d. **DHHS Letter FY 23 Closeout** pg. 68
 - e. **Affinity House Advisory Board Agenda** pg. 69
 - f. **Affinity House 5k Board** pg. 71
- X. Process Review and Adjourn:** *How did we use our time, discuss relevant information, and make decisions according to our policies? What will we do in the next meetings to improve our preparation, debate, and process for decision-making? **

***Motion required **Roll Call Vote**

Recess is Available upon request.

IF YOU ARE UNABLE TO ATTEND, PLEASE GET IN TOUCH WITH THE BOARD OFFICE (269-467-1001 x 308). NEXT REGULAR MEETING: SEPTEMBER 30th 2025, 5 PM PIVOTAL BOARD ROOM.

Contracts for Board Meeting 8/26/25

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Clinical Contracts						
Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved
Mendon Community School	J. Cupp	MOU	\$67 per hour for up to 35 hours per week (school year) \$67 per hour for up to 15 hours per week during first two weeks and last two weeks of school	School Based Prevention	7/1/25-6/30/26	
Circle of Friends Camp	J. Cupp	Single Case	\$190 per day	Respite Camp	8/4/25-8/5/25	
Cornerstone Management Group (Cornerstone)	J. Cupp	CLS Services	H2015: \$12.50 H2015:UN: \$12.50 H2015: UP: \$12.50 H2015: UQ: \$12.50 H2015:UR: \$12.50 H2015:US: \$12.50	CLS in Paw Paw Apartments	7/11/25-9/30/25	
Corewell Health	J. Cupp	Inpatient Hospitalization	0100: \$1500	Single Case Agreement	7/6/25-7/15/25	
Heather Teadt	J. Cupp	Mobile Crisis	\$30 per hour	Mobile Crisis	8/4/25-9/30/25	
God's Will AFC	J. Cupp	Specialized Residential	H2016: \$245 T1020: \$120	Specialized Residential	8/14/25	
Non-Clinical Contract						
Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved
Everstream	M. Britton	Phones	\$1343.00 per month	Upgrading Phone	36 Month	
Jergens	C. Bullock	Maintenance	\$6105.00	Bi yearly maintenance	Yearly	
Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved

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Contracts for Board Meeting 8/26/25

Beacon Community Impact Grant	C. Bullock	Grant	\$30,000	Community Health Worker	2025		3
MDHHS	C. Bullock	DHHS Staff	\$75,650	Dedicated DHS staff	FY26		

PIVOTAL				
Disbursements				
June 2025				
*Voided				
Check Date	Check/RM#	Vendor	Amount	Description
06/06/25	RM-00916	BRANDI BELCHER	300.00	Contract-Access
06/06/25	RM-00917	HOLLY CERNY	232.96	Employee Expense Reimbursement
06/06/25	RM-00918	HANNAH ROBERTS	1,980.00	Contract-Mobile Crisis
06/06/25	RM-00919	ST JO CO UNITED WAY	118.00	Employee Donations
06/06/25	RM-00920	TRAYBEE LLC	300.00	Contract-Mobile Crisis
06/06/25	RM-00921	KIF LLC	1,500.00	Contract-Mobile Crisis
06/06/25	RM-00922	BRYANN BOOKS	3,060.00	Contract-Mobile Crisis
06/06/25	RM-00923	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
06/06/25	RM-00924	DONALD LOUIS KITCHEN JR	25.00	Stakeholder Meeting
06/06/25	RM-00925	MIRACLE'S LAWN SERVICE	440.00	Lawn Maintenance
06/06/25	RM-00926	GAGAN S PC	7,725.00	Contract-Psychiatry
06/06/25	RM-00927	DATA GUARDIAN	228.50	Utilities-Shred
06/06/25	RM-00928	WAYNE SIMMONS	26.40	Stakeholder Meeting
06/06/25	RM-00929	REHMANN LLC	23,800.25	Contract-Billing
06/06/25	RM-00930	REBEKAH WAGAMAN	4,156.31	Contract-Mobile Crisis
06/06/25	RM-00931	BRIDGETTE MULVANEY LMSW LLC	3,780.00	Contract-Mobile Crisis
06/06/25	RM-00932	IRIS TELEHEALTH MEDICAL GROUP	17,391.00	Contract-Outpatient
06/06/25	065211	MICHIGAN COUNCIL #25	1,387.40	Employee Dues
06/06/25	065212	SEMCO ENERGY GAS COMPANY	279.87	Utilities
06/06/25	065213	RML3 LLC	1,260.00	Contract-Mobile Crisis
06/06/25	065214	MICHELLE CRITTENDEN LLC	1,980.00	Contract-Mobile Crisis
06/06/25	065215	KONICA MINOLTA PREMIER FINANCE	1,875.25	Copier/Printer
06/06/25	065216	SWICK BROADCASTING COMPANY	900.00	Mental Health Month
06/06/25	065217	VERIZON WIRELESS	3,615.14	Utilities-Employee Cell Phones
06/06/25	065218	GAIL LECOUNT	43.90	Stakeholder Meeting
06/06/25	065219	TWIN COUNTY COMMUNITY PROBATION CENTER	4,035.00	DRC Reimbursement
06/06/25	065220	COMCAST	230.23	Utilities
06/13/25	RM-00933	BRANDI BELCHER	200.00	Contract-Access
06/13/25	RM-00934	CRETSINGER CARE HOMES LTD	21,960.71	Specialized Residential
06/13/25	RM-00935	GRYPHON PLACE	854.78	After-Hours Emergency Services
06/13/25	RM-00936	PINE REST CHRISTIAN MHS	41,963.51	Inpatient Services
06/13/25	RM-00937	HOLLY LAGO LLC	3,208.00	Contract-Mobile Crisis
06/13/25	RM-00938	JETSY BEAN LLC	1,260.00	Contract-Mobile Crisis
06/13/25	RM-00939	ISOLVED BENEFIT SERVICES	78.75	Employee Benefits
06/13/25	RM-00940	DEAR COUNTRY AFC	7,222.00	Specialized Residential
06/13/25	RM-00941	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
06/13/25	RM-00942	GIDDINGS AFC II	11,552.15	Specialized Residential
06/13/25	RM-00943	WMU CENTER FOR DISABILITIES	1,328.25	Autism Provider
06/13/25	RM-00944	AUTISM OF AMERICA LLC	16,509.00	Autism Provider
06/13/25	RM-00945	NYUMBANI AFC	12,337.38	Specialized Residential
06/13/25	RM-00946	GIDDINGS AFC HOME LLC	12,710.00	Specialized Residential
06/13/25	RM-00947	LIFETREE BEHAVIORAL HEALTH LLC	25,293.75	Autism Provider
06/13/25	RM-00948	AUNALYTICS INC	504.00	IT Subscription
06/13/25	RM-00949	WINDSWEPT THERAPEUTIC RIDING	180.00	CLS Provider
06/13/25	RM-00950	RIPPLE EFFECTS AUTISM LEARNING CENTER	40,627.50	Autism Provider
06/13/25	RM-00951	CEDAR CREEK HOSPITAL	9,963.00	Inpatient Services
06/13/25	RM-00952	PLEASANT PINES	41,843.33	Specialized Residential
06/13/25	RM-00953	SUPERIOR CARE OF MICHIGAN	8,015.05	Specialized Residential
06/13/25	RM-00954	FLATROCK MANOR	88,119.39	Specialized Residential
06/13/25	RM-00955	UNITY GROUP II	10,601.62	Specialized Residential
06/13/25	RM-00956	HR ALLIANCE 1 INC	3,385.36	Fiscal Intermediary
06/13/25	RM-00957	RESIDENTIAL OPPORTUNITIES INC	107,717.25	Specialized Residential
06/13/25	RM-00958	COMMUNITY LIVING OPTIONS	28,191.83	Specialized Residential
06/13/25	RM-00959	PLEASANT ACRES LLC	39,264.60	Specialized Residential
06/13/25	RM-00960	THE MEADOWS	36,907.12	Specialized Residential

PIVOTAL				
Disbursements				
June 2025				
06/13/25	RM-00961	FALCO CORPORATION	10,218.84	Specialized Residential
06/13/25	RM-00962	ADAPT INC	294,781.84	Specialized Residential
06/13/25	RM-00963	AGAPE AFC HOME	16,776.27	Specialized Residential
06/13/25	RM-00964	BEACON SPECIALIZED LIVING SERVICES INC	6,114.36	Specialized Residential
06/13/25	RM-00965	ST JOSEPH COMMUNITY CO-OP INC	27,447.25	Day Program
06/13/25	RM-00966	STUART WILSON, CPA PC	18,241.14	Fiscal Intermediary
06/13/25	RM-00967	BRONSON-ACADIA JOINT VENTURE LLC	35,576.00	Inpatient Services
06/13/25	RM-00968	QLER PHYSICIAN MEDICAL GROUP	7,375.00	Contract-Psychiatry
06/13/25	RM-00969	WINGS OF HOPE LLC	22,697.17	Specialized Residential
06/13/25	RM-00970	KINGDOM REST CENTER LLC	19,250.00	Specialized Residential
06/13/25	065221	VICKY MERRILLS	195.86	Employee Expense Reimbursement
06/13/25	065222	INSPIRATION STUDIO DESIGNS	1,030.46	Services/Supplies
06/13/25	065223	WEX BANK	1,023.28	Gas Cards
06/13/25	065224	STRATUS VIDEO LLC	539.01	Interpretive Services
06/13/25	065225	BCA - STONECREST CENTER	10,692.00	Specialized Residential
06/13/25	065226	FRONTIER	488.31	Utilities
06/13/25	065227	FIDELITY SECURITY LIFE (Eye Med)	977.27	Employee Benefits
06/13/25	065228	HOSPITAL NETWORK HEALTHCARE SERVICES	66.78	Inpatient Services
06/13/25	065229	UNITED STATES TREASURY	310.37	06/2024 Tax
06/13/25	065230	COMCAST	401.70	Utilities
06/13/25	065231	INDIANA MICHIGAN POWER	316.87	Utilities
06/13/25	065232	CINTAS CORP	672.95	Supplies
06/16/25	065233	CHASE CARD SERVICES	29,331.64	Credit Card
06/20/25	RM-00971	BRANDI BELCHER	800.00	Contract-Access
06/20/25	RM-00972	ST JO CO UNITED WAY	118.00	Employee Donations
06/20/25	RM-00973	ST JO CO TRANSPORTATION AUTHORITY	2,412.00	Clubhouse Transportation
06/20/25	RM-00974	JETSY BEAN LLC	483.22	Contract-Mobile Crisis
06/20/25	RM-00975	TRAYBEE LLC	620.00	Contract-Mobile Crisis
06/20/25	RM-00976	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
06/20/25	RM-00977	MAPLECREST LLC	3,183.00	Rent-Sturgis
06/20/25	RM-00978	EVERSTREAM SOLUTIONS LLC	500.00	IT Subscription
06/20/25	RM-00979	THE TM GROUP INC	52.50	Consultant
06/20/25	RM-00980	GAGAN S PC	17,098.00	Contract-Psychiatry
06/20/25	RM-00981	PETER CHANG ENTERPRISES INC	12,955.99	PCE
06/20/25	RM-00982	KONICA MINOLTA BUSINESS SOLUTIONS	60.00	Copier/Printer
06/20/25	065234	CITY OF STURGIS	1,691.75	Utilities
06/20/25	065235	MICHIGAN MUNICIPAL RISK MGMT AUTH	37,648.75	Agency Insurance
06/20/25	065236	TBD SOLUTIONS INC	8,483.08	Consultant
06/20/25	065237	WASTE MANAGEMENT OF MICHIGAN	209.75	Utilities
06/20/25	065238	STATE OF MICHIGAN	37,450.00	DFA Payment
06/20/25	065239	CENTURYLINK	142.90	Utilities
06/20/25	065240	VERIZON WIRELESS	184.05	Employee Cell Phones
06/20/25	065241	MILLER JOHNSON	2,711.64	Legal Fees
06/20/25	065242	Client Name	55.90	Client Overpayment Refund
06/20/25	065243	Client Name	29.00	Client Overpayment Refund
06/20/25	065244	Client Name	33.94	Client Overpayment Refund
06/20/25	065245	Client Name	60.00	Client Overpayment Refund
06/20/25	065246	Client Name	10.00	Client Overpayment Refund
06/20/25	065247	Client Name	45.00	Client Overpayment Refund
06/20/25	065248	Client Name	15.00	Client Overpayment Refund
06/20/25	065249	Client Name	7.00	Client Overpayment Refund
06/20/25	065250	Client Name	50.00	Client Overpayment Refund
06/27/25	RM-00983	BRANDI BELCHER	300.00	Contract-Access
06/27/25	RM-00984	CAROL NACCARATO	351.00	Board Member
06/27/25	RM-00985	PARMETER AFC	9,361.69	Specialized Residential
06/27/25	RM-00986	HOLLY LAGO LLC	1,350.00	Contract-Mobile Crisis
06/27/25	RM-00987	TRAYBEE LLC	1,560.00	Contract-Mobile Crisis

PIVOTAL				
Disbursements				
June 2025				
06/27/25	RM-00988	DEAR COUNTRY AFC	12,410.80	Specialized Residential
06/27/25	RM-00989	KRISTI MERRILLS PLC	3,240.00	Contract-Mobile Crisis
06/27/25	RM-00990	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
06/27/25	RM-00991	STACY LINIHAN	50.00	Board Member
06/27/25	RM-00992	GREATER HEIGHTS AFC	24,014.20	Specialized Residential
06/27/25	RM-00993	LUIS ROSADO	50.00	Board Member
06/27/25	RM-00994	WMU CENTER FOR DISABILITIES	386.25	Autism Provider
06/27/25	RM-00995	AUTISM OF AMERICA LLC	14,350.50	Autism Provider
06/27/25	RM-00996	DAMON KNAPP	50.00	Board Member
06/27/25	RM-00997	LIFETREE BEHAVIORAL HEALTH LLC	60,084.80	Autism Provider
06/27/25	RM-00998	WINDSWEPT THERAPEUTIC RIDING	840.00	CLS Provider
06/27/25	RM-00999	RIPPLE EFFECTS AUTISM LEARNING CENTER	33,502.50	Autism Provider
06/27/25	RM-01000	CEDAR CREEK HOSPITAL	7,749.00	Inpatient Services
06/27/25	RM-01001	FOREST VIEW HOSPITAL	8,720.00	Inpatient Services
06/27/25	RM-01002	CATHI ABBS	163.20	Board Member
06/27/25	RM-01003	HARBOR OAKS HOSPITAL	26,412.00	Inpatient Services
06/27/25	RM-01004	DOCTORS NEUROPSYCHIATRIC HOSPITAL	6,065.00	Inpatient Services
06/27/25	RM-01005	KATHERINE DECKER	71.00	Board Member
06/27/25	RM-01006	RICHARD SHAFFER	50.00	Board Member
06/27/25	RM-01007	SPECTRUM COMMUNITY SERVICES	12,142.00	Specialized Residential
06/27/25	RM-01008	INDIAN TRAILS CAMP	4,030.00	CLS Provider
06/27/25	RM-01009	ADAPT INC	156,131.07	Specialized Residential
06/27/25	RM-01010	ST JOSEPH COMMUNITY CO-OP INC	2,402.52	Day Program
06/27/25	RM-01011	STUART WILSON, CPA PC	14,362.24	Fiscal Intermediary
06/27/25	RM-01012	BRONSON-ACADIA JOINT VENTURE LLC	54,096.00	Inpatient Services
06/27/25	RM-01013	WINGS OF HOPE LLC	7,885.46	Specialized Residential
06/27/25	RM-01014	BLUE CARE NETWORK OF MICHIGAN	118,635.07	Employee Benefits
06/27/25	RM-01015	WINGS OF HOPE - STURGIS	1,449.88	Specialized Residential
06/27/25	065251	FRED'S PHARMACY	529.38	ACT Clients Pharmacy
06/27/25	065252	ALTERNATIVE CHOICES	2,275.20	Specialized Residential
06/27/25	065253	PETTY CASH - ANNA FARLEY	164.87	ACT Petty Cash Reimbursement
06/27/25	065254	MEYERS MOVING & STORAGE INC	183.06	Storage Fee
06/27/25	065255	FARMERS STATE BANK	13,461.14	Mortgage
06/27/25	065256	VILLAGE OF CENTREVILLE	894.45	Utilities
06/27/25	065257	RAUL MORALES	50.00	Board Member
06/27/25	065258	RADIANT AFC	11,051.50	Specialized Residential
06/27/25	065259	CINTAS CORP	76.95	Supplies
06/27/25	065260	KATHLEEN MORRILL	1,075.00	Contract-Children's Services
06/27/25	065261	HARDLINE SOLUTIONS LLC	2,747.50	Maintenance
		Total Amount of Non-void Checks/RMs	1,903,478.61	
06/03/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	141.99	Interest Earned
06/05/25	Electronic Debit	PAYCOR INC	174,539.88	Employee Payroll
06/05/25	Electronic Debit	PAYCOR INC	58,156.22	Employee Payroll
06/06/25	Electronic Debit	EMPOWER	10,192.03	Employee Benefits
06/06/25	Electronic Debit	EMPOWER	8,001.28	Employee Benefits
06/06/25	Electronic Debit	EMPOWER	15,114.81	Employee Benefits
06/06/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	39.00	Interest Earned
06/09/25	Electronic Debit	PAYCOR INC	2,495.68	Employee Payroll
06/09/25	Electronic Debit	OPTUM BANK	11,626.77	Employee Benefits
06/10/25	Electronic Debit	ISOLVED INC	83.21	Employee Benefits
06/18/25	Electronic Debit	PAYCOR INC	172,354.13	Employee Payroll
06/18/25	Electronic Debit	PAYCOR INC	56,546.14	Employee Payroll
06/20/25	Electronic Debit	EMPOWER	10,705.65	Employee Benefits
06/20/25	Electronic Debit	EMPOWER	7,972.66	Employee Benefits
06/20/25	Electronic Debit	EMPOWER	14,863.86	Employee Benefits
06/20/25	Electronic Debit	OPTUM BANK	11,804.70	Employee Benefits

