



**Southwest Michigan Behavioral Health Board Meeting**  
**Air Zoo Aerospace & Science Museum**  
**6151 Portage Rd, Portage, MI 49002**  
**April 12, 2024**  
**9:30 am to 11:30 am**  
(d) means document provided  
**Draft: 4/3/24**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - None Scheduled
4. **Consent Agenda (5 minutes)**
  - March 8, 2024 SWMBH Board Meeting Minutes (d) pg.3
5. **Ends Metrics Updates (\*Requires motion) (15 minutes)**

*Proposed Motion: The Board accepts the interpretation of Ends Metrics as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.*

  - a. \*Fiscal Year 2023 Michigan Mission Based Performance Indicator System Results (A. Lacey) (d) pg.7
  - b. \*Fiscal Year 2023 Customer Satisfaction Survey Results (A. Lacey) (d) pg.8
6. **Board Actions to be Considered (15 minutes)**
  - a. Election of Officers
  - b. BEL-006 Investments (d) pg.9
7. **Board Policy Review (5 minutes)**

*Proposed Motion: The Board accepts the interpretation of Policy \_\_\_\_\_ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.*

  - a. BG-006 Annual Board Planning (d) pg.12
  - b. BG-010 Board Committee Principles (d) pg.14
8. **Executive Limitations Review (5 minutes)**

*Proposed Motion: The Board accepts the interpretation of Policy \_\_\_\_\_ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.*

  - BEL-001 Budgeting (C. Naccarato) (d) pg.15

**9. Board Education (25 minutes)**

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.19
- b. Local Funds (G. Guidry) (d) pg.25
- c. Retirement Plans Summary (Doerschler & Associates) (handout)
- d. Fiscal Year 2023 Performance Bonus Incentive Program Report (A. Lacey) (d) pg.26

**10. Communication and Counsel to the Board (10 minutes)**

- a. Board Ends and Strategic Planning Calendar (B. Casemore) (d) pg.29
- b. Michigan Consortium for Healthcare Excellence (B. Casemore) (d) pg.30
- c. Community Mental Health Association of Michigan (CMHAM) Summary of Governor's Fiscal Year 2025 Budget (d) pg.33
- d. Draft May Board and Board Planning Session agenda (d) pg.42 and 44
- e. May Board Policy Direct Inspection – None scheduled

**11. Public Comment**

**12. Adjournment**

*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.*

**Next Board Meeting**

**May 10, 2024 – Bay Pointe Inn, 11456 Marsh Rd. Shelbyville, MI 49344  
9:30 am - 10:00 am**

**Dinner May 9, 2024 – Bay Pointe Inn, 11456 Marsh Rd. Shelbyville, MI 49344  
5:30 pm – 7:00pm**

**Board Planning Session– Bay Pointe Inn, 11456 Marsh Rd. Shelbyville, MI 49344  
May 10, 2024  
10:30 am - 3:30pm following Board Meeting**



**Board Meeting Minutes**

**March 8, 2024**

**Air Zoo Aerospace & Science Museum, 6151 Portage Rd, Portage, MI 49002**

**9:30 am-11:30 am**

**Draft: 3/11/24**

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**Members Present:** Edward Meny, Tom Schmelzer, Louie Csokasy, Susan Barnes, Carol Naccarato, Sherii Sherban, Tina Leary

**Members Absent:** Mark Doster, Erk Krogh

**Guests Present:** Brad Casemore, Chief Executive Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Ella Philander, Executive Project Manager, SWMBH; Cameron Bullock, Pivotal; Richard Thiemkey, Barry CMH, Cathi Abbs, Pivotal Board Alternate, Jeannie Goodrich, Summit Pointe, Ric Compton, Riverwood; John Ruddell, Woodlands; Sue Germann, Pines BH; Jon Houtz, Pines Board Alternate

**Welcome Guests**

Ed Meny called the meeting to order at 9:32 am and introductions were made. Edward Meny and Brad Casemore recognized and thanked Susan Barnes for her years of service on the SWMBH Board.

**Public Comment**

None

**Agenda Review and Adoption**

- Motion Louie Csokasy moved to approve the agenda with the addition of a PCE topic, a Performance Bonus Incentive Program topic and moving Fiscal Year 2023 Michigan Mission Based Performance Indicator System Results to the April Board agenda.
- Second Tom Schmelzer
- Motion Carried

**Financial Interest Disclosure (FID) Handling**

Mila Todd reviewed Tina Leary's completed conflict of interest form. Tina Leary introduced and shared a little bit about herself. Discussion of conflict of interest followed.

- Motion Tom Schmelzer moved that a conflict exists and that:
  - 1) The Board is not able to obtain a more advantageous arrangement with someone other than Tina Leary;
  - 2) The Financial Interests disclosed by Tina Leary are not so substantial as to be likely to affect the integrity of the services that SWMBH may expect to receive; and
  - 3) A Conflict of Interest Waiver should be granted.
- Second Edward Meny
- Motion Carried

**Consent Agenda**

Motion Louie Csokasy moved to approve the February 9, 2024 Board minutes as presented  
Second Susan Barnes  
Motion Carried

**Ends Metrics**

**Fiscal Year 2023 Behavioral Health Treatment Episode Data Set**

Natalie Spivak reported as documented noting the State benchmark is 95% and SWMBH’s benchmark 97%. Overall SWMBH achieved 99.01% on this metric.

Motion Tom Schmelzer moved that the data is relevant and compelling, the Executive Officer is in compliance and the Ends do not need revisions.  
Second Carol Naccarato  
Motion Carried

**Board Actions to be Considered**

**Board Audit Committee**

Brad Casemore reviewed historical context of Board Audit Committee. Edward Meny noted last year’s Board Audit Committee members as Tom Schmelzer, Louie Csokasy and Sherii Sherban. Per Edward Meny this year’s Board Audit Committee will have the same members. They will meet with auditor, Derek Miller before Mr. Miller attends the full Board in June.

**Board Member on the SWMBH Regional Finance Committee**

Edward Meny noted documentation in the packet from Susan Radwan on Board Members sitting on regional operational committees. Discussion followed.

Motion Louie Csokasy moved that the Board would review and give consent to the yearly financial statements before submission to the State.  
Second Tom Schmelzer  
There was not a majority affirmative vote on approval of the motion and the motion failed.

**May 10 Board Planning Session**

Brad Casemore reported as documented.

**Board Policy Review**

None scheduled

**Executive Limitations Review**

None scheduled

**Board Education**

**Fiscal Year 2024 Year to Date Financial Statements**

Garyl Guidry reported as documented noting an uptick in expenses and 4.5 million of Internal Service Funds (ISF) used to offset those expenses.

### **Fiscal Year 2024 Financial Projections**

Garyl Guidry reported as documented noting a projected 22-million-dollar deficit which represents 95% of SWMBH's Internal Service Fund. Brad Casemore noted a revenue and expense problem which is State wide adding the geographic factor which splits money differently through out the PIHPs. A mid-year rate adjustment meeting is being held on March 21 and SWMBH is cautiously optimistic.

### **Fiscal Year 2023 Financial Statements**

Garyl Guidry reported as documented. Discussion followed.

### **Fiscal Year 2023 Quality Assurance and Performance Improvement Program Evaluation**

This topic will be moved to the April Board meeting agenda.

## **Communication and Counsel to the Board**

### **Investments Update**

Garyl Guidry reported on SWMBH rolling CDs with return rates and projected earnings. Garyl also reported on recent meetings with independent investments advisors. SWMBH is reviewing all data and information from those meetings and will bring a written update to the April Board meeting.

### **Conflict Free Access and Planning**

Brad Casemore stated that the MDHHS workgroup disbanded in November of 2023 and there is nothing new to report. The State is working with an outside firm to develop a model. The PIHPs are required to implement the designated model by 10/1/24.

### **Disability Rights of Michigan and Medicaid Services**

Brad Casemore reported as documented.

### **PCE**

Brad Casemore shared that this topic has been discussed at the last two Regional Operations Committee meetings. TBD Solutions has been commissioned to perform a rapid review of PCE and Managed Care Information Systems.

### **Performance Bonus Incentive Program**

Brad Casemore shared that this topic was discussed at the February 28<sup>th</sup> Regional Operations Committee meeting with discussion slated for the March 13<sup>th</sup> Operations Committee meeting.

### **April Board Policy Direct Inspection – BEL-001 Budgeting, Carol Naccarato and April Board Officers Election**

Brad Casemore reminded Board members that Direct Inspections are retrospective.

## **Public Comment**

Richard Thiemkey shared his views on the top things that are driving CMHSPs expenses; specialized residential and psychiatric inpatient services.

**Adjournment**

Motion Louie Csokasy moved to adjourn.

Second Sherii Sherban

Motion Carried

Meeting adjourned 11:30am

# Board Ends Metric 7: Motion Requested – One of Two Metrics are Met

**Metric:** Michigan Mission Based Performance Indicator System (MMBPIS) Data, Tracking and Analysis

**Description:** The PIHP must include performance measures established by MDHHS in the areas of access, efficiency and outcomes. The PIHP must track and perform analysis to ensure each performance indicator is meeting the minimum performance benchmark/standard. Currently (7) Indicators have targeted benchmarks.

