

# Southwest Michigan

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## BEHAVIORAL HEALTH

Per PA 228 of 2020:

- For calendar year 2020 Board meetings will be held remotely due to the COVID-19 pandemic.
- Members of the public may attend electronically by <https://global.gotomeeting.com/join/250012069> or by dialing 1-312-7577-3121 access code: 250 012 069.
- Members of the public may contact members of the Board to provide input or ask questions on any business that will come before the Board by contacting Michelle Jacobs at [michelle.jacobs@swmbh.org](mailto:michelle.jacobs@swmbh.org) prior to the meeting, or by commenting during the Board meeting Public Comment section as identified by the Board Chairman.
- Members of the public with disabilities who require special accommodations should contact Anne Wickham at [anne.wickham@swmbh.org](mailto:anne.wickham@swmbh.org) well before the meeting occurs.
- Members of the public are not required register or otherwise provide their name or other information as a condition of participation, other than mechanisms to permit participation in the public comment period.
- Members of the public are to be excluded from participation in a properly convened and held closed session of the Board.

### **Substance Use Disorder Oversight Policy Board (SUDOPB)**

**Monday, November 16, 2020**

**4:00-5:30**

**Draft: 11/9/20**

- 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**
- 5. Consent Agenda (Randall Hazelbaker)**
  - September 14, 2020 Meeting Minutes (d) pg.3
- 6. Board Education**
  - a) Open Meetings Act (B. Casemore and R. Parmenter) (d) pg. 6
  - b) Fiscal Year 19/20 YTD Financials (G. Guidry) (d) pg. 17
  - c) PA2 Utilization Fiscal Year 20 YTD (G. Guidry) (d) pg.18
  - d) Fiscal Year 2021 SUD Block Grant (J. Smith) (d) pg.19
  - e) Licensing & Regulatory Affairs License Review (d) pg.21
  - f) PA2 Year End Outcomes Report (A. Miliadi) (d) pg. 22
- 7. Board Actions to be Considered (Randall Hazelbaker)**
  - a. January 2021 Board Elections (Chair and Vice Chair)
  - b. PA228 (B. Casemore)
- 8. Board Actions**
  - 2021 SUDOPB Meetings (Randall Hazelbaker) (d)pg. 29

The meeting will be held in compliance with the Open Meetings Act, 1976 PA 267, MCL 15.261 to 15.275

## **9. Communication and Counsel**

- a) Legislative and Policy Updates (B. Casemore) (d) pg. 30
- b) State Award – Achilles Malta (B. Casemore) (d) pg. 49
- c) Intergovernmental Contract Status (B. Casemore) (d) pg. 50
- d) 2020 SWMBH Successes and Accomplishments (B. Casemore) (d) pg. 51

## **10. Adjourn**

# Southwest Michigan

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## BEHAVIORAL HEALTH

### Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

September 14, 2020

4:00 – 5:30 pm

Draft: 9/15/20

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**Members Present:** Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Gary Tompkins (Calhoun County); Allen Balog (St. Joseph County); Don Meeks, (Berrien County); Paul Schincariol (Van Buren County); Ben Geiger (Barry County)

**Members Absent:** Daniel Doehrman (Kalamazoo County); Lisa White (Kalamazoo County); Skip Dyes (Cass County); Tara Smith (Cass County); Kathy-Sue Dunn (Calhoun 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; Justin Rolin, Gambling Disorder Prevention Specialist, SWMBH; Megan Banning, Patrick Meninga, Daniel Jones, Hailey Richards, Jeannette Holton, Joe Kuchenbuch, Kaye Sanders, Marletta Seats, Rachel Lindley, Sara Green, Shay Pounds, Veronica Hetler

**Welcome and Introductions**

Randall Hazelbaker called the meeting to order at 3:00 pm. Introductions were made.

**Public Comment**

None

**Agenda Review and Adoption**

Motion

Paul Schincariol moved to approve the agenda.

Second

Don Meeks

Motion carried

**Financial Interest Disclosure Handling**

Mila Todd reviewed the SUD Board Conflict of Interest Policy including that Board Members may not participate in the approval of expenditure of funds in which the Board Member, a Board Member's family member, or an organization where a Board member is serving as an officer/director/trustee/employee has a Financial Interest. MT reviewed the definition of "Financial Interest" and posed the following questions to the Board:

- 1) Does anyone have any financial interests to disclose, involving any entities that are the subject of the budgets reviewed;
- 2) Does anyone have any other circumstances that would create an actual or potential conflict or inhibit your ability to act in the best interests of the SWMBH Region.

No disclosures.

## **Public Act 2 (PA2) Dollars**

### **SWMBH Fiscal Year 2021 Projections**

Garyl Guidry stated that

### **SWMBH Fiscal Year 2021 PA2 Budget Summary**

Garyl Guidry reported as documented.

### **Board Q&A**

Randall Hazelbaker asked the Board members for any questions. There were no questions from the Board members.

### **Public Comment**

Providers and clients shared their experiences with the Board members.

### **Consent Agenda**

Motion Gary Tompkins moved to accept the May 18, 2020 meeting minutes.

Second Richard Godfrey  
Motion carried

Motion Richard Godfrey moved to accept the July 20, 2020 meeting minutes.

Second Paul Schincariol  
Motion carried

### **Board Actions to be Considered**

#### **Fiscal Year 2021 PA2 Budget Approval**

Motion Richard Godfrey moved to accept the Fiscal Year 2021 PA2 Budget as presented.

Second Don Meeks

Roll Call Vote

Randall Hazelbaker yes

Richard Godfrey yes

Gary Tompkins yes

Ben Geiger yes

Allen Balog yes

Michael Majerek yes

Don Meeks yes

Paul Schincariol yes

Motion carried

## **Board Education**

### **Fiscal Year 19/20 YTD Financials**

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

### **PA2 Utilization FY20 YTD**

Garyl Guidry reported as documented.

### **2020 Synar Report**

Achilles Malta reported as documented. Discussion followed.

### **Fiscal Year 21 Grant Update – State Opioid Response II Summary**

Joel Smith reported as documented.

### **Fiscal Year 21 Grant Update – State Opioid Response No Cost Extension Proposal**

Joel Smith reported as documented.

### **Opioid Health Home (OHH)**

Joel Smith reported as documented and noted that OHH is scheduled to start October 1, 2020.

## **Communication and Counsel**

### **Consensus Revenue Estimating Conference (CREC)**

Joel Smith

### **Intergovernmental Contract**

Joel Smith stated that the current Intergovernmental Contract relating to PA2 funding expires on 12/31/20. SWMBH has received signed contracts from Branch, Calhoun and Van Buren counties. Joel Smith asked the Board members to check with their counties on status of contracts.

### **Adjourn**

Randall Hazelbaker adjourned the meeting at 4:30pm



**Public Body Meetings Rules Applicable to SWMBH Board Meetings &  
Planning Sessions and  
Substance Use Disorder Oversight Policy Board  
PA 228 of 2020**

**Prepared with SWMBH General Counsel Roselyn Parmenter, Esq. for  
November 13, 2020 Board Meeting and November 16, 2020 Substance  
Use Disorder Oversight Policy Board**

**V 11.05.2020 final**

# Purpose of Presentation

- To summarize and educate Board on new Michigan statute on remote meetings of public bodies PA 228 of 2020 which took immediate effect on October 16, 2020  
<http://www.legislature.mi.gov/documents/2019-2020/publicact/pdf/2020-PA-0228.pdf>
- To address questions and concerns
- To inform Board Policy revision
- To facilitate discussion and deliberation
- To document awareness
- *Verbatim* citations from statute are in “*this format*”

# The Bottom Line

- Public Body Meetings are permitted to be held electronically **March 18, 2020 through December 31, 2020** in any circumstances [PA 228 Sec 3.a.(1).(a)] *provided that* the Meeting adhered to or adheres to applicable 2-way communication and announcement requirements found in PA 228 Sec. 3.(2) and 3.a.(2).
- **January 1, 2021 through December 31, 2021** Public Bodies **MUST meet live**. Members may only attend remotely to accommodate that Member's military duty, a medical condition, or a statewide or local state of emergency or state of disaster as described in PA 228 3.a.1(b). For the purpose of permitting an electronic meeting due to local state of emergency or state of disaster, only Members who reside in the emergency or disaster area may attend remotely. In the event the emergency or disaster area includes the city of Portage or the county of Kalamazoo, SWMBH and SUDOP Board Meetings may be held totally by remote means.
- **Beginning January 1, 2022** Public Bodies must meet live and Public Body Members may only attend remotely to accommodate military duty.



## March 18, 2020 through December 31, 2020

- Our March through October remote meetings are compliant. There is no risk exposure and no need to redo Board Actions or Meeting Minutes.

# Key Provisions of PA 228

- Sec. 3(2) *“...the public body shall, subject to 3a, establish the following procedures to accommodate the absence of any member of the public body due to military duty, a medical condition, or a statewide or local state of emergency or state of disaster declared pursuant to law or charter by the governor or a local official or local governing body that would risk the personal health or safety of members of the public or the public body if the meeting were held in person...”*
- Sec. 3(2)(a)(i) *...“Procedures by which the absent member may participate in, and vote on, business before the public body, including, but not limited to, procedures for both of the following: Two-way communication. And...*
  - *Sec. 3 (2)(a)(ii)....see next page*

# Key Provisions of PA 228

Sec. 3 (2)(a)(ii).... *“For each member of the public body attending the meeting remotely, **a public announcement at the outset of the meeting by that member, to be included in the meeting minutes, that the member is in fact attending the meeting remotely. If the member is attending the meeting remotely for a purpose other than for military duty, the member’s announcement must further identify specifically the member’s location by stating the county, city, township, or village and state from which he or she is attending the meeting remotely.**”*

Definition of Medical Condition: *“Medical condition means an illness, injury, disability, or other health-related condition.” Sec. 3.(12).*

There is no requirement in the statute for objective proof of a self-declared “medical condition.”

# January 1, 2021 through December 31, 2021

- Sec. 3a.(1)(b) ...*“On and after January 1, 2021 through December 31, 2021, only those circumstance requiring accommodation of members absent due to military duty, a medical condition, or a statewide or local state of emergency or state of disaster...” “For the purpose of permitting an electronic meeting due to a local state of emergency or state of disaster, this subdivision applies only as follows: (i) To permit the electronic attendance of a member who resides in the affected area [and] (ii) To permit the electronic meeting of a public body that usually holds its meetings in the affected area.”*
- Sec. 3.a.(8) ...*“At a meeting held...to accommodate members absent due to military duty or a medical condition, only those members absent due to military duty or a medical condition may participate remotely. Any member who is not on military leave or does not have a medical condition must be physically present at the meeting to participate.”*

# 2021 Considerations

- Board Meetings must be held live unless there is a declared state of emergency or disaster in the state or in Kalamazoo county or in the city of Portage
- Board Members may be accommodated for remote attendance for military duty or a medical condition.
  - How to establish basis for the accommodation?
    - A. Board Member self-declaration of a medical condition at the beginning of each meeting; or
    - B. Board Members contact a SWMBH staff TBD before each meeting and the staff declares their accommodation adherent to PA 228 at the beginning of each meeting for the Minutes; or
    - Other?

# 2021 Considerations, continued

- MDHHS COVID-19 Executive Orders  
[https://www.michigan.gov/documents/coronavirus/2020.10.29\\_Gatherings\\_and\\_Masks\\_order\\_-\\_signed\\_706520\\_7.pdf](https://www.michigan.gov/documents/coronavirus/2020.10.29_Gatherings_and_Masks_order_-_signed_706520_7.pdf) in effect 10/29/20 until further notice
- SWMBH Board room cannot adhere to the MDHHS COVID-19 Executive Orders.
- Key Provisions of Order:
  - Maximum 50 persons for inside gathering, and
  - Maximum 20 persons per 1,000 square feet. Board room is 550 square feet. Mathematically a 9 person limit. This would preclude live attendance of support staff, regional leaders or the public.
  - Six foot social distancing is not reasonably possible due to room size and configuration.
  - All must wear masks.

# 2021 Considerations, continued

- We are not obligated to secure DHHS Order-compliant venue for Board meetings (management and Counsel opinion)
- Health and safety of Board members and staff are paramount
- Risk & liability for not having live meetings is low, but exists
- Risk and liability for having live meeting with resultant COVID-19 is low, but exists
- Renewals and revisions to MDHHS COVID-19 Executive Orders and related Court opinions will be followed closely by management

# Management Recommendations

- Use option B. slide 8 for establishing PA 228 compliant basis for Board member remote attendance for calendar year 2021.
- Declare SWMBH facilities unable to adhere to the October 29, 2020 MDHHS COVID-19 Executive Order for calendar year 2021 (or subsequent Orders after review) via a Motion at December Board meeting such as “After consideration the Board has determined that the SWMBH Board room cannot adhere to the October 29, 2020 MDHHS COVID-19 Executive Orders. Therefore, so long as those Orders remain in effect the (SWMBH Board) (Substance Use Disorder Oversight Policy Board) shall maintain remote Board Meetings. Management is instructed to follow subsequent MDHHS or other related Executive Orders or Court opinions and advise the Board accordingly.”
- Revise SWMBH Policy on Open Meetings Act accordingly for December Board action.