PIVOTAL				
Disbursements				
June 2025				
06/23/25	Electronic Debit	TRANSFER TO INVESTMENTS	2,000,000.00	Settlement Transfer to Trust Acct
06/23/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	13.00	Interest Earned
06/25/25	Electronic Debit	CHARGE BACK ITEM CHECK 10055700	10.83	Bounce Back
06/25/25	Electronic Debit	CHARGE BACK ITEM CHECK 10255712	33.30	Bounce Back
06/25/25	Electronic Debit	CHECK HANDLING CHARGE	10.00	Return Item Fee
06/25/25	Electronic Debit	CHECK HANDLING CHARGE	10.00	Return Item Fee
06/26/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	51.00	Interest Earned
06/30/25	Electronic Debit	CENTURY BANK ACH FEES	31.92	ACH Initiation Fees
		Total Amount of Electronic Debits	2,554,798.06	
		Total Disbursements	4,458,276.67	

PIVOTAL

Disbursements

July 2025

*Voided

Check Date	Check/RM #	Vendor	Amount	Description
07/03/25	RM-01016	BRANDI BELCHER	500.00	Contract-Access
07/03/25	RM-01017	HOLLY CERNY	409.63	Employee Reimbursement
07/03/25	RM-01018	GRYPHON PLACE	649.20	After-Hours Emergency
07/03/25	RM-01019	LYNELLE GIRTON-THRASHER	250.00	Contract-Supervision
07/03/25	RM-01020	HANNAH ROBERTS	2,160.00	Contract-Mobile Crisis
07/03/25	RM-01021	ST JO CO UNITED WAY	118.00	Employee Donations
07/03/25	RM-01022	KIF LLC	300.00	Contract-Mobile Crisis
07/03/25	RM-01023	GAGAN S PC	15,656.00	Contract-Medical Director
07/03/25	RM-01024	COVERED BRIDGE HEALTHCARE	760.00	New Hire Drug Testing
07/03/25	RM-01025	REHMANN LLC	23,100.00	Contract-Billing
07/03/25	RM-01026	Diekema Hamann Architecture, Inc.	2,458.50	Architecture Company
07/03/25	RM-01027	REBEKAH WAGAMAN	3,436.31	Contract-Mobile Crisis
07/03/25	RM-01028	CLARK LOGIC CAPITAL LLC	6,285.58	Rent-TR
07/03/25	065262	MICHIGAN COUNCIL #25	1,337.85	Union Dues
07/03/25	065263	SEMCO ENERGY GAS COMPANY	165.55	Utilities
07/03/25	065264	LRS, LLC	161.09	Utilities
07/03/25	065265	KONICA MINOLTA PREMIER FINANCE	1,875.25	Printer/Copier Lease
07/03/25	065266	CERTASITE LLC	469.50	Maintenance
07/03/25	065267	DELTA DENTAL	7,289.84	Employee Benefits
07/03/25	065268	VERIZON WIRELESS	4,201.23	Employee Cell Phones
07/03/25	065269	MICHIGAN GAS UTILITIES	52.84	Utilities
07/03/25	065270	Client Name	30.05	Refund
07/11/25	RM-01029	CRETSINGER CARE HOMES LTD	21,252.30	Specialized Residential
07/11/25	RM-01030	GRYPHON PLACE	541.00	After-Hours Emergency
07/11/25	RM-01031	PARMETER AFC	9,059.70	Specialized Residential
07/11/25	RM-01032	KRISTI MERRILLS	137.43	Employee Reimbursement
07/11/25	RM-01033	JETSY BEAN LLC	1,440.00	Contract-Mobile Crisis
07/11/25	RM-01034	TRAYBEE LLC	480.00	Contract-Mobile Crisis
07/11/25	RM-01035	BRYANN BOOKS	3,240.00	Contract-Mobile Crisis
07/11/25	RM-01036	ISOLVED BENEFIT SERVICES	78.75	Employee Benefits
07/11/25	RM-01037	DEAR COUNTRY AFC	10,368.40	Specialized Residential
07/11/25	RM-01038	GREAT LAKES CLEANING SERVICE	2,150.00	Janitorial
07/11/25	RM-01039	GREATER HEIGHTS AFC	23,065.63	Specialized Residential
07/11/25	RM-01040	HIP PADDERS CATERING	1,300.00	Quarterly All-Staff Meeting
07/11/25	RM-01041	GIDDINGS AFC II	11,179.50	Specialized Residential
07/11/25	RM-01042	WMU CENTER FOR DISABILITIES	149.25	Autism Provider
07/11/25	RM-01043	AUTISM OF AMERICA LLC	5,242.50	Autism Provider
07/11/25	RM-01044	NYUMBANI AFC	11,541.42	Specialized Residential
07/11/25	RM-01045	GIDDINGS AFC HOME LLC	12,300.00	Specialized Residential
07/11/25	RM-01046	LIFETREE BEHAVIORAL HEALTH LLC	35,800.50	Autism Provider
07/11/25	RM-01047	WINDSWEPT THERAPEUTIC RIDING	560.00	CLS Provider
07/11/25	RM-01048	MIRACLE'S LAWN SERVICE	440.00	Lawn Service
07/11/25	RM-01049	RIPPLE EFFECTS AUTISM LEARNING CENTER	37,518.00	Autism Provider
07/11/25	RM-01050	THE TM GROUP INC	52.50	Consulting
07/11/25	RM-01051	AUTISM SPECTRUM THERAPIES LLC	26,682.00	Autism Provider
07/11/25	RM-01052	GAGAN S PC	7,622.00	Contract-Medical Director
07/11/25	RM-01053	FOREST VIEW HOSPITAL	5,276.00	Inpatient Services
07/11/25	RM-01054	PLEASANT PINES	39,103.02	Specialized Residential
07/11/25	RM-01055	DATA GUARDIAN	95.00	Utilities
07/11/25	RM-01056	SUPERIOR CARE OF MICHIGAN	775.65	Specialized Residential
07/11/25	RM-01057	FLATROCK MANOR	82,965.68	Specialized Residential
07/11/25	RM-01058	UNITY GROUP II	8,369.70	Specialized Residential
07/11/25	RM-01059	HR ALLIANCE 1 INC	5,320.24	Fiscal Intermediary
07/11/25	RM-01060	PLEASANT ACRES LLC	37,998.00	Specialized Residential
07/11/25	RM-01061	THE MEADOWS	34,236.21	Specialized Residential

PIVOTAL

Disbursements

July 2025

07/11/25	RM-01062	FALCO CORPORATION	14,644.16	Specialized Residential
07/11/25	RM-01063	INDIAN TRAILS CAMP	8,020.00	CLS Provider
07/11/25	RM-01064	ADAPT INC	220,129.50	Specialized Residential
07/11/25	RM-01065	AGAPE AFC HOME	16,235.10	Specialized Residential
07/11/25	RM-01066	BEACON SPECIALIZED LIVING SERVICES INC	13,102.20	Specialized Residential
07/11/25	RM-01067	STUART WILSON, CPA PC	17,454.64	Fiscal Intermediary
07/11/25	RM-01068	HILLSDALE COMMUNITY HEALTH	12,324.00	Inpatient Services
07/11/25	RM-01069	BRONSON-ACADIA JOINT VENTURE LLC	20,608.00	Inpatient Services
07/11/25	RM-01070	QLER PHYSICIAN MEDICAL GROUP	7,375.00	Contract-Psychiatry
07/11/25	RM-01071	WINGS OF HOPE LLC	18,340.81	Autism Provider
07/11/25	RM-01072	WINGS OF HOPE - STURGIS	3,360.00	Autism Provider
07/11/25	RM-01073	IRIS TELEHEALTH MEDICAL GROUP	18,201.00	Contract-Outpatient
07/11/25	RM-01074	KINGDOM REST CENTER LLC	25,500.00	Specialized Residential
07/11/25	065271	CITY OF THREE RIVERS	126.68	Utilities
07/11/25	065272	HOLLY CERNY	44.75	Employee Reimbursement
07/11/25	065273	RML3 LLC	2,880.00	Contract-Mobile Crisis
07/11/25	065274	WASTE MANAGEMENT OF MICHIGAN	209.75	Utilities
07/11/25	065275	LRS, LLC	225.00	Utilities
07/11/25	065276	INSPIRATION STUDIO DESIGNS	1,352.63	Services/Supplies
07/11/25	065277	CONLIN, MCKENNEY & PHILBRICK PC	927.50	Legal
07/11/25	065278	WEX BANK	970.33	Gas Cards
07/11/25	065279	BCA - STONECREST CENTER	10,692.00	Inpatient Services
07/11/25	065280	HAVENWYCK HOSPITAL	37,206.00	Inpatient Services
07/11/25	065281	FRONTIER	488.31	Utilities
07/11/25	065282	FIDELITY SECURITY LIFE (Eye Med)	991.91	Employee Benefits
07/11/25	065283	TWIN COUNTY COMMUNITY PROBATION CENTER	3,600.00	DRC
07/11/25	065284	COMCAST	631.93	Utilities
07/11/25	065285	INDIANA MICHIGAN POWER	435.51	Utilities
07/11/25	065286	MILLER JOHNSON	550.00	Legal
07/11/25	065287	RADIANT AFC	10,695.00	Specialized Residential
07/11/25	065288	CINTAS CORP	146.95	Supplies
07/11/25	065289	KATHLEEN MORRILL	500.00	Contract-Supervision
07/18/25	RM-01075	BRANDI BELCHER	100.00	Contract-Access
07/18/25	RM-01076	ST JO CO UNITED WAY	118.00	Employee Donations
07/18/25	RM-01077	ST JO CO TRANSPORTATION AUTHORITY	2,790.00	Clubhouse Transportation
07/18/25	RM-01078	TRAYBEE LLC	1,260.00	Contract-Mobile Crisis
07/18/25	RM-01079	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
07/18/25	RM-01080	AUNALYTICS INC	504.00	IT Subscription
07/18/25	RM-01081	DONALD LOUIS KITCHEN JR	45.72	Committee Fee
07/18/25	RM-01082	EVERSTREAM SOLUTIONS LLC	500.00	Utilities
07/18/25	RM-01083	GAGAN S PC	8,240.00	Contract-Medical Director
07/18/25	RM-01084	WAYNE SIMMONS	26.40	Committee Fee
07/18/25	RM-01085	ST JOSEPH COMMUNITY CO-OP INC	165.00	Specialized Residential
07/18/25	065290	FRED'S PHARMACY	442.08	ACT Clients Pharmacy
07/18/25	065291	TBD SOLUTIONS INC	9,571.25	Community Needs Assessment
07/18/25	065292	PRESIDIO NETWORKED SOLUTIONS GRP LLC	1,080.00	Badge System-BHUC
07/18/25	065293	CHASE CARD SERVICES	14,714.11	Credit Card
07/18/25	065294	KERWIN ELECTRIC INC	323.00	Maintenance
07/18/25	065295	VERIZON WIRELESS	184.05	Employee Cell Phones
07/18/25	065296	GAIL LECOUNT	45.36	Committee Fee
07/18/25	065297	JENNIFER HENDRICKS	25.00	Committee Fee
07/18/25	065298	CINTAS CORP	712.95	Supplies
07/18/25	065299	HARDLINE SOLUTIONS LLC	990.00	Building Maintenance
07/25/25	RM-01086	BRANDI BELCHER	500.00	Contract-Access
07/25/25	RM-01087	TRAVIS KOHL	56.00	Employee Reimbursement
07/25/25	RM-01088	TRAYBEE LLC	300.00	Contract-Mobile Crisis
07/25/25	RM-01089	DEAR COUNTRY AFC	10,515.50	Specialized Residential

PIVOTAL

Disbursements

July 2025

07/25/25	RM-01090	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
07/25/25	RM-01091	PROFESSIONAL REHABILITATION SERVICES INC	230.69	Specialized Residential
07/25/25	RM-01092	WMU CENTER FOR DISABILITIES	1,460.80	Autism Provider
07/25/25	RM-01093	AUTISM OF AMERICA LLC	10,254.00	Autism Provider
07/25/25	RM-01094	MAPLECREST LLC	8,254.11	Rent-Sturgis 2024 Rec
07/25/25	RM-01095	LIFETREE BEHAVIORAL HEALTH LLC	45,678.00	Autism Provider
07/25/25	RM-01096	LYDIA MARIE CHAPA	3,780.00	Contract-Wraparound
07/25/25	RM-01097	WINDSWEPT THERAPEUTIC RIDING	1,070.00	CLS Provider
07/25/25	RM-01098	RIPPLE EFFECTS AUTISM LEARNING CENTER	43,399.50	Autism Provider
07/25/25	RM-01099	AUTISM SPECTRUM THERAPIES LLC	4,587.00	Autism Provider
07/25/25	RM-01100	GAGAN S PC	8,240.00	Contract-Medical Director
07/25/25	RM-01101	CEDAR CREEK HOSPITAL	18,819.00	Inpatient Services
07/25/25	RM-01102	HARBOR OAKS HOSPITAL	6,816.00	Inpatient Services
07/25/25	RM-01103	RESIDENTIAL OPPORTUNITIES INC	104,242.50	Specialized Residential
07/25/25	RM-01104	COMMUNITY LIVING OPTIONS	27,381.70	Specialized Residential
07/25/25	RM-01105	SPECTRUM COMMUNITY SERVICES	15,594.80	Specialized Residential
07/25/25	RM-01106	PETER CHANG ENTERPRISES INC	12,985.66	EHR System
07/25/25	RM-01107	ADAPT INC	89,780.74	Specialized Residential
07/25/25	RM-01108	KONICA MINOLTA BUSINESS SOLUTIONS	60.00	Printer/Copier Lease
07/25/25	RM-01109	ST JOSEPH COMMUNITY CO-OP INC	13,265.22	Specialized Residential
07/25/25	RM-01110	STUART WILSON, CPA PC	11,786.80	Fiscal Intermediary
07/25/25	RM-01111	BRONSON-ACADIA JOINT VENTURE LLC	25,760.00	Inpatient Services
07/25/25	RM-01112	WINGS OF HOPE LLC	21,684.68	Autism Provider
07/25/25	RM-01113	BLUE CARE NETWORK OF MICHIGAN	115,957.61	Employee Benefits
07/25/25	RM-01114	WINGS OF HOPE - STURGIS	12,869.82	Autism Provider
07/25/25	065300	CITY OF STURGIS	2,014.94	Utilities
07/25/25	065301	ALTERNATIVE CHOICES	3,049.40	Specialized Residential
07/25/25	065302	STRATUS VIDEO LLC	251.22	Interpreter Services
07/25/25	065303	BCA - STONECREST CENTER	21,384.00	Inpatient Services
07/25/25	065304	DELTA DENTAL	7,559.02	Employee Benefits
07/25/25	065305	CENTURYLINK	147.21	Utilities
07/25/25	065306	VILLAGE OF CENTREVILLE	1,169.18	Utilities
07/25/25	065307	STURGIS HOSPITAL MEDICAL STAFF	250.00	Credentialing
07/25/25	065308	CINTAS CORP	204.95	Supplies
07/29/25	065309	AMERICAN UNITED LIFE INSURANCE COMPANY	15,123.14	Employee Benefits
		Total Amount of Non-void Checks/RMs	1,686,595.57	
07/01/25	Electronic Debit	STATE OF MICHIGAN - UNCLAIMED PROPERTY	20.00	Outstanding/uncashed Check
07/02/25	Electronic Debit	PAYCOR INC	173,065.34	Employee Payroll
07/02/25	Electronic Debit	PAYCOR INC	58,193.56	Employee Payroll
07/03/25	Electronic Debit	EMPOWER	10,497.08	Employee Benefits
07/03/25	Electronic Debit	EMPOWER	7,967.48	Employee Benefits
07/03/25	Electronic Debit	EMPOWER	14,582.56	Employee Benefits
07/03/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	54.85	Interest Earned
07/07/25	Electronic Debit	OPTUM BANK	11,847.47	Employee Benefits
07/07/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	38.00	Interest Earned
07/08/25	Electronic Debit	PAYCOR INC	2,445.04	Employee Payroll
07/08/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	13.00	Interest Earned
07/11/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	480.00	Interest Earned
07/16/25	Electronic Debit	EMPOWER	11,338.85	Employee Benefits
07/16/25	Electronic Debit	EMPOWER	8,281.42	Employee Benefits
07/16/25	Electronic Debit	EMPOWER	15,186.97	Employee Benefits
07/17/25	Electronic Debit	OPTUM BANK	12,205.02	Employee Benefits
07/17/25	Electronic Debit	PAYCOR INC	175,018.72	Employee Payroll
07/17/25	Electronic Debit	PAYCOR INC	57,863.49	Employee Payroll
07/23/25	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	52.99	Interest Earned
07/31/25	Electronic Debit	PAYCOR INC	173,164.08	Employee Payroll
07/31/25	Electronic Debit	PAYCOR INC	57,265.08	Employee Payroll

PIVOTAL

Disbursements

July 2025

07/31/25	Electronic Debit	EMPOWER	10,382.34	Employee Benefits
07/31/25	Electronic Debit	EMPOWER	8,257.32	Employee Benefits
07/31/25	Electronic Debit	EMPOWER	15,040.18	Employee Benefits
07/31/25	Electronic Debit	CENTURY BANK ACH FEES	26.00	ACH Fees
		Total Amount of Electronic Debits	823,286.84	
		Total Disbursements	2,509,882.41	



**MEETING MINUTES OF JUNE 24th, 2025
PIVOTAL CONFERENCE ROOM**

OFFICERS

PRESENT: Luis Rosado- Chair, Cathi Abbs- Vice Chair, Kay Decker- Secretary

MEMBERS

PRESENT: Carol Naccarato, Stacy Linihan, Darci Skrzyniarz, Rick Shaffer, Damon Knapp, Raul Morales

MEMBERS

ABSENT: Amanda Miller, Elisabeth Roberts

VISITORS:

CALL TO ORDER

Rosado, Chairperson, called the meeting to order at 5:00 pm

GUESTS, VISITORS, & PUBLIC COMMENTS

No Public Comments

APPROVAL OF AGENDA

No changes to the agenda as presented.

