

Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

Monday, January 30, 2023

4:00-5:30

Draft: 1/18/23

1. **Welcome and Introductions (Randall Hazelbaker)**
2. **Public Comment**
3. **Agenda Review and Adoption (Randall Hazelbaker) (d) (pg.1)**
4. **Financial Interest Disclosure and Conflict of Interest Handling**
 - None
5. **Consent Agenda (Randall Hazelbaker)**
 - September 19, 2022 Meeting Minutes (d) pg.2
6. **Board Education**
 - a) Fiscal Year 2023 YTD Financials (G. Guidry) (d) pg.5
 - b) PA2 Utilization Fiscal Year 22 YTD (G. Guidry) (d) pg.7
 - c) 2023 Block Grant Update (G. Guidry)
 - d) PA2 Year End Outcomes Report (A. Miliadi) (d) pg.8
 - e) MDHHS Site Visit Review (J. Smith) (d) pg.15
 - f) New Member Orientation Scheduling (J. Smith)
7. **Board Actions**
 - a) 2023 SUDOPB Meetings (M. Jacobs) (d) pg.17
 - b) Officer Elections (R. Hazelbaker)
8. **Communication and Counsel**
 - a) Legislative and Policy Updates (B. Casemore) (d) pg.39
 - b) Opioid Advisory Commission and Opioid Task Force (B. Casemore) (d) pg.45
 - c) 2022 SWMBH Success and Accomplishments (B. Casemore) (d) pg.52
 - d) 2023 SWMBH Board Ends Metrics (B. Casemore) (d) pg.70
 - e) Intergovernmental Contract (B. Casemore) (d) pg.79
 - f) 2022 SUDOPB Attendance (M. Jacobs) (d) pg.80
 - g) 2023 SWMBH Board Planning Session, May 12, 2023
 - h) 8th Annual Healthcare Policy Forum, October 6, 2023
9. **Public Comment**
10. **Adjourn**

The meeting will be held in compliance with the Michigan Open Meetings Act

Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

September 12, 2022

3:00 – 5:30 pm

Draft: 9/13/22

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Jared Hoffmaster (St. Joseph County); Joanna McAfee (Kalamazoo County); Melissa Fett (Kalamazoo County); Gary Tompkins (Calhoun County)

Members Absent: Kathy-Sue Vette (Calhoun County); Jeremiah Jones (Cass County); Ben Geiger (Barry County); Paul Schincariol (Van Buren County)

Staff and Guests Present:

Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Garyl Guidry, Senior Financial Analyst, SWMBH; Achilles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Emily Flory, Opioid Health Homes Coordinator, SWMBH; Cathy Hart, Grants Coordinator, SWMBH; Alena Lacey, Director of Clinical Quality, SWMBH

Welcome and Introductions

Randall Hazelbaker called the meeting to order at 3:05 pm

Public Comment

None

Agenda Review and Adoption

Motion Richard Godfrey moved to approve the agenda as presented.
Second Jared Hoffmaster
Motion Carried

Financial Interest Disclosure Handling

None

Public Act 2 (PA2) Dollars

Fiscal Year 2023 PA2 Budget Summary

Garyl Guidry reported as documented.

Board Questions and Answers

None

Public Comment

Several providers and clients shared stories of the impact that the PA2 dollars have had on services, included lives changed and saved due to SWMBH SUD treatment services.

Consent Agenda

Motion Richard Godfrey moved to approve the 3/21/22 meeting minutes as presented.

Second Jared Hoffmaster
Motion Carried

Motion Jared Hoffmaster moved to approve the 7/18/22 meeting minutes as presented.

Second Richard Godfrey
Motion Carried

Board Actions

2023 PA2 Budget

Randall Hazelbaker asked for a motion regarding the fiscal year 2023 PA2 budget.

Motion Jared Hoffmaster moved to adopt the appropriations act for Southwest Michigan Behavioral Health's Fiscal Year 2023, 1986 Public Act 2 (MCL 211.24e[11]) funds for the treatment and/or prevention of substance use disorders.

Second Joanna McAfee
Motion Carried

Board Education

Fiscal Year 2022 YTD Financials

Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2.

PA2 Utilization Fiscal Year 2022 YTD

Garyl Guidry reported as documented.

International Overdose Awareness Day Update

Achilles Malta reviewed history of the 8/31 International Overdose Awareness Day and included awareness approaches and platforms used for outreach.

Michigan Profile for Healthy Youth

Achilles Malta reported as documented. Discussion followed.

MDHHS Site Review

Joel Smith stated that the MDHHS site review is complete and final scores are coming soon.

Grant Funding FY23

Joel Smith reported as documented.

Communication and Counsel

Legislative Updates

Joel Smith shared the following updates:

- 7th Annual Regional Healthcare Policy Forum, October 7, 2022 at Four Points by Sheraton and noted invitation included in the packet.

Board Actions to be Considered

Memo and Bylaws Revisions

Joel Smith reported as documented. Randall Hazelbaker asked for a motion to adopt proposed Bylaws revisions as documented.

Motion Jared Hoffmaster moved to adopt the Bylaws revisions:
“A quorum is achieved when there are five or more members in attendance and at least one representative from five or more counties. For PA 2 budget amendment Board action a representative from the county effected by the amendment must be in attendance.”

Second Joanna McAfee
Motion Carried

Public Comment

None

Adjourn

Randall Hazelbaker asked for a motion to adjourn at 4:40pm

Motion Jared Hoffmaster moved to adjourn.
Second Joanna McAfee
Motion Carried

DRAFT



	A	D	E	F	G	H	I	J	K
1	Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2022								
2	For the Fiscal YTD Period Ended 9/30/2022								
4	MEDICAID				Healthy MI				
5		Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
6		YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
7	Barry	2,469,849	205,821	53,356	152,465	1,532,113	512,958	127,676	385,282
8	Berrien	9,373,975	781,165	680,514	100,651	15,360,640	2,024,679	1,280,053	744,625
9	Branch	2,615,343	217,945	68,774	149,171	1,433,932	477,485	119,494	357,991
10	Calhoun	10,195,342	849,612	777,722	71,890	14,293,692	1,927,814	1,191,141	736,673
11	Cass	2,888,362	240,697	246,463	(5,767)	3,480,762	603,755	290,064	313,691
12	Kazoo	13,086,926	1,090,577	233,624	856,953	6,281,829	3,032,292	523,486	2,508,806
13	St. Joe	3,691,174	307,598	13,622	293,976	600,887	801,171	50,074	751,097
14	Van Buren	4,852,065	404,339	182,466	221,873	4,423,638	967,770	368,636	599,133
15	DRM	2,817,328	3,170,195	3,063,410	106,785	5,675,202	7,327,612	5,699,968	1,627,644
17	Grand Total	51,990,364	7,267,948	5,319,950	1,947,998	53,082,694	17,675,536	9,650,593	8,024,943
19	BLOCK GRANT				BLOCK GRANT BY COUNTY				
20	EGRAMS	Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
21	SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
22	Community Grant	3,283,604	2,766,395	2,766,395	0	Barry	227,874	227,874	0
23	WSS	250,000	165,000	165,000	0	Berrien	349,045	349,045	0
24	Prevention	1,204,535	1,166,810	1,166,810	0	Branch	62,225	62,225	0
25	Admin/Access	80,000	80,000	80,000	0	Calhoun	370,991	370,991	0
26	State Disability Assistance	128,219	110,079	110,079	0	Cass	290,421	290,421	0
27	Gambling Prevention*	188,684	0	0	0	Kazoo	586,986	586,986	0
28	State's Opioid Response 2	1,365,000	1,027,298	1,027,298	0	St. Joe	122,487	122,487	0
29	Substance Use Disorder - Tob	4,000	3,366	3,366	0	Van Buren	161,578	161,578	0
30	COVID Community Grant Trea	1,474,009	796,612	796,612	0	DRM	1,736,378	1,736,378	0
31	COVID Prevention	848,961	764,905	764,905	0	Admin/Access	293,091	293,091	0
32	COVID SUD Admin	125,000	210,000	210,000	0				
33	COVID WSS	274,462	0	0	0				
34	ARPA Treatment	435,000	101,660	101,660	0				
35	ARPA Prevention	169,060	122,632	122,632	0				
36	Mental Health Block Grant								
37	Transitional Navigators	298,880	116,228	121,155	(4,928)				
38	Clubhouse Engagement	100,000	8,078	8,078	0	Legend			
39	Veterans Navigator*	100,000	100,000	115,882	(15,882)	DRM - Detox, Residential, and Methadone			
40	Crisis Transportation	101,120	27,248	27,248	0	WSS - Women's Speciality Services			
41	MHBG Childrens Covid-19	1,100,000	361,199	361,199	0				
42	SMI Adult Covid-19	875,000	241,802	241,802	0				
43	Admin/Access	0	0	34,269	(34,269)				
44									
50	Grand Total	12,405,534	8,169,312	8,224,390	(55,079)		4,201,075	4,201,075	0
52	PA2				PA2 Carryforward				
53		Budgeted	Actual	YTD	Fav				
54		YTD Revenue	YTD Revenue	Expense	(Unfav)	Current	Prior Year	Projected	
55	Barry	78,897	79,792	18,272	61,520	Utilization	Balance	Year End Balance	
56	Berrien	366,086	365,383	352,982	12,401	Barry	61,520	569,659	
57	Branch	65,295	65,274	13,748	51,526	Berrien	12,401	605,319	
58	Calhoun	672,439	676,017	531,040	144,977	Branch	51,526	419,798	
59	Cass	68,978	69,331	6,699	62,632	Calhoun	144,977	315,826	
60	Kazoo	677,841	673,963	608,761	65,201	Cass	62,632	427,499	
61	St. Joe	101,609	100,370	80,376	19,994	Kazoo	65,201	1,846,148	
62	Van Buren	149,862	144,312	103,566	40,746	St. Joe	19,994	308,673	
63	Grand Total	2,181,005	2,174,440	1,715,444	458,996	Van Buren	40,746	339,144	
						458,996	4,832,066	5,291,061	



	A	D	E	F	G	H	I	J	K
1	Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2023								
2	For the Fiscal YTD Period Ended 11/30/2022								
4	MEDICAID				Healthy MI				
5		Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
6		YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
7	Barry	33,787	40,233	9,265	30,968	84,057	89,412	18,510	70,903
8	Berrien	128,817	151,803	69,653	82,151	332,500	356,284	120,644	235,640
9	Branch	35,912	42,444	12,339	30,105	78,456	83,266	20,176	63,089
10	Calhoun	140,002	168,456	127,494	40,962	316,411	334,674	164,420	170,254
11	Cass	39,680	47,232	198,172	(150,939)	98,830	108,465	16,982	91,483
12	Kazoo	179,475	213,860	26,363	187,497	496,893	524,612	67,867	456,745
13	St. Joe	50,622	60,149	235	59,914	131,759	139,451	6,276	133,175
14	Van Buren	66,606	78,295	24,421	53,874	159,171	170,057	47,809	122,248
15	DRM	522,132	620,826	466,208	154,618	1,202,450	1,279,028	908,133	370,895
17	Grand Total	1,197,033	1,423,297	934,149	489,148	2,900,527	3,085,248	1,370,816	1,714,432
19	BLOCK GRANT				BLOCK GRANT BY COUNTY				
20	EGRAMS	Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
21	SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
22	Community Grant	572,267	288,499	288,499	0	Barry	29,742	29,742	0
23	WSS	41,667	16,691	16,691	0	Berrien	42,471	42,471	0
24	Prevention	200,756	110,347	110,347	0	Branch	5,744	5,744	0
25	Admin/Access	13,333	21,929	21,929	0	Calhoun	63,652	63,652	0
26	State Disability Assistance	21,370	18,252	18,252	0	Cass	20,050	20,050	0
27	Gambling Prevention*	31,447	2,799	2,799	0	Kazoo	44,317	44,317	0
28	State's Opioid Response	543,333	56,126	56,126	0	St. Joe	2,845	2,845	0
29	Partnership for Advancing	15,833	0	0	0	Van Buren	12,395	12,395	0
30	Substance Use Disorder -	667	0	0	0	DRM	188,907	188,907	0
31	COVID Community Grant	276,629	42,315	42,315	0	Admin/Access	21,929	21,929	0
32	COVID Prevention	204,661	5,471	5,471	0				
33	COVID SUD Admin	21,667	0	0	0				
34	ARPA Treatment	60,000	3,747	3,747	0				
35	ARPA Prevention	28,177	9,646	9,646	0				
36	Mental Health Block Grant								
37	Transitional Navigators	33,333	18,005	18,005	0				
38	Clubhouse Engagement	16,667	0	0	0				
39	Veterans Navigator	18,333	12,992	12,992	0				
40	Behavioral Health Dispar	41,667	3,282	3,282	0				
41	MHBG Childrens Covid-19	66,667	17,683	17,683	0				
42	SMI Adult Covid-19	70,833	9,247	9,247	0				
43	CCBHC Non-Medicaid Op	31,212	0	0	0				
44	Admin/Access	0	0	1,580	(1,580)				
50	Grand Total	2,310,519	637,030	638,610	(1,580)		432,051	432,051	0
52	PA2				PA2 Carryforward				
53		Budgeted	Actual	YTD	Fav	Current		Projected	
54		YTD Revenue	YTD Revenue	Expense	(Unfav)	Utilization	Prior Year	Year End Balance	
55	Barry	12,578	12,578	0	12,578	Barry	12,578	569,659	582,236
56	Berrien	61,349	61,349	22,903	38,445	Berrien	38,445	605,319	643,764
57	Branch	10,830	10,830	0	10,830	Branch	10,830	419,798	430,628
58	Calhoun	56,012	12,551	27,644	(15,093)	Calhoun	(15,093)	315,826	300,733
59	Cass	12,551	56,012	0	56,012	Cass	56,012	427,499	483,511
60	Kazoo	110,843	110,843	26,863	83,980	Kazoo	83,980	1,846,148	1,930,129
61	St. Joe	17,765	17,765	3,782	13,983	St. Joe	13,983	308,673	322,656
62	Van Buren	25,527	25,527	0	25,527	Van Buren	25,527	339,144	364,672
63	Grand Total	307,455	307,455	81,191	226,263		226,263	4,832,066	5,058,329



**Public Act 2 (PA2) Utilization Report
Fiscal Year 2023**

Program	FY23 Approved Budget	Utilization FY 23 Oct-Nov	PA2 Remaining	YTD Utilization
Barry	61,260.00	-	61,260	0%
BCCMHA - Outpatient Services	61,260	-	61,260	0%
Berrien	423,420.32	44,721	378,699	11%
Abundant Life - Healthy Start	73,450	12,179	61,271	17%
Berrien County - Drug Treatment Court	15,000	7,879	7,121	53%
Berrien County - Trial courts	52,757	-	52,757	0%
Berrien MHA - Riverwood Jail Based Assessment	18,058	2,333	15,725	13%
CHC - Jail Group	36,421	3,044	33,377	8%
CHC - Niles Family & Friends	6,545	-	6,545	0%
CHC - Wellness Grp	11,220	-	11,220	0%
CHC - Women's Recovery House	30,000	2,619	27,381	9%
Sacred Heart - Juvenile and Detention Ctr	79,969	-	79,969	0%
Berrien County Health Department - Prevention Ser	100,000	16,668	83,332	17%
Branch	18,000.00	1,605	16,395	9%
Pines BHS - Outpatient Treatment	18,000	1,605	16,395	9%
Calhoun	558,716.17	67,482	491,234	12%
Calhoun County 10th Dist Drug Sobriety Court	176,893	27,983	148,910	16%
Calhoun County 10th Dist Veteran's Court	6,975	2,576	4,399	37%
Calhoun County 37th Circuit Drug Treatment Court	227,656	20,674	206,982	9%
Haven of Rest	37,095	6,183	30,913	17%
Michigan Rehabilitation Services - Calhoun	25,000	4,167	20,833	17%
Substance Abuse Council	29,310	5,900	23,409	20%
Substance Abuse Prevention Services	10,788	-	10,788	0%
Summit Pointe - Jail	20,000	-	20,000	0%
Calhoun County Youth Center	25,000	-	25,000	0%
Cass	93,940.00	-	93,940	0%
Woodlands - Meth Treatment and Drug Court Outp:	82,500	-	82,500	0%
Family Education Group	11,440	-	11,440	0%
Kalamazoo	707,134.42	58,065	649,069	8%
8th District Probation Court	10,890	-	10,890	0%
8th District Sobriety Court	29,590	-	29,590	0%
8th District Mental Health Recovery Court	7,700	-	7,700	0%
9th Circuit Drug Court	60,000	-	60,000	0%
CHC - Adolescent Services	21,876	3,429	18,447	16%
CHC - Bethany House	26,154	-	26,154	0%
CHC - New Beginnings	47,627	3,158	44,469	7%
Gryphon Gatekeeper - Suicide Prevention	20,000	3,400	16,600	17%
Gryphon Helpline/Crisis Response	36,000	6,000	30,000	17%
KCHCS Healthy Babies	87,000	-	87,000	0%
ISK - EMH	56,400	9,400	47,000	17%
ISK - FUSE	25,000	-	25,000	0%
ISK - IDDT Transportation	13,750	-	13,750	0%
ISK - Mental Health Court	65,000	10,833	54,167	17%
ISK - Oakland Drive Shelter	34,000	-	34,000	0%
Michigan Rehabilitation Services - Kalamazoo	17,250	17,250	-	100%
Recovery Institute - Recovery Coach	60,623	3,492	57,132	6%
WMU - BHS Text Messaging	7,623	1,104	6,519	14%
WMU - Jail Groups	80,651	-	80,651	0%
St. Joseph	89,365.00	6,400	82,965	7%
3B District - Sobriety Courts	2,200	-	2,200	0%
3B District - Drug/Alcohol Testing	16,640	-	16,640	0%
CHC - Hope House	27,325	-	27,325	0%
CMH - Court Ordered Drug Testing	43,200	6,400	36,800	15%
Van Buren	151,746.00	-	151,746	0%
Van Buren CMHA	106,746	-	106,746	0%
Van Buren County Drug Treatment Court	45,000	-	45,000	0%
Totals	2,103,582	178,274	1,925,308	8%



END OF THE YEAR PA2 FUNDED OUTCOMES REPORT

Reporting Period 10/1/21
9/30/22



BRIEF HISTORY

- ▶ Each County determines use of local PA2 SUD dollars.
- ▶ Each provider must submit their own outcome measures.
- ▶ SWMBH works with providers to make measures specific, measurable, attainable, and time limited.
- ▶ SWMBH works with providers to help determine the effectiveness of their programs.

