

Meeting Agenda
CMHOC Board of Directors
Board Room – 12220 Fillmore Street, West Olive, MI
Monday, June 3, 2024 9:00 am

[Join Zoom Meeting](#)

Meeting ID: 821 0477 2110

Passcode: 527308

Dial: 1 (301) 715-8592

1. Call to Order – Chair

2. Invocation

3. CMHOC Mission and Vision Statements

Mission Statement: *Community Mental Health of Ottawa County partners with people with mental illness, intellectual/developmental disabilities and substance use disorders and the broader community to improve lives and be a premier mental health agency in Michigan.*

Vision: *Community Mental Health of Ottawa County strives to enhance quality-of-life for all residents.*

4. Public Comment

5. Consent Items

Suggested Motion: To approve by consent the following items:

- a. Agenda for May 24, 2024, CMHOC Board of Directors Meeting
- b. Minutes for the April 26, 2024, CMHOC Board of Directors Meeting

6. Old Business

Millage Steering Committee - Social Recreation Program Contract Extension (Attachments A, B, C, D)

Suggested Motion: To continue funding for Heritage Homes, Inc., IKUS R.E.C. Connect, Pioneer Resources, and Momentum Center Social Recreation Programs until 9/30/24. It is further recommended that the above-mentioned Social Recreation programs must reapply and be approved via the RFP process for continued millage funding after 9/30/24.

7. New Business

May 2024 Service Contracts (Attachment E) – Bill Phelps

Suggested Motion: To approve the May 2024 service contracts as presented.

FY2024 April Financial Statement (Attachment F) – Amy Bodbyl-Mast

Suggested Motion: To approve the FY2024 April Financial Statement as presented.

FY2024 March LRE FSR (Attachment G) – Amy Bodbyl-Mast – Information Only

Mental Health Millage Funding – Amy Bodbyl-Mast

Suggested Motion: To approve the 2024 Mental Health Millage at the maximum allowable mils and forward to the Ottawa County Board of Commissioners.

Discussion: Adoption of a Resolution to Oppose MDHHS Decisions to Implement Conflict Free Access and Planning in Michigan (*Attachment H*)

8. Executive Director’s Report
9. General Information, Comments and Meetings Attended
10. Public Comment
11. Adjourn



Meeting Minutes (proposed)

CMHOC Board of Directors

Board Room – 12220 Fillmore Street, West Olive, MI

Friday, April 26, 2024

9:00 am

In attendance: Thomas Bird, Donna Bunce, Gretchen Cosby, Lucy Ebel, David Parnin, Sylvia Rhodea, Stephen Rockman, Beth VanHoven, Kendra Wenzel

Absent: Christian Kleinjans

ANNUAL ORGANIZATIONAL MEETING

CALL TO ORDER – Donna Bunce, Nominating Committee Chair

Ms. Bunce called the April 24, 2023, CMHOC Board Organizational Meeting to order at 9:00 a.m.

NOMINATION AND ELECTION OF OFFICERS – Donna Bunce, Committee Chair

The Nominating Committee met on April 3. Recommendation from the Committee are David Parnin and Gretchen Cosby to serve as chair. There were no nominations from the floor.

CMH 24-026 Motion: To put into nomination Dave Parnin and Gretchen Cosby to serve as the CMHOC Board Chair for a one-year term.

Moved by: Donna Bunce Support: None

ROLL CALL:

Cosby: Bird, Bunce, Cosby, Ebel, Parnin, Rhodea, Rockman, Vanhoven, Wenzel

MOTION CARRIED

Ms. Cosby was elected to serve as Chair for a one-year term.

CMH 24-027 Motion: To elect Dave Parnin to Serve as Vice-Chair for a one-year term

Moved by: Bunce Support: Rhodea

MOTION CARRIED

CMH 24-028 Motion: To nominate Tom Bird to serve as the CMHOC Board Secretary for a one-year term.

Moved by: Bunce Support: Rhodea

MOTION CARRIED

ADJOURNMENT – Board Chair

Ms. Cosby adjourned the April 26, 2024, CMHOC Annual Organizational Meeting at 9:07 a.m.

REGULAR MONTHLY MEETING

In attendance: Thomas Bird, Donna Bunce, Gretchen Cosby, Lucy Ebel, Christian Kleinjans, David Parnin, Sylvia Rhodea, Stephen Rockman, Beth VanHoven, Kendra Wenzel

CALL TO ORDER – Chair

CMHOC Board Chair, called the April 26, 2024, CMHOC Board meeting to order at 9:07 a.m.

INVOCATION

Ms. Ebel provided the invocation.

CMHOC MISSION AND VISION STATEMENTS

Ms. Cosby noted the CMHOC Mission and Vision Statements

PUBLIC COMMENT

David Barnosky, Port Sheldon Township
Barbara Lee VanHorsen, City of Grand Haven

CONSENT ITEMS

CMH 24-029 Motion: To approve by consent the following items:

- a. Agenda for the April 26, 2024, CMHOC Board of Directors Meeting
- b. Minutes for the March 22, 2024, CMHOC Board of Directors Meeting

Moved by: Rhodea Support: Ebel

MOTION CARRIED

OLD BUSINESS

No Old Business

NEW BUSINESS

April 2024 Service Contracts – Bill Phelps

CMH 24-030 Motion: To approve the April 2024 service contracts as presented.

Moved by: Rhodea Support: Kleinjans

MOTION CARRIED

FY2024 March Financial Statement– Amy Bodbyl-Mast

CMH 24-031 Motion: To approve the FY2024 March Financial Statement as presented.

Moved by: Rhodea Support: Bird

MOTION CARRIED

Ms. Bodbyl-Mast reviewed financial reports. Mid-year status reflects a healthy financial status. No areas of concern noted.

Amendment #1 to the FY24 Grant Agreement Between Michigan Department of Health and Human Services (MDHHS) and Community Mental Health of Ottawa County

CMH 24-032 Motion: To authorize the Deputy Director to sign Amendment #1 to the FY24 Grant Agreement Between Michigan Department of Health and Human Services (MDHHS) and Community Mental Health of Ottawa County

Moved by: Rhodea

Support: Bird

MOTION CARRIED

Discussion: Executive Director Recruitment and Human Resources – Gretchen Cosby

Marcie VerBeek, Ottawa County Human Resources Director, reviewed the process for recruiting the CMHOC Executive Director.

- Board Policy 21.10 – Succession Planning and Leadership Development outlines the process for appointing an interim director and recruiting the Executive Director:
 - The Executive Committee will appoint an interim director within 5 business; within 15 days a transition committee is to be appointed.
- Interim Director will be appointed by May 24; Transition Committee appointed by June 10.
- The Interim Director will be appointed by the Board Chair after May 20. The Board Chair will be the point of contact for those interested in serving as the interim director.

CMH 24-032 Motion: To appoint Anna Bednarek as Interim director.

Moved by: Parnin

Support by Kleinjans

ROLL CALL VOTE:

No: Bird, Bunce, Ebel, Rhodea, Rockman, VanHoven, Wenzel, Cosby

Yes: Kleinjans, Parnin

MOTION FAILED

- Ms. Rhodea noted that the Interim Director cannot assume the position until May 21 as there is currently a director serving until May 20. She indicated that more time is needed to gather other names and understand the pool of candidates.
- Mr. Parnin wanted assurances that all Board members would be involved in all steps of the decision-making process.

NEXT STEPS:

- The CMHOC Board will meet on May 24 at which time the Interim Executive Director and the Executive Transition Committee will be appointed
- The Executive Committee will meet to establish makeup of the Transition Committee.
- The Board Chair will receive recommendations and communication from interested parties (gcosby@miottawa.org) and will share all information received with the other members of the Executive Committee members.
- The Executive Committee will bring forth all recommendations to the Board on May 24.

EXECUTIVE (DEPUTY) DIRECTOR'S REPORT

MDHHS – The proposed model for Conflict Free Access Planning has been distributed. The Board Association (CMHAM) has been meeting with MDHHS Leadership to continue sharing concerns from the public mental health system and stakeholders regarding the proposed plan.

CMHOC

- The Millage steering committee continues to meet. Social Recreation program evaluations have been reviewed and findings will be shared with the Board in May. A Request for Proposal for Social Recreation Programs will be published in May for programs starting in October.
- Working with County Administration to bring the CMH IT Business Analyst position to the Finance Committee.
- Health Fair scheduled May 15 3:30 – 5:30 at Salvation Army, 104 Clover Street, Holland with more than 30 organizations available to share information on available resources in the community.

GENERAL INFORMATION, COMMENTS AND MEETINGS ATTENDED

No reports

PUBLIC COMMENT

Rosalie Austin – City of Holland
Barbara Lee VanHorsssen – City of Grand Haven
Denise Newhouse – Holland Township

ADJOURN

Ms. Cosby adjourned the April 26, 2024, CMHOC Board of Directors meeting at 11:00.