CLOSED SESSION

5:05 pm - Entered closed session to discuss Attorney Client privilege written opinion regarding SWMBH potential dissolution.

A MOTION WAS MADE BY DECKER, SECONDED BY LINIHAN, TO GO INTO CLOSED SESSION FOR MCL 15.268 (H) AGENDA. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED

Came out of closed session and into open session at 5:33 pm.

CONSENT AGENDA

- a. Contracts June 2025
- b. Check Register May 2025 - \$2,689,252.48
- c. Meeting Minutes May 2025

A MOTION WAS MADE BY KNAPP, SECONDED BY NACCARATO, TO APPROVE THE CONSENT AGENDA. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED

EXECUTIVE LIMITATIONS

EL V.05- Financial Condition

Bullock CEO presented.

A MOTION WAS MADE BY SHAFFER, SECONDED BY LINIHAN, TO APPROVE EL V. 05 FINANCIAL TO THE BOARD. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

PERFORMANCE ON ENDS

No changes were presented.

BOARD POLICY REVIEW

N/A

Board work on Ends, Linkage Activities, and Board Education

BOARD DECISIONS (MOTIONS) ACTIONS

Isabella Powell was recommended to the Recipient Rights Advisory Committee.

A MOTION WAS MADE BY KNAPP, SECONDED BY DECKER, TO APPROVE RECIPIENT RIGHTS COMMITTEE APPOINTMENT. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

COMMUNICATIONS

A. Directors' Report – June 2025

ADJOURNMENT

Rosado, Chairperson, adjourned the meeting.

MEETING ADJOURNED AT 5:45 pm

Signature _____

Kay Decker, Secretary

Date



QUALITY
IMPROVEMENT
PLAN
FY 2025

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Section 1: Overview

Introduction

The Michigan Department of Health & Human Services (DHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a quality assessment and performance improvement program (QAPI) which meets the specified standards in the PIHP contract with DHHS. The Southwest Michigan Behavioral Health (SWMBH) (in which Pivotal is one of eight county members) is responsible for meeting the requirements of the QAPI. In addition to the QAPI, DHHS requires each Community Mental Health Services Program (CMHSP) to have a Quality Improvement Program (QIP). The description that follows provides the QIP for the Pivotal for fiscal year 2024/25.

PURPOSE

To further support Pivotal's efforts in Quality Assessment and Performance Improvement, the following goals are identified:

A. Conduct a comprehensive and ongoing Quality Assessment and Performance Improvement Plan (QAPI) that:

- Identifies areas for improvement
- Designs, measures, and evaluates the performance of clinical and support processes
- Assigns priority to the opportunities for improvement

B. Maintain a program that targets processes that impact either directly or indirectly on customer functioning and evaluates performance with regards to meeting key aspects of service delivery including:

- Access to services
- Person-Centered Planning
- Coordination of Care
- Health and Safety
- High levels of customer satisfaction
- Compliance with the Michigan Department of Health and Human Services (MDHHS) and Southwest Michigan Behavioral Health (SWMBH) requirement of performance improvement projects and other accrediting standards

- C. Conduct appropriate follow-up, with corrective action if needed, based on results, and continued efforts to improve the quality of clinical care.
- D. Create and encourage an organizational culture that invites employees and other stakeholder recommendations and participation in quality improvement processes through training, discussions, and program evaluation.
- E. Utilize ongoing customer satisfaction surveys from SWMBH completed by customers and/or guardians, providers, and other applicable stakeholders. The information derived from this is utilized in the improvement and planning process and is shared with these group(s).
- F. Quarterly clinical record reviews are conducted to ensure compliance with documentation standards and verify the delivery of Medicaid services from both internal and external providers.
- G. In keeping with accrediting and regulatory mandates, Pivotal will identify and respond appropriately to all Critical, Risk, and Sentinel Events occurring in the organization or associated with services that Pivotal provides. Proper responses include conducting a timely and thorough root cause analysis as needed, implementing improvements to reduce risk, and monitoring the effectiveness of those improvements.
- H. Conduct monthly in-depth case reviews targeted at high utilizers, hospitalizations, and cost to develop strategies for improvement.
- I. Utilize Performance Indicators to pinpoint risks from a global perspective and recommend actions for resolution and future prevention.
- J. Provide quality improvement and documentation training to all new staff.
- K. Continue active involvement with relevant committees, such as the Clinical/Leadership Team, Customer Advisory Committee, and Recipient Rights.
- L. With the implementation of CCBHC, Pivotal will collect data and develop new quality improvement projects specifically for this demonstration. This includes both demonstration sites and state-reported clinical quality measures.

Organizational Values

This Quality Improvement Program and Plan is tailored to help achieve the agency's mission and vision. Our activities will be guided by those organizational values we believe to be critical to our success.

MISSION

At Pivotal, our mission is to enhance the lives of the individuals we serve by delivering integrated services that jointly address medical and behavioral health needs including substance use disorder and primary care screening services.

VISION

At Pivotal, our vision is to enhance the lives of the citizens we serve by providing a range of individualized mental health, substance abuse, wellness, and recovery services.

STATEMENT OF ORGANIZATIONAL VALUES

We will ensure that services are delivered in a manner that is:

- *Customer-centered*
- *Community-based*
- *Welcoming and accessible*
- *Outcome-based and valued by customers*
- *Offered by competent, friendly, and helpful employees*
- *Respectful of, and responsive to cultural diversity*
- *Trauma Informed*

SCOPE

The scope of the QIP includes Pivotal and its contractors. It identifies the essential processes and aspects of care, both clinical and non-clinical, required to ensure quality support and services for recipients. Pivotal assures that all demographic groups, care settings, and types of services, including consumers, advocates, contract providers, and community groups, are included in the scope of the QIP and quality improvement processes using a continuous quality improvement (CQI) perspective.

The QIP plan serves as an ongoing monitoring and evaluation tool that measures Pivotal's processes and outcomes to influence practice-level decisions for consumer care. It is intended to address several functions, including but not limited to:

- Improve consumer health (clinical) outcomes that involve both process outcomes (e.g., recommendations for screening and assessments) and health outcomes (e.g., reduced morbidity and mortality, integration of behavioral and physical health).
- Improve efficiencies of managerial and clinical processes.
- Improve processes and outcomes relevant to high-priority health needs.
- Reduce waste and cost associated with system failures and redundancy.
- Avoid costs associated with process failures, errors, and poor outcomes.
- Implement proactive processes that recognize and solve problems before they occur.
- Ensure that the system of care is reliable and predictable.
- Promote a culture that seeks to continuously improve its quality of care.

Section 2: Organization Structure

Governance

Michigan Department of Health and Human Services (MDHHS)

The department carries out responsibilities specified in the Michigan Mental Health Code and the Michigan Public Health Code, and administers Medicaid Waivers for people with developmental disabilities, severe and persistent mental illness, serious emotional disturbance, and substance use disorders.

Prepaid Inpatient Health Plan (PIHP)

MDHHS appoints regional PIHPs to work with CMHSPs. The regional PIHP that partners with Pivotal is Southwest Michigan Behavioral Health (SWMBH). SWMBH provides oversight on standards, requirements, and regulations from MDHHS and is responsible for maintaining high-quality service delivery systems for persons with serious and persistent mental illness, serious emotional disturbance, developmental disabilities, and substance use disorders.

Pivotal Board of Directors

The ultimate responsibility for the quality of organizational services is retained by the Pivotal Board of Directors. The role of the Board is to support and promote ongoing improvement in organizational processes and outcomes. The Board's responsibilities for the Quality Improvement Program (QIP) include:

- Oversight of the QIP, including documentation that the Board has approved the overall QIP and annual QI plan.
- Review of QIP reports, including actions taken, progress in meeting QI objectives, and improvements made.
- Assures that action has been taken where indicated and directs the operational QIP be modified to accommodate review findings and issues of concern within PIVOTAL.

Pivotal Management and Staff

Chief Executive Officer

The Chief Executive Officer links the strategic planning and operational functions of the organization with the QIPs, assures coordination among organizational leaders to maintain quality and consumer safety, allocates adequate resources for the QIP, and designates a person to be the leader

responsible for the QIP. The Director of Quality, Customer Service, and Recipient Rights is the leader responsible for the daily management of the QIP, which includes implementation, monitoring, and revision.

Medical Director

The Medical Director provides clinical oversight related to the quality and utilization of services through case supervision, participation in Root-Cause Analyses (RCA), review of clinical incidents, and participation in relevant committees.

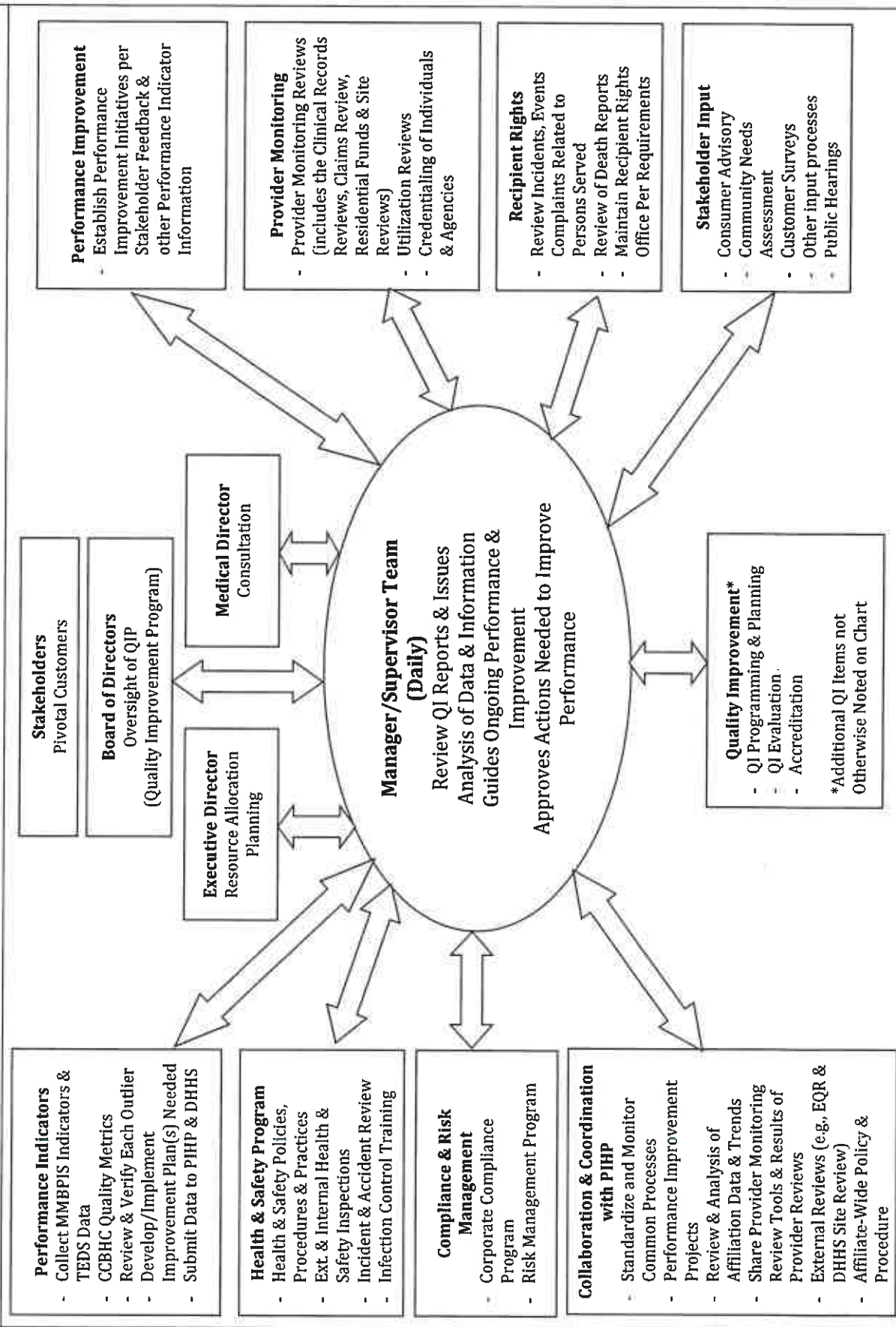
Chief Clinical Officer

The Chief Clinical Officer has overall responsibility for the implementation of the QIP and provides delegated oversight and leadership for the QIP. Under the Chief Clinical Officers leadership, an integrated, interdivisional approach is taken to improve Pivotal services and systems.

Manager/Supervisor Team (MST)

The Manager/Supervisor Team (MST) includes the Chief Executive Officer, Medical Director, Chief Clinical Officer, Director of CCBHC and Med Clinic Services, Director of Access/Emergency Services & Utilization Management, Chief Compliance Officer, Director of Adult Services, Director of Children's Services, Director of SUD and Outpatient Services, Chief Financial Officer, and Recipient Rights Officer. The role of the Management Team includes the function of the organization's Quality Management/Utilization Management Committee. In this role, the Manager/Supervisor Team will operationalize the Quality Improvement Plan as established by the Board, including setting priorities for improvement efforts throughout the agency. MST is responsible for monitoring and reporting progress toward established goals at Board Meetings. Last, MST is accountable to ensure that agency staff have the capacity (training, encouragement, etc.) to address prioritized improvement opportunities successfully.

PIVOTAL QUALITY IMPROVEMENT STRUCTURE



Committees and Advisory Bodies

Customers

Customers are those individuals or families who directly receive the services offered by Pivotal. The satisfaction of people receiving services with our agency will be greatly enhanced when we involve those customers in identifying and prioritizing areas for improvement. ***We must always listen to our customers' input towards improvement opportunities.*** Likewise, we must continually measure trends in customer satisfaction levels. Customer input is collected in a variety of ways, including active submission of membership on the Board of Directors, public forums during board meetings, the Manager/Supervisor Committee, the Customer Advisory Committee, satisfaction and needs assessment surveys, focus groups, participation on Project Teams, feedback given to clinicians, SWMBH run customer service surveys, etc.

Stakeholders

In addition to customers, stakeholders are those individuals or organizations that have a valid interest in the agency's processes and outcomes. Some of our most important stakeholders are staff members, funding sources, regulatory bodies, and fellow human service agencies in our community. Funding sources usually outline performance standards in written documents such as contracts and standards manuals. Input from staff and fellow human service agencies will be collected via surveys, suggestion boxes, etc. Staff and stakeholders' input and satisfaction shall be monitored on an ongoing basis.

Customer Advisory Committee

The Customer Advisory Committee (CAC) is responsible for providing input (improvement, suggestions, etc.) to the Manager/Supervisor Team based on the review of qualitative and quantitative performance information. The CAC will also review draft planning and policy items, such as the agency's strategic plan. In the future, the CAC members may serve as agency liaisons with external auditors, legislators, community stakeholders, etc.

SWMBH Regional Quality Management Committee

SWMBH' Regional Quality Management Committee was established as a mechanism for oversight and advice related to quality improvement matters. The Committee is led by the Director of QAPI at SWMBH. Committee membership includes quality and performance representatives for each of the region's participating CMHSPs.

Continuous Quality Improvement Committee (CQIC)

The purpose of CQIC is to provide oversight of the QIP by supporting and guiding the implementation of quality improvement activities. Participants of CQIC include the CEO, Directors of Clinical Programs, the IS Director, the Compliance Officer, and other clinical staff. Other topics covered at CQIC include system-wide trends and patterns of key indicators, opportunities for improvement, discussion of results from chart reviews, agency policies and procedures, and establishment of organizational/program goals and objectives.

Behavior Treatment Committee (BTC)

The BTC consists of a psychiatrist (currently the Medical Director), a BCBA, Director of Adult Services, Recipient Rights Officer, and Registered Nurse (RN). Other members of the BTC include clinical and QI staff. BTC reviews and approves or disapproves any plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of physical harm. As part of this review, the committee evaluates the effectiveness of behavior treatment plans and the use of behavioral interventions.

Safety Committee

The Safety Committee ensures that the work environment is maintained adequately and that protection from potential hazards is in place. It does so by overseeing the development and review of applicable policies, procedures, and emergency response plans. In addition, the committee monitors state and federal regulatory standards and accreditation standards.

The committee also reviews and monitors performance on various safety-related components of the environment. They include environmental concerns related to employee and consumer infections, environmental concerns related to reported employee accidents, incidents and illnesses, safety, and facility inspections at Pivotal sites and group homes, and emergency drills. When trends or patterns in this data are recognized, the committee is responsible for making recommendations to management to resolve safety issues.

