Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting
SWMBH – 5250 Lovers Lane, Suite 200 Portage, MI, 49002
Please join the meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/250012069
and join the conference call:
1-844-655-0022
Access Code: 738-811-844
Monday, March 16, 2020
4:00-5:30

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)**
   - January 20, 2020 Meeting Minutes (d) (pg.2)
6. **Board Education**
   a) Fiscal Year 19/20 YTD Financials – (G. Guidry) (d) (pg.5)
   b) PA2 Utilization FY19 YTD - (G. Guidry) (d) (pg.6)
   c) Fiscal Year 2019 Customer Satisfaction Survey Results (J. Gardner) (d) (pg.7)
   d) Feedback from SAMHSA on Marijuana Attestation Requirement (J. Smith) (d) (pg.33)
   e) Strategic Planning
      1. MDHHS Opioid Plan (J. Smith) (d) (pg.34)
      2. SWMBH SUD Strategic Plan Request (J. Smith)
   f) Michigan Department of Corrections (J. Smith)
7. **Board Actions to be Considered (Randall Hazelbaker)**
   - FY19/20 PA2 Budget Request – Berrien County, Berrien Trial Court (d) (pg.42)
8. **Communication and Counsel**
   a) Strategic Imperative Descriptions (B. Casemore) (d) (pg.49)
   b) Legislative and Policy Updates (B. Casemore) (d) (pg.54)
   c) State/Regional Reports (B. Casemore)
   d) Intergovernmental Contract (B. Casemore)
9. **Adjourn**

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

Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder

Oversight Policy Board (SUDOPB) Meeting Minutes

Bravo! Restaurant & Cafe, 5402 Portage Rd. Portage, MI, 49002

January 20, 2020

4:00 – 5:30 pm

Draft: 1/21/20

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County)

Members Present via phone: Michael Majerek (Berrien County); Gary Tompkins (Calhoun County); Allen Balog (St. Joseph County); Kathy-Sue Dunn (Calhoun County); Tara Smith (Cass County); Ben Geiger (Barry County); Skip Dyes (Cass County)

Members Absent: Daniel Doehrman (Kalamazoo County); Lisa White (Kalamazoo County); Paul Schincariol (Van Buren County); Don Meeks, (Berrien County)

Staff Present: Brad Casemore, EO, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Garyl Guidry, Senior Financial Analist, SWMBH; Achiles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Guests: Jennifer Aniano, Kalamazoo County Commissioner Liaison

Welcome and Introductions

Randall Hazelbaker called the meeting to order at 4:00 pm. Introductions were made.

Public Comment

None

Agenda Review and Adoption

Motion	Richard Godfrey moved to approve the agenda.
Second	Gary Tompkins
Motion carried	

Financial Interest Disclosure Handling

Mila Todd stated that Ben Geiger, Gary Tompkins and Allen Balog need to complete their financial interest disclosures and return to her as soon as possible.

Consent Agenda

Motion	Richard Godfrey moved to accept the November 21, 2019 meeting minutes.
Second	Kathy-Sue Vette
Motion carried	

Board Education

Fiscal Year 19/20 YTD Financials
Garyl Guidry reviewed the year to date financials as presented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, PA2, and noted the State change of funding through Electronic Grants Administration & Management System (EGrAMS).

PA2 Utilization Fiscal Year 2019
Garyl Guidry reported as documented.

Approved SWMBH Fiscal Year 2020 Budget
Brad Casemore reported as documented noting that the SWMBH Board approved a revised budget at the January 10, 2020 meeting.

2019 SWMBH Admission Data
Joel Smith reported as documented. Discussion followed.

2019 SWMBH Prevention Outcomes
Achiles Malta reported as documented. Discussion followed.

State Opioid Response Site Review
Joel Smith reported as documented. Discussion followed.

Board Action

2020 SUDOPB Election of Officers
Randall Hazelbaker asked the members to nominate a Board Chair for 2020. It was recommended by Kathy-Sue Vette that Randall Hazelbaker be the SWMBH SUDOPB Board Chair for the year 2020. No other nominations were made.

Motion	Kathy-Sue Vette moved to approve the nomination.
Second	Richard Godfrey
Motion unanimously carried	

Randall Hazelbaker asked the members to nominate a Board Vice-Chair for 2020. It was recommended by Skip Dyes that Richard Godfrey be the SWMBH SUDOPB Board Vice-Chair for the year 2020. No other nominations were made.

Motion	Skip Dyes moved to approve the nomination.
Second	Ben Geiger
Motion unanimously carried	

Communication and Counsel

Legislative and Policy Updates
April 17, 2020 Annual SWMBH Legislative and Public Policy Event
Brad Casemore encouraged all to attend and invite local commissioners and legislators. Invitations will be sent soon.

May 8, 2020 Annual SWMBH Board Retreat
Brad Casemore invited the SUDOPB Chair and Vice-Chair to attend.

Behavioral Health System Reform – MDHHS Public Forums
Brad Casemore reviewed highlights from MDHHS and proposed formation of Specialty Integrated Plans (SIPs). This carve in model would eliminate the PIHPs. The MDHHS proposal does not mention Substance Use Disorder or use of PA2 funds. Brad Casemore encouraged all to attend the February 6, 2020 virtual forum on proposed behavioral health system reform.

January 29, 2020 State of the State Address
Brad Casemore noted that Governor Whitmer's State of the State address has been scheduled for January 29th.

SWMBH Board Member Moses Walker
Brad Casemore announced the passing of SWMBH Board Member, Moses Walker. The visitation, January 24 and the funeral, January 25 are at Stones Church. More information can be found at Harper Funeral Homes
https://www.harperfuneral.com/obituaries/Moses-Walker/

State/Regional Reports
MDHHS/Wayne State – State Targeted Response (STR) to the Opioid Crisis Grant, Year 2 Report
Joel Smith reported as documented. Discussion followed.

Opioid Health Homes
Joel Smith stated that the project is moving forward and a meeting is scheduled in Region 2 (Northern Michigan) to visit established Opioid Health Homes. SWMBH is reviewing contract language and has partnered with Victory Clinic and Summit Pointe.

Safe Syringe Program
Joel Smith stated that SWMBH met with partners, Recovery Institute and Hope Network to discuss shifting of assignments and roles. A funding method for this program has not been discovered.

SUDOPB Bylaws
Brad Casemore reviewed the Mental Health Code (excerpt) Act 258 of 1974, noting that SWMBH SUDOPB Bylaws are inline with the Mental Health Code.

Adjourn
Randall Hazelbaker adjourned the meeting at 4:55 pm

Southwest Michigan

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2020

For the Fiscal YTD Period Ended 1/31/2020

	MEDICAID				Healthy MI			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Barry	25,776	58,703	12,780	45,923	50,216	125,721	76,775	48,945
Berrien	231,579	237,814	97,608	140,205	349,782	545,233	246,346	298,886
Branch	53,553	60,815	14,041	46,774	64,383	120,089	45,617	74,472
Calhoun	232,149	252,867	166,402	86,464	342,234	479,976	289,730	190,246
Cass	48,356	71,834	30,812	41,023	85,919	159,787	139,499	20,288
Kazoo	249,749	319,277	134,896	184,381	456,184	748,650	193,180	555,470
St Joe	62,897	92,098	41,988	50,111	131,173	233,852	108,249	102,513
Van Buren	103,428	124,705	29,678	95,027	177,345	251,492	75,136	176,356
DRM	805,907	945,027	1,299,115	(354,088)	1,238,527	1,218,591	1,621,923	(403,332)
Grand Total	**1,802,974**	**2,163,139**	**1,827,319**	**335,820**	**2,897,267**	**3,880,770**	**2,796,455**	**1,064,315**

	BLOCK GRANT				BLOCK GRANT BY COUNTY			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
EGRAMS					Barry	79,578	79,578	0
Community Grant	996,383	1,711,467	1,711,467	0	Berrien	265,624	265,624	0
Prevention	823,293	549,734	549,734	0	Branch	51,871	51,871	0
State's Targeted Response	136,025	137,544	137,544	0	Calhoun	226,847	226,847	0
Gambling Prevention*	47,171	27,701	27,701	0	Cass	34,937	34,937	0
Partnership for Success*	55,289	5,577	5,577	0	Kazoo	471,814	471,814	0
PMTO*	17,050	9,773	9,773	0	St. Joe	96,721	96,721	0
State's Opioid Response	235,348	236,915	236,915	0	Van Buren	88,465	88,465	0
SOR Supplemental	54,015	40,759	40,759	0	DRM	939,741	939,741	0
Clubhouse Engagement*	62,500	21,122	21,122	0				
Veterans Navigator*	30,000	26,536	26,536	0				
Crisis Transportation	20,000	3,436	3,436	0	Legend			
State Disability Assistance	32,055	48,276	48,276	0	DRM - Detox, Residential, and Methadone			
Admin/Access	74,869	119,482	119,482	0				
Grand Total	**2,091,452**	**2,937,323**	**2,937,323**	**0**		**2,261,200**	**2,261,200**	**0**

	PA2				PA2 Carryforward		
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Current Utilization	Prior Year Balance	Projected Year End Balance
Barry	25,704	34,272	9,243	25,030	25,030	469,938	494,968
Berrien	115,421	159,895	66,274	97,621	67,621	485,403	553,024
Branch	21,304	28,405	7,557	20,848	20,848	334,094	354,942
Calhoun	113,578	151,437	113,387	38,050	38,050	433,234	471,284
Cass	20,507	27,342	11,471	15,871	15,871	354,906	370,777
Kazoo	221,184	294,912	208,418	86,494	86,494	1,797,081	1,883,575
St Joe	33,389	44,518	12,903	31,215	31,215	232,944	264,159
Van Buren	48,539	64,719	27,809	36,909	36,909	224,653	261,559
Grand Total	**599,324**	**799,099**	**477,062**	**322,037**	**322,037**	**4,332,228**	**4,654,257**

* Quarterly Financial Status Reporting

Program	FY20 Approved Budget	Utilization FY 20 Oct-Jan	PA2 Remaining	YTD Utilization
Berrien	1,168,000	10,012	1,157,988	1%
BCCMHA - Outpatient Services	51,650	10,012	41,638	19%
Berrien	410,000	91,677	320,464	22%
Abundant Life - Healthy Start	70,200	30,313	39,887	43%
Berrien County - Drug Treatment Court	15,000	-	15,000	0%
Berrien County - Trial courts	44,755	-	44,755	0%
Berrien MHA - Riverwood	18,058	-	18,058	0%
CHC - Jail	31,697	13,328	18,369	42%
CHC - Niles Family & Friends	5,739	1,300	4,439	23%
CHC - Wellness Grp	9,328	621	8,707	7%
CHC - Women's Recovery House	37,730	-	37,730	0%
Sacred Heart - Juvenile and Detention Ctr	73,834	10,135	63,699	14%
Berrien County Health Department - Prevention Ser	110,000	36,680	73,320	33%
Pines	72,000	31,167	40,833	43%
Pines BHS - Jail Case Management	36,190	7,929	28,261	22%
Pines BHS - Outpatient Treatment	34,430	3,238	31,192	9%
Pines BHS - WSS	2,200	-	2,200	0%
Calhoun	416,750	91,430	325,320	22%
Calhoun County 10th Dist Drug Sobriety Court	127,807	40,342	87,465	32%
Calhoun County 10th Dist Veteran's Court	6,510	2,844	3,666	44%
Calhoun County 37th Circuit Drug Treatment Court	168,742	52,819	115,923	31%
Haven of Rest	40,320	16,800	23,520	42%
Michigan Rehabilitation Services - Calhoun	25,000	8,333	16,667	33%
Summit Pointe - Jail	25,000	-	25,000	0%
Summit Pointe - Juvenile Home	25,000	-	25,000	0%
Cass	153,500	40,471	113,029	26%
Woodlands - Meth Treatment and Drug Court Outp.	82,500	11,471	71,029	14%
Kalamazoo	565,950	216,950	349,000	38%
8th District Probation Court	28,000	1,138	26,862	4%
8th District Sobriety Court	5,000	1,804	3,196	36%
8th District Young Adult Diversion Court	7,000	196	6,804	3%
9th Circuit Drug Court	60,000	1,965	58,035	3%
CHC - Adolescent Services	19,619	6,155	13,464	31%
CHC - New Beginnings	77,627	24,879	52,748	32%
Gryphon Gatekeeper - Suicide Prevention	20,000	12,000	8,000	60%
Gryphon Helpline/Crisis Response	36,000	8,000	28,000	22%
Interact - IDDT	26,600	10,640	15,960	40%
KCHCS Healthy Babies	87,000	21,771	65,229	25%
KCMHSAS - EMH	56,400	18,800	37,600	33%
KCMHSAS - FUSE	25,000	8,333	16,667	33%
KCMHSAS - Mental Health Court	65,000	21,667	43,333	33%
KCMHSAS - Oakland Drive Shelter	34,000	11,333	22,667	33%
KPEP Social Detox	20,000	3,200	16,800	16%
Michigan Rehabilitation Services - Kalamazoo	17,250	5,750	11,500	33%
Prevention Works - Task Force	50,000	18,663	31,337	37%
Recovery Institute - Recovery Coach	60,623	10,435	50,188	17%
WMU - BHS SBIRT	46,747	304	46,443	1%
WMU - BHS Text Messaging	6,000	1,322	4,678	22%
WMU - Jail Groups	67,225	18,625	48,600	28%
Kalamazoo	67,500	17,910	49,590	27%
30 District - Sobriety Courts	2,200	520	1,680	24%
30 District - Drug/Alcohol Testing	16,640	1,510	15,130	9%
CHC - Hope House	30,345	-	30,345	0%
CMH - Court Ordered Drug Testing	53,200	9,746	43,454	18%
CMH Jail Program	34,000	1,127	32,873	3%
Van Buren	127,690	53,617	74,073	42%
Van Buren CMHA	97,882	23,808	74,074	24%
Van Buren County Drug Treatment Court	30,000	8,309	21,691	28%
Total	2,161,055	555,135	1,605,920	26%

2019 Customer Satisfaction Survey Analysis

ACCREDITED NCQA MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION FULL

Southwest Michigan BEHAVIORAL HEALTH

Results and Analysis of Each Survey Identified are Presented in this Report

1. Mental Health Statistics Improvement Program (MSHIP)
2. Youth Services Survey (YSS)
3. MI Health Link Member Satisfaction Survey (MHL)
4. Recovery Self Assessment in Recovery Survey (RSA-r)

To access the survey results listed above on the SWMBH Portal go to: SWMBH→QAPI→2018 Consumer Satisfaction Survey Results and Analysis (MHSIP,YSS, & RSA-r) Or Click Here CJ4

Slide 2

CJ4 Link - working. Update data on Portal.
Courtney Juarez, 1/6/2020

Mental Health Statistics Improvement Program (MSHIP) & Youth Services Survey (YSS) Surveys

Southwest Michigan
BEHAVIORAL HEALTH

Survey Process and Preparation

Preparation:

- Starts in September
- Consumers are selected based on a sample of those who have received three (3) or more services within the measurement period (April-August 2019).
- The goal is 1500 completed surveys by the end of the calendar year.