	A	E	F	G	H	I	J	K	L
1	<b>Substance Use Disorders Revenue &amp; Expense Analysis Fiscal Year 2020</b>								
2	<b>For the Fiscal YTD Period Ended 9/30/2020</b>								
3									
4		<b>MEDICAID</b>				<b>Healthy MI</b>			
5		<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>	<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>
6		<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>	<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>
7	Barry	77,328	188,267	90,179	98,088	150,647	386,283	144,180	242,103
8	Berrien	604,736	748,356	295,245	453,111	1,049,346	1,655,386	738,969	916,417
9	Branch	154,900	198,364	41,609	156,755	193,149	376,844	127,991	248,853
10	Calhoun	696,447	801,342	452,220	349,122	1,023,702	1,461,459	939,418	522,041
11	Cass	146,569	227,923	87,929	139,993	257,756	481,084	460,229	20,855
12	Kazoo	749,246	1,025,721	328,749	696,973	1,374,551	2,313,870	604,075	1,709,796
13	St. Joe	248,691	292,604	158,920	133,684	393,520	626,518	373,488	253,030
14	Van Buren	310,283	393,864	114,837	279,027	533,548	777,942	223,504	554,438
15	DRM	2,420,722	3,001,621	3,025,002	(23,382)	3,715,582	5,068,806	5,237,385	(168,579)
17	<b>Grand Total</b>	<b>5,408,923</b>	<b>6,878,060</b>	<b>4,594,690</b>	<b>2,283,370</b>	<b>8,691,802</b>	<b>13,148,190</b>	<b>8,849,237</b>	<b>4,298,953</b>
18									
19		<b>BLOCK GRANT</b>				<b>BLOCK GRANT BY COUNTY</b>			
20		<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>	<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>
21	<b>EGRAMS</b>	<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>	<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>
22	Community Grant	5,976,891	4,290,173	4,290,173	0	Barry	390,101	390,101	0
24	Prevention	2,499,425	2,320,749	2,320,749	0	Berrien	591,642	591,642	0
34	State's Targeted Response	478,000	440,406	440,406	0	Branch	196,701	196,701	0
35	Gambling Prevention*	188,684	150,392	150,392	0	Calhoun	970,500	970,500	0
36	Partnership for Success*	267,078	138,400	138,400	0	Cass	127,750	127,750	0
37	PMTO*	68,000	39,637	39,637	0	Kazoo	1,248,233	1,248,233	0
38	State's Opioid Response	1,224,000	772,000	772,000	0	St. Joe	299,239	299,239	0
39	SOR Supplemental	984,926	705,528	705,528	0	Van Buren	280,805	280,805	0
40	Clubhouse Engagement*	120,000	49,766	49,766	0	DRM	2,258,036	2,258,036	0
41	Veterans Navigator*	88,000	81,969	81,969	0				
42	Crisis Transportation	80,000	17,530	17,530	0	Legend			
43	State Disability Assistance	128,219	128,219	128,219	0	DRM - Detox, Residential, and Methadone			
44	Admin/Access	393,495	273,586	273,586	0				
50	<b>Grand Total</b>	<b>12,496,718</b>	<b>9,408,355</b>	<b>9,408,355</b>	<b>0</b>		<b>6,363,008</b>	<b>6,363,008</b>	<b>0</b>
51									
52		<b>PA2</b>				<b>PA2 Carryforward</b>			
53		<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>	<b>Current</b>	<b>Prior Year</b>	<b>Projected</b>	
54		<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>	<b>Utilization</b>	<b>Balance</b>	<b>Year End Balance</b>	
55	Barry	77,112	77,112	31,902	45,210	Barry	45,210	469,938	515,148
56	Berrien	346,264	346,264	327,895	18,369	Berrien	18,369	485,403	503,772
57	Branch	63,911	63,911	33,581	30,330	Branch	30,330	334,094	364,424
58	Calhoun	340,733	340,733	389,968	(49,235)	Calhoun	(49,235)	406,584	357,349
59	Cass	61,520	61,520	30,877	30,643	Cass	30,643	354,756	385,399
60	Kazoo	663,551	663,551	676,533	(12,982)	Kazoo	(12,982)	1,797,121	1,784,139
61	St. Joe	99,266	99,266	64,603	34,663	St. Joe	34,663	232,944	267,606
62	Van Buren	145,617	145,617	88,326	57,291	Van Buren	57,291	233,202	290,493
63	<b>Grand Total</b>	<b>1,797,973</b>	<b>1,797,972</b>	<b>1,643,685</b>	<b>154,287</b>		<b>154,287</b>	<b>4,314,042</b>	<b>4,468,330</b>
64	* Quarterly Financial Status Reporting								

Program	FY20 Approved	Utilization FY 20		YTD
	Budget	Oct-Sep	PA2 Remaining	Utilization
<b>Barry</b>	<b>51,650.00</b>	<b>31,902</b>	<b>19,748</b>	<b>62%</b>
BCCMHA - Outpatient Services	51,650	31,902	19,748	62%
<b>Berrien</b>	<b>416,341.00</b>	<b>327,894</b>	<b>88,447</b>	<b>79%</b>
Abundant Life - Healthy Start	70,200	70,200	-	100%
Berrien County - Drug Treatment Court	15,000	7,924	7,076	53%
Berrien County - Trial courts	44,755	42,843	1,912	96%
Berrien MHA - Riverwood	18,058	-	18,058	0%
CHC - Jail	31,697	21,927	9,770	69%
CHC - Niles Family & Friends	5,739	2,927	2,812	51%
CHC - Wellness Grp	9,328	1,366	7,962	15%
CHC - Women's Recovery House	37,730	37,730	0	100%
Sacred Heart - Juvenile and Detention Ctr	73,834	32,977	40,857	45%
Berrien County Health Department - Prevention Ser	110,000	110,000	-	100%
<b>Branch</b>	<b>72,820.00</b>	<b>33,581</b>	<b>39,239</b>	<b>46%</b>
Pines BHS - Jail Case Management	36,190	21,901	14,289	61%
Pines BHS - Outpatient Treatment	34,430	11,588	22,842	34%
Pines BHS - WSS	2,200	91	2,109	4%
<b>Calhoun</b>	<b>418,379.00</b>	<b>389,663</b>	<b>28,716</b>	<b>93%</b>
Calhoun County 10th Dist Drug Sobriety Court	127,807	126,807	1,000	99%
Calhoun County 10th Dist Veteran's Court	6,510	3,285	3,225	50%
Calhoun County 37th Circuit Drug Treatment Court	168,742	168,742	-	100%
Haven of Rest	40,320	40,320	-	100%
Michigan Rehabilitation Services - Calhoun	25,000	25,000	-	100%
Summit Pointe - Jail	25,000	12,360	12,640	49%
Summit Pointe - Juvenile Home	25,000	13,149	11,851	53%
<b>Cass</b>	<b>82,500.00</b>	<b>30,877</b>	<b>51,623</b>	<b>37%</b>
Woodlands - Meth Treatment and Drug Court Outp	82,500	30,877	51,623	37%
<b>Kalamazoo</b>	<b>815,090.50</b>	<b>676,533</b>	<b>138,558</b>	<b>83%</b>
8th District Probation Court	28,000	14,100	13,900	50%
8th District Sobriety Court	5,000	3,331	1,669	67%
8th District Young Adult Diversion Court	7,000	3,638	3,362	52%
9th Circuit Drug Court	60,000	60,000	-	100%
CHC - Adolescent Services	19,619	19,026	593	97%
CHC - New Beginnings	77,627	74,384	3,243	96%
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	-	100%
Gryphon Helpline/Crisis Response	36,000	36,000	-	100%
Interact - IDDT	26,600	24,537	2,063	92%
KCHCS Healthy Babies	87,000	80,161	6,839	92%
ISK - EMH	56,400	56,400	-	100%
ISK - FUSE	25,000	25,000	-	100%
ISK - Mental Health Court	65,000	65,000	-	100%
ISK - Oakland Drive Shelter	34,000	34,000	-	100%
KPEP Social Detox	20,000	5,500	14,500	28%
Michigan Rehabilitation Services - Kalamazoo	17,250	17,250	-	100%
Prevention Works - Task Force	50,000	50,000	-	100%
Recovery Institute - Recovery Coach	60,623	56,620	4,003	93%
WMU - BHS SBIRT	46,747	629	46,118	1%
WMU - BHS Text Messaging	6,000	4,345	1,655	72%
WMU - Jail Groups	67,225	26,610	40,615	40%
<b>St. Joseph</b>	<b>136,385.00</b>	<b>64,603</b>	<b>71,782</b>	<b>47%</b>
3B District - Sobriety Courts	2,200	790	1,410	36%
3B District - Drug/Alcohol Testing	16,640	11,235	5,405	68%
CHC - Hope House	30,345	30,345	0	100%
CMH - Court Ordered Drug Testing	53,200	20,014	33,186	38%
CMH Jail Program	34,000	2,220	31,780	7%
<b>Van Buren</b>	<b>127,882.00</b>	<b>88,326</b>	<b>39,556</b>	<b>69%</b>
Van Buren CMHA	97,882	64,867	33,015	66%
Van Buren County Drug Treatment Court	30,000	23,459	6,541	78%
<b>Totals</b>	<b>2,121,048</b>	<b>1,643,379</b>	<b>477,668</b>	<b>77%</b>

# SWMBH SUD Block Grant Expenses FY20 vs. FY21 Allocation

Egrams Program	FY20 Expenses	FY21 Allocation	Difference	Notes
Community Grant	\$4,445,740	\$3,533,604	(\$912,136)	Treatment Services claims, Sub Cap CMHs, Staffing Grants, Recovery Centers, Women's Specialty Services
SUD Prevention	\$2,265,139	\$1,204,535	(\$1,060,604)	Does not include SOR NCE/SOR 2 funding for prevention.
SUD Admin	\$254,994	\$80,000	(\$174,994)	Will report actual admin expense but only allocated \$80,000.
Total	\$6,965,873	\$4,818,139	(\$2,147,734)	

# FY21 Projected Expenses Vs. FY21 Allocation

Egrams Program	FY21 Projected Expenses	FY21 Allocation	Difference	Notes
Community Grant	\$5,041,547	\$3,533,604	\$(1,507,943)	Treatment Services claims, Sub Cap CMHs, Staffing Grants, Recovery Centers, WSS
SUD Prevention	\$1,778,095	\$1,204,535	\$(573,560)	Includes 5% reduction to indirect costs; does not include \$700,000 in SOR funding; no SWMBH staff expenses allocated
SUD Admin	\$254,994	\$80,000	\$(174,994)	Will report actual admin expense but only allocated \$80,000.
Total	\$7,074,636	\$4,818,139	\$(2,256,497)	



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 4, 2020

Southwest Michigan Behavioral Health (SA0390198)  
Joel Smith, Director of Substance Use Disorder Services  
5250 Lovers Lane  
Suite 200  
Portage, MI 49002

SUBJECT: Substance Use Disorder Licensure Survey Findings for Southwest Michigan Behavioral Health

Dear Mr. Smith:

A virtual state licensure survey was conducted on July 22, 2020 with Southwest Michigan Behavioral Health (SA0390198) pursuant to Michigan Public Health Code, Act 368 of 1978, Part 62, Section 333.6238, which obligates the department to make at least one visit to each licensed health facility or agency every three years for survey and evaluation for the purpose of licensure. These visits can include virtual surveys conducted between the department and licensee via video conferencing.

Participants included:

- Joel Smith, Director of Substance Use Disorder Services
- Kelly Moore, Regulation Officer, LARA, State Licensing Section

Based upon the virtual state licensure survey findings, Southwest Michigan Behavioral Health (SA0390198) is in substantial compliance with MCL 333.6201 through MCL 333.6251 and/or the Michigan Administrative Rules R325.1301 through R325.1399 for Substance Use Disorder facilities, as applicable.

  
Kelly Moore, Regulation Officer  
Licensing and Regulatory Affairs  
State Licensing Section  
[moorek20@michigan.gov](mailto:moorek20@michigan.gov)  
(P): 517-281-2756

# PA2 Funded Outcomes Report Fiscal Year 2020 October 1, 2019 – September 30, 2020



Substance Use Disorder Oversight Policy Board, November 16, 2020

# Brief History of PA2 Programs

- Each County determines use of local PA2 SUD dollars
- FY2015 was the first year SWMBH moved to outcomes
- Traditionally, measures were based on “counts” of services, not necessarily measuring change.
- Each provider must submit their own outcome measures – they define what they want to measure.
- SWMBH works with providers to make measures specific, measureable, attainable, and time limited.

# Overview of PA2 Funded Programs: Fiscal Year 2020

25 Providers



53 Programs



179 Outcome Measures

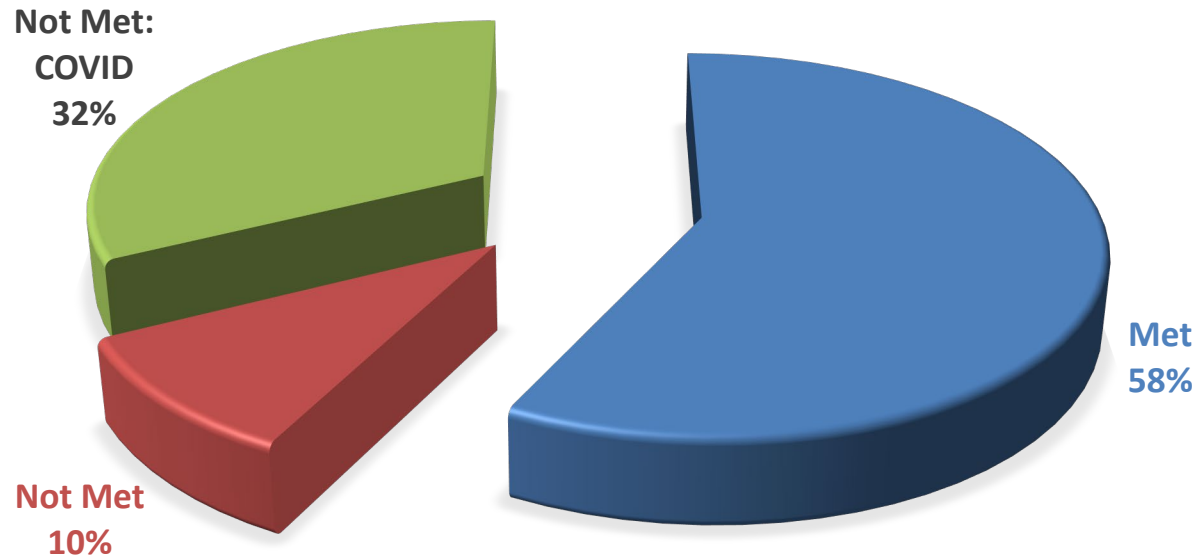


# Measurement Definitions

Based on the Information Provided...