OVERVIEW OF PA2 FUNDED PROGRAMS: MID YEAR FY22



MID YEAR MEASUREMENT DEFINITIONS

Met: Clearly meets or exceeds outcome.

Not Met: Not meeting outcome.

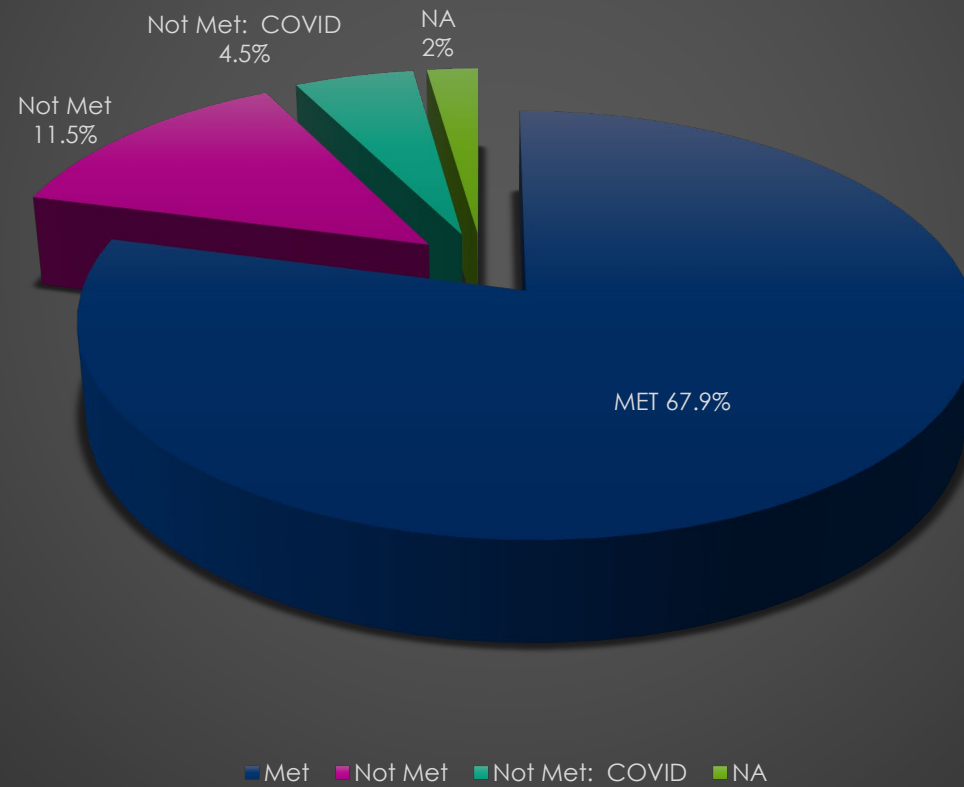
Not met Due to the Pandemic: COVID-19 affected services.

Information Not Applicable : No data due to no consumers fitting measurement requirements.

Not received: Provider did not submit their data.



End of the Year PA2 Report



County	Total Outcome Measures	Met	Not Met	Not met due to Covid	Information not received	NA
Barry	6	6	0	0	0	
Berrien	23	18	4	0	0	1
Branch	6	2	2	0	0	2
Cass	3	1	0	2	0	
Calhoun	39	35	4	0	0	
Kalamazoo	62	47	10	5	0	
St Joe	8	7	1	0	0	
Van Buren	9	8	1	0	0	
	156	124	22	7	0	3

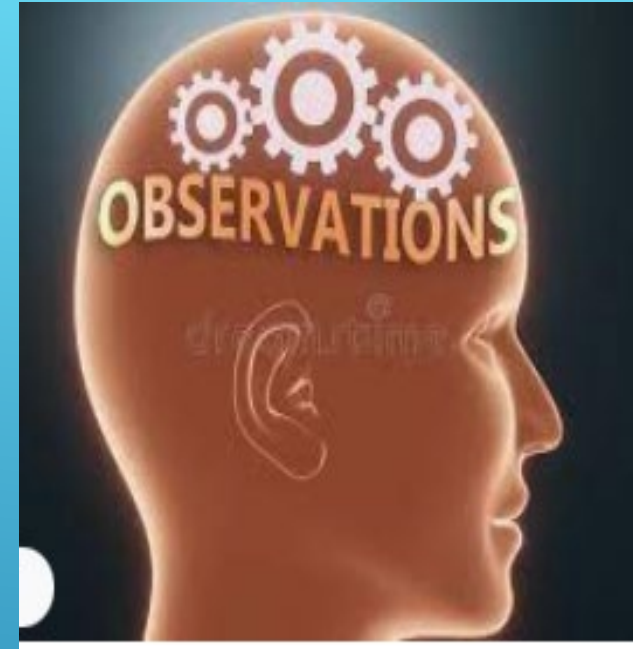
The pandemic has disrupted services worldwide. Delivering services in jails continues to be challenging due to COVID-19 restrictions.

Despite the pandemic, Specialty courts (drug treatment court, sobriety court, veteran's court, etc.) continue to experience significant demand for services.

Follow through with services after an intervention continues to be a challenge.

SWMBH continues to work closely with providers to create measures that are specific, measurable, timely, and simple and continues to review utilization of the programs.

Staff turn over negatively affects different programs.





STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

October 17, 2022

Mr. Bradley Casemore, CEO
Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200
Portage, Michigan 49002

Dear Mr. Casemore:

Thank you for the cooperation extended to the Michigan Department of Health and Human Services (MDHHS), Substance Use Gambling and Epidemiology (SUGE) Section staff during the August 30, 2022, virtual site visit.

PRESENT AT THE SITE VISIT

Southwest Michigan Behavioral Health (SWMBH)

Joel Smith, Director, SUD Treatment and Prevention Services
Cathy Hart, Clinical Grants Coordinator
Anastasia Miliadi, SUD Treatment Specialist
Emily Flory, Opioid Health Home Coordinator
Achiles Malta, SUD Prevention Specialist

MDHHS/SUGE

Angie Smith-Butterwick, SUGE Section Manager
Lisa Coleman, Departmental Prevention Specialist
Heather Rosales, Women’s Treatment Specialist
Kelsey Schell, Opioid Health Home Analyst
Madison Shutes, Site Review Analyst
Ecole Barrow-Brooks, Treatment Analyst
Kelli Dodson, Site Review Coordinator

SITE VISIT FINDINGS

After careful consideration and review of the requirements and documentation submitted, we have determined that SWMBH is in compliance with the MDHHS, Substance Use Disorder, Prepaid Inpatient Health Plan (SUD/PIHP) Contract and the 1115 Behavioral Health Waiver Requirements.

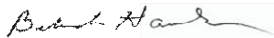
Currently, SWMBH has the necessary tools in place to manage, maintain and report data from their provider network. Their providers will screen individuals to assess their needs and provide or make referrals for interventions as needed for individuals with an SUD.

Mr. Bradley Casemore, CEO
October 17, 2022
Page 2

We greatly appreciate SWMBH for the site visit and their commitment to provide our staff with the necessary documentation.

If you have any further questions, please contact Kelli Dodson, Site Review Coordinator at dodsonk@michigan.gov.

Sincerely,



Belinda Hawks, MPA,
Director
Division of Adult Home and Community Based Services
Behavioral and Physical Health and Aging Services Administration

BH/kd

cc: Joel Smith
Angie Smith-Butterwick
Kelli Dodson
Lisa Coleman
Heather Rosales
Kelsey Schell
Madison Shutes
Ecole Barrow-Brooks



Southwest Michigan Behavioral Health Substance Use Disorder Oversight Policy Board Meetings

2023

January 30, 2023 4:00-5:30pm

March 20, 2023 4:00-5:30pm

May 15, 2023 4:00-5:30pm

July 17, 2023 4:00-5:30pm

September 18, 2023 3:00-5:30pm

November 20, 2023 4:00-5:30pm

All scheduled meetings take place at Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001)

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid “round-the-horn” decision-making in a manner not accessible to the public at an open meeting.

SWMBH Substance Use Disorder Oversight Policy Board
Meeting: January 30, 2023
Amendment Summary

Calhoun County – 37th Circuit Court; Drug Treatment Court

Original Amount Approved: \$227,656.00
Amended Request: \$327,519.00

Additional Funding Request: **\$99,863.00**

Overview: Court is requesting additional funding for: Program Coordinator (.17 FTE), training and travel expenses, supplies, additional drug screens, and general operational expenses.

Calhoun County – 10th District; Sobriety Court

Original Amount Approved: \$176,892.58
Amended Request: \$182,015.96

Additional Funding Request: \$5,123.38

Overview: Initial request submitted for FY23 indicated expenses of \$182,015.96 but Court only requested \$176,892.58 on the budget template. This was just an oversight and court is requesting the additional funds to cover the expenses. No change to work plan.

Summit Pointe – SMART Recovery; Jail Services

Original Amount Approved: \$20,000
Amended Request: \$20,000

Additional Funding Request: \$0

Overview: To meet the changing needs of the jail population, Summit Pointe is proposing to discontinue the currently funded SUD treatment services (group therapy), and expand their Self-Management and Recovery Training (SMART) groups that are currently being provided in the jail. SMART Recovery uses evidence-based methods, including cognitive-behavioral, non-confrontational motivational enhancement, and other methods. Meetings will focus on the application of these methods and will be facilitated by a Recovery Coach. This funding will allow more individuals to access this service (currently only individuals who are receiving medication assisted treatment are eligible). No additional funding requested, just a change in program and services provided.

Calhoun County Drug Treatment Court



Amended FY 2022/2023 – PA2 Fund Request

Budget Narrative

STAFFING

Staff is being charged to the grant in order to maintain operations of the program. Without grants funds, downsizing would occur in both personnel and in the program operations.

Program Coordinator, (FTE .17), this is a partial funding request.

Duties include administration of the program, hire and develop case management team, grant writing and reporting, policy and procedure development, facilitation of interagency cooperation, representation of the program to the community, manage contractual agreements and memos of understanding, grant oversight, organize and encourage community forums to promote and educate community stakeholders, oversee the delivery of program services and ensure adherence to program policies and procedures, and financial management of program funds.

- Recommends and implements approved administrative and operational policies and procedures.
- Identifies and pursues possible funding sources, prepares and submits grants proposals, and plans and prepares budgetary estimates and justifications.
- Develops and maintains cooperative relationships with treatment community and probation department.
- Develops outreach program with community groups; educates, informs, and builds support for and collaborative relationships with community agencies on behalf of the drug court program.
- Acts as liaison with other agencies on behalf of the drug court program regarding questions, problems, and concerns.
- Prepares reports as required by funding sources and other reports as may be required by the drug court program.
- Supervises a caseload of drug court participants, monitoring compliance with and progress towards program goals.
- Refers participants for appropriate community services and monitors the provision of treatment services by providers.
- Prepares agendas and write minutes for drug court program.
- Performs other related duties as assigned.

Total: \$12,884.

Case Managers, FTE (40 hours per week), 100% of time will be spent on the grant

Case Managers - Act as the entry and referral point for prevention and intervention services. Case managers monitor every aspect of program participation and are the necessary connector between court and community professionals who represent substance abuse treatment, behavioral/mental health treatment, social service intervention services prosecutor's office, defense counsel, probation, drug court staff, and the drug court judge. Case managers are at the center of information and activities. Principal duties and responsibilities will include:

Calhoun County Drug Treatment Court

- Comprehensive case management services; determine eligibility for services, conduct screening interviews, administer risk and needs assessments, administer drug testing, review and evaluate relevant reports, etc.
- Ensure that participants are connected to needed treatment and other services and monitor client progress.
- Act as liaison between the courts, law enforcement, corrections, and the treatment community.
- Gathers comprehensive information through police reports, prosecutors, and/or other agencies in order to evaluate data and determine participant needs.
- Preparation and distribution of progress reports
- Providing sanction and incentive recommendations to the drug court team.
- Attend court hearings and participating in case conferences with court and community professionals providing recommendations for incentives and sanctions.
- Document all activities and actions taken.
- Perform other duties as assigned or required.

Total: \$122,324.

FRINGE BENEFITS

These three employees have each elected a different benefit package - This benefit breakdown reflects costs as a total rather than each individual.

Total: \$41,714.

TRAVEL

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. Interdisciplinary education offers the respective stakeholders to understand the issues faced by other team members, i.e. probation is exposed to treatment issues, etc. It also builds solidarity of the team and promotes a shared understanding of values, goals, and program policies and procedures. In addition, education and training helps maintain professionalism and best practice interventions within the team respective fields.

MATCP Annual Conference

This annual conference offers a comprehensive interdisciplinary education and direct access to professionals who are experts in the fields of treatment, evaluation, supervision, and many other issues relevant to effective drug court program. It is an opportunity to stay up to date with best practices and trouble shoot issues with peers within their respective disciplines.

This request would provide for five team member, drug court staff and the respective drug court judges, to attend this state conference.

Total: \$4,069.00.

Calhoun County Drug Treatment Court

NADCP National Conference

NADCP provides training to over 7,000 Drug Court and Problem-Solving Court professionals annually at its national conference – the largest training conference in the nation addressing substance abuse and crime.

This annual training conference offers a comprehensive, time-intensive learning environment. It is an unparalleled, world class education which provides an in-depth curriculum developed and delivered by the field's most recognized experts. The conference brings together judges, law enforcement officials, treatment providers, drug court coordinators, researchers, leading authorities on best practices in adult and juvenile substance abuse treatment, drug court graduates, probation officers, attorneys, and other experts who are able to provide usable answers to pressing questions.

This request would provide for five team member, drug court staff and the respective drug court judges, to attend this state conference.

Total: \$16,790.

SUPPLIES

General Office Supplies

General office supplies will include pens, copy paper, note pads, toner, post it notes, folders, and other office supplies essential to the general and efficient operations of the drug court office and case management activities.

Total: \$1,500.

Risk/Needs Assessment Materials

The risk/needs defendant self-assessment is an evaluation of where the defendant sees themselves at the time of screening. It looks at truthfulness, how they view their substance/alcohol use, how they gauge their anti-social tendencies and risks for violence. As a certified drug treatment court, we are required to have the defendant complete a risk/needs assessment. It is not a diagnostic tool, but it does give staff a good glimpse of where the defendant sees themselves as being at.

Total: \$1,875.

CONTRACTUAL

Drug Testing

Intensive and random drug testing is a cornerstone of drug treatment court programs. An individual who is not clean and sober is not able to engage in treatment activities and are not

Calhoun County Drug Treatment Court

likely to attend said services even when mandated by the court. The drug court program conducts more than 600 drug tests per month, assuring that as participants are plugged in treatment services, they can do so with clear minds.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing. A frequent and accurate drug/alcohol testing program is not only fundamental but an effective way to "establish a framework for accountability" and measure a participant's program progress. Testing results offer a measure to treatment effectiveness and will shape the interaction between participant and the drug court team. It also affords the participant an active role in the treatment process.

Design Feature #5: Monitoring. Drug court participants must be subject to a random drug/alcohol testing program that produces accurate results quickly and a process for informing drug court team members of those results and provides for an immediate court response for non-compliance.

Cordant Health Solutions

This agency will provide forensic level laboratory drug testing. They perform both screening and confirmation testing which provides the necessary burden proof standards for our court's operation.

Total: \$65,000.

Express Diagnostics

Express diagnostics provided instant drug testing supplies from single to multi-panel urine testing devices. Instant tests are an essential tool to not only help monitor abstinence but to address community safety issues for the prevention of individuals driving while under the influence of drugs.

Total: \$2,000.

New Life Coaching (Life Skills Classes)

As a rule, our participants enter the program with the emotional maturity of an adolescent/early teen; children in adult bodies. The average age of first use for drugs and/or alcohol among our participants is twelve. Most participants enter the program with little to no basic living skills; general good hygiene, employment search/interviewing, healthy relationships, budgeting, etc. Life skills class provides program participants with tools to live healthy and productive lives. No longer do they have to engage in behaviors and activities that destroy their own lives and the social fabric of our community. They can contribute and they can be a part of the solution. They can be that mom or dad, that son or daughter.

Total: \$4,160.

Calhoun County Drug Treatment Court

Calhoun County Sheriff's Department

Active-Duty Law Enforcement Compliance Officer

Community supervision is a critical part of accountability and provides participants with an additional tool to assist them in remaining sober and setting healthy boundaries with regards to people, places, and things (activities). Without a compliance officer we are not able to enforce curfew or ensure that participants are at safe and approved residences. Research has shown that drug courts who have community supervision as part of their programming have significantly better outcomes with respect to relapse, recidivism, and a reduction in criminal behavior.

Total: \$43,079.

EQUIPMENT

Participant Incentives

Treatment court strive for positive behavior change. Providing incentives to participants helps them press on through difficult times and rewards them for meeting personal and program goals. It is an effective and necessary tool in helping to guide participant behavior.

As participants progress through the program, they are rewarded with small tokens of recognition for their accomplishments. These gifts could include gift cards, small books, gender specific items, graduation cake, etc.