Board Chair

Secretary

Heritage Homes Social Rec Program

Millage Program Evaluation Form

Program Being Reviewed: Heritage Homes Social Rec Program

Date(s) of Review: 1/5/24, 3/15/24, 4/12/24

Decision Criteria Question	Information/Data Reviewed	Has the decision criteria been met? Yes or no	Provide explanation
Is there a need for the program in the community?	Participant survey results stakeholder feedback research	Yes	There is an identified need for social recreational programming for persons with disabilities in this community. The Heritage Homes Social Rec program addresses this need in the Allendale and surrounding areas.
Does the program meet the specifications as outlined in the original RFP?	Original RFP	Yes	The Request for Proposal specified the provision of social recreational opportunities for individuals with disabilities in Ottawa County. Proposals should include a calendar of proposed events and activities suitable for individuals with varying levels of support needs. The Heritage Home Social Rec Program meets the specifications of the original RFP.
Does the program meet the specifications as outlined in the current contract?	Current contract attachment A – Plan of Work	Yes	The Heritage Homes Soc Rec Program meets the contractual obligations outlined in attachment A of the contract.
Does the program meet the needs of the individuals who attend the program?	Participant survey results	Yes, with recommendations	The survey respondents strongly agree that the program is meeting the needs of participants. Recommendations: The number of attendees has fluctuated over the years (regular attendance 5 – 15/day). Would like to see this program grow. Request HH find ways to expand their program. Virtual programming for individuals who cannot get out into the community should be expanded to County wide if possible.
Is the current funding appropriate for the level of service?	Financial statements	Yes	

Heritage Homes Social Rec Program

Recommendations	HHI's Response to Recommendations	Is response to recommendations adequate? Yes or No
Evidence of participant's involvement in choosing program offerings.	<p>Within the program's daily documentation, there is a Participant Feedback form in which participants are asked about events they enjoyed and if they would like to see other similar events on the monthly activity calendar. Additional documentation shows that throughout each event staff will ask if participants have enjoyed the event. Moving forward, we plan to create a monthly participant survey tool which will include visual pictures and names of possible events or outings that may interest the participants. From the feedback received, we will decide on the most liked activity or outing ideas and work to implement them into the monthly calendar. These surveys will be a good tool to measure whether we are incorporating events into our monthly calendars that the participants most enjoy. The surveys and proposed monthly calendars will be reported to the program supervisor to ensure our initiative to implement participant interest.</p>	<p>Yes, the Committee requested to see the feedback they have received from Consumers. The feedback they received and reviewed by the Committee on 4/12.</p>
Provide a description of your efforts to increase participation in the program.	<p>As previously discussed, a significant way we are working to increase our numbers is to provide programming that is appealing to participants. We have a winter dance planned for the end of February to connect our participants and other members in a social setting. We plan to complete larger scale events more frequently. In addition to the larger scale events, we have also added Drop In events twice a month for a two hour time period. The goal of these events is for anyone in the community to feel free and welcomed to participate in activities without a reservation or commitment. Recently, we have increased our participation numbers with new members as well re-engaging members who have not been consistently attending the program. Social Rec continues to put effort in to plan events for participants and community members in Ottawa County. In the past, we have posted flyers around the community to inform others about our program and upcoming events such as a donuts & coffee drive-through. In addition, Social Rec has participated in local donations; such as a canned food drive, dog treats and toys for shelters, and a local fire station lunch-in.</p>	<p>Yes</p>

Heritage Homes Social Rec Program

<p>Consider providing virtual programming for individuals who cannot get out into the community as a county wide service.</p>	<p>Social Rec at Heritage Homes is currently providing virtual programming opportunities weekly with three different activities. These activities vary from crafts, exercises, read alouds, virtual tours, sensory activities, and more. The links to the weekly virtual programming activities are posted on our Facebook page for anyone to view and weekly emails are sent to participants. Also, we provide monthly gift bags including materials required for the specific activities that are directly dropped off to the participating individual's homes. Moving forward, we plan to implement a virtual drop-in option during our drop in events. The link to join will be available on the Facebook page and as we grow a virtual base, emails will be sent as well. This will provide opportunities for participants who are unable to attend in person to socialize and interact with their peers. In time, this plan could be expanded to all activities and outings. A significant barrier to virtual programming are limitations to access of technology. Not all participants have access to reliable wifi, computer/tablet with webcam, or assistance to log on if necessary. Another barrier is supplies, it's hard to virtually play a board or card game with a peer. We would like to develop a lending program for tablet or simple 'chrome book' computers. We could start with 20 units for approximately \$3000. We would then work with low cost virtual platforms to host games, crafts, learning activities for an additional 20+ virtual participants.</p>	<p>Yes</p>
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Ikus/REC Connect

Millage Program Evaluation Form

Program Being Reviewed: Ikus/REC Connect

Date(s) of Review: 1/5/24, 3/15/24, 4/12/24

Decision Criteria Question	Information/Data Reviewed	Has the decision criteria been met? Yes or no	Provide explanation
Is there a need for the program in the community?	Participant survey results stakeholder feedback research	Yes	There is an identified need for social recreational programming for persons with disabilities in this community. Ikus/REC Connect meets the needs in the Southeast area of this county.
Does the program meet the specifications as outlined in the original RFP?	Original RFP	Yes	The Request for Proposal specified the provision of social recreational opportunities for individuals with disabilities in Ottawa County. Proposals should include a calendar of proposed events and activities suitable for individuals with varying levels of support needs. Ikus REC Connect meets the specifications in the RFP
Does the program meet the specifications as outlined in the current contract?	Current contract attachment A – Plan of Work	Yes	Ikus REC Connect meets the contractual obligations outlined in attachment A of the contract.
Does the program meet the needs of the individuals who attend the program?	Participant survey results	Yes, with recommendations	Survey respondents agreed that the program meets their needs. Recommendation: Encourage collaboration on programming with other Social Recreation Programs for larger group activities.
Is the current funding appropriate for the level of service?	Financial statements	Yes	

Ikus/REC Connect

Recommendations	IKUS Response to Recommendations	Is response to recommendations adequate? Yes or No
<p>Evidence of participant's involvement in choosing program offerings. Please provide a description of how this is ensured.</p>	<p>Through our quarterly satisfaction surveys, we ask the individuals and their caregivers for feedback and suggestions on the types of social and recreation-based activities that they are interested in. Each week during programming we ask the participants if they have seen any community events that they want staff to look into. We have participants who look online for programming ideas such as crafts, projects, outings, and the R.E.C. Connect manager does his best to offer the opportunities that are suggested. There is a new suggestion box in the R.E.C. Connect manager's office. We have explained to the R.E.C. Connect members that this is a spot where they can write out their ideas or provide feedback to the staff. There is also a section labeled hobbies/interest on the member profiles. This provides staff with ideas on the types of activities that each of the individuals are interested in. Programming hours are flexible and dependent on the activities that are suggested by our members.</p>	<p>Yes, the Committee requested to see the feedback they have received from Consumers. The feedback they received was reviewed by the Committee on 4/12.</p>

Pioneer Resources LARC Program

Millage Program Evaluation Form

Program Being Reviewed: Pioneer Resources LARC Program

Date(s) of Review: 1/5/24, 3/15/24, 4/11/24

Decision Criteria Question	Information/Data Reviewed	Has the decision criteria been met? Yes or no	Provide explanation
Is there a need for the program in the community?	Participant survey results stakeholder feedback research	Yes	There is an identified need for social recreational programming for persons with disabilities in this community. The Pioneer Resources LARC Social Rec program helps to address the need in the Holland/Zeeland areas.
Does the program meet the specifications as outlined in the original RFP?	Original RFP	Yes	The Request for Proposal specified the provision of social recreational opportunities for individuals with disabilities in Ottawa County. Proposals should include a calendar of proposed events and activities suitable for individuals with varying levels of support needs. Pioneer Resources LARC Social Rec program meets the specifications of the original RFP.
Does the program meet the specifications as outlined in the current contract?	Current contract attachment A – Plan of Work	Yes	The Pioneer Resources LARC Social Rec program meets the contractual obligations outlined in attachment A of the contract.
Does the program meet the needs of the individuals who attend the program?	Participant survey results	Yes, with recommendations	The survey respondents agree that the program is meeting the needs of participants. Recommendations: Numbers are very low. Would like to see the membership numbers increase. Their goal is to increase by 20. Inquire how Pioneer plans to meet that goal. Consider focusing on older adult population Consider expanding partnerships with other community organizations including Aquatic Center, Evergreen Commons.
Is the current funding appropriate for the level of service?	Financial statements	Yes	

Pioneer Resources LARC Program

Recommendations	Pioneer Resources Response to Recommendations	Is response to recommendations adequate? Yes or No
<p>Evidence of participant’s involvement in choosing program offerings. Please provide a description of how this is ensured.</p>	<p>Advisory Committee meetings are held periodically throughout the year. Participants are encouraged to attend to provide input on the activities they would like to see from the program, what they like, as well as any improvements they would like to suggest. Participants have an open opportunity to share their ideas; staff provide encouragement and reminder to stay within their communities and choose activities that are accessible for all. Participants are also provided a short survey on preferred days and times of availability. These ideas are shared with the program manager and use during calendar development.</p>	<p>Yes</p>
<p>The Committee would like to see the number of program participants grow. Please provide a description of your efforts to increase participation in the program.</p>	<p>Pioneer Resources advertises programs and services through our website, social media platforms, sharing information within the community, and presenting for support coordinators at Ottawa Community Mental Health. The majority of our participants are from the Holland area. More recently, we have also tried offering activities further across Ottawa County; though this has been unsuccessful with participation in those areas, we plan to continue efforts in encouraging participation through the county.</p>	<p>Yes</p>
<p>Consider focusing on the older adult population and expanding partnerships with other community organizations including Aquatic Center and Evergreen Commons.</p>	<p>Our current participants’ ages range from early 20’s to 70’s; the majority of participants are older adults. Our program has recently undergone a transition of leadership, and we are looking into developing more partnerships within the community to not only encourage more healthy lifestyles for participants, but to also build the number of persons served within our programming.</p>	<p>Yes. The Social Rec programs should share each other’s calendars/information with all programs.</p>

Momentum Center

ATTACHMENT D

Millage Program Evaluation Form

Program Being Reviewed: Momentum Center

Date(s) of Review: 11/10/23, 1/5/24, 3/15/24, 4/12/2024

Decision Criteria Question	Information/Data Reviewed	Has the decision criteria been met? Yes or no	Provide explanation
Is there a need for the program in the community?	Participant survey results stakeholder feedback research	Yes	There is an identified need for social recreational programming for persons with disabilities in this community. The Momentum Center addresses this need in the Northwest and Southwest areas of this county.
Does the program meet the specifications as outlined in the original RFP?	Original RFP	Yes, with modifications	<p>The Request for Proposal specified the provision of social recreational opportunities for individuals with disabilities in Ottawa County. Proposals should include a calendar of proposed events and activities suitable for individuals with varying levels of support needs.</p> <p>The Momentum Center currently supports other programs and services that fall outside of social/recreational program scope of millage funding. It is requested that only those services related to social recreational programming be advertised under the Momentum Center name.</p> <p>It is also requested that the Momentum Center report financials for the Momentum Center separate from the other programs.</p>
Does the program meet the specifications as outlined in the current contract?	Current contract attachment A – Plan of Work	Yes	The Momentum Center meets the contractual obligations outlined in attachment A of the contract.