- **Met:** Clearly meets or exceeds outcome
- **Not Met:** Not meeting outcome
- **Measure not Met due to COVID 19:** Outcomes were significantly impacted by COVID 19 pandemic.

# FY2020 Results – SWMBH Region



# FY2020 Year Results – Counties

County	Total Outcome Measures	Met	Not Met	Not met due to Covid
Barry	4	1	0	3
Berrien	26	15	5	6
Branch	13	2	0	11
Calhoun	30	19	2	9
Kalamazoo	87	54	9	24
St Joe	12	7	1	4
Van Buren	7	5	1	1
	179	103	18	58

# FY202 Year Observations

- 100% measures continue to be difficult to meet; SWMBH continues to work closely with providers to create measures that are specific, measurable, timely, and simple.
- COVID19 pandemic has impacted many providers ability to provide services (jail services, SBIRT, etc.) and obtain data resulting in low sample size.
- Providers have shown exceptional ability to transition to virtual programs when able to do so.
- Providers are more prepared to respond to the pandemic heading into current fiscal year.



## Southwest Michigan Behavioral Health Substance Use Disorder Oversight Policy Board Meetings

### COVID-19 Announcement:

In keeping with Governor Whitmer's Executive Order 2020-154 SWMBH Board Meetings will be held electronically until the governor's orders are lifted. Below are instructions for joining the SWMBH Board meetings:

#### HOW TO PARTICIPATE

For webinar and video please join the meeting from your computer, tablet or smartphone at:

<https://global.gotomeeting.com/join/250012069>

**You can also dial in using your phone.**

United States: [+1 \(312\) 757-3121](tel:+13127573121)

**Access Code: 250-012-069**

*To request accommodation under ADA please call Anne Wickham at 269-488-6982*

January 18, 2021 4:00-5:30pm

March 15, 2021 4:00-5:30pm

May 17, 2021 4:00-5:30pm

July 19, 2021 4:00-5:30pm

September 13, 2021 3:00-5:30pm

November 15, 2021 4:00-5:30pm

All scheduled meetings take place at the Principal Office, unless otherwise communicated

*Revised 8/28/20*

*Principal Office Located at 5250 Lovers Lane, Suite 200, Portage, MI, 49002*

*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.*

[www.SWMBH.org](http://www.SWMBH.org)

[800-676-0423](tel:8006760423)



**Southwest Michigan  
Behavioral Health**

**Fifth Annual  
Regional Healthcare  
Policy Forum**

**A Federal Perspective**

**Judith Zink  
& Brian Thiel**

**October 16, 2020**



# SWMBH Healthcare Policy Forum

## A Federal Perspective

- **Race for the White House**
  - Healthcare
  - Pandemic Response
- **Election Outlook**
  - Senate
  - House
  - Michigan
- **Supreme Court Vacancy**
- **After the Elections**
  - Lame Duck Session
  - 117<sup>th</sup> Congress Leadership

# SWMBH Healthcare Policy Forum

## 2020 Race for the White House

- **Dynamic Situation**
- **Election Day**
- **Next Administration – Presidential Platforms**
  - Healthcare
  - Pandemic Response

**Resource: Henry J Kaiser Family Foundation (KFF) –**

***“Health Care and the 2020 Presidential Elections”* October 2020**

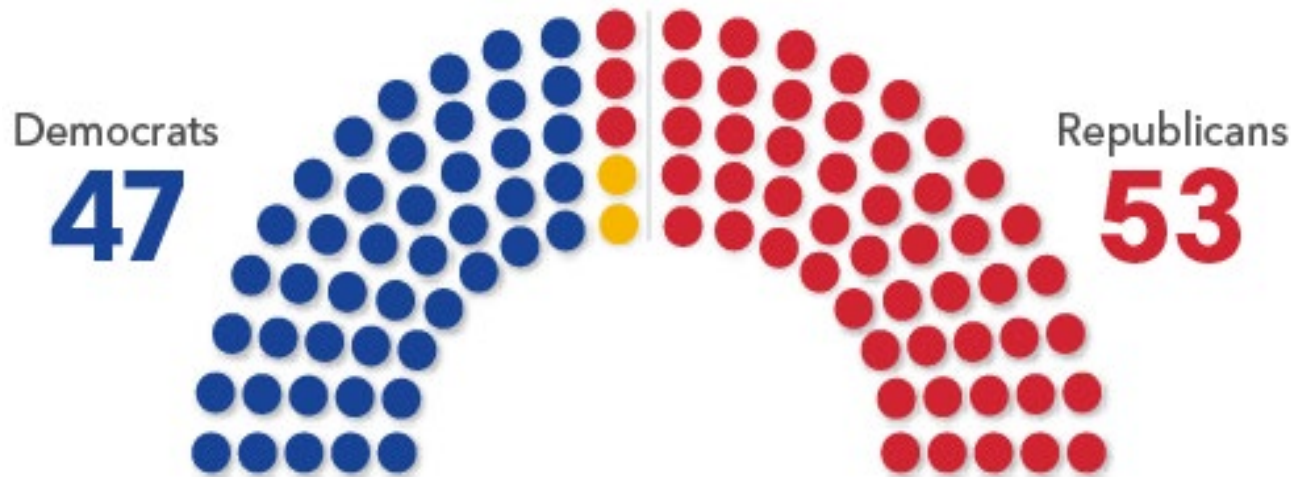
<http://files.kff.org/attachment/Slideshow-Health-Care-and-the-2020-Presidential-Election.pdf>



# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - Senate

- If Democrats net four seats, they will take control of the Senate.
- Netting three seats would result in a tie and any tie would be broken by the Vice President.
- 35 Senate seats up for 2020 elections. Republicans hold 23 of the seats and Democrats hold 12.



Source: Bloomberg Government  
Note: Yellow reflects independents who caucus with Democrats

### Known Changes

#### Resigned

- Johnny Isakson (R-GA) resigned Dec. 31, 2019; Kelly Loeffler (R) appointed until special election

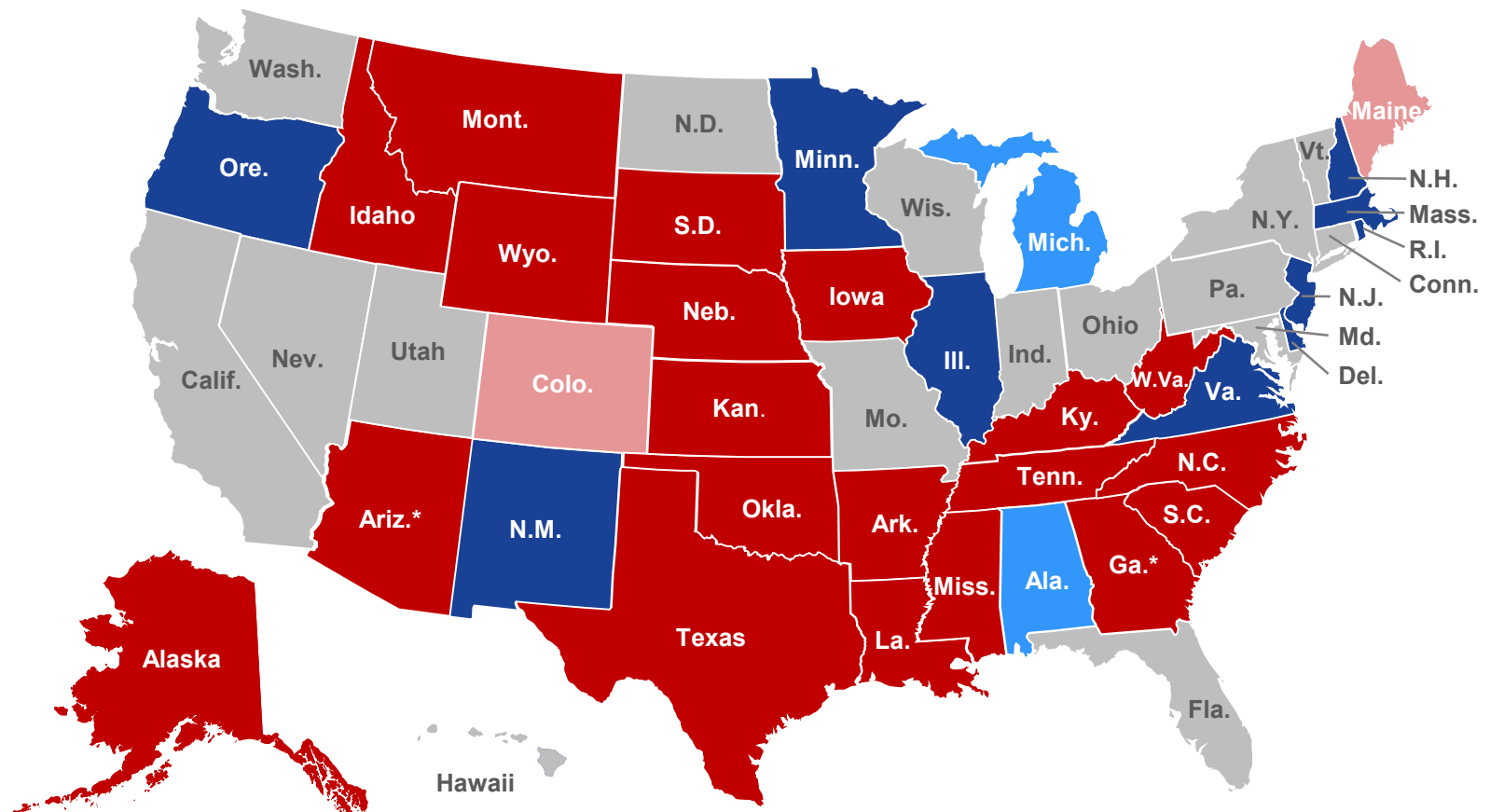
#### Not Seeking Re-election

- Lamar Alexander (R-TN)
- Mike Enzi (R-WY)
- Pat Roberts (R-KS)
- Tom Udall (D-NM)

# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - Senate

- Democratic-held seat
- Democratic-held seat – state won by Trump in 2016
- Republican-held seat
- Republican-held seat – state won by Clinton in 2016

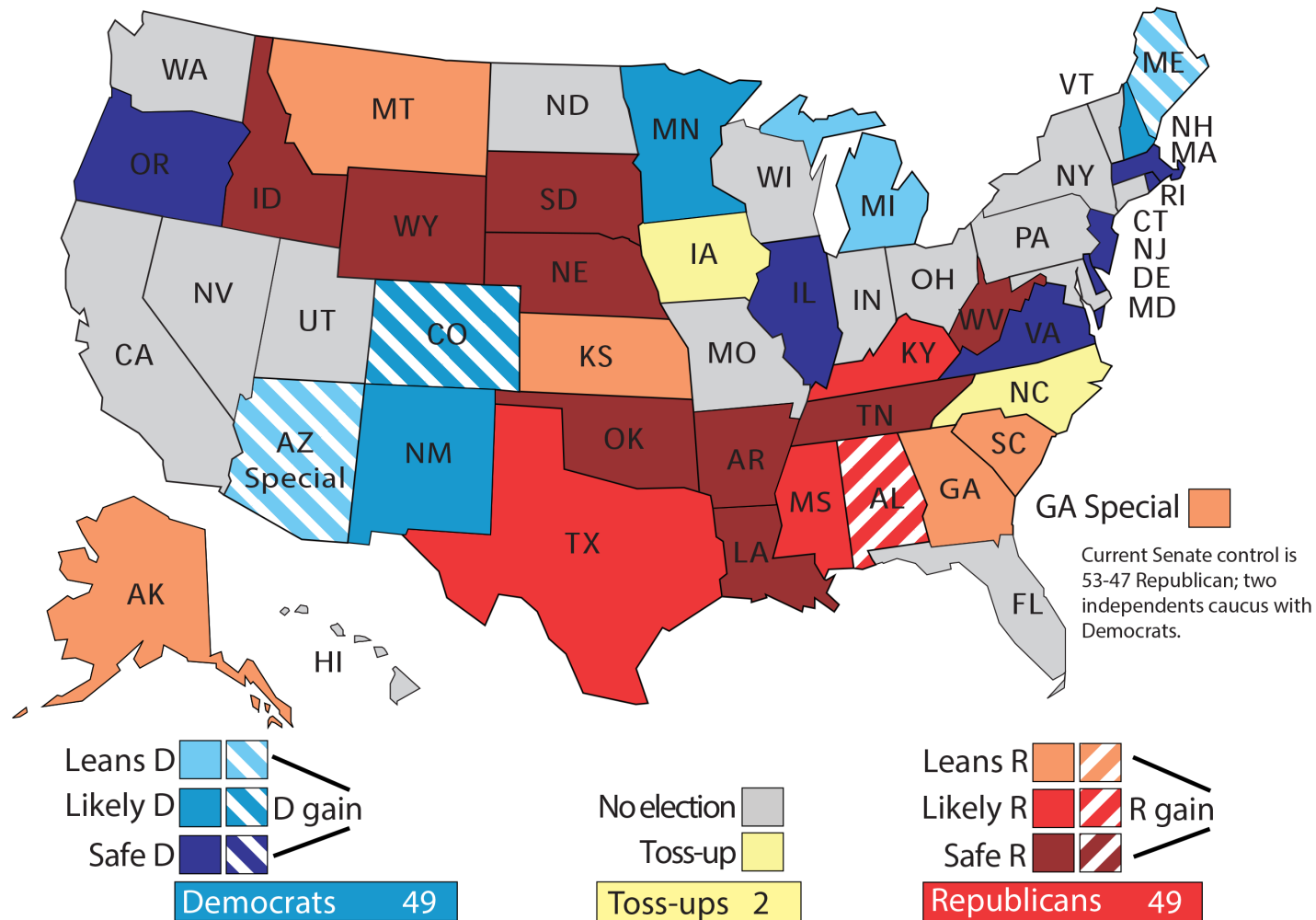


Source: U.S. Senate; Bloomberg Government

Note: Georgia has one regularly scheduled election and one special election; Arizona has a special election