Compliance and Credentialing Committee

Pivotal is committed to upholding all applicable healthcare laws, regulations, and third-party payer requirements as they apply to state and federal governmental programs. The Compliance Committee ensures appropriate legal business standards and practices are maintained and enforced throughout the organization. The committee is composed of compliance staff throughout the agency, including the Compliance Officer, CFO, Human Resource Director, Director of Recipient Rights, CMHSP Board Member, Chief Clinical Officer, and clinical staff.

Trauma Workgroup

The Trauma Workgroup is comprised of staff throughout the agency, including clinical directors, clinical staff, and other members of the MST. The goal of the Trauma Workgroup is to make Pivotal a trauma-informed care organization and ensure that Pivotal utilizes trauma-informed systems of care. This includes creating and maintaining a safe, calm, and secure environment with supportive care, a system-wide understanding of trauma prevalence and impact, recovery and trauma-specific services, and recovery-focused, consumer-driven services.

Certified Community Behavioral Health Clinic (CCBHC) Workgroups (Ad Hoc)

Pivotal has utilized various CCBHC workgroups to address and move forward the agency's goal of becoming a successful Certified Community Behavioral Health Clinic. Pivotal Directors meet regularly to discuss CCBHC implementations and requirements.

Section 3: Quality and Performance Improvement and Activities

The Manager/Supervisor Team (MST) is responsible for performing quality improvement functions and ensuring that program improvements are made within the organization. The Manager/Supervisor Team (MST) operates in partnership with stakeholders, including consumers, advocates, contract providers, Pivotal staff, and other relevant stakeholders. MST is responsible for implementing and monitoring the QIP.

Performance Improvement Activities

Pivotal Management System (PMS) – Lean Management

Pivotal applies Lean principles to systematically identify and eliminate waste within our processes to maximize value for our clients. This philosophy empowers staff at all levels to actively participate in improving workflows, reducing inefficiencies, and minimizing delays in service delivery.

Michigan Mission Based Performance Indicators

MDHHS, in compliance with federal mandates, establishes measures in the areas of access, efficiency, and outcomes. Data is abstracted regularly, and monthly reports are compiled and submitted to the PIHP for analysis and regional benchmarking and to MDHHS. If Pivotal's performance is below the identified goal; the MST will facilitate the development of a Corrective Action Plan (CAP). The CAP will include a summary of the current situation, including causal/contributing factors, a planned intervention, and a timeline for implementation. CAPs are submitted to the PIHP for review and final approval.

Behavior Treatment Plans and Interventions

The Behavior Treatment Review Committee reviews and tracks restrictive techniques in plans. The Clinical Director of Adult Services have taken a lead role in the facilitation and organization of the Behavior Treatment Committee (BTC). In addition to state reporting requirements for Behavior Plans, Pivotal reviews behavioral incidents of all consumers and monitors progress at BTC.

Denials, Grievances, and Appeals

Currently, the monitoring process for denials, grievances, and appeals focuses on our ability to provide evidence of timeliness of communication (e.g., various notices sent). As our capacity for evaluation and analysis increases, Pivotal will approach this monitoring activity in a manner that helps to explore any patterns in occurrence and identify process or policy changes to resolve organizational challenges.

Incident Reporting

Incident Reporting requirements are outlined in Pivotal Policy 3.07. Critical incidents include suicide, non-suicide death, emergency medical treatment due to injury/medication error, hospitalization due to injury/medication error, and arrests. Critical incidents are captured through the organization's incident reporting process.

Sentinel Event Review

Processes to identify sentinel events, understand the cause, and take necessary action to reduce the probability of future reoccurrence. Sentinel events are reviewed through a root cause analysis (RCA) process that is facilitated by the MST. Sentinel events are reported to SWMBH and CARF.

Zero Suicide Workgroup

PIVOTAL has implemented the Zero Suicide evidence-based practice across all programs that is managed by an implementation workgroup. The workgroups goal is reducing the incidents of suicide and suicide attempts through adherence to the evidence-based model. The workgroup is composed of administration, clinicians, peers, and those with lived experience. This workgroup meets monthly to ensure fidelity to the model.

Medicaid Event Verification

Pivotal partners with SWMBH to conduct regular audits of billed service events to verify that they are in alignment with the documents submitted.

Chart and Utilization Management Review

Pivotal regularly monitors clinical performance to ensure organizational and professional standards are upheld. Compliance and Utilization Management compiles the aggregate data and meets with the clinical programs to review results on a quarterly basis. Utilization Management meets with the clinical program to analyze the data, identify areas for improvement, and develop a plan to address the issues identified.

Provider Monitoring

Contracted providers are regularly monitored through the MST or provider network. Annually, the MST conducts Quality and Compliance, Recipient Rights, and Home and Community Based Services Review, as applicable, at each contracted AFC home, CLS provider, ABA provider, Hospital, and Fiscal Intermediary. Equivalent reviews are also completed at all directly run locations.

Policy and Procedure Review

Each policy and procedure in the agency are reviewed annually. The MST oversees and monitors this process in collaboration with clinical directors and administrators.

Health Services Advisory Group (HSAG)

State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), conducts the validation activities for the Prepaid Inpatient Health Plans (PIHPs) that provide mental health and substance abuse services to Medicaid-eligible recipients. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements. CMHSPs of SWMBH provide data and assist in SWMBH's HSAG review.

SWMBH Audit

Every year, SWBMH conducts a full monitoring and evaluation process of Pivotal. This process consists of the utilization of uniform standards and measures to assess compliance with federal and state regulations and PIHP contractual requirements.

MDHHS Audits

Every year, MDHHS audits the three waiver programs (Serious Emotional Disturbance Waiver, Children's Waiver Program, and Habilitation Support Waiver). MST works with the clinical departments to meet the standards MDHHS has set for these programs.

Quantitative and Qualitative Assessments

Pivotal is committed to providing timely and high-quality care and services to our consumers. Reaching out to the individuals we serve, contract with, or work with for feedback is vital to providing these high-quality services.

Community Health Needs Assessment

The purpose of a Certified Community Behavioral Health Clinic (CCBHC) community needs assessment is to ensure that the clinic's services are responsive to the unique behavioral health needs of the population it serves. Specifically, it is intended to:

1. Identify unmet behavioral health needs in the community, including gaps in access, services, and support for individuals with mental health and substance use disorders.
2. Inform service planning and delivery, ensuring that the CCBHC develops and maintains a service array that reflects community priorities and meets the needs of diverse populations, including those who are underserved or at higher risk (e.g., veterans, individuals experiencing homelessness, people involved in the criminal justice system, children with serious emotional disturbance, etc.).
3. Engage stakeholders, including consumers, family members, community partners, and local providers, to gather input and foster collaboration in shaping the clinic's programs.
4. Support cultural and linguistic responsiveness by identifying the demographic and cultural characteristics of the population and ensuring services are accessible and appropriate for all community members.
5. Drive data-informed decisions related to staffing, outreach, partnerships, and resource allocation, helping the CCBHC meet federal and state performance expectations.
6. Fulfill federal and state certification criteria, as SAMHSA and Michigan Department of Health and Human Services require CCBHCs to conduct a community needs assessment as part of their certification process and ongoing quality improvement.

Consumer Satisfaction Survey

As part of Pivotal's quality improvement efforts, a consumer satisfaction survey is conducted annually among service recipients. The purpose of this survey is to help the agency gauge the level of satisfaction among consumers who are currently receiving services and identify areas for improvement to better serve consumers. The results of the survey help to measure the quality of services, and the evaluation report summarizes the levels of satisfaction consumers have with their services. CQIC reviews this.

The Youth Services Survey (YSS) and Mental Health Statistics Improvement Program (MHSIP) survey are administered to a random selection of Pivotal Consumers. While the CMHSPs in the region are

responsible for administering the survey, the PIHP collects and maintains the data and survey findings.

Stakeholder Survey

Pivotal is required to assess the mental health needs of our community. The assessment must involve public and private providers, school systems, and other key community partners and stakeholders. Stakeholders are asked to share the trends and needs they identify that may be related to, or indicative of, mental health needs in our community. Pivotal leadership reviews the survey results to develop priority needs and planned actions for the agency.

National Core Indicators (NCI) Survey

The NCI Survey is a collaboration between participating states, the Human Services Research Institute, and the National Association of State Directors of Developmental Disabilities Services. Information about specific 'core indicators' is gathered to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern, including employment, rights, service planning, community inclusion, choice, and health and safety. The NCI survey aims to assess family and *Long-Term Services of Support (LTSS)* consumer perceptions of satisfaction with their community mental health system and services. Consumers are randomly selected and asked if they would like to participate in the in-person survey. Data gathered through this survey is intended to inform strategic planning, legislative reports, and prioritize quality improvement initiatives.

Staff Satisfaction Survey

Pivotal staff are asked to complete an annual Staff Satisfaction Survey that measures the level of satisfaction of personnel regarding the various components of their job. The purpose of the survey is to provide actionable data to improve employee experience. The CEO and Director of Human Resources administers this survey.

Organizational Performance Initiatives

CARF

MST staff apply for reaccreditation through CARF every three years. CARF is the accrediting body for all administrative programs at PIVOTAL and a varying number of clinical programs. The triennial CARF survey determines PIVOTAL's conformance to all applicable CARF standards on-site through the observation of services, interviews with persons served and other stakeholders, and review of documentation. In 2023, CARF conducted a digitally enabled site survey and granted PIVOTAL the standard three-year accreditation. The next CARF survey will be conducted in the spring or summer of 2026.

Data Reporting through Relias Population Health/CC360

PIVOTAL has access to Medicaid claims data through two sources. Relias Population Health is a tool utilized by SWMBH. Care Connect 360 (CC360) is the tool utilized by MDHHS. Through both resources, the MST reviews data as required by SWMBH and MDHHS and at the request of clinical programs.

Annual Submission to MDHHS

Annually, the MST team submits the required data to MDHHS. This data includes estimated workforce changes for the fiscal year, a summary of service requests, and waiting list information. Every other year, the annual submission includes a needs assessment and planned action.

State Recertification

Every three years, the MST team submits required documentation to MDHHS to recertify Pivotal as a CMHSP and a CCBHC. Information prepared for submission includes accreditation information for Pivotal and applicable contract providers, lists of all contracts with other agencies or organizations that provide mental health services under the auspices of Pivotal, including services provided, and identification of any changes to Pivotal's provider network. Pivotal was recertified as a CMHSP in November of 2023. Pivotal was recertified as a CCBHC in 2024.

HCBS Support for the Agency

Members of the MST, specifically Compliance Officer, act as independent verifiers to ensure that internal oversight of MDHHS and SWMBH plans of correction are conflict-free. Activity includes coordination with SWMBH and MDHHS on survey processes, supporting provider plan of correction development, facilitating plan of correction follow-up, on-site verification, facilitation of communication with SWMBH and MDHHS, and ongoing support of education and documentation improvement processes.

Enrollee Rights and Responsibilities

Pivotal is committed to treating members in a manner that acknowledges their rights and responsibilities. It is the policy of PIVOTAL to monitor and ensure that a recipient of mental health services has all of the rights guaranteed by state and federal law, in addition to those guaranteed by P.A. 258, 1974, Chapter 7 and 7A, which provides a system for determining whether, in fact, violations have occurred; and shall ensure that firm and fair disciplinary and appropriate remedial action is taken in the event of a violation. The CEO ensures that Pivotal has written policies and procedures for the operations of the rights system on file with the Michigan Department of Health and Human Services (MDHHS) – Office of Recipient Rights. Education and training in recipient rights policies and procedures are provided to the Recipient Rights Advisory Committee and staff. MDHHS routinely conducts site reviews. Annual reports from Pivotal's Recipient Rights Office are submitted

to MDHHS as required by Chapter 7 of the Michigan Mental Health Code. Additionally, procedures have been established to address the complaints and appeals processes through Pivotal's Corporate Compliance Officer.

Utilization Management

Utilization Management monitors the agency's resources through regular review and the collection and analysis of data. Pivotal utilizes and follows SWMBH's Utilization Management Plan. The utilization plan components address practices related to retrospective and concurrent review of clinical and financial resource utilization, clinical and programmatic outcomes, and other aspects of utilization management as deemed appropriate by directors.

Risk Assessment Plan

The MST team worked with staff across the agency to develop an agency-wide Risk Management Plan. The Risk Management Plan will assist the agency in addressing risks and increase awareness about identifying risks and how to minimize them.

Certified Community Behavioral Health Clinic (CCBHC)

Certified Community Behavioral Health Clinics (CCBHC) demonstration aims to improve the behavioral health for all Michiganders by increasing access to high-quality care, coordination between behavioral health and physical health care, promoting the use of evidence-based practices, and establishing standardization and consistency with a set criterion of all certified clinics to follow.

In September 2021, Pivotal was also awarded provisional certification of its Certified Community Behavioral Health Clinic through MDHHS. In April of 2022, Pivotal was fully certified as a CCBHC. The certification is valid for two years. The CCBHC portion of the Quality Improvement Plan focuses on improved patterns of care delivery, including reductions in the emergency department use, rehospitalization, and repeated crisis episodes.

The CCBHC portion QIP plan report will track:

1. Deaths by suicide or suicide attempts of people receiving services.
2. Fatal and non-fatal overdoses.
3. All-cause mortality among people receiving CCBHC services; and
4. 30-day hospital readmissions for psychiatric or substance use reasons.
5. Initiation and Engagement of Substance Use Disorder Treatment (IET)
6. Glycemic Status Assessment for Patients with Diabetes (GSD-AD)
7. Plan All-Cause Readmissions Rate (PCR-AD)
8. Follow-Up After Hospitalization for Mental Illness, (FUH-CH) (FUH-AD)

Pivotal also reports on the CCBHC-collected clinical quality measures, including:

1. Time to Services (I-SERV)
2. Tobacco use: Screening and Cessation (TSC)
3. Alcohol Use: Screening and brief counseling (ASC)
4. Suicide Risk Assessment Child (SRA-BH-C)
5. Suicide Risk Assessment Adult (SRA-A)
6. Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)
7. Depression Remission at Six Months (DEP-REM-6)
8. Screening for Social Drivers of Health (SDOH)

Section 4: Evaluation of QIP

Annual Review of this Plan

An evaluation of the QIP plan is completed at the end of each calendar year. The evaluation summarizes the activity that occurred around the goals and objectives of the Pivotal Quality Improvement Program Plan and the progress made toward achieving the goals and objectives. The evaluation will describe the quality improvement activities conducted during the past year related to the goals and objectives.

Section 5: QIP Goals and Objectives

QUALITY IMPROVEMENT GOALS FOR FY 2025

- A. Onboarding and orientation to Pivotal will be revamped and implemented, leading to a better experience for staff and a better overview of Pivotal's services and metrics as an agency.
- B. BH-TED Encounter Match Rate at or above 95% for both MH and SUD consumers.
- C. Monitor CCBHC Clinical Quality Metrics for both CCBHC-reported and State-reported metrics required in CCBHC Handbook
- D. Successfully implement the Pivotal Strategic Plan developed by MST.
- E. Ensure conformance and timeliness of required quality management data and reports to SWMBH and MDHHS.
- F. Ensure adequate monitoring of contracted service providers via monthly claims audits.
- G. Ensure clients in LTSS are reviewed bi-monthly by the BTC committee
- H. UM to ensure appropriate care is provided in the least restrictive settings.
- I. Reduction in clients not seen in 30, 60, 90 days to ensure appropriate care and follow up with clients engaged in the Pivotal service array.
- J. Ensure that Service Activity Logs are accurately used with appropriate documentation to ensure proper billing.
- K. Utilize augmented intelligence (AI) (Eleös) to increase adherence to documentation timeliness standards as well as capture relevant information for CCBHC documentation requirements and Evidence-Based Practice monitoring.



BOARD POLICY V.05

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 2
POLICY TITLE:	FINANCIAL CONDITIONS/ACTIVITIES (AUGUST 2025)	EFFECTIVE:	09/28/2022
		REVIEWED:	08/26/2025

POLICY:

With respect to the actual, ongoing financial condition and activities, the CEO will not cause or allow the development of fiscal jeopardy or material deviation of actual expenditures from board priorities established in Ends policies.

The CEO will not

1. Expend more funds than have been received in the fiscal year to date, with the exception of federal, state, and local required services.

Executive Officer Response: Medicaid is overspent by \$1.72 million versus revenue received, a slight increase from \$1.52 million, and Healthy Michigan is overspent by \$100k versus revenue received, an increase of around \$50k. This does not include the increase we are expecting from the state for the mid-year rate adjustment. Those are expected to show in the August Financials presented in September.

2. Use any long-term reserves.

Executive Officer Response- No long-term reserves have been expended.

3. Allow payroll and debts to be settled in an untimely manner.

Executive Officer Response- All payroll and debts have been settled timely.

4. Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.

Executive Officer Response- Tax payments are paid for and through Paycor as an automatic process.

5. Make a single purchase or commitment of greater than \$20,000. Splitting orders to avoid this limit is not acceptable.

Executive Officer Response- No purchases greater than \$20,000 occurred.

6. Acquire, encumber or dispose of real estate.

Executive Officer Response- No real estate transactions have taken place.

7. Allow receivables to be unpursued after a reasonable grace period.

Executive Officer Response- Policies of uncollected funds are being followed and adhered to. Should the board wish to aggressively pursue collections such as collection agencies, I will do so. But current practices to bill repeatedly for 6 months, and if not able/or does not pay, the bill is then written off.