Validity:

- To guarantee data validity, SWMBH selects an outside vendor for administration and feedback collection.

Vendor Selection:

- Barnes Research
  - Over 25 years of experience
  - Works with a variety of healthcare organizations
  - Conduct surveys, focus groups, mystery shopping, etc.

Survey Process and Preparation

How the survey is conducted:

- Telephonically
- Using the following survey tools:
- Mental Health Statistics Improvement Program (MHSIP) – consumers 18 years + .
- Youth Services Survey (YSS) – under 18 years of age.

12

About the survey tools:

- Contractually obligated by MDHHS for SMWBH to utilize.
- Both offer a wide range of flexibility in the capturing of feedback.
- Offer comparison against other national and state results (currently implemented in 55 states).

Survey Process and Preparation

Goal:

- To gain valuable feedback.

What happens after the data is collected:

- SWMBH QAPI analyzes and constructs reports.
- Reports are then presented to various committees for review and feedback including:
  - Regional Consumer Advisory Committee
  - Regional Utilization Management Committee
  - Regional Operations Committee
  - Regional Compliance Committee
  - Regional Quality Management Committee

If you would like further information on the annual consumer satisfaction survey projects, please don't hesitate to contact the SWMBH Quality Assurance Department at: 269-488-8922 or via email at: jonathan.gardner@swmbh.org

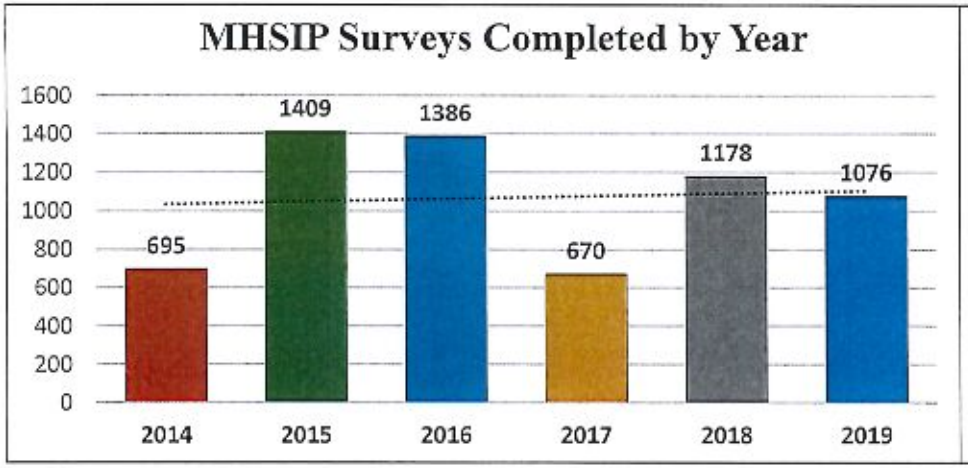
MHSIP Survey Information

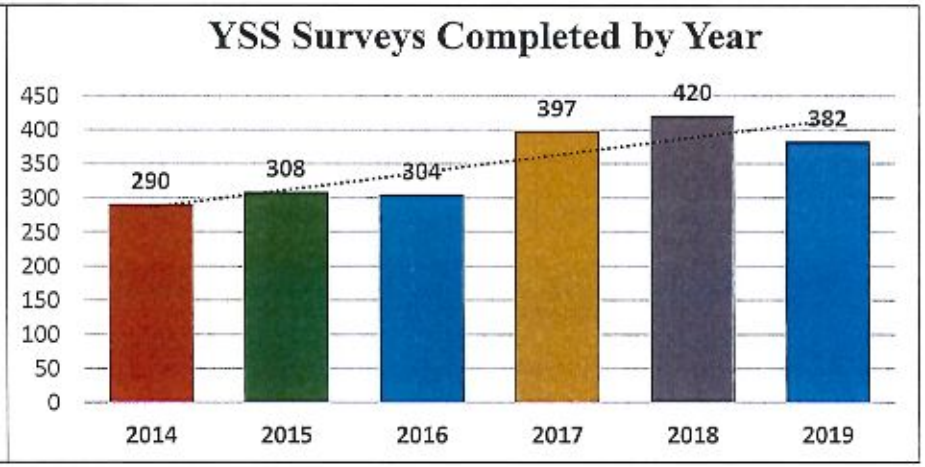
- The Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys measure concerns that are important to consumers of publicly funded mental health services in (7) different areas including:
  1. Access
  2. Quality/Appropriateness
  3. Outcomes
  4. General Satisfaction
  5. Social Connectedness
  6. Participation in Treatment Planning
  7. Functioning
- The MHSIP consists of 44 questions.
- Use of the MHSIP survey tool is a contractual requirement by MDHHS (42 CFR 438.230).

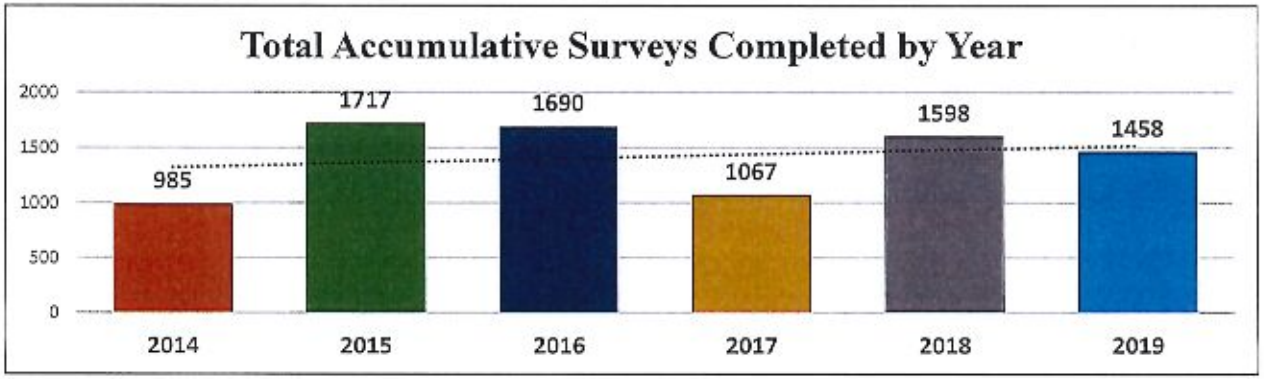
YSS-F Survey Information

- A modification of the MHSIP survey for adults, the Youth Services Survey for Family (YSS-F) assesses caregivers' perceptions of behavioral health services for their children aged 17 and under.
- The YSS creates (6) domains that are used to measure different aspects of customer satisfaction with public behavioral health services including:
  1. Access
  2. Appropriateness
  3. Outcomes
  4. Social Connectedness
  5. Cultural Sensitivity
  6. Participation in Treatment
- The YSS-F consists of 46 questions.