**Deliverable/Goal:**

- a. 24/28 indicators meet the State Benchmark, throughout all FY23 for 4 consecutive quarters
- b. Indicator 3, achieve a 3% combined improvement (*through FY 23 all 4 Quarters*) over 2022 baseline 64.08%

**Results:**

- a. 2023: 26/28 indicators met – **Metric is Met**
- b. b. 2023 Results: 56.78%- **Metric Not Met**

# Board Ends Metric 6: Motion Requested – Three of Four Metrics are Met

**Metric:** 2023 Customer Satisfaction Surveys collected by SWMBH are at or above the 2022 baseline results identified in (a & b) and performance improvement areas/plans are identified (c & d)

**Description:** This metric is in direct alignment with *Section V* of the 2023 MDHHS-PIHP contract ‘*Member Experience with Services*’. The survey methodology must include a quantitative and qualitative assessment of member experience with services.

## **Deliverable/Goal:**

- a. Improvement on Mental Health Statistic Improvement Project Survey (MHSIP) tool. (2022 baseline: 78.6%)
- b. Improvement on Youth Satisfaction Survey (YSS) tool. (2022 baseline: 75.51%)
- c. Work with the SWMBH Consumer Advisory Committee as Focus group to document, understand and act upon potential improvement efforts that impact overall Consumer Satisfaction
- d. Ensure that each CMHSP partner reviews site specific survey results and formulates Corrective Action Plans to drive identified or potential improvement areas.

## **Results:**

- a. MHSIP score improved in 2023 from 78.6% to 81.0%. **Metric is Met**
- b. YSS score decreased in 2023 from 75.5% to 73.0%. **Metric Not Met**
- c. FY23 CSS results were reviewed with the CAC in March 2024 to discuss areas of improvement. CAC April meeting will review potential improvement strategies to the FY24 CSS process and documentation. **Metric is Met**
- d. Site specific FY23 CSS raw data and results were distributed in March 2024 for CMHSP review and CAP formulation. Action plans are due to SWMBH by May 15<sup>th</sup>. **Metric is Met**



Proposed  
4/12/24

# Southwest Michigan

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## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Executive Limitations	<b>Policy Number:</b> BEL-006	<b>Pages:</b> 1
<b>Subject:</b> Investments	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 02.14.2014	<b>Last Review Date:</b> 10.13.23	<b>Past Review Dates:</b> 2.13.15, 2.12.16, 2.10.17, 2.9.18, 6.14.19,6.12.20,7.09.21, 6.10.22

I. **PURPOSE:**

To establish a policy guiding investments.

II. **POLICY:**

The EO shall not cause or allow investment strategies or decisions that pursue a high rate of interest at the expense of safety and liquidity.

III. **STANDARDS:**

The Executive Officer shall not

1. Make investment decisions without consultation and guidance with an independent qualified investment advisor.
2. Ignore these priority values in investment decisions:
  - Preservation of principal
  - Generation of income
  - Long term growth of principal
  - Protection from bank failures
3. Invest or hold capital in insecure instruments except where necessary to facilitate ease in operational transactions.
4. Invest without establishing a comparative benchmark to demonstrate investment performance.

# Southwest Michigan

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## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Executive Limitations	<b>Policy Number:</b> BEL-006	<b>Pages:</b> 2
<b>Subject:</b> Investments	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 02.14.2014	<b>Last Review Date:</b> 6.10.22	<b>Past Review Dates:</b> 2.13.15, 2.12.16, 2.10.17, 2.9.18, 6.14.19,6.12.20,7/09/21

I. **PURPOSE:**

To establish a policy guiding investments.

II. **POLICY:**

It is the policy of SWMBH to invest public funds in a manner which will provide the highest available investment return with reasonable and prudent security while meeting the daily cash flow objectives of the entity and conforming to all State statutes governing investment of public funds.

III. **STANDARDS:**

Accordingly the Executive Officer may not:

1. Fail to comply with the requirements of Public Act 20 of 1943, as amended. The following types of securities are authorized by Public Act 20 of 1943, as amended:

- Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
- Certificates of deposit, savings accounts, deposit accounts or depository receipts of a financial institution as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a CDARS account.
- Commercial paper rated at the time of purchase at the highest classification established by not less than 2 standard rating services and that matures not more than 270 days after the date of purchase.
- Repurchase agreements consisting of instruments in subdivision V., (A).
- Banker’s acceptances of United States banks.
- Obligations of this state or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than 1 standard rating service.
- Obligations described in subdivision 6.1 through 6.6 if purchased through an interlocal agreement under the Urban Cooperation Act of 1967. 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.
- Investment pools organized under the Surplus Funds Investment Pool Act, 1982 PA 367, MCL 129.111 to 129.118.
- Investment pools organized under the Local Government Investment Pool Act, 1985 PA

121, MCL 129.141 to 129.150.

2. Neglect to diversify investment portfolio. With the exception of U.S. Treasury securities and authorized investment pools as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a Certificate of Deposit Account Registry Service (CDARS) account.
3. Fail to meet the standard of prudence. Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.
4. Endanger safekeeping of securities.
5. Avoid providing timely and accurate investment reports.

# *Southwest Michigan*

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## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Board Governance/Management		<b>Policy Number:</b> BG-006	<b>Pages:</b> 1
<b>Subject:</b> Annual Board Planning Cycle		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 01.10.2014	<b>Last Review Date:</b> 4/14/23	<b>Past Review Dates:</b> 1.09.15, 2/12/16, 2/10/17, 1/12/18, 1/11/19, 4/12/19, 4/10/20, 4/9/21, 4/8/22	

**I. PURPOSE:**

To organize the timing, process, content and outcomes of an annual planning process.

**II. POLICY:**

To accomplish its job, the Board will adopt an annual calendar which (a) completes a thorough review of Accomplishments/Ends annually, (b) continually improves its performance through attention to Board education and deliberation, (c) formally reviews all Board Policies, and (d) sets primary strategic imperatives for a following 12-18 month period.

**III. STANDARDS:**

- a. Completes a thorough review of Accomplishments/Ends annually;

Ends, Ends Interpretations and Ends Metrics are handled on both calendar years and fiscal years. Ends, Ends Interpretations and prospective Ends Metrics are proposed to Board no later than November and December of each year. They are first reviewed with the Operations Committee for advice and support.

Ends Metrics status and final reports are provided to the Board throughout the year, based upon a Board-approved reporting calendar. Ideally a majority of Ends Metrics are reported before or at the November Board meeting.

- b. Continually improves its performance through attention to Board education and deliberation;
- c. Formally reviews all Board Policies annually. [Please note, Board can make some or all policies more or less frequent.]

A prospective Board-approved calendar year events & activities calendar is proposed to the Board each December. It shall include: Board review calendar with Board Member assignments; required Board actions; Board-determined Board action; Ends Metrics Reporting; Executive Limitations, and Board-Staff Relationship Policy review.

d. Sets primary strategic imperatives for a following 12-18 month period.

January- May Preparatory Strategic Planning Work

April-May: Environmental Scan and Strategic Imperatives Review with Board.

May- Board Retreat

July- 24-month Strategic Plan draft

- Mission
- Capital
- Market
- Growth
- Products
- Alliances

September- Budget Board review and approval.

Attachment: Calendar Year Board Calendar.

# *Southwest Michigan*

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## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Governance		<b>Policy Number:</b> BG-010	<b>Pages:</b> 1
<b>Subject:</b> Board Committee Principles		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 03.14.2014	<b>Last Review Date:</b> 6/9/23	<b>Past Review Dates:</b> 03.13.15, 04.10.15, 4/8/16, 4/14/17, 4/13/18, 4/12/19, 4/10/20, 4/9/21, 4/8/22	

**I. PURPOSE:**

To define SWMBH Board committee principles.

**II. POLICY:**

Board committees, when used, will be assigned so as to reinforce the wholeness of the Board’s job and to not interfere with delegation from the Board to the EO.

**III. STANDARDS:**

Accordingly the Committees shall:

1. Assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board’s broader focus, Board committees will normally not have direct dealings with current staff operations.
2. Not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
3. Not exercise authority over staff.
4. Be used sparingly and ordinarily in an ad hoc capacity.
5. This policy applies to any group that is formed by Board action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the EO.

**Southwest Michigan Behavioral Health  
Executive Limitations  
Monitoring to Assure Executive Performance**

**April 12, 2024**

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**Policy Number: BEL-001**  
**Policy Name: Budgeting**  
**Board Date: April 12, 2024**  
**Assigned Reviewer: Carol Naccarato**

***Policy:***

*Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate from Board Accomplishments/Results/Ends priorities, risk fiscal jeopardy, or fail to be derived from a multi-year plan.*

**CEO Response:** This report addresses fiscal year 2023 (October 1, 2022 to September 30, 2023) and the budget process for fiscal year 2024 (October 1, 2023 to September 30, 2024). Budgeting and financial reporting have been driven by adopted Board Ends Metrics, Board-reviewed assumptions, and fiscal parameters as well as Board directives from Board Planning Sessions.

