October 27th, 2026, 5 PM
Pivotal Conference Room

I. **Approval of Agenda**: *Welcome & Preliminaries: the focus of our meeting.* pg 1

II. **Public Comment:** Guests *and visitors can comment, with a maximum of 3 minutes per person.*

III. **Frederick Construction/Diekema Hamann Building Project Update –** Building Tour for Board Members

IV. **Consent Agenda** *Ratification and approval of minutes & non-debatable items* ** (L. Rosado)
   a. **Meeting Minutes September 2026** pg 2
   b. **Check Register September 2026** pg 7
   c. **Contracts October 2026** pg 10

V. **Monitoring Reports** *Assuring Executive and Organizational Performance* (C. Bullock)
   a. **Public Executive Limitations:** *Is the organization operating within the boundaries the Board sets?*
      i. **EL.V05** –Preliminary Financials September* pg 13
         1. **Cashflow** pg 16
         2. **Investments** pg 20
      ii. **EL.V.06 –** Emergency CEO Succession* pg 26
      iii. **EL.V.03 –** Treatment of Staff * pg 27

VI. **Performance on Ends:** *Is the organization on track with its vision?* (C. Bullock)
   a. **Report on Ends Accomplishments** –N/A
   b. **Discussion on Implication of Ends Report** – N/A

VII. **Board Policy Review** *Do our existing policies reflect the board's current values (L. Rosado)*
   a. **III.05 – Monitoring Executive Performance –** Luis R pg 29

VIII. **Board Decisions (Motions) Actions**: *Only the Board has the authority to make them. (L. Rosado)*

IX. **Board Work on Ends, Linkage Activities, and Board Education (***L. Rosado)*

X. **Communications:** *Keep the Board current on significant events and operations.* (C. Bullock)
   a. **Director's Report October 2026** pg 30
   b. **FY 26 Strategic Plan Completion** pg 32

XI. **Board 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 395). NEXT REGULAR BOARD MEETING: NOVEMBER 24TH, 2026, PIVOTAL BOARD ROOM

MEETING MINUTES OF SEPTEMBER 29, 2026

ANNUAL PUBLIC HEARING

Pivotal Conference Room

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

MEMBERS
PRESENT: Zach Reed, Amanda Miller, Stacy Linihan, Darci Skrzyniarz, Rick Shaffer, Elisabeth Roberts, Damon Knapp, Raul Morales (arrived at 5:24)

MEMBERS
ABSENT: N/A

VISITORS: Valerie Wright and Mary Walsh representing DHAE. Mike Frederick, representing Frederick Construction.

CALL TO ORDER
Cathi Abbs, Vice-Chair, called the meeting to order at 5:00 pm.

APPROVAL OF AGENDA

GUESTS, VISITORS & PUBLIC COMMENTS

A written presentation by Amanda Carpenter, peer recovery coach, titled "EEG Neurofeedback in Substance Use Recovery" was distributed to board members for their review and comments.

FREDERICK CONSTRUCTION/DIEKEMA HAMANN BUILDING PROJECT UPDATE

Updates given regarding projected completion of the work already in progress as well as the upcoming remodel of the med clinic. Explanations for delays were provided by Valerie Wright and Mary Walsh from Diekema-Hamann. The board was also provided with information regarding being ahead of schedule with the med clinic planning phase. Board members were given an opportunity to voice concerns and ask questions of Diekema-Hamann and Frederick Construction. Board requested that representatives of Diekema-Hamann and Frederick Construction attend the October 2026 board meeting.

CONSENT AGENDA:

a. Meeting Minutes August 2026.
b. Check Register August 2026 - $2,761,392.97

c. Contracts September 2026.

A MOTION WAS MADE BY LINIHAN, SUPPORTED BY REED, TO APPROVE THE CONSENT AGENDA. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

MONITORING REPORTS

1. EL.V05 – Financial August
    a. Cashflow

Versteeg, CFO, presented, with additional comment from Bullock, CEO.

A MOTION WAS MADE BY SHAFFER, SUPPORTED BY DECKER, TO APPROVE MONITORING REPORTS – FINANCIAL/CASHFLOW FOR AUGUST. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

PERFORMANCE ON ENDS

a. Report on Ends Accomplishments – N/A
b. Discussion on Implication of Ends Report – IV.01 – Subpart 3

Bullock, CEO, presented.

BOARD POLICY REVIEW

a. VI.11 – Annual Leave Reserve - Presented by Darci S.
b. V1.12 – Investment Policy – Carol N.

BOARD DECISIONS (MOTIONS) ACTIONS

a. RFP Banking and Wealth Management – Presented by Zach Reed.

Discussion regarding proposals from two financial institutions regarding banking and wealth management for Pivotal. As Mr. Reed is employed by one of the entities to be considered, he deemed it a conflict of interest and excused himself from voting. After explanations and a question-and-answer session, the board voted to select Team Two, which was named Southern Michigan Bank and Trust.

A MOTION WAS MADE BY LINIHAN, SUPPORTED BY SHAFFER, TO APPROVE THE SELECTION OF SOUTHERN MICHIGAN BANK AND TRUST FOR PIVOTAL'S BANKING AND WEALTH MANAGEMENT. ROLL CALL VOTE. TEN IN FAVOR. LUIS ROSADO OPPOSED. ZACH REED ABSTAINED. MOTION CARRIED.

b. Strategic Plan FY 27.

Bullock, CEO, presented. Amanda Miller initiated discussion on the feasibility of having the mobile crisis unit van present at two events per month. The consensus was to modify the mobile crisis unit goal to an average of two events per month over the course of a year, allowing flexibility during months with bad roads, etc.

A MOTION WAS MADE BY DECKER, SUPPORTED BY ROBERTS, TO APPROVE STRATEGIC PLAN FY 27, WITH AGREEMENT THAT THE GOAL FOR THE MOBILE CRISIS UNIT IS TO BE PRESENT AT AN AVERAGE OF TWO EVENTS PER MONTH OVER THE COURSE OF A YEAR. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

c. FY 27 Budget.

Bullock, CEO, and Versteeg, CFO, presented.

A MOTION WAS MADE BY KNAPP, SUPPORTED BY MILLER, TO APPROVE THE FY 27 BUDGET. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

d. Board Calendar.

Bullock, CEO, presented. The board discussed and agreed to change which board member presented which board policy, with April and September switching. Discussion also included a plan for the strategic plan to be added to the calendar quarterly.

A MOTION WAS MADE BY LINIHAN, SUPPORTED BY SHAFFER, TO APPROVE THE PROPOSED BOARD CALENDAR FOR 2027 WITH ALLOWANCE FOR APRIL AND SEPTEMBER BOARD POLICY PRESENTATIONS TO BE SWITCHED, AND THAT THE STRATEGIC PLAN IS TO BE INCLUDED QUARTERLY ON THE BOARD CALENDAR. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

e. CEO Executive Review – Closed Session

A MOTION WAS MADE BY REED, SUPPORTED BY DECKER, TO ENTER INTO EXECUTIVE REVIEW CLOSED SESSION. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

Board Began Closed Session: 18:26

Board resumed open session: 19:06

The Board discussed and approved an amendment to the executive employment agreement authorizing special project compensation for expanded organizational duties completed during the fiscal year, and that the CEO has met the Carver governance expectations for CEO review. The board also wished that the payment be reflected in FY 26.

A MOTION WAS MADE BY KNAPP, SUPPORTED BY REED, TO APPROVE A ONE-TIME COMPENSATION OF TWELVE THOUSAND DOLLARS FOR ADDITIONAL SERVICES RENDERED IN FY 26. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

The Board also discussed and approved incorporating the presented annual performance matrix into the executive agreement effective for the upcoming evaluation period.

A MOTION WAS MADE BY KNAPP, SUPPORTED BY MILLER, TO APPROVE THE CEO SMART GOAL MATRIX FOR FY 27. ROLL CALL VOTE. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

Shaffer asked the Board to create a committee to evaluate the CEO SMART GOAL compensation for FY 28 and beyond, ensure the Carver Model is upheld, and establish grounded metrics for evaluation. Committee members are as follows: Zach Reed, Rick Shaffer, Cathi Abbs, Kay Decker, and Luis Rosado. The Board instructs the CEO to engage with Larry Herman for consultation on the CEO Smart Goals.

A MOTION WAS MADE BY MORALES, SUPPORTED BY REED, TO APPROVE A TIME-LIMITED SUBCOMMITTEE FOR CEO SMART GOAL COMPENSATION. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.

COMMUNICATIONS

a. Director's Report September 2026.
b. Communication to Commissioners, Elected Officials.
c. Affinity Advisory Agenda/Minutes.

d. Affinity Clubhouse Upcoming Events.
e. Customer Advisory Committee Minutes.

Bullock, CEO, presented.

Bullock, CEO, announced the resignation of Vicki Graham, financial specialist at Pivotal, expressing appreciation and gratitude for the 47 years of dedicated service and expertise Vicki provided in her role at Pivotal. She will be missed.

Board Process Review and Adjourn

Meeting adjourned at 7:35 p.m.