Total: \$2,000.

OTHER EXPENSES

General Operation Expenses

We could not function as a program without the need for operational supports. Having a space in which to operate our program as well as computers, telephones, and technology supports, are all essential elements of program operation, without which we could not have a program.

Total: \$10,124.

We are very grateful for any level of PA2 funding and appreciate your time and consideration in this matter.

Calhoun County Drug Treatment Court

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH PROGRAM BUDGET SUMMARY						
POPULATION(S):		<input type="checkbox"/> MIA	<input type="checkbox"/> SED	<input type="checkbox"/> DDA	<input type="checkbox"/> DDC	<input type="checkbox"/> SA
PROGRAM:		PROGRAM	CFDA	DATE PREPARED:		
Calhoun County Drug Treatment Court		PUBLIC ACT 2 - PA2	N/A	6/14/2022		
		- Please Select -	#N/A	BUDGET PERIOD:		
		- Please Select -	#N/A	From: 10/1/2022		
CONTRACTOR NAME:		- Please Select -	#N/A	To: 9/30/2023		
37th Judicial Circuit Court						
MAILING ADDRESS (Number and Street):		BUDGET AGREEMENT:				
161 E. Michigan Ave.		<input checked="" type="checkbox"/> ORIGINAL		<input type="checkbox"/> AMENDMENT		
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:	FEDERAL TAX ID:		
Battle Creek	MI	49014		38-6004358		
EXPENDITURE CATEGORY	Calhoun County Drug Treatment	N/A	N/A	TOTAL BUDGET		
1. SALARIES AND WAGES	135,208.00	-	-	135,208.00		
2. FRINGE BENEFITS	41,714.00	-	-	41,714.00		
3. TRAVEL	20,859.00	-	-	20,859.00		
4. SUPPLIES AND MATERIALS	3,375.00	-	-	3,375.00		
5. CONTRACTUAL	114,239.00	-	-	114,239.00		
6. EQUIPMENT	2,000.00	-	-	2,000.00		
7. UTILITIES	-	-	-	-		
8. INSURANCE	-	-	-	-		
9. REPAIRS AND MAINTENANCE	-	-	-	-		
10. RENTAL/ LEASE	-	-	-	-		
11. OTHER EXPENSES	10,124.00	-	-	10,124.00		
12. TOTAL DIRECT EXPENDITURES						
(Sum of Lines 1-11)		\$ 327,519.00	\$ -	\$ -	\$ 327,519.00	
13. INDIRECT COSTS						
Rate %		-	-	-	-	
14. TOTAL EXPENDITURES FUNDED						
(Sum of Lines 12-13)		\$ 327,519.00	\$ -	\$ -	\$ 327,519.00	
SOURCE OF FUNDS						
15. FEES AND COLLECTIONS						
15. FEES AND COLLECTIONS		-	-	-	-	
16. SWMBH		-	-	-	-	
17. LOCAL/MATCH		-	-	-	-	
18.- 21. SWMBH FUNDING SOURCE		-	-	-	-	
PUBLIC ACT 2 - PA2		327,519.00	-	-	327,519.00	
- Please Select -		-	-	-	-	
- Please Select -		-	-	-	-	
- Please Select -		-	-	-	-	
22. OTHERS		-	-	-	-	
23. TOTAL FUNDING						
		\$ 327,519.00	\$ -	\$ -	\$ 327,519.00	
SECTION 2.3.: ABILITY TO PAY DETERMINATION			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
SECTION 2.4.: COORDINATION OF BENEFITS			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL**

PROGRAM: 10th District Sobriety Treatment Court	BUDGET PERIOD: From: 10/01/22 To: 09/30/23	DATE PREPARED: 06/09/22
CONTRACTOR NAME: 10th District Sobriety Treatment Court	BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT NO: 0

1. SALARIES AND WAGES	POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
	Probation Case Manager	Erin Lindsay	1.000	61,748.00
	Probation Case Manager	Christopher Heisler	1.000	60,726.00
				-
1. TOTAL SALARIES AND WAGES			2.000	\$ 122,474.00

2. FRINGE BENEFITS (SPECIFY)	COMPOSITE RATE %	45.35%	
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> HEALTH INS <input checked="" type="checkbox"/> HEARING INS <input checked="" type="checkbox"/> SHORT TERM DISB			55,541.96
<input checked="" type="checkbox"/> UNEMPLOY INS <input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input type="checkbox"/> LONG TERM DISB			
<input checked="" type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> VISION INS <input checked="" type="checkbox"/> WORK COMP <input type="checkbox"/> OTHER: specify			
2. TOTAL FRINGE BENEFITS			\$ 55,541.96

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	5.5	-
3. TOTAL TRAVEL		\$ -

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
Lab confirmations on positive drug tests (\$20.70 per confirmation)	2,000.00
12 panel instant drug test with ETG (4.45 per test)	\$2,000.00
4. TOTAL SUPPLIES AND MATERIALS	\$ 4,000.00

5. CONTRACTUAL (Subcontracts)		Amount
Name	Address	
5. TOTAL CONTRACTUAL		\$ -

6. EQUIPMENT (Specify)	<u>Amount</u>
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**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
 PROGRAM BUDGET - COST DETAIL**

6. TOTAL EQUIPMENT		\$	-
7. UTILITIES (Specify)			-
7. TOTAL UTILITIES		\$	-
8. INSURANCE (Specify)			-
8. TOTAL INSURANCE		\$	-
9. REPAIRS AND MAINTENANCE (Specify)			-
9. TOTAL REPAIRS AND MAINTENANCE		\$	-
10. RENTAL/LEASE (Specify)			-
10. TOTAL RENTAL/LEASE		\$	-
11. OTHER EXPENSES (Specify)			<u>Amount</u>
11. TOTAL OTHER EXPENSES		\$	-
12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)		\$	182,015.96
13. INDIRECT COSTS	INDIRECT RATE	0.00%	-
13. TOTAL INDIRECT COSTS		\$	-
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)		\$	182,015.96

Summit Pointe

SMART Recovery – Jail Work Plan

Scope of Agreement

Summit Pointe agrees to undertake, perform, and complete the services outlined within this agreement using SWMBH administered **PA2** funding not to exceed **\$20,000** during the grant period of **January 1, 2022 and September 30, 2023**.

Licensure

The Provider will maintain their status as the Community Mental Health Authority for Calhoun County. Under this status, Summit Pointe does not require a license for the purposes of providing Substance Use Disorder services.

Accreditation

It is preferred the Provider will be accredited by one of the following accrediting bodies: Joint Commission on Accreditation of Health Care (JCAHO); Commission on Accreditation of Rehabilitation Facilities (CARF); Council on Accreditation of Services for Families and Children (COA); American Osteopathic Association (AOA); or National Committee on Quality Assurance (NCQA).

Services

Calhoun County signed the Stepping Up Initiative in 2019. Data from this collaboration with Wayne State University showed that nearly 1/3 of individuals entering the jail system endorsed Serious Mental Illness (SMI) and 50% endorsed Substance Use/Misuse. In order to better address this concern, as well as the number of fatal overdoses that were rising in Calhoun County, a community stakeholder team was formed to discuss this intervention at each of the Sequential Intercepts specifically focusing on Intercepts 2-5. Gaps within our community were identified, including lack of jail partnerships, difficulty accessing behavioral health care, as well as strategies to engage individuals in continued behavioral health care services.

In January 2022, Summit Pointe hired for the Boundary Spanner position in response to the data. The position was funded for one year by ARPA funds that were provided by the County. Results from early data collection from the Kessler-6 screeners came from 2,441 individuals. A screen is considered usable/valid if 4 or more of mental illness prompts are answered allowing a score to be calculated. Mental Illness is used to refer to a positive score (9+) on the K-6 mental health screen. Of the screens collected, 2,297 screens were deemed usable. Of the usable screens, 726 (32%) indicated symptoms of severe mental illness or a positive score. Of total usable K-6 screens (2,297), 897 (39%) people identified substance use disorder. Of the total usable K-6 screens, 366 (16%) people identified co-occurring disorders. Of non-SMI (1,571), population, 531 (34%) people identified substance use disorders. Of usable screens (2,297), 202 (9%) people identified an opioid use preference. Of those with SMI (726), 114 (16%) people identified an opioid use preference. Summit Pointe is not the treatment provider inside of Calhoun County's Detention Center. Summit Pointe's Jail Services Team focus on intervention and service connection for individuals post release. It is our hope that creating warm transfers to local SUD treatment providers during time of incarceration with increase treatment engagement and decrease unintentional overdoses and recidivism.

With this grant funding we would like to offer SMART Recovery Groups that are introduced into the Calhoun County Jail. The National Institute of Drug Abuse (NIDA) and the American Association of Family Physicians (AAFP), and the National Institute of Alcoholism and Alcohol Abuse (NIAAA) endorse SMART recovery as an effective and legitimate means of addiction support and recovery. We currently have a Certified Recovery Coach in the jail that has gained the trust of jail staff and current detainees. Anecdotally, we are finding that participants in current SMART Recovery Groups are engaged and gaining self-efficacy. The participants are also receiving care coordination upon their release through our jail services team. To date, the participants were qualified for the group if they entered the jail system and reported currently being prescribed MAT via the RODS screener. With this funding, we would like to open up the program up to serve more participants.

Services that will be provided by a Certified Recovery Coach will include: Group therapy which will utilize SMART (Self-Management and Recovery Training). SMART Recovery uses evidence-based methods, including cognitive-behavioral, non-confrontational motivational enhancement, and other methods. Meetings will focus on the application of these methods, as guided by our 4-Point Program®: 1) Building and Maintaining Motivation, 2) Coping with Urges, 3) Managing Thoughts, Feelings, and Behaviors; and 4) Living a Balanced Life. SMART Recovery Groups are currently implemented in Calhoun County's Detention Center for individuals who enter the jail system prescribed Medication Assisted Treatment (MAT). This method has received positive feedback from participants due to their comfort level of connecting with a Recovery Coach within the jail system and developing plans to continue MAT services post release.

Groups will be offered to men and women separately on a weekly basis for 60 minutes. Eligibility for group participants will be determined by a positive score on the Kessler-6 (K6) and/or Rapid Opioid Dependence Screen (RODS) as completed at book in. In addition, ability to safely participate in a group setting, sentencing and length of stay will be taken into consideration. The Boundary Spanner will work with Calhoun County's Jail Population Coordinator to identify participants. Following participation in group, participants will complete the SMART Recovery Activities Scale (SRAS) to assess changes in recovery behavior and beliefs pre and post group participation. Participation in sessions will be dependent and subject to COVID-19 protocols and cautionary measures as determined by Calhoun County's Detention Center. Recovery Coach, Jail Services Clinician, Case Manager and Boundary Spanner will all work to coordinate treatment depending on individual needs. Participants will be connected to local SMART Recovery groups in addition to continued SUD treatment. It is our goal to offer SMART Recovery groups at both our Summit Pointe Clinic and at the local SHARE Center in the upcoming months in order to improve care coordination and continued engagement. Other local supportive programs include AA and NA will also be an option and encouraged for participants.

Procedures

- Targeted population are those clients that score high on RODS or K6 and those who are deemed to be safe in a group setting as determined in with the Jail Population Coordinator.
- Group treatment will be provided once a week during their period of incarceration. Sessions will be 60 minutes in length and will be an open group divided by gender, allowing individuals to enter treatment shortly after book in and the completion of RODS/K6.
- The curriculum used will be SMART Recovery. A Recovery Coach will run the groups.
- Individuals will develop an individual recovery plan to continue services after their release in coordination with a Recovery Coach, Case Manager and/or Boundary Spanner.

- **Outcomes**

1. 50% that are referred to SMART Recovery participate in groups on a weekly basis.
2. 75% of participating customers will complete SRAS (Smart Recovery Activity Scale) and be able to identify areas of progress with this pre and post survey.
3. 75% of participating customers will develop a person centered recovery plan.

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY**

POPULATION(S):					<input type="checkbox"/> MIA	<input type="checkbox"/> SED	<input type="checkbox"/> DDA	<input type="checkbox"/> DDC	<input type="checkbox"/> SA
PROGRAM:		PROGRAM	CFDA	DATE PREPARED:					
SMART Recovery - Jail		PUBLIC ACT 2 - PA2	N/A						
		- Please Select -	#N/A	BUDGET PERIOD:					
		- Please Select -	#N/A	From: 10/1/2022					
CONTRACTOR NAME:		- Please Select -	#N/A	To: 9/30/2023					
Summit Pointe									
MAILING ADDRESS (Number and Street):		BUDGET AGREEMENT:							
140 W. Michigan Ave		<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT							
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:	FEDERAL TAX ID:					
Battle Creek	MI	49017		38-338175					
EXPENDITURE CATEGORY	SMART Recovery - Jail	0	0	TOTAL BUDGET					
1. SALARIES AND WAGES	14,244.60	-	-	14,244.60					
2. FRINGE BENEFITS	5,555.39	-	-	5,555.39					
3. TRAVEL	200.01	-	-	200.01					
4. SUPPLIES AND MATERIALS	-	-	-	-					
5. CONTRACTUAL	-	-	-	-					
6. EQUIPMENT	-	-	-	-					
7. UTILITIES	-	-	-	-					
8. INSURANCE	-	-	-	-					
9. REPAIRS AND MAINTENANCE	-	-	-	-					
10. RENTAL/ LEASE	-	-	-	-					
11. OTHER EXPENSES	-	-	-	-					
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00					
13. INDIRECT COSTS Rate %	-	-	-	-					
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00					
SOURCE OF FUNDS									
15. FEES AND COLLECTIONS	-	-	-	-					
16. SWMBH	-	-	-	-					
17. LOCAL/MATCH	-	-	-	-					
18.- 21. SWMBH FUNDING SOURCE	-	-	-	-					
PUBLIC ACT 2 - PA2	20,000.00	-	-	20,000.00					
- Please Select -	-	-	-	-					
- Please Select -	-	-	-	-					
- Please Select -	-	-	-	-					
22. OTHERS	-	-	-	-					
23. TOTAL FUNDING	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00					
SECTION 2.3.: ABILITY TO PAY DETERMINATION		<input type="checkbox"/> YES <input type="checkbox"/> NO							
SECTION 2.4: COORDINATION OF BENEFITS		<input type="checkbox"/> YES <input type="checkbox"/> NO							

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY23**

	Approved Budget FY 22 Oct - Sep	Approved Budget FY 23 Oct - Sep	Amended Budget FY 23 Oct - Sep	Inc/(Dec) over approved FY 23 Budget
Revenue:				
Prior Year(s) Carryover	4,894,188	5,086,268	5,086,268	-
PA2 Revenue	2,180,407	1,844,728	1,844,728	-
Total Revenue	7,074,595	6,930,996	6,930,996	-
Expenses:				
RESIDENTIAL TREATMENT SERVICES	132,627	135,106	135,106	-
OUTPATIENT TREATMENT SERVICES	1,819,548	1,772,378	1,877,364	104,985.96
PREVENTION SERVICES	252,795	196,097	196,097	-
Total Expenses	2,204,970	2,103,581	2,208,567	104,986
Total Carryover	4,869,625	4,827,414	4,722,429	(104,986)

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY23**

	Approved Budget FY 22 Oct - Sep	Approved Budget FY 23 Oct - Sep	Amended Budget FY 23 Oct - Sep	Inc/(Dec) over approved FY 23 Budget
Barry				
OUTPATIENT TREATMENT SERVICES	76,880.00	61,260.00	61,260.00	-
PREVENTION SERVICES	-	-	-	-
Total	76,880.00	61,260.00	61,260.00	-
Berrien				
OUTPATIENT TREATMENT SERVICES	327,528.52	323,419.63	323,419.63	-
PREVENTION SERVICES	100,000.00	100,000.00	100,000.00	-
Total	427,528.52	423,419.63	423,419.63	-
Branch				
OUTPATIENT TREATMENT SERVICES	80,190.00	18,000.00	18,000.00	-
PREVENTION SERVICES	-	-	-	-
Total	80,190.00	18,000.00	18,000.00	-
Calhoun				
OUTPATIENT TREATMENT SERVICES	517,859.73	518,619.00	623,604.96	104,985.96
PREVENTION SERVICES	96,795.38	40,097.17	40,097.17	-
Total	614,655.11	558,716.17	663,702.13	104,985.96
Cass				
OUTPATIENT TREATMENT SERVICES	82,500.00	93,940.00	93,940.00	-
PREVENTION SERVICES	-	-	-	-
Total	82,500.00	93,940.00	93,940.00	-
Kalamazoo				
RESIDENTIAL TREATMENT SERVICES	111,627.00	107,781.00	107,781.00	-
OUTPATIENT TREATMENT SERVICES	527,549.42	543,353.25	543,353.25	-
PREVENTION SERVICES	56,000.00	56,000.00	56,000.00	-
Total	695,176.42	707,134.25	707,134.25	-
St Joseph				
RESIDENTIAL TREATMENT SERVICES	21,000.00	27,325.00	27,325.00	-
OUTPATIENT TREATMENT SERVICES	62,040.00	62,040.00	62,040.00	-
PREVENTION SERVICES	-	-	-	-
Total	83,040.00	89,365.00	89,365.00	-
Van Buren				
OUTPATIENT TREATMENT SERVICES	145,000.00	151,746.20	151,746.20	-
PREVENTION SERVICES	-	-	-	-
Total	145,000.00	151,746.20	151,746.20	-
All Counties				
RESIDENTIAL TREATMENT SERVICES	132,627.00	135,106.00	135,106.00	-
OUTPATIENT TREATMENT SERVICES	1,819,547.67	1,772,378.08	1,877,364.04	104,985.96
PREVENTION SERVICES	252,795.38	196,097.17	196,097.17	-
Total	2,204,970.05	2,103,581.25	2,208,567.21	104,985.96

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CALHOUN COUNTY
ALCOHOL TAX PLAN - FY23**

	Actual Revenue/Expense FY 22 Oct - Sep	Approved Budget FY23 Oct - Sep	Amended Budget FY23 Oct - Sep	Inc/(Dec) over approved FY 23 Budget	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep
Revenue:							
Prior Year(s) Carryover	319,051	468,764	468,764	-	141,133	(186,499)	(514,130)
PA2 Revenue	676,017	336,071	336,071	-	336,071	336,071	336,071
Total Revenue	995,068	804,835	804,835	-	477,203	149,572	(178,060)
Expense:							
OUTPATIENT TREATMENT SERVICES							
10th Dist Drug Sobriety Court	166,046	176,893	182,016	5,123	182,016	182,016	182,016
10th Dist Veteran's Court	6,950	6,975	6,975	-	6,975	6,975	6,975
37th Circuit Drug Treatment Court	208,153	227,656	327,519	99,863	327,519	327,519	327,519
Haven of Rest	37,096	37,095	37,095	-	37,095	37,095	37,095
MRS	25,000	25,000	25,000	-	25,000	25,000	25,000
Summit Pointe - Jail	-	20,000	-	(20,000)	-	-	-
Summit Pointe - SMART Recovery - Jail	-	-	20,000	20,000	20,000	20,000	20,000
Calhoun County Youth Center	24,961	25,000	25,000	-	25,000	25,000	25,000
PREVENTION SERVICES							
Substance Abuse Council	20,097	29,310	29,310	-	29,310	29,310	29,310
Substance Abuse Prevention Services	38,000	10,788	10,788	-	10,788	10,788	10,788
Total Expenses	526,303	558,716	663,702	104,986	663,702	663,702	663,702
Total Carryover	468,764	246,119	141,133	(104,986)	(186,499)	(514,130)	(841,762)

Note(s)

PREVENTION SERVICES

Substance Abuse Council	183,244	250,630	250,630	-	250,630	250,630	250,630
Substance Abuse Prevention Services	136,207	175,166	175,166	-	175,166	175,166	175,166
Total Expenses	319,451	425,796	425,796	-	425,796	425,796	425,796

Prevention services are funded through block grant

Notes:

The PA2 fund balance plan will be reviewed annually.