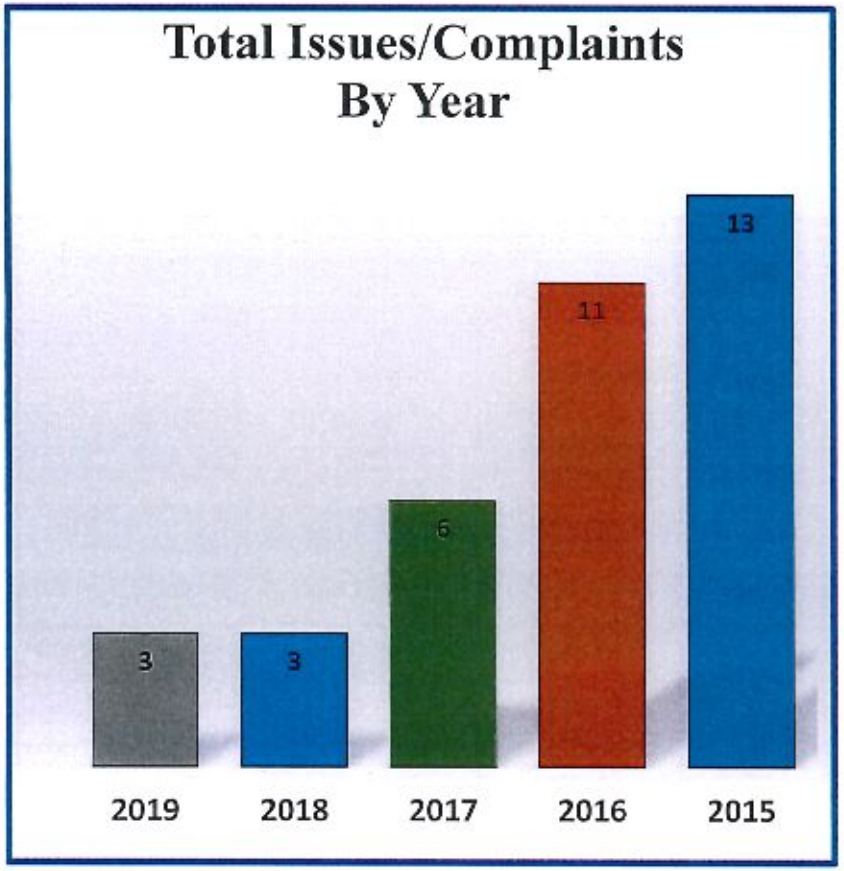
How Many Surveys Were Completed



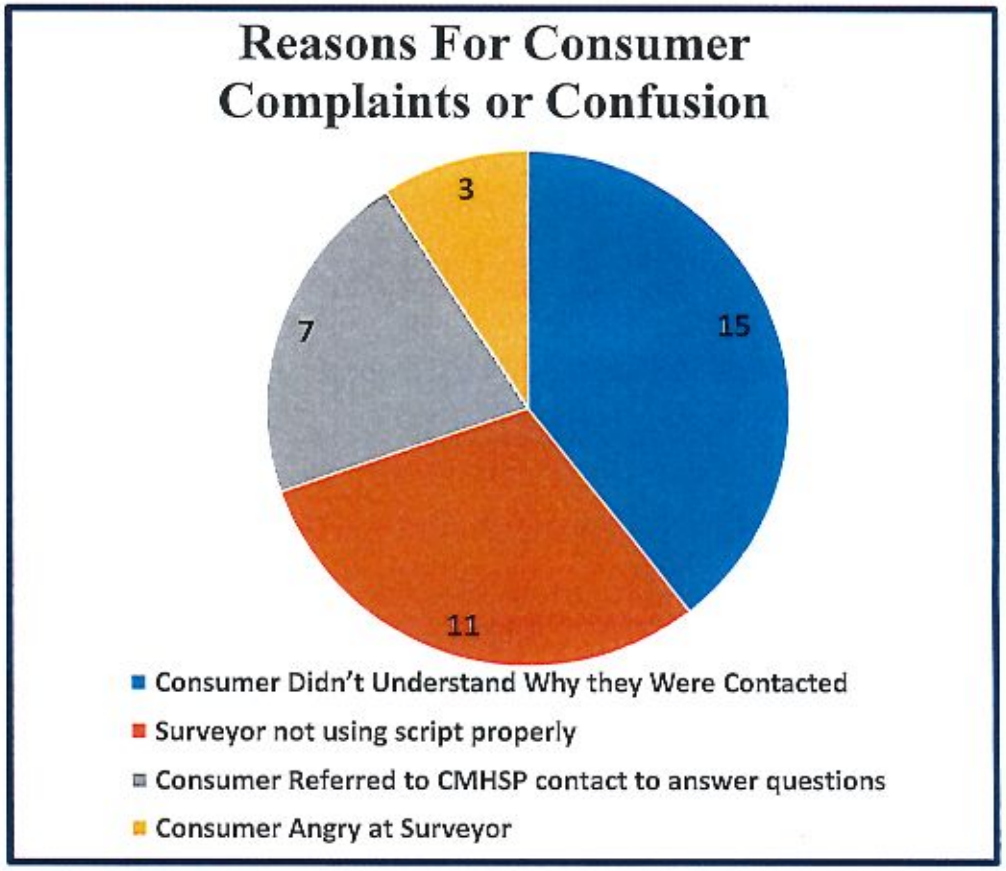




Consumer Issues and Complaints



(3) Complaints during 2019

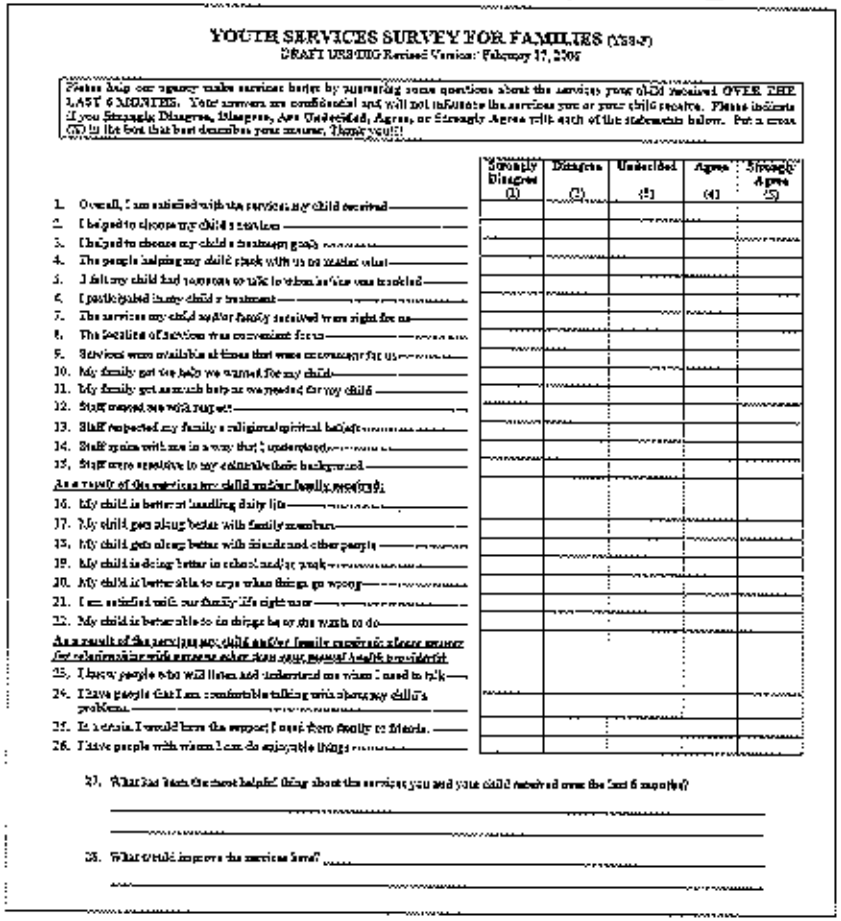


(36) Total Across All 5 Year's

Questions asked on the MHSIP Survey (44 Questions Total)

For each item, circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	I like the services that I received.	SA	A	N	D	SD	NA
2.	If I had other choices, I would still choose to get services from this mental healthcare provider.	SA	A	N	D	SD	NA
3.	I would recommend this agency to a friend or family member.	SA	A	N	D	SD	NA
4.	The location of services was convenient.	SA	A	N	D	SD	NA
5.	Staff were willing to see me as often as I felt it was necessary.	SA	A	N	D	SD	NA
6.	Staff returned my calls within 24 hours.	SA	A	N	D	SD	NA
7.	Services were available at times that were good for me.	SA	A	N	D	SD	NA
8.	I was able to get all the services I thought I needed.	SA	A	N	D	SD	NA
9.	I was able to see a psychiatrist when I wanted to.	SA	A	N	D	SD	NA
10.	Staff believed that I could grow, change and recover.	SA	A	N	D	SD	NA
11.	I felt free to complain.	SA	A	N	D	SD	NA
12.	I was given information about my rights.	SA	A	N	D	SD	NA
13	Staff encouraged me to take responsibility for how I live my life.	SA	A	N	D	SD	NA
14.	Staff told me what side effects to watch for.	SA	A	N	D	SD	NA
15.	Staff respected my wishes about who is and who is not to be given information about my treatment services.	SA	A	N	D	SD	NA
16.	Staff were sensitive to my cultural/ ethnic background (e.g., race, religion, language, etc.).	SA	A	N	D	SD	NA
17.	Staff helped me obtain the information I needed so that I could take charge of managing my illness or disability.	SA	A	N	D	SD	NA
18.	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)	SA	A	N	D	SD	NA
19.	I felt comfortable asking questions about my treatment, services, and medication.	SA	A	N	D	SD	NA
20.	I, not staff, decided my treatment goals.	SA	A	N	D	SD	NA

Questions asked on the YSS-F Survey (46 Questions Total)



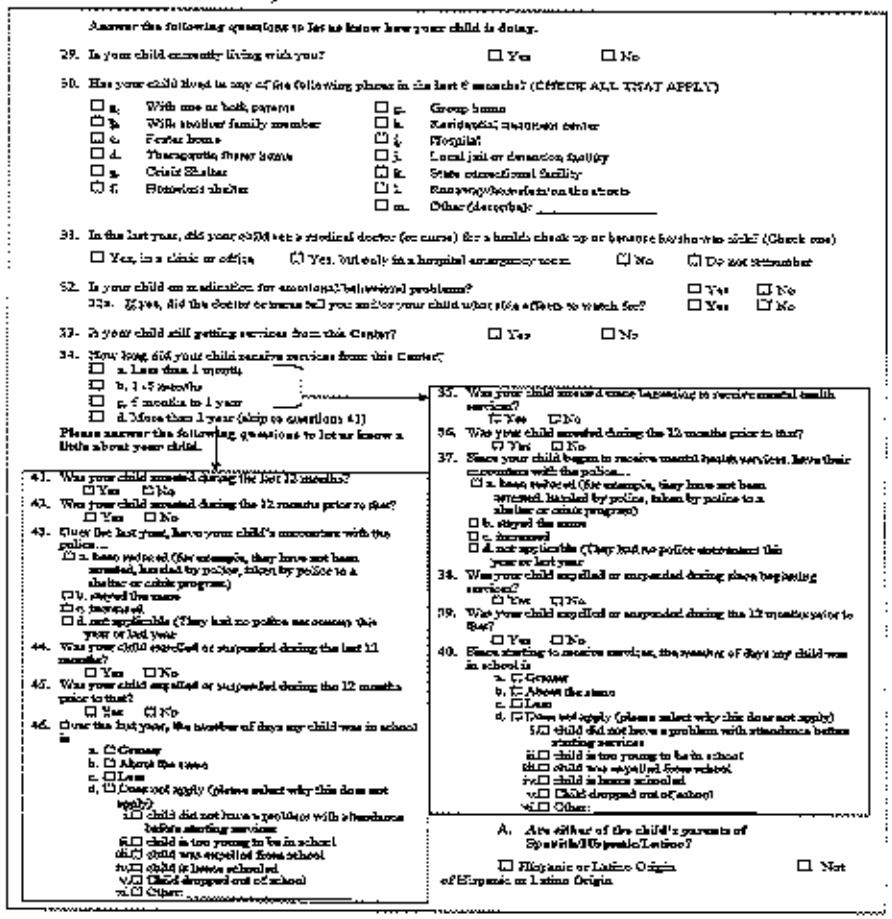
YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F)
DRAFT USING Revised Version: February 17, 2006

Please help our agency make services better by answering some questions about the services your child received OVER THE LAST 6 MONTHS. Your answers are confidential and will not influence the services you or your child receive. Please indicate if you Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree with each of the statements below. Put a cross (X) in the box that best describes your answer. Thank you!!!

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Overall, I am satisfied with the services my child received					
2. I helped to choose my child's services					
3. I helped to choose my child's treatment goals					
4. The people helping my child stuck with us no matter what					
5. I felt my child had someone to talk to when she/he was troubled					
6. I participated in my child's treatment					
7. The services my child and/or family received were right for us					
8. The location of services was convenient for us					
9. Services were available at times that were convenient for us					
10. My family got the help we wanted for my child					
11. My family got as much help as we needed for my child					
12. Staff treated me with respect					
13. Staff respected my family's religious/spiritual beliefs					
14. Staff spoke with me in a way that I understood					
15. Staff were sensitive to my culture/ethnic background					
As a result of the services my child and/or family received:					
16. My child is better at handling daily life					
17. My child gets along better with family members					
18. My child gets along better with friends and other people					
19. My child is doing better in school and/or work					
20. My child is better able to cope when things go wrong					
21. I am satisfied with our family life right now					
22. My child is better able to do things he or she wants to do					
As a result of the services my child and/or family received: please answer for relationships with someone other than your general health care provider:					
23. I have people who will listen and understand me when I need to talk					
24. I have people that I am comfortable talking with about my child's problems					
25. In a crisis, I would have the support I need from family or friends					
26. I have people with whom I can do enjoyable things					

27. What has been the most helpful thing about the services you and your child received over the last 6 months?

28. What could improve the services here?



Answer the following questions to let us know how your child is doing.

29. Is your child currently living with you? ☐ Yes ☐ No

30. Has your child lived in any of the following places in the last 6 months? (CHECK ALL THAT APPLY)

☐ a.	With one or both parents	☐ g.	Group home
☐ b.	With another family member	☐ h.	Residential treatment center
☐ c.	Foster home	☐ i.	Hospital
☐ d.	Therapeutic foster home	☐ j.	Local jail or detention facility
☐ e.	Crisis Shelter	☐ k.	State correctional facility
☐ f.	Homeless shelter	☐ l.	Runaway/was/was on the streets
		☐ m.	Other (describe): _____

31. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick? (Check one)
☐ Yes, in a clinic or office ☐ Yes, but only in a hospital emergency room ☐ No ☐ Do not remember

32. Is your child on medication for emotional/behavioral problems? ☐ Yes ☐ No
32a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? ☐ Yes ☐ No

33. Is your child still getting services from this Center? ☐ Yes ☐ No

34. How long did your child receive services from this Center?
☐ a. Less than 1 month
☐ b. 1-5 months
☐ c. 6 months to 1 year
☐ d. More than 1 year (skip to question 41)

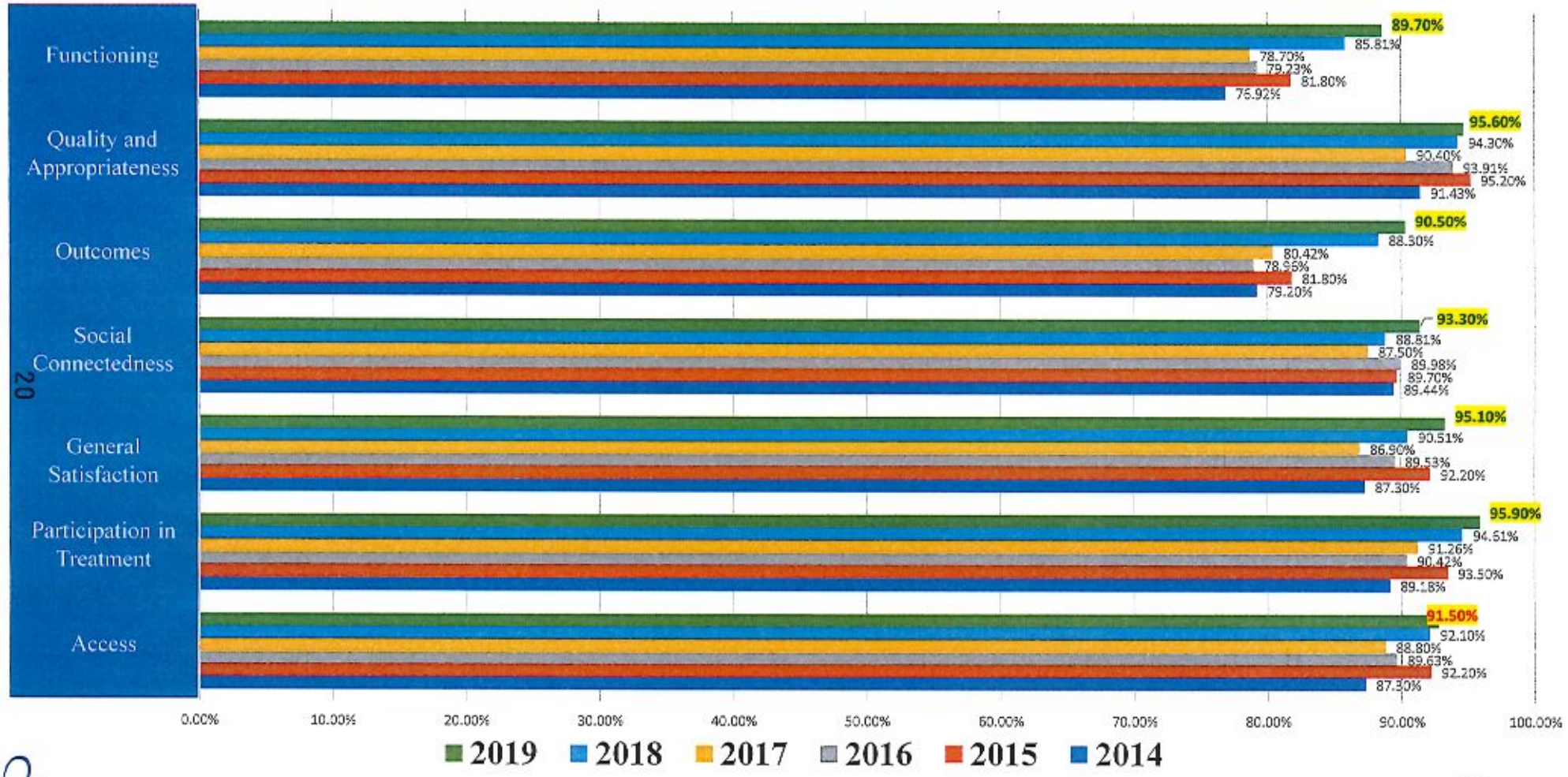
Please answer the following questions to let us know a little about your child.