Momentum Center

Does the program meet the needs of the individuals who attend the program?	Participant survey results	Yes, with modifications	The survey respondents strongly agree that the program is meeting the needs of participants. There were requests for programming specific to the I/DD population that does not include other populations due to safety concerns. It is recommended that the Momentum Center establish additional activities that are designated solely for individuals with intellectual and/or developmental disabilities.
Is the current funding appropriate for the level of service?	Financial statements		See recommendations.

Recommendations	Is response to recommendations adequate? Yes or No	Momentum Center Response to Clarification	Is response to the clarification request adequate? Yes or No
Evidence of participant's involvement in choosing program offerings. Please provide a description of how this is ensured.	No, the Committee would like more detail on how Momentum Center is providing participant choice in choosing the program offerings.	Ensuring participant choice within the Momentum Center is paramount to our mission. Our social recreational program is meticulously structured to prioritize and empower member autonomy at every juncture. From the very outset, individuals are presented with the opportunity to make an informed decision regarding their involvement in our program. Membership is not automatic; rather, it is an opt-in process that requires individuals to actively choose to become members. To facilitate this process, we have established a nominal membership fee of \$1 per year. However, we recognize that financial constraints may pose a barrier for some individuals, and thus, we offer scholarships to alleviate	Yes

Momentum Center


		<p>any undue burden. Members complete a comprehensive application that includes a safety screening to ensure the safety of the individual and the community. Upon becoming members, individuals gain access to a meticulously curated calendar featuring a diverse array of events, activities, and outings. Importantly, participation in any scheduled event is entirely voluntary, reflecting our steadfast commitment to member autonomy. We have discovered that allowing our members to make these self directed choices is one of the main reasons they thrive in our setting. Furthermore, we actively solicit and incorporate member feedback in the ongoing development of our program offerings. Monthly member meetings serve as a forum for members to voice their opinions, suggest additions or modifications to the schedule, and actively shape the trajectory of our programming. Minutes from this meeting are attached. Additionally, daily check-ins provide further opportunities for members to share preferences, offer suggestions, and contribute to the ongoing refinement of our offerings. I have sent you an example of a monthly report that presents this data to us for review and action.</p>	
<p>The Momentum Center currently supports other programs and services that fall outside of social/recreational program scope of millage funding. It is</p>	<p>No, the Committee would like the Momentum Center to decide the what the name for the Social Recreation Program will be.</p>	<p>In response to your recommendation, we have chosen to adopt the name "Extended Grace" to designate our Social Recreational Program. This decision was not made lightly but was informed by careful consideration of its alignment with our organizational identity and mission. Furthermore, "Extended Grace" holds significance within our community, thereby facilitating a seamless transition for our members and the public alike. Leveraging our preexisting logo associated with</p>	<p>Yes, They have chosen to adopt the name "Extended Grace" to designate the Social</p>

Momentum Center

<p>requested that only those services related to social recreational programming be advertised under the Momentum Center name or a new name, unique to the social/recreational program, be created and used.</p>		<p>this name ensures continuity and reinforces brand recognition within our community.</p>	<p>Recreational Program.</p>
<p>It is requested that the Momentum Center report financials for the social/recreational program separate from the other programs.</p>	<p>No, the Committee would like the Momentum Center to provide more detail on how the Social Recreation funding is separated from other programs. It was suggested this might be able to be captured on the 990, Part 3 Section 4. The Committee is looking to see a clear picture of the separation of funding for Social Recreation.</p>	<p>Regarding the separation of Social Recreation funding from other programs, transparency and accountability are of paramount importance to us. To this end, we maintain meticulous financial records utilizing Quickbooks Online (QBO), a robust accounting platform. Through comprehensive categorization and classification within QBO, we can precisely track revenues and expenses associated with each program area. Specifically, funds allocated to Social Recreation are distinctly delineated within our accounting system, providing a clear and transparent picture of financial allocations and expenditures. What we send to CMH each quarter does separate all of our costs across classes so it shows all social rec costs even if they aren't covered by the millage: Grand Haven, Holland, and Teens (not covered). I have attached a copy of this report for your review.</p> <p>Moreover, our financial reporting undergoes rigorous oversight by DeBoer Baumann Company (DBC), ensuring adherence to established accounting standards and best practices. We will work with DBC to specifically separate social recreation funds when filing future 990s as the Committee has suggested.</p>	<p>Yes</p>
<p>It is requested that the Momentum Center establish</p>	<p>No, the Committee would like the Momentum Center to provide more</p>	<p>We have eagerly embraced the recommendation to develop additional programming tailored specifically for individuals with intellectual and/or developmental disabilities (I/DD).</p>	<p>Yes</p>

Momentum Center

<p>additional social recreational opportunities that are designated solely for individuals with intellectual and/or developmental disabilities.</p>	<p>detail on the programming being developed for individuals with intellectual and/or developmental disabilities.</p>	<p>Drawing upon the expertise of our dedicated staff and invaluable feedback from members, we have identified a range of activities that resonate profoundly within the I/DD community. These activities span a diverse spectrum, encompassing everything from calming coloring sessions to engaging bingo events designed with the unique needs of the I/DD population in mind. Our commitment to inclusivity extends beyond mere programming; it is a fundamental aspect of our organizational ethos. Attached herewith, you will find the April calendar showcasing these designated activities, a tangible testament to our unwavering dedication to serving the diverse needs of our community. As we move forward, we remain steadfastly committed to soliciting and incorporating member input, collaborating with stakeholders, and continuously refining our offerings to ensure they meet the evolving needs of the I/DD population.</p>	
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 <div style="text-align: center;"> Community Mental Health of Ottawa County Board Summary May 24, 2024 </div>									
Count	Contract Agency	Contract Type	Service	Purpose	Contract Period Start	Contract Period End	Financial Category	Primary Funding Source	Contract Amount Included in Budget
1	Heritage Homes, Inc.	Amendment	Personal Care, Community Living Supports	Adding codes to service array in order to provide more comprehensive services for consumers with I/DD and mental health needs	6/1/2024	9/30/2025	\$750,001+	LRE (Medicaid)	Yes
2	Sparks Behavioral	Amendment	Family Homecare Training and Non-Family Homecare Training	To provide family and non-family homecare training for children to the existing services array.	4/1/2024	9/30/2025	\$0 - 50,000	LRE (Medicaid)	Yes
3	Behavioral Alliance	New	Behavioral Supports	To provide behavioral supports to a consumer placed in a Coldwater, MI	6/1/2024	9/30/2025	\$0 - \$50,000	LRE (Medicaid)	Yes
4	Night Owl	New	Assistive Technology	To provide evaluation, monitoring, installation, and equipment for Assistive Technology	6/1/2024	9/30/2025	\$0 - \$50,000	LRE (Medicaid)	Yes
5	Adecco	New	Training	To provide staffing for Diabetes training	6/1/2025	9/30/2025	\$0 - 50,000	LRE (Medicaid)	Yes
6	Flatrock Manor	Amendment	Personal Care, Community Living Supports	Continuation of contract for the Flint Township - South location for one consumer placed in the home.	3/1/2024	9/30/2025	\$750,001+	LRE (Medicaid)	Yes
7	Favor House	New	Community Living Supports and Personal Care	New contract to provide CLS and Personal Care services for at least 4 CMHOC consumers in a Specialized Residential setting.	4/30/2024	9/30/2025	\$500,00.00 - 750,000.00	LRE (Medicaid)	Yes
8	Our Hope Association	Amendment	Substance Abuse	To add a new program and location for withdrawal management services to the current service array	6/1/2024	9/30/2025	\$50,001-\$250,000	LRE (Medicaid)	Yes
9	Amani, LLC	Amendment	Personal Care, Community Living Supports	Adding Amani 2 location to contract	5/20/2024	9/30/2025	\$50,001-\$250,000	LRE (Medicaid)	Yes
10	Reach for Recovery	Amendment	Community-Based Programming	Amendment to current contracts to include rates fro new community-based program.	6/1/2024	9/30/2025	\$750,001+	LRE (Medicaid)	Yes
11	Akoya	New	Applied Behavioral Analysis Provider	Applied Behavioral Analysis (ABA) provider with central office located in Southfield, MI. ABA services provided for children with Intellectual/Developmental Disability and Mental Illness.	3/1/2023	9/30/2025	\$50,001-\$250,000	LRE (Medicaid)	Yes
12	IBH Analytics	Amendment	Consultation Services	To provide consulting and staffing, alongside assisting with MMBPIS and CCBHC reporting requirements and technical assistance.	5/1/2024	1/31/2025	\$0.00 - \$50,000.00	LRE (Medicaid)	Yes