*Accordingly, the CEO may not allow budgeting which:*

- 1. Contains too little information or omits information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.*

**CEO Response:** Fiscal year 2023, fiscal year 2024 budgeting and financial reporting each included as much information from the state as they would provide to enable credible projection and tracking of revenues. Expense projections include appropriate categories with specificity on the multiple SWMBH contracts and business lines and across the eight Participant CMHs. Capital and operational items were budgeted and reported as were cash flows.

SWMBH provided technical assistance and expectations guidance to the eight Participant CMHs throughout the FY2024 budget development process. Medicaid and Healthy Michigan eligible trends and projections (which drive projected Medicaid and Healthy Michigan revenues) were made for fiscal year 2023 and fiscal year 2024.

SWMBH and the eight Participant CMHs have a shared budget development process that produces multiple iterations of the operating budget before being presented to the SWMBH board. The multiple iterations of the budget is reviewed

by the finance operations committee and the operations committee before presentation.

Fiscal year 2023 Medicaid revenue actual receipts to budget projections were down \$10,830,486 a decrease of (-4.3%). The CCBHC program continues to evolve in the rate development and establishment process with MDHHS. Timely and more accurate information have been made available for budgeting purposes ongoing.

Healthy Michigan Plan fiscal year 2023 revenue receipts were up \$4,107,977 (7.7%) from budget, and up \$3,018,336 (6.7%) from fiscal year 2022.

Capital and operational items are detailed consistent with GAAP. Cash flows are projected and monitored. Budget documents, financial reports and accompanying materials disclose related planning assumptions which were reviewed with the Board in July 2022 for fiscal year 2023, and in June 2023 for fiscal year 2024.

Monthly fiscal year 2023 year to date financial reports have been provided to the Board. All files are maintained within SWMBH Finance Department. Participant CMH CFOs and CEOs routinely review financial projections and results, as well as budget development materials.

Significant efforts by all have occurred to assure common cost allocations, per federal regulations, the SWMBH Board-approved Financial Risk Management and Cost Allocation Plans and MDHHS guidance.

- 2. Plans the expenditures in any fiscal year of more funds than are conservatively projected to be received in that period.*

**CEO Response:** SWMBHs Board approved budget for fiscal year 2023 did not plan for the expenditures to be more than funds projected to be received. For fiscal year 2024 the approved budget did not plan for expenditures more than projected revenue.

- 3. Provide less than is sufficient for board prerogatives, such as costs of fiscal audit, board development, board and committee meetings, and board legal fees.*

**CEO Response:** The fiscal year 2023 and 2024 budget included line items and sufficient allocations for Board prerogatives including costs of financial, single and compliance audits, board development, board and committee meetings and board legal fees.

- 4. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve future ends.*



**CEO Response:** The fiscal year 2023 actual performance was not as anticipated. The additional funding from the public health emergency ended midyear and the loss of Medicaid eligible enrollees is the primary reason for the less than favorable year. SWMBH has been active in several expense reductions, revenue maximization and funding advocacy efforts with some successes.

SWMBH did not ignore the building of organizational capability sufficient to achieve Ends in future years and currently expects to be able to place funds into Medicaid Savings Risk Corridor for a fourth consecutive fiscal year.

*5. Cannot be shared with the board on a monthly basis.*

**CEO Response:** The fiscal year 2023 and 2024 financial reports have been shared with the Board congruous with the Board's governing documents, and in format(s) approved or accepted by the Board. Throughout fiscal year 2023 and into 2024 monthly financial reports, critical assumptions, and threats to fiscal health were regularly shared with the Board.

The CEO provided this report and supporting materials to assigned Reviewer. CEO and CFO offered to meet with assigned Reviewer.

Supporting Documents

- Fiscal Year 2024 Budget Assumptions and Parameters
- Fiscal Year 2023 Board approved Budget
- Fiscal Year 2024 Board approved Budget

**END**

# Southwest Michigan

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## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Executive Limitations		<b>Policy Number:</b> BEL-001	<b>Pages:</b> 1
<b>Subject:</b> Budgeting		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 02.14.2014	<b>Last Review Date:</b> 4/14/23	<b>Past Review Dates:</b> 8.8.14, 11/13/15, 1/13/17, 1/12/18,1/11/19,1/10/20, 2/12/21, 3/11/22	

I. **PURPOSE:**

II. **POLICY:**

Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate from Board Accomplishments/Results/Ends priorities, risk fiscal jeopardy, or fail to be derived from multi-year plan.

III. **STANDARDS:**

Accordingly the Executive Officer may not allow budgeting which;

1. Contains too little information or omits information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.
2. Plans the expenditures in any fiscal year of more funds than are conservatively projected to be available for that period.
3. Provide less than is sufficient for board prerogatives, such as costs of fiscal audit, Board development, Board and Committee meetings, and Board legal fees.
4. Endangers the fiscal soundness of future years or ignore the building of organizational capability sufficient to achieve future ends.
5. Cannot be shared with the Board on a monthly basis.

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Southwest Michigan Behavioral Health</b>											
2	<b>Summary Income Statement</b>											
3	For the Fiscal YTD Period Ended 2/29/2024											
4		<b>Total Region</b>	<b>SWMBH Central</b>	<b>CMH Participants</b>	<b>Barry CMHA</b>	<b>Berrien CMHA</b>	<b>Pines Behavioral</b>	<b>Summit Pointe</b>	<b>Woodlands Behavioral</b>	<b>Integrated Services of Kalamazoo</b>	<b>Pivotal of St. Joseph</b>	<b>Van Buren MHA</b>
5												
6		<b>Medicaid Specialty Services</b>										
7	Contract Revenue	\$ 103,906,541	\$ 6,338,058	\$ 97,568,483	\$ 4,216,071	\$ 18,820,296	\$ 5,076,842	\$ 18,139,401	\$ 6,392,656	\$ 28,272,369	\$ 6,357,210	\$ 10,293,638
8	Budget v Actual	\$ 5,090,051	\$ (4,944,392)	\$ 10,034,444	\$ 641,011	\$ 1,698,607	\$ 716,300	\$ 2,468,027	\$ 477,279	\$ 2,808,851	\$ 1,006,074	\$ 218,293
9	% Variance - Fav / (Unfav)	5.2%	-43.8%	11.5%	17.9%	9.9%	16.4%	15.7%	8.1%	11.0%	18.8%	2.2%
10												
11	Healthcare Cost	\$ 100,685,297	\$ 2,990,130	\$ 97,695,168	\$ 3,220,917	\$ 18,307,392	\$ 4,193,960	\$ 17,622,360	\$ 7,215,466	\$ 29,359,170	\$ 6,782,876	\$ 10,993,026
12	Budget v Actual	\$ (7,737,236)	\$ 1,647,502	\$ (9,384,738)	\$ (534,447)	\$ (946,753)	\$ 66,369	\$ (4,422,214)	\$ (119,643)	\$ (945,240)	\$ (1,537,381)	\$ (945,428)
13	% Variance - Fav / (Unfav)	-8.3%	35.5%	-10.6%	-19.9%	-5.5%	1.6%	-33.5%	-1.7%	-3.3%	-29.3%	-9.4%
14	<b>MLR</b>	96.9%	47.2%	100.1%	76.4%	97.3%	82.6%	97.1%	112.9%	103.8%	106.7%	106.8%
15												
16	Managed Care Administration	\$ 11,910,447	\$ 2,467,706	\$ 9,442,742	\$ 462,821	\$ 1,797,724	\$ 460,841	\$ 1,996,701	\$ 576,214	\$ 2,598,109	\$ 615,225	\$ 935,107
17	Budget v Actual	\$ (690,267)	\$ 347,986	\$ (1,038,252)	\$ 62,082	\$ (375,945)	\$ 26,618	\$ 20,704	\$ (5,325)	\$ (658,085)	\$ (235,823)	\$ 127,521
18	% Variance - Fav / (Unfav)	-6.2%	12.4%	-12.4%	11.8%	-26.4%	5.5%	1.0%	-0.9%	-33.9%	-62.2%	12.0%
19	<b>ACR</b>	10.6%	2.2%	8.4%	12.6%	8.9%	9.9%	10.2%	7.4%	8.1%	8.3%	7.8%
20												
21	Total Contract Cost	\$ 112,595,745	\$ 5,457,835	\$ 107,137,910	\$ 3,683,738	\$ 20,105,116	\$ 4,654,802	\$ 19,619,060	\$ 7,791,680	\$ 31,957,280	\$ 7,398,101	\$ 11,928,133
22	Budget v Actual	\$ (8,427,503)	\$ 1,995,488	\$ (10,422,991)	\$ (472,366)	\$ (1,322,698)	\$ 92,987	\$ (4,401,510)	\$ (124,968)	\$ (1,603,325)	\$ (1,773,205)	\$ (817,907)
23	Variance - Favorable / (Unfavorable)	-8.1%	26.8%	-10.8%	-14.7%	-7.0%	2.0%	-28.9%	-1.6%	-5.3%	-31.5%	-7.4%
24												
25												
26	Net before Settlement	\$ (8,689,204)	\$ 880,223	\$ (9,569,427)	\$ 532,333	\$ (1,284,820)	\$ 422,040	\$ (1,479,659)	\$ (1,399,024)	\$ (3,684,910)	\$ (1,040,891)	\$ (1,634,495)
27	Budget v Actual	\$ (3,337,451)	\$ (2,948,904)	\$ (388,547)	\$ 168,645	\$ 375,909	\$ 809,287	\$ (1,933,483)	\$ 352,311	\$ 1,205,527	\$ (767,130)	\$ (599,614)
28	Variance - Favorable / (Unfavorable)	62.4%	-77.0%	4.2%	46.4%	-22.6%	-209.0%	-426.0%	-20.1%	-24.7%	280.2%	57.9%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
30												within +/- 2%
31												>2% favorable
32												between -2&-4%
33	Date: 3/29/2024											>4% unfavorable