41. Was your child arrested during the last 12 months? ☐ Yes ☐ No
42. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No
43. Since last year, have your child's encounters with the police...
☐ a. been reduced (for example, they have not been arrested, handed by police, taken by police to a shelter or crisis program)
☐ b. stayed the same
☐ c. increased
☐ d. not applicable (They had no police encounters this year or last year)
44. Was your child expelled or suspended during the last 12 months? ☐ Yes ☐ No
45. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No
46. Over the last year, the number of days my child was in school is
a. ☐ Growing
b. ☐ About the same
c. ☐ Less
d. ☐ Does not apply (please select why this does not apply)
i ☐ child did not have a problem with attendance before starting services
ii ☐ child is too young to be in school
iii ☐ child was expelled from school
iv ☐ child is home schooled
v ☐ Child dropped out of school
vi ☐ Other: _____

35. Was your child arrested since beginning to receive mental health services? ☐ Yes ☐ No
36. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No
37. Since your child began to receive mental health services, have their encounters with the police...
☐ a. been reduced (for example, they have not been arrested, handed by police, taken by police to a shelter or crisis program)
☐ b. stayed the same
☐ c. increased
☐ d. not applicable (They had no police encounters this year or last year)
38. Was your child expelled or suspended during since beginning services? ☐ Yes ☐ No
39. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No
40. Since starting to receive services, the number of days my child was in school is
a. ☐ Growing
b. ☐ About the same
c. ☐ Less
d. ☐ Does not apply (please select why this does not apply)
i ☐ child did not have a problem with attendance before starting services
ii ☐ child is too young to be in school
iii ☐ child was expelled from school
iv ☐ child is home schooled
v ☐ Child dropped out of school
vi ☐ Other: _____

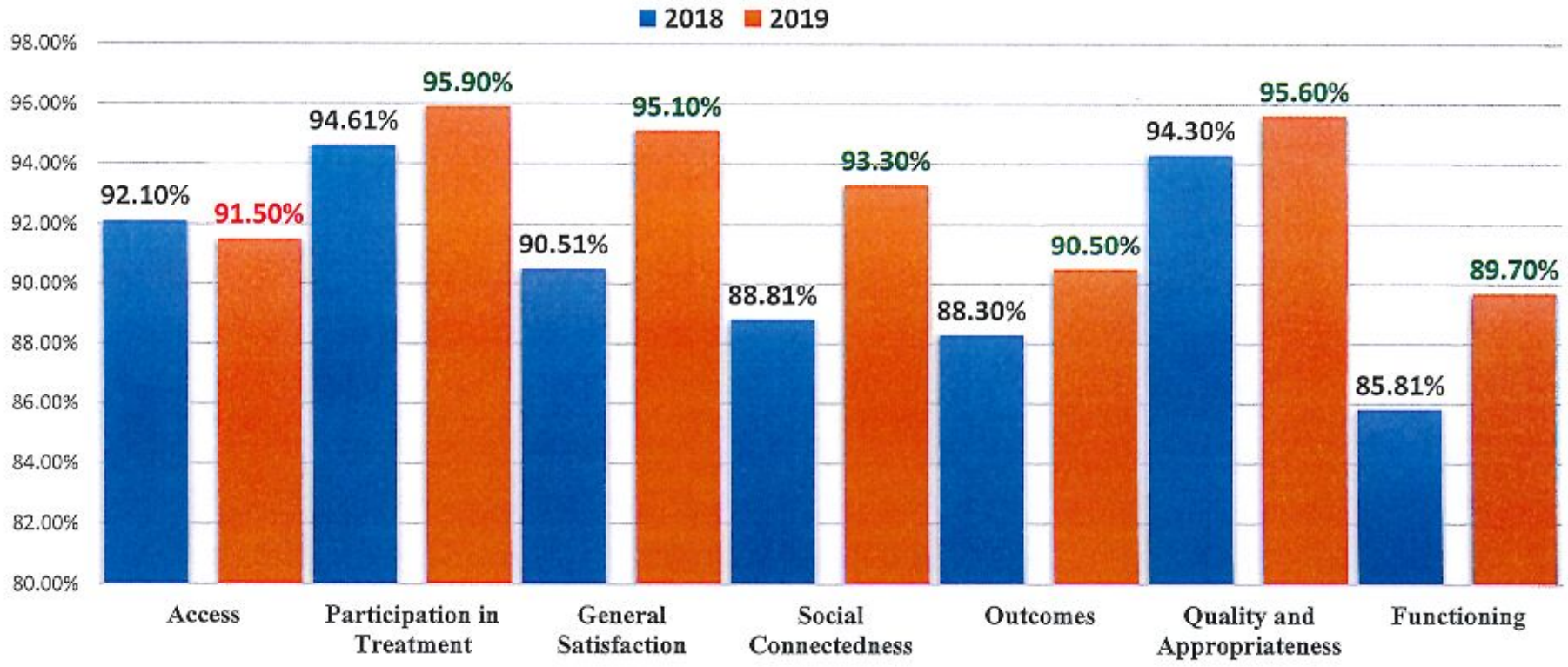
A. Are either of the child's parents of Spanish/Hispanic/Latino?
☐ Hispanic or Latino Origin ☐ Not of Hispanic or Latino Origin

Mental Health Statistics Improvement Program (MHSIP) Score Comparison By Year Analysis



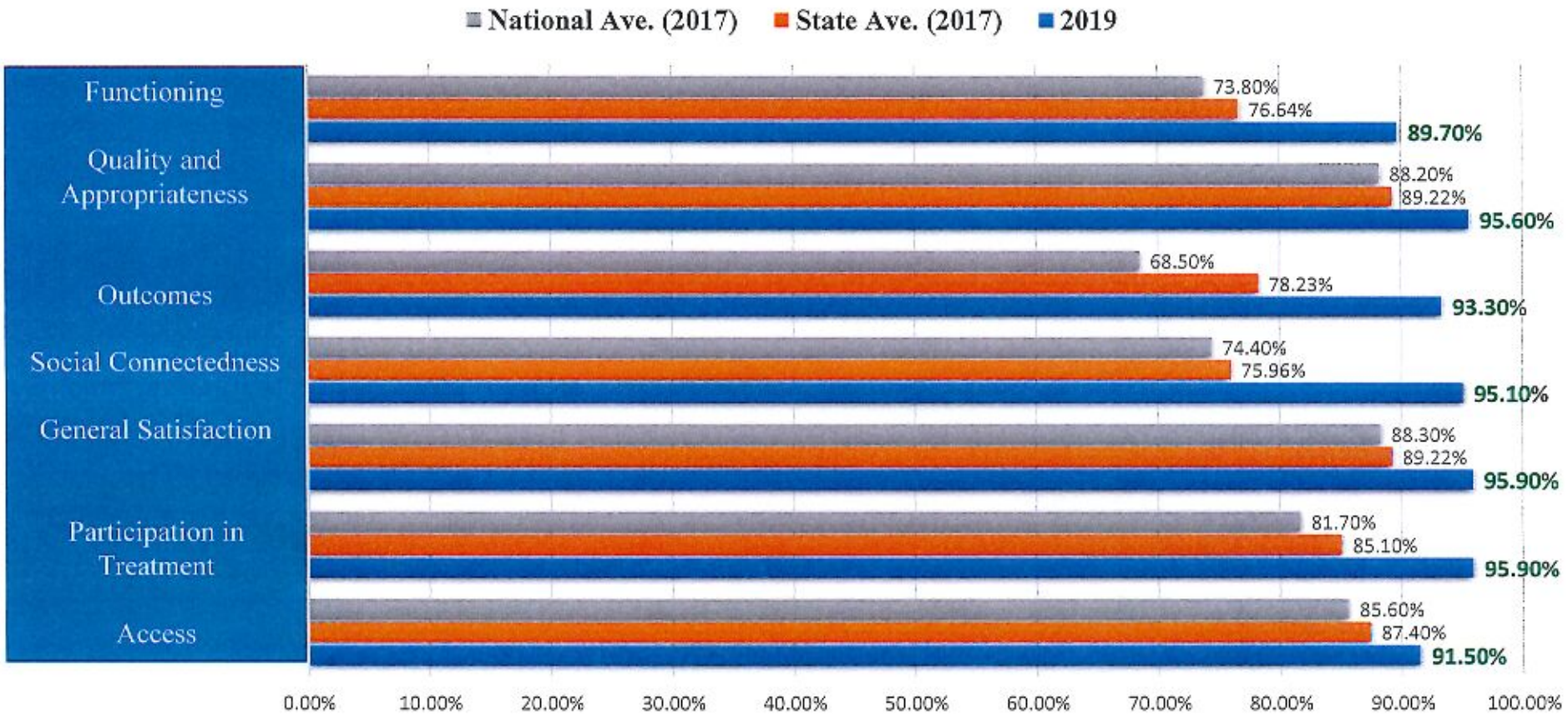
Green = Improvement in score compared to previous years results

MHSIP (Adult) Score Comparison
2018 vs. 2019

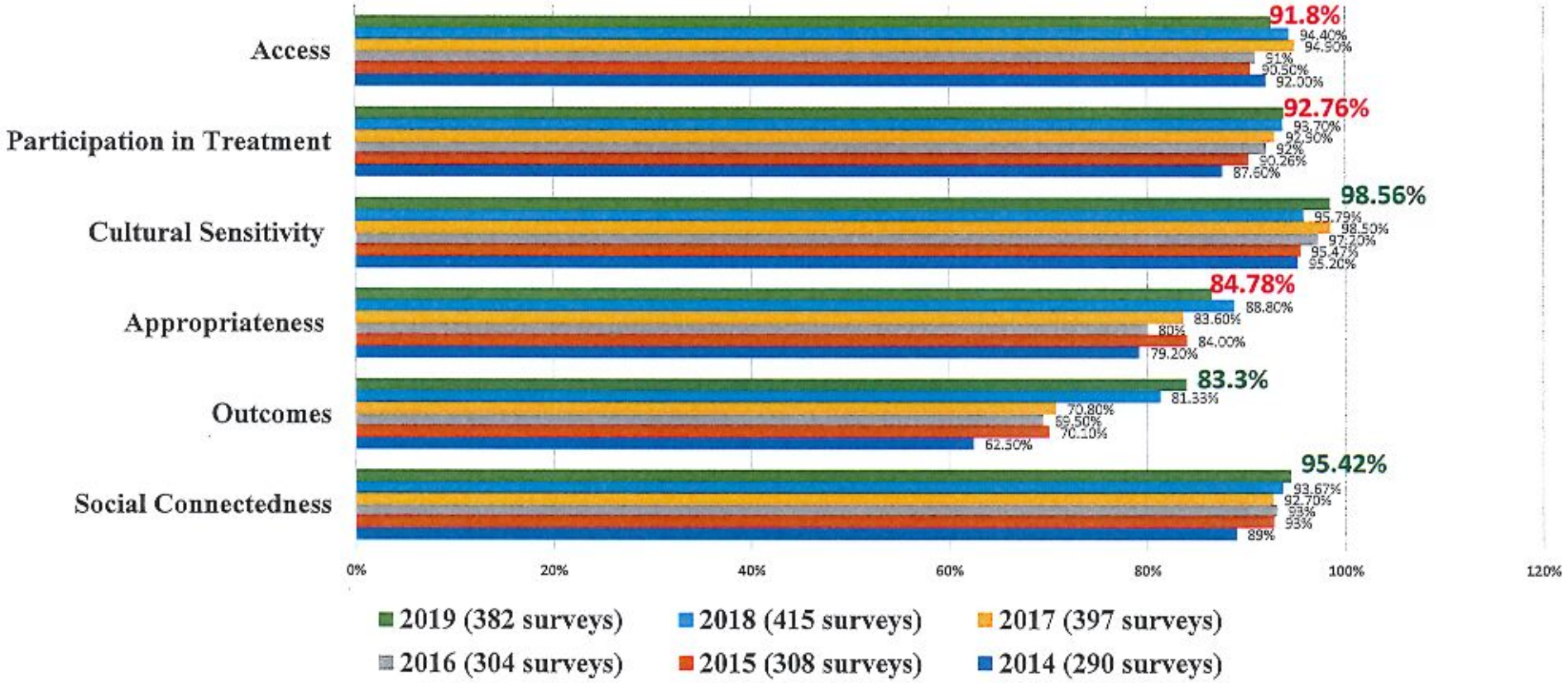


Green Highlighted Values Represent an Improvement Over the Previous Year's Results