Kay Decker, Secretary **Date**

Pivotal
Disbursements
September 2026

Date	Check / RM #	Vendor	Amount	Description
9/4/2026	RM-02891	ANNA FARLEY	152.00	Employee Expense Reimbursement-ACT
9/4/2026	RM-02892	BRANDI BELCHER	68.33	Contract-UM
9/4/2026	RM-02893	CAROL NACCARATO	538.20	Board Member Per Diem
9/4/2026	RM-02894	CRETSINGER CARE HOMES LTD	14,425.23	Specialized Residential
9/4/2026	RM-02895	PARMETER AFC	9,361.69	Specialized Residential
9/4/2026	RM-02896	PINE REST CHRISTIAN MHS	25,983.00	Inpatient Services
9/4/2026	RM-02897	QUILL CORPORATION	160.96	Supplies
9/4/2026	RM-02898	RML3 LLC	2,270.00	Contract-Mobile Crisis
9/4/2026	RM-02899	HOLLY LAGO LLC	900.00	Contract-Mobile Crisis
9/4/2026	RM-02900	TRAYBEE LLC	615.00	Contract-DBT On-Call
9/4/2026	RM-02901	BRYANN BOOKS	4,140.00	Contract-Mobile Crisis
9/4/2026	RM-02902	AMANDA MILLER	50.00	Board Member Per Diem
9/4/2026	RM-02903	DEAR COUNTRY AFC	11,950.80	Specialized Residential
9/4/2026	RM-02904	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
9/4/2026	RM-02905	STACY LINIHAN	50.00	Board Member Per Diem
9/4/2026	RM-02906	LUIS ROSADO	141.80	Board Member Per Diem
9/4/2026	RM-02907	GIDDINGS AFC II	11,552.15	Specialized Residential
9/4/2026	RM-02908	WMU CENTER FOR DISABILITIES	1,966.25	Autism Provider
9/4/2026	RM-02909	AUTISM OF AMERICA LLC	8,808.00	Autism Provider
9/4/2026	RM-02910	NYUMBANI AFC	9,153.54	Specialized Residential
9/4/2026	RM-02911	DAMON KNAPP	50.00	Board Member Per Diem
9/4/2026	RM-02912	GIDDINGS AFC HOME LLC	12,710.00	Specialized Residential
9/4/2026	RM-02913	LIFETREE BEHAVIORAL HEALTH LLC	61,431.30	Autism Provider
9/4/2026	RM-02914	AUNALYTICS INC	504.00	Subscription-IT
9/4/2026	RM-02915	ELISABETH ROBERTS	50.00	Board Member Per Diem
9/4/2026	RM-02916	ROSLUND, PRESTAGE & COMPANY, PC	1,912.50	Consulting
9/4/2026	RM-02917	CERTASITE LLC	2,473.09	Building Maintenance
9/4/2026	RM-02918	RIPPLE EFFECTS AUTISM LEARNING CENTER	41,662.50	Autism Provider
9/4/2026	RM-02919	AUTISM SPECTRUM THERAPIES LLC	7,914.00	Autism Provider
9/4/2026	RM-02920	GAGAN S PC	10,070.00	Contract-Medical Director
9/4/2026	RM-02921	CEDAR CREEK HOSPITAL	9,032.00	Inpatient Services
9/4/2026	RM-02922	FOREST VIEW HOSPITAL	22,061.00	Inpatient Services
9/4/2026	RM-02923	PLEASANT PINES	40,655.98	Specialized Residential
9/4/2026	RM-02924	BCA - STONECREST CENTER	17,271.00	Inpatient Services
9/4/2026	RM-02925	ERICA A SAGE	467.50	Contract-OBRA
9/4/2026	RM-02926	HR ALLIANCE 1 INC	7,025.52	Fiscal Intermediary
9/4/2026	RM-02927	COVERED BRIDGE HEALTHCARE	80.00	New Hire Drug Screening
9/4/2026	RM-02928	CATHI ABBS	141.04	Board Member Per Diem
9/4/2026	RM-02929	HARBOR OAKS HOSPITAL	43,155.00	Inpatient Services
9/4/2026	RM-02930	KATHERINE DECKER	57.60	Board Member Per Diem
9/4/2026	RM-02931	RICHARD SHAFFER	50.00	Board Member Per Diem
9/4/2026	RM-02932	RESIDENTIAL OPPORTUNITIES INC	46,871.25	Specialized Residential
9/4/2026	RM-02933	PLEASANT ACRES LLC	46,610.88	Specialized Residential
9/4/2026	RM-02934	SPECTRUM COMMUNITY SERVICES	3,055.10	Specialized Residential
9/4/2026	RM-02935	ADAPT INC	920.69	Specialized Residential
9/4/2026	RM-02936	AGAPE AFC HOME	16,776.27	Specialized Residential
9/4/2026	RM-02937	ST JOSEPH COMMUNITY CO-OP INC	6,297.00	Specialized Residential
9/4/2026	RM-02938	STUART WILSON, CPA PC	12,457.76	Fiscal Intermediary
9/4/2026	RM-02939	KENDRICK STATIONERS INC	309.67	Office Furniture
9/4/2026	RM-02940	REBEKAH WAGAMAN	6,109.84	Contract-Mobile Crisis
9/4/2026	RM-02941	BRONSON-ACADIA JOINT VENTURE LLC	3,942.00	Inpatient Services
9/4/2026	RM-02942	WINGS OF HOPE LLC	3,600.00	Autism Provider
9/4/2026	RM-02943	WINGS OF HOPE - STURGIS	2,550.00	Autism Provider
9/4/2026	RM-02944	ZACHARY REED	50.00	Board Member Per Diem
9/4/2026	RM-02945	KELLI CAMPBELL	47.00	Employee Expense Reimbursement
9/4/2026	065776	SEMCO ENERGY GAS COMPANY	128.05	Utilities
9/4/2026	065777	JTECH GLOBAL ENTERPRISES INC	708.00	Subscription-IT
9/4/2026	065778	FIDELITY SECURITY LIFE (Eye Med)	1,111.56	Employee Benefits
9/4/2026	065779	VERIZON WIRELESS	4,458.19	Utilities
9/4/2026	065780	COMCAST	250.19	Utilities
9/4/2026	065781	MICHIGAN GAS UTILITIES	43.69	Utilities
9/4/2026	065782	BAKER'S BODY SHOP	983.47	Vehicle Maintenance
9/10/2026	065783	STATE OF MICHIGAN	13.00	Municipal Plate
9/11/2026	RM-02946	AMN HEALTHCARE LANGUAGE SERVICES INC	900.58	Translation Services
9/11/2026	RM-02947	BRANDI BELCHER	171.00	Contract-UM
9/11/2026	RM-02948	CENTURYLINK	120.34	Utilities
9/11/2026	RM-02949	CERTASITE LLC	320.99	Building Maintenance
9/11/2026	RM-02950	DATA GUARDIAN	97.00	Utilities