Calhoun County plans to appropriate additional PA2 to the fund balance for fiscal year 24 as needed.

In the absence of Calhoun County's designation of future general fund appropriations to PA2 programs,

Calhoun County's PA2 expenditures will be reviewed/reduced to align with actual PA2 revenue allocation.



2022 Election Recap

The November 8 election results were historic for Michigan Democrats, defying historical trends and the prognostications. Democrats were able to do something we have not seen in Michigan for nearly 40 years – seize control of virtually all aspects of state government. As expected, Democrats were able to retain control of the Governor, Attorney General and Secretary of State's offices. However, in an unexpected twist Democrats were also able to capture control of both chambers in the Michigan Legislature after winning a number of very close battleground seats in the House and Senate. It is very apparent that Democrats were helped a great deal by the newly drawn legislative districts as well as Proposal 3, which many believed helped boost Democratic enthusiasm across the state. Below are some of the highlights:

- Governor Gretchen Whitmer defeated Republican candidate Tudor Dixon – 54.5% - 44%
- Attorney General Dana Nessel defeated Republican challenger Matt Deperno – 53% - 44.5%
- Secretary of State Jocelyn Benson defeated Republican challenger Kristina Karamo – 56% - 42%
- Democrats flipped 4 seats won majority in the Michigan Senate with a 20-18 advantage
- Democrats flipped 3 seats and won a majority in the Michigan House with a 56 to 54 advantage

State Senate

For the first time in 38 years, we will have a Democratic majority in the Michigan Senate. We knew it would be close, and it was, with Democrats winning 20 seats and Republicans 18. Below are three races that highlight how incredibly close this election was on November 8:

- 9th District – Sen.-elect Michael Webber (R-Rochester Hills) defeated Padma Kuppa by 795 votes
- 12th District – Sen.-elect Kevin Hertel (D-St. Clair Shores) defeated Pam Hornberger by 403 votes
- 30th District – Sen. Mark Huizenga (R-Walker) defeated David LaGrand by 405 votes

State House

In the biggest surprise of the night, House Democrats took control of the State House by clinching majority 56 to 54 seats. Many of the prognosticators thought Republicans would end up with a 59 or 60 seat majority. Again, many of the House races were extremely close, below are four races that highlight how close this election was on November 8:

- 27th District – Rep-Elect Jamie Churches (D-Grosse Ile) defeated Bob Howey by 660 votes
- 28th District – Rep-Elect Jamie Thompson (R-Brownstown) defeated Robert Kull by 735 votes
- 38th District – Rep-Elect Joey Andrews (D-St. Joseph) defeated Kevin Whiteford by 398 votes
- 103rd District – Rep-Elect Betsy Coffia (D-Traverse City) defeated Rep. Jack O'Malley by 765 votes

Congressional races

Many of Michigan's Congressional races went as expected, Democrats hold 7 of Michigan's 13 Congressional seats. Republicans winning were Jack Bergman (1st District), John Moolenaar (2nd District), Bill Huizenga (4th District), Tim Walberg (5th District), Lisa McClain (9th District), and John James (10th District). Democrats winning were Hillary Scholten (3rd District), Debbie Dingell (6th District), Elissa Slotkin (7th District), Dan Kildee (8th District), Haley Stevens (11th District), Rashida Tlaib (12th District), and Shri Thanedar (13th District). Below are a few items of note:

- Congresswoman Elissa Slotkin (D) won re-election in a tight race with State Senator Tom Barrett for the newly-drawn 7th district, which ended up being the most expensive congressional race in the country.
- Democrat candidate Hillary Scholten defeated Republican candidate John Gibbs in the 3rd district, and will become the first Democrat to represent Grand Rapids in Congress since 1977.
- Republican candidate John James defeated Democrat candidate Carl Marlinga in the 10th district in a very close race – roughly 1600 votes.

Statewide Ballot Proposals

All three proposals on the ballot were approved.

- **Proposal 1** makes changes to legislative term-limits and imposes transparency measures on elected officials – passed 66% - 34%
- **Proposal 2** would enshrine new voting rights in the state constitution – passed 60% - 40%
- **Proposal 3** enshrines abortion protections in the state constitution – passed 57% - 43%

Impact of Proposal 1 on the Legislature

Only 1 member cannot run for reelection in 2024 – Dale Zorn (previously served 2 terms in the House then 2 terms in the Senate). Not since the 1990 election, the election prior to voters adopting term limits in 1992 that set a limit of three two-year terms in the House, have so many members had the ability to run again.

The House will see 56 new members, one of the highest ever. Most of them, other than Mr. Zorn, Rep.-elect Curt VanderWall (R-Ludington) and Rep.-elect Doug Wozniak (R-Shelby Township), who all have prior legislative service in the Senate, the House or both, will be eligible to run for 6 two-year terms in the House if they wish.

Twenty-seven members who won what would have been their third and final term allowed under the old term limits law will instead be eligible to run for 3 more House terms if they wish.

Meanwhile in the Senate, 14 new members will join the body. Under the language of the constitutional amendment, those winning their first term Tuesday who had enough prior service in the House that would have prevented them from running in 2026 are eligible to seek a second term.

- Sen.-elect Darrin Camilleri (D-Brownstown Township)
- Sen.-elect Michael Webber (R-Rochester Hills)
- Sen.-elect Kevin Hertel (D-St. Clair Shores)
- Sen.-elect Joseph Bellino (R-Monroe)
- Sen.-elect Thomas Albert (R-Lowell)
- Sen.-elect Sam Singh (D-East Lansing)
- Sen.-elect Roger Hauck (R-Mount Pleasant)

- Sen.-elect Michele Hoytenga (R-Manton)

All can run in 2026 – all had served six years in the House.

Additionally, the following members who won reelection Tuesday will be eligible to run for a third term in 2026 if they wish:

- Sen. Rosemary Bayer (D-Keego Harbor)
- Sen. Mallory McMorrow (D-Royal Oak)
- Sen. Dayna Polehanki (D-Livonia)

In 2026, 18 of the Senate's 38 members will be ineligible to seek reelection under the new limit.

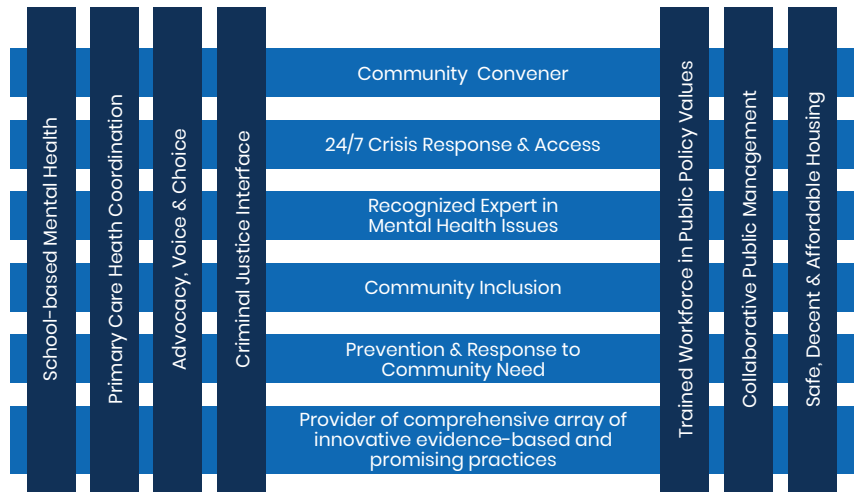
MICHIGAN'S PUBLIC MENTAL HEALTH SYSTEM

Your Local Safety Net

Through both mission and contractual obligations community mental health agencies tie together essential community services with their unique role in the community as an "integrator" of services.

CMHSPs must work closely with local public and private community-based organizations and providers to address prevalent human conditions and issues that are related to a shared consumer base.

Local coordination and collaboration with these entities will make a wider range of essential supports and services available...CMHSPs are encouraged to coordinate with these entities through participation in multipurpose human service collaborative bodies and other similar community groups.

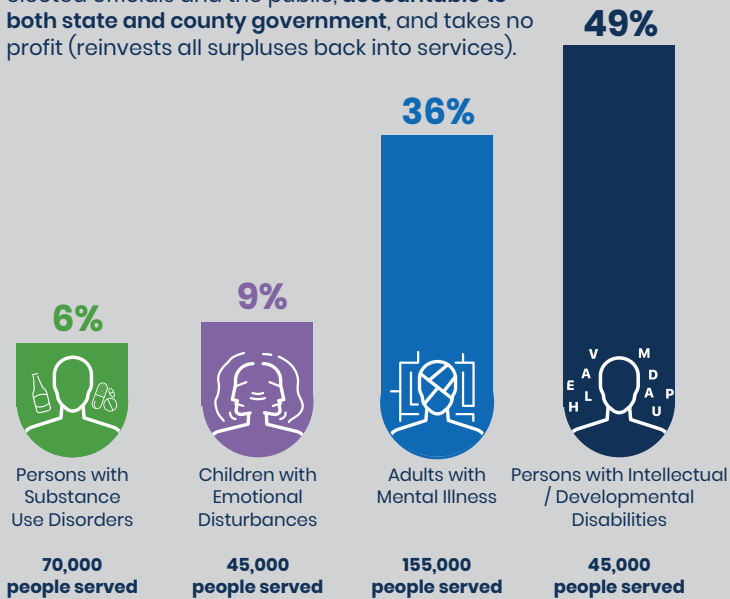


Who we serve and how the money is spent

Michigan's Public Mental Health System Serves 4 Main populations:

Michigan is the **ONLY** state that serves all 4 populations in a managed care setting.

The system is a public system, that is tied to local elected officials and the public, **accountable to both state and county government**, and takes no profit (reinvests all surpluses back into services).

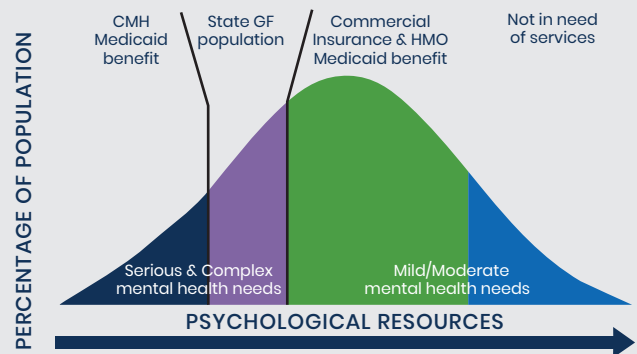


The CMH system serves the most in need population

1 in 5 people in the State of Michigan suffer from a mental illness.

That is 2M people total.

Of those 2 million people, Michigan's public mental health system serves the most serious and complex individuals, which is about **300,000 people.**



(Well-Being Institute, University of Cambridge, 2011)

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.

Did you Know?



83 counties in Michigan are covered by the 46 CMHs & 10 PIHPs.



94% medical loss ratio (i.e. the percentage of dollars spent on actual care) of Michigan's public PIHP system has a statewide average spent on administrative costs of 6%.



Since 1997, Michigan has remained the only state in the nation that provides publicly managed care for all four major populations; adults with mental illness, children and adolescents with emotional disturbances, persons with intellectual / developmental disabilities, and those with substance use disorders **[saving the state more than \$1 billion!]**



24 hours a day / 7 days a week, mental health professionals provide services for people with mental illness, intellectual / developmental disabilities, and substance use disorders regardless of ability to pay. As outlined in Michigan's Mental Health Code, Public Act 258 of 1974, Michigan's public mental health system serves as the local public safety net for the state's most vulnerable citizens.



91 percent of the CMH budget is from Medicaid and Healthy MI plan. State General dollars that serve people without insurance makes up only 4% of the total budget.



2 million people statewide are impacted by one of the 300,000 people served by Michigan's public community mental health system when you include family, friends, neighbors, and co-workers.



Michigan's public community mental health system is a **\$3 billion industry** in our state employing more than **100,000 people**.



750+ Michigan's CMH/PIHP system is leading the way with more than 750 on-the-ground healthcare integration initiatives across the state - co-location, electronic health records, and partnerships.

Substance Use Disorders

Opioid deaths in Michigan are increasing. From 1999 to 2016, the total number of **overdose deaths involving any type of opioid increased more than 17 times in Michigan**, from 99 to 1,689.3 **Over six people in Michigan die every day from opioid-related causes.**

Every person can make a difference. Some things you can start doing today:

- Store medications safely.
- Don't share prescription medications.
- Learn to recognize the signs and symptoms of opioid abuse.
- Keep talking about the opioid epidemic and help break the stigma.

Healthy Michigan Plan provides dedicated and reliable funding for persons with substance use disorders and who have co-occurring mild to moderate mental disorders.

Prior to HMP (Medicaid Expansion), some regions had up to six month waiting lists for Medication Assisted Treatment (MAT) or withdrawal management /residential treatment. Oftentimes these are the most important services for people with opiate use disorders to begin the road to recovery.

Over 70,000 people receive Substance Use Disorder treatment and recovery services through Michigan's public system each year.

GAIL PATTERSON-GLADNEY
Commissioner – District 1

KURT DOROH
Commissioner – District 2

RICHARD GODFREY
Commissioner – District 3

MIKE CHAPPELL
Commissioner – District 4

Phone: (269) 657-8253
Fax: (269) 657-8252



BOARD OF COMMISSIONERS

219 E. Paw Paw Street – Suite 201
Paw Paw, MI 49079

RANDALL PEAT, CHAIR
Commissioner – District 5

DON HANSON
Commissioner – District 6

PAUL SCHINCARIOL, VICE CHAIR
Commissioner – District 7

FRANK HARDESTER
County Administrator

Web: www.vanburencountymi.gov
Email: boc@vanburencountymi.gov

October 12, 2022

Danielle McCann
Deputy Director of External Affairs
Appointments Division
Executive Office of Governor Gretchen Whitmer
Email: McCannD@Michigan.gov

Ms. McCann,

The Van Buren County Board of Commissioners urge you to appoint Bradley P. Casemore to the Opioid Task Force per Executive Order 2022-12. Mr. Casemore meets all of the qualifications found in EO 2022-12 and EO 2019-18 which originally established the Opioid Task Force including from 2022-12 “Representatives from Local Governments. One representative appointed by the Governor from each of the ten regions established by the Department for specialty Prepaid Inpatient Health Plans for Medicaid mental health and substance use disorder services and supports (PIHP Regions)”

As the Chief Executive Officer of Region 4, Mr. Casemore has maintained superior regional collaboration, relationships and performance successes for substance use disorder and co-occurring prevention and treatment policy, planning and programs. We believe Mr. Casemore has and will continue to ably consider and fulfill regional and multiple counties’ needs.

We are aware that Mr. Casemore is a Commissioner on the Opioid Advisory Commission. Simultaneous service on the Opioid Task Force and the Opioid Advisory Commission is a strength for the entire system as it will support connectivity and a formal bridge between the two important and overlapping groups. This dual appointment should strengthen the system’s ability to develop synergies across and reach all stakeholders’ objectives.

Thank you for your consideration

Randall Peat
Van Buren County Board of Commissioners
Board Chairperson

Act No. 84
Public Acts of 2022
Approved by the Governor
May 19, 2022
Filed with the Secretary of State
May 19, 2022
EFFECTIVE DATE: May 19, 2022

**STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022**

Introduced by Senator Huizenga

ENROLLED SENATE BILL No. 994

AN ACT to amend 1986 PA 268, entitled “An act to create the legislative council; to prescribe its membership, powers, and duties; to create a legislative service bureau to provide staff services to the legislature and the council; to provide for operation of legislative parking facilities; to create funds; to provide for the expenditure of appropriated funds by legislative council agencies; to provide for the designation and authentication of certain electronic legal records as official; to authorize the sale of access to certain computerized data bases; to establish fees; to create the Michigan commission on uniform state laws; to create a law revision commission; to create a senate fiscal agency and a house fiscal agency; to create a commission on intergovernmental relations; to prescribe the powers and duties of certain state agencies and departments; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates,” (MCL 4.1101 to 4.1901) by amending the title, as amended by 2018 PA 638, and by adding chapter 8A.