2019 MHSIP State and National Comparisons

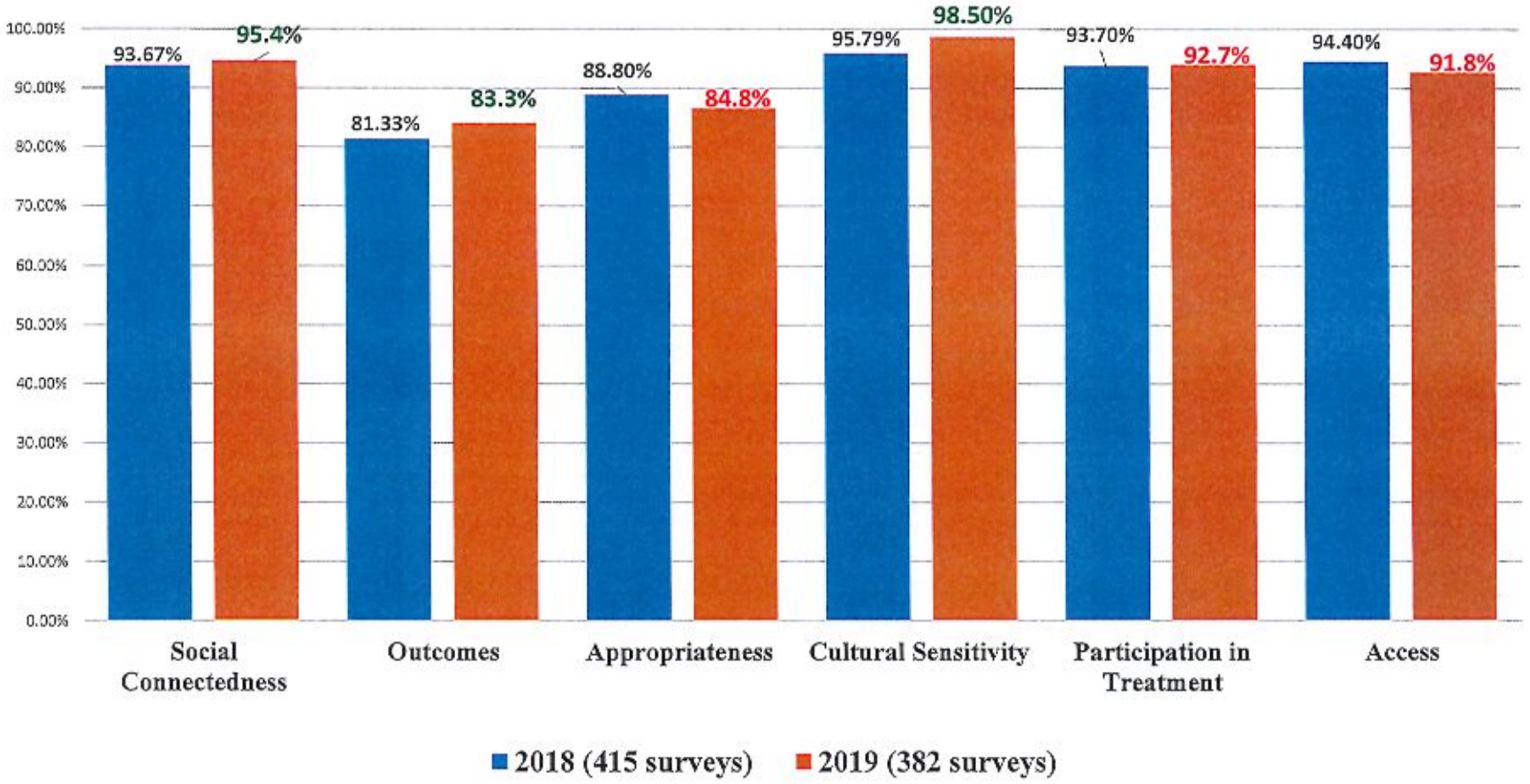


Youth Services Survey (YSS) - Score Comparison By Year



GREEN= Improvement in score compared to previous years results
RED= Decrease in score compared to previous year.

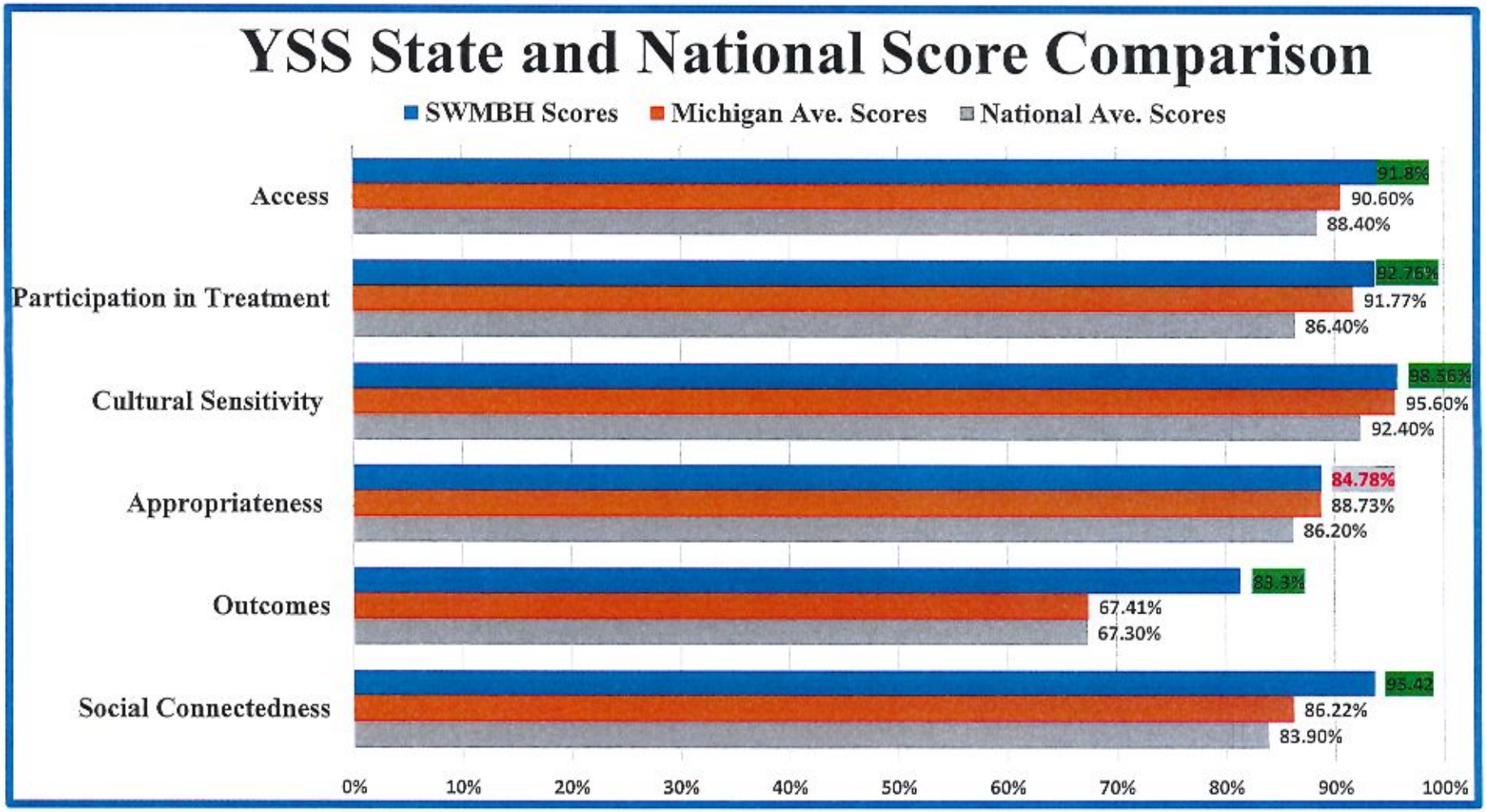
YSS 2018 vs 2019 Overall Percentage Comparison



GREEN= Yearly increase

RED= Yearly decrease

YSS State and National Score Comparison



Slide 18

CJ9 DO WE HAVE STATE AND NATIONAL AVERAGES?
Courtney Juarez, 1/6/2020

How Did We Do?

MHSIP Results

- 2019 Aggregate Ave. Score: 93.09%
- 2018 Aggregate Ave. Score: 90.63%

+2.46% Percent Improvement over 2018 Scores (All Categories)

YSS Results

- 2019 Aggregate Ave. Score: 91.58%
- 2018 Aggregate Ave. Score: 91.28%

+.30% Percent Improvement over 2018 Scores (All Categories)

Overall Response Rates

- 2019 Response Rate: 36.4%
- 2018 Response Rate: 37.3%

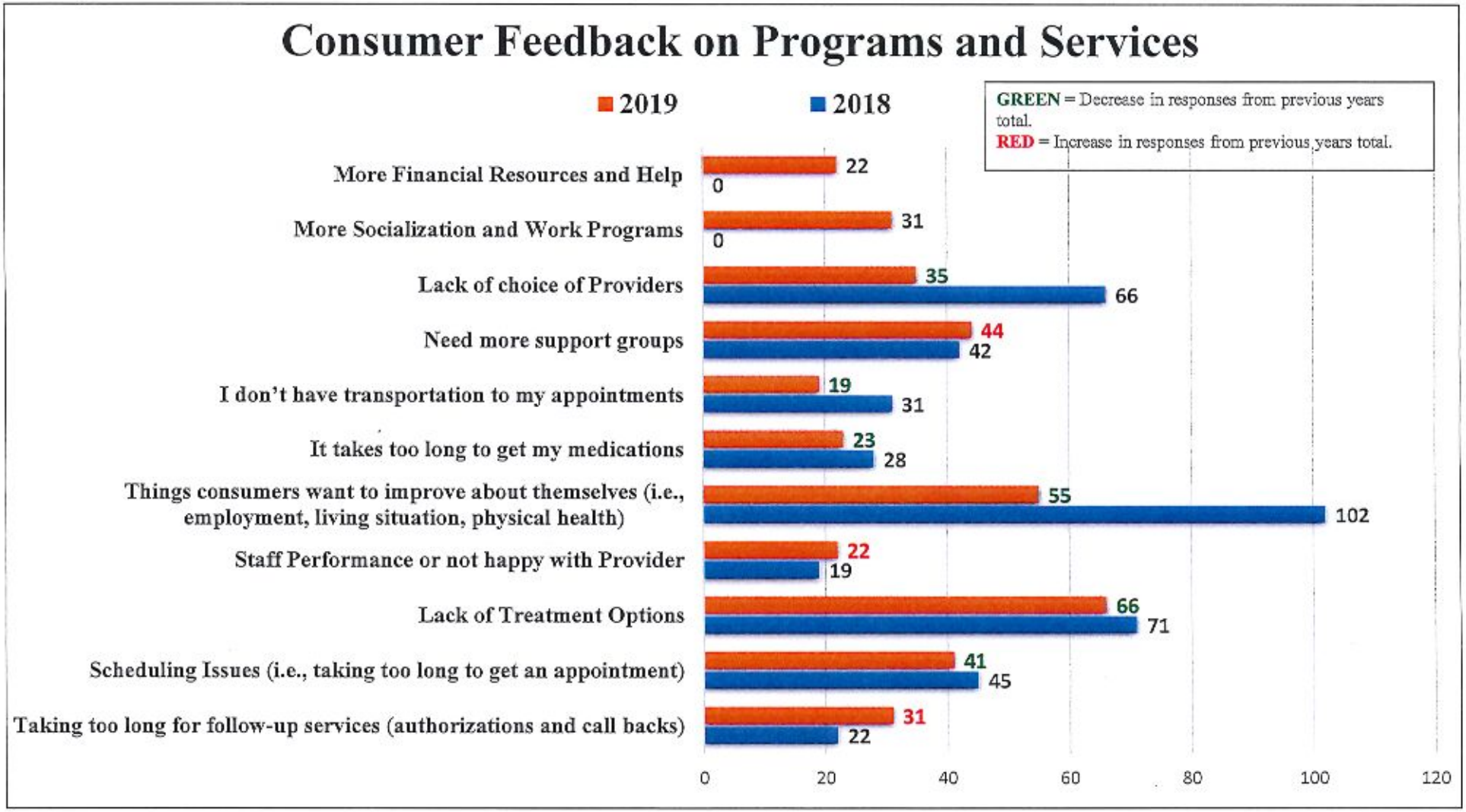
Overall Result

+2.76% Percent Overall Improvement (MHSIP + YSS)