9/11/2026	RM-02951	GREAT LAKES CLEANING SERVICE	1,050.00	Janitorial
9/11/2026	RM-02952	GRYPHON PLACE	768.22	After-Hours Emergency
9/11/2026	RM-02953	HANNAH ROBERTS	1,800.00	Contract-Mobile Crisis
9/11/2026	RM-02954	HARDLINE SOLUTIONS LLC	685.00	Building Maintenance
9/11/2026	RM-02955	INSPIRATION STUDIO DESIGNS	2,169.92	Marketing/Supplies
9/11/2026	RM-02956	IRIS TELEHEALTH MEDICAL GROUP	18,270.00	Contract-Outpatient
9/11/2026	RM-02957	ISOLVED BENEFIT SERVICES	82.69	Employee benefits
9/11/2026	RM-02958	JETSY BEAN LLC	480.00	Contract-Mobile Crisis
9/11/2026	RM-02959	KATHLEEN MORRILL	400.00	Contract-Supervision
9/11/2026	RM-02960	KENDRICK STATIONERS INC	309.67	Office Furniture
9/11/2026	RM-02961	LOCUMTENENS.COM LLC	4,338.50	Contract-Outpatient
9/11/2026	RM-02962	LYNELLE GIRTON-THRASHER	250.00	Contract-Supervision
9/11/2026	RM-02963	MICHIGAN ORGANIZING COMMITTEE 925	1,327.30	Employee Union Dues
9/11/2026	RM-02964	MIRACLE'S LAWN SERVICE	715.00	Lawn Service
9/11/2026	RM-02965	QLER PHYSICIAN MEDICAL GROUP	7,375.00	Contract-Psychiatry
9/11/2026	RM-02966	ST JO CO UNITED WAY	194.00	Employee Donations
9/11/2026	RM-02967	STATE OF MICHIGAN (STATE INPATIENT)	10,890.00	Inpatient Services
9/11/2026	RM-02968	TRAYBEE LLC	510.00	Contract-Mobile Crisis
9/11/2026	RM-02969	TWIN COUNTY COMMUNITY PROBATION CENTER	2,667.00	DRC
9/11/2026	RM-02970	VENTURE RESOURCING LLC	1,159.74	Leadership Development
9/11/2026	065784	CITY OF THREE RIVERS	138.75	Utilities
9/11/2026	065785	WASTE MANAGEMENT OF MICHIGAN	260.06	Utilities
9/11/2026	065786	WEX BANK	1,642.85	Gas Cards
9/11/2026	065787	FRONTIER	492.64	Utilities
9/11/2026	065788	COMCAST	854.40	Utilities
9/11/2026	065789	INDIANA MICHIGAN POWER	288.29	Utilities
9/11/2026	065790	VILLAGE OF CENTREVILLE	7,682.34	Construction-Parking Lot
9/11/2026	065791	STURGIS PUBLIC SCHOOLS	1,500.00	Sponsorship
9/11/2026	065792	CINTAS CORP	1,081.96	Supplies
9/18/2026	RM-02971	PINE REST CHRISTIAN MHS	20,553.00	Inpatient Services
9/18/2026	RM-02972	JETSY BEAN LLC	960.00	Contract-Mobile Crisis
9/18/2026	RM-02973	TRAYBEE LLC	615.00	Contract-DBT On-Call
9/18/2026	RM-02974	DEAR COUNTRY AFC	12,401.60	Specialized Residential
9/18/2026	RM-02975	KRISTI MERRILLS PLC	2,190.00	Contract-Mobile Crisis
9/18/2026	RM-02976	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
9/18/2026	RM-02977	GREATER HEIGHTS AFC	10,805.67	Specialized Residential
9/18/2026	RM-02978	ALTERNATIVE CHOICES	3,586.60	CLS Provider
9/18/2026	RM-02979	PROFESSIONAL REHABILITATION SERVICES INC	819.00	Client Services
9/18/2026	RM-02980	AUTISM OF AMERICA LLC	2,044.50	Autism Provider
9/18/2026	RM-02981	MAPLECREST LLC	3,183.00	Lease-Sturgis
9/18/2026	RM-02982	KONICA MINOLTA PREMIER FINANCE	1,875.25	Contract- Printer/Copiers
9/18/2026	RM-02983	LIFETREE BEHAVIORAL HEALTH LLC	55,729.53	Autism Provider
9/18/2026	RM-02984	DONALD LOUIS KITCHEN JR	25.00	Committee Member Per Diem
9/18/2026	RM-02985	RIPPLE EFFECTS AUTISM LEARNING CENTER	34,087.50	Autism Provider
9/18/2026	RM-02986	AUTISM SPECTRUM THERAPIES LLC	2,445.00	Autism Provider
9/18/2026	RM-02987	GAGAN S PC	16,112.00	Contract-Medical Director
9/18/2026	RM-02988	FOREST VIEW HOSPITAL	18,904.00	Inpatient Services
9/18/2026	RM-02989	FLATROCK MANOR	70,995.99	Specialized Residential
9/18/2026	RM-02990	HR ALLIANCE 1 INC	7,650.72	Fiscal Intermediary
9/18/2026	RM-02991	HARBOR OAKS HOSPITAL	14,773.00	Inpatient Services
9/18/2026	RM-02992	RESIDENTIAL OPPORTUNITIES INC	49,996.00	Specialized Residential
9/18/2026	RM-02993	COMMUNITY LIVING OPTIONS	28,230.01	Specialized Residential
9/18/2026	RM-02994	FALCO CORPORATION	10,218.84	Specialized Residental
9/18/2026	RM-02995	SPECTRUM COMMUNITY SERVICES	3,136.40	Specialized Residential
9/18/2026	RM-02996	MEYERS MOVING & STORAGE INC	183.06	Storage Unit Fee
9/18/2026	RM-02997	WAYNE SIMMONS	25.00	Committee Member Per Diem
9/18/2026	RM-02998	PETER CHANG ENTERPRISES INC	13,031.49	EHR System
9/18/2026	RM-02999	ADAPT INC	329,626.68	Specialized Residential
9/18/2026	RM-03000	KONICA MINOLTA BUSINESS SOLUTIONS	60.00	Contract- Printer/Copiers
9/18/2026	RM-03001	CENTURYLINK	25.95	Utilities
9/18/2026	RM-03002	BEACON SPECIALIZED LIVING SERVICES INC	13,950.00	Specialized Residental
9/18/2026	RM-03003	ST JOSEPH COMMUNITY CO-OP INC	19,829.90	Specialized Residential
9/18/2026	RM-03004	STUART WILSON, CPA PC	19,944.38	Fiscal Intermediary
9/18/2026	RM-03005	KENDRICK STATIONERS INC	715.67	Office Furniture
9/18/2026	RM-03006	Diekema Hamann Architecture, Inc.	9,800.16	Architecture
9/18/2026	RM-03007	BRONSON-ACADIA JOINT VENTURE LLC	22,338.00	Inpatient Services
9/18/2026	RM-03008	JENNIFER HENDRICKS	25.00	Committee Member Per Diem
9/18/2026	RM-03009	WINGS OF HOPE LLC	39,749.50	Autism Provider
9/18/2026	RM-03010	BLUE CARE NETWORK OF MICHIGAN	132,039.50	Employee Benefits
9/18/2026	RM-03011	RADIANT AFC	11,051.50	Specialized Residential
9/18/2026	RM-03012	WINGS OF HOPE - STURGIS	41,243.07	Autism Provider
9/18/2026	RM-03013	KINGDOM REST CENTER LLC	60,450.00	Specialized Residential
9/18/2026	RM-03014	MRC INDUSTRIES INC	3,114.39	CLS Provider

9/18/2026	RM-03015	GOD'S WILL AFC	19,345.00	Specialized Residential
9/18/2026	RM-03016	ISABELLA POWELL	25.00	Committee Member Per Diem
9/18/2026	065793	FRED'S PHARMACY	268.80	ACT Clients Pharmacy
9/18/2026	065794	WESTERN MICHIGAN UNIVERISTY SCHOOL OF MEDICINE	720.00	Inpatient Services
9/18/2026	065795	DELTA DENTAL	9,115.71	Employee benefits
9/18/2026	065796	VERIZON WIRELESS	274.09	Utilities
9/18/2026	065797	GRIFFIN PEST SOLUTIONS	114.00	Building Maintenance
9/18/2026	065798	CINTAS CORP	224.04	Supplies
9/18/2026	065799	BRATCHER MOREHART & ASSOCIATES LLC	1,600.00	Appraisal-Three Rivers
9/18/2026	065800	J & J GLASS	2,913.70	Building Maintenance
9/21/2026	RM-03017	TRAYBEE LLC	300.00	Contract-Mobile Crisis
9/25/2026	RM-03018	BRANDI BELCHER	100.00	Contract-UM
9/25/2026	RM-03019	ST JO CO UNITED WAY	194.00	Employee Donations
9/25/2026	RM-03020	HOLLY LAGO LLC	1,890.00	Contract-Mobile Crisis
9/25/2026	RM-03021	ST JO CO TRANSPORTATION AUTHORITY	3,330.00	Clubhouse Transportation
9/25/2026	RM-03022	TRAYBEE LLC	780.00	Contract-Mobile Crisis
9/25/2026	RM-03023	GREAT LAKES CLEANING SERVICE	1,150.00	Janitorial
9/25/2026	RM-03024	CERTASITE LLC	13,536.27	Building Maintenance
9/25/2026	RM-03025	REHMANN LLC	30,000.00	Contract-Billing
9/25/2026	RM-03026	JENNIFER HENDRICKS	25.00	Committee Member Per Diem
9/25/2026	RM-03027	CLARK LOGIC CAPITAL LLC	6,509.28	Lease-Three Rivers
9/25/2026	RM-03028	LOCUMTENENS.COM LLC	6,321.75	Contract-Outpatient
9/25/2026	RM-03029	BLUEBIRD MIDWEST LLC dba BLUEBIRD FIBER	1,658.69	Utilities
9/25/2026	RM-03030	FREDERICK CONSTRUCTION INC	12,162.57	Parking Lot Payment
9/25/2026	065801	CITY OF STURGIS	2,835.36	Utilities
9/25/2026	065802	THREE RIVERS AREA CHAMBER OF COMMERCE	450.00	Event Center Rental
9/25/2026	065803	FARMERS STATE BANK	13,461.14	Mortgage
9/25/2026	065804	VILLAGE OF CENTREVILLE	715.74	Utilities
9/25/2026	065805	CINTAS CORP	138.94	Supplies
	Total Amount of Non-Void Checks/RMs		1,830,322.77	
9/1/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	1,151.09	Employee Benefits
9/4/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	14.00	Employee Benefits
9/8/2026	Electronic Debit	PAYCOR INC	3,319.80	Employee Payroll
9/9/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	146.93	Employee Benefits
9/10/2026	Electronic Debit	PAYCOR INC	515.41	Employee Payroll
9/10/2026	Electronic Debit	PAYCOR INC	1,329.97	Employee Payroll
9/10/2026	Electronic Debit	EMPOWER	10,271.60	Employee Benefits
9/10/2026	Electronic Debit	EMPOWER	12,883.48	Employee Benefits
9/10/2026	Electronic Debit	EMPOWER	18,240.42	Employee Benefits
9/10/2026	Electronic Debit	PAYCOR INC	67,010.83	Employee Payroll
9/10/2026	Electronic Debit	PAYCOR INC	211,888.24	Employee Payroll
9/11/2026	Electronic Debit	OPTUM BANK	8,833.56	Employee Benefits
9/21/2026	Electronic Debit	TRIZETTO PROV SO DIRECT PAY	1,421.48	ACH Fees
9/22/2026	Electronic Debit	RETURN ITEM FEE	6.00	ACH Fees
9/22/2026	Electronic Debit	CHASE CREDIT CARD EPAY	18,034.64	Credit Card
9/24/2026	Electronic Debit	PAYCOR INC	515.41	Employee Payroll
9/24/2026	Electronic Debit	PAYCOR INC	1,329.97	Employee Payroll
9/24/2026	Electronic Debit	PAYCOR INC	95,907.32	Employee Payroll
9/24/2026	Electronic Debit	PAYCOR INC	309,751.84	Employee Payroll
9/24/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	119.47	Employee Benefits
9/25/2026	Electronic Debit	PAYCOR INC	390.55	Employee Payroll
9/25/2026	Electronic Debit	PAYCOR INC	1,497.15	Employee Payroll
9/25/2026	Electronic Debit	EMPOWER	13,213.32	Employee Benefits
9/25/2026	Electronic Debit	EMPOWER	16,792.54	Employee Benefits
9/25/2026	Electronic Debit	EMPOWER	25,214.44	Employee Benefits
9/28/2026	Electronic Debit	EMPOWER	50.00	Employee Benefits
9/28/2026	Electronic Debit	OPTUM BANK	8,497.03	Employee Benefits
9/29/2026	Electronic Debit	EMPOWER	90.00	Employee Benefits
9/29/2026	Electronic Debit	TRANSFER TO FLEX BENEFITS ACCOUNT	93.02	Employee Benefits
9/30/2026	Electronic Debit	CENTURY BANK ACH FEES	30.32	ACH Fees
	Total Amount of Electronic Debits		828,559.83	
	Total Disbursements		2,658,882.60	