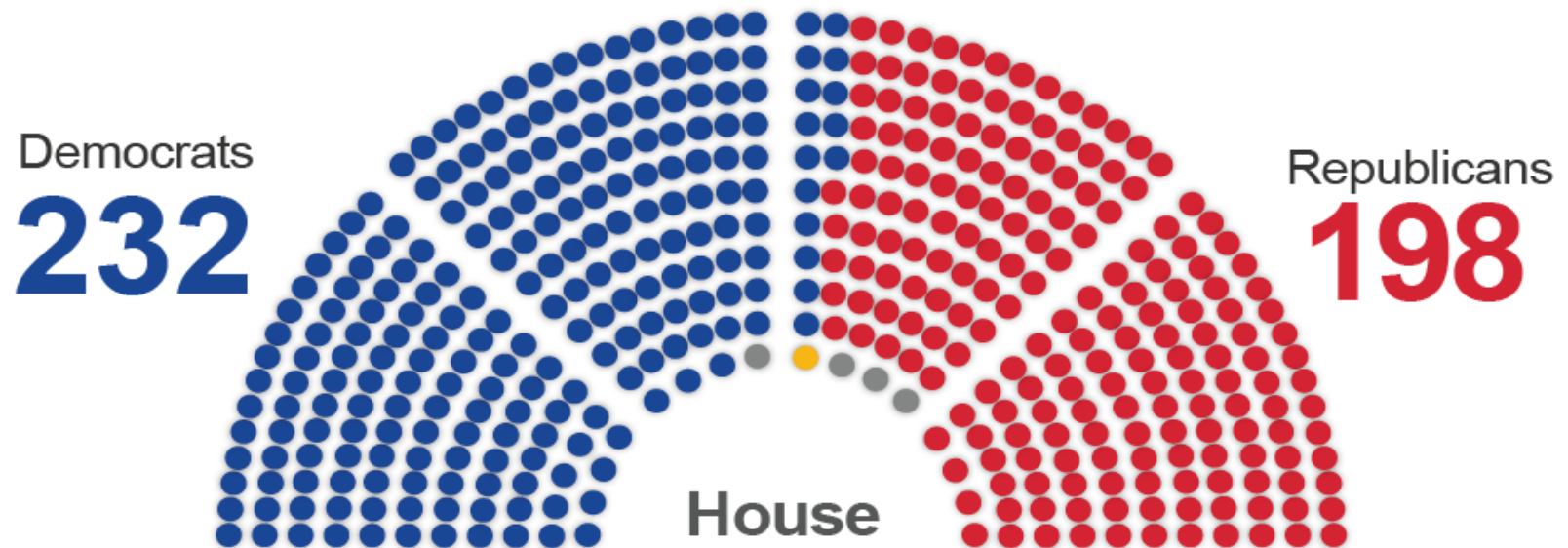
# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - Senate



# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - House



# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - House

### Not Seeking Re-Election

**AL-02** – Martha Roby (R)  
**CA-53** – Susan Davis (D)  
**FL-03** – Ted Yoho (R)  
**FL-19** – Francis Rooney (R)  
**GA-07** – Rob Woodall (R)  
**GA-14** – Tom Graves (R)  
**HI-02** – Tulsi Gabbard (D)  
**IA-02** – Dave Loebsack (D)  
**IL-15** – John Shimkus (R)  
**IN-01** – Pete Visclosky (D)  
**IN-05** – Susan Brooks (R)  
**LA-05** – Ralph Abraham (R)  
**MI-03** – Justin Amash (I)  
**MI-10** – Paul Mitchell (R)

**NC-02** – George Holding (R)  
**NC-06** – Mark Walker (R)  
**NY-02** – Peter King (R)  
**NY-15** – José Serrano (D)  
**NY-17** – Nita Lowey (D)  
**OR-02** – Greg Walden (R)  
**TN-01** – Phil Roe (R)  
**TX-11** – Michael Conaway (R)  
**TX-13** – Mac Thornberry (R)  
**TX-17** – Bill Flores (R)  
**TX-22** – Pete Olson (R)  
**TX-23** – Will Hurd (R)  
**TX-24** – Kenny Marchant (R)  
**WI-05** – Jim Sensenbrenner (R)

### Resignations, Deaths & Special Elections

**CA-25** – Katie Hill (D) resigned 11/03/19; Mike Garcia (R) elected 05/12/20  
**CA-50** – Duncan Hunter (R) resigned 01/13/20; no special election  
**GA-05** – John Lewis (D) died 07/17/20; special election 09/29/20  
**MD-07** – Elijah Cummings (D) died 10/17/19; Kweisi Mfume (D) 04/28/20  
**NC-03** – Walter Jones (R) 02/10/19; Greg Murphy (R) elected 09/10/19  
**NC-09** – Dan Bishop (R) elected 09/10/19 after seat wasn't filled in 2018 election  
**NC-11** – Mark Meadows (R) resigned 03/30/20; no special election scheduled  
**NY-27** – Chris Collins (R) resigned 09/30/19; Chris Jacobs (R) elected 06/23/20  
**PA-12** – Tom Marino (R) resigned 01/23/19; Fred Keller (R) elected 05/21/19  
**TX-04** – John Ratcliffe (R) resigned 05/22/20; no special election scheduled  
**WI-07** – Sean Duffy (R) resigned 09/23/19; Tom Tiffany (R) elected 05/12/20

### Seeking Other Office

**AL-01** – Bradley Byrne (R), lost Senate primary  
**CA-08** – Paul Cook (R), 0320 elected to CA county office  
**GA-09** – Doug Collins (R), seeking Senate seat  
**KS-01** – Roger Marshall (R), won Senate primary  
**MA-04** – Joe Kennedy (D), lost Senate primary  
**MT-AL** – Greg Gianforte (R), won governor primary  
**NM-03** – Ben Ray Lujan (D), won Senate primary  
**UT-01** – Rob Bishop (R), lost primary for Lt. Governor  
**WA-10** – Denny Heck (D), running for Lt. Governor

### Defeated in Primary

**CO-03** – Scott Tipton (R)  
**FL-15** – Ross Spano (R)  
**IA-04** – Steve King (R)  
**IL-03** – Dan Lipinski (D)  
**KS-02** – Steve Watkins (R)  
**MO-01** – Lacy Clay (D)  
**NY-16** – Eliot Engel (D)  
**VA-05** – Denve Riggleman (R)

# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - House



Note: Italics denote freshman lawmakers

Source: Race ratings from [Cook Political Report](#); as of Sept. 29

# SWMBH Healthcare Policy Forum

## 2020 Election Outlook - Michigan

### Michigan Senate Race

#### **Sen. Gary Peters (D) versus John James (R)**

- One of the best potentials for the Republican's to pick up a Senate seat.
- As of Oct. 8, most analysis still puts the race as “leans D” some as “toss-up.”
- RealClear Politics (RCP) average: Peters +4.9 (10/11/20)
- One of the most expensive races in the country.
- Presidential election will be a factor in this race. RCP - Biden +7.0 (10/11/20)

### Michigan Competitive House Races

**Rep. Fred Upton (R- MI-6) – “Leans R”**

**MI-3 Open Seat (Rep. Amash) – “Leans R”**

**Rep. Elissa Slotkin (D- MI-8) – “Leans D”**

**Rep. Haley Stevens (D - MI-11) – “Likely D”**

#### **Known Changes**

##### **Not Seeking Re-election**

- MI-03 – Justin Amash (I)
- MI-10 – Paul Mitchell (R)



# SWMBH Healthcare Policy Forum

## Supreme Court Vacancy

- **Amy Coney Barrett Nomination**

- The Supreme Court is set to tackle myriad healthcare-related cases in the coming year. The nomination and likely confirmation of a conservative is poised to have far-reaching implications on the Court both now and in the years to come.

- **Confirmation Outlook/Calendar**

- **2020-2021 Term (began Oct. 5)**

- **ACA Challenge** – The Court is slated to hear a third challenge (individual mandate penalty) to the Affordable Care Act (oral arguments scheduled on November 10)
- **Bush v Gore Part 2?** – With the uncertainty around mail-in ballots, the President's health, and a potential unwillingness to voluntarily hand over the reins of power, the Court may be asked to make a pivotal determination around the November election.



# SWMBH Healthcare Policy Forum

## After the Elections

- **Lame Duck Session of Congress**
  - **FY21 Budget, Additional Stimulus, Potential for Supreme Court Confirmation in Senate**
- **Committee Chairs/Agenda important**
- **Trump wins Presidency and Senate flips expect gridlock**
- **Democratic sweep – one party control/ Democratic priorities**

# Questions

## Contact information:

Judith Zink

703-581-9507, [jzink@capitolineconsulting.com](mailto:jzink@capitolineconsulting.com)

## Election Resources:

The Cook Political Report

<https://cookpolitical.com/>

RealClear Politics

<https://www.realclearpolitics.com/elections/2020/>

UVA Center for Politics

<https://centerforpolitics.org/>

**Drive improved outcomes and more funding to  
the front lines through streamlined oversight  
PIHP/CMHP accountability reforms**

Promote and reward PIHP's/CMHSP's who routinely achieve MDHHS quality metric benchmarks and achieve exceptional performance on MDHHS sponsored audits

The Medicaid Provider Manual has not kept up with changes to waivers and benefits. This has caused inconsistencies and confusion on how services can or should be managed and the rules or requirements around them

Promote and acknowledge PIHP's/CMHSP's who have achieved (full) NCQA or other gold standard Program Accreditation

Publish more comparison reports, to highlight each of the Michigan PIHP's performance; in comparison to National quality, clinical and financial Benchmarks

Develop PIHP/CMHSP comparative performance public reporting across the public behavioral health system

Develop Medicaid Health Plan comparative performance public reporting across the specialty services populations and mild to moderate populations

Develop FQHC comparative performance public reporting across the specialty services populations and mild to moderate populations

Invest in clinical evidence-based and promising practices development, fidelity monitoring and outcomes reporting across the public behavioral health system

Develop, RFP competitively and fund clinical evidence-based and promising practices Centers of Excellence at several PIHPs/CMHs

Grant deemed status to PIHPs and CMHSPs for exemption from MDHHS reviews where National accreditation exists and overlaps

**Integrate physical and behavioral health care at the point of service with a person-centered approach**

Promote and add additional resources towards improving the MHL Demonstration Project

Help to improve the 3-way contract language between PIHP's/ICO's and MDHHS, with clear and realistic metrics, benchmarks and bonus awards for achievement

Acknowledge PIHP's/ICO's with a proven success in high consumer satisfaction results and consistent program enrollment volume

Convene MHPs, PIHPs, CMHSPs and FQHCs and deliver a clear and specific DHHS vision, population health expectations, goals and objectives

Convene MHL ICOs and PIHPs for best practice sharing and troubleshooting

Provide leadership and support for social determinants of health best practices including but not limited to more flexible funding

Expand CC360 and uses of state data warehouse information to plans, providers and patients

Expand Medicaid Benefits Monitoring Program  
[https://www.michigan.gov/documents/mdch/changes\\_for\\_BMP\\_11242014\\_484735\\_7.pdf](https://www.michigan.gov/documents/mdch/changes_for_BMP_11242014_484735_7.pdf)

Revisit, prioritize and implement the policy recommendations from the 298 Pilot efforts

Develop and institute true bonus incentives with shared metrics for behavioral and physical health morbidity and mortality improvements for MHPs, PIHPs and FQHCs

**Ensure all Michiganders have access to behavioral health, mental health and substance use prevention and treatment services and follow up services for the best quality life.**

Access would be increased if the MHPs were more flexible in their fee rates. Many CMH's do not contract with the MHP's because of the low and inflexible fee rates

No longer require the WSA for children enrolling in the Autism Benefit. The WSA is applying unnecessary requirements and standards on a benefit; potentially delaying treatment and causing access and billing issues

Look into reducing the cost and administrative burden for Autism Services throughout the State. Highlight Best Practice Programs and recognize those PIHP's and Service providers who have operated efficiently and met quality benchmarks

Remove the requirement that services must be provided within a 25% variance of a child's approved direct ABA hours, in alignment with other Medicaid policy. This has resulted in excessive unnecessary administrative cost tracking down each case to determine the cause of the variance

Consider carefully the emerging PIHP unenrolled SMI Complex Care Management Proposal

Implement Medicaid Care Coordination service codes for PIHPs and CMHSPs <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>

Assess and hold inpatient psychiatric providers to access metrics

Review and revise statutory and regulatory barriers to subacute psychiatric secure facilities

Announce the MHP rebid schedule and provide MHP specific mild to moderate BH services access, utilization and outcomes information to Medicaid eligibles