	A	B	C	D	E	F	G	H	I	J	K	L
34	<b>Southwest Michigan Behavioral Health</b>											
35	<b>Summary Income Statement</b>											
36	For the Fiscal YTD Period Ended 2/29/2024											
37		<b>Total Region</b>	<b>SWMBH Central</b>	<b>CMH Participants</b>	<b>Barry CMHA</b>	<b>Berrien CMHA</b>	<b>Pines Behavioral</b>	<b>Summit Pointe</b>	<b>Woodlands Behavioral</b>	<b>Integrated Services of Kalamazoo</b>	<b>Pivotal of St. Joseph</b>	<b>Van Buren MHA</b>
38		-	-	-	-	-	-	-	-	-	-	-
39	<b>Healthy Michigan Plan (HMP)</b>											
40	Contract Revenue	\$ 13,451,074	\$ 3,537,244	\$ 9,913,830	\$ 410,996	\$ 1,862,605	\$ 304,453	\$ 2,068,651	\$ 735,179	\$ 2,576,041	\$ 736,068	\$ 1,219,838
41	Budget v Actual	\$ (6,801,803)	\$ 1,947,072	\$ (8,748,875)	\$ (469,420)	\$ (1,951,133)	\$ (454,538)	\$ (1,414,410)	\$ (630,488)	\$ (2,749,982)	\$ (479,404)	\$ (599,500)
42	% Variance - Fav / (Unfav)	-33.6%	122.4%	-46.9%	-53.3%	-51.2%	-59.9%	-40.6%	-46.2%	-51.6%	-39.4%	-33.0%
43												
44	Healthcare Cost	\$ 12,477,853	\$ 4,379,448	\$ 8,098,405	\$ 179,958	\$ 1,355,863	\$ 429,647	\$ 2,040,295	\$ 793,536	\$ 1,779,226	\$ 489,955	\$ 1,029,926
45	Budget v Actual	\$ 2,043,573	\$ 1,378,023	\$ 665,550	\$ 248,719	\$ (223,999)	\$ (72,401)	\$ 278,584	\$ (353,653)	\$ (111,785)	\$ 661,938	\$ 238,147
46	% Variance - Fav / (Unfav)	14.1%	23.9%	7.6%	58.0%	-19.8%	-20.3%	12.0%	-80.4%	-6.7%	57.5%	18.8%
47	<b>MLR</b>	92.8%	123.8%	81.7%	43.8%	72.8%	141.1%	98.6%	107.9%	69.1%	66.6%	84.4%
48												
49	Managed Care Administration	\$ 1,337,135	\$ 298,939	\$ 1,038,197	\$ 25,859	\$ 216,638	\$ 72,458	\$ 315,819	\$ 74,105	\$ 157,547	\$ 76,284	\$ 99,487
50	Budget v Actual	\$ 8,828	\$ 106,006	\$ (97,178)	\$ 64,258	\$ (152,225)	\$ 5,373	\$ 3,751	\$ (7,036)	\$ (43,699)	\$ (9,756)	\$ 42,157
51	% Variance - Fav / (Unfav)	0.7%	26.2%	-10.3%	71.3%	-236.3%	6.9%	1.2%	-10.5%	-38.4%	-14.7%	29.8%
52	<b>ACR</b>	9.7%	2.2%	7.5%	12.6%	13.8%	14.4%	13.4%	8.5%	8.1%	13.5%	8.8%
53												
54	Total Contract Cost	\$ 13,814,988	\$ 4,678,386	\$ 9,136,602	\$ 205,816	\$ 1,572,501	\$ 502,104	\$ 2,356,114	\$ 867,642	\$ 1,936,773	\$ 566,239	\$ 1,129,413
55	Budget v Actual	\$ 15,867,389	\$ 6,162,415	\$ 9,704,974	\$ 518,793	\$ 1,196,277	\$ 435,076	\$ 2,638,449	\$ 506,953	\$ 1,781,290	\$ 1,218,421	\$ 1,409,717
56	% Variance - Fav / (Unfav)	12.9%	24.1%	5.9%	60.3%	-31.4%	-15.4%	10.7%	-71.1%	-8.7%	53.5%	19.9%
57												
58												
59	Net before Settlement	\$ (363,914)	\$ (1,141,142)	\$ 777,228	\$ 205,180	\$ 290,104	\$ (197,652)	\$ (287,462)	\$ (132,463)	\$ 639,267	\$ 169,829	\$ 90,425
60	Budget v Actual	\$ (4,749,402)	\$ 3,431,101	\$ (8,180,503)	\$ (156,443)	\$ (2,327,357)	\$ (521,567)	\$ (1,132,075)	\$ (991,177)	\$ (2,905,466)	\$ 172,779	\$ (319,196)
61	% Variance - Fav / (Unfav)	-108.3%	-75.0%	-91.3%	-43.3%	-88.9%	-161.0%	-134.0%	-115.4%	-82.0%	-5858.3%	-77.9%
62	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
63												within +/- 2%
64												>2% favorable
65												between -2&-4%
66	Date: 3/29/2024											>4% unfavorable