* *Voided*

Contracts for Board Meeting 10/27/26

Clinical Contracts						
Provider Direct	**Staff Responsible**	**Type of Service**	**Annual Budget Per Diem Cost**	**Explanation**	**Contract Dates**	**Board Approved**
Spectrum Community Services- Paris Home	J. Cupp	Community Living Support	T1027: $2.10 H2015: $2.50-$6.50 T2026: $211.50 T2027: $2.10-$2.50 T1017: $47.50	Community Living Support	10/1/25-9/30/26	
Beacon- The Oaks	J. Cupp	Specialized Residential	H2016: $300 T1020: $184.68 96372: $35	Specalized Residential	10/1/26-9/30/26	
ADAPT-Outlook	J. Cupp	Clubhouse	H2030: $4.30	Clubhouse	10/1/26-9/30/27	
Great Lakes Autism Research	J. Cupp	CCI	0362T, 0373T, 97154, 97155, 97156, 97151, H2000, 99212, T1001, T1002: Total daily rate will not exceed $1225	ABA CCI	10/1/26-9/30/27	
Stuart Wilson	J. Cupp	Fiscal Intermediary	T2025: $146.58 H2015: $2.76-$5.61 T2026: $132 T2027: $2.80-$5.52	Fiscal Intermediary	10/1/26-9/30/27	
Beacon Health Systems	J. Cupp	Inpatient Hospital	0124: $1035 0901: $1352 0124:ES: $1813	Inpatient Hospital	10/1/26-9/30/27	
Pine Rest	J. Cupp	Inpatient Hospital	0100: $1320 0100:HA: $1449 0100:TG: $2235 901: $1182 0912: $696 0913: $787	Inpatient Hospital	10/1/26-9/30/27	
Cedar Creek	J. Cupp	Inpatient Hospital	(10/1-12-31) 0100: $1140 (1/1-9/30) 0100: $1152	Inpatient Hospital	10/1/26-9/30/27	
Harbor Oaks	J. Cupp	Inpatient Hospital	0100: $878 0100:ES: $1337	Inpatient Hospital	10/1/26-9/30/27	

Contracts for Board Meeting 10/27/26

St. Joseph CoOp	J. Cupp	Community Living Supports, Respite and Supported Employment	H2023: $9.89 H2025: $9.89 T1005: $9.89 H2015: $5.77-$9.89	Updated Rates	10/1/26-9/30/27	11
BH JV Grand Rapids LLC DBA Southridge Behavioral Hospital	J. Cupp	Inpatient Hospital	0100: $1110	Inpatient Hospital	10/1/26-9/30/27	
Holland Hospital	J. Cupp	Inpatient Hospital	0100: $987 0912: $468 0912 (1/1/27-9/30/27): $472 0100:TG: $1128 0100:TG (1/1/27-9/30/27): $1139 0901: $844 0901 (1/1/27-9/30/27): $853	Inpatient Hospital	10/1/26-9/30/27	
Psychiatry of Texas	J. Cupp	Physician Group	99221: $85.88 99222: $134.41 99223: $177.09 99231: $51.32 99232: $81.70 99233: $122.89 99238: $83.44 99239: $118.35	Physician Group	10/1/26-9/30/27	
Behavioral Center of Michigan	J. Cupp	Inpatient Hospital	0100: $1056	Inpatient Hospital	10/1/26-9/30/27	
New Oakland Family Center	J. Cupp	Outpatient Partial Hospitalization	0912: $397.50	Outpatient Partial Hospitalization	10/1/26-9/30/27	
Samaritan Behavioral Center	J. Cupp	Inpatient Hospital	0100: $1112	Inpatient Hospital	10/1/26-9/30/27	
Doctors Behavioral Hospital	J. Cupp	Inpatient Hospital	0124: $1225	Inpatient Hospital	10/1/26-9/30/27	
Medical Behavioral Hospital of Indianapolis	J. Cupp	Inpatient Hospital	0124: $1225	Inpatient Hospital	10/1/26-9/30/27	
Neuropsychiatric Hospital of Indianapolis	J. Cupp	Inpatient Hospital	0124: $1225	Inpatient Hospital	10/1/26-9/30/27	

Contracts for Board Meeting 10/27/26

NeuroBehavioral Hospital	J. Cupp	Inpatient Hospital	0124: $1225	Inpatient Hospital	10/1/26-9/30/27	
RiverCrest Speciality Hospital	J. Cupp	Inpatient Hospital	0124: $1225	Inpatient Hospital	10/1/26-9/30/27	
Stonecrest Center	J. Cupp	Inpatient Hospital	0100: $918 0100:ES: $1250	Inpatient Hospital	10/1/26-9/30/27	
Oaklawn Hospital	J. Cupp	Inpatient Hospital	0100: $1182	Inpatient Hospital	10/1/26-9/30/27	
Centerpoint Recovery Center	J. Cupp	Crisis Residential	H0018: $613.78	Crisis Residential	10/1/26-9/30/27	
Beechwood Crisis Residential	J. Cupp	Crisis Residential	H0018: $649.83	Crisis Residential	10/1/26-9/30/27	
Hillsdale Hospital	J. Cupp	Inpatient Hospital	0100: $1006	Inpatient Hospital	10/1/26-9/30/27	

Miscellaneous

Provider Direct	Staff Responsible	Type of Service	Annual Budget Per Diem Cost	Explanation	Contract Dates	Board Approved
SWMBH	C. Bullock	PIHP Contract		Renewal of FY26 Contract	10/1/26-9/30/27	
MRCS	C. Bullock	Cash Transfer	$6000.00	Cash Transfer	10/1/26-9/30/27	

BOARD POLICY V.05

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 2
POLICY TITLE:	**FINANCIAL CONDITIONS/ACTIVITIES (OCTOBER '26)**	EFFECTIVE: REVIEWED:	09/28/2022 10/27/2026

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: As a reminder, this is a preliminary FY 26 year-end statement and will not be finalized until our audit concludes. We are currently overspent in Medicaid by around $333,236. We are still collecting FY 26 expenses to reconcile before year-end, so this number will likely change. A year-end rate adjustment will also be handled before closing and will change revenue figures. I do not yet have that information. We also have not accounted for the additional state-added GF for CCBHC, or our PBIP from SWMBH for FY 25. These together will also change our balance sheet. The CCBHC recoupment is still outstanding and has not yet occurred. We are estimating between $2.8 and $4 million dollars that will need to be paid back.

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 debts have been settled in a timely manner.

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 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: We are following and adhering to policies for uncollected funds. If the board wants to pursue collections more aggressively, such as through collection agencies, I will do so. However, current practices require you to bill repeatedly for 4 months, and if you can't or don't pay, the bill is then written off.


Pivotal
September 2026
Draft
Board Report

Pivotal

Statement of Activities

October 1, 2025 through September 30, 2026

Pivotal

	Operating Draft	Projected Total Activities	Prior Year Total Activities	Favorable (Unfavorable)
Operating revenue				
SWMBH Funding				
Medicaid capitation	$ 18,944,174	$ 18,944,174	$ 19,122,295	$ (178,121)
Medicaid capitation - Settlement	785,063	785,063	660,144	124,919
Healthy Michigan Plan	1,645,554	1,645,554	2,290,308	(644,754)
Healthy Michigan Plan - Settlement	(451,827)	(451,827)	47,880	(499,707)
CCBHC FFS Payments	9,974,305	9,974,305	5,349,080	4,625,225
CCBHC Accrual Estimate	2,526,162	2,526,162	2,741,514	(215,352)
SUD Block Grant	150,343	150,343	81,152	69,191
Federal & State Sources				
State general fund	1,042,561	1,042,561	1,042,561	
State general fund - Settlement	-	-	-	
Federal and state grants	600,500	600,500	794,952	(194,452)
Local revenue				
County appropriation	257,268	257,268	257,268	
Client fees	508,411	508,411	410,087	98,324
Performance Based Incentive Progr	588,073	588,073	817,404	(229,331)
Rent revenue	7,360	7,360	9,960	(2,600)
Other revenue	20,830	20,830	113,865	(93,035)
Total operating revenue	36,598,777	36,598,777	33,738,469	2,860,308
Operating expenses				
Administration	5,419,931	5,419,931	4,730,862	689,069
Internal Services	7,135,466	7,135,466	6,113,513	(1,021,953)
Provider claims	17,873,192	17,873,192	16,827,204	(1,045,988)
Grant expenses	464,503	464,503	796,626	332,123
Vehicles	94,369	94,369	53,759	(40,610)
Facilities	718,214	718,214	600,356	(117,858)
Total operating expenses	31,705,675	31,705,675	29,122,320	(1,205,216)
Change in net position	4,893,102	4,893,102	4,616,149	276,953
Net position, beginning of year	13,176,209	13,176,209	8,560,060	
Net position, end of year	$ 18,069,311	$ 18,069,311	$ 13,176,209	