**Provide people with outreach, service delivery,  
and access to behavioral health services at their  
preferred locations and mechanisms. Consider  
telehealth and telephone services utilized during  
COVID-19.**

Expand the Medicaid prevention models to include local community assessed prevention choices. For example, if the community needs assessment indicates prevention is needed in a specific area, the CMH should be able to choose an evidenced based model to meet that need; not be limited to the 5 chosen by the state

Promote and create Partnerships with other safety net providers, improving access to care

Expansion of Telehealth services to include phone services. Lack of access to internet or computers or lack of technical abilities to access "telehealth" with video

Build on best practice models and promote entities who have experience with specialty populations

Expansion of the use of telehealth services, even beyond the COVID-19 emergency authorization period

Improve funding and capacity for broadband coverage in rural areas, to provide access to telehealth and improve communications with primary care and BH/MH/SUD specialty providers

Extend telehealth service codes beyond pandemic period

Support telehealth equipment and service investments

Assure MHP fulfillment of transportation role and service

Circulate publicly and widely all external review reports of MHPs and PIHPs especially those of HSAG and for the MHL Demonstration

**Provide quality and time efficient patient care  
flow from community to residential treatment or  
institution (hospital, juvenile detention centers,  
jail) to community with individualized clinical  
treatment**

Promote and add additional resources towards improving Jail Diversion programs, metrics and reporting

Create visibility and creditability at legislative level

Provide additional guidance, resources, policy and incentives on streamlining Transfer or Care (TOC) and transition of services for consumers

Incentive counties (city government, specifically) to encourage the training of officers in CIT which will assist in jail diversion, as well as incentive the creation and use of specialty courts

Assure Medicaid enrollment and referrals immediately upon release from county jails

Develop and publicly report transition metrics

Expand eligible Michigan Automated Prescription System (MAPS) user types



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

September 29, 2020

Dear behavioral health stakeholders:

We are writing with an update on the behavioral health system transformation efforts and the plan announced earlier this year to establish Specialty Integrated Plans starting in fall 2022. Given the unprecedented challenges around COVID-19 and the economy, we have to pause on comprehensive system change right now. We appreciate the enormous efforts all of you have made over the last several years to help us envision and design the future of behavioral health in Michigan. That time was not wasted. When the current situation has stabilized and we are all able to again devote our attention and resources to system transformation, we are excited to resume work on this effort. In addition, we see many current opportunities to advance and continue working on aspects of system improvement that were identified during our last few years of conversations and planning.

Under Al Jansen's leadership, the Behavioral Health and Developmental Disabilities Administration is developing a robust agenda that balances crisis response with ongoing improvement. In the coming months, our department will remain focused on addressing immediate challenges: making sure people have the mental health and SUD resources they need in the COVID crisis; continuing to support the outstanding network of behavioral health providers that Michigan has built over decades; investing in prevention, early intervention, and integrated physical and behavioral health care; and increasing accountability and oversight across the system. We will also be ramping up our proactive efforts to improve the system. Even with the pandemic, we are moving forward with creating MiCAL – a centralized crisis and access system that will make it easier for families in crisis to locate the resources they need. We have set up new service delivery structures, like text-based counselling and a crisis warmline. We are developing a comprehensive set of initiatives to better coordinate and deliver mental health services for children.

We are committed to continue strengthening Michigan's behavioral health system, and we look forward to working together with people served, providers, advocates, CMHs and PIHPs, and other stakeholders to achieve our shared goals.

Sincerely,

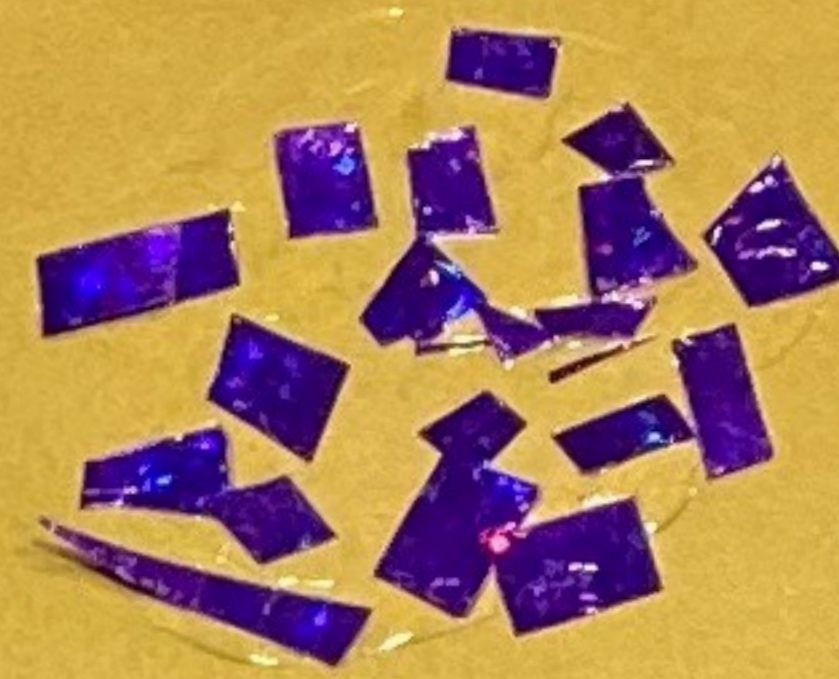
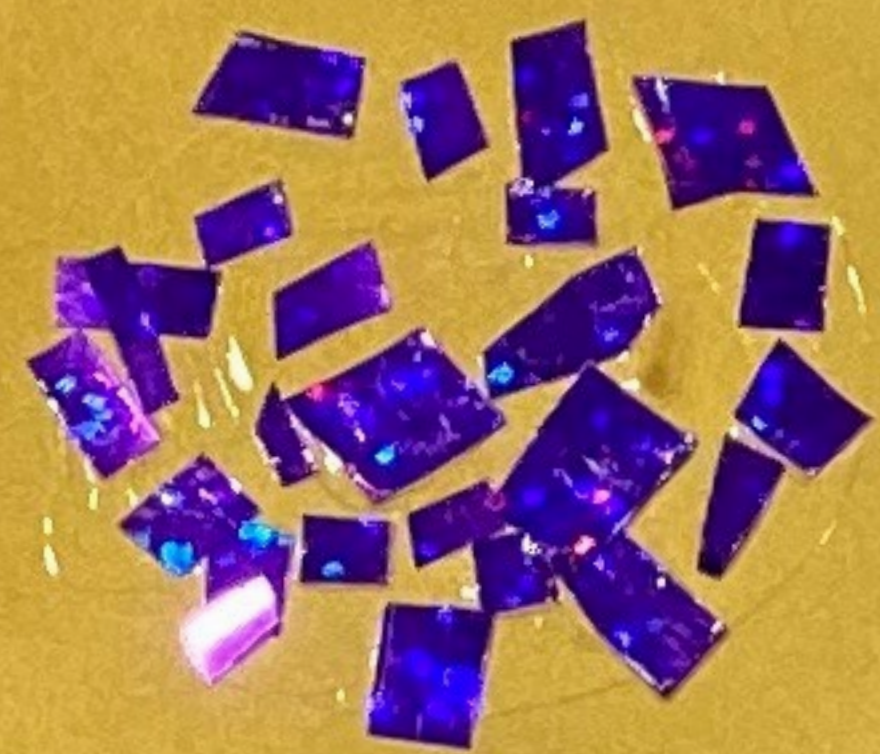
A handwritten signature in cursive script, reading "Sarah Esty".

Sarah Esty, Senior Deputy Director  
Policy and Planning Administration



Achilles Malta

Salute to Excellence



STATE OF MICHIGAN



SPECIAL TRIBUTE

To

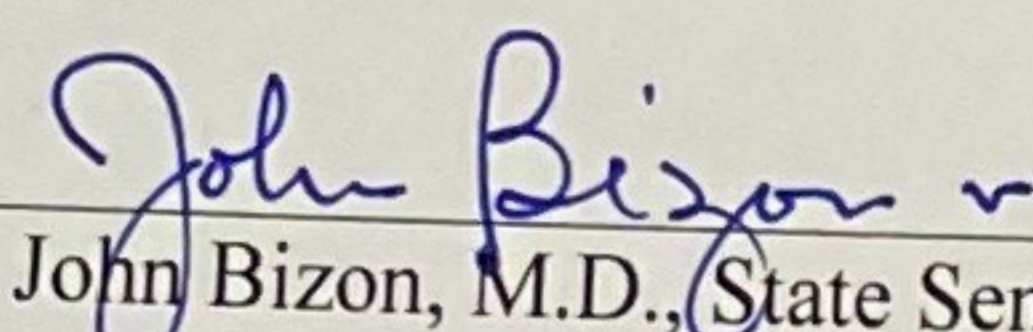
ACHILLES MALTA

**LET IT BE KNOWN**, That it is a great pleasure to congratulate Achilles Malta on being honored during the 2020 Recovery Month "Salute to Excellence" Awards Program of the Substance Abuse and Mental Health Task Force Assembly.

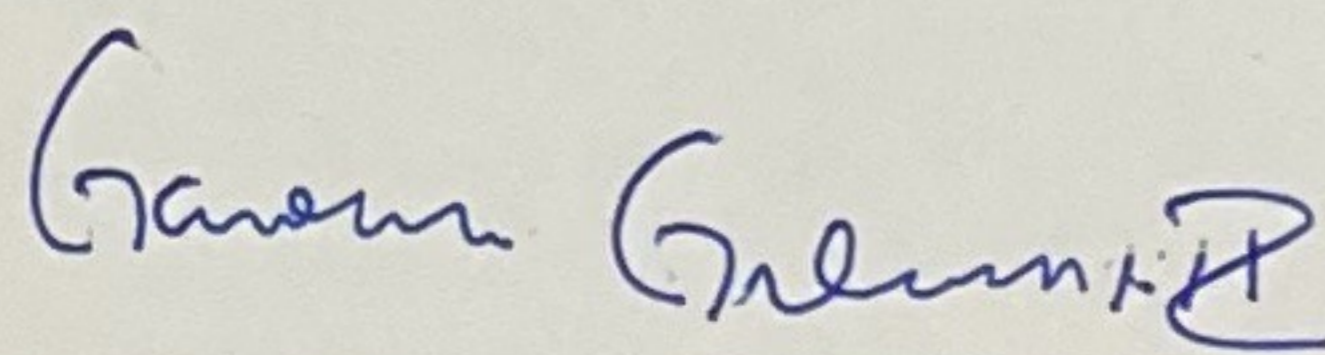
Achilles Malta, Substance Use Disorder Regional Coordinator of Southwest Michigan Behavioral Health, is honored for conducting excellent work in preventing and intervening in treatment and recovery services and for collaborating with Summit Pointe and Substance Abuse Prevention Services, Inc.

During Recovery Month, we commend the Substance Abuse and Mental Health Services Administration in Michigan and globally for educating Americans that substance use treatment and mental health services can enable those with mental and substance use disorders to live healthy and rewarding lives. Now in its 31st year, Recovery Month celebrates the gains made by those living in recovery.

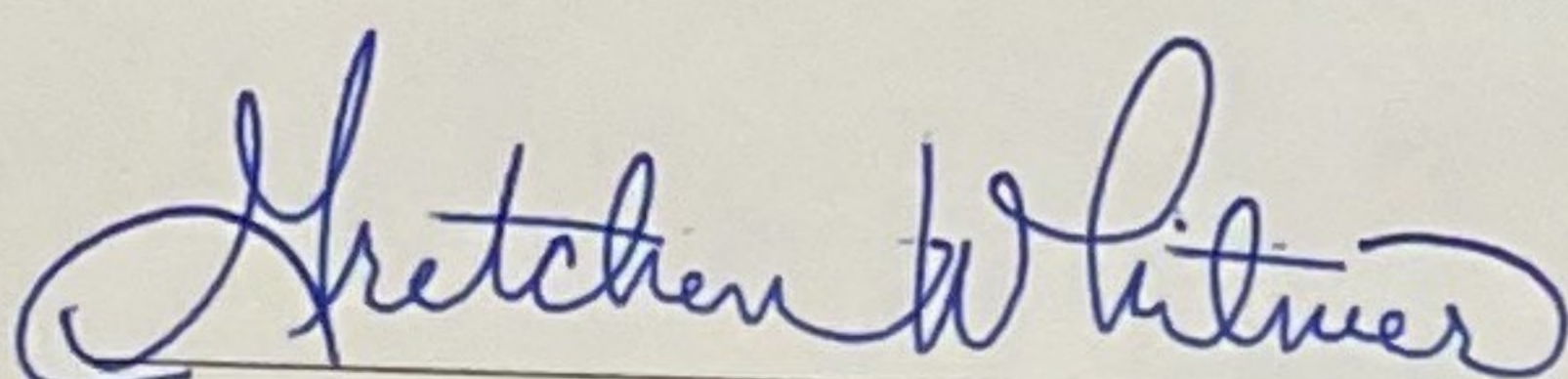
**IN SPECIAL TRIBUTE**, Therefore, This document is signed and dedicated to commend and acknowledge Achilles Malta for his outstanding commitment to the community in the area of substance abuse and mental health services.