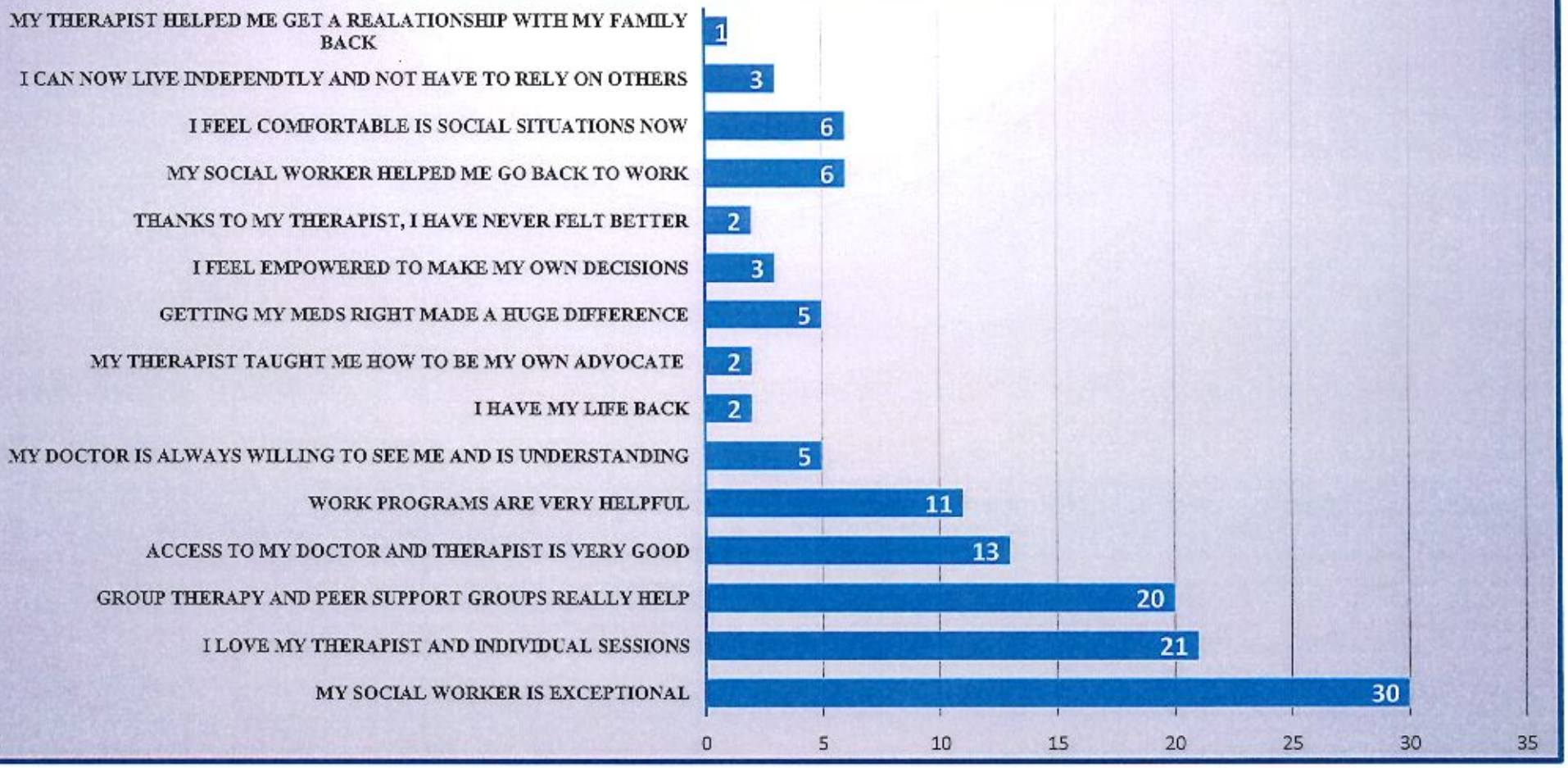
Slide 19

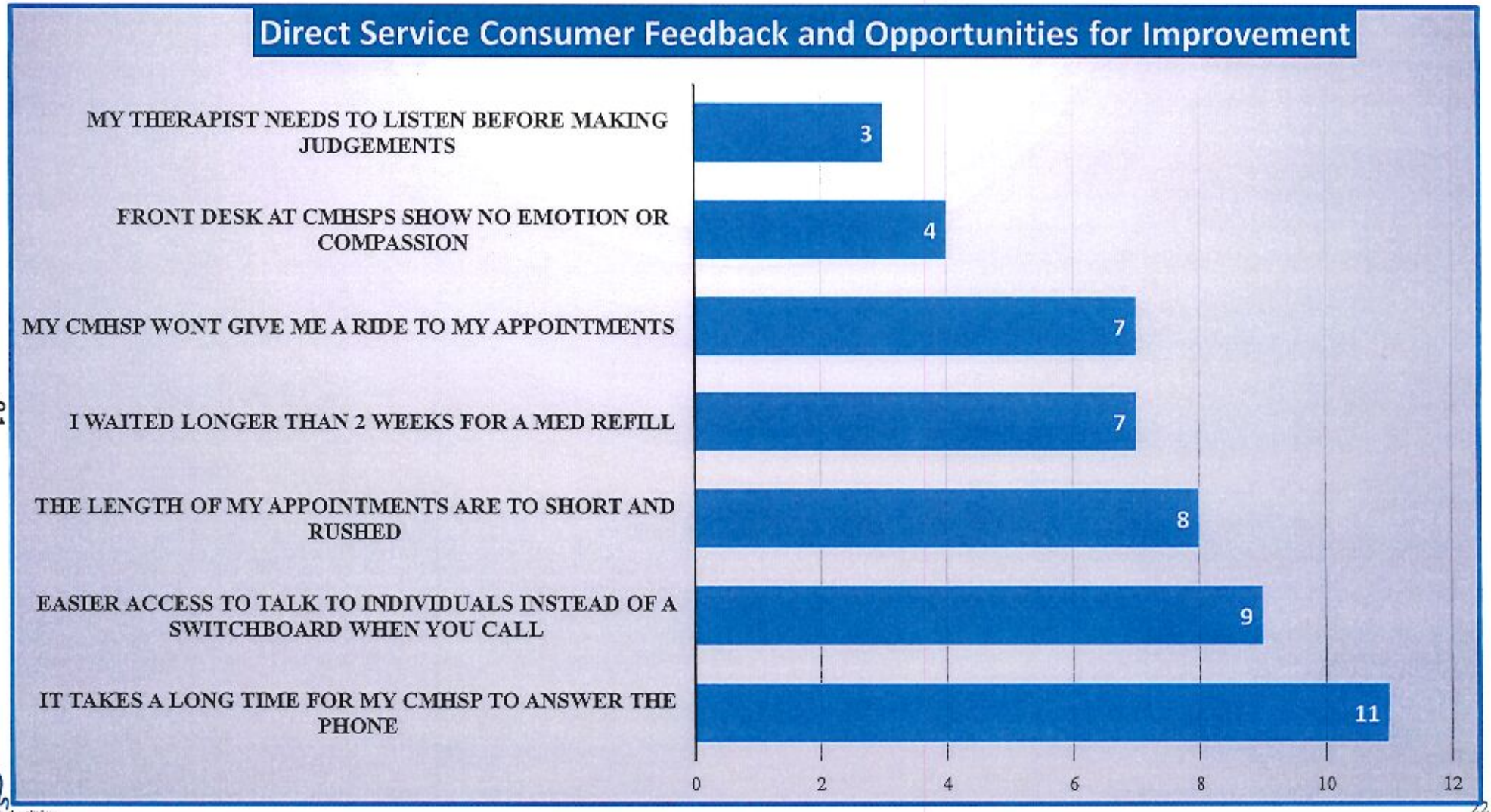
CJ10 NEEDS UPDATED
Courtney Juarez, 1/6/2020

Consumer Feedback on Programs and Services



Positive Feedback From Consumers Regarding Improved Outcomes




Direct Service Consumer Feedback and Opportunities for Improvement
MY THERAPIST NEEDS TO LISTEN BEFORE MAKING JUDGEMENTS
3
FRONT DESK AT CMHSPS SHOW NO EMOTION OR COMPASSION
4
MY CMHSP WONT GIVE ME A RIDE TO MY APPOINTMENTS
7
I WAITED LONGER THAN 2 WEEKS FOR A MED REFILL
7
THE LENGTH OF MY APPOINTMENTS ARE TO SHORT AND RUSHED
8
EASIER ACCESS TO TALK TO INDIVIDUALS INSTEAD OF A SWITCHBOARD WHEN YOU CALL
9
IT TAKES A LONG TIME FOR MY CMHSP TO ANSWER THE PHONE
11
0
2
4
6
8
10
12

2019 Customer Satisfaction Survey
Analysis - Next Steps – Opportunities for Improvement

- Publish results widely (*i.e., newsletters, share with stakeholders and regional committees)*
- Develop CMHSP Specific Reports for all (8) Counties including; a causal analysis of results, and identify areas and opportunities for improvement.
- Per our 2019 Health Service Advisory Group (HSAG) External Quality Review (EQR) Report, it has been recommended that; SWMBH complete a comprehensive quantitative analysis of Consumer feedback, and select the category with the greatest opportunity for improvement as a Performance Improvement Project (PIP).
- Evaluate Improvement Strategies and Opportunities for Improvement through SWMBH led Regional Committees, such as; QM, RUM, CAC, and other Regional Committees. Committees will be instructed to deliberate and prioritize identified areas of improvement by May 29, 2020. A culminating report and action plan will be shared with the Operations Committee, by June 30, 2020.

Follow-Up on Notice of Award Term

1.. Does the new condition on my Notice of Award (NoA) regarding marijuana use relate to all medical marijuana use?

Response: No. The condition relates specifically to the use of marijuana for the treatment of mental or substance use disorders.

2. If a person tests positive for marijuana use, do I need to dismiss them from my program in order to continue to receive SOR dollars?

Response: No. SAMHSA understands that polysubstance use is the rule and not the exception for most patients. The person can remain in treatment and the provider must work with the individual to understand the risks of marijuana use and address the patient's use in the treatment plan.

3. Can a patient receive medical marijuana for a mental or substance use disorder from my SAMHSA-grant funded facility?

Response: No. In the case of a large system, the rule applies to the department in the system receiving SAMHSA funds (an ED in a hospital for example).

4. Can a patient receive medical marijuana for mental or substance use disorders elsewhere and still be a patient in my SAMHSA-grant funded facility?

Response: Yes, but the clinician must document that the patient is willing to work with the practitioner to understand the risks of the marijuana use and be willing to work toward using evidence-based alternatives to treat their mental/substance use disorder. SAMHSA understands that abstaining from the use of marijuana for mental or substance use disorders may take time; the organization simply has to document it work with the patient in this regard.

5. What if the patient is very clear about their wish to remain on their medical marijuana for their mental or substance use disorder—in this instance can the organization serve them?

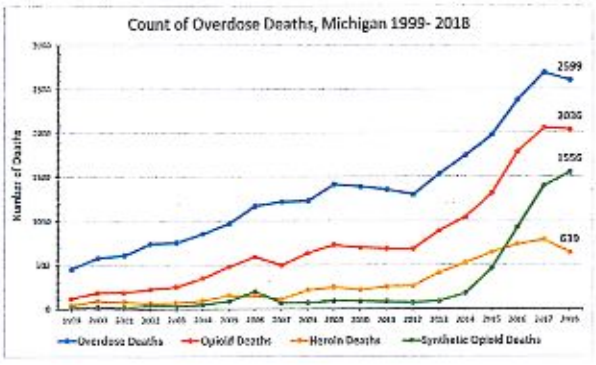
Response: No. The organization cannot serve a patient who is on medical marijuana for a mental or substance use disorder and wishes to remain on such treatment. SAMHSA promotes the use of evidence-based practices and there is no evidence for such a treatment; in fact, there is increasing evidence that marijuana can further exacerbate mental health symptoms. Further, SAMHSA believes the use of marijuana for these conditions in a treatment program designed to treat these conditions can compromise the therapeutic environment for those patients receiving services who wish to remain abstinent, use evidence-based treatment approaches and achieve recovery. The practitioner should be very clear with the patient regarding the risk of being dismissed from the program if the patient chooses to remain on medical marijuana for mental/substance use disorder. If a patient is adamant about their desire to remain on medical marijuana for mental or SUDs despite the clinician's efforts, the program should work with the patient to find an alternative non-SAMHSA funded program.

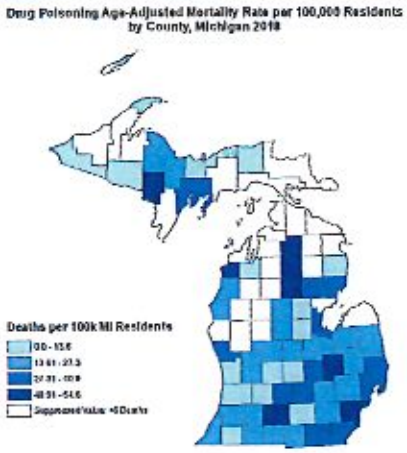
MICHIGAN OPIOIDS STRATEGIC PLAN FOR 2020

FEBRUARY 28, 2020

[redacted]

OPIOID CRISIS IN MICHIGAN





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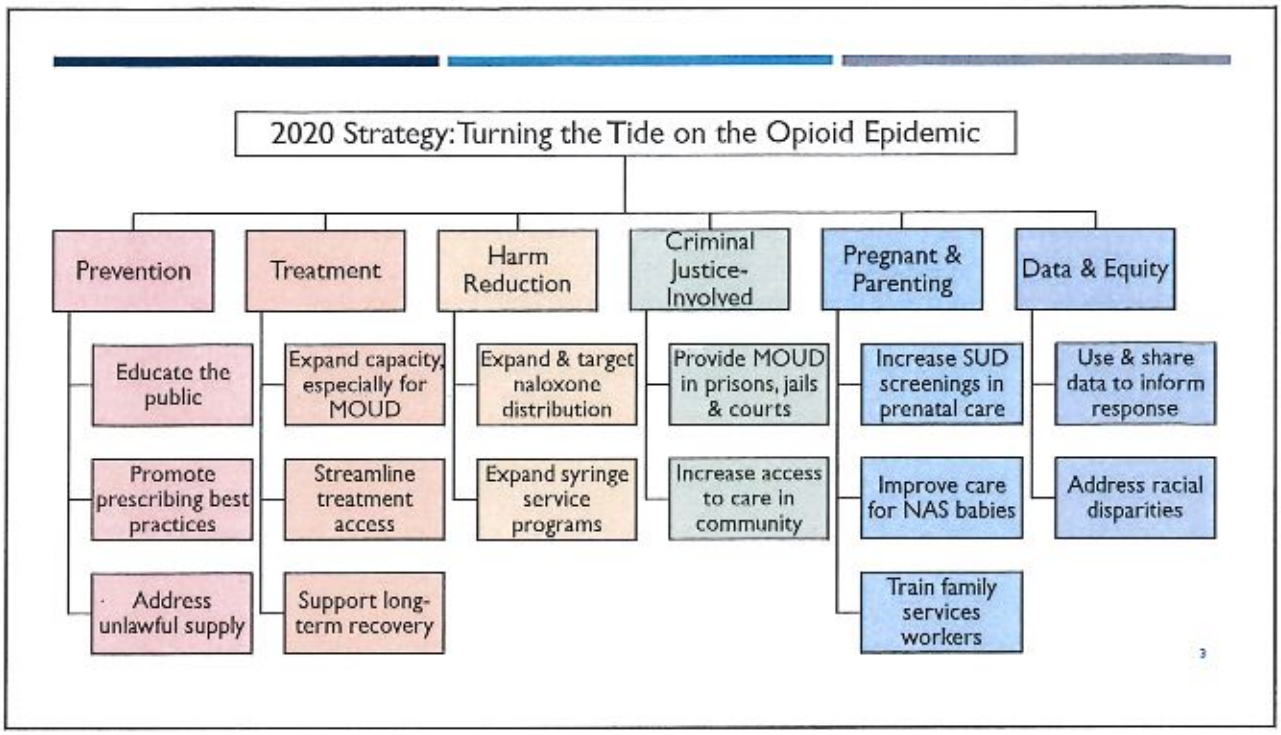