Pivotal

Statement of Position

Proprietary Funds

Pivotal

	Operating Draft	Balance September 30 2025	Favorable (Unfavorable)
ASSETS			
Cash position	$ 8,809,171	$ 4,061,913	$ 4,747,258
Investments	5,994,674	6,054,752	(60,078)
Receivables:			
Accounts receivable	38,348	44,685	(6,337)
Due from State of Michigan	2,536,749	7,872	2,528,877
Due from SWMBH	904,421	286,881	617,540
Due from other governments	64,317	64,317	-
Prepaid items	272,783	257,555	15,228
Capital assets not being depreciated	-	-	-
Capital assets being depreciated, net	2,619,502	2,289,525	329,977
Total assets	21,239,965	13,067,500	8,172,465
LIABILITIES			
Accounts payable	1,714,378	2,099,620	(385,242)
Due to MDHHS	-	-	-
Due to SWMBH	-	(3,829,290)	3,829,290
Accrued liabilities	314,438	206,224	108,214
Unearned revenue	17,887	15,976	1,911
Long-term debt:			
Due within one year	-	-	-
Due in more than one year	461,141	609,183	(148,042)
Lease liability	128,768	255,536	(126,768)
Accrued sick and vacation	534,042	534,042	0
Total liabilities	3,170,654	(108,709)	3,279,363
NET POSITION			
Net investment in capital assets	2,158,361	1,680,342	1,680,342
Unrestricted	15,910,950	11,495,867	4,415,083
Total net position	$18,069,311	$13,176,209	$ 4,893,102

Pivotal

Statement of Activities

Budget to Actual - October 1, 2025 through September 30, 2026

Pivotal

Draft

	Original Budget	YTD Budget	YTD Actual	Over (Under) Budget
Operating revenue				
SWMBH Funding				
Medicaid capitation	$ 21,525,540	$ 21,525,540	$ 18,944,174	$ (2,581,366)
Medicaid capitation - Settlement	-	-	785,063	785,063
Healthy Michigan Plan	2,309,457	2,309,457	1,645,554	(663,903)
Healthy Michigan Plan - Settlement	-	-	(451,827)	(451,827)
CCBHC FFS Payments	6,057,205	6,057,205	9,974,305	3,917,100
CCBHC Accrual Estimate	-	-	2,526,162	2,526,162
SUD Block Grant	78,968	78,968	150,343	71,375
Federal & State Sources		-		
State general fund	1,042,560	1,042,560	1,042,561	1
State general fund - Settlement	-	-	-	-
Federal and state grants	758,742	758,742	600,500	(158,242)
Local revenue		-		
County appropriation - St Joseph County	257,268	257,268	257,268	-
Client fees	401,842	401,842	508,411	106,569
Performance Based Incentive Program	-	-	588,073	588,073
Rent revenue	2,160	2,160	7,360	5,200
Other revenue	225,000	225,000	20,830	(204,170)
Total operating revenue	32,658,742	32,658,742	36,598,777	3,940,035
Operating expenses				
Administration	5,400,000	5,400,000	5,419,931	19,931
Internal Services	6,700,000	6,700,000	7,135,466	435,466
Provider claims	19,000,000	19,000,000	17,873,192	(1,126,808)
Grant expenses	758,742	758,742	464,503	(294,239)
Vehicles	200,000	200,000	94,369	(105,631)
Facilities	600,000	600,000	718,214	118,214
Total operating expenses	32,658,742	32,658,742	31,705,675	(953,067)
Change in net position	-	-	4,893,102	4,893,102
Net position, beginning of year	13,176,209	13,176,209	13,176,209	-
Net position, end of year	$ 13,176,209	$ 13,176,209	$ 18,069,311	$ 4,893,102

Cash Flow Analysis FY26

	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
SWMBH	$ 1,623,616.83	$ 1,736,874.35	$ 1,731,252.07	$ 1,750,991.30	$ 1,420,584.92	$ 2,074,635.27	$ 1,778,344.89	$ 1,756,244.39	$ 1,753,190.92	$ 1,405,659.93	$ 1,924,452.82	$ 1,766,428.33
CCBHC	$ -	$ 942,597.90	$ 774,784.15	$ 833,836.26	$ 900,489.68	$ 974,416.60	$ 1,563,870.50	$ 525,076.77	$ 944,732.71	$ 1,290,154.36	$ 582,599.93	$ 584,041.18
Settlement	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,047,589.84	$ 710,008.45	$ -	$ 588,072.81
General Fund	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00	$ 86,880.00
Other	$ 78,537.04	$ 49,514.60	$ 144,949.75	$ 80,297.31	$ 76,790.34	$ 83,120.80	$ 115,711.59	$ 106,309.76	$ 104,273.98	$ 103,648.07	$ 104,387.80	$ 97,637.03
County Approp	$ 64,317.00	$ -	$ -	$ 64,317.00	$ -	$ -	$ 64,317.00	$ -	$ -	$ 64,317.00	$ -	$ -
Total Revenue	$ 1,853,350.87	$ 2,815,866.85	$ 2,737,865.97	$ 2,816,316.86	$ 2,484,744.94	$ 3,219,052.67	$ 3,609,123.98	$ 2,474,510.92	$ 5,936,667.45	$ 3,660,667.81	$ 2,698,320.35	$ 3,123,059.35
Payroll/Fringe	$ 706,614.84	$ 713,442.33	$ 1,236,109.74	$ 720,229.24	$ 757,136.21	$ 770,985.40	$ 652,452.48	$ 784,742.16	$ 789,113.31	$ 1,326,374.68	$ 701,014.44	$ 834,773.56
External	$ 2,048,912.31	$ 1,686,386.00	$ 1,827,907.87	$ 2,059,795.83	$ 1,568,935.03	$ 1,541,686.59	$ 1,844,735.85	$ 2,215,006.03	$ 2,055,730.00	$ 2,217,589.52	$ 2,054,734.32	$ 1,858,587.37
Total Expenses	$ 2,755,527.15	$ 2,399,828.33	$ 3,064,017.61	$ 2,780,025.07	$ 2,326,071.24	$ 2,312,671.99	$ 2,497,188.32	$ 2,999,748.19	$ 2,844,843.31	$ 3,543,964.20	$ 2,755,748.76	$ 2,693,360.93
Net	**$ (902,176.28)**	**$ 416,038.52**	**$ (326,151.64)**	**$ 36,291.79**	**$ 158,673.70**	**$ 906,380.68**	**$ 1,111,935.66**	**$ (525,237.27)**	**$ 3,091,824.14**	**$ 116,703.61**	**$ (57,428.41)**	**$ 429,698.42**
Beg Cash	$ 3,785,563.20	$ 2,883,386.92	$ 3,299,425.44	$ 2,973,273.80	$ 3,009,565.59	$ 3,168,239.29	$ 4,074,619.97	$ 5,186,555.63	$ 4,661,318.36	$ 7,753,142.50	$ 7,869,846.11	$ 7,812,417.70
End Cash	$ 2,883,386.92	$ 3,299,425.44	$ 2,973,273.80	$ 3,009,565.59	$ 3,168,239.29	$ 4,074,619.97	$ 5,186,555.63	$ 4,661,318.36	$ 7,753,142.50	$ 7,869,846.11	$ 7,812,417.70	$ 8,242,116.12
Investments	$ 6,075,025.48	$ 6,096,922.03	$ 6,100,537.62	$ 6,102,113.90	$ 6,122,014.84	$ 6,077,606.16	$ 6,085,087.72	$ 6,102,330.11	$ 6,174,923.21	$ 6,133,384.26	$ 6,132,208.49	$ 5,994,673.74
Total Available Cash	$ 8,958,412.40	$ 9,396,347.47	$ 9,073,811.42	$ 9,111,679.49	$ 9,290,254.13	$ 10,152,226.13	$ 11,271,643.35	$ 10,763,648.47	$ 13,928,065.71	$ 14,003,230.37	$ 13,944,626.19	$ 14,236,789.86

Key

Actual

Estimate

CENTURY
BANK AND TRUST

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

Statement of Account

September 1, 2026 Through September 30, 2026

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

Account Name : Community Mental Health Services Agency **Account No : 6200871**

Account Summary

	Current September 1, 2026 To September 30, 2026		Year To Date January 1, 2026 To September 30, 2026	
Beginning Market Value :		**$6,132,208.49**		**$6,100,537.62**
Receipts :				
Cash Deposits :	$0.00		$0.00	
Asset Deposits :	$0.00		$0.00	
Total Receipts :		**$0.00**		**$0.00**
Payments :				
Disbursements :	$0.00		$0.00	
Withdrawals and Distributions :	$0.00		$0.00	
Administrative Expenses :	($2,270.65)		($6,821.80)	
Total Payments :		**($2,270.65)**		**($6,821.80)**
Investment Income :				
Tax Free Income :	$0.00		$0.00	
Taxable Interest :	$2,183.55		$139,642.76	
Dividends :	$0.00		$4,232.89	
Return of Capital (Income Assets Only) :	$0.00		$0.00	
Other Income :	$0.00		$0.00	
Total Investment Income :		**$2,183.55**		**$143,875.65**
Investment Change :	($137,447.65)		($242,917.73)	
Total Investment Change :		**($137,447.65)**		**($242,917.73)**
Ending Market Value :		**$5,994,673.74**		**$5,994,673.74**