John Bizon, M.D., State Senator  
The Nineteenth District



Garlin Gilchrist II  
Lieutenant Governor



Gretchen Whitmer  
Governor

The One Hundredth Legislature  
At Lansing  
Tuesday, September 8, 2020



<b>County</b>	<b>Letters mailed July 2020</b>	<b>Signed Contract received</b>
Barry	X	9/22/2020
Berrien	X	9/24/2020
Branch	X	7/13/2020
Calhoun	X	8/6/2020
Cass	X	
Kalamazoo	X	
St. Joesph	X	
Van Buren	X	8/11/2020

as of 11/6/20

# 2020 Southwest Michigan Behavioral Health Successes and Accomplishments

## Covid-19 Response Efforts:

- SWMBH acted very early and developed a Covid-19 Response Plan.
- SWMBH was proactive and developed a Return to Work Plan, which included color-coded return to work levels, department-specific plans, and spacing flow charts, based on executive orders from Michigan Department of Health and Human Services (MDHHS) and the Center for Disease Control (CDC).
- Infection control trainings, policy, and procedures were provided to staff, and attestations were required for staff completion.
- SWMBH actively engaged and participated in Local, State, and Federal Covid-19 workgroups and calls.
- SWMBH has been a critical player in the distribution and communication of telehealth coding/authorization updates for the Region to ensure our Consumers maintain continued access to high-quality services and programs.
- SWMBH has published multiple Member and Staff Newsletters, featuring guidance on; emotional support, member access options, and the latest updates and trends on Covid-19 upstream guidance.
- SWMBH acted as a critical source of guidance for our External Stakeholder partners, supporting telehealth services, distributing personal protective equipment, and implementing new technology to provide consistent and improved communications.

## Audit and Monitoring:

- Maintained (Full) National Committee for Quality Assurance (NCQA), Managed Behavioral Health Organization (MBHO) Accreditation for the SWMBH Medicare Business Line. SWMBH was the first PIHP in Michigan to achieve the level of (Full-3year) NCQA accreditation on March 2, 2018.
- Began Preparations for NCQA (MBHO) Reaccreditation, scheduled for December 15, 2020.
- Successful Financial Compliance Audit with a Clean Opinion.
- Successful Financial Federal Single Audit with no findings.
- Successful Financial State Compliance Audit with no findings.
- Successful Completion of the 2019 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit, with 47 out of 47 total elements evaluated, receiving a designation score of “Met,” “Reportable,” or “Accepted,” which represents 100% compliance.
- Successfully provided timely responses for all 4 phases of the Health Service Advisory Group (HSAG) 2020 External Quality Review Recommendations and Corrective Action Plans.
- SWMBH was the highest-scoring Region/PIHP, receiving a score of 90% compliance on the Health Service Advisory Group (HSAG) 2019-2020 External Quality Compliance Review.
- 100% compliance on 2020 Aetna Annual Delegation Audit, which includes Case Management, Customer Service, Grievance and Appeals, and Utilization Management reviews.

- 100% compliance on 2020 Aetna/CVS Business Continuity Plan Audit.
- 100% compliance on 2020 Aetna (Medicare) Compliance Program Effectiveness Audit.
- 100% compliance on the 2020 Aetna Annual Claims Audit.
- 100% compliance on 2020 Aetna Annual 360 Practitioner Credentialing Audit.
- 100% compliance on the 2020 Meridian Health Plan Delegated Credentialing Audit.
- Participated and achieved full compliance during the Meridian Center for Medicare/Medicaid Service (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 the 2020 MDHHS Substance Use Disorder (SUD) Administrative Audit.
- Achieved 100% compliance on the 2020 MDHHS Habilitation Supports Waiver (HSW) site Audit.
- Achieved 100% compliance on the 2020 MDHHS Children's Waiver Program (CWP) Audit.
- Achieved 100% compliance on 2020 MDHHS Serious Emotional Disturbance Waiver (SEDW) Audit.
- Achieved 96.88% compliance score on the 2019-2020 Medicaid Services Verification Audit.

## Member Services and Utilization Management:

- Completed 1,059 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
- Completed 2,194 MI Health Link Care Coordination Plans.
- Completed 34,344 total authorizations for service.
- Completed 18,569 Prospective Review SUD events (American Society of Addiction Medicine (ASAMs) are in a portion of these).
- Completed 4,192 Concurrent psychiatric hospitalization and crisis residential stays.
- Handled 15,623 incoming Substance Use Disorder (SUD) calls with an average phone queue time of 6 seconds.
- Handled 3,239 incoming Michigan Health Link (MHL) calls with an average phone queue time of 6 seconds.
- Completed approximately 5,572 American Society of Addiction Medicine (ASAM) assessments for clients diagnosed with a Substance Use Disorder (SUD).
- Successfully implemented use of MCG medical necessity criteria for all behavioral health services authorized by SWMBH.
- Established regional review of Utilization Management function including consistent Screening and Access protocols and a sub-workgroup that is establishing Level of Care guidelines to assure continuity of care across the region.
- All clinics passed inter-rater reliability testing.
- Implemented the use of the inquiry system of logging incoming member-focused calls.
- Significant updates to the Medicaid Customer Handbook, such as the addition of fraud, waste, and abuse and information and updates to the grievance and appeals template.
- SWMBH hosted State Substance Use Disorder Recipient Rights Advisor Training for the region.
- Maintained 7 SWMBH brochures.
- Published 3 Member newsletters.
- Participated in Walk A Mile and Recovery Institute's Recovery Fair. Both were virtual events, adapting to the current environment.
- Implemented electronic accessibility to the Authorized Representative and Follow up in Writing forms on the SWMBH website.

- Assisted dozens of veterans and their families through the Veteran Navigator program, including during COVID shut down.
- Made over 796 follow up calls to members discharged from Substance Use Disorder residential settings.
- For non-MHL Funding Sources (October 2019-September 2020)
  - Completed 5 State Fair Hearings throughout the region.
  - Completed 143 Grievances throughout the region.
  - Completed 73 Local Level Appeals throughout the region.
  - Completed 10 2<sup>nd</sup> Opinions throughout the region.
- For MHL Funding first 3 Quarters (January 2020-September 2020)
  - Completed 0 State Fair Hearings region wide.
  - Completed 6 Grievances throughout the region.
  - Completed 4 Local Level Appeals throughout the region.

## Collaborations with Prepaid Inpatient Health Plans & External Stakeholders:

- SWMBH took the lead on the development and distribution of the 2019 - 2020 Performance Bonus Incentive Program (PBIP) report and received full bonus potential (\$1.7 million) from MDHHS.
- SWMBH provided (for fees/revenue) professional staff support (Registered Nurses) for Integrated Care Team (ICT) function.
- SWMBH and CMHSP's collaborated with Advocacy Organization Representatives to expand and make a more uniform Person-Centered Planning (PCP) process.
- Many collaborative trainings and educational events with the Veterans Affairs Community Action Team.
- Formed and participate in the Hospital Follow-up workgroups (FUH-30 day) with Meridian Health Plan.
- Formed and facilitated All-Cause Recidivism (PCR) workgroup with 3 other PIHPs and 3 MHPs. This is a sub-workgroup of the PIHP/MHP Collaboration Workgroup, and the intentions are to create a shared state-wide protocol and process to provide a more significant impact on the quality metric.

## Operations:

- Updated and revised Business Continuity Plan.
- Developed and implemented COVID 19 work plan.
- Successfully maintained business functions via remote work.
- Conducted two Cultural Insights Pulse surveys and ongoing work aimed at improving retention and employee engagement. Employee engagement and satisfaction scores continue to be overall positive.
- Processed 12,031 need to get these numbers Michigan Health Link mental health claims.
- Processed 263,000 SUD claims from all funding sources.

## Substance Use Disorder (SUD) Interventions:

- Naloxone/Narcan Program:
  - 203 overdose reversals were reported (compared to 116 the previous year).
  - Trained 1816 community members in overdose education and naloxone distribution (1623 kits distributed).
  - Partnered with 64 law enforcement agencies and 26 fire department agencies distributing over 2,041 naloxone kits region wide.
- Completed year three of the State Targeted Response (STR) to the Opioid Crisis No Cost Extension grant, which:
  - Maintained the utilization of recovery coaches in emergency departments using Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) in Kalamazoo, Battle Creek, and Marshall.
  - Maintained the expansion of four recovery coaches at medication-assisted treatment agencies.
  - Provided medication-assisted treatment to uninsured and underinsured.
  - Expanded Strengthening Families prevention programming to Kalamazoo and Branch counties.
  - Continued medication-assisted treatment at Pines Behavioral Health.
  - Expanded and maintained a naloxone distribution program.
  - Added two recovery coaches to assist customers after being discharged from residential services.
  - Provided funding to Victory Clinical Services in Battle Creek, MI, to assist them in opening a medication-assisted treatment program.
- Completed year two of the State Opioid Response (SOR) grant \$1,224,000. Programming for this grant included:
  - Medication-assisted treatment (methadone) in the Kalamazoo County jail.
  - Expanding youth and family prevention programming the evidence-based practices: Guiding Good Choices and Project Towards No Drug Abuse.
  - Expansion of fire department participation in the naloxone program and expanded community-based program.
  - Certification, facility improvement, and staffing support of 8 recovery housing residences within the region.
  - Implementing SBIRT in two Federally Qualified Health Clinics by utilizing recovery coaches.
  - Supporting the implementation of a recovery center in Berrien County.
  - Addition of a behavioral health navigator to help screen for substance use disorders at the Kalamazoo County jail.
- Applied for and received \$984,926 in funding through the State Opioid Response (SOR) Supplemental grant. Programming and services funded under this grant include:
  - Expanding youth and family prevention programming the evidence-based practices: Guiding Good Choices and Project Towards No Drug Abuse in Branch county.
  - Support staffing at recovery housing residences in Kalamazoo county.
  - Addition of a recovery coach to implement Screening Brief Intervention and Referral to Treatment (SBIRT) in a Federally Qualified Health Clinic.
  - Developing and supporting the safe syringe/harm reduction program in Kalamazoo County.
  - Developing the Opioid Health Home Project for start-up on October 1<sup>st</sup>, 2020.
- Applied for State Opioid Response No Cost Extension funds for FY21 of \$1,899,739 to continue and enhance the work begun in SOR 1 grant over the past 2 years.
- Applied for and received \$1,305,000 of State Opioid Response Two (SOR 2) funding. Programming for FY21 will include:
  - Expanding prevention services to disparate populations and Boys and Girls Clubs.
  - Maintaining Overdose Education and Naloxone Distribution programming.

- Expansion of case management services in communities that have high rates of stimulant use disorder.
- Maintaining, expanding, and promoting the use of recovery coaches at emergency departments and agencies that currently do not provide coaching services.
- Implementing jail-based treatment services with an emphasis on treating stimulant use disorders (methamphetamine use disorder).
- Maintaining financial support for Recovery Residence staffing.
- Completed Partnership for Success (PFS) Grant in St. Joe and Van Buren counties. Received an additional \$90,000 in PFS funding for FY21.
- Continued to train SUD provider network clinicians on the Global Assessment of Individual Needs (GAIN).
- Provided SUD treatment services to almost 5,000 customers.
- Provided PA2 funding and oversight to 53 treatment programs.
- Gambling Disorder Prevention Specialist completed Community Readiness Assessment for all eight counties and began an awareness campaign targeting youth, parents, and seniors. [WinThemBack.org](http://WinThemBack.org) was created to deliver consumers to the landing page on the SWMBH website to access problem gambling symptoms, warning signs, and risk factors.
- Continued to support the recovery center in Calhoun county through the allocation of Block Grant funding.
- Supported the continuation of a recovery center in Berrien county, Carol's Hope, through Block grant funding.
- Maintained the addition of an Addictionologist for consultation and integration of substance use disorders and medical care.
- Despite significant school and site closures and disruptions brought about by the COVID-19 health crisis, Prevention Providers were able to continue to provide education-based programs in many communities through virtual learning platforms or in-person using recommended safety and social distancing practices. Altogether, providers were able to start and complete 40 education-based groups (with multiple sessions), serving a total of 148 persons from 4/1/20 through 9/30/20.
- Collected over 8,627 pounds of unused and expired medication through year-round efforts maintained by local programs (Pharmacy collection program, started recently by DEA, not counted in this number).
- Synar tobacco retailer compliance measure: Score of 86.2% compliance level (Synar is named after Mike Synar, who was the Congressman who sponsored the Bill).
- All ten Prevention Providers surpassed the required minimum performance rating of 85%. Average provider rating: 93.7 % (provisional rating as a few outcome measures were still being processed at the time of this report).
- Assisted and trained providers in entering accurate, timely, and complete BH TEDS admissions to meet/exceed MDHHS standard of 95% matching admission to encounters.
- Expanded residential treatment capacity by adding a women's residential in Branch County.
- Completed transition to providing substance use disorder treatment for Individuals under Michigan Department of Corrections (MDOC) Supervision.
- Hired Opioid Health Home Coordinator to support the implementation of Opioid Health Home in two counties (Kalamazoo and Calhoun).
- Successfully completed LARA Substance Use Disorder Licensure virtual survey.
- Assisted and supported both prevention and treatment providers with the transition to telehealth/telephonic services during the COVID-19 pandemic.