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Heritage Homes, Inc.
Board Summary Reference Number:	1
Contract Type:	Amendment
Contract Dates:	4/1/2024 – 9/30/2024
Purpose of Contract:	To amend an existing contract with Heritage Homes, Inc. to provide additional Community Living Services (CLS) and Personal Care services for consumers with intellectual/developmental disabilities (I/DD). Services will include CLS, Personal Care, and Respite services in licensed and unlicensed locations.
Agency Overview:	Heritage Homes, Inc. is a contractual agency currently in good standing with CMHOC. Heritage Homes, Inc. provides CLS and Personal Care services to consumers with I/DD and mental health needs in a Specialized Residential setting and Daytime Enrichment Program.
Location of Services:	Harrison AFC: Holland, MI Magnolia AFC: Jenison, MI Oak Lane AFC: Grand Haven, MI Settlers AFC: Holland, MI Smith Group Home (unlicensed): Allendale, MI Daytime Enrichment Program: Allendale, MI; Coopersville, MI
Agency Website:	https://www.heritagehomesinc.org/index.html
Program Description:	Specialized Residential placements are reimbursed through a combination of two Medicaid-billable services – Personal Care and Community Living Supports. Placement in specialized residential settings are based on the Person-Centered Planning process and the consumer’s individual needs.
Reimbursement Process:	Specialized Residential placements are reimbursed at a per diem (daily) rate for Personal Care and Community Living Supports services.
Financial Category:	\$750,001+
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Sparks Behavioral Services, LLC
Board Summary Reference Number:	2
Contract Type:	Amendment
Contract Dates:	4/1/2024 – 9/30/2024
Purpose of Contract:	To amend an existing contract with Sparks Behavioral Services, LLC to expand their service array to include children. Two codes will be added to allow Sparks Behavioral Services, LLC to provide Family Homecare training and Non-Family Homecare training for youth and their families.
Agency Overview:	Sparks Behavioral Services, LLC is a contractual agency currently in good standing with CMHOC. Sparks Behavioral Services, LLC provides Behavioral Assessments, Treatment Planning and Behavior Treatment Reviews to consumers with I/DD and mental health needs.
Agency Website:	www.sparksbehavioralservices.com
Program Description:	Family Homecare and Non-Family Homecare trainings are Medicaid billable encounters by licensed staff to provide training to family members and non-family members (i.e. CLS and Respite staff) on implementing treatment modalities developed during the person-centered planning process.
Reimbursement Process:	Reimbursement for Family Homecare Training and Non-Family Homecare Training is per encounter.
Financial Category:	\$0.00 - \$50,000.00
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name: Behavior Alliance, LLC

Board Summary Reference Number: 3

Contract Type: New Contract

Contract Dates: 6/1/2024 – 9/30/2025

Purpose of Contract: To enter into a contract with Behavior Alliance, LLC to provide Behavioral Assessment, Treatment Planning, and Treatment Plan Review services for consumers with intellectual/developmental disabilities (I/DD) and mental illness needs.

Agency Overview: Behavior Alliance, LLC provides services to individuals with I/DD and mental illness needs. CMHOC will be contracting with Behavior Alliance, LLC to provide Behavior Assessment, Treatment Planning, and Treatment Plan Review services.

Location of Provider: Coldwater, MI

Agency Website: <https://www.behavior-alliance.com/>

Program Description: Behavior Alliance, LLC provides Medicaid reimbursable services such as Behavioral Identification Assessment, Treatment Planning, and Behavior Treatment Plan Review and Monitoring.

Reimbursement Process: Behavioral Supports services are reimbursed on a fee-for-service based on the applicable service code.

Financial Category: \$0 - \$50,001

Funding Source(s): Lakeshore Regional Entity (Medicaid)

Contract Boilerplate: Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name: Night Owl Support Systems, LLC

Board Summary Reference Number: 4

Contract Type: New

Contract Dates: 4/1/2024 – 9/30/2025

Purpose of Contract: Night Owl Support Systems will provide Assistive Technology services, including monitoring, evaluations, equipment, and installations.

Agency Overview: Night Owl Support Systems is an organization based out of Madison, WI that evaluates the need for Assistive Technology and provides additional services of monitoring, equipment, and installation.

Agency Website: www.nosllc.com

Program Description: CMHOC may provide funding for Assistive Technology services to help promote independence by making home environments safer and more accessible for CMHOC consumers.

Reimbursement Process: Night Owl Support Systems, LLC will bill on fee-for service basis.

Financial Category: \$0 - \$50,000.

Funding Source(s): Lakeshore Regional Entity (Medicaid)

Contract Boilerplate: Vendor Agreement

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Adecco
Board Summary Reference Number:	5
Contract Type:	Amendment
Contract Dates:	6/1/2024 – 9/30/2024
Purpose of Contract:	To amend an existing contract with Adecco to expand their staffing service array to include a trainer for Diabetes Training. This training will be provided on a quarterly basis.
Agency Overview:	Adecco is a contractual agency currently in good standing with CMHOC. Adecco provides temporary staffing for CMHOC that includes one staff person at the James St. location.
Agency Website:	www.adeccousa.com
Program Description:	Adecco provides temporary staffing. Staffing can include administrative support as well as trainers. This amendment will provide a trainer for Diabetes tailored to individuals living in group homes. The training will include an overview of diabetes, healthy eating habits, how to monitor glucose levels, and how to administer insulin.
Reimbursement Process:	Reimbursement for the Diabetes trainer to be provided per completed training.
Financial Category:	\$0 - \$50,000
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Vendor Provided Agreement

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name: Flatrock Manor, Inc.

Board Summary Reference Number: 6

Contract Type: Amendment

Contract Dates: 6/1/2024 – 9/30/2025

Purpose of Contract: To amend an existing contract with Flatrock Manor, Inc. to extend the contract with the Flint Township South location for one consumer placed there. This does not result in a change in the overall financial category. Since the March Board Meeting, CMHOC Recipient Rights Director and CMHOC Residential Ombudsperson visited the home. Guardian reports satisfaction with the placement and CMHOC consumer reports being happy with the home.

Agency Overview: Flatrock Manor, Inc. is a contractual agency currently in good standing with CMHOC. Flatrock Manor, Inc. provides services to consumers with intellectual/developmental disabilities (I/DD) and mental health needs in a Specialized Residential Services setting.

Location of Home: Flint Township South: Flint, MI

Agency Website: <https://flatrockinc.org/>

LARA website Link: [Statewide Search For Adult Foster Care / Homes for the Aged Facilities](#)

Program Description: Specialized Residential placements are reimbursed through a combination of two Medicaid-billable services – Personal Care and Community Living Supports. Placement in specialized residential settings are based on the Person-Centered Planning process and the consumer’s individual needs.

Reimbursement Process: Specialized Residential placements are reimbursed at a per diem (daily) rate for Personal Care and Community Living Supports services.

Financial Category: \$750,000+

Funding Source(s): Lakeshore Regional Entity (Medicaid)

Contract Boilerplate: Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Favor House
Board Summary Reference Number:	7
Contract Type:	New
Contract Dates:	4/30/2024 – 9/30/2025
Purpose of Contract:	To enter into a contract with Favor House AFC, and Adult Foster Care (AFC) home, to provide Personal Care and Community Living Supports (CLS) services. CMHOC will be placing 4 consumers in this AFC home.
Agency Overview:	Favor House AFC home is a newly licensed home located in Kentwood, MI. Favor House provides services to consumers with intellectual/developmental disabilities (I/DD) and mental health needs in a Specialized Residential Services setting at this Adult Foster Care home. The owner of Favor House (Lawrence Davids) also owns two other AFC homes (La Benediction and La Benediction Co) in the Kentwood area and has contracted with CMHOC since 2021.
LARA website link:	Statewide Search For Adult Foster Care / Homes for the Aged Facilities
Location of Homes:	Kentwood, MI
Agency Website:	N/A
Program Description:	Specialized Residential placements are reimbursed through a combination of two Medicaid-billable services – Personal Care and Community Living Supports. Placement in specialized residential settings are based on the Person-Centered Planning process and the consumer’s individual needs.
Reimbursement Process:	Specialized Residential placements are reimbursed at a per diem (daily) rate for Personal Care and Community Living Supports services.
Financial Category:	\$250,000.00 - \$500,000.00
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Our Hope Association
Board Summary Reference Number:	8
Contract Type:	Amendment
Contract Dates:	6/1/2024 through 9/30/2025
Purpose of Contract:	To amend the existing contract to add a new location on Walker Ave. with ASAM 3.7 Withdrawal Management services. All other services and programming to remain the same.
Agency Overview:	Our Hope Association is a contractual agency currently in good standing with CMHOC. Our Hope Association provides services to consumers with Substance Use Disorder (SUD) through Residential programming and Withdrawal Management services.
Agency Website:	www.ourhopeassociation.org
Program Description:	ASAM Level 3.7 Withdrawal Management services are medically managed high-intensity inpatient treatment services. This program is designed for individuals who require intensive medical and/or psychological monitoring in a 24-hour setting.
Reimbursement Process:	Reimbursement for this service is per diem (daily, all-inclusive rate).
Financial Category:	\$50,000.00 - \$250,000.00
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Common Contract Amendment FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Amani, LLC
Board Summary Reference Number:	9
Contract Type:	Amendment
Contract Dates:	5/20/2024 – 9/30/2025
Purpose of Contract:	To amend an existing contract with Amani, LLC to add the Amani 2 location for one consumer being placed there. This does not result in a change in the overall financial category.
Agency Overview:	Amani, LLC is a contractual agency currently in good standing with CMHOC. Amani, LLC provides services to consumers with intellectual/developmental disabilities (I/DD) and mental health needs in a Specialized Residential Services setting.
Location of Home:	Amani 2: Kentwood, MI
Agency Website:	N/A
LARA website Link:	Statewide Search For Adult Foster Care / Homes for the Aged Facilities
Program Description:	Specialized Residential placements are reimbursed through a combination of two Medicaid-billable services – Personal Care and Community Living Supports. Placement in specialized residential settings are based on the Person-Centered Planning process and the consumer’s individual needs.
Reimbursement Process:	Specialized Residential placements are reimbursed at a per diem (daily) rate for Personal Care and Community Living Supports services.
Financial Category:	\$50,001 - \$250,000
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name:	Reach for Recovery
Board Summary Reference Number:	10
Contract Type:	Amendment
Contract Dates:	6/1/2024 - 9/30/2025
Purpose of Contract:	To amend an existing contract to add Outreach Services to the service array.
Agency Overview:	Reach for Recovery is a contractual agency currently in good standing with CMHOC. Reach for Recovery provides services to consumers with Substance Use Disorder (SUD) in the Holland and Grand Haven areas. Services include: SUD Outpatient, SUD Medication Assisted Treatment, and SUD Residential.
Agency Website:	www.reachforrecovery.org
Program Description:	Outreach services will primarily be provided at Refresh in coordination with Community Action House. The target population are those who utilize the services at Refresh and those who are homeless. Reach for Recovery will provide assessment, engagement, motivational enhancement, case management, initial medication management and referrals for ongoing treatment.
Reimbursement Process:	Reimbursement for these services are per encounter.
Financial Category:	\$750,000.00 +
Funding Source(s):	Lakeshore Regional Entity (Medicaid)
Contract Boilerplate:	Common Contract Amendment FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

Contractor Name: Akoya Behavioral Health, LLC

Board Summary Reference Number: 11

Contract Type: New

Contract Dates: 6/1/2024 - 9/30/2025

Purpose of Contract: To enter into a new contract with Akoya Behavioral Health, LLC for Applied Behavior Analysis (ABA) services. Entering into this contract will increase CMHOC's overall service array and allow for more provider choice for consumers.