The People of the State of Michigan enact:

TITLE

An act to create the legislative council; to prescribe its membership, powers, and duties; to create a legislative service bureau to provide staff services to the legislature and the council; to provide for operation of legislative parking facilities; to create funds; to provide for the expenditure of appropriated funds by legislative council agencies; to provide for the designation and authentication of certain electronic legal records as official; to authorize the sale of access to certain computerized data bases; to establish fees; to create the Michigan commission on uniform state laws; to create a law revision commission; to create a senate fiscal agency and a house fiscal agency; to create a commission on intergovernmental relations; to create the opioid advisory commission and prescribe its powers and duties; to prescribe the powers and duties of certain state agencies and departments; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates.

CHAPTER 8A

OPIOID ADVISORY COMMISSION

Sec. 850. As used in this chapter:

- (a) “Michigan opioid healing and recovery fund” means the Michigan opioid healing and recovery fund created in section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253.
- (b) “Opioid advisory commission” means the opioid advisory commission created in section 851.

Sec. 851. (1) The opioid advisory commission is created in the council.

(2) The opioid advisory commission must consist of the following members:

(a) Twelve voting members that have experience in substance abuse prevention, health care, mental health, law enforcement, local government, first responder work, or similar fields appointed as follows:

(i) Four members appointed by the senate majority leader.

(ii) Four members appointed by the speaker of the house of representatives.

(iii) One member appointed by the senate minority leader.

(iv) One member appointed by the minority leader of the house of representatives.

(v) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the governor.

(vi) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the attorney general.

(b) The director of the department of health and human services, or his or her designee, who shall serve as an ex officio member without vote.

(c) The council administrator, or his or her designee, who shall serve as an ex officio member without vote.

(3) In appointing members or providing a list from which members will be selected under subsection (2)(a), the governor, the senate majority leader, the speaker of the house of representatives, the senate minority leader, the minority leader of the house of representatives, and the attorney general shall ensure that the members of the opioid advisory commission, to the extent possible, reflect the geographic diversity of this state.

(4) All initial opioid advisory commission members must be appointed within 60 days after the effective date of the amendatory act that added this section.

(5) Of the first voting members appointed, 4 shall be appointed to 1-year terms, 4 shall be appointed to 2-year terms, and 4 shall be appointed to 3-year terms, as determined by the senate majority leader and the speaker of the house of representatives. After the first appointments, the term of a voting member of the opioid advisory commission is 3 years or until a successor is appointed under subsection (2), whichever is later.

(6) If a vacancy occurs on the opioid advisory commission, an individual must be appointed in the same manner as the original appointment to fill the vacancy for the balance of the term.

(7) The senate majority leader and the speaker of the house of representatives may concur to remove a member of the opioid advisory commission for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(8) The council administrator, or his or her designee, shall call the first meeting of the opioid advisory commission. At the first meeting, the opioid advisory commission shall elect a member as a chairperson and, except as otherwise provided in this subsection, may elect other officers that it considers necessary or appropriate. The council administrator, or his or her designee, shall serve as secretary. The opioid advisory commission shall meet at least quarterly. The opioid advisory commission may meet more frequently at the call of the chairperson or at the request of at least 7 members.

(9) Seven voting members of the opioid advisory commission constitute a quorum for transacting business. A majority vote of the voting members appointed and serving is required for any action of the opioid advisory commission.

(10) The opioid advisory commission shall conduct its business in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(11) A writing that is prepared, owned, used, possessed, or retained by the opioid advisory commission in performing an official function is subject to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(12) A member of the opioid advisory commission is not entitled to compensation for service on the opioid advisory commission, but the opioid advisory commission may reimburse a member for actual and necessary expenses incurred in serving.

(13) The opioid advisory commission shall do all of the following:

(a) Adopt policies and procedures for the administration of the opioid advisory commission as allowed by law.

(b) Review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions, and establish priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature.

(c) By March 30 of each year, provide a written report to the governor, the attorney general, the senate majority

leader, the speaker of the house of representatives, and the chairs of the senate and house of representatives appropriations committees that includes all of the following:

(i) A statewide evidence-based needs assessment that includes at least all of the following:

(A) A summary of current local, state, and federal funding used to address substance use disorders and co-occurring mental health conditions.

(B) A discussion about how to prevent overdoses, address disparities in access to health care, and prevent youth substance use.

(C) An analysis, based on quantitative and qualitative data, of the effects on this state of substance use disorders and co-occurring mental health conditions.

(D) A description of the most common risk factors associated with substance use disorders and co-occurring mental health conditions.

(ii) Goals and recommendations, including the rationale behind the goals and recommendations, sustainability plans, and performance indicators relating to all of the following:

(A) Substance use disorder and co-occurring mental health conditions prevention, treatment, recovery, and harm reduction efforts.

(B) Reducing disparities in access to prevention, treatment, recovery, and harm reduction programs, services, supports, and resources.

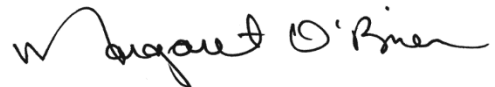
(iii) An evidence-based assessment of the prior use of money appropriated from the Michigan opioid healing and recovery fund, including the extent to which such expenditures abated the opioid crisis in this state.

(iv) Recommended funding for tasks, activities, projects, and initiatives that would support the objectives of the commission.

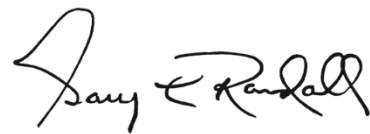
(v) If applicable, recommended additional legislation needed to accomplish the objectives of the commission.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No. 993 of the 101st Legislature is enacted into law.

This act is ordered to take immediate effect.



Secretary of the Senate



Clerk of the House of Representatives

Approved _____

Governor



Principal Office: 5250 Lovers Lane, Suite 200, Portage, MI 49002
P: 800-676-0423
F: 269-883-6670

October 5, 2022

Via e-mail c/o Danielle McCann Deputy Director of External Affairs, Appointment Division

McCannD@Michigan.gov

Governor Whitmer,

We the Region 4 Southwest Michigan Behavioral Health (SWMBH) Substance Use Disorder Oversight Policy Board (SUDOPB) urge you to appoint Bradley P. Casemore to the Opioid Task Force per Executive Order 2022-12.

The Region 4 SWMBH SUDOPB is established and empowered per PA 258 of 1974 Mental Health Code 330.1287 and a nine party inter-governmental agreement between eight county commissions and Southwest Michigan Behavioral Health, a Regional Entity, MDHHS-designated Community Mental Health Entity and Prepaid Inpatient Health Plan. SUDOP Board members are appointed by each county commission. Mr. Casemore meets all qualifications found in EO 2022-12 and EO 2019-18 which originally established the Opioid Task Force including from EO 2022-12 *"Representatives from Local Governments. One representative appointed by the Governor from each of the ten regions established by the Department for specialty Prepaid Inpatient Health Plans for Medicaid mental health and substance use disorder services and supports ("PIHP Regions")."*

Our region maintains superior regional collaboration, relationships and performance successes for substance use disorder and co-occurring prevention and treatment policy, planning and programs. As our regional chief executive Mr. Casemore has and will continue to ably consider and fulfill regional and multiple counties' needs.

We are aware that Mr. Casemore is a Commissioner on the Opioid Advisory Commission. Simultaneous service on the Opioid Task Force and Opioid Advisory Commission is a strength for the entire system as it will support connectivity and a formal bridge between the two important and overlapping groups and strengthen the system's ability to develop synergies across and reach all stakeholders' objectives.

Thank you for your consideration.

Respectfully,

A handwritten signature in black ink that reads "Randall Hazelbaker" with a stylized flourish at the end.

Randall Hazelbaker

Chairman, PIHP Region 4 Substance Use Disorder Oversight Policy Board

Commissioner, Branch County

NATIONAL OPIOID SETTLEMENTS

MICHIGAN UPDATES AS OF 12.22.2022

- **Distributors (McKesson, AmerisourceBergen, Cardinal Health)**
 - A national settlement with the Distributors was reached. Michigan signed on to the settlement. The total payments to the State of Michigan and Local Michigan Governments is \$631,211,905.76 over 18 years. The State of Michigan share is approximately \$315,605,905.88 over 18 years.
 - The first payment of the Distributors was received by the State earlier this month (the Local share was not paid due to a dispute by Ottawa County). The amount received by the State was \$13,457,661.76.
 - The payment process for the second payment began on December 15; the deadline to dispute the calculations is January 5. Ottawa County has objected to this payment as well. The State's portion is \$14,169,384.86.
- **Janssen**
 - A national settlement with Janssen was reached. Michigan signed on to the settlement. The total payments to the State of Michigan and Local Governments is \$145,083,217.53 over 9 years. The State of Michigan share is approximately \$72,541,608.50 over 9 years.
 - The payment process for the first payment began on December 15; the deadline to dispute the calculations is January 5. The State's portion is \$54,638,181.13. The payment is larger because of an acceleration clause in the Janssen settlement for State's that achieve Incentive A. This is the payments 1 through 5 of Janssen.
- **McKinsey and Co.**
 - A national settlement with McKinsey was reached in 2021. Michigan's share of the settlement is \$19,557,215.93 over 5 years. So far, we have received approximately \$17 million of the settlement with 3 payments remaining (2023, 2024, 2025).
- **CVS**
 - A national settlement was announced. The deadline to sign on to the settlement is December 30.
- **Walgreens**
 - A national settlement was announced. Our case, filed in the Third Circuit Court in Wayne County, is scheduled for trial in February 2023.
- **Walmart**
 - A national settlement was announced. Michigan signed on to the settlement.
- **Purdue**
 - Purdue's bankruptcy plan is still on appeal.
- **Mallinckrodt**
 - Mallinckrodt payments may begin in 2023. The State amount is unknown at this time.

- **Teva**
 - A national settlement was announced. Michigan signed on to the settlement.
- **Allergan**
 - A national settlement was announced. Michigan signed on to the settlement.
- **Endo**
 - Endo has filed for Chapter 11 bankruptcy. A bankruptcy plan has not been reached.

2022 Southwest Michigan Behavioral Health Successes and Accomplishments

SWMBH 2022 Accomplishment Highlights

(Please see the full list of 2022 Accomplishments by clicking on the link below)

[The Latest News from Southwest Michigan Behavioral Health | Southwest Michigan Behavioral Health \(swmbh.org\)](#)

- SWMBH most recent 2021-2022 Consumer Satisfaction Survey, showed significant improvements in important areas, such as; *'Improved Outcomes'* for Adults and *'Improved Functioning'* for Children.
- SWMBH has achieved an Unqualified Audit Opinion for FY 21, which means SWMBH was found to be in full compliance with managing resources. This also attests that; the auditors agree with the processes and the manner in which SWMBH handles and manages funds for all business lines.
- SWMBH conducted the annual Cultural Accelerator survey to measure employee engagement and staff satisfaction, showing a positive improvement in both areas for FY22.
- Completed 37 Trainings with a total attendance of 981- an increase of 647 training participants from last year. Topics included: SIS Assessment Orientation, Patients in Crisis: Life Threatening Risks of Opioids, Medical Marijuana, Vaping, safeTalk, Human Trafficking. Implicit Bias Training, Social Work Ethics Pain Management, Methamphetamine Prevention, Transgender Mental Health, Suicide Risk Assessment, Person Centered Thinking, EMDR, and Mindfulness.
- 99.7% of (710) available Habilitation Supports Waiver slots provided by the State have been filled for FY22 (from October 1, 2021 through September 30, 2022). SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 5 years.
- SWMBH maintained 845 Autism Client Cases (up from 668 in 2021) and worked with CMHSPs to close out cases that had been left open unnecessarily to reflect proper enrollment numbers.
- Utilization Management completed 29,056 total authorizations for service; 17,839 Prospective Review Substance Use Disorder (SUD) events; 1,828 individuals who were admitted for psychiatric hospitalizations or crisis residential stays and 14,752 incoming SUD calls with an average phone queue time of 7 seconds or 98.68% of calls were answered in 30 seconds or less.
- SWMBH Veterans Service Navigator conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM) and participated in over 15 Veteran Community Events, providing education on services and programs available for our Veterans to take advantage of.
- There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (*65.1% decrease*).
- SWMBH has trained 2,365 community members on the use/administration of naloxone. A total of 2,694 naloxone rescue kits have been distributed, resulting in 89 reversals by community members and 121 reversals by First Responders.
- SWMBH achieved a 96% Compliance Score on the Michigan Department of Health and Human Services 2021-2022 Performance Bonus Incentive Program (PBIP) Metrics; translating into a \$2,174,845 achieved bonus award for the Region.
- SWMBH performed very well on the most recent 2022 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.

Executive Officer Memberships, Engagements, and Accomplishments

- Provided nearly 5 million dollars in Provider Network Stability Payments.
- Our Executive Officer serves as a Board Member of the Michigan Consortium of Healthcare Excellence (MCHE).
- Executive Officer is a Voting Delegate/SWMBH representative for the Community Mental Health Association of Michigan (CMHAM).
- Continued the development of the Public Policy/Legislative Initiatives Committee as a shared structure and process to improve SWMBH's & CMHSP's interaction, relations with, and value to state and federal elected officials and their senior staff.
- Organized the 7th Annual Regional Healthcare Policy Forum on October 7, 2022, comprised of state, and local presenters. Over 78 participants attended the event.
- Participated/joined/attended various State and Community Behavioral Health Transformation/Redesign meetings, hearings, and tours.
- Executive Officer received Governor's appointment as member of the Mental Health Diversion Council.

Finance

- Had an Unqualified Audit Opinion for FY 21, which means the auditors agree with the processes and the manner in which SWMBH handles and manages funds.
- Risk Category, Medical Savings, and Internal Risk Fund were fully funded and managed successfully.
- Achieved a financially positive year end position for the Region.

Operations

- Developed and implemented the COVID-19 work plan.
- Revised and updated the Business Continuity Plan following 2 minor disruptions of power and phones.
- Changed the employee benefits selection platform to a new vendor, streamlining the open enrollment process.
- Reviewed and continued work on improving the office space to be more conducive to the hybrid work model and encourage collaboration between departments.
- The Employee Engagement Committee developed a monthly plan to bring remote and onsite staff together for team building activities on a regular basis.
- Conducted the Cultural Accelerator survey to measure employee engagement and staff satisfaction, showing a positive improvement in both area for FY22. However, work continues in this area given the current environment.
- Completed a salary market analysis for all SWMBH positions and increased individual salaries and grade ranges as needed to be competitive for labor in the current environment.
- Processed 12,012 Michigan Health Link mental health claims.
- Processed 372,750 SUD claims from all funding sources.
- Acted as the regional distribution site for PPE distribution from the State of Michigan for our CMHSP's and network providers.
- Encouraged and advocated for SWMBH staff to get the COVID-19 vaccination, resulting in a

current 90% vaccination rate.

- Our Chief Administrative Officer sat on the statewide behavioral health telehealth advisory council through CMHAM.

Certified Community Behavioral Health Clinics (CCBHC)

- Developed and carried out a regional steering committee, along with three subgroups, to implement a regional CCBHC work plan.
- Participated in MDHHS's CCBHC training and technical assistance series.
- Provided feedback and questions to MDHHS to help shape the development of the CCBHC Demonstration Handbook.
- Served as a liaison for CCBHC for the region in communicating requirements from MDHHS to the CCBHCs as well as communicating needs from the CCBHCs to MDHHS.
- Designed and implemented regional CCBHC workflows related to encounter reporting and payment; WSA enrollment and disenrollment; access, screening, and authorization; and joint care coordination.
- Provided education on CCBHC to the Recovery Oriented Systems of Care Committee.
- Processed over 300 enrollment recommendations from regional CCBHCs in the WSA.
- Designed and developed CCBHC marketing materials for both consumers and providers.
- Created a CCBHC Encounters Report, to verify service categories and locations.
- Implemented a CCBHC encounter quality checks, to ensure validity and accuracy of data.

Information Technology

Audits:

- Successfully completed and submitted the 2022 Aetna security audit.
- Successfully completed and submitted the 2022 Aetna claim universe audit.
- Completed the 2022 SARAG format conversion and monthly audits.
- Completed and received full compliance on the HSAG Performance Improvement Project submission.

Reports and Dashboards:

- Created/built 51 new reports in our Tableau Data Analytics Tool.
- Recreated the Milliman Member Level Risk Data and Prevalence Reports for the CMHSPs.
- Updated the MMBPIS Indicator 4b report, per new MDHHS code book specifications.
- Created and updated OHH reports to easily be transferred to MDHHS.

State Reporting:

- Received formal MDHHS approval for the Racial Disparities Performance Improvement Plan.
- Helped to finalize FY23 encounter coordination of benefit reporting specifications.
- Pulled data for new MDHHS quarterly reports concerning Member Appeals, Member Grievances, Provider Credentialing, and Service Authorization Denials.
- Created Box Plot reports for Level of Care meetings.
- Completed IET Validation for FY21/22 PBIP.

Development:

- Created a new version of the Provider Network application.
- Made updates to the Veteran Navigator system.
- Created a new website for Narcan training.
- Resubmitted all CY21/22 Centene encounters in a new format.
- Developed an IT system health check status dashboard.

Implementations:

- Created resources needed for four CMHSPs to convert from Streamline to PCE.
- Completed an upgrade to the MCG software.
- Provisioned and deployed 8 iPads to the Customer Advisory Committee.