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
SWMBH	\$ 1,978,626.74	\$ 1,410,285.92	\$ 1,740,888.95	\$ 1,709,327.30	\$ 1,762,519.90	\$ 1,514,058.41	\$ 2,218,850.35	\$ 1,428,738.36	\$ 1,746,884.36	\$ 2,199,839.63	\$ 1,771,001.99	\$ 1,771,001.99
CCBHC	\$ 417,883.40	\$ 420,485.38	\$ 419,667.69	\$ 429,645.76	\$ 432,954.51	\$ 768,770.63	\$ 447,898.69	\$ 429,049.04	\$ 430,534.38	\$ 406,193.07	\$ 460,308.26	\$ 460,308.26
Settlement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,241,354.47	\$ 1,603,307.42	\$ -	\$ -
General Fund	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00	\$ 85,568.08	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00	\$ 86,880.00
Other	\$ 77,437.77	\$ 180,025.24	\$ 182,816.70	\$ 73,364.78	\$ 82,801.09	\$ 87,059.30	\$ 104,701.09	\$ 80,730.95	\$ 82,952.50	\$ 77,424.72	\$ 765,404.41	\$ 102,931.41
County Approp	\$ 64,317.00	\$ -	\$ -	\$ 64,317.00	\$ 11,585.02	\$ -	\$ 64,317.00	\$ 14,007.63	\$ -	\$ 69,576.52	\$ -	\$ -
Total Revenue	\$ 2,625,144.91	\$ 2,097,676.54	\$ 2,430,253.34	\$ 2,363,534.84	\$ 2,376,740.52	\$ 2,456,768.34	\$ 2,922,647.13	\$ 2,038,094.06	\$ 6,588,605.71	\$ 4,443,271.36	\$ 3,083,594.66	\$ 2,421,121.66
Payroll/Fringe	\$ 566,353.85	\$ 811,376.12	\$ 615,614.89	\$ 823,319.17	\$ 619,261.94	\$ 576,545.48	\$ 560,960.35	\$ 667,072.51	\$ 675,771.51	\$ 840,095.37	\$ 675,637.12	\$ 675,637.12
External	\$ 1,919,662.36	\$ 1,423,860.92	\$ 1,962,240.95	\$ 2,357,275.00	\$ 1,842,526.54	\$ 1,633,463.95	\$ 1,892,611.59	\$ 1,895,327.03	\$ 3,931,487.11	\$ 1,671,928.06	\$ 2,053,038.35	\$ 2,053,038.35
Total Expenses	\$ 2,486,016.21	\$ 2,236,237.04	\$ 2,577,855.84	\$ 3,180,594.17	\$ 2,461,788.48	\$ 2,210,009.43	\$ 2,453,571.94	\$ 2,562,399.54	\$ 4,607,258.62	\$ 2,512,023.43	\$ 2,728,675.47	\$ 2,728,675.47
Net	\$ 139,128.70	\$ (137,560.50)	\$ (147,602.50)	\$ (817,059.33)	\$ (85,047.96)	\$ 246,758.91	\$ 469,075.19	\$ (524,305.48)	\$ 1,981,347.09	\$ 1,931,197.93	\$ 354,919.19	\$ (307,553.81)
Begin Cash	\$ 2,751,993.10	\$ 2,891,121.80	\$ 2,753,561.30	\$ 2,605,958.80	\$ 1,788,899.47	\$ 1,703,851.51	\$ 1,950,610.42	\$ 2,419,685.61	\$ 1,895,380.13	\$ 1,895,380.13	\$ 3,876,727.22	\$ 5,807,925.15
End Cash	\$ 2,891,121.80	\$ 2,753,561.30	\$ 2,605,958.80	\$ 1,788,899.47	\$ 1,703,851.51	\$ 1,950,610.42	\$ 2,419,685.61	\$ 1,895,380.13	\$ 3,876,727.22	\$ 5,807,925.15	\$ 6,162,844.34	\$ 5,855,290.53
Investments	\$ 1,472,806.97	\$ 1,475,230.42	\$ 1,478,879.75	\$ 1,487,464.13	\$ 1,499,573.78	\$ 1,504,255.65	\$ 1,508,310.02	\$ 1,511,868.18	\$ 3,517,545.61	\$ 3,520,152.17	\$ 3,520,152.17	\$ 3,520,152.17
Total Available Cash	\$ 4,363,930.77	\$ 4,228,791.72	\$ 4,084,838.55	\$ 3,276,363.60	\$ 3,203,425.29	\$ 3,454,866.07	\$ 3,927,995.63	\$ 3,407,248.31	\$ 7,394,272.83	\$ 9,328,077.32	\$ 9,682,996.51	\$ 9,375,442.70
Key												
Actual												
Estimate												



Trust Department
100 West Chicago Street
Coldwater, MI 49036-1158
Phone (517) 278-1569
Toll Free (888) 481-7469

Statement of Account
July 1, 2025 Through July 31, 2025
Community Mental Health Services Agency

Account Number: 6200871

Please contact your administrator
with any questions concerning your account.

Emily Versteeg

**677 E. Main St.
Centreville, MI 49032**

Confidential And Privileged Information

July 01, 2025 through July 31, 2025

Account Name : Community Mental Health Services Agency

Account No : 6200871

Account Summary

	Current July 1, 2025 To July 31, 2025	Year To Date January 1, 2025 To July 31, 2025
Beginning Market Value :	\$3,517,545.61	\$1,478,879.75
Receipts :		
Cash Deposits :	\$0.00	\$2,000,000.00
Asset Deposits :	\$0.00	\$0.00
Total Receipts :	\$0.00	\$2,000,000.00
Payments :		
Disbursements :	\$0.00	\$0.00
Withdrawals and Distributions :	\$0.00	\$0.00
Administrative Expenses :	\$0.00	(\$2,517.37)
Total Payments :	\$0.00	(\$2,517.37)
Investment Income :		
Tax Free Income :	\$0.00	\$0.00
Taxable Interest :	\$5,061.93	\$35,534.00
Dividends :	\$436.91	\$2,181.74
Return of Capital (Income Assets Only) :	\$0.00	\$0.00
Other Income :	\$0.00	\$0.00
Total Investment Income :	\$5,498.84	\$37,715.74
Investment Change :	(\$2,892.28)	\$6,074.05
Total Investment Change :	(\$2,892.28)	\$6,074.05
Ending Market Value :	\$3,520,152.17	\$3,520,152.17

Account Name : Community Mental Health Services Agency

Account No : 6200871

Portfolio Summary

July 31, 2025

	Portfolio	Cost	Market	Estimated	Current
	%	Basis	Value	Ann Inc	Yield
Fixed Income	31.76%	1,146,000.36	1,118,046.65	41,605.28	3.72%
Money Market Funds	68.24%	2,402,105.52	2,402,105.52	98,825.02	4.11%
<i>Total Portfolio</i>	<i>100.00 %</i>	<i>3,548,105.88</i>	<i>3,520,152.17</i>	<i>140,430.30</i>	<i>3.99%</i>
<i>Net Cash</i>			<i>0.00</i>		
<i>Total Market Value</i>			<i>3,520,152.17</i>		

Portfolio Components May Not Equal 100% Due To Rounding

July 01, 2025 through July 31, 2025

Account Name : Community Mental Health Services Agency

Account No : 6200871

Summary Of Investment Holdings

Shares or Par Value	Investment Category	Cost Basis	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	% Port		
U.S. Government Obligations									
100,000	Federal Home Loan Bank Step Up	1.000%	11/24/2025	99,921.85	99.83	99,828.18	1,000.00	1.00%	2.84%
75,000	Federal Farm Credit Bank	2.220%	03/10/2026	74,975.88	98.73	74,045.22	1,665.00	2.25%	2.10%
100,000	Federal Home Loan Banks	4.280%	03/13/2028	100,000.00	99.66	99,655.48	4,280.00	4.29%	2.83%
50,000	Federal Farm Credit Banks	4.070%	08/16/2028	49,651.63	99.66	49,827.95	2,035.00	4.08%	1.42%
100,000	Federal Farm Credit Bank	4.520%	03/12/2029	100,000.00	99.84	99,844.15	4,520.00	4.53%	2.84%
100,000	Federal Home Loan Bank	4.800%	05/20/2031	100,000.00	99.74	99,736.65	4,800.00	4.81%	2.83%
100,000	Federal Home Loan Bank	5.000%	03/19/2032	100,000.00	100.01	100,009.75	5,000.00	5.00%	2.84%
100,000	Federal Home Loan Bank	5.000%	04/29/2032	100,000.00	100.10	100,096.63	5,000.00	5.00%	2.84%
75,000	Federal Farm Credit Banks	5.260%	11/14/2033	75,000.00	99.08	74,312.24	3,945.00	5.31%	2.11%
100,000	Federal Home Loan Bank	5.070%	09/18/2034	100,000.00	98.65	98,650.88	5,070.00	5.14%	2.80%
Totals				899,549.36	896,007.13		37,315.00	4.16%	25.45%
Brokered Cert. of Deposit									
50,000	First National Bank of Amer	1.250%	12/30/2026	50,000.00	96.09	48,043.04	625.00	1.30%	1.36%
50,000	JPMorgan Chase Bank	1.000%	12/31/2026	50,000.00	95.75	47,875.98	500.00	1.04%	1.36%
Totals				100,000.00	95,919.02		1,125.00	1.17%	2.72%
Century Bank and Trust Money Mkt									
2,402,105.52	Century Bank and Trust Money			2,402,105.52	1.00	2,402,105.52	98,825.02	4.11%	68.24%
Totals				2,402,105.52	2,402,105.52		98,825.02	4.11%	68.24%
ETF U.S. Obligations									
1,150	MFC IShares TIPS			146,451.00	109.67	126,120.50	3,165.28	2.51%	3.58%

Account Name : Community Mental Health Services Agency

Account No : 6200871

Summary Of Investment Holdings

Shares or Par Value	Investment Category	Cost Basis	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	% Port
Totals		146,451.00		126,120.50	3,165.28	2.51%	3.58%
Total Investments		3,548,105.88		3,520,152.17	140,430.30	3.99%	100.00%
Plus Net Cash				0.00			
Total Market Value				3,520,152.17			

Account Name : Community Mental Health Services Agency

Account No : 6200871

Account Transactions

Date	Description	Amount
Starting Balance		
		\$ 0.00
Dividends and Interest		
07/01/2025	Interest	53.10
	First National Bank of Amer 1.2500% 12/30/26	
07/01/2025	Interest	2,307.38
	Century Bank and Trust Money	
	Interest From 06/01/2025 To 06/30/2025	
07/03/2025	Interest	2,650.00
	Federal Farm Credit Banks 5.3000% 07/03/28	
07/08/2025	Dividend	436.91
	MFC IShares TIPS	
	1150 Shares @ \$0.379923	
07/31/2025	Interest	51.45
	First National Bank of Amer 1.2500% 12/30/26	
	Sub Total	5,498.84
Sales, Maturities or Redemptions		
07/03/2025	Sell	100,000.00
	Federal Farm Credit Banks 5.3000% 07/03/28	
	100000 PV @ \$100.00	
	Cost Basis Removed \$100,000.00	
	Full Call	
	Sub Total	100,000.00
	Ending Balance	\$ 0.00
	MONEY MARKET ACTIVITY	
	6 Purchases (s) For	105,498.84



BOARD POLICY V.05

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 1
POLICY TITLE:	FINANCIAL CONDITIONS/ACTIVITIES	EFFECTIVE:	09/28/2022
		REVIEWED:	1/31/2023

POLICY:

With respect to the actual, ongoing financial condition and activities, the CEO will not cause or allow the development of fiscal jeopardy or material deviation of actual expenditures from board priorities established in Ends policies.

The CEO will not

1. Expend more funds than have been received in the fiscal year to date, with the exception of federal, state, and local required services.
2. Use any long-term reserves.
3. Allow payroll and debts to be settled in an untimely manner.
4. Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.
5. Make a single purchase or commitment of greater than \$20,000. Splitting orders to avoid this limit is not acceptable.

Emergency Exemption: In extraordinary and time-sensitive situations where immediate action is required to prevent significant harm to the organization's assets, operations, or stakeholders (e.g., a critical system failure, a building emergency, or an immediate safety risk), the CEO is authorized to exceed this spending limit without prior approval.

In such cases, the CEO must:

- a. Immediately notify the Board Chair, providing an overview of the situation and the action taken.

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5.b. Provide a full, written report to the entire board at the next scheduled meeting, detailing the nature of the emergency, the expenditures made, and the rationale for the decision. This report should be submitted as a part of the regular monitoring reports to ensure transparency and accountability.

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6. Acquire, encumber or dispose of real estate.
7. Allow receivables to be unpursued after a reasonable grace period.



BOARD POLICY V.04

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 2
POLICY TITLE:	FINANCIAL PLANNING/BUDGETING (AUGUST 2025)	EFFECTIVE:	09/28/2022
		REVIEWED:	08/26/2025

POLICY:

Financial planning for any fiscal year or the remaining part of any fiscal year will not deviate materially from board's Ends priorities, risk fiscal jeopardy with the exception of federal, state, or local requirements, or fail to be derived from an annual plan.

The CEO will not allow budgeting that:

1. Risks incurring those situations or conditions described as unacceptable in the board policy "Financial Condition and Activities."

Executive Officer Response: The budget process is currently ongoing. We are working with SWMBH to ascertain correct budgeting revenues for Medicaid. We are transitioning to a State direct paid CCBHC so we will be able to more accurately project and rely on revenue figures from that aspect. SWMBHs final budget will be due to them by September 5th, and we will officially approve any final changes internally as a CMH in our September meeting.

2. Omits credible projection of revenues and expenses, separation of capital and operational items, and disclosure of planning assumptions.

Executive Officer Response: Medicaid only revenues are dictated by SWMBH revenue projections, GF revenue is guaranteed by the state, CCBHC revenue is calculated internally based on PPS-1 rates, historical usage, and projected expansion of service, and Grant revenue is forecasted based on usage and the staff currently employed via the grant. Expenses are forecasted and projected based on historical data, changes to expectations such as hospital visits, increases/decreases to specialized residential placements, as well as increases/decreases to staffing based on the need dictated by productivity, client caseloads, and projected increases in additional clients. During the budget presentation, this will allow us to go more in depth at the projections, and why we chose to do what we did.

3. Provides less for board prerogatives during the year than is set forth in the Cost of Governance policy.

Executive Officer Response: It is my continued hope that the board will be willing to attend conferences so that they can continue their education as a board member. This will be in the budget as well. We have seen over the past year an increase in board members attending conferences which is exciting and hopefully very beneficial for those who have attended. We have included the financial audit as required via the cost of governance policy in the budget. We are constantly looking at ways to better prepare and educate all facets of our community.



BOARD POLICY IV.01

AREA:	Governance		
POLICY TYPE:	Ends Statements	PAGE:	1 of 4
POLICY TITLE:	ENDS FOR INDIVIDUALS SERVED (SP3 RESPONSE)	EFFECTIVE:	
		REVIEWED:	

MEGA END STATEMENT

Children, adults, and families in St. Joseph County will have access to quality behavioral health services that are trauma informed, person centered and results in improved quality of life.

Sub End Statements:

1. Individuals will have access to care
2. Individuals served will demonstrate improved functioning
3. Individuals served will demonstrate improved quality of life

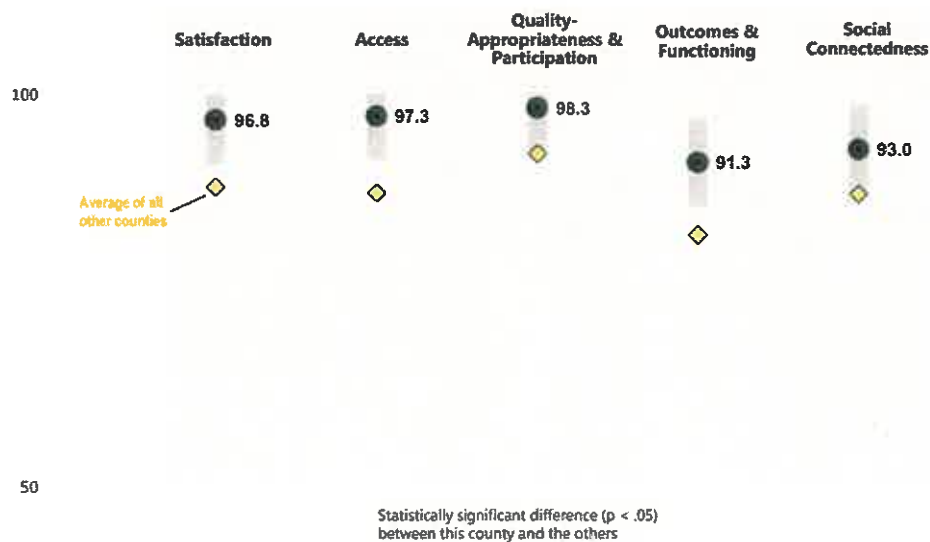
SWMBH Conducted Annual Survey Results:

Adults

St. Joseph County: Above average in all constructs in 2024 MHSIP

Dark green denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all St. Joseph consumers might lie (i.e., margin of error*)



FY	23	24	Increase/Decrease
Satisfaction:	95.0 %	96.8 %	1.8 %
Access to Care	95.4 %	97.3 %	1.9 %
Quality-Appropriateness & Participation	97.1 %	98.3 %	1.2 %
Outcome & Functioning	84.6 %	91.3 %	6.7 %
Social Connectedness	89.2 %	93.0 %	3.8 %

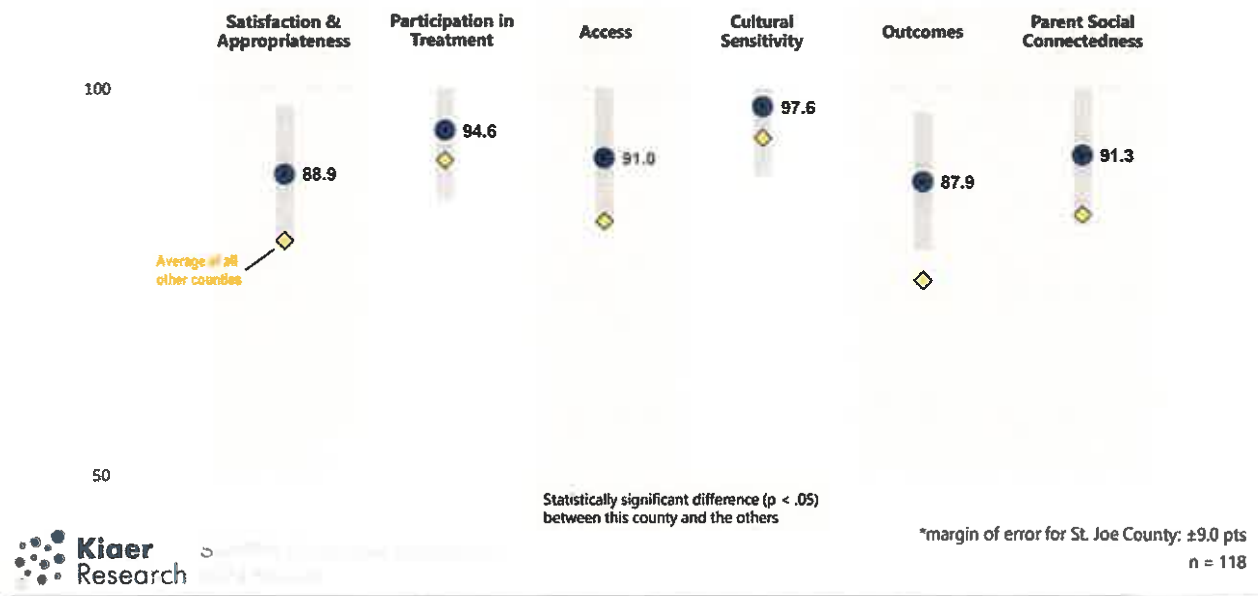
Adults scored above average in ALL 5 categories.