Portfolio Summary

September 30, 2026	Portfolio %	Cost Basis	Market Value	Estimated Ann Inc	Current Yield
Fixed Income	87.97%	5,545,722.00	5,273,315.59	244,417.00	4.63%
Money Market Funds	12.03%	721,358.15	721,358.15	26,597.20	3.69%
Total Portfolio	**100.00 %**	**6,267,080.15**	**5,994,673.74**	**271,014.20**	**4.52%**
Net Cash			**0.00**		
Total Market Value			**5,994,673.74**		

Portfolio Components May Not Equal 100% Due To Rounding

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								
250,000	Federal Farm Credit Banks	3.720%	12/01/2027	250,000.00	98.81	247,021.92	9,300.00	3.76%	4.12%
250,000	Federal Farm Credit Banks	3.970%	11/28/2028	250,000.00	97.74	244,349.42	9,925.00	4.06%	4.08%
250,000	Federal Home Loan Bank	4.000%	12/05/2028	250,000.00	97.88	244,705.72	10,000.00	4.09%	4.08%
100,000	Federal Farm Credit Bank	4.330%	05/06/2030	100,000.00	97.53	97,533.47	4,330.00	4.44%	1.63%
250,000	Federal Home Loan Bank	4.000%	12/02/2030	250,000.00	95.99	239,982.09	10,000.00	4.17%	4.00%
250,000	Federal Home Loan Banks	3.700%	12/02/2030	250,000.00	95.12	237,796.21	9,250.00	3.89%	3.97%
250,000	Federal Farm Credit Banks	4.500%	11/28/2031	250,000.00	94.84	237,088.88	11,250.00	4.75%	3.95%
250,000	Federal Home Loan Banks	4.290%	12/01/2031	250,000.00	94.57	236,429.04	10,725.00	4.54%	3.94%
250,000	Federal Farm Credit Bank	4.660%	10/27/2032	249,940.05	95.38	238,453.48	11,650.00	4.89%	3.98%
250,000	Federal Farm Credit Bank	4.600%	11/24/2032	250,000.00	95.18	237,938.85	11,500.00	4.83%	3.97%
250,000	Federal Farm Credit Bank	4.680%	11/17/2033	249,880.95	93.99	234,965.06	11,700.00	4.98%	3.92%
250,000	Federal Home Loan Banks	4.700%	12/29/2033	250,000.00	94.84	237,106.21	11,750.00	4.96%	3.96%
250,000	Federal Farm Credit Bank	4.770%	04/21/2034	249,450.00	94.84	237,102.81	11,925.00	5.03%	3.96%
250,000	Federal Home Loan Banks	4.750%	06/02/2034	250,000.00	94.87	237,166.89	11,875.00	5.01%	3.96%
250,000	Federal Farm Credit Bank	4.800%	12/01/2034	250,000.00	93.96	234,892.90	12,000.00	5.11%	3.92%
250,000	Federal Home Loan Banks	4.930%	12/04/2034	250,000.00	95.52	238,800.28	12,325.00	5.16%	3.98%
250,000	Federal Home Loan Bank	4.800%	12/11/2034	250,000.00	94.90	237,250.52	12,000.00	5.06%	3.96%
250,000	Federal Farm Credit Bank	4.830%	12/18/2034	250,000.00	94.58	236,460.94	12,075.00	5.11%	3.94%
250,000	Federal Home Loan Banks	4.520%	12/03/2035	250,000.00	91.31	228,273.15	11,300.00	4.95%	3.81%
500,000	Federal Home Loan Bank	5.000%	12/12/2035	500,000.00	94.64	473,181.64	25,000.00	5.28%	7.89%

Summary Of Investment Holdings

Shares or Par Value	Investment Category			Cost Basis	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	% Port
	Totals			**5,099,271.00**		**4,856,499.48**	**229,880.00**	**4.73%**	**81.02%**
	Brokered Cert. of Deposit								
50,000	First National Bank of Amer	1.250%	12/30/2026	50,000.00	99.28	49,639.89	625.00	1.26%	0.83%
50,000	JPMorgan Chase Bank	1.000%	12/31/2026	50,000.00	99.21	49,604.12	500.00	1.01%	0.83%
200,000	JP Morgan Chase Bank CD	4.000%	03/03/2028	200,000.00	98.96	197,926.10	8,000.00	4.04%	3.30%
	Totals			**300,000.00**		**297,170.11**	**9,125.00**	**3.07%**	**4.96%**
	Century Bank and Trust Money Mkt								
721,358.15	Century Bank and Trust Money			721,358.15	1.00	721,358.15	26,597.20	3.69%	12.03%
	Totals			**721,358.15**		**721,358.15**	**26,597.20**	**3.69%**	**12.03%**
	ETF U.S. Obligations								
1,150	iShares TIPS Bond ETF			146,451.00	104.04	119,646.00	5,412.00	4.52%	2.00%
	Totals			**146,451.00**		**119,646.00**	**5,412.00**	**4.52%**	**2.00%**
	Total Investments			**6,267,080.15**		**5,994,673.74**	**271,014.20**	**4.52%**	**100.00%**
	Plus Net Cash					**0.00**			
	Total Market Value					**5,994,673.74**			

Account Transactions

Date	Description				Amount
	Starting Balance				**$ 0.00**
	Dividends and Interest				
09/01/2026	Interest First National Bank of Amer 1.2500% 12/30/26				53.10
09/01/2026	Interest Century Bank and Trust Money Interest From 08/01/2026 To 08/31/2026				2,130.45
				Sub Total	**2,183.55**
	Payments				
09/23/2026	Market Fee Market Value: 6,132,609.54				-2,270.65
				Sub Total	**-2,270.65**
		MONEY MARKET ACTIVITY			
		2	**Purchases (s) For**	**2,183.55**	
		1	**Sale (s) For**	**2,270.65**	
	Ending Balance				**$ 0.00**

BOARD POLICY V.06

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 1
POLICY TITLE:	**EMERGENCY CEO SUCCESSION (OCTOBER 2026)**	EFFECTIVE: REVIEWED:	09/28/2022 10/27/2026

POLICY:

In order to protect the board from sudden loss of CEO services, the CEO will have no fewer than two other executives sufficiently familiar with board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.

1. Grae Miller – Chief Clinical Officer

2. Emily Versteeg – Chief Financial Officer

Executive Director Response:

Grae and Emily are kept fully informed of agency operations through regular communication and inclusion on the weekly board email distribution. Both Emily and Grae participate in Tier 4 huddles, which serve as a forum to address and resolve agency-wide issues as they arise.

Additionally, both individuals actively participate in the board's Strategic Planning sessions and attend all formal board meetings. This engagement provides them with firsthand insight into governance-level discussions and strategic priorities. In my absence, Grae and Emily also rotate leadership responsibilities, ensuring continuity and empowering them to manage executive decision-making.

I have also started including Jarrett Cupp, Chief Compliance Officer, and Skyler Ford, Chief Operating Officer, in my emails and planning sessions to ensure a range of individuals can step in and help if I am unavailable or the need for replacement is apparent. The entire executive Leadership team should be able to give more than adequate support to the board, the agency, and the community should the need arise.

BOARD POLICY V.03

AREA:	Governance		
POLICY TYPE:	Executive Limitations	PAGE:	1 of 1
POLICY TITLE:	**TREATMENT OF STAFF (OCTOBER 2026)**	EFFECTIVE: REVIEWED:	09/28/2022 10/27/2026

POLICY:

With respect to the treatment of paid and volunteer staff, the CEO will not cause or allow conditions that are unfair, undignified, disorganized, illegal, or unclear.

The CEO will not

1. Operate without sufficient written personnel rules.

Executive Office Response: The agency's personnel rules are formally documented in several key sources. The official Personnel Policies contain sections (e.g., 17 and 18) that specifically address critical Human Resources matters, including Sexual Harassment, Code of Ethics, FMLA, and Disciplinary Policy.

These policies are supplemented by the Union Contract and the Employee Handbook. All personnel are required to sign an acknowledgment of receipt for the handbook at the onset of their employment with the agency.

a) Subject staff to rules that are not clear and available.

Executive Officer Response: All policies have been enforced as written. To my knowledge, there has been no instance in which a policy has been improperly applied to a staff member, resulting in discipline or adverse action.

b) Leave staff without an effective and unbiased method to deal with grievances.

Executive Officer Response: The Employee Union Contract clearly outlines the steps for a grievance procedure should the staff wish to file one.

c) Subject staff to wrongful conditions, nepotism, or preferential treatment based on personal reasons.

Executive Officer Response: I am committed to a fair and equitable approach in managing all personnel. My leadership philosophy is to remain objective, ensuring that decisions are free from partiality or personal affiliations. All staff are held to the same high standards of performance, particularly in the quality of client care and the fulfillment of their defined professional responsibilities.

2. Retaliate against any staff member for non-disruptive expression of dissent.

Executive Officer Response: I believe I uphold a strict non-retaliation policy for any staff member who expresses non-disruptive dissent or feedback. The agency's official procedure encourages employees to report concerns through the established chain of command. This process ensures that the appropriate level formally reviews and resolves all issues.