Support:

- Resolved an issue with Microsoft affecting 59 of our VPNs.
- Reduced the monthly average of staff reported support & performance alert tickets with Aunalytics from approximately 400 down to < 50.
- Improved the accuracy of billable units and onboard/offboard procedure of SWMBH managed endpoints.

Security:

- Implemented a monthly network vulnerability scan.
- Created an Intrusion Detection and Prevention policy and a Data Governance policy.
- Implemented multifactor authentication.
- Worked with Aunalytics SOC to complete implementation of tightened Security settings for SWMBH's Microsoft 365 & Exchange environment (MS Defender Level 2 Hardening).
- Made significant improvements to the PHISH ER system so that infected messages are being found and automatically quarantined or deleted.
- Implemented Data Loss Prevention (DLP) rules & alert notifications to SWMBH's Compliance Department for detection of PHI and/or HIPAA non-compliant email content.

BHTEDs:

- Completed BHTEDS changes required for FY23 and generated a new S update record for SUD.
- Developed tools to pull out missing locus scores from BHTEDS files.
- Followed up with CMHSPs to fix Treatment Service Setting Type 96 errors in BHTEDs files.
- Analyzed 182 BHTED Detox admissions from MDHHS and created a report.

Training:

- 3 IT staff were trained on Quest Analytics software.
- Completed quarterly phishing education campaigns with 100% SWMBH staff participation.
- Trained SWMBH staff on use of the Microsoft Teams application.

CCBHC:

- Created a CCBHC Diagnosis Eligibility Verification process.
- Updated the client registry process for CCBHC.
- Built custom logic to identify CCBHC encounters.
- Created a CCBHC Encounters Report.
- Implemented a CCBHC encounter quality check.

- Added a CCBHC filter to the Relias patient extract.
- Completed the CCBHC Cost Report Data Pull for Integrated Services of Kalamazoo.

System Performance:

- Completed a move of the primary database server to high performance storage and added memory to Tableau server.
- Completed SQL server performance tuning using cold archiving of older data exchange files.

Clinical Quality:

- Completed a Follow Up After Hospitalization (FUH) MHL quality improvement project.
- Completed a Readmissions MHL Quality Improvement Activity.

Clinical Quality

Clinical Trainings:

- Completed 37 Trainings with a total attendance of 981- an increase of 647 training participants from last year. Topics included: SIS Assessment Orientation, Patients in Crisis: Life Threatening Risks of Opioids, Medical Marijuana, Vaping, safeTalk, Human Trafficking. Implicit Bias Training, Social Work Ethics Pain Management, Methamphetamine Prevention, Transgender Mental Health, Suicide Risk Assessment, Person Centered Thinking, EMDR, and Mindfulness.

Levels of Care:

- Updated the Core Service Menu annual service utilization thresholds for Adults with Severe Mental Illness (SMI), Youth with Severe Emotional Disturbance (SED), and Adults with Intellectual/Developmental Disability (I/DD) populations.
 - Updated utilization monitoring reports for these populations with these new thresholds, and continued maintenance of the same.

Home and Community-Based Services (HCBS) and 1915(i) SPA Transition:

- Participated in monthly State meetings and quarterly Implementation Advisory Group meetings to enhance communications and coordination of consumer care.
- Completed Compliance Validation for 109 cases for those receiving Michigan’s Medicaid Specialty Supports and Services Plan (aka - B3/1915(i) services including: Skill building, Supported Employment, and Community Living Supports) were fully implemented.
- Completed surveys for 16 non-respondent survey participants, validated compliance for all cases and provided CAP assistance to those that required remediation.
- Approved 28 new provider sites through the provisional approval process.
- Used data to evaluate the scope of beneficiaries receiving B3 services and developed and implemented a Regional strategy to transition the administrative function of eligibility determinations back to MDHHS, per the 1915(i)SPA transition requirements.

Clinical Data Analytics:

- Validated state work on the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) measure for Region 4.
- Developed calculations for IET for the SWMBH CCBHC subpopulation and for the overall region.
- Initiated a formal Performance Improvement Project to reduce racial and ethnic disparities in Follow Up After Emergency Department Visits for Alcohol and Other Drug Use.
- Stratified Region 4 metric performance by race/ethnicity for HEDIS measures FUA, IET-14, IET-34,

and SSD (in addition to FUH-A, FUH-C, and PCR), and evaluated for the presence of racial disparities between white, African American, and Hispanic/Latino populations in measure performance.

- Rolled out the new population health data analytics platform, Relias Population Performance. Fine-tuned data elements, added CCBHC filtering, and added additional metrics to the system.

Clinical Quality Reviews:

- The Clinical and SUD Quality teams completed reviews for 44 different service providers across 4 different service lines (General CMHSP Clinical and SUD Quality, Psychiatric Inpatient, and Applied Behavior Analysis).
- Reviewed 552 individual case files and provided feedback on ways to meet higher clinical standards.
- Managed, reviewed, and accepted Corrective Action Plans implemented because of audit results.

Supports Intensity Scale (SIS) Assessments:

- Working with CMHSPs to increase productivity and completion rates, promoting the SIS with the eligibility requirements for the HSW or 1915(i) waiver benefits by October 1, 2024 when beneficiaries must have a SIS assessment completed in order to be considered for HSW or 1915(i) waiver benefits.

Habilitation Support Waiver (HSW):

- 99.7% of (710) available Habilitation Supports Waiver slots provided by the State have been filled for FY22 (from October 1, 2021 through September 30, 2022).
 - The Board Ends Metric goal of ‘keeping 98% of HSW slots full throughout the year’ has been achieved for the past 5 years.
 - SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 5 years.
- Supported 36 new beneficiaries with enrollment in the HSW.
- Participated in 11 close waiver transition coordination sessions to supports HSW enrollees needing to transition to or from other waivers and programs (such as TEFRA, CSHCS, CWP, and Mi Choice) to avoid service disruption.
- Facilitated an annual residential living arrangement validation project, geared towards supporting documentation and Behavioral Health Treatment Episode Data Set (BH TEDs) for 56 individuals to ensure proper payment rates and ensure the quality of data reporting.
- Provided 23 virtual and 2 on-site technical assistance sessions to support CMHSPs to meet technical requirements of the HSW.

Children’s Waiver Program (CWP):

- Supported 27 total children and families enrolled in the Children’s Waiver Program (CWP) affording them a pathway to Medicaid for needed services.
- Facilitated 6 additional children with successful applications to the CWP in FY22 (from October 1, 2021 to September 30, 2022).
- Supported 3 children transitioning off the CWP to other appropriate waivers as they aged-off eligibility of the CWP.
- Reviewed and approved two expedited Prior Review and Approvals (PRARs) authorizing additional service units for families in crisis.

- Provided 10 virtual technical assistance sessions to support CMHSPs to meet technical requirements of the CWP.

Serious Emotional Disturbance Waiver (SED):

- Provided monthly monitoring of overdue and coming due recertifications and provided information to CMHSPs for action.
- Provided technical assistance regarding transfers within and between regions, recertifications, and adoption documentation requirements to CMHSPs.
- Organized a SED 101 training seminar in partnership with MDHHS, to take place in October of 2022.

Applied Behavior Analysis (ABA) – Autism Benefits/Services:

- Continued implementation of the monthly performance monitoring system, which significantly decreased the total number of out of compliance cases (for time to ABA treatment, Individual Plan of Service (IPOS) completion, and evaluation updates) across the region.
- Maintained 845 Autism Client Cases (up from 668 in 2021) and worked with CMHSPs to close out cases that had been left open unnecessarily to reflect proper enrollment numbers.
- Completed ABA audits for 15 providers within the region, totaling 120 clinical case files and managing 96 corrective action plans across clinical and administrative elements.

Integrated Care:

- Completed ongoing assessments of health disparities related to FUA and FUH. Integrated Care is working to identify gaps and possible resolutions to close disparate gaps in care and access.
 - Worked extensively with each Medicaid Health Plan to identify barriers, gaps, ways to partner, and more.
 - Met frequently with health plans to discuss current efforts to reduce health disparities and collaborate where needed.
- The Transition Navigator position, a Mental Health Block Grant program, was implemented. The position assists members from discharge to engagement with outpatient services who have a behavioral health inpatient stay or SUD residential stay. This short-term care management modeled program assists with member provider advocacy, transportation to appointments, disease education, an integrated care focus and more. 137 members have engaged in Transition Navigation. Of those, 68 were from a behavioral health inpatient stay and 69 were from a residential SUD/detox setting.
- Collaborated with the Region’s CCBHC demonstration sites, Kalamazoo (ISK) and St. Joseph, to assess for qualifying diagnosis eligibility for members found in the WSA but not identified at the CMHSP as having a qualifying diagnosis. The Integrated Care Team has bridged care coordination between the regional CCBHC demonstrations sites and the MHPs and ICOs.
- Participated in monthly joint coordination meetings with hospital system Lakeland Health Network to further enhance integrated care services in the patient population of high ED utilizers. The collaborative goal is to improve patient outcomes and reduce barriers to proper healthcare by improving outpatient utilization management and social support infrastructure. Meetings result in increased collaboration, members being connected to needed community resources, and emergency department staff being notified of behavioral health services upon admission to the emergency department which helps to guide their treatment plans.

- Supported the PIHP/MHP Joint Workgroup monthly as well as participated in related subgroups. We have provided feedback for earlier upgrades to CC360 related to risk stratification criteria as well as the addition of SUD diagnoses on ED ADTs, which we believe will greatly affect our ability to affect the FUA and IET measures.

Compliance

- FY21 Q1-Q3 Medicaid Services Verification Review results 95% (1,395 claims reviewed, 69 of those being invalid).
- Received a PASS on all contractually required quarterly reports submitted to the MI OIG, which outline Regional compliance activities.

Provider Network/SUD/Operations

- Implemented FY22 code/modifier changes based on newly released MDHHS code sets for FY22 contracts.
- Modified the FY21 CMH Site review process to recognize areas where CMHSPs performed well the previous year and monitor areas where corrective action plans were previously required. File review sessions were held on a single day via a virtual platform so reviewers and CMHSP subject matter experts could discuss the files as they were being reviewed.

Utilization Management

- Completed 861 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
- Completed 1,035 MI Health Link (MHL) Care Coordination Plans.
- Completed 29,056 total authorizations for services.
- Completed 17,839 Prospective Review Substance Use Disorder (SUD) events. American Society of Addiction Medicine (ASAMs) are in a portion of these.
- Completed concurrent reviews for 1,828 individuals who were admitted for psychiatric hospitalizations or crisis residential stays.
- Handled 14,752 incoming SUD calls with an average phone queue time of 7 seconds. 98.68% of calls were answered in 30 seconds or less.
- Handled 2,904 incoming MHL calls with an average phone queue time of 8 seconds. 99.23% of MHL member calls were answered in 30 seconds or less.
- Completed 6,036 ASAM assessments for clients diagnosed with a SUD.
- Successfully piloted a project with Victory Clinical Services with the automated Authorization Request with Level of Care event in SWMBH's Streamline MCIS.
- Completed the regional launch of MiCAL/988 as part of the national roll out of 988 Suicide & Crisis Lifeline.
- Completed the annual InterRater Reliability amongst Utilization Management clinical staff.
- Maintained benchmarks for all contractual guidelines answering incoming calls and providing authorization determinations by due dates despite staffing shortages.

Member Services

- Maintained 7 SWMBH brochures.
- Published 3 Member newsletters.
- Participated in Mental Health and Wellness Expo, Wellness and Recovery Festival, Walk A Mile, Mental Health Summit, Trunk or Treat for Great Lakes Autism Center, and Growlers games to promote Substance Use Disorder, Prevention, Gambling, and our Veteran Navigator programs. Participated in several Stand Down and Project Connect events throughout October
- Made over 504 follow up calls to members discharged from Substance Use Disorder residential settings.
- For non-MHL Funding Sources October 2021 – September 2022*
 - Completed 2 State Fair Hearings throughout the region.
 - Completed 174 Grievances throughout the region.
 - Completed 76 Local Level Appeals throughout the region.
- For MHL Funding first 3 Quarters (January 2022-September 2022)
 - Completed 0 State Fair Hearings region wide.
 - Completed 7 Grievances throughout the region.
 - Completed 4 Local Level Appeals throughout the region.
 - We submitted 2 appeals to the Independent Review Entity (IRE) as required when a local level appeal is upheld (not found in favor of the member) One appeal was overturned by the IRE to be in favor of the member.
- Continued the Building Better Lives project focusing on improving members lives through Self Determination, Person Centered Planning, Independent Facilitation, Grievance and Appeals, and Advance Directives.
 - All gap analyses were completed for Self Determination, Person Centered Planning, and Independent Facilitation. Next steps have been initiated to provide resources and trainings for staff and members.
 - Gap analysis will be completed for Due Process and Advance Directives in FY 23.
- Maintained the Customer Advisory Committee virtually for most of the year
 - Provided CAC members iPads and training to support virtual participation in CAC and other SWMBH committees and events.
- Supported CAC members to participate in local and state level events.

Outreach:

- Supported the SWMBH Facebook page by providing resources and guidance to anyone seeking additional information on key Behavioral Health, Mental Health, Substance Use Treatment and Gambling Addiction resources throughout the region.
 - 30 posts were made supporting various regional events and behavioral health resources.
 - SWMBH's Facebook page reached 40,113 individuals.
- Continued the partnership with the Kalamazoo Growlers to outreach on three different prevention programs: Problem Gambling, Substance Use Disorder, and Veteran Navigator.
 - Updated video promoting Veteran Navigator Program with new Veteran Navigator to be promoted on the Growlers Facebook page.

Veteran Navigator:

- Conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM).
- Worked with a total of 80 Veterans/VFM's.
- Participated in 15 Veteran community events such as Stand Downs.
- Participated in 12 virtual and 66 live meetings for Veterans.
- Initiated contact and relationships with various community agencies such as United Way, Kalamazoo YWCA Domestic Violence Program, Lest We Forget, and VFW's and American Legions in the region.
- Attended the Wall the Heals tour.
- Was invited to throw out the first pitch at a Kalamazoo Growlers Baseball game.
- Initiated CMHSP meet and greets with Customer Service and key clinical staff to implement Veteran Navigator resource in counties without a local Veteran Navigator.

Michigan Health Link and Integrated Care Programs

- Coordinated and facilitated Integrated Care Team monthly meetings with each of the seven Medicaid Health Plans (MHP) and bimonthly meetings with both Aetna and Meridian ICOs in the region, with goals to reduce ED utilization and inpatient admissions for individuals opened to Integrated Care Teams during FY22.
- Participated in over 80 Integrated Care Team meetings with MHPs to coordinate care, follow up on care post-hospitalization, and work toward providing resources and support to encourage appropriate utilization of health services.
- Attended collaborative monthly meetings joining Aetna ICO, Family Health Center, SWMBH complex case management, and ISK CCBHC care coordination to discuss high need members.
- Participated in monthly joint coordination meetings with a MHP (Aetna) and FQHC to review members who are high Emergency Department (ED)/Inpatient (IP) utilizers. The goal of coordination is to address barriers to care, social determinants of health, and other issues that would lead to a decrease of unnecessary utilization of services.
- There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (65.1% decrease). It is speculated that this could have been affected by COVID-19 and that people were less likely to use the ED until they were severely ill.
- Followed workflow process for Complex Case Management. Outreached members who met the eligibility of having complex medical needs and frequent IP or ED visits. Program eligibility criteria and processes continue to be reviewed and assessed to assure the best benefit.
- Continued the process for ensuring support and resources during care transitions for MHL members in collaboration with ICOs. Provided education to ICO care coordinators about the PIHP system to help improve integration, coordination, and partnerships.
- Worked closely with both ICOs and cross-functional internal program to transition complex case management of identified MHL members to the ICOs after 12/31/22 with minimal impact on members.
- Established guidelines to coordinate on members through discharge, until follow up is complete 30 days post-discharge. This process has resulted in members receiving after care, being educated

about the importance of after care, and resolution of access issues.

- Provided continuous collaborative member oversight and clinical reviews for CMHSPs and providers to ensure quality care.
- The Integrated Care team collaborated with SWMBH's IT Department to develop a report to automate the process and utilize the EHR at a higher functionality. This project was started in FY20 but continued to collaborate and refine the program throughout FY22. It is now a part of weekly processes and functions well.

Substance Use Disorder (SUD) Interventions

Naloxone/Narcan Program:

- Provided 85 group sessions for naloxone training and overdose education for community members.
- Provided 1,004 individual training sessions on naloxone administration.
- Total number of community members trained: 2,365 resulting in 2,694 naloxone rescue kits distributed.
- 89 overdose reversals were reported by community members.
- Partnered with 93 first responder agencies (law enforcement agencies and fire departments) and have issued 933 naloxone kits.
- Currently have over 2,200 naloxone kits distributed to First Responders in the region.
- Developed and launched an online naloxone training program for law enforcement agencies and volunteer fire departments.
- 121 overdose reversals were reported by first responder agencies.
- Purchased first naloxone dispensing machine in the region located at the Kalamazoo County jail.

State Opioid Response Program (SOR2):

- Completed the final year of the program.
- Provided \$1,500,000 of additional funding.
- Expanded prevention programming to youth community centers and disparate populations.
- Allowed for the continuation of various overdose education and naloxone distribution activities.
- Provided funding for Recovery Home staffing for 6 halfway houses.
- Funded Recovery Coach outreach services in Kalamazoo and Berrien counties, including outreach to libraries in Kalamazoo County.
- Maintained the utilization of recovery coaches in emergency departments using Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) in Kalamazoo, Calhoun, and Berrien counties.
- Initiated Recovery Coach services in Van Buren County.
- Added SUD specific case management positions in Berrien, Branch, St. Joseph, and Cass counties.
- Expanded SUD services in the St. Joseph County jail.
- Provided medication-assisted treatment (methadone) in the Kalamazoo County jail.
- Implemented SBIRT in two Federally Qualified Health Clinics (FQHC) by utilizing recovery coaches in St. Joe and Kalamazoo counties; implemented contingency management at one FQHC.