Children:

St. Joe County: Above average in satisfaction, access, outcomes, and parent social connectedness in 2024 YSS

Dark blue denotes the percentage in agreement for that construct's items for the county

Gray bars denote the likely range where the true percentage for all the county's consumers might lie (i.e., margin of error*)



Pivotal was above average in all 5 constructs.

FY	23	24	Increase/Decrease
Satisfaction and Appropriateness	86.0 %	88.9 %	2.9 %
Participation in Treatment	97.4 %	94.6 %	2.8 %
Access	87.8 %	91.0 %	3.2%
Cultural Sensitivity	100 %	97.6 %	2.4 %
Outcomes	79.7 %	87.9 %	8.2 %
Social Connectedness	92.4 %	91.3 %	.9 %

Participation in Treatment, Cultural Sensitivity, and Social Connectedness

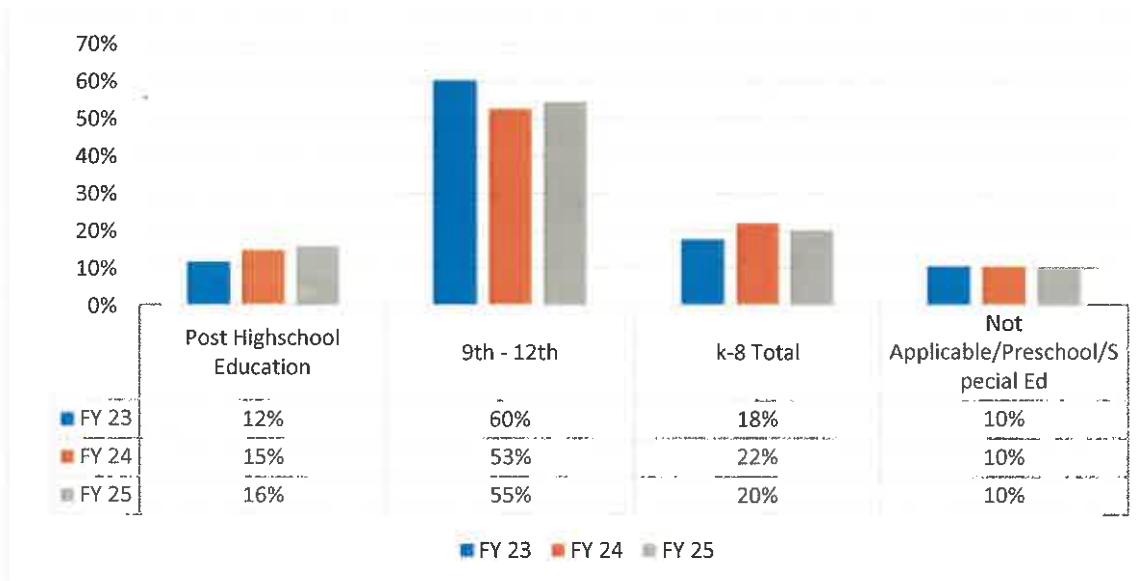
While these are decreases in the previous years scores, we still ranked higher in averages from all other counties in our region. We still have a high fluctuation of staff in the children's unit, with caseload mixes that are not ideal. It is increasingly difficult to find Children's Master Level Clinicians to help with Home-Based, or Infant Mental Health caseloads which are high at the moment. We have tried to help offset this with Centralized Care Coordinators, as well as the addition of Bachelor's level Case Managers to assist with the work load.

Agency Wide:

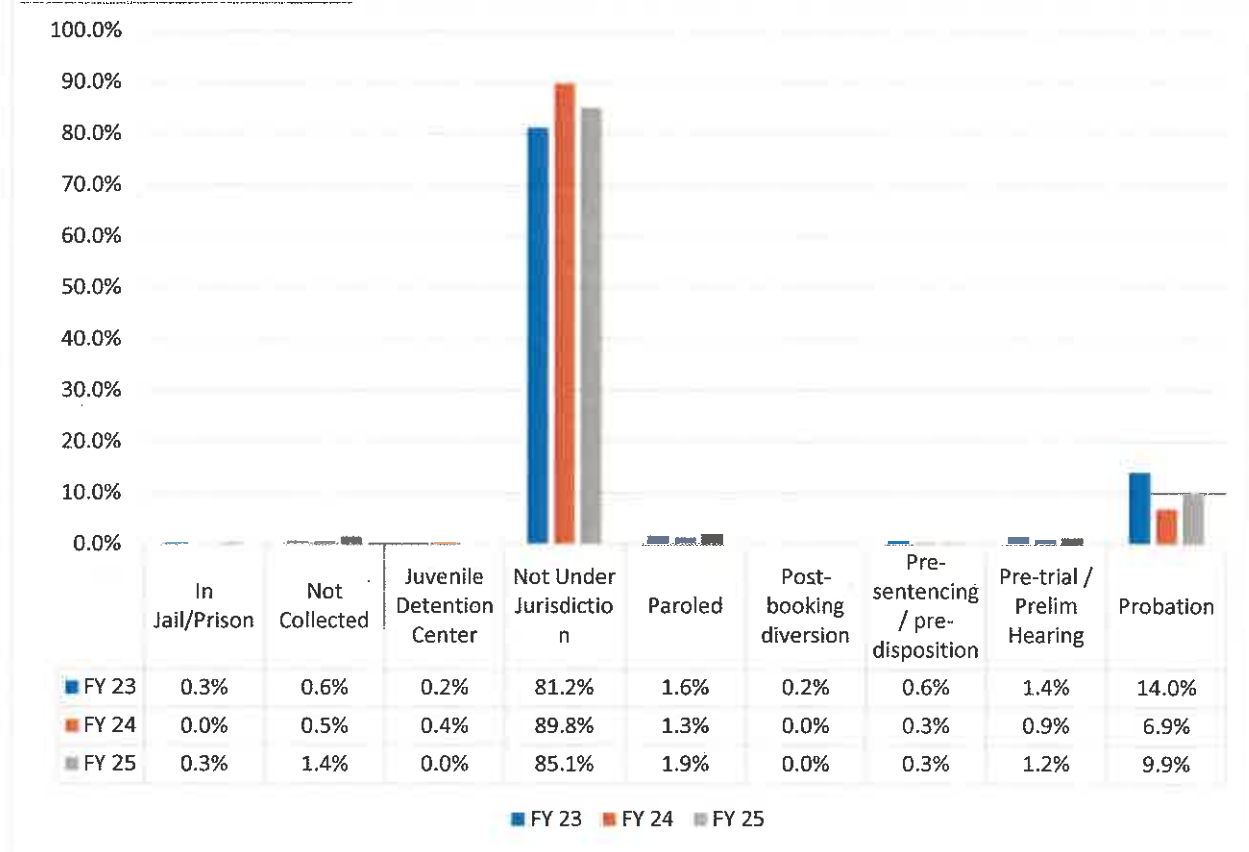
Between August 1st, 2024 through August 1st, 2025 we saw over 3500 clients. The prior year was just over 2200.

This number fluctuates based on clients achieving their goals, dropping out of service, or moving to new locations. The following information provides insight into the past three fiscal years.

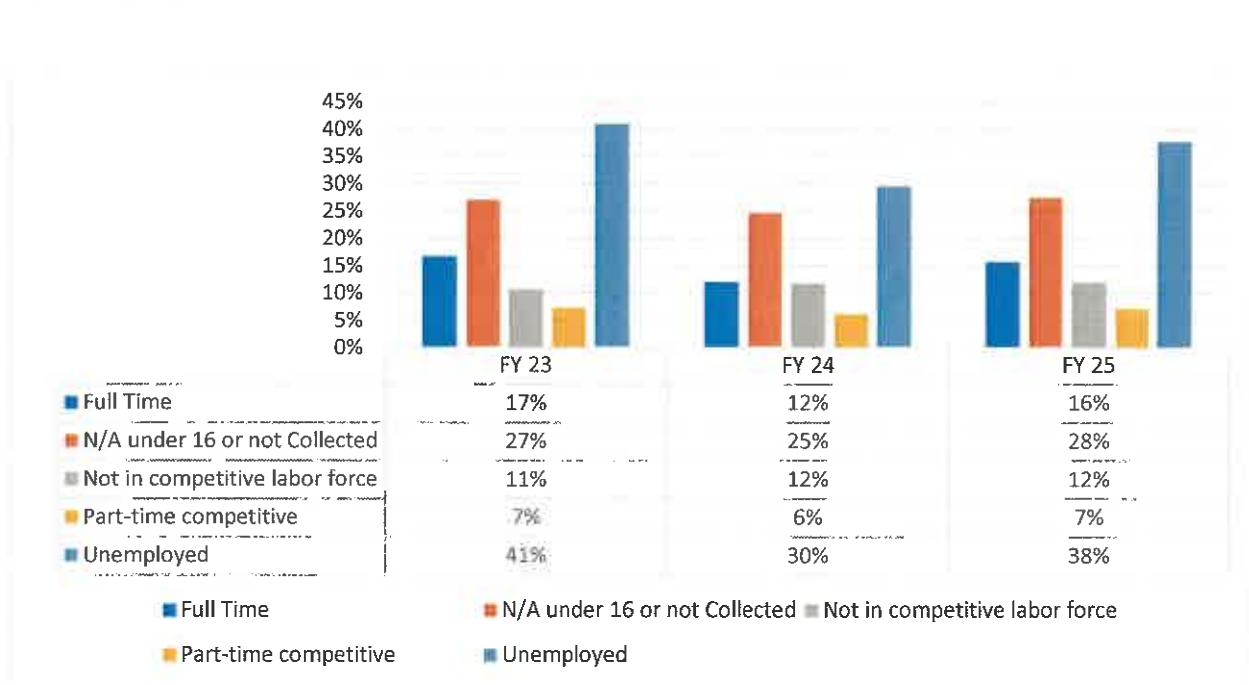
Grade level completed:



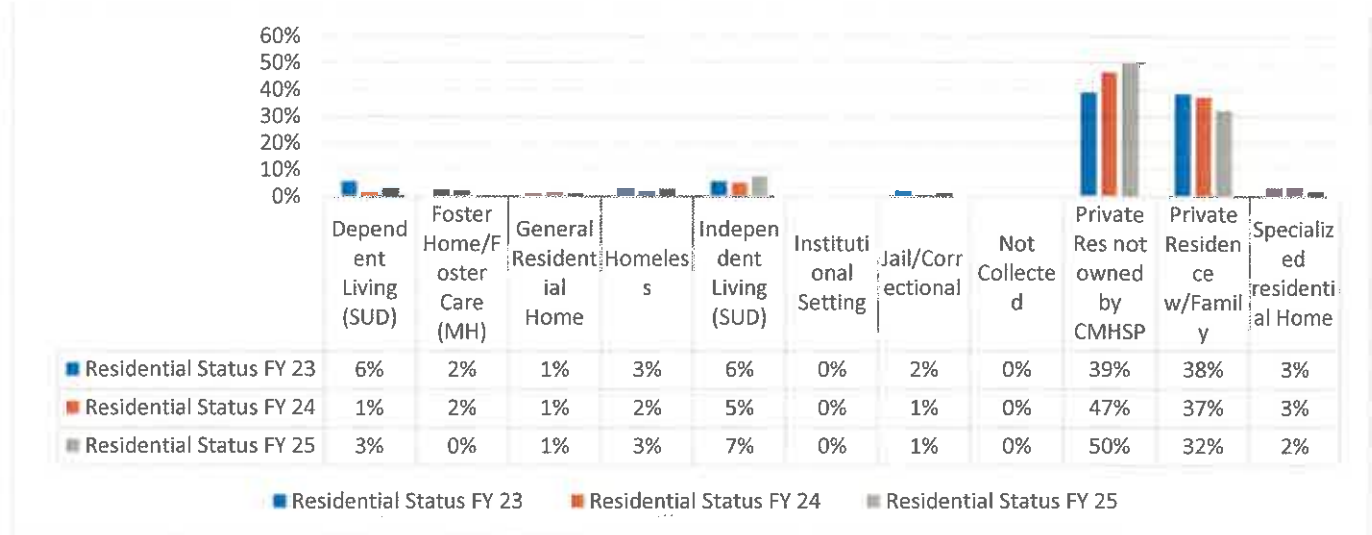
Correctional Status:



Employment Status



Residential Status



4. Individuals will have access to a variety of effective treatment options



BOARD POLICY VI.04

AREA:	Governance		
POLICY TYPE:	Governance Process	PAGE:	1 of 1
POLICY TITLE:	AGENDA PLANNING	EFFECTIVE:	09/28/2022
		REVIEWED:	08/26/2025

POLICY:

To accomplish its job products with a governance style consistent with board policies, the board will follow an annual agenda which (a) completes a re-exploration of Ends policies annually and (b) continually improves board performance through board education and enriched input and deliberation.

1. The cycle will conclude each year on September 30th so that administrative planning and budgeting can be based on accomplishing a one-year segment of the board's most recent statement of long term Ends.
2. The cycle will start with the board's development of its agenda for the next year.
 - A. Consultations with selected groups in the ownership, or other methods of gaining ownership input will be determined and arranged in the first quarter, to be held during the balance of the year.
 - B. Governance education, and education related to Ends determination, (e.g. presentations by futurists, demographers, advocacy groups, staff, etc.) will be arranged in the first quarter, to be held during the balance of the year.
3. Throughout the year, the board will attend to consent agenda items as expeditiously as possible.
4. At any meeting prior to which monitoring reports have been received, the board will ascertain by vote whether a majority of members judge the individual reports to have demonstrated fulfillment of a reasonable interpretation of the applicable policy.

CEO remuneration will be decided after a review of monitoring reports received in the last year during the month of September.



BOARD POLICY VI.05

AREA:	Governance		
POLICY TYPE:	Governance Process	PAGE:	1 of 1
POLICY TITLE:	BOARD CHAIRPERSON ROLE	EFFECTIVE:	10/25/2022
		REVIEWED:	08/26/2025

POLICY:

The Board Chair, a specially empowered member of the board, assures the integrity of the board's process.

Accordingly:

1. The assigned result of the Board Chairs job is that the board behaves consistently with its own rules and those legitimately imposed upon it from outside the organization.
 - A. Meeting discussion content will be on those issues which, according to board policy, clearly belong to the board to decide or to monitor.
 - B. Information that is for neither monitoring performance nor board decisions will be avoided or minimized and always noted as such.
 - C. Deliberation will be fair, open, and thorough, but also timely, orderly, and kept to the point.
2. The authority of the Board Chair consists in making decisions that fall within topics covered by board policies on Governance Process and Board-CEO Linkage, with the exception of (a) employment or termination of a CEO and (b) where the board specifically delegates portions of this authority to others. The Board Chair is authorized to use any reasonable interpretation of the provisions in these policies.
 - A. The Board Chair is empowered to chair board meetings with all the commonly accepted power of that position, such as ruling and recognizing.
 - B. The Board Chair has no authority to make decisions about policies created by the board within Ends and Executive Limitations policy areas. Therefore, the Board Chair has no authority to supervise or direct the CEO.

- C. The Board Chair may represent the board to outside parties in announcing board-stated positions and in stating chair decisions and interpretations within the area delegated to her or him.
- D. The Board Chair may delegate this authority but remains accountable for its use.



Pivotal Community Behavioral Health Clinic

2025 Community Needs Assessment

Between January and March of 2025, a total of 207 people participated in a community survey.