3. Allow staff to be unprepared to deal with emergency situations.

Executive Officer Response: During standard business hours (8:00 a.m. – 5:00 p.m.), a Clinical Manager is designated on a weekly rotating basis to serve as the primary on-call contact for all operational and clinical matters.

For all after-hours emergencies, the Access Director is the designated on-call authority, available for consultation and to manage any urgent issues that arise. I am also on call 24/7, and all staff have access to my email and phone number.

BOARD POLICY III.05

AREA:	Governance		
POLICY TYPE:	Board-Management Delegation	PAGE:	1 of 1
POLICY TITLE:	**MONITORING CEO PERFORMANCE**	EFFECTIVE: REVIEWED:	09/28/2022 10/27/2026

POLICY:

Systematic and rigorous monitoring of CEO performance will be solely against the only expected CEO job outputs: organizational accomplishment of any reasonable interpretation of board policies on Ends and organizational operation within the boundaries established in board policies on Executive Limitations, reasonably interpreted.

Accordingly:

1. Monitoring is simply to determine whether or not expectations expressed in board policies have been met. Information that does not disclose this will not be considered to be monitoring information.

2. The board will obtain disclosure about the CEO's interpretations of the board policy being monitored from the CEO himself or herself.

3. The board will obtain data disclosing whether or not the CEO's interpretations have been accomplished using one or more of three methods: (a) by internal report, in which the CEO discloses the data to the board; (b) by external report, in which an external, disinterested third party selected by the board collects the data; and (c) by direct inspection, in which data are collected by the board, a designated board member or by designated board members.

4. In every case, the board will determine: (a) the reasonableness of the CEO's interpretations, using a "reasonable person test" rather than with interpretations favored by board members or the board as a whole. The board is the final arbiter of reasonableness. The board will also assess: (b) whether data demonstrate the accomplishment of the interpretation.

5. All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the board. The board can monitor any policy at any time by any method but will normally use a routine schedule.

Directors' Report October 2026

Administrative

- Attended OAC.
- Parking lot has been completed, and we are now able to use 75% of it, as the remaining 25% is still reserved for our contractors. All staff are now back in the main parking lot.
- Attended HSC meeting
- Attended Healthcare Consortium Meeting
- Attended SMBT (our new bank) kickoff meeting.
- Attended BHS insurance renewal meeting.
- Attended our pre-CARF meeting. As a reminder, CARF will be here 11/2 - 11/4. Attended the all-staff meeting
    - Company Holiday celebration will be taking place on 1/14/2027 at Sturges Young following our all-staff meeting. Mark your calendars, as you are invited.
- Attended CCBHC Caucus Meeting
- Attended Statewide Disaster Mental Health meeting
- Attended Leadership Academy with our Executive Leadership team.
- During the last revisions of the SWMBH budget, it was discovered by Rehmann, in conjunction with SWMBH, that Cass County was being included in the CCBHC withhold from SWMBH. When we redid it, the capitation methodology changed, and we now project a surplus across the region, including Cass County. This did change revenue; however, Emily and I have already reduced our expected revenue from SWMBH, and it does not affect our September-approved budget.
- Met with the subcommittee regarding CEO smart goals and Larry Herman. Larry will give a brief presentation at the next board meeting in October to close the loop for everyone.
- Attended a System Strengthening Initiative workgroup with the CMHA.
- SWMBH Board meeting - FY 26 Rate adjustment confirmed
    - Increase of 6 million more for FY 26 as a SWMBH region, not specifically to Pivotal. It will come through to SMWBH in January 2027. This will be done as recoupment and repayment.

Clinical

- We have received notice that there is going to be an RFP in December.

Human Resources

Open Positions:

- Outpatient Therapist
- Access Care Manager II
- Youth Peer Support (New Position)
- MI/DD Case Manager – (New Position)

Pending:

- Finance Specialist – 10/26/2[illegible]or 11/2/202[illegible]

Transfers:

- Centralized Care Coordinator (New Position) James Alderson – (TBD)
- Jessica Quintera – WSS Coordinator (TBD)

Resignations:

- Finance Specialist - Savanah Gray – Going back to old job

THEME 1: IMPROVED OUTCOMES FOR CLIENTS - 25/26

Objective1.1: 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	**Q1:** Progress is not moving nearly as fast as anticipated. Currently 2 months behind schedule hopes to have this rectified with better weather. **Q2:** More movement. Pushed back opening to 8/20/26. **Q3 & Q4** - Project completion has been moved to FY 27 and a new opening date of 12/1/2026.0
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, LGBTQI+ 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 reduced geographic and transportation barriers. Tracking of emergency department visits for behavioral health concerns to measure the impact of 24/7 psychiatric support and Turning Point	**Q1:** Working with LocumTennums to add staff. Currently brainstorming additional ways to add extra slots with our current staff. Meeting with the CTA to see how we can help our community add additional bus routes to increase transportation options in St. Joseph County. In Q1, 21 consumers used the BHUC. **Q2:** CTA has decided not to pursue our ask. 59 people used our BHUC last quarter. We have increased our outpatient clinicians by 3. We are actively looking for more to help reduce wait times. **Q3** - 38 Individuals used the BHUC **Q4** - 35 Inidivuals utilized the BHUC. Overall outpatient demand, and staffing continue to be a source of improvement, and we continue to explore options on recruitment, retention. This is continues to be on the strategic plan for FY 27
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: Revise, 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.	**Q1:** We have identified a nurse to join our team, they will not be able to start until February/March and from there, once trained, we will expand TurningPoint hours. **Q2:** Internal staff transferred to BHUC Nursing position; Actively working to backfill. Hoping to move forward with new hours in Q3. **Q3** - BHUC has been opened with new hours. **Q4** - A new supervisor has been hired and trained to continue improving the services here. Throughout the whole period, we have only had one person utilize the prior-to-8 a.m. slot.
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	Implementation of service, number of no-show slots % each quarter, productivity increase	**Q1:** This is a bit more user intensive than originally expected, with CARF, ICSS, and new CCBHC handbook implementation this has taken a backseat at the moment. **Q2:** Ultimately, this was not what we were hoping for, in the midst of all our other projects, we have stepped back from this, and may pursue an additional software MEND to address this issue. **Q3/Q4** - No further movement.

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.	**Q1:** CJ- clinician working with drug treatment courts, jail liaison engaging in family treatment court, CHW- meeting with PCP to create a pathway. **Q2:** Therapist working with ADTC and FTC weekly to improve relationship with courts. Jail Liaison working closely with courts. **Q3:** CHW meetings with PCPs and hospitals ongoing. **Q4:** CHW meetings with PCPs and hospitals ongoing. Therapist continuing to work with ADTC and FTC weekly.

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's. Client outcomes demonstrating improved physical health markers for individuals with co-occurring behavioral and chronic physical conditions.	**Q1:** CHW- meeting with PCP's to create pathways **Q2:** CHW meetings with PCP's continue. Recently attended a Beacon Health Partners Lunch-in. This past quarter, our external referrals rose 300%. **Q3:** CHW meetings with community partners continue. CHW participation in beacon lead partner meetings. **Q4:** CHW participation in County fair outreach and project connect.
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.	**Q1:** Monthly report is run to identify all consumers that fall within that category. Then, consumer by consumer, we will audit the chart to ensure that they have an active medication supply, we request refills if necessary, and then notify clients that the medication is available for them to pick up. Pivotal also monitors quality metrics. This is done monthly, Quarter 1 metrics is averaged at 71%. **Q2:** Medication adherence metric continues to exceed the state benchmark of 65%. **Q3:** Medications adherence rate = 76%. **Q4:** Medication adherence rate = 76.4%

THEME 2: INTEGRATED HEALTHCARE EXCELLENCE - FY 25/26

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	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Expand services and specialized programs for individuals with co-occurring mental health and substance use disorders, given the high prevalence and comorbidity.	**Clinical Directors, Medical Director, Quality Improvement Team**	**Ongoing**	Increased percentage of clients with co-occurring disorders receiving integrated treatment.	**Q1:** Starting IOP Jan 2026, clinician engaging in family treatment and drug courts, increasing peer groups. **Q2:** Successful graduation of 8 IOP members. Currently have 8 IOP members enrolled. **Q3:** IOP group, Seeking Safety group for women, and Men's Trauma group continue to run weekly **Q4:** IOP continues to run weekly with multiple graduates per quarter. Therapist also running Seeking Safety group for women and a Men's Trauma Recovery and Empowerment Model (M-TREM) group.
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.	**Q1:** BI Manager has been fully trained and has started creating and understanding the CMH system. Priority tasks have pushed this to the back burner a bit but once completed, will be implemented. **Q2:** This is still a priority, but ensuring other go-live systems with the BI manager still continue to take precedence. **Q3:** Progress on IOP fidelity report. **Q4:** IOP Fidelity report completed; EBP dashboard creation goal for FY27.
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.	**Q1:** 95% of Pivotal Consumers have had a preventative or ambulatory care visit in the last 12 months. Unhealthy alcohol screened by Med Clinic is 97.5% 44% screened positive for tobacco use, and 99.3% received smoking cessation and interventions. 62% of metric-eligible consumers have received testing. 51% of metric-eligible consumers have received. **Q2:** 93% of Pivotal consumers have had a preventative or ambulatory care visit in the last 12 months. 97.5% of consumers screened for unhealthy alcohol use. 45% of consumers screened positive for tobacco use, with 89% of those consumers receiving education or cessation options. **Q3:** 94% of Pivotal consumers have had a preventative or ambulatory care visit in the last 12 months. 98.5% of consumers screened for unhealthy alcohol use. 43.8% of consumers screened positive for tobacco use, with 93.5% of those consumers receiving education or cessation options. **Q4:** 93% of Pivotal consumers have had a preventative or ambulatory care visit in the last 12 months. 99.3% of consumers screened for unhealthy alcohol use. 59.2% of consumers screened positive for tobacco use, with 94.5% of those consumers receiving education or cessation options.
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.	**Q1:** Clinician engaging in family treatment court (FTC) and Adult drug treatment courts (ADTC), starting up IOP in January 2026. **Q2:** IOP, ADTC, and FTC are running smoothly. **Q3:** IOP, ADTC, and FTC are running smoothly. **Q4:** IOP, ADTC, and FTC are running smoothly.
CARF Recertification	**All Staff**	**FY 26**	Successful recertification of CARF Accreditation	**Q3:** IOP, ADTC, and FTC are running smoothly. **Q4:** IOP, ADTC, and FTC are running smoothly.