COVID-19 Supplemental Funding and Programming for FY22:

- Applied for funding and received \$2,351,619. Used funds for:
- Expanded prevention services and delivering evidence-based practices in all counties.

- Additional staff support for the Recovery Center in Berrien County, 1st Step in Calhoun County, and the Opioid Overdose Response Program in Kalamazoo County.
- Expanded Opioid Health Home (OHH) Services to customers who live outside of Calhoun and Kalamazoo Counties.
- Staffing support for OHH expansion and implementation in Berrien County.

SUD American Rescue Plan (ARPA) Grant:

- Received grant for \$604,060 and were able to provide or begin to provide:
- Additional programs of prevention aimed toward youth as well as student assistance programming in school systems.
- Incentives to residential and medication assisted treatment providers for same day appointments.
- Telehealth equipment and technology for 8 different providers to assist them with telehealth work and technology upgrades.
- Funding to create a telehealth hub at the Recovery Institute in Kalamazoo.
- Began planning for the Recovery Institute in Kalamazoo to become a Recovery Community Organization.
- Additional funding for two recovery homes to have adequate staffing in Kalamazoo and Benton Harbor.
- Funded training for Opioid Health Home programs and care management work.

Opioid Health Home (OHH):

- Began expansion efforts including onboarding a new Health Home Provider (HHP) beginning 10/1/2022.
- Utilized COVID-19 supplemental grant funds to expand to out of county enrollees at HHPs.
- Current enrollment of approximately 360 customers.
- Provided over 7,000 OHH services between three HHPs.
- Facilitated training opportunities to community health outreach workers.
- Utilized ARPA grant of \$10,000 for OHH-related training opportunities for HHPs.
- Partnered with Health Management Associates to identify clinical standards of care.
- Provided technical assistance to OHH partners.
- Streamlined OHH care plan processes to build into SWMBH's SmartCare system.
- Met or exceeded both internal SWMBH and MDHHS pay for performance metrics.

Treatment Services:

- Provided SUD treatment services to almost 4,700 customers.
- Provided PA2 funding and oversight to 46 treatment programs.
- Maintained and expanded women specialty services including new funding for a women's treatment program in Calhoun County.
- Implemented ASAM Continuum as the standardized biopsychosocial assessment for SUD services.
- Trained 49 new clinicians in ASAM criteria.
- Added a new male recovery house in the city of Kalamazoo.
- Expanded residential services to ensure that customers receive timely services.
- Maintained the addition of an Addictionologist for consultation and integration of substance use disorders and medical care.
- Assisted and trained providers in entering accurate, timely, and complete BH TEDS admissions to

meet MDHHS standard of 95% matching admission to encounters.

- Continued sustainability assistance for providers.
- Successfully completed multiple MDHHS site reviews

Prevention Services:

- Held 92 curriculum-based prevention evidence-based groups with multiple sessions each group, serving a total of 4,085 individuals.
- Expanded offer of prevention services, outreach efforts, and engagement of Hispanic groups in St. Joseph and Van Buren counties.
 - Recruited members from the Hispanic Community to become active and involved members of the Substance Abuse Task Forces of St. Joseph and Van Buren Counties.
 - Increased the number of Hispanic clients served by prevention services in St. Joseph and Van Buren Counties.
 - Developed a Facebook page in Spanish in St. Joseph County to increase reach of SUD prevention campaign messages in local Hispanic communities.
 - Increased capacity to provide curriculum-based services in Spanish language: served 40 Hispanic clients in educational evidence-based practice (EBP)
 - 6 clients were served in individualized sessions in Spanish language through the newly created SWMBH online SUD Prevention EBP service for persons with limited English proficiency.
- Helped organize a regional conference focused on the rising trend of methamphetamine-related overdose/deaths in our region and on the development of a new protocol for withdrawal management, medication assisted treatment, and recovery of the increasing stimulant disorders.
- Collected 9,378 lbs. of unused and expired medication through year-round efforts maintained by local programs (pharmacy collection program is not counted in this number).
- Synar tobacco retailer compliance measure: Score of 89% compliance level. The minimum compliance rate for PIHP's is 80%. Those that fall below the established benchmark risk losing their allocated block grant funding. Background: Each year, MDHHS randomly selects tobacco retailers of each county, and assigns PIHPs to conduct covert compliance inspections of these retailers during a specific time of the year (June 2022). In addition to the Synar Compliance Inspections, the PIHP conducts year-round compliance checks and education efforts of tobacco retailers, alcohol retailers and vaping devices retailers in each county.
- All 10 SUD prevention providers are on pace to surpass the required minimum performance rating of 85%.
- Maintained WinThemBack.org where individuals are re-directed to the SWMBH website to access information related to problem gambling symptoms, warning signs, and risk factors.
- Continued to screen customers for potential gambling disorders through the SWMBH call center.
- Produced holiday gambling awareness campaign "It's important to know when to stop."

Substance Use Disorder Grants

- Transition Navigator Grant of \$298,880 to assist adults with SMI or Co-Occurring Disorders in inpatient psychiatric hospitals or other residential settings to transition home or to a safe environment for further recovery.
- Grant of \$101,120 for transportation to and from Crisis Housing in Kalamazoo or Grand Rapids.
- Veterans Navigator Grant for \$100,000.
- Clubhouse Spend-down Grant for \$100,000 to cover services for those with Medicaid spend downs in Clubhouse.
- Under COVID-19 Mental Health Block grants issued in summer of FY21 we received two different grants both seeking the workforce development of peers or persons with lived experience as Outreach workers and designed to help people with the effects of the pandemic.
- Family Warmline and Family Outreach workers for children and families with SED children as well as the Gatekeeper program for suicide awareness and prevention for middle school and high school students through Gryphon Place. Each CMHSP will have \$100,000 per year to employ outreach workers who have lived experience, totaling \$595,000 for FY22.
- \$400,000 was received and distributed for Crisis Training and Outreach workers, for Adults with Mental Illness and Co-occurring disorders throughout the pandemic and for assistance in managing symptoms through Outreach workers with lived experience and Suicide Awareness and Risk Management training was provided for over 80 clinicians.
- The ARPA grant for CCBHC non-Medicaid services was acquired through the block grant for \$243,000 and funds were distributed as qualified to Kalamazoo and St Joseph County CMHSPs to offset costs of non-Medicaid clients.

Quality Assurance and Key Performance Metrics

- Updated all Quality policies and procedures to meet current NCQA accreditation standards, as well as State and Federal contractual obligations.
- Organized, distributed, and completed analysis on Regional Survey projects, including the annual Consumer Satisfaction Survey, the Person in Recovery Survey, Utilization Management and Access Survey, and the Physical Health/Behavioral Health Communications Survey.
- Organized and conducted consumer-based focus groups in February/March 2022 to gain additional feedback on Regional Programs and Services, targeted towards improvement efforts.
- Collected information for the annual Performance Bonus Incentive Project (PBIP) Narrative Report, which represents a collection of regional achievements in the areas of: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services and Quality, and Safety of Care.
- Achieved a 96% Compliance Score on the 2021-2022 Performance Bonus Incentive Program (PBIP) Narrative report, translating into a \$2,174,845 achieved bonus award from MDHHS.
- Achieved 100% of possible 2021-2022 Meridian Health Plan Quality Withhold measures, which allowed SWMBH to capture/retain all bonus dollars.
- Achieved 90% of possible 2020-2021 Aetna Health Plan Quality Withhold Measures, which allowed SWMBH to capture/retain all bonus dollars.
- Met 100% of 2022 MHL contractual obligations and completed 11 monthly core reports, 4 quarterly reports, and many ad hoc reports reflecting access measures and analysis.

- Improved MHL Level II Assessment follow-up rates: (follow-up with patients released from an inpatient facility with 15 days or less).
 - 2019 – 98.11% 2020 - 98.44% 2021 – 99.63% 2022 – 99.77%
- Achieved a (+0.5%) improvement in the ‘Improved Functioning’ category in our 2021-2022 Customer Satisfaction Survey Scores (Adult Survey – MHSIP).
- Improved analysis and reports developed in Tableau Data Analytics tool around Functional Assessment tools, including Level of Care Utilization System; Supports Intensity Scale, American Society of Addiction Medicine, and Child and Adolescent Functional Assessments Scale.
- Helped to organize and facilitate 11 annual audits/reviews by various oversight agencies/external stakeholders, including HSAG, MDHHS, NCQA, Aetna, and Meridian.
- Led and facilitated the formulation of the 2022-2023 Board Ends Metrics in collaboration with all SWMBH functional areas and Regional Committees.
- Formulated monthly MHL Committee analysis reports on key metric areas, which allowed SWMBH to identify and address areas needing improvement.
- Facilitated the regional Quality Management Committee (QMC) and MHL Committee Meetings, along with identification of Regional Improvement Efforts and Performance Improvement Projects.
- Successfully completed the 2022 Provider Communications Survey project, which showed improved outcomes.
- Successfully completed and received a score of full compliance on the 2022 MDHHS HSW/SEDW/CWP audit.
- Successfully completed and received a score of full compliance on the annual DHIP CAFAS/PECFAS report submission to MDHHS.

Board Ends Metrics Achieved during FY22 (October 1, 2021 – September 30, 2022)

Board Ends Metric	Metric Result	Board Approved Date
SWMBH will achieve 225 enrollees for the Opioid Health Homes Program (OHH) during year 1 of implementation.	<p style="text-align: center;">Metric Achieved</p> <p>A. 344 Enrollees in the OHH Program as of 9/17/21</p> <p>B. <u>300</u> has been established as the OHH program retention value.</p>	Board Presentation and Approval on January 14, 2022
Implementation of the “ASAM Continuum SUD Standardized Assessment Instrument” for FY21 by 10/1/2021 Per MDHHS Contract	<p style="text-align: center;">Metric Achieved</p> <p>A. SWMBH has trained 154/166 (92.8%) clinicians to date. The trainings started the last week of July and concluded the second week on September.</p> <p>B. Streamline installed the ASAM Continuum interface into our production environment on 9/27/21. Project is on schedule to be completed and live by 10/1/21.</p>	Board Presentation and Approval on February 11, 2022

	C. Automated processes for analyzing the ASAM data/results/reports are being developed and scheduled for completion by 2/11/21.	
Each quarter, at least 53% of parents and/or caregivers of youth and young adults receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Guidance. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.	<p>Metric Achieved</p> <ul style="list-style-type: none"> Q1: 60.5% (207/342) Q2: 59.7% (212/355) Q3: 58.2% (217/373) Q4: 54.7% (201/368) Ave. 58.27% 	Board Presentation and Approval on August 12, 2022
24/28 or 85% of Michigan Mission Based Performance Indicators achieve the State indicated benchmark for 4 consecutive quarters for FY 21.	<p>Metric Achieved</p> <p>Measurement Period Concludes on 12/30/21. Final Consultative Draft from MDHHS will be received by November/December 2021</p> <p>Q1: 6/7 Q2: 7/7 Q3: 7/7 Q4: 7/7</p> <p>27/28 Indicators 'Met' the Indicated benchmark – 96.4%</p>	Board Presentation and Approval on January 10, 2022
SWMBH will meet and exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY21.	<p>Metric Achieved</p> <p>Status as of 9/27/21:</p> <ul style="list-style-type: none"> MH: 96.18% SUD: 98.45% Crisis: 97.68 	Board Presentation and Approval on January 14, 2022
SWMBH will achieve 90% of the available CY20-21 monetary bonus award to achieve (<i>contractually specified</i>) quality withhold performance measures, agreed upon by the Integrated Care Organizations (ICO's).	<p>Metric Achieved</p> <p>2020-2021 Rates:</p> <ul style="list-style-type: none"> Meridian: 100% Aetna 90% 	Board Presentation and Approval on February 11, 2022
Achieve 95% of Veteran's Metric Performance-Based Incentive Program monetary award based on MDHHS specifications.	<p>Metric Achieved</p> <p>Notice provided by MDHHS on 1/19/2022</p> <p>*VSN Data has been submitted and received through the DCH file transfer successfully.</p> <p>*Data Quality Narrative Report send and received by MDHHS on 7/1/21.</p>	Board Presentation and Approval on March 4, 2022

	Final PBIP Results received in January 2022	
Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.	<p style="text-align: center;">Metric Achieved</p> <ul style="list-style-type: none"> ✓ ISK has successfully demonstrated the ability to submit ADT messages through the MIHIN pipeline. ✓ ADT Narrative report was submitted and received by MDHHS on 7/31.21. <p style="text-align: center;">Final PBIP Results received in January 2022</p>	Board Presentation and Approval on March 4, 2022
SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2021, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to the identified areas.	<p style="text-align: center;">Metric Achieved</p> <p>SWMBH received full credit (40 points) or 100% on the submitted qualitative narrative report, as reflected on final results report delivered from MDHHS (Total amount earned: \$2,187,915.69)</p>	Board Presentation and Approval on April 8, 2022
Achieve 95% of possible points on collaboration between entities for the ongoing coordination and integration of services for shared MHL consumers.	<p style="text-align: center;">Metric Achieved</p> <p>The final MDHHS – PBIP report indicated that; SWMBH received 35/35 points or 100% satisfying elements A and B</p> <p>This metric is largely based on combination calculations between the MHP and PIHP in CC360.</p>	Board Presentation and Approval on March 8, 2022
Achieve Compliance on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) and show a reduction in disparity with one minority group.	<p style="text-align: center;">Metric Achieved</p> <p>Current SWMBH Rates:</p> <ul style="list-style-type: none"> • Adult: 68.13% • Child: 77.51% 	Board Presentation and Approval on January 14, 2022
Regional Habilitation Supports (HSW) Waiver slots are full at 98% throughout the year. (10/1/21 – 9/30/22)	<p style="text-align: center;">Metric Achieved</p> <p>99.7% of HSW slots have been filed in FY 21, per the MDHHS status report. *SWMBH has been the best performing PIHP in the State for 4 consecutive years. SWMBH Maintains 610 Regional Slots.</p>	Board Presentation and Approval on October 14, 2022

<p>2021 Customer Satisfaction Surveys collected by SWMBH are at or above the 2020 results for the identified categories.</p>	<p style="text-align: center;">Partially Achieved</p> <p>The Annual Satisfaction Survey Project was completed on 2/5/2022.</p> <ul style="list-style-type: none"> The MHSIP (adult) 'Improved Functioning' category observed an improvement of +1.77% (86.87%) over the previous year's result (85.1%). 1pt The YSS (youth) 'Improved Outcomes' category observed a decrease of -4.05% (77.25%) under the previous year's result (81.30%). Complete a study exploring other survey distribution methods and automation of results collection (focus groups) process. 1pt 	<p>Board Presentation and Approval on March 8, 2022</p>
<p>2022 HSAG Performance Measure Validation Audit Passed with (90% of Measures evaluated receiving a score of "Met")</p>	<p style="text-align: center;">Metric Achieved</p> <p style="text-align: center;">Draft report received on 8/27/22</p> <p style="text-align: center;">2022 Results: 37/37 (100%) of measures evaluated achieved full compliance</p>	<p>Board Presentation and Approval on October 14, 2022</p>

Audits and Accreditations

- FY22 Financial Compliance audit with no findings.
- 2022 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.
- 100% Compliance on 2022 Aetna Annual Delegation Audit, which includes reviews of: Case Management, Customer Service, Grievance and Appeals, and Utilization Management.
- 100% Compliance on 2022 Aetna (Medicare) Compliance Program Effectiveness Audit.
- 100% Compliance on 2022 Aetna Claims Audit.
- 100% Compliance on 2022 Meridian Health Plan Delegated Credentialing Audit.
- Participated and achieved full compliance during the 2022 Meridian Center for Medicare/Medicaid Services (CMS) Service Authorization Requests, Appeals and Grievances (SARAG) Delegation Audit.
- Participated and achieved full compliance during the Aetna CMS SARAG Delegation Audit.
- Achieved 100% compliance on 2022 MDHHS Substance Use Disorder (SUD) Administrative Audit.