	E	F	H	J	K	M	N	P	Q	R	S
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>							
2	For the Fiscal YTD Period Ended 2/29/2024		<b>P05FYTD24</b>	5							
3	<i>(For Internal Management Purposes Only)</i>										
4	<b>INCOME STATEMENT</b>										
5		<b>TOTAL</b>	<b>Medicaid Contract</b>	<b>Healthy Michigan Contract</b>	<b>Opioid Health Home Contract</b>	<b>CCBHC</b>	<b>MH Block Grant Contracts</b>	<b>SA Block Grant Contract</b>	<b>SA PA2 Funds Contract</b>	<b>SWMBH Central</b>	
6	<b>REVENUE</b>										
18	Contract Revenue	148,326,586	103,800,643	13,451,074	681,213	26,053,760	304,273	3,156,068	879,555	-	-
19	DHHS Incentive Payments	105,898	105,898	-	-	-	-	-	-	-	-
20	Grants and Earned Contracts	-	-	-	-	-	-	-	-	-	-
21	Interest Income - Working Capital	477,139	-	-	-	-	-	-	-	-	477,139
22	Interest Income - ISF Risk Reserve	150,993	-	-	-	-	-	-	-	-	150,993
23	Local Funds Contributions	386,917	-	-	-	-	-	-	-	-	386,917
24	Other Local Income	-	-	-	-	-	-	-	-	-	-
25											
26	<b>TOTAL REVENUE</b>	<b>149,447,532</b>	<b>103,906,541</b>	<b>13,451,074</b>	<b>681,213</b>	<b>26,053,760</b>	<b>304,273</b>	<b>3,156,068</b>	<b>879,555</b>	<b>1,015,049</b>	
27											
28	<b>EXPENSE</b>										
29	<b>Healthcare Cost</b>										
30	Provider Claims Cost	9,879,675	1,979,913	3,954,983	505,965	-	108,341	2,726,438	602,966	-	-
31	CMHP Subcontracts, net of 1st & 3rd party	132,731,223	97,695,168	8,098,405	-	26,630,135	-	307,515	-	-	-
32	Insurance Provider Assessment Withhold (IPA)	1,434,682	1,010,216	424,465	-	-	-	-	-	-	-
33	Medicaid Hospital Rate Adjustments	-	-	-	-	-	-	-	-	-	-
34	MHL Cost in Excess of Medicare FFS Cost	-	1,096	-	-	-	-	-	-	-	-
35											
36	<b>Total Healthcare Cost</b>	<b>144,045,580</b>	<b>100,686,393</b>	<b>12,477,853</b>	<b>505,965</b>	<b>26,630,135</b>	<b>108,341</b>	<b>3,033,953</b>	<b>602,966</b>	<b>-</b>	<b>-</b>
37	Medical Loss Ratio (HCC % of Revenue)	97.0%	96.9%	92.8%	74.3%	102.2%	-	96.1%	68.6%	-	-
38											
40	Purchased Professional Services	135,331	-	-	-	-	-	-	-	-	135,331
41	Administrative and Other Cost	3,673,459	-	-	-	-	195,933	41,229	-	-	3,438,953
43	Depreciation	3,026	-	-	-	-	-	-	-	-	3,026
44	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-
45	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	-	(2,655)
46	Delegated Managed Care Admin	10,480,939	9,442,742	1,038,197	-	-	-	-	-	-	-
47	Apportioned Central Mgd Care Admin	(0)	2,467,706	298,939	12,549	653,512	7,546	80,625	-	-	(3,520,902)
48											
49	<b>Total Administrative Cost</b>	<b>14,292,756</b>	<b>11,910,447</b>	<b>1,337,135</b>	<b>12,549</b>	<b>653,512</b>	<b>203,479</b>	<b>121,853.11</b>	<b>-</b>	<b>53,754</b>	<b>-</b>
50	Admin Cost Ratio (MCA % of Total Cost)	9.0%	10.6%	9.7%	2.4%	2.4%	-	3.9%	0.0%	2.2%	-
51											
52	Local Funds Contribution	386,917	-	-	-	-	-	-	-	-	386,917
54											
55	<b>TOTAL COST after apportionment</b>	<b>158,725,252</b>	<b>112,596,841</b>	<b>13,814,988</b>	<b>518,514</b>	<b>27,283,648</b>	<b>311,820</b>	<b>3,155,806</b>	<b>602,966</b>	<b>440,670</b>	<b>-</b>
56											
57	<b>NET SURPLUS before settlement</b>	<b>(9,277,720)</b>	<b>(8,690,300)</b>	<b>(363,914)</b>	<b>162,700</b>	<b>(1,229,888)</b>	<b>(7,546)</b>	<b>262</b>	<b>276,588</b>	<b>574,378</b>	<b>-</b>
58	Net Surplus (Deficit) % of Revenue	-6.2%	-8.4%	-2.7%	23.9%	-4.7%	-2.5%	0.0%	31.4%	56.6%	-
60	Prior Year Savings	3,552,313	3,552,313	-	-	-	-	-	-	-	-
61	Change in PA2 Fund Balance	(276,588)	-	-	-	-	-	-	(276,588)	-	-
62	ISF Risk Reserve Abatement (Funding)	(150,993)	-	-	-	-	-	-	-	(150,993)	-
63	ISF Risk Reserve Deficit (Funding)	5,501,901	5,501,901	-	-	-	-	-	-	-	-
64	CCBHC Supplemental Receivable (Payable)	689,985	-	-	-	689,985	-	-	-	-	-
65	Settlement Receivable / (Payable)	(262)	(741,118)	363,914	(162,700)	539,903	-	(262)	-	-	-
66	<b>NET SURPLUS (DEFICIT)</b>	<b>38,636</b>	<b>(377,203)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(7,546)</b>	<b>-</b>	<b>-</b>	<b>423,385</b>	<b>-</b>
67	<i>HMP &amp; Autism is settled with Medicaid</i>										
68											
69	<b>SUMMARY OF NET SURPLUS (DEFICIT)</b>										
70	Prior Year Unspent Savings	2,072,183	2,072,183	-	-	-	-	-	-	-	-
71	Current Year Savings	(2,072,183)	(2,072,183)	-	-	-	-	-	-	-	-
72	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-
73	Local and Other Funds Surplus/(Deficit)	38,636	(377,203)	-	-	-	(7,546)	-	-	-	423,385
74											
75	<b>NET SURPLUS (DEFICIT)</b>	<b>38,636</b>	<b>(377,203)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(7,546)</b>	<b>-</b>	<b>-</b>	<b>423,385</b>	<b>-</b>