## SUD Grants, Allocations, and Additional Funding Sources Achieved:

SUD DHHS Block Grant	Final Award from State
Community Grant - SUD	\$4,698,417
Prevention -SUD	\$2,395,425
Partnership for Success VB and St Joseph County prevention	\$267,078
State Disability Assistance	\$128,219
State Opioid Response SOR	\$1,224,000
State Opioid Response - Supplemental & Opioid Health Home	\$984,926
State Targeted Response to Opioid Crisis	\$478,000
WSS	\$261,211
Gambling Disorders Program	\$188,684
Substance Use- Tobacco – Vape	\$4,000
Total SUD Block Grants	\$10,629,960
Mental Health Block Grants	
Transportation to Crisis Residential	\$80,000
Regional PMTO Training Support	\$68,000
Clubhouse Engagement	\$120,000
Veterans Navigator	\$88,000
Total Mental Health Block Grant	\$356,000



## 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, such as; The annual consumer satisfaction survey, the Person in Recovery Survey, Utilization Management Access Survey, and the Physical Health/Behavioral Health Communications Survey.
- Collected information for the annual Performance Bonus Incentive Project (PBIP) Narrative Report, which represents a collection of Regional achievement in the areas of: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services and Quality and Safety of Care.
- Achieved 100% Compliance Score on the 2019-2020 Performance Bonus Incentive Program (PBIP) Narrative report, translating into \$1,765,032.62 in achieved bonus award from MDHHS.
- Maintained (Full) National Committee for Quality Assurance (NCQA) Managed Behavioral Health Care Organization Accreditation for the Medicare Business Line.
- Development of (4) New Educational Trainings for providers, internal and external staff available for access via the SWMBH portal on:
  - Critical Incident Reporting
  - Performance Indicator Reporting
  - Jail Diversion Reporting
  - SWMBH SharePoint and Tableau Navigation
- Represented the Region on the MDHHS sponsored Performance Indicator Workgroup and helped to reformulate the logic for (3) new Performance Indicators.
- Achieved 100% of possible Meridian Health Plan Performance Measure Quality Withhold measures, which allowed SWMBH to capture/retain all bonus dollars.
- Met 100% of MI Health Link contractual obligations and completed 11 monthly core reports, 4 quarterly reports, and many Adhoc reports reflecting access measures and analysis.
- Improved MI Health Link Level II Assessment follow-up rates: (follow-up with patients released from an inpatient facility with 15 days or less).
  - 2016 – 98.83%    2017 – 99.73%    2018 – 99.75%    2019 – 99.11%    2020 - 99.44%
- (+2.76% combined) Overall improvement on 2019-2020 Customer Satisfaction Survey Scores over the previous year's results:
  - Mental Health Static Improvement Project (MHSIP) (adult survey) + 2.46%
  - Youth Satisfaction Survey (YSS) (youth survey) +.30%
- (+0.14 point) Overall improvement in 2019-2020 Self Recovery (SUD) Survey Scores over the previous year's results:
  - 2014/2015 – 4.18    2016/2017 – 4.13    2018/2019 – 4.22    2019-2020 – 4.36
- (+1.74%) Improvement in 2019-2020 MI Health Link Member Satisfaction Scores over the previous year's results:
  - 2016/2017 – 82.46%    2017/2018 – 80.07%    2018/2019 – 88.14%    2019-2020 – 89.88%
- 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, including (HSAG, MDHHS, NCQA, Aetna, and Meridian).

- Led and facilitated the formulation of the 2020-2021 Board Ends Metrics in collaboration with all SWMBH functional areas and Regional Committees.
- Helped to facilitate Regional response efforts regarding the MDHHS 2021-2022 Strategic Pillars.
- Helped to re-design the annual CMHSP site review process and results/analysis presentation.
- Formulated monthly MHL analysis reports on key metric areas, which allowed SWMBH to identify areas of improvement.
- Facilitated and led 3 Performance Improvement Projects through the Quality Management Committee.

## Board Ends Metrics Achieved during FY 2020 (October 1, 2019 – September 30, 2020)

Board Ends Metric	Metric Result	Board Approved Date	Points Earned
<ul style="list-style-type: none"> <li>• 95% of MH reportable encounters will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report.</li> <li>• 95% of SUD reportable encounters will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report.</li> </ul>	<p><b>Metric Achieved</b></p> <p>MDHHS Report Date: 12/3/19 Reported the following status:</p> <ul style="list-style-type: none"> <li>• Mental Health TEDS: 96.79%</li> <li>• Substance Abuse TEDS: 97.47%</li> </ul>	1/10/2020	1 point earned
At least 18% of parents and/or caregivers of youth and young adults who are receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Treatment Guidance at least once per quarter. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.	<p><b>Metric Achieved</b></p> <p>SWMBH Achieved a rate of 57% per Michigan Department of Health and Human Services (MDHHS) Metric Status Report on 10/29/2020</p>	11/8/2019	1 point earned
PBIP Narrative Report Achieve 95% of Performance-Based Incentive Program monetary award based on MDHHS specifications.	<p><b>Metric Achieved</b></p> <p>Report Submitted to MDHHS on 11/15/19 MDHHS confirmed on 2/1/2020 that SWMBH achieved 100% of possible bonus earnings (\$1,313,811)</p>	3/13/2020	1 point earned
PBIP Metrics Reports Achieve the following Joint expectations for the MHP's and SWMBH. There are 100 points possible for this bonus metric	<p><b>Metric Achieved</b></p> <p>SWMBH submitted required reports for Joint Care Management, Follow-up after Hospitalization, Plan All-Cause Readmissions, and Emergency Department Visit for Alcohol and drug dependence MDHHS notified SWMBH on 1/13/2020 that it achieved 98.2% of possible bonus award earnings (\$485,930)</p>	3/13/2020	1 point earned

<p>2019-2020 Customer Satisfaction Surveys collected by SWMBH are at or above the SWMBH previous year's results for the following categories:</p> <p>Mental Health Statistic Improvement Project Survey (MHSIP) tool. <i>(Improved Functioning)</i></p> <p>Youth Satisfaction Survey (YSS) tools. <i>(Improved Outcomes)</i></p>	<p><b>Metric Achieved</b></p> <p>SWMBH Achieved the following improvements for each survey tool:</p> <ul style="list-style-type: none"> <li>MHSIP (adult): +3.9%</li> <li>YSS (youth): +2.0%</li> </ul>	3/13/2020	<b>1 point earned</b>
<p>95% of the Functional Assessment tool, detailed sub-element scores (LOCUS, ASAM, CAFAS, SIS) are received electronically by SWMBH from CMHSPs by (4/15/20).</p>	<p><b>Partial Metric Achieved</b></p> <p>Significant Improvements Were Made in the following Assessment tools:</p> <ul style="list-style-type: none"> <li>LOCUS: 97.4%</li> <li>CAFAS: 98.2%</li> <li>SIS: 95.6%</li> <li>ASAM: 94.1%</li> </ul>	4/10/2020	<b>.75 point earned</b>
<p>2019 Health Service Advisory Group (HSAG) External Quality Compliance Review (90% of Sections evaluated receiving a score of "Met").</p>	<p><b>Metric Achieved</b></p> <p>74/82 or 90.24% of total elements evaluated achieved (full compliance)</p> <p>*SWMBH ranked highest amongst all 10 Michigan PIHP's</p>	6/12/2020	<b>1 point earned</b>
<p>SWMBH will achieve 95% of quality withhold performance measures identified in the Integrated Care Organization (ICO) contracts.</p> <p>(2 points possible) +1 Meridian - +1 Aetna</p>	<p><b>Metric Achieved</b></p> <p><b>Meridian</b> Quality Withhold Achievement DY 1-3 (100%)</p> <p><b>Metric Missed</b></p> <p><b>Aetna</b> Quality Withhold Achievement DY 3 (66%)</p>	10/9/2020	<b>1 point earned</b>
<p>2020 HSAG Performance Measure Validation Passed (95% of Critical Measures receiving a score of "Met")</p>	<p><b>Metric Achieved</b></p> <p>47/47 or 100% of Standards Evaluated received a designation of "Met," "Accepted," or "Reportable."</p>	9/11/2020	<b>1 point earned</b>
<p>A. 97% of applicable MH served clients with an accepted encounter will have a matching and accepted BH TEDS record confirmed by MDHHS monthly status report.</p> <p>B. 97% of applicable SUD served clients with an accepted encounter will have a matching and accepted BH TEDS record confirmed by MDHHS monthly status report.</p>	<p><b>Metric Achieved</b></p> <p>The MDHHS June report showed SWMBH at MH=98.53% and SUD=97.21%. SWMBH dropped back on the August report: MH= and SUD=. We suspect the values for each will exceed 97% for our final MDHHS September report.</p> <p>Measurement Period: 1/1/20 – 7/1/20</p>	10/9/2020	<b>1 point earned</b>

<b>Regional Habilitation Supports (HSW) Waiver slots are full at 99% throughout the year. (October 2019-September 2020)</b>	<p style="text-align: center;"><b>Metric Achieved</b></p> <p>99.86% of HSW slots have been filed in FY 20, per the MDHHS status report.</p> <p>*SWMBH has been the best performing PIHP in the State for 3 consecutive years.</p>	<p>10/9/2020</p>	<p><b>1 point earned</b></p>
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## Information Technology:

- Changes made at Aetna's request to Mi Health Link Encounter File Structure.
- Provided Extract of workers showing non-exempt for Healthy Michigan Plan.
- Worked with MDHHS on Recoupment of capitated payments for deceased clients.
- Purchased and installed new Cisco conference phones in all meeting rooms.
- Supplied risk stratification data to determine eligibility for the Kalamazoo Health Connections program and provided Apple iPhones with mobile device management to participants.
- Assisted with MHEF grant data use agreement submission.
- Converted Anti-spam software from Email Defender to Microsoft Advanced Threat Protection.
- Identified zones and completed updates to the Telnet database for compliance with E-911 law.
- Updated service bus Applications to .Net 4.8.
- Completed and submitted the 2019 Medicaid Utilization and Net Cost report.
- Wrote Inpatient Length of Stay and Hospital Follow-up Reports to match HEDIS logic.
- Created IT Incident Response Plan.
- Completed MDHHS audit of members paid on the 820, but not on the 834.
- Facilitated process for staff to work-from-home due to the Covid-19 pandemic.
- Made website changes to comply with Executive Order-48.
- Assisted with loading the new Gambling Prevention page on the SWMBH website.
- Converted Cobblestone license to Adobe Sign and archived Cobblestone contracts.
- Contributed to the HSAG Performance Measure Verification audit.
- Completed FY2019 Encounter Data Quality Report.
- Contracted with Zoom for SIS Assessors.
- Assisted with the selection and implementation of Go-to-meeting Webinar and Producer for 5<sup>th</sup> Annual Regional Healthcare Policy Forum and other high visibility meetings.
- Setup SUD Consent to Share Behavioral Health Information fillable form on the SWMBH website.
- Provided Phishing simulations and education to all SWMBH staff. Achieved 100% compliance.
- Assisted with Meridian rate settlement for 2015-2018.
- Completed 2019 Aetna security audit and corrective action plan.
- Copied Expressway Edge Call manager server to Aunalytics Data Center.
- Converted Anti-virus software to Sophos, which has Ransomware protection functionality.
- Completed the 2020 network penetration test with no high or critical vulnerability on endpoints.
- Isolated the guest network from the production environment network and enabled content filtering on all networks on the SWMBH firewall.

- Updated Windows 10 to version 1909 on all endpoints.
- Worked with Relias to install and test the new Population Performance tool.
- Created a new Provider Network tracking application.
- Recreated Milliman Member Level Risk Data Reports and Prevalence Reports for CMHs.
- Upgraded Tableau server and provided Tableau Overview training to 35 PHIP and CMH participants.
- Transitioned to in-house security administration, reducing turnaround time for employees who need to reset passwords and request system folders access.
- Upgraded conference room Audio Visual equipment, improving connectivity and sound quality.
- Replaced 50 laptops reducing downtime and increasing efficiency.

## Michigan Health Link and Integrated Care Programs:

- Improved MHL Consumer Satisfaction rates by nearly 2% over the previous year's results.
- Produced and delivered 132 Core Reports, 4 quarterly reports, and 31 Adhoc reports to our ICO partners.
- Participated in 75 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.
- Coordinated and facilitated ongoing SWMBH Integrated Care Team monthly meetings with each of the seven Medicaid Health Plans in the region with goals to reduce ED utilization and inpatient admissions for individuals opened to Integrated Care Teams during FY20. There was a 67.9 % reduction in ER claims and 78.4% reduction in inpatient days, for the six months prior to ICT involvement versus six months post ICT involvement.
- Participated in 84 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.
- Developed and Implemented Kalamazoo Health Connections Program, a Michigan Health Endowment Fund grant project. We collaborated with Integrated Services of Kalamazoo, WMed, Kalamazoo county programs, resources and providers to provide care coordination for members with increased risk for hospitalization, emergency room visits and complex medical needs. We served 14 members, provided food and resource relief during COVID19 pandemic response, and improved quality of life as well as education level and ability to manage disease processes for individual members.
- Worked in collaboration with 3 other PIHPs and 3 MHPs to create a Plan All-Cause Recidivism (PCR) protocol. Along with the protocol, we advocated for changes to CC360 to help assist with risk stratification, including race. These changes were implemented based on agreement within the PIHP-MHP Workgroup. Unfortunately, and unexpectedly, PCR is no longer a measurement for FY21 as of July 2020. However, the CC360 changes will be beneficial for risk stratification in the future.
- Implemented Performance Improvement Plan (PIP) targeting diabetes screening measure for individuals meeting criteria who are mutually served by PIHP and MHP not engaged with CMH services. Initiatives encompassed outreach to Medicaid Health Plan (MHP) regarding performance outcome goals and objectives and seeking opportunities to leverage MHP provider and member notification to encourage members to get diabetes screening to improve performance measurements.