Agency Overview: Akoya Behavioral Health, LLC is an ABA provider with a central office located in Southfield, MI. Akoya has staff located in Ottawa County and is looking to increase service provision within the County. Akoya will provide psychological testing, ABA Assessments, individual and group treatment.

Agency Website: www.akoyabh.com

Program Description: Akoya Behavioral Health, LLC provides Medicaid reimbursable services such as neuropsychological testing, ABA Behavior Identification Assessments, ABA Adaptive Behavior Treatment, Group Adaptive Behavior Treatment, Clinical Observation and Family Behavior Treatment Guidance.

Reimbursement Process: Behavioral Health Treatment/ABA services are reimbursed on a fee-for-service based on the applicable service code.

Financial Category: \$50,000.00 - \$250,000.00

Funding Source(s): Lakeshore Regional Entity (Medicaid)

Contract Boilerplate: Common Contract FY24

SERVICE CONTRACTS FOR BOARD APPROVAL

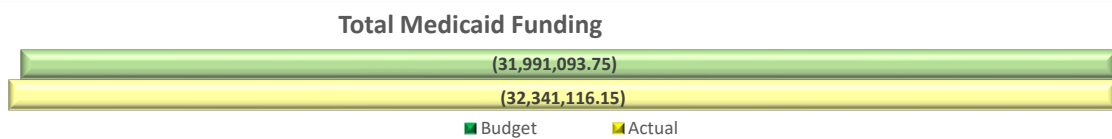
Contractor Name:	IBH Analytics
Board Summary Reference Number:	12
Contract Type:	Amendment
Contract Dates:	5/1/2024 – 9/30/2024
Purpose of Contract:	IBH will provide contractual staffing to assist with fulfilling quarterly MDHHS Michigan Mission-Based Performance Indicator System (MMBPIS) reporting. IBH staffing will assist with submitting the mandatory PIHP/MDHHS Certified Community Behavioral Health (CCBHC) demonstration quality measure reporting template
Agency Overview:	IBH Analytics provides data analytic services to behavioral health organizations. IBH also provides grant evaluation, needs assessments, prevention science and analytics, evidence-based practice policy, quality improvement solutions and outcome measures. IBH has offices in Michigan and Florida.
Agency Website:	www.ibhanalytics.com
Program Description:	IBH will provide staffing to assist CMHOC with completing quarterly reporting requirements of MMBPIS data. IBH will provide technical assistance on CCBHC quality metric activities and provide monthly monitoring to support ongoing workflow adjustments, in addition to complying to the new PIHP/MDHHS CCBHC demonstration quality measure reporting requirements as a MI Demonstration Site.
Reimbursement Process:	Monthly invoice
Financial Category:	The financial category range for this agency is \$0 - \$50,000.
Funding Source(s):	LRE (Medicaid)
Contract Boilerplate:	Service Agreement



**Community Mental Health of Ottawa County
Fiscal Year 2024 Statement of Activities
For Period Ending April 30 2024**

222 Mental Health and SUD Fund

	Annual Budget	YTD Budget	YTD Actual	Over/ (Under) Budget
Revenues				
Medicaid	41,031,649.00	23,935,128.58	24,606,445.99	671,317.41
Healthy Michigan	3,810,226.00	2,222,631.83	1,848,732.91	(373,898.92)
Autism	6,000,000.00	3,500,000.00	3,953,028.12	453,028.12
General Fund	3,874,164.00	2,259,929.00	2,483,005.00	223,076.00
COFR	317,300.00	185,091.67	98,346.64	(86,745.03)
Grants	174,337.00	101,696.58	70,666.68	(31,029.90)
Transfers	118,904.00	69,360.67	-	(69,360.67)
Local Funds	462,167.00	269,597.42	231,083.50	(38,513.92)
Other - Revenue	439,697.00	256,489.92	120,251.70	(136,238.22)
Sub-Total	56,228,444.00	32,799,925.67	33,411,560.54	611,634.87
SUD Medicaid	1,000,000.00	583,333.33	663,692.80	80,359.47
SUD Healthy Michigan	3,000,000.00	1,750,000.00	1,269,216.33	(480,783.67)
SUD Grants	1,692,766.00	987,446.83	622,161.26	(365,285.57)
SUD Other - Revenue	293,378.00	171,137.17	123,526.99	(47,610.18)
SUD Sub-Total	5,986,144.00	3,491,917.33	2,678,597.38	(813,319.95)
Total Revenue	62,214,588.00	36,291,843.00	36,090,157.92	(201,685.08)
Expenses				
Salaries & Benefits	15,931,407.00	9,293,320.75	7,899,858.64	(1,393,462.11)
General Client Care	31,067,643.00	18,122,791.75	17,699,993.23	(422,798.52)
Psychiatrist	641,507.00	374,212.42	482,075.58	107,863.16
Respite	325,000.00	189,583.33	192,668.69	3,085.36
Personal Care	4,896,650.00	2,856,379.17	3,308,182.74	451,803.57
Transportation	12,900.00	7,525.00	6,308.60	(1,216.40)
Contractual Services	259,903.00	151,610.08	119,129.80	(32,480.28)
Supplies	241,415.00	140,825.42	93,253.22	(47,572.20)
Other	1,382,110.00	806,230.83	776,642.01	(29,588.82)
Administration	1,282,460.00	748,101.67	748,100.64	(1.03)
Sub-Total	56,040,995.00	32,690,580.42	31,326,213.15	(1,364,367.27)
SUD Salaries & Benefits	1,100,264.00	641,820.67	420,766.05	(221,054.62)
General Client Care	4,446,933.00	2,594,044.25	2,269,609.12	(324,435.13)
Room & Board	101,000.00	58,916.67	23,360.40	(35,556.27)
Transportation	10,000.00	5,833.33	1,163.80	(4,669.53)
SUD Supplies	31,305.00	18,261.25	5,160.90	(13,100.35)
SUD Other	6,060.00	3,535.00	4,565.12	1,030.12
SUD Admin	178,524.00	104,139.00	104,138.86	(0.14)
SUD Sub-Total	5,874,086.00	3,426,550.17	2,828,764.25	(597,785.92)
Total Expenses	61,915,081.00	36,117,130.58	34,154,977.40	(1,962,153.18)
Increase (decrease) in net position	299,507.00	174,712.42	1,935,180.52	1,760,468.10



Medicaid Revenues Budget to Actual **350,022**
 Actual % **55%**
 Target % **58%**
 Date Prepared: 5/17/2024



**Community Mental Health of Ottawa County
Fiscal Year 2024 Statement of Activities
For Period Ending March 31 2024**

223 Millage and Grants Fund

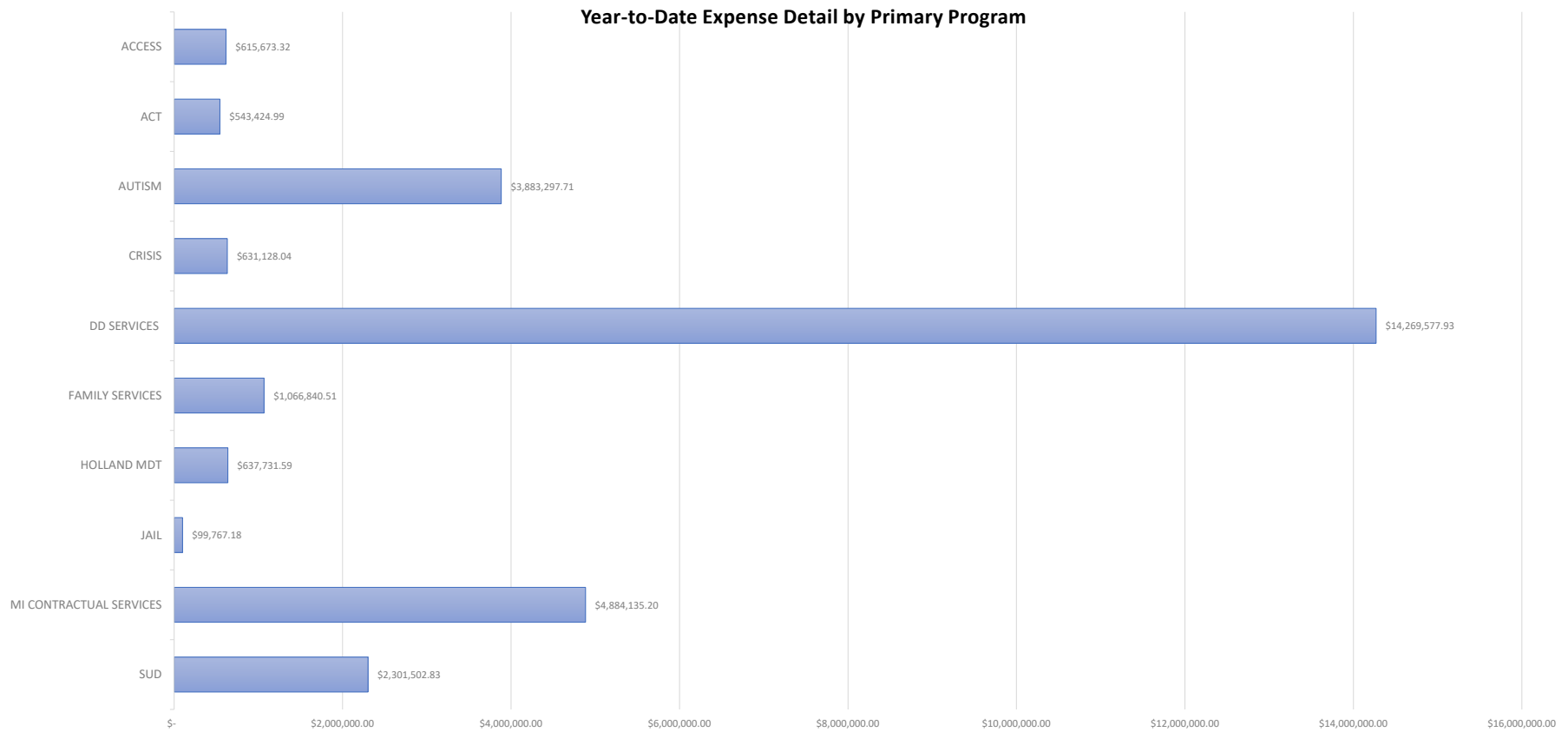
	Annual Budget	YTD Budget	YTD Actual	Over/ (Under)
Revenues				
Property Taxes	\$ 4,416,017	\$ 2,576,010	\$ 4,233,431	\$ 1,657,421
Grants	\$ 3,392,038	\$ 1,978,689	\$ 1,267,966	(710,723)
Transfers	\$ 368,904	\$ 215,194	\$ 250,000	34,806
Other - Revenue	\$ 587,448	\$ 342,678	\$ 94,978	(247,700)
<hr/>				
Total Revenue	8,764,407	5,112,571	5,846,374	733,804
Millage Expenses				
Autism Services	\$ 98,133	\$ 57,244	\$ 53,424	(3,820)
MI Adult Treatment Services	\$ 141,838	\$ 82,739	\$ 85,656	2,917
DD Treatment Services	\$ 2,720,219	\$ 1,586,794	\$ 2,215,295	628,500
Family Services	\$ 172,000	\$ 100,333	\$ 80,235	(20,098)
Community Services	\$ 678,534	\$ 395,812	\$ 184,933	(210,878)
Sub-Total	3,810,724	2,222,922	2,619,543	396,621
<hr/>				
Grant Expenses				
Salaries & Benefits	\$ 1,948,925	\$ 1,136,873	\$ 1,009,768	(127,105)
Contractual Services	\$ 1,935,443	\$ 1,129,008	\$ 645,963	(483,045)
Supplies	\$ 109,055	\$ 63,615	\$ 20,291	(43,324)
Other	\$ 210,427	\$ 122,749	\$ 28,851	(93,898)
Sub-Total	4,203,850	2,452,246	1,704,873	(747,373)
<hr/>				
Total Expenses	8,014,574	4,675,168	4,324,417	(350,752)
<hr/>				
Increase (decrease) in net position	\$ 749,833	\$ 437,403	\$ 1,521,958	\$ 1,084,555