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

Action Steps	Person Responsible	Time Frame	Method for Measurement	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/Chief Compliance Officer	Q3	Compliance rates with CCBHC staffing mandates and federal/state reporting requirements.	**Q1:** N/A **Q2:** Utilizing CRM and NPDB to monitor licensure expirations. Expanding usage of Relias to better track trainings. Updating policies to ensure trainings outside of RELIAS are going to HR. HR will keep current year in filing cabinet. Previous year will be kept in storage. **Q3:** SWMBH audit was completed with a 97.5% compliance rate for staff training. CEO directed a new training schedule be used with annual trainings being based off of fiscal year to prevent duplication. **Q4:** HR Director and Chief Compliance Officer working in tandem with Rehmann to ensure staff credentials are updated and completed prior to hire or within 2 weeks of hire. Onboarding practices from Kaizen Event are still being utilized
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 EBPs, interventions, and outcomes.	**Q1:** N/A **Q2:** N/A **Q3:** N/A **Q4:** N/A
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)	**Q1:** N/A **Q2:** N/A **Q3:** N/A **Q4:** N/A

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	**Q1:** Work has started with the staff satisfaction workgroup. Retention rate for Q1 is 100%. **Q2:** Retention rate for Q2 is 97%. 11 new positions created. HR/Clinical Director/CSM have attended 3 job fairs. **Q3:** 13 total hires; 8 new position, 5 back filled positions. Retention rate: 100%. Turnover rate 5.22% (6 staff out of 115) **Q4:** 9 total hires; 6 new positions, 3 back filled positions. Retention rate: 88.89% Turnover rate: 6.69% (8 staff out of 119)
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.	**Q1:** DBT-A is currently ongoing. **Q2:** Children's team is looking to send additional outpatient therapists to TFCBT training but need to finish the DBT-A cohort first. **Q3:** Multiple staff and Clinical Directors meeting to develop procedures for clients transitioning from youth to adult. PowerBI report completed to adentify individuals soon to turn 18. **Q4:** One clinician became certified in DBT-A.
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.	**Q1:** CCO and CEO are currently exploring alternative options for additional compensation for additional caseloads. Hiring of Documentum staff to accommodate and reduce caseloads. High focus on clinicians' 60/90 reports to ensure accurate case load sizes. **Q2:** Hired an additional 3 outpatient clinicians. Staff satisfaction workgroup has completed individual department meetings and will be reporting to CEO in Q3. **Q3:** Caseloads continue to be a concern, and we are actively working on hiring and recruiting. **Q4:** Continuing to post Outpatient clinician positions on Indeed. Also continuing to work with Locumtenens to support need for clinician's.

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.	**Q1:** Work has started with the staff satisfaction workgroup. **Q2:** The staff satisfaction workgroup has completed individual department meetings and will be reporting to the CEO in Q3. **Q3:** Workgroup reconvened and gave some suggestions for improvement **Q4:** Staff survey sent out
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	**Q1:** Work has started with the staff satisfaction workgroup. **Q2:** The staff satisfaction workgroup has completed individual department meetings and will be reporting to the CEO in Q3. **Q3:** Workgroup reconvened and gave some suggestions for improvement. **Q4:** Staff survey sent out.

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

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Conduct broad-based community education campaigns to reduce stigma, raise awareness of available services, and encourage help-seeking.	CEO, CCO, CCBHC Director	Ongoing	Number of events, locations, and topics discuses each quarter. Topics range on services offered, support groups, QPR, Mental Health First Aid, etc.	**Q1:** Updates on Pivotal are provided monthly at HSC. QPR is offered at various times, dates, and locations to accommodate the community. **Q2:** Onboarded a new staff member-Parent Support Partner and Family Education Specialist- to fill the gap left by the loss of Help Me Grow St. Joseph grant funding. **Q3:** QPR Trainings offered. **Q4:** We used the new Community Response Vehicle at the St. Joseph County Fair for our grand rollout of that .
Collaborate with justice system representatives for targeted outreach and information sharing.	CEO	Ongoing	CIT Training, # of officer trained, number of trainings offered.	**Q1:** 1 PSW is currently fully trained. Working with the Sheriff's department to work on offering our first training. **Q2:** Identified Sheriff Department collaborator for PSW. Working on the curriculum and the necessary infrastructure to provide the first training. **Q3;** CIT scheduld to start in September. **Q4:** Started off the program with 8 students, was hoping for 10, but a good start for a new program.
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.	CEO, CCO, CCBHC Director	Ongoing	QPR Trainings, Mental Health First Aid, Number of trainings and people attended.	**Q1:** 27 people trained in QPR. **Q2:** 65 people trained in QPR **Q3:** 17 people trained in QPR **Q4:** 20 people trained in QPR
Increase peer run groups and access to 1st service appointments	CCO, Adult Services Director, Peers	Ongoing	Number of groups offer & number of quarterly attendance	**Q1:** New peer started, and a new group starting in January. **Q2:** Additional peer groups are currently on hold until new peer position gets filled and started due to turnover. **Q3/Q4:** Peers have created a calendar that is availible for clinician distrubution with multiple different options for clients.
Increase Recovery Coach Groups and access to 1st Service appointments	CCO, SUD Services Director, Recovery Coaches	Ongoing	Number of groups offer & number of quarterly attandance	**Q1:** 34 First service appointments conducted. **Q2:** Recovery Coach is engaged in IOP. Hiring one more Recovery Coach to assist in current RC workload. **Q3:** **Q4:** Additional Recovery Coach hired and became certified through MDHHS and MCBAP. New Recovery Coach is planning to start a new group in Q1 of the new FY. Both RC's are assisting in IOP. Both RC's support Sobriety Court bi-weekly.

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

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
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).	CEO, Data Analyst	Q3/Q4	Integration of community feedback into service development and strategic planning as evidenced by planning documents and program modifications.	**Q1:** N/A **Q2:** N/A **Q3:** N/A **Q4:** N/A With all the system changes, there were other projects that took priority and this one was not as emergent as others.

Actively advocate for the development of a local bus line to improve physical access to care.	CEO	Q1/Q2	Progress in advocacy for local transportation initiatives. (meetings, costs, etc.)	**Q1:** Met with the CTA twice to discuss partnering with Covered Bridge to offer a St. Jospeh County Line. Discussion are ongoing. **Q2:** CTA not interested in partnering with us for this endeavor. **Q3:** N/A **Q4:** N/A

THEME 5: FINANCIAL SOLVENCY - 25/26

Objective5.1: Optimize Operational Efficiency

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
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	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 matrixes.	**Q1:** N/A **Q2:** Contracted with Eleos to implement complaince oversight of documentation. Increase staffing based on client needs, specifically 3 outpatient clinicians, Peer Support and SUD Recovery Coach due to needs. **Q3/Q4:** Eleos compliance has been implemented for review, once given the approval, the dashboard will be live and will begin integration with supervisors 1:1's and overview of documentation.

Objective5.2: Clean Financial Audit

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Monitor internal controls	CFO, Financial Specialist, Accountant	Ongoing	Clean financial Audits	**Q1:** Current Audit is ongoing, there is no known findings at this point in time. Audit will be presented to the board in April. **Q2:** Audit completed and turned in on March 31st. Compliance Audit scheduled to begin 5/4/2026 **Q3:** N/A **Q4:** Preliminary date for FY26 scheduled: 10/13/26; document gathering began Sept.

Objective 5.3: CCBHC State Direct Payment

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Enrollment in CHAMPS	CFO/Rehmann	Q1	Acceptance in the CHAMPS System	**Q1:** CHAMPS enrollment is complete. **Q2:** N/A **Q3:** N/A **Q4:** N/A
Accepting Payments from State reconciled to Monthly billing	CFO	Ongoing	Monthly Financial Reporting of Revenue Received	**Q1:** Oct $ 0.00 Nov $ 942,597.90 Dec $ 774,784.15 **Q2:** Jan $833,836.25 Feb $900,489.68 Mar $974,416.60 **Q3:** Apr $1,563,870.50 May $525,076.77 Jun $944,732.71 **Q4:** Jul $1,290,154.36 Aug $582,599.93 Sept $584,041.18
CCBHC Cost Settlement Report	CFO	Q4	Accepted CCBHC Cost Settlement report	**Q1:** N/A **Q2:** Working on the second observations from the state and will respond. **Q3:** Continuation of observation reports sent with MDHHS and Rehmann for Cost Report and Anticipated Costs. **Q4:** Final acceptance received in August with updated FY26 PPS-1 Rate.