- Reviewed 5 Private Duty Nursing (PDN) members and determined they met eligibility for extension of authorizations without an annual assessment due to COVID19 pandemic standards. Completed 1 redetermination assessment review to ensure medical necessity was documented and supported for care. Provided PDN authorizations for this member.
- Participated in monthly joint coordination meetings with a Medicaid Health Plan (MHP) (Aetna) and FQHC reviewing 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.
- 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. 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 plan.
- Followed workflow process for Complex Case Management. We outreached members who met the eligibility of having complex medical needs and frequent IP or ED visits. We also received referrals from SWMBH Customer Service for 3 members who were high risk. One of those members was admitted to the program and then closed with no additional needs. The other 2 referrals were reviewed and found to not be appropriate for the program. We managed 12 members. Outreach was extremely challenging during COVID19 pandemic. One member improved very significantly after we found an in-home psychiatric provider and in-home therapist. He has not had an ED visit or IP stay in 19 months. Population analysis was completed and will affect the eligibility requirements for next year.
- Expanded and documented the process for ensuring support and resources during care transitions for MI Health Link members in collaboration with ICOs.
- 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 CMHs and providers to ensure quality care.
- Implemented CMH communication regarding ICT members to improve preventative medical and behavioral health measures, addressing barriers in access to care, patient education regarding appropriate care utilization based on acuity, reduction of Emergency Department (ED) utilization, and reduction of inpatient (IP) admissions.
- Participated in monthly Statewide PIHPs and MHPs collaborative process improvement workgroup meetings to improve systems effectiveness and health outcomes for the beneficiaries mutually served. A key strategic area of process development and implementation is the creation of the Statewide follow-up after hospitalization (FUH) reporting structure. Through this initiative we provide weekly data extractions and uploads to the Michigan Department of Health and Human Services (MDHHS) computer information system for PIHP, MHPs and CMH's access to improve the beneficiary post-discharge process. The Integrated Care team collaborated with IT to develop a report to automate the process and utilize the EHR at a higher functionality.
- Actively participated in program development of Kalamazoo Defenders serving on 4 committees of a Kalamazoo County non-profit organization that serves adults who allegedly have committed a crime and are struggling with underlying causes and conditions.

- Ongoing assessment of health disparities related to FUA and FUH. Integrated Care is working to identify gaps and possible resolutions to closing disparate gaps in care and access to care.
- Organized and facilitated monthly internal MHL Committee Meetings. Identified community providers to invite and include in the meetings. Collaborated with other departments within SWMBH to effectively meeting NCQA and other requirements.
- Organized and facilitated Meridian ICO operations meetings with a goal of collaborating and discussing all joint issues and joint metrics. Separate workgroups were established to work toward FUH joint metric education and improvement.
- Reviewed treatment plans of one CMH with focus on level of care. This resulted in increased appropriateness of services related to level of care.
- Participated with 3 other PIHPs in development of a proposal for MDHHS for care management of members unenrolled in a health plan who have complex medical needs.

## Clinical Quality:

- Clinical Trainings:
  - o Provided clinical training at 9 events, training 334 attendees on the following topics: Ethical Considerations for Coaches, Medical Necessity Guidelines for Applied Behavior Analysis, LGBTQ+ Diversity, Clinical Supervision, and Charting the Life Course tools for Person-Centered Planning.
  - o 99 individuals took part in the Living Works Start a suicide prevention training
  - o 53 individuals registered for ASAM Criteria training.
- Levels of Care:
  - o Developed Level of Care monitoring reports for adults with serious mental illness and youth with severe emotional disturbance.
  - o Developed and implemented the SWMBH Level of Care Core Service Menus for adults with I/DD and persons with substance use disorders.
  - o Assisted CMHs with transitions of care, case consultation, and follow up regarding challenging cases.
- Home and Community-Based Services (HCBS) Rule:
  - o Partnered with local Community Mental Health Services Providers attending relevant meetings for education and technical assistance for Home and Community-Based Services.
  - o Participated in monthly state meetings and quarterly Implementation Advisory Group meetings to enhance communications and coordination of consumer care.
  - o Ensured that 322 corrective action plans for HCBS compliance for those receiving Michigan's Medicaid Specialty Supports and Services Plan (aka - B3 services include: Skill building, Supported Employment, and Community Living Supports) were fully implemented.
  - o Approved 45 new provider sites through the provisional approval process.
  - o Ensured individual CMHSP partners were in line with service provision, medical necessity criteria and reduce waste.
  - o Implemented a Board-Certified Behavior Analyst (BCBA) consultation process to assist CMHSPs when making authorization decisions where service requests did not align with utilization management review standards.
  - o Assisted with MDHHS driven guidance and coordination to assist families receiving ABA



- services or working to begin services during COVID-19 pandemic without delays or interruptions to services.
  - o Completed first-year audits and provided feedback for improvement to 4 new ABA providers within our region.
- Clinical Data Analytics:
  - o Developed the MHL population report stratifying ED/IP utilization trends by age, race/ethnicity, ICO, chronic conditions, and other factors.
  - o Calculated HEDIS metrics SSD, IET, and SAA for the MHL population for CYs 2018 and 2019.
  - o Calculated CY 2019 performance for SSD PIP; submitted 2020 PIP update documentation.
  - o Devised tool for evaluating service recipient over/underutilization per level of care (determined by LOCUS, CAFAS, SIS) and core service menu.
  - o Stratified Region 4 metric performance by race/ethnicity for HEDIS measures FUH-A, FUH-C, and PCR; evaluated for the presence of racial disparities in measure performance.
  - o Developed utilization reports and cost estimates for persons enrolled in the Kalamazoo Health Connections program.
- Clinical Quality Reviews
  - o Clinical and SUD Quality teams completed reviews for 42 different service providers across 5 different service lines (General CMHSP Clinical and SUD Quality, Psychiatric Inpatient, Applied Behavior Analysis, and Crisis Residential).
  - o Reviewed 345 individual case files and provided feedback on ways to meet higher clinical standards.
  - o Managed, reviewed, and accepted 268 unique Corrective Action Plans implemented as a result of audit results.

## Supports Intensity Scale (SIS) Assessments:

- Recognized by the Michigan Quality Summary published by Macomb, Oakland Regional Center (MORC) for consistently having case manager/support coordinator presence at SIS assessments.
- Seamlessly shifted to virtual SIS assessments while also offering safe options for assessments within the community.
- Participated in the SIS steering committee.

## Habilitation Support Waiver (HSW):

- SWMBH has filled 99.84% (710) of Habilitation Service Waiver (HSW) slots provided by the State from October 1, 2019, through September 30, 2020.
- Over the past three years, SWMBH continues to have the best HSW slot utilization state-wide.
- Met goals of compliance of HSW recertification for ten consecutive quarters.
- Facilitated an annual residential living arrangement project to revise supporting documentation and Behavioral Health Treatment Episode Data Set for 80 individuals to ensure proper payment rates.



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

- Continued implementation of our 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.
- Improved the percentage of parents and families receiving support and training for ABA interventions from 57.8% in FY19 to 68.7% in FY20.
- Maintained 527 Autism Client Cases and worked with CMHSP partners to close out cases that had been left open unnecessarily to reflect proper enrollment numbers within the region.
- Completed ABA audits for 16 providers within the region, totaling 116 clinical case files and managing 67 corrective action plans.
- Developed and implemented new utilization management review processes alongside individual CMHSP partners to ensure service provision is in line with medical necessity and reduce waste.
- Implemented BCBA consultation process to assist CMHSPs when making authorization decisions where service requests did not align with utilization management review standards.
- Assisted with MDHHS driven guidance and coordination to assist families receiving ABA services or working to begin services during COVID-19 pandemic without delays or interruptions to services.
- Completed first-year audits and provided feedback for improvement to 4 new ABA providers within our region.

## Executive Officer Memberships, Engagements, and Accomplishments

- Great Lakes Chapter of the American College of Healthcare Executives (GLACHE) --Served as Committee Chair of Educational Event – Behavioral Health: Approaches to Increase Value for the Organization and Meet Community Needs.
- Executive Officer serves as 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 to develop 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 largest Annual Regional Healthcare Policy Forum on October 16, 2020, comprised of national, state, and local presenters.
- Testified at Senate Appropriations Committee regarding Transformation Plan of Michigan Behavioral Health.
- Governor's appointment as member of the Mental Health Diversion Council.
- Coordinated on-site meeting with Dr. Khaldun, Chief Medical Executive, and Nicole Hudson, Chief Deputy Director for Health from MDHHS, as an introduction to the SWMBH Senior Leader Staff, our role, and our systems.

## FY 2020 Public Policy and Legislative Initiatives:

Date	Event Name	Attendees
10/12/2019	Breakfast on Blueberry Farm for Aric Nesbitt	Aric Nesbitt and constituents
10/17/2019	Card to Aaron Miller -- Thank you for work on LPC Bills and invitation to visit SWMBH	Representative Aaron Miller
10/23/2019	Senate Appropriations Presentation-Former Arizona Medicaid Director	Senate Committee Members, Public
10/30/2019	Senate Appropriations Presentation-Public	Senate Committee Members, Public
11/6/2019	Senate Appropriations Testimony Preparation	Joseph Sedlock
11/6/2019	Senate Appropriations Testimony Joseph Sedlock/Brad Casemore	Senate Committee Members, Public
11/7/2019	Email from MDHHS - PIHP CEO Meeting Follow UP	Sarah Esty response and report from Robert Gordon's CMHAM Conference
11/14/2019	Governor Whitmer Announcement Opioid Task Force Plan	Governor Whitmer, Dr. Joneigh Khaldun, Robert Gordon/MDHHS, Dr. Cara Poland/Spectrum Health, Mari Kay Sherry/MDOC, Steve Alsum/The Red Project
11/15/2019	Kalamazoo Legislative Breakfast	Senator McCann, Legislative Aide from Rep. Hoadley's office, Public
11/19/2019	Michigan Health Policy Forum-Michigan's Aging Population	MAHP Dominick Pallone, Advocacy Group Representatives, Jim Haveman
12/4/2019	Phone Conference-Plan Governance & MDHHS Clarity, BH CMH/PIHP Value, DHHS Review of MHL Mild Mod Services and Outcomes	Sarah Esty/MDHHS, Erin Emerson/MDHHS, Dave Schneider/HMA
12/4/2019	Senate Appropriations Presentation-Robert Gordon	Robert Gordon, Senate Committee Members, Public
12/10/2019	Study Results to Improve Administrative Efficiencies, Shared Services, and Consolidations	Publication to Sarah Esty
12/11/2019	Meeting	Colleen Allen, Autism Alliance of Michigan
12/19/2019	Medicaid Recoupment	Email to Robert Sheehan, CMHAM
1/6/2020	Fund Raising Luncheon	Representative Haadsma and Governor Whitmer
1/9/2020	Meeting	Margaret O'Brien
1/9/2020	MDHHS Public Forum: Future of Behavioral Health	MDHHS Staff and Public
1/10/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
1/16/2020	Public Policy Committee Meeting	Ric Compton, Scott Schrum, Alan Bolter, Mary Bowers, Jennifer Leigh
1/17/2020	Kalamazoo Legislative Breakfast	Sen. McCann & Representative from Jon Hoadley's office
1/21/2020	Webinar-What to Expect Meeting Congress & Staff	National Council
1/23/2020	Beyond Appearances BH Funding Point of Care	Publication to Sarah Esty
2/5/2020	Transformation Plan of MI BH	Sarah Esty
2/5/2020	298 Lessons Learned	MDHHS Staff, PIHP CEOs, CMH CEOs
2/6/2020	Governor's FY 20-21 Budget Presentation	PIHP Advocates Meeting

2/7/2020	Governor's Appointment - Bradley Casemore to Mental Health Diversion Council	Publication
2/10/2020	Current topics and Administration's Policy Agenda	Joneigh Khaldun, MD & Nicole Hudson --Chief Medical Executive & Chief Deputy Director for Health-MDHHS Meeting with SWMBH Senior Leaders
2/27/2020	Elizabeth Hertel-MDHHS email	Confirmation of Panelist for Legislative Event
2/28/2020	NAMI Michigan Update	Kevin Fisher, Executive Direction
2/28/2020	Industry Update	Centene Meridian Complete Care -- Dawn Siggett, Director Government Relations
3/4/2020	Representative Mary Whiteford Meeting	Review of Legislative Event
3/13/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
3/24/2020	State Guidance Stakeholders Discussions	Denis Richards/MDHHS
4/14/2020	Mental Health Diversion Council Meeting	Committee Membership
4/23/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
4/28/2020	Town Hall	Sen. McCann, Rep. Hoadley, Lt. Gov. Gilchrist
4/29/2020	Webinar-Life Returns to Normal/Legal and HR Considerations for Employers	Dykema Attorneys
4/30/2020	Email contact	HSAG Report to Senator Bizon
5/1/2020	Capitoline Legislative Update	Capitoline Report from PIHP EO meetings
5/2/2020	Town Hall	Representative Jim Haadsma
5/8/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
5/11/2020	Zoom Town Hall Meeting	Attorney General Dana Nessel, Senator McCann, Jon Hoadley
6/3/2020	Public Policy Meeting	Ric Compton, Scott Schrum, Alan Bolter, Mary Bowers, Jennifer Leigh, Richard Godfrey
6/5/2020	Government Affairs Update	Elizabeth Wehl & Christin Nohner -- RWC Advocacy
6/19/2020	BHDDA Presentation Services Impacted by Covid-19	Sarah Esty/MDHHS and Belinda Hawks/BHDDA
7/10/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
7/17/2020	Kalamazoo Legislative Breakfast	Community Members
8/11/2020	Mental Health Diversion Council Meeting	Committee Membership
8/14/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
8/18/2020	Public Policy Meeting	Ric Compton, Scott Schrum, Alan Bolter, Mary Bowers, Jennifer Leigh, Richard Godfrey
9/8/2020	Mental Health Diversion Council Meeting	Committee Membership
9/11/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
9/14/2020	Sen. Shirkey Golf Outing	Alan Bolter, Jon Houtz, Ric Compton
9/21/2020	Fee Schedule Stakeholder Engagement-Supports	Milliman Webinar
9/23/2020	BHDDA Update Presentation to Senior Leaders	Lisa Grost/BHDDA