Actual % 54%
Target % 58%
Date Prepared: 5/17/2024

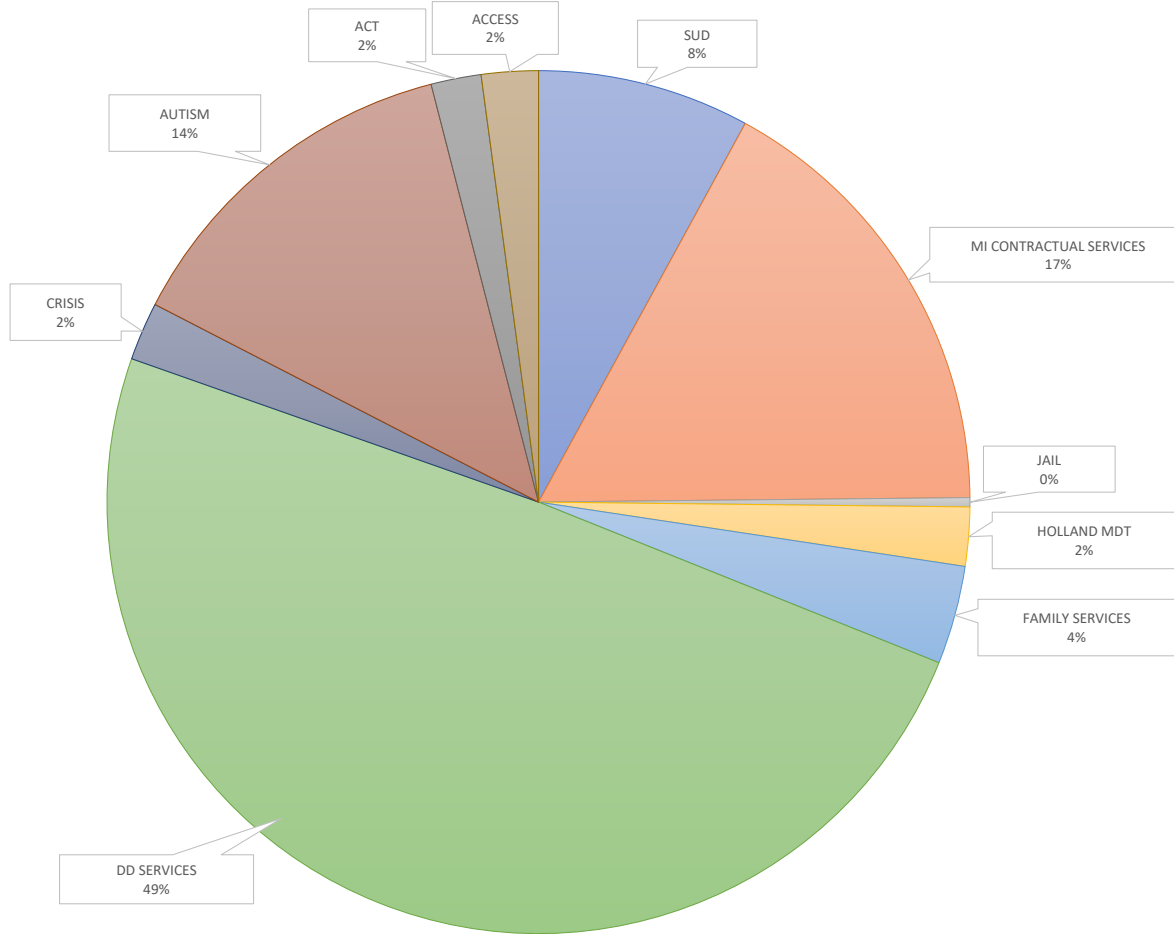
**Community Mental Health of Ottawa County
Additional FY24 Budget Detail
Reporting October 1 2023 through April 30 2024**

GRANT	BUDGET	FY24 ACTUAL	% SPENT
58TH MENTAL HEALTH COURT	63,707.00	17,310.02	27.2%
ARPA SUD GRANT	150,000.00	48,525.08	32.4%
CCBHC GRANT	1,000,000.00	447,057.70	44.7%
CMH COMMUNITY HLTH WORKERS IHC	142,014.00	54,530.64	38.4%
COSSAP GRANT	300,000.00	158,023.48	52.7%
DIBS GRANT	274,243.00	116,187.59	42.4%
HUD 1 GRANT	669,279.00	326,650.00	48.8%
MH BG COVID GRANT	144,794.00	144,771.03	100.0%
MHJJ GRANT	61,278.00	9.22	0.0%
MI KIDS MOBILE GRANT	200,000.00	25,903.07	13.0%
MIA CONTRACT OUTPATIENT -hispanic behavior	110,630.00	53,356.66	48.2%
MIA TREATMENT	7,500.00	2,141.85	28.6%
PACC GRANT	61,156.00	9.22	0.0%
SOR 3 GRANT	167,742.00	33,914.23	20.2%
SUD BG COVID GRANT	220,000.00	62,123.31	28.2%
SUD REVENUE - LOCAL/LRE GRANT	828,524.00	319,177.49	38.5%
SYSTEM OF CARE GRANT	728,036.00	131,740.60	18.1%
TOBACCO CESSATION GRANT	26,500.00	397.67	1.5%
U OF M MC3 GRANT	35,738.00	17,255.22	48.3%
WORKFORCE STABILIZATION SUPPORT	68,000.00	1,709.86	2.5%
TOTALS	5,259,141.00	1,960,793.94	

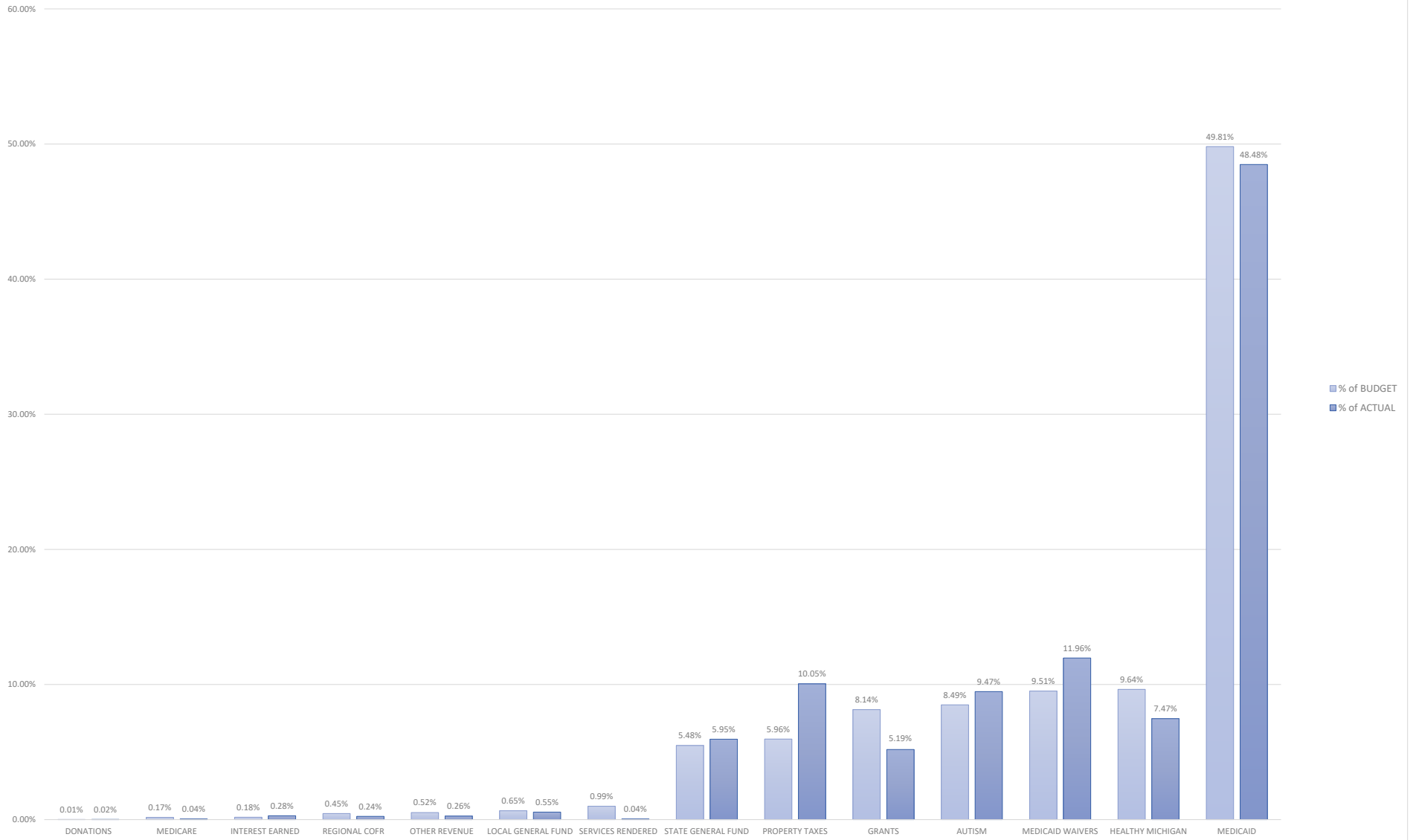
**Community Mental Health of Ottawa County
Additional FY24 Budget Detail
Reporting October 1 2023 through April 30 2024**