In April and May, three focus groups were held with key stakeholders: individuals with lived experience (persons served), staff members, and community partners including representatives from schools, law enforcement, health care, and behavioral health providers.

Key Findings

✓ Strategic Growth Opportunities

Pivotal is well-positioned to expand services and facilities to meet growing behavioral health demand.

✓ Underserved Populations

Opportunities exist to better engage individuals with co-occurring disorders, transition-age youth, rural residents, and justice-involved individuals.

✓ Care Coordination & Technology

Improved system collaboration and expanded telehealth services will reduce emergency reliance and enhance access.

✓ Workforce Development

Recruiting and retaining a culturally competent workforce is vital. Community education and stigma-reduction efforts are also critical.

Next Steps



24/7 Psychiatric Support in Emergency Rooms

In partnership with QLER Psychiatry, we are implementing 24/7 psychiatric consultation services at both Sturgis Hospital and Beacon Three Rivers Hospital.



Turning Point: Behavioral Health Urgent Care

Turning Point will be St. Joseph County's first Behavioral Health Urgent Care center. Designed to serve individuals experiencing urgent, non-life-threatening mental health concerns, Turning Point will offer same-day access to care.



Veterans Navigator Program

To better serve our veteran population, Pivotal is launching a Veterans Navigator Program in collaboration with local Veterans Affairs and Veterans Services offices.



Jail Liaison Program

Through the resumption of the BRYN/JAG grant, Pivotal will place a dedicated liaison within the St. Joseph County Jail. This program will increase access to in-jail therapy services, support community ride-along efforts, and facilitate diversion opportunities for individuals with behavioral health needs.



Affinity House Expansion

In response to significant growth, Affinity House, Pivotal's clubhouse program, is undergoing a physical expansion. A new dedicated space will enhance the clubhouse's work-order-day model, creating a more welcoming and functional environment for members.

THEME 1: IMPROVED OUTCOMES FOR CLIENTS - 25/26

Objective 1.1: Enhance access to timely, high-quality integrated care for all community members, especially underserved populations.

Action Steps

Person Responsible

Time Frame

Method for Measurement

Progress/Updates

Expand physical and administrative space (Affinity House expansion) to increase service capacity and create welcoming environments. Utilizing new space to repurpose for expanded clinical offerings

CEO

Q1-Q3

Quarterly updates of building progress, grand opening for affinity house, transfer of Affinity House to new location. Number of increased clients attending on average per quarter at Clubhouse

Implement and grow telehealth offerings to overcome geographic and transportation barriers, particularly for rural residents.

CEO, Director of IT,
Chief Clinical Officer

Ongoing

Reduction in average wait times for initial appointments and ongoing services across all programs. Increase in client intake numbers, specifically tracking growth from identified underserved populations (e.g., veterans, justice-involved individuals, rural residents, Spanish-speaking residents, low-income individuals, youth, older adults, LGBTQ+ persons, persons with disabilities). Client satisfaction surveys reflecting improved access and perceived quality of care, including specific feedback from diverse populations. Utilization rates of telehealth services, increase usage of CEHR, demonstrating

Adjust Turning Point Behavioral Health Urgent Care hours based on community needs assessment findings (e.g., preference for early morning and late morning services) to ensure accessibility and responsiveness.

Chief Clinical Officer,
Access Director

Ongoing

Q1: Review, review, and determine staffing levels necessary for revised hours. Q2: Promote new hours. Start tracking new data, change BHUC purpose. Q3/Q4: Report on usage and times utilized to determine the effectiveness on new times.

Implement PCE waitlist option to allow clients wanting quicker appointments to utilize the "waitlist" feature to take advantage of no-show appointments

Chief Clinical Officer,
CEO

Q1-Q2
Implementation on

Implementation of service, number of no-show slots % each quarter, productivity increase

Objective 1.2: Strengthen care coordination and integration across health systems to provide comprehensive, person-centered care and address multimorbidity.

Action Steps

Person Responsible

Time Frame

Method for Measurement

Progress/Updates

Establish stronger formal partnerships with primary care providers, hospitals, social service agencies, and criminal justice entities to create seamless pathways of care

CEO, CCBHC Director,
Clinical Directors

Ongoing

Number of formal care coordination agreements and active partnerships established with external agencies.

Reinforce the role of care coordinators and community health workers in addressing social drivers of health (e.g., housing, employment, food insecurity) and integrating behavioral health with primary care.

CEO, CCBHC Director,
Clinical Directors

Ongoing

Reduction in emergency department utilization and inpatient hospitalization rates for individuals with behavioral health diagnoses and multimorbidity. Client outcomes demonstrating improved physical health markers for individuals with co-occurring behavioral and chronic physical conditions.

Implement strategies to address medication adherence challenges, particularly for antipsychotic and bipolar mood stabilizer medications, as identified in pharmacy utilization data.

CEO, CCBHC Director,
Clinical Directors

Ongoing

Improvement in medication adherence rates for target behavioral health medications (e.g., antipsychotics) as per Relias Population Performance data.

THEME 2: INTEGRATED HEALTHCARE EXCELLENCE - 35/26

Objective 2.1: Advance the provision of integrated services to effectively manage co-occurring mental health, substance use disorders, and chronic physical health conditions.

Action Steps

Progress/Updates

Expand services and specialized programs for individuals with co-occurring mental health and substance use disorders, given the high prevalence and comorbidity.

Person Responsible
Clinical Directors,
Medical Director,
Quality Improvement
Team

Time Frame
Ongoing

Method for Measurement
Increased percentage of clients with co-occurring disorders receiving integrated treatment.

Further implement and track the utilization of evidence-based practices such as Integrated Dual Disorder Treatment (IDDT), Medication-Assisted Treatment (MAT), and Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Clinical Directors,
Medical Director,
Quality Improvement
Team

Ongoing
Utilization rates of IDDT and MAT services, and documented SBIRT interventions. Client outcomes demonstrating improvement in both mental health and substance use disorder symptoms.

Ensure robust primary care screening and monitoring are consistently provided and documented as part of CCBHC essential services.

Clinical Directors,
Medical Director,
Quality Improvement
Team

Ongoing
Compliance with primary care screening and monitoring guidelines for behavioral health clients.

Address the lack of higher-intensity SUD treatment services within the county (e.g., PIHP, residential, medically managed intensive inpatient services) through advocacy and regional partnerships.

Clinical Directors,
Medical Director,
Quality Improvement
Team

Ongoing
Successful creation, or additional partnerships with SUD treatment services within St. Joseph County.

CARF Recertification

Objective 2.2: Strengthen organizational infrastructure and data systems to meet CCBHC model standards and enhance data-informed decision-making.

Action Steps

Progress/Updates

Build and maintain robust HR systems for managing complex staffing requirements, credential tracking, continuous training, and onboarding protocols for a multidisciplinary team.

HR Director/Corporate
Compliance Officer

Q3
Compliance rates with CCBHC staffing mandates and federal/state reporting requirements.

Develop and implement data collection and reporting infrastructure to meet detailed encounter reporting, quality metrics, outcome measures, and service type tracking across the nine required CCBHC service areas.

CCBHC Director / BI
Manager

Q2-Q4
Successful integration with MDHHS and other payers regarding CCBHC reimbursement. Number of encounter available to be sent (billable) vs accepted per quarter. Quarterly updates to board addressing EBP, interventions, and outcomes.

Utilize data from the Population Health Report (CY 2024) and ongoing analyses to inform service development, targeted outreach, and resource allocation.

CCBHC Director / BI
Manager/ CCO

Q2-Q4
Demonstrable use of population health data in strategic planning and program adjustments. (needs specific target outcomes and population metrics)

THEME 3: EMPLOYEE ENGAGEMENT AND RETENTION - 25/26

Objective 3.1 : Recruit, train, and retain a diverse, skilled, and culturally competent workforce.				
Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Invest in comprehensive workforce development initiatives to address shortages of qualified behavioral health professionals, particularly in rural areas.	HR Director, Clinical Directors	Ongoing	Employee retention rates and turnover rates for clinical staff. Number of new hires, specifically tracking recruitment success for critical positions	
Provide continuous training on CCBHC standards, evidence-based practices (e.g., DBT, IMH, MI, PMTO, EMDR, TF-CBT, CBT, ACT, Zero Suicide, WRAP, TIP, MAT), and culturally/linguistically responsive care.	HR Director, Clinical Directors	Ongoing	Tracking of staff training hours and certifications in relevant evidence-based practices and culturally competent care.	
Address staff workload concerns and high caseloads to reduce burnout and improve retention, acknowledging the increased workload due to CCBHC implementation.	HR Director, Clinical Directors, CEO	Ongoing	Employee satisfaction survey results, particularly related to workload, professional development opportunities, and support from leadership.	
Objective 3.2: Foster a supportive and engaging work environment that promotes staff well-being and professional growth.				
Promote flexible care options, such as possibly extending hours, weekends, etc. to empower staff in service delivery and meet diverse client needs.	HR Director, Clinical Directors, Employee Wellness Committee, CEO	FY 26	Employee feedback data demonstrating improved work environment, morale, and perceived support.	
Gather regular feedback from employees through surveys and focus groups on challenges and opportunities related to CCBHC implementation and overall work environment.	HR Director, Clinical Directors, Employee Wellness Committee, CEO	Q1	Staff Satisfaction results (Specific percentile expectations)	

THEME 4: COMMUNITY ENGAGEMENT - 25/26

Objective 4.1: Increase community awareness of available behavioral health services and reduce stigma associated with seeking care.

Action Steps

Conduct broad-based community education campaigns to reduce stigma, raise awareness of available services, and encourage help-seeking.

Collaborate with justice system representatives for targeted outreach and information sharing.

Proactively communicate on topics of community concern, such as suicide prevention and gun safety, using evidence-based approaches like the LOSS team and community education.

Increase peer run groups and access to 1st service appointments

Increase Recovery Coach Groups and access to 1st Service appointments

Person Responsible	Time Frame	Method for Measurement	Progress/Updates
CEO, CCO, CCBHC Director	Ongoing	Number of events, locations, and topics discussed each quarter. Topics range on services offered, support groups, CPR, Mental Health First Aid, etc.	
CEO	Ongoing	CIT Training, # of officer trained, number of trainings offered.	
CEO, CCO, CCBHC Director	Ongoing	CPR Trainings, Mental Health First Aid. Number of trainings and people attended.	
CCO, Adult Services Director, Peers	Ongoing	Number of groups offer & number of quarterly attendance	
CCO, SUB Services Director, Recovery Coaches	Ongoing	Number of groups offer & number of quarterly attendance	

Objective 4.2: Foster continuous community input and collaboration to inform service planning and ensure responsiveness to evolving needs.

Action Steps

Conduct annual reviews that integrate ongoing analysis of quantitative and qualitative data, including service utilization rates, waitlist trends, client satisfaction feedback, and key community health indicators (e.g., hospitalization rates, social drivers of health).

Actively advocate for the development of a local bus line to improve physical access to care.

Person Responsible	Time Frame	Method for Measurement	Progress/Updates
CEO, Data Analyst	Q3/Q4	Integration of community feedback into service development and strategic planning as evidenced by planning documents and program modifications.	
CEO	Q1/Q2	Progress in advocacy for local transportation initiatives. (meetings, costs, etc)	

THEME 5: FINANCIAL SOLVENCY - 25/26

Objective 5.1: Optimize Operational Efficiency

Action Steps

1. Conduct regular cost-benefit analyses to identify areas for cost reduction without compromising service quality.

2. Implement technologies for improved data management and streamlined workflows.

3. Monitor productivity among staff and departments

Objective 5.2: Clean Financial Audit

Action Steps

Monitor Internal controls

Person Responsible	Time Frame	Method for Measurement	Progress/Updates
CEO/CCO/CCO	Ongoing	1/2. Quarterly reports of new technologies and areas where costs have been reduced and by how much. 3. Utilize productivity, SALs, and admission discharge data to determine increases and decreases in staffing matrices.	
Person Responsible CFO, Financial Specialist, Accountant	Time Frame Ongoing	Method for Measurement Clean financial Audits	Progress/Updates

Objective 5.3: CCBHC State Direct Payment

Action Steps

Enrollment in CHAMPS

Accepting Payments from State reconciled to Monthly billing

CCBHC Cost Settlement Report

Person Responsible	Time Frame	Method for Measurement	Progress/Updates
CFO/Rehmann CFO CFO	Q1 Ongoing Q4	Acceptance in the CHAMPS System Monthly Financial Reporting of Revenue Received Accepted CCBHC Cost Settlement report	

Directors' Report August 2025

Administrative

- Attended CCBHC Direct Pay Claims meeting, still not sure what is going to happen with how we report, when to report, when we have access, etc. We are following and attending all meetings regarding this topic. This is one of many changes happening to our system all at once.
- Attended the HSC meeting where we hosted the state and federal legislators from Michigan. I now have a meeting with Senator Lindsey and Rep. Carra on Monday to discuss the RFP and its impact on our CMH, as well as why they should oppose the changes the State is putting forward.
- Met with the Michigan State Police for a site review on our BRYN/JAG grant. Everything went well, will let you know if there are any changes.
- Attended operations committee
- The emergency repair for the gas leak was not nearly as bad as anticipated, running \$3100 for the repair.
- CCBHC QBP funding awarded of \$662,473
- Attended the Covered Bridge Board Training
- Attended a special board meeting at SWMBH - Brad Casemore is no longer the CEO, and Mila Todd was named interim
- Post Bid interviews for plumbing, elevator, HVAC, Fire Suppression, Structural Steel, Electrical, Concrete, Aluminum Storefronts, Gypsum Board/Ceiling, Kitchen, Roof.
- Had to change the internet package as we are moving our phone lines to the internet package as frontier is no longer maintaining physical phone lines at this time. This has resulted in a \$300 ish dollar per month increase but we are getting 5x the current speed we have and with the way we are using telehealth and voice on our internet lines, we will need to have additional bandwidth.
- Met with the SACF to discuss Support for Child Care Providers in St. Joseph County
- Presented to the Northern UP for Eleos
- Attended multiple meetings with the state for the direct payment of CCBHC services moving forward
- The Company Picnic was well attended this year, with roughly 60% of staff attending.
- Met with Rep. Carra and Sen. Lindsey to discuss the RFP and opposition to the RFP
- Working with Bond Council to secure the required information to keep our interest rate for the bank loan at 5.5% instead of 6.
- Attended Biweekly Construction Meeting
- Met with Richard Carpenter regarding potential new Regional Entity, reviewing bylaws, and making suggestions.

Clinical

- State of Michigan Released new RFP for Rebid of the PIHPs
- We received SWMBH approval to enter into a contract with Summit Pointe for them to take over our customer service. This will go live on September 15th, 2025. This is a cost-saving measure for me and SWMBH.
- Agency hosted its quarterly all-staff meeting

Human Resources

Open Positions:

- **Outpatient Therapist x 2**
- **Children's Case Manager**
- **Business Intelligence Manager**

Pending:

- **Centralized Care Coordinator**

Transfers:

N/A

Resignations:

Matt Jackson- Co-Occuring Therapist - Private Practice (9/3/25)

THEME 1: IMPROVED OUTCOMES FOR CLIENTS - 24/25

Objective: Explore opportunities for adolescent DBT

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Work with MDHHS to see if there is a chance/cohort to train willing and able staff, once/if trained, develop an internal plan to create an operational model similar to Adult DBT for adolescents.	Director of Children's Services/CCO	FY 25	Active and working Adolescent DBT team. If operational in FY 25, a number of enrolled adolescents can be used to show operations.	<p>Progress/Updates</p> <p>Q1- Will be sending clinicians and supervisor through Adolescent DBT cohort February 2025 CE-CERT</p> <p>Q2 - 4 clinicians and a supervisor are set to attend the DBT-A cohort 5 Training</p> <p>Q3 - 4 Clinicians and a supervisor attended the DBT-A Cohort 5 training, are currently engaging in every other week consultation calls, have identified clients for DBT and are engaging them in DBT 'pre-treatment', and are set to begin groups in September 2025</p>

Objective: Explore opportunities for Adolescent SUD services.