2023-2024 SWMBH Board Ends Metrics (v. 11.2.2022)

(Board Approved on: (Enter date when approved))

Fiscal and Calendar Year Metrics

Review and Approval Timeline:

- ✓ Quality Management Committee (QMC): October 22, 2022
- ✓ Clinical Practices Committee (CPC): October 10, 2022
- ✓ Operations Committee Endorsement: October 26, 2022
- Board Review and Approval: November 11, 2022

Metric Results Key: (Achieved) – (Pending) – (Not Met)

Metric	Description	Deliverable/Goal	Date Range & Current Status
Strategic Imperative Category: Quality of Life			
<small>Persons with Intellectual Developmental Disabilities (I/DD); Serious Mental Illness (SMI); Serious Emotional Disturbances (SED); Autism Spectrum Disorders (ASD), and Substance Use Disorders (SUD) in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery and family preservation.</small>			
Metrics 1-5 are from the 2023 Performance Bonus Incentive Program			
<p>1. Achieve 95% of Veteran’s Metric Performance -Based Incentive Program monetary award based on FY23 MDHHS specifications. (25 pts. via MDHHS Contract)</p> <p>*1 point will be awarded for successful completion. Confirmation via MDHHS official PBIP report received in December 2023.</p> <p>SWMBH Metric Owner: Sarah Ameter and Natalie Spivak</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (P.1. PA 107 sec 105d) Identification of beneficiaries who may be eligible for services through the Veteran’s Administration.</p>	<p>a. Timely submission of Veteran Services Navigator collection form by the last day of the month following the end of each quarter.</p> <p>b. Submit BH TEDs data quality monitoring narrative report by 1/1/2023.</p> <p>c. Submit VSN – BH TEDs comparison narrative report by 7/1/2023.</p>	<p style="text-align: center; color: blue;">Pending</p> <p style="text-align: center;">Reporting Period 10/1/23 – 9/30/23</p> <p style="text-align: center;">Metric Board Report Date: October 13, 2023</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>2. Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.</p> <p>*1 point will be awarded for successful completion. Confirmation via MDHHS official PBIP report received in December 2023.</p> <p>SWMBH Metric Owner: Natalie Spivak</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (P.2. PA 107 sec 105d) Sending ADT messages for purposes of care coordination through health information exchange.</p>	<p>SWMBH will submit to MDHHS a narrative report by 7/31/2023, listing CMHSP's sending ADT messages, and barriers for those who are not, along with remediation efforts and plans. In the event that MiHIN cannot accept or process contractor's ADT submissions this will not constitute failure on Contractor's part.</p>	<p>Pending</p> <p>Reporting Period 10/1/23 – 9/30/23</p> <p>Metric Board Report Date: October 13, 2023</p>
<p>3. SWMBH will achieve the FY23 Initiation and Engagement State Specified benchmarks and participate in DHHS led data validation activities.</p> <p>SWMBH Metric Owner: Joel Smith Supporting SL's: Jonathan Gardner Alena Lacey</p>	<p>This metric is listed under section P.3. PA 107 sec 105d in the 2023 MDHHS PBIP specification table. This metric is also utilized for the 2023 PBIP, CCBHCC and OHH bonus incentive programs. The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.</p>	<p>a. The PIHP must participate in DHHS planned and DHHS-provided data validation activities and meetings. PIHPs will be provided IET data files by January 31 each year, and within 120 calendar days, return their data validation template, completed, to DHHS. 1 point</p> <p>b. CCBHC Goal – Participating CCBHC sites achieve IET- 14-day metric at 42.5% and the IET-34-day metric at 18.5% per state indicated benchmarks. ½ point each</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>4. SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2023, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to Patient-Centered Care activities and programs throughout the PIHP region.</p> <p>*1 point will be awarded for successful completion. Confirmation via MDHHS official PBIP report received in December 2023.</p> <p>SWMBH Metric Owner: Jonathan Gardner Supporting SL's: Alena Lacey</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (P.4. PA 107 sec 105d) Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.</p>	<p>The Contractor must submit a narrative report of no more than 10 pages by November 15, 2023 summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below:</p> <ol style="list-style-type: none"> 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety 	<p style="text-align: center;">Pending</p> <p style="text-align: center;">Reporting Period 10/1/23 – 9/30/23</p> <p style="text-align: center;">Metric Board Report Date: February 9, 2024</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>5. Achieve Compliance (based on MDHHS specified benchmarks) on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) for beneficiaries six year of age and older and show a reduction in disparity with one minority group.</p> <p>SWMBH Metric Owner: Alena Lacey</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (J.2. PA 107 sec 105d) The points will be awarded based on MHP/Contractor combination performance measure rates. The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given entity.</p>	<p>6. Plans will meet set standard for follow-up within 30 days for each rate (ages 6-17) and (18 and older). Plans will be measured against the adult minimum standard of 58% and child minimum standard of 70%. The measurement period will be calendar year 2022.</p> <p>7. Data will be stratified by race/ethnicity by MDHHS and delivered to PIHP's. PIHP's will be incentivized to reduce a disparity between the index population and at least one minority group. The measurement will be a comparison of calendar year 2021 with calendar year 2022.</p>	<p style="text-align: center;">Pending</p> <p>Data Collection Period 1/1/23 – 12/31/23</p> <p>Metric Board Report Date: February 9, 2024</p>
<p>Strategic Imperative Category: Exceptional/Access to Care Persons and families served are highly satisfied with the services they receive.</p>			
<p>6. 2023 Customer Satisfaction Surveys collected by SWMBH are at or above the 2022 results identified in (a & b) and performance improvement areas/plans are identified.</p> <p>SWMBH Metric Owner: Jonathan Gardner Supporting SL's: Sarah Ameter, Anne Wickham and Mila Todd</p>	<p>This metric is in direct alignment with <i>Section V</i> of the 2023 MDHHS-PIHP contract 'Member Experience with Services'</p> <p>a. The survey methodology must include a quantitative assessment (e.g., surveys) of member experience with services.</p> <p>b. The methodology must include a qualitative assessment (e.g., focus groups) of member experience with services.</p>	<p>a. Mental Health Statistic Improvement Project Survey (MHSIP) tool. (<i>Improved Functioning – baseline: 84.1%</i>) 1 point.</p> <p>b. Youth Satisfaction Survey (YSS) tools. (<i>Improved Outcomes – baseline 81.3%</i>) 1 point.</p> <p>c. Complete a series of Consumer oriented focus groups and work with the Consumer Advisory Committee to document, understand and act upon potential improvement efforts that impact overall Consumer Satisfaction. 1 point.</p> <p>d. Ensure that each CMHSP partner reviews site specific survey results and formulates Corrective Action Plans to drive identified or potential improvement areas.</p>	<p style="text-align: center;">Pending</p> <p>Survey Collection Period 10/1/23 – 12/30/23</p> <p>Metric Board Report Date: February 9, 2024</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>7. Michigan Mission Based Performance Indicator System (MMBPIS) Data, Tracking and Analysis</p> <p>SWMBH Metric Owner: Jonathan Gardner Supporting SL: Joel Smith Alena Lacey</p>	<p>As directed by the 2023 MDHHS-PIHP contract <i>Section I 'Performance Indicators'</i>. The PIHP must include performance measures established by MDHHS in the areas of access, efficiency and outcomes. The PIHP must track and perform analysis to ensure each performance indicator is meeting the minimum performance benchmark/standard. Currently (7) Indicators have targeted benchmarks.</p>	<p>a. 24/28 indicators meet the State Benchmark, throughout all FY23 for 4 consecutive quarters 1 point.</p> <p>b. Indicator 3a,b,c & d achieve a 3% combined improvement (<i>through FY 23 all 4 Quarters</i>) over 2022 baseline (1/2 pt. each) 2 points.</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: February 9, 2024</p>
<p>8. 2023 CCBHC Program Customer Satisfaction Surveys collected by SWMBH represent an 85% First Year “<i>in agreement</i>” Satisfaction rate average across all categories measured.</p> <p>SWMBH Metric Owner: Jonathan Gardner and Ella Philander</p>	<p>Per the 2022 CCBHC codebook section 13.B.2 and 13.B.3; the PIHP is responsible for evaluation and overall member satisfaction of the CCBHC program. The survey and assessment should consider availability and accessibility to services for eligible consumers, not just those being served. Focus groups, satisfaction surveys or advisory councils should be reviewed to determine appropriateness of service site locations.</p>	<p>a. SWMBH will administer an annual CCBHC consumer satisfaction survey, collecting responses from CCBHC participants using a hybrid MHSIP and YSS survey tool approved by MDHHS. ½ point</p> <p>b. SWMBH will complete analysis and reports for MDHHS and CCBHC locations, delivering results and identified areas/opportunities for improvement by June 2023. ½ point</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 3/30/23</p> <p>Metric Board Report Date: July 14, 2023</p>

Strategic Imperative Category: Quality and Efficiency

The SWMBH region is a learning region where quality and cost are measured, improved, and reported.

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>9. 2023 Health Service Advisory Group (HSAG) External Quality Compliance Review (EQR) Results and Improvement Strategies</p> <p>SWMBH Metric Owner: All SL's with contributor's dependent on Standards selected for review during specified Fiscal Year</p>	<p>As directed by the 2023 MDHHS PIHP contract Attachment P 7.7.1.1 – Amendment 1 – Medicaid Managed Specialty Supports Services/Programs, the PIHP must adhere to annual audits of the following categories: Member Rights, Emergency Services, Availability of Services, Assurances and Capacity of Services, Coordination of Care, Provider Selection, Confidentiality, Grievance and Appeals System, Sub contractual Delegation, Practice Guidelines, Health Information Systems and Quality Assessment and Performance Improvement Programs.</p>	<p>a. All standards or corrective action plans reviewed, will receive a score of 90% compliance, or designation that the standard has been “Met” or “Accepted” or SWMBH will be within the top 2 scoring Michigan PIHP's. 1 Point.</p>	<p align="center">Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>
<p>10. 2023 HSAG Performance Measure Validation (PMV) Audit Results and Improvement Strategies</p> <p>SWMBH Metric Owner: Natalie Spivak SL Contributors: Jonathan Gardner and other contributor's dependent on Standards selected for review during specified Fiscal Year</p>	<p>As directed by the 2023 MDHHS PIHP contract Attachment P 7.7.1.1 – Amendment 1 – Medicaid Managed Specialty Supports Services/Programs, the PIHP must adhere to annual audits of the following categories: Data Integration, Data Control, Data Accuracy and Performance Indicator Validation.</p>	<p>a. All standards or corrective action plans reviewed, will receive a score of 90% compliance, or designation that the standard has been “Met” or “Accepted” 1 Point.</p>	<p align="center">Pending</p> <p>Data Collection Period 1/1/23 – 6/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>

Strategic Imperative Category: Improved Health

Individual mental health, physical health and functionality are measured and improved

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>11. SWMBH will achieve CCBHC Demonstration Year 1 Quality Bonus Payment Metrics (QBP's), against the States FY23 indicated Benchmarks.</p> <p>SWMBH Metric Owner: Ella and Jonathan CMHSP Contributions/Owners: ISK and St. Joe</p>	<p>As directed by the 2023 CCBHC Handbook under Table 1.A.1 – QBP Metrics and Benchmarks. The Regional PIHP will work with CMSHP-CCBHC participant programs to define processes and strategies for collection and reporting data. The PIHP will be the primary liaison for the submission of all required reports and follow-ups as directed by MDHHS. SWMBH will submit reports based on the identified metrics to MDHHS within 6 months of DY 1 or by 3/31/2023.</p>	<ol style="list-style-type: none"> 1. Child and Adolescent Major Depressive Disorder; Suicide Risk Assessment (<i>SRA-BHC - 23.9%</i>) 2. Major Depressive Disorder, Suicide Risk Assessment (<i>SRA-A - 12.5%</i>) 3. Adherence to Antipsychotic Meds for Individuals with Schizophrenia (<i>SAA-AD – 58.5%</i>) 4. Follow-up after Hosp. for mental illness, ages 18+ (<i>FUH-AD – 58%</i>) 5. Follow-up after Hospitalization for Children (<i>FUH-CH – 70%</i>) 6. initiation and Engagement of Alcohol and other drugs (<i>IET-14 – 42.5% & IET-34- 18.5%</i>) 	<p align="center">Pending</p> <p>*.5 bonus point for each metric (1-6) successfully achieved.</p> <p>Data Collection Period 10/1/22 – 3/30/24</p> <p>Metric Board Report Date: November 10, 2023</p>
<p>12. SWMBH will retain 60% of (OHH) enrollees, enrolled after 9/30/22. Program Enrollees must maintain ‘enrolled’ status for at least 6 months.</p> <p>SWMBH Metric Owner: Joel Smith</p>	<p>The retention metric is defined within the OHH handbook for Performance Year 2 goals (10/1/22 through 9/30/23). Further guidance on the metric can be found by clicking on the resource below. www.michigan.gov/OHH.</p>	<ol style="list-style-type: none"> a. 334 Enrollees in the OHH Program as of 9/30/22 b. OHH retention Metric: 60% of enrollees enrolled after 9/30/22 will remain in “enrolled” status for at least 6 months. (<i>200 enrolled members by March 31, 2023</i>) 1 point 	<p align="center">Pending</p> <p>Data Collection Period 10/1/22 – 3/31/23</p> <p>Metric Board Report Date: May 12, 2023</p>
<p>13. SWMBH will meet or exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY23.</p> <p>SWMBH Metric Owner: Natalie Spivak</p>	<p>As directed by the 2023 MDHHS-SWMBH contract, performance metrics table, SWMBH shall maintain a 95% compliance rate within the applicable Mental Health, Substance Use Disorder and Crisis BH TEDs fields. Each element (MH, SUD and Crisis) must have a matching and accepted BH TEDs record, as confirmed by the MDHHS quarterly status report.</p>	<ol style="list-style-type: none"> a. 97% of applicable MH served clients (with an accepted encounter) will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. 1 point b. 97% of applicable SUD served clients (with an accepted encounter) will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. 1 point c. 97% of applicable Crisis served clients (with accepted encounter) will have a matching BH TEDS record, as confirmed by MDHHS quarterly status report. 1 point 	<p align="center">Pending</p> <p>Data Collection Period 1/1/23 – 12/31/23</p> <p>Metric Board Report Date: January 12, 2024</p>

Strategic Imperative Category: Mission and Value Driven

CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>14. SWMBH will meet or exceed FY23 contractual Critical Incident Reporting timeliness and efficiency benchmarks utilizing the new DHHS Customer Management System (CRM)</p> <p>SWMBH Metric Owner: Jonathan Gardner SL Contributors: Alena Lacey and SWMBH Chiefs</p>	<p>As of 10/1/2022, DHHS is requiring PIHP's to report through its new CRM system. The PIHP must meet the timeliness reporting standards to DHHS of: Immediate Events – 48 hours after becoming aware of the incident, Sentinel Events and Critical Incidents – 30 days after the end of the month in which the event occurred. The new CRM system requires that the PIHP provides timely updates as requested/assigned by DHHS.</p>	<p>a. SWMBH will submit all required incidents, meeting the identified benchmarks for Immediate, Sentinel and Critical Events. Final status will be provided through DHHS annual review results. 1 point</p> <p>b. SWMBH will provide annual CI site review audits on CMHSP's to ensure; timely reporting of Critical Incidents, appropriate documentation, involving the appropriate personnel, and using the information to address quality of care at their sites. ½ point</p> <p>c. SWMBH will convene the internal Immediate/Sentinel Event review task force, as needed; to ensure root cause analysis and other required elements were in compliance with contractual policy standards.</p>	<p align="center">Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>
<p>15. SWMBH will meet or exceed MDHHS FY23 Autism Benefit Waiver Access to Care and Timeliness Standards</p> <p>SWMBH Metric Owner: Alena Lacey</p>	<p>SWMBH and MDHHS have placed emphasis on the underserved Autism population during 2023 and providing increased access and timeliness of services for those who have been waiting longer than 90 days for IPOS development and over 48 hours from referral to first scheduled appointment. The following metrics are State sponsored and targeted towards improving access and timeliness of service for consumers with an autism diagnosis.</p>	<p>a. Targeting Underserved Population: 30% improvement completing IPOS for consumers with Autism diagnosis who do not currently have an active IPOS in managed care system, or valid reason for inactivity listed in their record . (<i>baseline 125 – 37 completed IPOS by 9.30.23</i>). ½ point</p> <p>b. Decrease rate of overdue (over 90 days) autism 're-evaluations' within the SWMBH region by 10% by (9.30.23). Current rate of overdue evaluations is 20% (86/859)=10%. ½ point</p>	<p align="center">Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>

LEGEND: COMPLETED GOAL/ON TARGET: GREEN GOAL NOT MET/BEHIND SCHEDULE: RED PENDING: BLUE

Pending: could represent that;

- More information is needed.
- The event/program/intervention has been scheduled, but not taken place (i.e., audits or final data submissions).
- Data has not been completed yet (i.e., due quarterly or different time table/schedule).
- The Metric is on hold until further information is received.

Not Met: could represent that;

- The proof is behind its established timeline for being completed.
- Reports or evidence for that proof have not been identified.
- The identified metric proof has passed its established timeline target.

Achieved:

- Evidence/proof exists that the Metric has been successfully completed.
- The Metric has been presented and approved by the SWMBH Board.

**Southwest Michigan Behavioral Health Substance Use Disorder Oversight Policy Board 2023
Intergovernmental Contract renewal status**



Name	County	Date mailed	Intergovernmental Contract YES	Intergovernmental Contract NO	Date County notified SWMBH of approval/on agenda	Date of signed contract (SWMBH recieved)	Board Approved Minutes reflecting Intergovernmental Contract approval
David Jackson	Barry						
Bob Harison	Berrien						
Randall Hazelbaker	Branch						
Derek King	Calhoun						
Jeremiah Jones	Cass						
	Kalamazoo						
Ken Malone	St. Joseph						
Richard Godfrey	Van Buren						

as of 1/11/23

Jan/Feb SWMBH reviews Agreement with SWMBH Counsel, creates 2023 version with a 3 year lifespan.
 April Official Renewal Letters and Agreement to County Commission Chairs and County Administrators
 May contact counties, offer SWMBH Joel or Brad to Commission meeting
 July reminder letter to lagging Commissions
 August second reminder letter to lagging Commissions



Southwest Michigan Behavioral Health (SWMBH)

2022 Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	March	May	July	September
Ben Geiger (Barry)	Green	Green	Red	Red
Michael Majerek (Berrien)	Green	Red	Green	Green
Don Meeks (Berrien)	Red	Red	Red	Black
Randall Hazelbaker (Branch)	Red	Green	Green	Green
Kathy-Sue Vette (Calhoun)	Red	Red	Red	Red
Gary Tompkins (Calhoun)	Green	Green	Red	Green
Jeremiah Jones (Cass)	Red	Red	Red	Red
Joanna McAfee (Kalamazoo)	Green	Red	Green	Green
Melissa Fett (Kalamazoo)	Green	Green	Green	Green
Jared Hoffmaster (St.Joe)	Green	Green	Green	Green
Paul Schincariol (Van Buren)	Green	Red	Red	Red
Richard Godfrey (Van Buren)	Green	Green	Green	Green

Green = present

Red= absent

Black=not a member at that time

as of 12/14/22