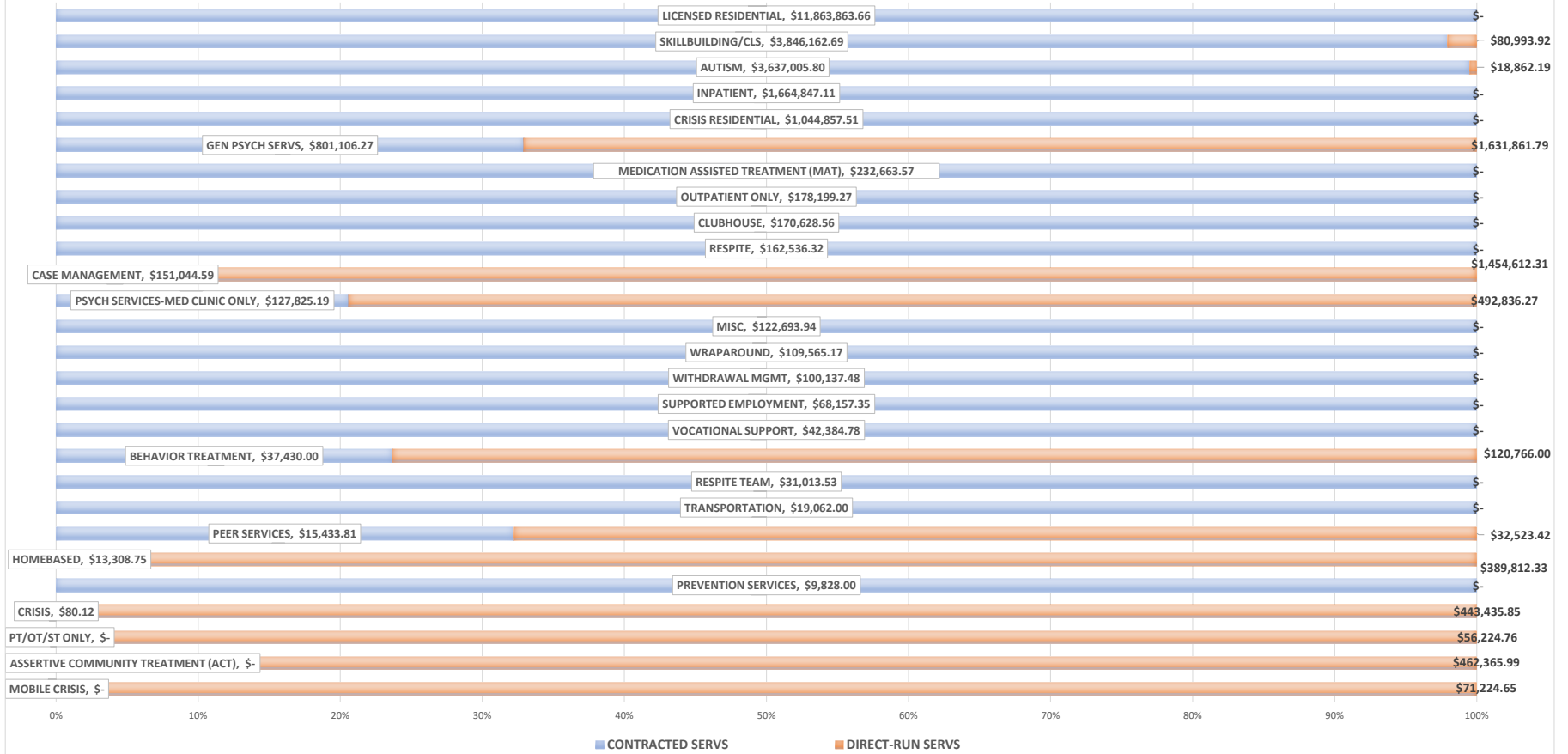
YEAR-TO-DATE EXPENSE SUMMARY BY PRIMARY PROGRAM TYPE



YEAR-TO-DATE REVENUES BY FUNDING TYPE



CONTRACTED AND DIRECT-RUN SERVICES BY ACTIVITY TYPE



Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2024
 March 2024 Reporting Month
 Reporting Date: 5/15/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	34,637,166	88,197,484	14,641,189	24,497,615	10,647,089	2,996,096	175,616,639
Total Capitated Expense	30,992,054	92,753,584	12,566,239	21,499,737	10,841,769	2,996,096	171,649,478
Actual Surplus (Deficit)	3,645,112	(4,556,100)	2,074,950	2,997,878	(194,679)	-	3,967,160
% Variance	10.52%	-5.17%	14.17%	12.24%	-1.83%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	Expenses are less than anticipated, however, they are increasing slightly. They will continue to increase as we roll in the DCW OT costs.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first six months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC. Further, OnPoint has intentionally held on certain expenditures and adding of new positions due to declining revenue projections. We expect this surplus to continue to reduce in future months, with the steep decline in enrollment.	2024 anticipated payroll increases pending union negotiations and 4/1/24 rate increases.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation	
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: March Revised for Final Rates							
Total Projected Medicaid/HMP Revenue	68,471,012	171,041,254	29,414,373	48,228,790	20,313,365	18,138,765	355,607,559
Total Capitated Expense Projections	67,983,984	187,554,025	27,912,216	50,339,727	20,794,114	18,138,765	372,722,831
Projected Surplus (Deficit)	487,028	(16,512,771)	1,502,157	(2,110,937)	(480,749)	-	(17,115,272)
% Variance	0.71%	-9.65%	5.11%	-4.38%	-2.37%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first six months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC.	2024 anticipated payroll increases pending union negotiations and 4/1/24 rate increases.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation	
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Medicaid/HMP Revenue							
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	30,401,517	50,310,887	20,794,581	13,922,556	351,173,989
Total Budgeted Capitated Expense	64,957,020	173,091,232	30,393,469	50,339,727	20,794,114	13,922,556	353,498,119
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	8,048	(28,840)	467	-	(2,324,129)
% Variance	6.70%	-4.20%	0.03%	-0.06%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is in the process to complete a budget amendment. This will improve slightly in the next two months.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
Variance between Projected and Proposed Spending Plan	(4,181,197)	(9,540,742)	1,494,109	(2,082,097)	(481,216)	-	(14,791,143)
% Variance	-6.01%	-5.74%	4.91%	-4.14%	-2.31%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is in the process to complete a budget amendment. This will improve slightly in the next two months.	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue.	Less than threshold for explanation	Mid-year spending plan adjustment.	West Michigan is experiencing increased demand in Community inpatient services.	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2024
 March 2024 Reporting Month
 Reporting Date: 5/15/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Total Distributed Medicaid/HMP CCBHC Revenue	10,719,265	7,504,038	5,327,163	3,720,145	5,588,752	729,132	33,536,986
Total CCBHC Expense	12,313,955	11,432,114	4,293,314	2,448,927	5,588,752	41,812	36,118,875
Actual CCBHC Surplus (Deficit)	(1,594,690)	(3,928,076)	1,033,849	1,271,217	-	687,319	(2,581,889)
% Variance	-14.88%	-52.35%	19.41%	34.17%	0.00%	94.27%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Service expenses are coming in higher than anticipated. Many Medicaid provided services are shifting CCBHC. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC service reporting is slightly behind, surplus should decline going forward. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Less than threshold for explanation	
PROJECTION:							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	23,193,915	9,197,728	8,528,576	11,653,450	1,458,263	75,209,811
Total CCBHC Expense Projections	23,578,049	25,764,228	8,770,290	7,890,392	11,653,450	83,625	77,740,034
Projected CCBHC Surplus (Deficit)	(2,342,057)	(2,570,313)	427,438	638,184	-	1,374,638	(2,530,223)
% Variance	-11.03%	-11.08%	4.65%	7.48%	0.00%	94.27%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Expenses are coming in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	Less than threshold for explanation LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC service reporting is slightly behind, surplus should decline going forward. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Less than threshold for explanation	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,523,464	11,653,450	1,458,263	81,631,092
Total Budgeted CCBHC Expense	22,785,723	26,725,152	6,422,864	8,440,000	11,653,450	83,625	76,110,814
Budgeted Surplus (Deficit)	(4,852,508)	7,074,409	1,840,275	83,464	-	1,374,638	5,520,278
% Variance	-27.06%	20.93%	22.27%	0.98%	0.00%	94.27%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Expenses are continue to come in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership.	No variance explanation provided by N180 to LRE.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation	Less than threshold for explanation		
Variance between CCBHC Projected and Proposed Spending Plan	2,510,451	(9,644,721)	(1,412,837)	554,720	-	-	(8,050,501)
% Variance	14.00%	-28.54%	-17.10%	6.51%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is in the process to complete a budget amendment. This will improve slightly in the next two months.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.	Change in projected surplus from spending plan is due to more services being categorized as CCBHC than budgeted.	CCBHC service activity reporting is slightly behind, anticipate the surplus will continue to decline going forward.	Less than threshold for explanation	Less than threshold for explanation	