STATEWIDE OPIOIDS STRATEGY: IMPLEMENTATION PRINCIPLES

1) Save lives through harm reduction: naloxone and syringe services keep people alive

2) Target services to people at highest risk of overdose:
   - intravenous drug users,
   - people leaving abstinence-based treatment or incarceration, and
   - survivors of non-fatal overdoses

3) Connect people to harm reduction and treatment as easily as possible: reach them where they are, with low threshold to access services

4) Increase use of most effective treatments: National Academy of Sciences: evidence "clearly establishes" greater effectiveness of methadone and buprenorphine

STATEWIDE OPIOIDS STRATEGY: NEXT STEPS

Targeted naloxone distribution

- MDHHS offered free naloxone to all treatment providers, syringe programs, prisons, and jails
- Future steps: first responder "leave behind" kits, equipping community locations, opening online portal to public

Syringe service programs

- 2020 goal: double sites and serve 50 percent more clients

MAT in emergency departments

- Goal: 15+ hospitals in Wayne Co., Flint, Ann Arbor, Lansing, Grand Rapids, Traverse City, Sault St. Marie, and elsewhere

5

STATEWIDE OPIOIDS STRATEGY: NEXT STEPS

MAT in jails and prisons

- 20+ jails offer MAT; beginning new programs and seeking full range of medications
- Michigan Department of Corrections piloting in four facilities

Data

- Increasing dissemination of surveillance data to support local decision-making

6

THEORY OF THE CASE

State of Michigan Opioids Task Force

Regional and Local Opioids Task Forces and PIHPs

Magnified Collective Impact

APPENDIX: 2020 DETAILED OBJECTIVES

2020 STRATEGY: PREVENTION

Objectives	Milestones
Educate the public	▪ Conduct public education campaigns around risks and stigma ▪ Continue to implement evidence-based prevention practices ▪ Disseminate new school-based prevention curriculum ▪ Provide education to clients accessing state services and high-risk populations
Promote best practices for prescribing and managing opioids	▪ Provide resources and expert consultation for prescribers, especially in high-risk areas or medical specialties ▪ Support prescription drug takeback events
Address the unlawful supply of opioids	▪ Use Michigan Automated Prescription System to monitor controlled substance prescriptions and identify potentially inappropriate practices ▪ Work closely with federal partners to investigate opiate trafficking

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2020 STRATEGY: TREATMENT

Objectives	Milestones
Expand treatment system capacity, especially for medications to treat opioid use disorder (MOUD)	▪ Support MOUD in emergency departments, office-based settings, FQHCs, and other settings that patients already visit ▪ Expand incentives and outreach to health care providers to encourage MOUD use ▪ Assess network adequacy and mental health parity requirements around MOUD in Medicaid and commercial insurance

10

2020 STRATEGY: TREATMENT

Objectives	Milestones
Streamline treatment access	▪ Streamline treatment access process for Medicaid patients ▪ Pilot and expand post-overdose follow up programs ▪ Revise regulatory requirements for substance use treatment services ▪ Pilot and expand bed registry for treatment availability ▪ Encourage physical health care providers to offer screening and referrals ▪ Use Patient's Right to Independent Review Act process to review claim and access to treatment denials ▪ Review access to treatment requirements to ensure consistency with national standards of care
Support long-term recovery	▪ Expand peer recovery coaches across many settings ▪ Support recovery communities ▪ Provide support for social determinants of health, including housing, transportation, and employment

11

2020 STRATEGY: HARM REDUCTION

Objectives	Milestones
Expand and target naloxone distribution	▪ Expand naloxone distribution, with focus on populations, locations, or social networks most likely to experience or witness an overdose ▪ Implement new web-based naloxone distribution portal
Expand syringe service programs	▪ Double the number of syringe service programs statewide ▪ Educate stakeholders, including local government and law enforcement, on SSP benefits

12

2020 STRATEGY: CRIMINAL JUSTICE-INVOLVED

Objectives	Milestones
Expand MOUD in criminal justice settings	▪ Pilot and expand MOUD in Michigan prisons; ensure connections to community-based services upon release ▪ Support MOUD use in jails through technical assistance, education, and funding ▪ Expand treatment courts and promote MOUD use in court system ▪ Support training for judges, prosecutors, and defense counsel on science of addiction and MOUD
Bolster treatment access in the community	▪ Streamline Medicaid re-enrollment and treatment referrals for individuals leaving jails and prisons ▪ Ensure that justice-involved individuals in the community can access Medicaid substance use services ▪ Expand the Angels Program and explore additional opportunities for diversion from criminal justice system to treatment

13

2020 STRATEGY: PREGNANT AND PARENTING WOMEN

Objectives	Milestones
Increase SUD screening in prenatal care	▪ Assess current use patterns and identify barriers to SUD screening and treatment referral in prenatal care ▪ Implement new incentives or policies to expand screening use
Improve care for infants with neonatal abstinence syndrome	▪ Provide technical assistance and funding to promote best practices in care for infants with NAS
Train family services workers	▪ Develop and deploy new training materials on SUD and MOUD for family services workers ▪ Review protocol for working with parents with SUD

14

2020 STRATEGY: DATA AND EQUITY

Objectives	Milestones
Address racial disparities in overdose mortality	▪ Target opioid epidemic response services to majority-minority communities ▪ Conduct culturally competent community outreach to address treatment access gaps and stigma
Establish a centralized data strategy	▪ Combine available date sources to inform policy response, target services to high-risk areas, and improve care coordination ▪ Ensure that surveillance information is disseminated to state departments and local partners responding

Berrien Trial Court

Berrien Trial Court is requesting PA2 funding of $12,500 for drug testing supplies for the Mental Health Court Program. The workplan and budget for this new program is attached for review. Simultaneously, Berrien County Trial Court is requesting a reduction of $12,500 to their Drug Treatment Court program for drug testing. This program has historically been underspent as they have been able to utilize other grant funds to pay for drug testing. The total PA2 requested allocation for these two programs remains the same as the original approved amount of $15,000.00.

Provider/Program	Original FY20	Amd FY20	Change
Berrien County Trial Court - Drug Treatment Court	$ 15,000.00	$ 2,500.00	$(12,500.00)
Berrien County Trial Court - Mental Health Court	$ -	$ 12,500.00	$ 12,500.00
	$ 15,000.00	$ 15,000.00	$ -

Berrien County Trial Court
Mental Health Recovery Court

Net Cost: Provider may bill PA2 up to: $12,500.00

Location: 811 Port St., Saint Joseph, MI 49085

License: SA0110020

Effective Date: 4/1/20-9/30/20

Procedure Code	Code Description (Level of Care)	Reporting Units	Rates	Begin Date	End Date	Coordination of Benefits
n/a	Drug Treatment Court	n/a	$0	4/1/20	9/30/20	No

SA Data Reporting Template: Yes ☒ No ☐

Provider must submit a monthly or quarterly Financial Status Report (FSR) by the 10th of the month following the end of the period. All FSRs will be consistent with the approved budget(s) attached to this Exhibit in order to be considered "approved for payment". All expenses and funding sources related to the program will be submitted on the FSR. Payments are considered to be an all-inclusive rate and are limited to a capped budget. FSRs shall be sent to Payor's designated Financial Analyst listing expenditures consistent with the approved budget. Provider will be paid by Payor for approved FSRs within 30 days of receipt of the FSR. Encounter / service data must be submitted with FSRs. Final FSR is due no later than October 31st of each year.

Provider may modify an established budget category with notice to the Payor's designated Financial Analyst when the modification does not exceed the lessor of 10% or $2,500. This allowance does not authorize new categories or subcontracts. Modifications in excess of this limit are by Payor approval only. Additions to personnel and equipment purchases, regardless of amount, are by Payor approval only. Payor may require amendment to this Agreement to reflect budget modification(s) when additions are made to personnel and equipment purchases or when a modification exceeds the lessor of 10% or $2,500.

Modification(s) may be made to Program and/or Service Activity Codes without formal amendment to the Agreement. Changes to codes will be conveyed in writing from Payor to Provider.

Reimbursement:

1. Fees and allowable expenses must be submitted on an invoice with detailed receipts for actual expenses.

2. Invoices should be sent to:
   SWMBH
   Attn: Garyl Guidry
   5250 Lovers Lane
   Suite 200
   Portage, Michigan 49002

Berrien County Trial Court
Mental Health Recovery Court

Scope of Agreement
Berrien County Trial Court agrees to undertake, perform, and complete the services outlined within this agreement using SWMBH administered PA2 funding not to exceed **$12,500.00** during the grant period of April 1, 2020 and September 30, 2020

Licensure
The Provider will maintain a substance abuse license as required by section 6321 of P.A. 368 of 1978.

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

Services
The Berrien County Mental Health Court (MHC) has been in operation since March 2009. The MHC focuses on the treatment and rehabilitation of offenders with a history of serious mental illness, or co-occurring disorders, which is oftentimes the cause of the person's criminal involvement. The MHC regionalized with Cass County in 2014, and recently de-regionalized for fiscal year 2020. The Berrien County MHC is working toward state certification this year. The program uses a grant from the Office of Community Corrections and a grant awarded by the Michigan State Court Administrator's Office to sustain operations.

Drug testing and breathalyzer testing are a critical component of MHC operations which helps keep participants sober and medication compliant during the 12-24 month program. The cost of this testing represents a significant barrier to the continued operation of the program, especially since important elements of that testing (specifically confirmation of positive results) cannot be paid using state funds.

The use of PA2 funds to offset testing costs will allow an increased percentage of other grant awards to be used to pay for treatment or other services which cannot be covered using PA2, Block Grant or Medicaid funding.

Procedures
The MHC works with adult offenders with a serious mental illness (SMI) by engaging them in a program that combines court supervision with mental health services and substance abuse services when needed. According to the National Institute on Drug Abuse, 1 in 4 individuals with a SMI also have a substance use disorder (SUD), making substance abuse treatment and testing a critical component of the program for many. There have been 133 successful graduates to date with 11 more on pace to complete by September 2020.

Drug testing serves a two-pronged purpose to the MHC as it both monitors participant compliance and deters use while on the program. According to the Michigan Association of Treatment Court Professionals, best practices require that participants are tested randomly and at least once per week. The Berrien County Mental Health Court's policies and procedures require that all participants are tested upon admission into the program and prior to each phase

promotion. Participants must undergo the minimum requirement of 4 drug tests during the program, and the average participant undergoes 48 tests per year (80 per program).

The MHC uses two testing matrices:
10-panel instant read urine tests: Urine is the program's primary testing medium, providing instant results for the following substances: *THC, Cocaine, Opiates, Amphetamines, Methamphetamines, Barbiturates, Benzodiazepines, Methadone, Oxycodone, and Buprenorphine.*

10-panel oral swab tests: Oral swabs are a secondary testing solution that can be used when observed urine tests are not practical. These tests check for the following substances: *THC, Cocaine, Opiates, Amphetamines, Methamphetamines, Tramadol, Benzodiazepines, Methadone, Oxycodone, and Buprenorphine.*

The majority of breathalyzer testing is conducted in-house or for free with a local vendor, but about 20% of breathalyzer testing occurs on evenings/weekends with a provider who charges for the tests.

In addition to purchasing drug tests and screens, the program is also required to confirm results from time to time. If a participant tests positive but denies use, the sample must be confirmed prior to the court acting to increase treatment, or alter bond or sentence conditions to deter future use. Confirmation costs are a disallowed expense on many grants, but are critical to protecting participant rights. These tests can be conducted by Forensic Fluids in Kalamazoo, Michigan, Spectrum Laboratories in Grand Rapids, Michigan or US Diagnostics in Huntsville, Alabama depending on the matrix and method of collection.

Outcome Measures
The MHC will conduct 400 tests with the requested sum, which will allow the program to maintain an enrollment of 20-30 participants in FY '21.

Outcome measure 1:

100% of program graduates will complete at least 4 drug tests while under the program's supervision with the goal of increasing testing to an average of 40 drug tests.