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Work with MDHHS to see if there is a chance/cohort to train willing and able staff, once/if trained, develop an internal plan to create an operational model similar to Adult SUD for adolescents.	Director of Children's Services/CCO	FY 25	Active and working Adolescent SUD team. If operational in FY 25, a number of enrolled adolescents can be used to show operations.	<p>Progress/Updates</p> <p>Q1- N/A</p> <p>Q2 - N/A</p> <p>Q3- N/A</p>

Objective: CCBHC Dashboard

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Adapt and implement Riverwoods CCBHC dashboard for better-reporting metrics to staff, board, and community during the Annual reports of work being done inside the organization.	CEO/CCBHC Director/ IT Director	Q2/Q3	The dashboard will be able to highlight a number of visits and identify lapses in insurance, WSA enrollments, trends, etc, for staff and board education. Presented to board monthly for ease of understanding and utilization.	<p>Progress/Updates</p> <p>Q1 - Working on a contract with Riverwood to have the dashboard created for Pivotal.</p> <p>Q2 - Finalized and deployed for use.</p> <p>COMPLETE</p>

THEME 2: INTEGRATED HEALTHCARE EXCELLENCE - 24/25

Objective: Behavioral Health Clinic Open and Operational

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
1. Launch BHUC and Grand Opening 10-1-2024	CCBHC Director/Access Director/CEO	Ongoing	1. Opening of BHUC 2. Utilization reports Quarterly - Assess needs of community 3. Cost reports to State	Q1- Oct:18 Nov:13 Dec: 8; BHUC Total Visits: 54
2. Quality improvement and monitoring				Q2 - Jan:9, Feb: 10, March 7 BHUC Total Visits 26
3. Data Collection and Reporting				Q3 - April 3, May- 7, June -7, BHUC Total Visits 17

Objective: Integrate and open relationships with Amish Community

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
1. Inhouse training for clinicians and staff to help understand Amish Culture and Customs.	CEO/ Amanda Miller- Board Member	FY 25	1. Number of Staff trained 2. Events attended 3. Increase in Amish consumers FY to FY	Q1- A meeting with Amanda will be set up in January; staff have been sent an email asking for questions they wish to be addressed for better understanding.
2. Attend CVC event as invited				Q2 - Training is scheduled for 4-10-25. The directory advertisement has been printed and is out for distribution.
3. Work with Amanda to be able to Advertise in Amish Directory				Q3- N/A

THEME 4: COMMUNITY ENGAGEMENT - 24/25

Objective: Increase awareness and reduces stigma

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
<ol style="list-style-type: none"> 1. Develop and distribute educational materials (pamphlets, videos ect.) on common mental health conditions and available resources. 2. Partner with local media outlets to run public service announcement and educational segments 3. Organize Mental Health awareness events 	CEO/Inspirational Studios/Pivotal Staff	FY 25	<ol style="list-style-type: none"> 1. Track media coverage reach and engagement, monitor the website for increased traffic, and post-surveys to gauge knowledge and reduce stigma. 2. Increase social media presence by 25% 	<p>Q1- Spotify and Pandora Ads were run. Social Media reports are included in the board packet for January. Received a grant from Beacon, added two bus ads with our crisis services listed for more visibility.</p> <p>Q2 - Worked with WBET for May, which is Mental Health Awareness month, added LinkedIn and Instagram to our offerings for Social Media.</p> <p>Q3 - Wraparound Pamphlets & Peer Services brochure have been updated to reflect Pivotal branding and additional resources.</p>

Objective: Build Supportive Networks and Social Connections

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
<ol style="list-style-type: none"> 1. Facilitate peer support groups for individuals with similar mental health experiences 2. Organize social events and activities promoting social interaction and belonging 3. Train community leaders and volunteers on mental health first aid and how to provide support 4. Recovery Coaches/Peer Support Specialists will provide support group services in the jail for individuals enrolled in the Medication-Assisted Treatment (MAT) program. 	CEO/Peer Support workers/Management	FY 25	<ol style="list-style-type: none"> 1. Track participation rates in support groups and social events 2. Conduct satisfaction surveys among participants 3. Monitor the number of volunteers trained 4. Track number of MAT participants engaging in groups. 	<p>Q1 - Met with adult services to identify and facilitate groups based on needs seen in the community/agency. The Adult Services Director will set up meetings and recurring groups in Q2.</p> <p>Q2 - Recovery Coaches had to pause groups at the jail due to reconstructions. Will hopefully begin groups again in April.</p> <p>Q3 - Groups still on hold, MAT is being reestablished within the jail. Mental Health First aid clinician has been identified, and training is being looked at so that Pivotal can offer to community.</p>
Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
<ol style="list-style-type: none"> 1. Train Police Social workers to be able to train officers for a Crisis Intervention Team (CIT) 2. Work with local police departments and Sheriff's department to train officers in CIT 3. This is a local expenditure, and is not covered by Medicaid 	CEO/PSW	FY 25	<ol style="list-style-type: none"> 1. PSWs attend training for CIT, and become Train the Trainers 2. Monitor the number of officers that are CIT trained in the county and report quarterly once trained 	<p>Q1- Identified the two PSWs to attend the training, will schedule the training in Q2.</p> <p>Q2 - There has been shuffling in jail personnel. We are hoping to sent the TR PSW to CIT training, and then Train the Trainer. Once trained and certified, we will then offer it to the county.</p> <p>Q3 - Training is schedule for TR PSW, will be going in September.</p>

THEME 5 : FINANCIAL SOLVENCY - 24/25

Objective: Optimize Operational Efficiency

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
<ol style="list-style-type: none"> 1. Conduct regular cost-benefit analyses to identify areas for cost reduction without compromising service quality. 2. Implement technologies for improved data management and streamlined workflows. 3. Monitor productivity among staff and departments 	CEO/CFO/CCO	FY 25	<ol style="list-style-type: none"> 1/2. Quarterly reports of new technologies and areas where costs have been reduced and by how much. 3. Utilize productivity, SALs, and admission discharge data to determine increases and decreases in staffing matrices. 	<p>Q1-Worked with SWMBH to implement a group purchasing agreement for ELEDOS. Brought the expense from almost \$90k to \$74k just in our region. Other regions had similar savings.</p> <p>Q2 - Obtained SUE reports. Identifies 4 areas of potential utilization maximization. Working with SWMBH to get a code-by-code breakdown in those 4 areas to be able to highlight and focus efforts on cost reductions.</p> <p>Q3 - Kalamazoo presented a detailed analysis done by a consultant to better dive into costs and anomalies for review. SWMBH is engaging with the consultant to provide all CMHS with the same data.</p>

Objective: Clean Financial Audit

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Monitor Internal controls	CFO, Financial Specialist	ongoing	Clean financial Audits	<p>Q1- Audit is ongoing. So far nothing to report, will be presented to the board in April.</p> <p>Q2 - Financial Audit complete, no findings. Compliance audit to begin in April.</p> <p>Q3 - Compliance Audit complete, no findings.</p>

THEME 3: EMPLOYEE ENGAGEMENT AND RETENTION - 24/25

Objective: Increase Compassion fatigue (CP) Vicarious Trauma (VT) and Secondary Traumatic Stress (STS) burnout for Pivotal staff

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Offer voluntary Trauma Training to Pivotal staff via C-CERT trained individuals	Kathleen/Travis/ Grae	Annually	1. A CE-CERT Training is held bi-monthly 2. Total number of staff utilizing each CE-CERT training	Q1 - First scheduled training is 2-26-25 for CE-CERT Q2 - Next training scheduled for 4-10-2025 Q3 - CE-CERT was offered 7/25/2025

Objective: Create a debriefing team for Agency and Community Use

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Develop/Utilize a debriefing team, through a trauma informed lens, which the entire agency may utilize to process high stress situations, client injury/death, staff injury/death, natural disasters.	CCO/CEO	FY 25	1. Policies and procedures will be in place as well as necessary training will be completed to allow for the debriefing team to be utilized in the community and inside Pivotal. 2. Utilization numbers of team by quarter once implemented	Q1 - N/A Q2 - N/A Q3 - Volunteers were requested to be on the debrief team workgroup. Working on scheduling the first workgroup meeting.

Objective: Annual Staff Satisfaction Survey

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
1. Complete the Staff satisfaction survey in November. 2. Create a workgroup of volunteers to implement changes and suggestions from survey to agency.	CEO/Board/Vol. Staff Members	FY25	1. The survey is complete and dispersed to the agency and board. 2. Workgroup minutes will be collected and dispersed to the board quarterly. 3. Maintain or increase current 84% satisfaction	Q1 - Survey was sent out. Score went down to 79.8%. First workgroup was held and homework was assigned to staff to bring back to next scheduled meeting. Q2 - Survey workgroup has been completed, and there were not many additional changes identified. Will resend out Survey in October of 25 Q3 - N/A

Objective: Fill all open positions

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Work with colleges, indeed, HRSA website, and job/career fairs to ensure that all avenues are taken to be able to recruit staff	Pivotal Staff/HR/CEO	FY25	1. Quarterly reports to the board on open positions and filled positions in the last quarter. 2. Number of filled vs open positions 3. Goal of being fully staffed	Q1 - 6 Hired and 5 open positions. Q2 - 5 hired and 5 open positions Q3 - 10 hired and 4 open positions

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

TO: REGION 4 PARTICIPANT CMHSP CEOS & SUD PROVIDERS
FROM: MILA C. TODD, CHIEF COMPLIANCE OFFICER & DIRECTOR OF PROVIDER NETWORK
SUBJECT: FISCAL YEAR 2026 PROVIDER RATES
DATE: JULY 10, 2025

As you are acutely aware, Michigan's public behavioral health system is facing a serious and escalating funding crisis driven by several factors including but not limited to a reduction and misclassification of Medicaid eligibles (upon which capitated funding is calculated), inflationary pressures, increased demand for services, and MDHHS repeatedly underspending appropriated specialty supports and services Medicaid funding. As a result of this prolonged systemic underfunding, the SWMBH region experienced a deficit in funding in Fiscal Year 2024 which resulted in entering the risk sharing arrangement with MDHHS, and essentially exhausting SWMBH's Internal Service Fund ("ISF"). Even with the recent FY25 rate adjustment, the SWMBH region continues to project a \$7.3 million dollar deficit for Fiscal Year 2025.

SWMBH and its Participant CMHSPs have taken a number of steps to advocate for appropriate funding levels and educate MDHHS and its actuarial vendor, Milliman. Simultaneously, we have reduced expenditures where possible, recognizing that Medicaid specialty services are an entitlement benefit and cannot be denied, reduced, or delayed when medically necessary. As a result of the continued systemic underfunding, and in order to fulfill fiscal agent responsibilities to taxpayers and members served, SWMBH and Region 4 Participant CMHSPs will not increase provider contract rates for Fiscal Year 2026 at this time. We will monitor and evaluate the Fiscal Year 2026 *actual* financial experience and reconsider the possibility of upward rate adjustments at a later date. Please note that this Memo does not apply to CCBHC services. As per MDHHS, CCBHC services will be managed directly between MDHHS and the CCBHC beginning Fiscal Year 2026.

If additional information becomes available as MDHHS considers future capitation rates, that information and its impact on the provider network will be shared. Should you have any questions or concerns, please direct them to Mila Todd, SWMBH Chief Compliance Officer & Director of Provider Network at mila.todd@swmbh.org. Participant CMHSP network providers should direct their questions to the respective CMH contract manager.

Memo

To: Pivotal Provider Network

From: Cameron Bullock, MBA, Chief Executive Officer

cc: Jarrett Cupp, LPC, Chief Compliance Officer

Date: July 14th, 2025

Re: Provider Rate FY 26 Pause

As a result of this prolonged systemic underfunding, SWMBH experienced a deficit in Fiscal Year 2024 and projects a \$7.3 million deficit for Fiscal Year 2025, even with recent rate adjustments. There are no reserves in the Internal Service Funds, and essentially, SWMBH is out of reserve revenues.

Consequently, the attached memo states that SWMBH has directed Pivotal and our Region 4 partner CMHSPs not to increase provider contract rates for Fiscal Year 2026 currently. They will, however, continue to monitor and evaluate the financial experience for FY26 and may reconsider upward rate adjustments at a later date.

Please note that this memo does not apply to CCBHC services, as those will be managed directly between MDHHS and CCBHCs starting in Fiscal Year 2026.

It is understood that this may present challenges, and I, or Mr. Cupp, will share any additional information that becomes available regarding future capitation rates and their impact on the provider network.

If you have any questions or concerns directly related to the SWMBH memo, please contact Mila Todd, SWMBH Chief Compliance Officer & Director of Provider Network, at mila.todd@swmbh.org.

For questions specific to a Pivotal contract, please don't hesitate to contact Jarrett Cupp at 269.467.1001 ext. 353 or jcupp@pivotalstjoe.org.

Thank you

Cameron Bullock



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

July 23, 2025

Cameron Bullock, Chief Executive Officer
Pivotal
677A East Main Street
Centreville, Michigan 49032

Subject: Fiscal Year End 2023 CMH Compliance Examination

Dear CEO Bullock:

The Michigan Department of Health and Human Services (MDHHS) has completed its review of Pivotal Compliance Examination Report for the fiscal year ended September 30, 2023. MDHHS's response for the comment (2023-01) is summarized below.

2023-01 FSR Examination Adjustments

Pivotal is not in compliance with FSR instructions. The examination adjustments were made to add the prior year GF carry forward that was omitted in the original FSR. The corrective action plan is to review policies and procedures for the preparation of the FSR so that all reported amounts are in compliance with the instructions following the completion of the final draft to be reviewed by a knowledgeable person independent of the original preparer.

Management Decision

The issue is valid and supported by the criteria stated. It appears corrective actions are adequate to resolve this issue. MDHHS will review the subsequent Compliance Examination Report to confirm resolution.

This letter serves as your notification that your contractual obligation for a CMH Compliance Examination has been fulfilled. MDHHS retains the right to conduct additional reviews for this fiscal year. Additionally, MDHHS may review work papers of the CPA firm that performed your CMH Compliance Examination.

If you have any questions, please contact me at 517-335-8512 or handickinsons@michigan.gov, or Tim Kubu at 517-241-9163 or kubut@michigan.gov.

Sincerely,

Sol Han-Dickinson, Senior Auditor
Community Mental Health Compliance Section
Bureau of Audit

Affinity House Advisory Board Agenda

May 21, 2025

<ul style="list-style-type: none">- Travis (Absent)- Jessica- Holly- Ron- Gail- Adam- Luke	<ul style="list-style-type: none">- Rick- Gina (Absent)- Jo- Liz- Cory (Absent)- Jill
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Guest: Max Coon

1. **Call to Order:** 12:09pm
2. **Approval of Agenda:** Adam motioned, Liz supported.
3. **Approval of Minutes:** Jo motioned, Liz supported.
4. **Banking Account:**
 - a. Total Cash on hand: \$561.67
 - b. Restricted Funds from Pivotal: \$13,841.05
 - i. Affinity House now has a credit card with a \$1,000 limit. It is for use at trainings, outings, and grocery purchases. This money comes out of Affinity House's restricted funds.
 - c. FY '24/'25 Budget: \$205,654.00
 - d. Approval of Banking: Adam motioned, Holly supported.
5. **Accreditation Updates:**
 - a. Member Karen and Staff Kathy are at the 2-week comprehensive training in St. Louis.
 - b. Members have completed the self-study as a Clubhouse. Holly reported she needs to put the member's notes into the self-study document. Jessica requested Holly email the 'Advisory Board' portion of the self-study to her, so she can begin working on it.
6. **Employment:**
 - a. SE: Clubhouse fulfills this requirement.
 - b. TE: The Glen Oaks position will hopefully be open in December. Clubhouse has two positions with SJCTA-Sturgis bus aide & Three Rivers washing buses.
 - c. Clubhouse is in need of more transitional employment positions, due to their increase in membership.
 - d. Affinity House Staff continues to have a high turnover rate. One part-time staff is leaving in August. At the end of June, Affinity House has another staff starting.
7. **Education:**
 - a. One member working on GED.
 - b. One member enrolled at Glen Oaks.
8. **Advisory Board:**
 - a. Max Coon joins us from Constantine Police Department. Welcome Max! We are so glad you are joining us!
9. **Fundraising:**
 - a. Adam stated GOCC is looking to host a celebration event at the college. He inquired about hosting the event on the same day as the 5k run. The board agreed this would be a good idea.
 - b. Clubhouse is hosting a Car Wash on August 2nd.
 - c. Pivotal Staff are able to purchase coffee for \$1 per cup. Liz suggested creating a flyer for Pivotal break rooms.

- d. The salad fundraiser is not going as well as hoped. Holly reported there are 3 Pivotal Staff that order consistently. The Clubhouse is working on creating a cost analysis, to see if they are making money.

10. Advocacy:

- a. Hoping to visit St. John's Church on July 11th.
- b. Reached out to KeyStone, in hopes to educate the individuals (clients and staff) that reside there.
- c. Affinity House will be at PRIDE Fest this weekend.

11. For the good of the order:

- a. Daily attendance is up to 40 on some days.
- b. Holly continues to work on getting the members from the VanBuren Clubhouse. VanBuren CEO stated she is relaying messages to these two new members. However, Holly has not had direct contact with these members.
- c. Cory found Clubhouse 2 free buses – On behalf of the board, we thank you for your hard work in finding these buses for us.

12. Meeting Adjourned: 1:05pm

Next Meeting: July 16, 2025

***Standard 33 – International Clubhouse** - The Clubhouse has an independent board of directors, or if it is affiliated with a sponsoring agency, has a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse.

Advisory Board Mission Statement - 'The Advisory Board will be comprised of individuals who are actively engaged in supporting Affinity House to become integrated into the community through employment, advocacy, and fundraising events.'

**AFFINITY
HOUSE**

5K

**RUN/
WALK**

STOMPING OUT STIGMA AGAINST MENTAL HEALTH

OCTOBER 4TH 2025

GLEN DAKS COMMUNITY COLLEGE

62249 SHIMMEL RD. CENTREILLE, MI 49032

8AM PACKET PICK-UP AND REGISTRATION

9AM START TIME

**\$25
REGISTRATION
WITH T-SHIRT
UNTIL 9/18**

**FOR ANY QUESTIONS OR ANYONE
WITH A DISABILITY WHO NEEDS
SPECIAL ACCOMMODATIONS TO
ATTEND THIS EVENT,
PLEASE CONTACT AFFINITY
HOUSE AT: 269-467-1323**

**\$30
REGISTRATION
T-SHIRT NOT
INCLUDED
9/19-10/3**

ALL PROCEEDS GO TO AFFINITY HOUSE

AFFINITY HOUSE IS A COMMUNITY BASED SERVICE DEDICATED TO SUPPORTING AND EMPOWERING PEOPLE LIVING WITH MENTAL ILLNESS. AFFINITY HOUSE OFFERS A COLLABORATIVE, RESTORATIVE ENVIRONMENT WHERE INDIVIDUALS CAN RECOVER BY GAINING ACCESS TO OPPORTUNITIES FOR EMPLOYMENT, SOCIALIZATION, EDUCATION, SKILL DEVELOPMENT, HOUSING AND IMPROVED WELLNESS.