Lakeshore Regional Entity
 FY2024 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Dec	Change	Jan	Feb	Mar	Apr	May	June	July	Change
HW	1,026,730	3,107,460	5,579,467	2,472,007	3,199,392	3,605,190	4,057,988	39,922				
N180	165,809	759,302	593,493	(470,030)	204,160	(1,777,913)	(4,556,100)	(2,176,187)				
OnPoint	358,611	925,043	1,450,703	525,660	2,032,241	587,538	(698,940)	747,649				
Ottawa	3,447,859	4,673,590	2,874,179	(1,799,411)	3,822,418	948,239	(790,280)	(34,261)				
WM	146,548	323,797	177,249	(127,159)	221,256	263,777	42,521	(455,456)				
Total	5,145,657	9,789,192	10,390,259	6,01,067	9,479,467	6,456,493	(3,022,974)	(2,489,333)				

Projection	Oct	Nov	Dec	Change	Jan	Feb	Mar	Apr	May	June	July	Change
HW	4,668,224	3,624,722	2,921,274	(703,448)	2,243,222	1,896,615	(396,607)	487,028				
N180	(6,972,029)	(2,055,426)	(15,083,397)	(17,050,789)	(19,607,308)	(2,556,919)	(15,887,604)	(625,167)				
OnPoint	8,048	(477,886)	(485,934)	1,186,230	(137,133)	1,502,157	1,639,290	1,502,157				
Ottawa	(595,655)	385,401	984,256	543,227	(403,186)	(1,334,814)	(281,286)	(1,829,651)				
WM	467	(264,270)	(264,377)	(320,067)	(836,946)	(480,749)	356,197	480,749				
Total	(2,891,145)	(18,784,459)	(15,993,314)	(5,667,457)	(18,741,351)	(13,250,867)	5,490,484	(3,864,405)				

Proposed Spending Plan/Budget	Oct	Nov	Dec	Change	Jan	Feb	Mar	Apr	May	June	July	Change
HW	4,668,225	4,668,225	4,668,225	-	4,668,225	4,668,225	4,668,225					
N180	(6,972,029)	(6,972,029)	(6,972,029)	-	(6,972,029)	(6,972,029)	(6,972,029)					
OnPoint	8,048	8,048	8,048	0	8,048	8,048	8,048					
Ottawa	79,645	79,645	79,645	-	79,645	79,645	(28,940)	(108,465)				
WM	467	467	467	-	467	467	467	0				
Total	(2,215,644)	(2,215,644)	(2,215,644)	(0)	(2,215,644)	(2,215,644)	(2,324,129)	(108,485)				

Base Capitalation Only. Does not include CCBHC activity.

Minimizing Complexities in Michigan's Public Mental Health System

The Michigan Department of Health and Human Services (MDHHS) recently proposed new requirements for individuals seeking mental health services through the public mental health system. While the new requirements would comply more directly with federal Conflict-Free Access and Planning (CFA&P) guidelines, they would create access challenges for those seeking care, service delays and additional costs to providers.

What is Conflict-Free Access and Planning?

CFAP is based on a 2014 federal requirement for Home and Community-Based Services (HCBS) which attempted to limit perceived conflicts of interest for beneficiaries obtaining HCBS. In Michigan, agencies can have more than one role: access, plan development, and service delivery. If one agency is helping an individual access and plan their services while providing services, under the federal rules there could be a potential conflict of interest. A conflict of interest happens when a professional uses their role to benefit themselves or their employer.

CMHA and our members fully support the intent to limit conflicts, however we believe the proposed "solutions" outlined by MDHHS cause unnecessary disruption and complexity and provide a greater threat than the conflicts they are attempting to prevent.

APPROACH PROPOSED BY MDHHS

Requires you to go to one "provider" for assessment, planning, and case management, and another "provider" to receive services. If you change your service plan, you must go back to the planning "provider."

MICHIGAN'S CURRENT COMMUNITY MENTAL HEALTH-BASED MODEL

Allows a 1-stop shop for people to do an assessment, planning, case management and receive services.

Proposed Alternative Approach to Conflict-Free Access & Planning

When a person seeking services, their family, and/or guardian meet with the CMHSP or its designated assessment/Individual Plan of Services (IPOS) development organization, it is not clear, until the IPOS is completed, whether the person is in need of HCBS services and, if so, what type. The process below reflects this fact and provides a number of safeguards to ensure that the CMS conflict-free requirements are met.

There are several factors that may cause a person served, their family and/or guardian to select the organization, which carries out the assessment and/or IPOS, as a provider organization for one or more of the HCBS services that they receive. **Those factors are:**

- The needs of the person served are complex enough that only this organization (typically a CMHSP or a comprehensive service provider on the CMHSP provider panel) can provide the HCBS services needed by the persons served. This is typically the case when the behavioral or health needs of the person served are so



complex as to be beyond the skill level of the majority of HCBS providers.

- The person served, their family, and/or guardian wishes to live in a location in which the friends of the person served live or to be served by an organization at which they will be around their friends.
- Seeking continuity and coordination of care, the person served, their family, and/or guardian wishes to have one or more HCBS services provided by the same organization that carried out the assessment, developed the IPOS, and/or provides case management or supports coordination with the person served.

DISADVANTAGES OF MDHHS' PROPOSED APPROACH



Delays service delivery



Increases costs



Increases administrative burden



Adds confusion and barriers for people served

CMHA-RECOMMENDED PROCESS ROAD MAP

01

The CMHSP or their designated organization carries out the assessment and person-centered planning process for the person seeking services, resulting in an individual plan of service (IPOS).



The services contained in the person's IPOS that are HCBS services are identified.

02

03

For those persons seeking services for whom one or more HCBS is a service contained in the IPOS, the person seeking services, their family, and/or guardian must be presented with a list of organizations, who provide those HCBS services, from which to choose (Recognizing that in some communities there may be only a single organization providing a specific HCBS.) Where the organization carrying out the assessment and/or IPOS development is one of the organizations providing the HCBS service identified in the IPOS of the person seeking services, that must be noted in the list of HCBS service provider organizations.

The person seeking services, their family, and/or guardian selects from the list of HCBS providers for each HCBS service contained in their IPOS.

04

05

The selection by the person seeking services, their family, and/or guardian, of the provider organizations to provide each HCBS service is documented by the organization developing the IPOS.



If the organization carrying out the assessment and/or IPOS development is one of the organizations selected by the person served, their family, and/or guardian to provide a HCBS service identified in the IPOS of the person seeking services, that is noted, in the record of the person served as an approved and clinically appropriate exemption to the federal CFAP/CFCM rule.

06

THIS PROCESS IS NESTED IN A ROBUST MONITORING AND CONTRACT COMPLIANCE PROCESS.

Accessible, frequent, and readily-available information to persons served regarding the rights outlined above – through the use of:

- (1) A uniform set of hard-copy handouts and electronic messages;
- (2) Notices on the websites of the state's CMHSPs, PIHPs, providers, and MDHHS;
- (3) Social media posts

Continual education, training, supervision, and coaching of CMHSP, PIHP, and provider staff around these rights – efforts led by MDHHS, the state's major advocacy organizations, and CMHA.

The use of contractual powers, corrective action plans, and sanctions, when needed, to ensure that these rights are afforded persons served – via the MDHHS/PIHP contract, the MDHHS/CMHSP contract, and the PIHP/CMHSP contract.



The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP – public health plans formed and governed by CMH centers) and the private providers within the CMH and PIHP provider networks.

FOR MORE INFORMATION, PLEASE VISIT CMHA.ORG OR CALL 517-347-6848.



**RESOLUTION OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS
OPPOSING MDHHS DECISIONS TO IMPLEMENT
CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN**

**Community Mental Health
Member Authorities**

Bay-Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral
Health



The Right Door for
Hope, Recovery &
Wellness (Ionia County)



LifeWays



Montcalm Care
Network



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

WHEREAS the Mid-State Health Network (MSHN) is a regional entity created in 2014 by the twelve Community Mental Health Services Programs (CMHSPs) listed at left and functions as a Pre-Paid Inpatient Health Plan (PIHP) for twenty-one mid-Michigan counties under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services (MDHHS). The MSHN Board of Directors is comprised of two appointees from each of the CMH Participants in the MSHN region, half of which are primary or secondary consumers of public behavioral health services.

WHEREAS in May 2023, the MSHN Board passed a resolution opposing all four models proposed by MDHHS, and the recent decisions announced by MDHHS in March and April 2024 are not substantially different from those models opposed by the MSHN Board at that time.

WHEREAS MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.

WHEREAS after careful review and in addition to the conclusions presented in our May 2023 Resolution, the conclusions of the MSHN Board are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law;
- Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest.
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions;

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the MSHN Board of Directors **opposes the MDHHS announced structural strategies** for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the Mid-State Health Network Board of Directors requests MDHHS reconsideration of its current decisions and to honor CMS waiver approval of procedural mitigation of conflict, and to pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan.

ON BEHALF OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS BY ITS OFFICERS

Ed Woods, Chairperson
(LifeWays)

Irene O'Boyle, Vice Chairperson
(Gratiot Integrated Health Network)

Deb McPeek-McFadden, Secretary
(The Right Door for Hope, Recovery, and Wellness)

Unanimously Adopted May 7, 2024