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>										
2	For the Fiscal YTD Period Ended 2/29/2024			5										
3	(For Internal Management Purposes Only)			ok										
4	<b>INCOME STATEMENT</b>			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
6	<b>Medicaid Specialty Services</b>			HCC%										
18				55.7% 74.1% 60.2% 66.7% 82.7% 86.9% 84.0% 85.4%										
19	Managed Care Administration	11,910,447	2,467,706	9,442,742	462,821	1,797,724	460,841	1,996,701	576,214	2,598,109	615,225	935,107		
20	Admin Cost Ratio (MCA % of Total Cost)	10.6%	2.2%	8.4%	12.6%	8.9%	9.9%	10.2%	7.4%	8.1%	8.3%	7.8%		
22	Contract Cost	112,595,745	5,457,835	107,137,910	3,683,738	20,105,116	4,654,802	19,619,060	7,791,680	31,957,280	7,398,101	11,928,133		
23	Net before Settlement	(8,689,204)	880,223	(9,569,427)	532,333	(1,284,820)	422,040	(1,479,659)	(1,399,024)	(3,684,910)	(1,040,891)	(1,634,495)		
24														
25	Prior Year Savings	3,552,313	3,552,313	-	-	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution	(741,118)	(10,310,544)	9,569,427	(532,333)	1,284,820	(422,040)	1,479,659	1,399,024	3,684,910	1,040,891	1,634,495		
28	Net after Settlement	(5,878,009)	(5,878,009)	-	-	-	-	-	-	-	-	-	-	-
29														
30	<b>Eligibles and PMPM</b>													
31	Average Eligibles	168,370	168,370	168,370	9,302	31,645	9,960	32,702	9,817	44,425	13,699	16,820		
32	Revenue PMPM	\$ 123.43	\$ 7.53	\$ 115.90	\$ 90.65	\$ 118.95	\$ 101.94	\$ 110.94	\$ 130.24	\$ 127.28	\$ 92.81	\$ 122.40		
33	Expense PMPM	\$ 133.75	\$ 6.48	\$ 127.26	\$ 79.20	\$ 127.07	\$ 93.47	\$ 119.99	\$ 158.74	\$ 143.87	\$ 108.01	\$ 141.83		
34	Margin PMPM	\$ (10.32)	\$ 1.05	\$ (11.37)	\$ 11.45	\$ (8.12)	\$ 8.47	\$ (9.05)	\$ (28.50)	\$ (16.59)	\$ (15.20)	\$ (19.44)		
35														
36	<b>Medicaid Specialty Services</b>													
37	<b>Budget v Actual</b>													
38														
39	<b>Eligible Lives (Average Eligibles)</b>													
40	Actual	168,370	168,370	168,370	9,302	31,645	9,960	32,702	9,817	44,425	13,699	16,820		
41	Budget	182,355	182,355	182,355	10,091	34,298	10,758	35,395	10,670	47,729	15,030	18,384		
42	Variance - Favorable / (Unfavorable)	(13,985)	(13,985)	(13,985)	(789)	(2,653)	(798)	(2,693)	(853)	(3,304)	(1,331)	(1,564)		
43	% Variance - Fav / (Unfav)	-7.7%	-7.7%	-7.7%	-7.8%	-7.7%	-7.4%	-7.6%	-8.0%	-6.9%	-8.9%	-8.5%		
44														
45	<b>Contract Revenue before settlement</b>													
46	Actual	103,906,541	6,338,058	97,568,483	4,216,071	18,820,296	5,076,842	18,139,401	6,392,656	28,272,369	6,357,210	10,293,638		
47	Budget	98,816,489	11,282,450	87,534,039	3,575,060	17,121,688	4,360,542	15,671,374	5,915,376	25,463,518	5,351,136	10,075,345		
48	Variance - Favorable / (Unfavorable)	5,090,051	(4,944,392)	10,034,444	641,011	1,698,607	716,300	2,468,027	477,279	2,808,851	1,006,074	218,293		
49	% Variance - Fav / (Unfav)	5.2%	-43.8%	11.5%	17.9%	9.9%	16.4%	15.7%	8.1%	11.0%	18.8%	2.2%		
50														
51	<b>Healthcare Cost</b>													
52	Actual	100,685,297	2,990,130	97,695,168	3,220,917	18,307,392	4,193,960	17,622,360	7,215,466	29,359,170	6,782,876	10,993,026		
53	Budget	92,948,061	4,637,632	88,310,429	2,686,470	17,360,639	4,260,329	13,200,145	7,095,823	28,413,930	5,245,495	10,047,598		
54	Variance - Favorable / (Unfavorable)	(7,737,236)	1,647,502	(9,384,738)	(534,447)	(946,753)	66,369	(4,222,214)	(119,643)	(945,240)	(1,537,381)	(945,428)		
55	% Variance - Fav / (Unfav)	-8.3%	35.5%	-10.6%	-19.9%	-5.5%	1.6%	-33.5%	-1.7%	-3.3%	-29.3%	-9.4%		
56														
57	<b>Managed Care Administration</b>													
58	Actual	11,910,447	2,467,706	9,442,742	462,821	1,797,724	460,841	1,996,701	576,214	2,598,109	615,225	935,107		
59	Budget	11,220,181	2,815,691	8,404,490	524,903	1,421,779	487,460	2,017,405	570,889	1,940,025	379,401	1,062,629		
60	Variance - Favorable / (Unfavorable)	(690,267)	347,986	(1,038,252)	62,082	(375,945)	26,618	20,704	(5,325)	(658,085)	(235,823)	127,521		
61	% Variance - Fav / (Unfav)	-6.2%	12.4%	-12.4%	11.8%	-26.4%	5.5%	1.0%	-0.9%	-33.9%	-62.2%	12.0%		
62														
63	<b>Total Contract Cost</b>													
64	Actual	112,595,745	5,457,835	107,137,910	3,683,738	20,105,116	4,654,802	19,619,060	7,791,680	31,957,280	7,398,101	11,928,133		
65	Budget	104,168,242	7,453,323	96,714,919	3,211,373	18,782,418	4,747,789	15,217,550	7,666,712	30,353,955	5,624,896	11,110,226		
66	Variance - Favorable / (Unfavorable)	(8,427,503)	1,995,488	(10,422,991)	(472,366)	(1,322,698)	92,987	(4,401,510)	(124,968)	(1,603,325)	(1,773,205)	(817,907)		
67	% Variance - Fav / (Unfav)	-8.1%	26.8%	-10.8%	-14.7%	-7.0%	2.0%	-28.9%	-1.6%	-5.3%	-31.5%	-7.4%		
68														
69	<b>Net before Settlement</b>													
70	Actual	(8,689,204)	880,223	(9,569,427)	532,333	(1,284,820)	422,040	(1,479,659)	(1,399,024)	(3,684,910)	(1,040,891)	(1,634,495)		
71	Budget	(5,331,753)	3,829,127	(9,180,880)	363,688	(1,660,730)	(387,247)	453,824	(1,751,336)	(4,890,437)	(273,761)	(1,034,881)		
72	Variance - Favorable / (Unfavorable)	(3,337,451)	(2,948,904)	(388,547)	168,645	375,909	809,287	(1,933,483)	352,311	1,205,527	(767,130)	(599,614)		
73	% Variance - Fav / (Unfav)	62.4%	-77.0%	4.2%	46.4%	-22.6%	-209.0%	-426.0%	-20.1%	-24.7%	280.2%	57.9%		
74														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 2/29/2024			5									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
75	<b>Healthy Michigan Plan</b>												
77			HCC%		3.1%	5.4%	6.2%	7.7%	9.1%	9.6%	9.7%	8.0%	
78	External Provider Cost	10,494,382	3,954,983	6,539,399	165,125	1,196,595	400,128	1,922,940	169,768	1,775,684	469,602	439,558	
79	Internal Program Cost	1,564,050	-	1,564,050	14,833	159,268	29,519	117,354	623,769	8,586	20,353	590,368	
80	SSI Reimb - 1st/3rd Party Cost Offset	(5,044)	-	(5,044)	-	-	-	-	-	(5,044)	-	-	
81	Insurance Provider Assessment Withhold (IPA)	424,465	424,465	-	-	-	-	-	-	-	-	-	
82	<b>Total Healthcare Cost</b>	<b>12,477,853</b>	<b>4,379,448</b>	<b>8,098,405</b>	<b>179,958</b>	<b>1,355,863</b>	<b>429,647</b>	<b>2,040,295</b>	<b>793,536</b>	<b>1,779,226</b>	<b>489,955</b>	<b>1,029,926</b>	
83	Medical Loss Ratio (HCC % of Revenue)	92.8%	123.8%	81.7%	43.8%	72.8%	141.1%	98.6%	107.9%	69.1%	66.6%	84.4%	
84													
85	<b>Managed Care Administration</b>	<b>1,337,135</b>	<b>298,939</b>	<b>1,038,197</b>	<b>25,859</b>	<b>216,638</b>	<b>72,458</b>	<b>315,819</b>	<b>74,105</b>	<b>157,547</b>	<b>76,284</b>	<b>99,487</b>	
86	Admin Cost Ratio (MCA % of Total Cost)	9.7%	2.2%	7.5%	12.6%	13.8%	14.4%	13.4%	8.5%	8.1%	13.5%	8.8%	
87													
88	<b>Contract Cost</b>	<b>13,814,988</b>	<b>4,678,386</b>	<b>9,136,602</b>	<b>205,816</b>	<b>1,572,501</b>	<b>502,104</b>	<b>2,356,114</b>	<b>867,642</b>	<b>1,936,773</b>	<b>566,239</b>	<b>1,129,413</b>	
89	<b>Net before Settlement</b>	<b>(363,914)</b>	<b>(1,141,142)</b>	<b>777,228</b>	<b>205,180</b>	<b>290,104</b>	<b>(197,652)</b>	<b>(287,462)</b>	<b>(132,463)</b>	<b>639,267</b>	<b>169,829</b>	<b>90,425</b>	
90													
91	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
92	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
93	Contract Settlement / Redistribution	363,914	1,141,142	(777,228)	(205,180)	(290,104)	197,652	287,462	132,463	(639,267)	(169,829)	(90,425)	
94	<b>Net after Settlement</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
95													
96	<b>Eligibles and PMPM</b>												
97	Average Eligibles	70,744	70,744	70,744	3,694	14,009	3,407	12,985	4,110	20,424	5,373	6,743	
98	Revenue PMPM	\$ 38.03	\$ 10.00	\$ 28.03	\$ 22.25	\$ 26.59	\$ 17.87	\$ 31.86	\$ 35.78	\$ 25.23	\$ 27.40	\$ 36.18	
99	Expense PMPM	39.06	13.23	25.83	11.14	22.45	29.48	36.29	42.23	18.97	21.08	33.50	
100	Margin PMPM	\$ (1.03)	\$ (3.23)	\$ 2.20	\$ 11.11	\$ 4.14	\$ (11.60)	\$ (4.43)	\$ (6.45)	\$ 6.26	\$ 6.32	\$ 2.68	
101													
102	<b>Healthy Michigan Plan</b>												
103	<b>Budget v Actual</b>												
104													
105	<b>Eligible Lives (Average Eligibles)</b>												
106	Actual	70,744	70,744	70,744	3,694	14,009	3,407	12,985	4,110	20,424	5,373	6,743	
107	Budget	80,899	80,899	80,899	4,135	15,777	3,853	14,800	4,923	23,446	6,225	7,740	
108	Variance - Favorable / (Unfavorable)	(10,155)	(10,155)	(10,155)	(441)	(1,768)	(447)	(1,815)	(813)	(3,023)	(853)	(996)	
109	% Variance - Fav / (Unfav)	-12.6%	-12.6%	-12.6%	-10.7%	-11.2%	-11.6%	-12.3%	-16.5%	-12.9%	-13.7%	-12.9%	
110													
111	<b>Contract Revenue before settlement</b>												
112	Actual	13,451,074	3,537,244	9,913,830	410,996	1,862,605	304,453	2,068,651	735,179	2,576,041	736,068	1,219,838	
113	Budget	20,252,877	1,590,172	18,662,705	880,416	3,813,738	758,991	3,483,061	1,365,667	5,326,023	1,215,472	1,819,338	
114	Variance - Favorable / (Unfavorable)	(6,801,803)	1,947,072	(8,748,875)	(469,420)	(1,951,133)	(454,538)	(1,414,410)	(630,488)	(2,749,982)	(479,404)	(599,500)	
115	% Variance - Fav / (Unfav)	-33.6%	122.4%	-46.9%	-53.3%	-51.2%	-59.9%	-40.6%	-46.2%	-51.6%	-39.4%	-33.0%	
116													
117	<b>Healthcare Cost</b>												
118	Actual	12,477,853	4,379,448	8,098,405	179,958	1,355,863	429,647	2,040,295	793,536	1,779,226	489,955	1,029,926	
119	Budget	14,521,426	5,757,471	8,763,955	428,676	1,131,864	357,245	2,318,879	439,883	1,667,441	1,151,893	1,268,073	
120	Variance - Favorable / (Unfavorable)	2,043,573	1,378,023	665,550	248,719	(223,999)	(72,401)	278,584	(353,653)	(111,785)	661,938	238,147	
121	% Variance - Fav / (Unfav)	14.1%	23.9%	7.6%	58.0%	-19.8%	-20.3%	12.0%	-80.4%	-6.7%	57.5%	18.8%	
122													
123	<b>Managed Care Administration</b>												
124	Actual	1,337,135	298,939	1,038,197	25,859	216,638	72,458	315,819	74,105	157,547	76,284	99,487	
125	Budget	1,345,963	404,944	941,019	90,117	64,413	77,830	319,570	67,069	113,848	66,528	141,644	
126	Variance - Favorable / (Unfavorable)	8,828	106,006	(97,178)	64,258	(152,225)	5,373	3,751	(7,036)	(43,699)	(9,756)	42,157	
127	% Variance - Fav / (Unfav)	0.7%	26.2%	-10.3%	71.3%	-236.3%	6.9%	1.2%	-10.5%	-38.4%	-14.7%	29.8%	
128													
129	<b>Total Contract Cost</b>												
130	Actual	13,814,988	4,678,386	9,136,602	205,816	1,572,501	502,104	2,356,114	867,642	1,936,773	566,239	1,129,413	
131	Budget	15,867,389	6,162,415	9,704,974	518,793	1,196,277	435,076	2,638,449	506,953	1,781,290	1,218,421	1,409,717	
132	Variance - Favorable / (Unfavorable)	2,052,401	1,484,029	568,372	312,977	(376,224)	(67,029)	282,335	(360,689)	(155,484)	652,182	280,304	
133	% Variance - Fav / (Unfav)	12.9%	24.1%	5.9%	60.3%	-31.4%	-15.4%	10.7%	-71.1%	-8.7%	53.5%	19.9%	
134													
135	<b>Net before Settlement</b>												
136	Actual	(363,914)	(1,141,142)	777,228	205,180	290,104	(197,652)	(287,462)	(132,463)	639,267	169,829	90,425	
137	Budget	4,385,487	(4,572,243)	8,957,731	361,623	2,617,461	323,915	844,612	858,714	3,544,733	(2,949)	409,621	
138	Variance - Favorable / (Unfavorable)	(4,749,402)	3,431,101	(8,180,503)	(156,443)	(2,327,357)	(521,567)	(1,132,075)	(991,177)	(2,905,466)	172,779	(319,196)	
139	% Variance - Fav / (Unfav)	-108.3%	-75.0%	-91.3%	-43.3%	-88.9%	-161.0%	-134.0%	-115.4%	-82.0%	-5858.3%	-77.9%	