Outcome measure 2:

90% of program graduates will have zero positive tests for the final 180 days under the program's supervision.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY

POPULATION(S):	☐ MIA	☐ SED	☐ DDA	☐ DDC	☑ SA

PROGRAM: Berrien County Mental Health Court		CFDA # N/A Public Act 2 - PA2		DATE PREPARED: 3/9/2020
CONTRACTOR NAME: County of Berrien		BUDGET PERIOD: From: 04/01/19		To: 09/30/20
MAILING ADDRESS (Number and Street): 701 Main Street		BUDGET AGREEMENT: ☑ ORIGINAL		☐ AMENDMENT
CITY: St. Joseph	STATE: MI	ZIP CODE: 49085	AMENDMENT NO:	FEDERAL TAX ID: 38-6000191

EXPENDITURE CATEGORY	Berrien County Drug Treatment	0	0	TOTAL BUDGET
1. SALARIES AND WAGES	-	-	-	-
2. FRINGE BENEFITS	-	-	-	-
3. TRAVEL	-	-	-	-
4. SUPPLIES AND MATERIALS	6,750.00	-	-	6,750.00
5. CONTRACTUAL	5,750.00	-	-	5,750.00
6. EQUIPMENT	-	-	-	-
7. UTILITIES	-	-	-	-
8. INSURANCE	-	-	-	-
9. REPAIRS AND MAINTENANCE	-	-	-	-
10. RENTAL/ LEASE	-	-	-	-
11. OTHER EXPENSES	-	-	-	-
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	$ 12,500.00	$ -	$ -	$ 12,500.00
13. INDIRECT COSTS Rate %	-	-	-	-
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 12,500.00**	**$ -**	**$ -**	**$ 12,500.00**
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-			-
16. SWMBH	-			-
17. LOCAL/MATCH	-			-
18. BLOCK GRANT	-			-
19. PA2	12,500.00			12,500.00
20. OTHER(S)	-			-
21. TOTAL FUNDING	**$ 12,500.00**	**$ -**	**$ -**	**$ 12,500.00**

SECTION 2.3.: ABILITY TO PAY DETERMINATION	☐ YES	☐ NO
SECTION 2.4: COORDINATION OF BENEFITS	☐ YES	☐ NO

DRAFT

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

PROGRAM:	BUDGET PERIOD:		DATE PREPARED:
Berrien County Drug Treatment Court	From: 04/01/19	To: 09/30/20	03/09/20
CONTRACTOR NAME:	BUDGET AGREEMENT:		AMENDMENT NO:
County of Berrien	☑ ORIGINAL	☐ AMENDMENT	0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
			-
1. TOTAL SALARIES AND WAGES		0.000	$ -

2. FRINGE BENEFITS (SPECIFY)				COMPOSITE RATE %	0.00%	
☐ FICA	☐ HEALTH INS	☐ HEARING INS	☐ SHORT TERM DISB			-
☐ UNEMPLOY INS	☐ LIFE INS	☐ DENTAL INS	☐ LONG TERM DISB			
☐ RETIREMENT	☐ VISION INS	☐ WORK COMP	☐ OTHER: specify			
2. TOTAL FRINGE BENEFITS						$ -

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

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
10-panel instant read urine cups, 10-panel oral swab tests	6,750.00
4. TOTAL SUPPLIES AND MATERIALS	$ 6,750.00

5. CONTRACTUAL (Subcontracts) Name	Address	Amount
Confirmation Testing	Forensic Fluids- Kalamazoo, MI	1,000.00
	Alere Toxicology- Huntsville, AL	
Testing Administration	KPEP or Michiana Drug Testing	4,500.00
PBT Testing	Michiana Drug Testing	250.00
5. TOTAL CONTRACTUAL		$ 5,750.00

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6. EQUIPMENT (Specify)	Amount
6. TOTAL EQUIPMENT	$ -

7. UTILITIES (Specify)	
	-
7. TOTAL UTILITIES	$ -

8. INSURANCE (Specify)	
	-
8. TOTAL INSURANCE	$ -

9. REPAIRS AND MAINTENANCE (Specify)	
	-
9. TOTAL REPAIRS AND MAINTENANCE	$ -

10. RENTAL/LEASE (Specify)	
	-
10. TOTAL RENTAL/LEASE	$ -

11. OTHER EXPENSES (Specify)	Amount
11. TOTAL OTHER EXPENSES	$ -

12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	$ 12,500.00

13. INDIRECT COSTS		
	INDIRECT RATE 0.00%	-
13. TOTAL INDIRECT COSTS		$ -

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 12,500.00**

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2020-2022 Strategic Imperative Descriptions & Priorities

Proposed to SWMBH Board March 13, 2020. Revisions based on Environmental Scan. V 1/17/2020

- **1) Public Policy Legislative Education**
  - Inform legislators of Michigan statutory changes necessary for publicly led Specialty Integrated Plan
  - Inform executive branch of Michigan regulatory changes necessary for publicly led Specialty Integrated Plan
  - Inform legislators of potential negative impacts of Reforms on CMHSPs.
  - Inform Legislators of key Behavioral Health and SUD issues
  - Hold public policy & legislative education events

- **2) Uniformity of Benefits**
  - Ensure that persons served receive objectively appropriate services across all specialty populations
  - Automate Level of Care Guidelines and Utilization Management processes

  - **Use Level of Care Guidelines (LOCG) for service authorization consistency**
    - Consistent use, attached to Assessment Tool scores
    - Embedded in EMR and MCIS
    - Update LOCG Tables and business processes as necessary and indicated

  - **Consistent Use of Assessment Tools**
    - CMHSPs and Providers submit scores in detail as discrete data fields
    - Real-time, accessible analytics and reporting
    - Identification of outliers and trends for over- and under-utilization monitoring

- **3) Integrated Health Care**
  - Michigan Health Endowment Fund Grant success
  - Extend MI Health Link with Integrated Care Organizations beyond 12/31/2020
  - Multi-agency Performance Improvement Projects
  - Improve CMHSP and PIHP communications with primary physical health providers
  - Improve SWMBH communications with Medicaid Health Plans

- **4) Revenue Maximization/Diversification**
  - Assure capture of Performance Bonus Incentive Pool funds
  - Continue assertive efforts internally and externally to maximize regional capitation funds
  - Assess SWMBH opportunities for Grants, alternative funding streams, and expanded or new business lines
  - Assess CMHSP opportunities for Grants, alternative funding streams, and expanded or new business lines, upon request

  - **Cost reductions in Medical Loss Ratio and Administrative Loss Ratio**
    - Support CMHSP cost reduction strategies, upon request

- **5) Improve Healthcare Information Exchange, Analytics and Business Intelligence**
  - Improve Health Information Exchange systems
  - Improve healthcare data analytics capabilities
  - Regional individual access to industry standard management information tools

6) Managed Care Functional Review

- Build consistency, replicability and scalability for all managed care functions

7) Proof of Value and Outcomes

- Create, monitor and publish proofs of clinical and administrative performance
- Maintain NCQA MBHO Accreditation
- Consider other NCQA Accreditations and/or Certifications
- Assure Program Integrity

2020-202219 Strategic Imperative Descriptions & Priorities

Proposed to SWMBH Board March 13, 2020. Revisions based on Environmental Scan. V 1/17/2020

- 1) Public Policy Legislative Education
  - **Inform legislators of Michigan statutory changes necessary for publicly led Specialty Integrated Plan**
  - **Inform executive branch of Michigan regulatory changes necessary for publicly led Specialty Integrated Plan**
  - **Inform legislators of potential negative impacts of Reforms on CMHSPs.**
  - Inform Legislators of key Behavioral Health and SUD issues
  - Hold public policy & legislative education events/~~coordination sessions~~
- 2) Uniformity of Benefits
  - Ensureing that persons served ~~consumers are~~ receiveing objectively appropriate ~~fair and consistent~~ services across all specialty populations~~service determinations~~
  - Automate Level of Care Guidelines and Utilization Management processes
  - ~~Automated wherever possible~~
  - ~~CMHSP Peer Case Reviews & Site Visits~~
  - ~~Will use to modify LOCG Tables and fiscal year 2019 budgets~~
  - Use ~~of~~ Level of Care Guidelines (LOCG) for service authorization consistency
    - Consistent use, attached to Assessment Tool scores
    - Embedded in EMR and MCIS
    - Update LOCG Tables and business processes as necessary and Indicated~~to state wide approach~~
  - Consistent Use of Assessment Tools
    - CMHSPs and Providers submit scores in detail as discrete data fields ~~Scores submissions, detail, discrete data~~
    - Real-time, accessible Aanalytics and reporting
    - Identification of outliers and trends for over- and under-utilization monitoring
    - ~~Data available for decision making~~
- 3) Integrated Health Care ~~Population Health Management~~
  - Michigan Health Endowment Fund Grant success
  - Extend MI Health Link with Integrated Care Organizations beyond 12/31/2020
  - ~~Collaborative relationships with our Integrated Healthcare partners~~
  - ~~Shared~~ Multi-agency Performance Improvement Projects
  - Improve CMHSP and PIHP communications with primary physical health providers
  - ~~between Physical and Mental Health providers~~
  - Improve SWMBH communications with Medicaid Health Plans
- 4) Revenue Maximization/Diversification
  - Assure capture of Performance Bonus Incentive Pool funds~~s~~
  - Continue assertive efforts internally and externally to maximize regional capitation funds
  - Assess SWMBH opportunities for Grants, ~~and other~~ alternative funding streams, and expanded or new ~~/~~business lines
  - Assess CMHSP opportunities for Grants, alternative funding streams, and expanded or new business lines, upon request
  - ~~Cost Sharing~~
  - ~~Contract Services~~

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- Cost reductions in Medical Loss Ratio and Administrative Loss Ratio
  - Support CMHSP cost reduction strategies, upon request
  - ~~Service consistency reviews~~
  -

- 5) Improved **Healthcare Information Exchange,** Analytics and Business Intelligence
  - Improve Health Information Exchange systems
  - Improve healthcare data analytics capabilities
  - Regional Individual Aaccess to industry standard management information ~~cutting edge data resources~~/tools
  - ~~Access and ability to act on real-time information~~

- 6) Managed Care Functional Review
  - Buildi~~ng~~ consistency, replicabiliuty and scalability for all managed care functions ~~within the Regional Utilization Management Processes~~
  -

- 7) Proof of Value **and** Outcomes
  - Create, monitor and publish proofs of clinical and administrative performance
  - Maintain NCQA MBHO Accreditation~~s~~
  - Consider other NCQA Accreditations and/or Certifications
  - Assure Program Integrity
  - ~~Integrated Care Measures~~
  - ~~Performance Improvement Projects~~

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2019 Strategic Imperative Descriptions & Priorities

- **1) Public Policy Legislative Education**
  - Inform Legislators of key Behavioral Health and SUD issues
  - Hold public policy & legislative education/coordination sessions

- **2) Uniformity of Benefits**
  - Ensuring consumers are receiving fair and consistent services across all service determinations
  - Automated wherever possible
  - CMHSP Peer Case Reviews & Site Visits
  - Will use to modify LOCG Tables and fiscal year 2019 budgets

  - **Use of Level of Care Guidelines (LOCG) for service authorization consistency**
    - Consistent use, attached to Assessment Tool scores
    - Embedded in EMR and MCIS
    - Update LOCG Tables and business processes to state wide approach

  - **Consistent Use of Assessment Tools**
    - Scores submissions, detail, discrete data
    - Analytics and reporting
    - Identification of outliers and trends
    - Data available for decision making

- **3) Population Health Management**
  - Collaborative relationships with our Integrated Healthcare partners
  - Shared Performance Improvement Projects
  - Improve communications between Physical and Mental Health providers

- **4) Revenue Maximization/Diversification**
  - Performance Bonus Pools
  - Grants and other alternative funding streams/business lines
  - Cost Sharing
  - Contract Services

  - **Cost reductions in Medical Loss Ratio and Administrative Loss Ratio**
    - CMHSP cost reduction strategies
    - Service consistency reviews

- **5) Improved Analytics and Business Intelligence**
  - Improve Information Exchange systems
  - Access to cutting edge data resources/tools
  - Access and ability to act on real-time information

- **6) Managed Care Functional Review**
  - Building consistency within the Regional Utilization Management Processes

- **7) Proof of Value Outcomes**
  - Accreditations
  - Assure Program Integrity
  - Integrated Care Measures
  - Performance Improvement Projects

Southwest Michigan
BEHAVIORAL HEALTH

Fifth Annual Regional Healthcare Policy Forum

Invitees: Community Mental Health Service Providers

Elected and Appointed State, County, Local Officials

Date: Friday, April 17, 2020

Location: Cityscape Event Centre
125 S. Kalamazoo Mall, Kalamazoo, MI

Panelists:

***Elizabeth Hertel, Chief Deputy Director**
Michigan Department of Health and Human Services

***Mary Whiteford, MI House Representative**
Chair, Health & Human Services Appropriations Subcommittee
Michigan House Representative

***Jeff Patton, Chief Executive Officer**
Integrated Services of Kalamazoo

***Jane Shank, Executive Director**
Association for Children's Mental Health

***Sherri Boyd, Executive Director**
The ARC Michigan

***Jay Rosen, President**
Health Management Associates

Purpose/Objectives
Looking to the Future . . .

- Exploring the Michigan Department of Health and Human Services Proposal and Plans for System Transformation in the Public Behavioral Health Care System
- Assessing the Implications and Ramifications for both Persons Served and Providers

Facilitator: Scott Dzurka, Vice President
Public Sector Consultants

Agenda

8:30--9:00 am	Registration and Continental Breakfast
9:00--9:15 am	Welcome & Introductions Scott Dzurka
9:15—12:00 noon	Discussion & Conversation with Panelists
12:00--12:30 pm	Light Hors D'oeuvres and Conversation

** Photographer Available **

** Parking Discount Vouchers Available **

Registration: https://swmbh-healthcarepolicyforum.eventbrite.com