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 2/29/2024			5									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
159	<b>Certified Community Behavioral Health Clin</b>												
160			HCC%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	23.9%	0.0%	
161	Contract Revenue	26,053,760	(742,145)	26,795,905	1,418,373	5,023,259	1,974,989	4,954,009	-	10,812,855	2,612,419	-	
162	External Provider Cost	1,947,970	-	1,947,970	-	-	-	-	-	1,947,970	-	-	
164	Internal Program Cost	24,624,557	-	24,624,557	1,949,418	4,199,414	1,849,035	5,170,262	-	8,971,373	2,485,055	-	
165	SSI Reimb, 1st/3rd Party Cost Offset	(222,508)	-	(222,508)	-	-	-	-	-	(157,915)	(64,593)	-	
167	<b>Total Healthcare Cost</b>	<b>26,630,135</b>		<b>26,630,135</b>	<b>2,229,534</b>	<b>4,199,414</b>	<b>1,849,035</b>	<b>5,170,262</b>		<b>10,761,428</b>	<b>2,420,462</b>		
168	Medical Loss Ratio (HCC % of Revenue)	102.2%	0.0%	99.4%	157.2%	83.6%	93.6%	104.4%	0.0%	99.5%	92.7%	0.0%	
169	<b>Managed Care Administration</b>	<b>653,512</b>	<b>653,512</b>										
170	Admin Cost Ratio (MCA % of Total Cost)	2.4%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
171													
172	<b>Contract Cost</b>	<b>27,283,648</b>	<b>653,512</b>	<b>26,630,135</b>	<b>2,229,534</b>	<b>4,199,414</b>	<b>1,849,035</b>	<b>5,170,262</b>		<b>10,761,428</b>	<b>2,420,462</b>		
173	<b>Net before Settlement</b>	<b>(1,229,888)</b>	<b>(1,395,657)</b>	<b>165,769</b>	<b>(811,160)</b>	<b>823,845</b>	<b>125,954</b>	<b>(216,254)</b>		<b>51,428</b>	<b>191,957</b>		
174	PPS-1 Supplemental Payment Difference	-	2,279,475	(2,279,475)	(684,196)	(401,785)	(93,109)	(410,401)	-	(42,780)	(647,204)	-	
175	Contract Settlement / Redistribution	-	(2,445,244)	2,445,244	(126,964)	1,225,629	219,063	194,147	-	94,208	839,161	-	
176	<b>Net after Settlement</b>	<b>-</b>	<b>(2,445,244)</b>	<b>2,445,244</b>	<b>(126,964)</b>	<b>1,225,629</b>	<b>219,063</b>	<b>194,147</b>		<b>94,208</b>	<b>839,161</b>		
177													
178	<b>SWMBH CMHP Subcontracts</b>												
179													
198	Subcontract Revenue	143,305,477	9,030,966	134,274,511	6,041,734	25,706,159	7,356,284	25,162,061	7,127,835	41,661,265	9,705,697	11,513,476	
199	Incentive Payment Revenue	105,898	102,192	3,706	3,706	-	-	-	-	-	-	-	
200	<b>Contract Revenue</b>	<b>143,411,375</b>	<b>9,133,157</b>	<b>134,278,218</b>	<b>6,045,441</b>	<b>25,706,159</b>	<b>7,356,284</b>	<b>25,162,061</b>	<b>7,127,835</b>	<b>41,661,265</b>	<b>9,705,697</b>	<b>11,513,476</b>	
201	External Provider Cost	102,084,621	5,934,896	96,227,909	2,615,819	18,336,502	4,389,391	18,266,072	5,437,225	32,301,753	6,861,208	8,019,939	
202	Internal Program Cost	36,661,969	-	36,661,969	2,737,808	5,845,494	2,083,251	6,566,845	2,649,961	9,826,211	2,896,678	4,055,721	
203	SSI Reimb, 1st/3rd Party Cost Offset	(668,102)	-	(440,550)	(3,334)	(319,327)	-	-	-	(223,096)	(64,593)	(52,708)	
204	Insurance Provider Assessment Withhold (IPA)	1,434,682	1,434,682	-	-	-	-	-	-	-	-	-	
205	<b>Total Healthcare Cost</b>	<b>139,513,169</b>	<b>7,369,578</b>	<b>132,449,328</b>	<b>5,350,293</b>	<b>23,862,669</b>	<b>6,472,643</b>	<b>24,832,917</b>	<b>8,087,187</b>	<b>41,904,868</b>	<b>9,693,293</b>	<b>12,022,951</b>	
206	Medical Loss Ratio (HCC % of Revenue)	97.3%	80.7%	98.6%	88.5%	92.8%	88.0%	98.7%	113.5%	100.6%	99.9%	104.4%	
207	<b>Managed Care Administration</b>	<b>13,901,095</b>	<b>3,420,156</b>	<b>10,480,939</b>	<b>488,679</b>	<b>2,014,362</b>	<b>533,299</b>	<b>2,312,520</b>	<b>650,319</b>	<b>2,755,657</b>	<b>691,508</b>	<b>1,034,594</b>	
208	Admin Cost Ratio (MCA % of Total Cost)	9.1%	2.2%	6.8%	8.4%	7.8%	7.6%	8.5%	7.4%	6.2%	6.7%	7.9%	
209													
210	<b>Contract Cost</b>	<b>153,414,265</b>	<b>10,789,734</b>	<b>142,930,267</b>	<b>5,838,972</b>	<b>25,877,031</b>	<b>7,005,942</b>	<b>27,145,436</b>	<b>8,737,506</b>	<b>44,660,525</b>	<b>10,384,802</b>	<b>13,057,546</b>	
211	<b>Net before Settlement</b>	<b>(10,002,890)</b>	<b>(1,656,576)</b>	<b>(8,652,050)</b>	<b>206,469</b>	<b>(170,872)</b>	<b>350,342</b>	<b>(1,983,375)</b>	<b>(1,609,671)</b>	<b>(2,999,259)</b>	<b>(679,105)</b>	<b>(1,544,070)</b>	
212	Prior Year Savings	3,552,313	3,552,313	-	-	-	-	-	-	-	-	-	
213	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
214	Contract Settlement	(377,203)	(11,527,061)	11,149,858	(53,317)	1,396,501	(131,279)	2,177,522	1,609,671	3,088,423	1,518,266	1,544,070	
215	<b>Net after Settlement</b>	<b>(6,827,780)</b>	<b>(9,631,325)</b>	<b>2,497,808</b>	<b>153,152</b>	<b>1,225,629</b>	<b>219,063</b>	<b>194,147</b>		<b>89,164</b>	<b>839,161</b>	<b>0</b>	
216													
217													
218													
219													
220													
221													





**Southwest Michigan Behavioral Health  
Local Fund Balance Report**

**Local Funds**

Interest Income	\$ 1,026,239
University of Michigan	\$ 17,267
Performance Bonus Incentive Program (PBIP)	\$ 5,338,159
Opioid Health Homes (OHH)	\$ 9,992
Intergrated Care Organization (ICO) Settlements	\$ 1,120,724
<b>Total Local Funds</b>	<b>\$ 7,512,380</b>

**Risk Reserve**

Financial Risk Reserve	\$ (3,000,000)
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<b>Net Total Balance</b>	<b>\$ 4,512,380</b>
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*Please note: SWMBH is in conversation with Operations Committee regarding contingent revenue sharing from Performance Bonus Incentive Program (PBIP), a Regional Local Funds Policy and non-contingent regional local funds sharing.*

**Version Date: 4/3/2024**

**Southwest Regional Entity – Region 4**  
**FINAL**  
**FY23 Performance Bonus Incentive Pool (PBIP)**  
**Contractor-only and MHP/Contractor Joint Metrics**  
**Deliverables/Narratives Scoring**

This communication serves as the consultation draft review response to your PIHP regarding the FY2023 performance bonus, contract section 8.4.2.

Scoring is based on Contractor-only and MHP/Contractor Joint Metrics deliverables.

TOTAL WITHHOLD	TOTAL WITHHOLD UNEARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
\$2,387,664.02	\$57,701.88	\$67,118.79	\$2,397,080.93

**CONTRACTOR-only Pay for Performance Measures (45% of total Withhold)**

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.1 Identification of beneficiaries who may be eligible for services through the Veteran's Administration.	\$268,612.20	\$0	25	25	\$0	\$268,612.20
<b>NARRATIVE REVIEW:</b>						
Report does not give specific/detailed information/results of comparisons done between BHTEDS & Veteran Navigator Report. Report does not include SU BHTEDS records (A). Completion rates remained extremely strong with an average 'not collected' rate of 0.80%.						

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.2 Increased data sharing with other providers.	\$268,612.20	\$0	25	25	\$0	\$268,612.20
<b>NARRATIVE REVIEW:</b>						
SWMBH reported that St. Joe, Barry, Calhoun and Kalamazoo CMHSPs are sending outbound ADTs, Kalamazoo starting FY23. As of July 31, 2023, outbound testing for Cass, Van Buren and Branch counties was expected to be completed by the end of FY 2023. Berrien CMH has been working with MIHIN but no implementation date was reported. MDHHS encourages implementation to be completed in FY24 to support care coordination.						

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION	TOTAL EARNED
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		UNEARNED AMOUNT			OF UNEARNED	
P.3 Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence.	\$537,224.41	\$0	50	50	\$0	\$537,224.41

**CONTRACTOR-only Pay for Performance Measures (25% of total Withhold)**

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
P.4 Increased participation in patient-centered medical homes.	\$596,916.01	\$0	100	100	\$0	\$596,916.01

**NARRATIVE REVIEW:**

Congratulations on gaining a CCBHC demonstration site. SWMBH will have a wider reach within the community to address mental health issues. The change to the 6 domains at Riverwood is impressive. MDHHS appreciates SWMBH taking the burden off members by eliminating repeat tests.

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
<b>CONTRACTOR -only TOTAL</b>	<b>\$1,671,364.82</b>	<b>\$0</b>	<b>200</b>	<b>200</b>	<b>\$0</b>	<b>\$1,671,364.82</b>

**MHP/Contractor Joint Metrics (30% of total withhold)**

	TOTAL WITHHOLD AMOUNT	TOTAL WITHHOLD UNEARNED AMOUNT	AVAILABLE POINTS	POINTS EARNED	TOTAL DISTRIBUTION OF UNEARNED	TOTAL EARNED
J.1 Implementation of Joint Care Management Processes.	\$250,704.72	\$0	35	35	\$0	\$250,704.72

		TOTAL WITHHOLD AMOUNT		TOTAL WITHHOLD UNEARNED AMOUNT			AVAILABLE POINTS		POINTS EARNED		TOTAL DISTRIBUTION OF UNEARNED		TOTAL EARNED
J.2.1 Follow-up after Hospitalization (FUH) within 30 days.		\$143,259.84		\$17,907.48			20		17.5		\$0		\$125,352.36
AGES	STANDARD	AET	BCC	HAP	MCL	MER	MOL	PRI	UNI	UPP			
6-20	70%	N/S	N/S	N/S	N/S	80	N/S	N/S	83	N/S			
21-64	58%	44	N/S	N/S	63	67	71	67	69	N/S			

		TOTAL WITHHOLD AMOUNT		TOTAL WITHHOLD UNEARNED AMOUNT			AVAILABLE POINTS		POINTS EARNED		TOTAL DISTRIBUTION OF UNEARNED		TOTAL EARNED
J.2. 2 Follow-up after Hospitalization (FUH) within 30 days stratified by race/ethnicity.		\$143,259.84		\$0			20		20		\$67,118.79		\$210,378.63

		TOTAL WITHHOLD AMOUNT		TOTAL WITHHOLD UNEARNED AMOUNT			AVAILABLE POINTS		POINTS EARNED		TOTAL DISTRIBUTION OF UNEARNED		TOTAL EARNED
J.3 Follow-up after (FUA) Emergency Department visit for Alcohol and Other Drug Dependency within 30 days stratified by race/ethnicity.		\$179,074.80		\$39,794.40			25		19.44		\$0		\$139,280.40

		TOTAL WITHHOLD AMOUNT		TOTAL WITHHOLD UNEARNED AMOUNT			AVAILABLE POINTS		POINTS EARNED		TOTAL DISTRIBUTION OF UNEARNED		TOTAL EARNED
<b>MHP/CONTRACTOR JOINT METRICS TOTAL</b>		\$716,299.20		\$57,701.88			100		91.94		\$67,118.79		\$658,597.32

## SWMBH Board Planning Timeline Board Ends and 2024 – 2027 Strategic Plan Development



<b>Month</b>	<b>Boards Ends</b>	<b>Strategic Plan</b>	<b>Additional Review Steps</b>
April	April 12 Board review of Board Planning Timeline.	Operations Committee review of Environmental Scan and Strategic Imperatives.  Key Informant Interviews.	
May	May 7 Susan Radwan to Summit Pointe Board.  May 10 SWMBH Board planning session. Environmental Scan and Strategic Imperatives.  May 15 Susan Radwan to Riverwood Center Board.	Key Informant Interviews.	
June	June 14 SWMBH Board Meeting Susan Radwan presents consolidated CMH Ends feedback and revised Ends draft.  Release consolidated Ends feedback to CMHs.	June 14 SWMBH Board Meeting review Key Informant Interview content.  Operations Committee review of 2024 – 2027 Strategic Plan.  Key Informant Interviews.	CMH Boards review consolidated CMH feedback and revised Ends draft.
July	July 12 SWMBH Board Meeting Susan Radwan presents revised Board Ends with CMH Board input incorporated.	July 12 SWMBH Board Meeting 2024 – 2027 Strategic Plan.	



## **Michigan Consortium for Healthcare Excellence**

### **Chief Executive Officer Board Report April 12, 2024**

# Ongoing Efforts

- Joint contracting with TBD Solutions for a catalogue of known national, statewide and regional public behavioral health system performance measures and sources for purposes of enhancing PIHP collection and reporting of credible system performance reports.
- Joint contracting with Wakely a Health Management Associates Actuarial firm for purposes of performing an objective review of MDHHS and Milliman Medicaid rate setting practices.
- Joint renegotiation with MCG regarding Utilization Management Criteria

# Why Collaborate?

- **Enhance public policy influence via collective consensus views and advocacy with executive and legislative branches**
- **Enhance collective and individual relations with Advocacy groups and leaders**
- **Share scarce resources and technical assistance**
- **Share operational and performance information for quality improvement and benchmarking**
- **Reduce provider burdens and provider administrative costs**
- **Reduce PIHP administrative costs**
- **Identify and pursue system joint purchasing opportunities**





## FY25 Executive Budget Proposal

### Specific Mental Health/Substance Abuse Services Line items

	<u>FY'23 (Final)</u>	<u>FY'24 (Final)</u>	<u>FY'25(Exec Rec)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,100
-Medicaid Mental Health Services	\$3,044,743,000	\$3,160,958,400	\$3,304,440,700
-Medicaid Substance Abuse services	\$94,321,800	\$95,264,000	\$97,941,400
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$79,705,200	\$79,599,700	\$79,626,200
-Health Homes Program	\$61,337,400	\$53,400,100	\$53,418,500
-Autism services	\$292,562,600	\$279,257,100	\$330,231,300
-Healthy MI Plan (Behavioral health)	\$570,067,600	\$590,860,800	\$535,228,600
-CCBHC	\$101,252,100	\$386,381,700	\$557,719,100
-Total Local Dollars	\$10,190,500	\$10,190,500	\$10,190,400

### Other Highlights of the FY25 Executive Budget:

#### Behavioral Health Capacity Improvements

The Executive Budget continues to invest in supports and services to residents with behavioral health needs. It includes additional funding to increase access to behavioral health services through direct program capacity enhancements, a managed care rate increase for behavioral health services, incentives to build a pipeline of qualified providers, and ongoing resource support for current tools used to support people experiencing behavioral health crises. Major investments include:

- \$193.3 million to expand Michigan’s Certified Community Behavioral Health Clinics (CCBHC) demonstration program (\$35.6 million general fund). Funds will be used to support new CCBHC sites and establish more sophisticated oversight and monitoring for the Medicaid CCBHC system.
- \$36.1 million to increase rates for behavioral health services provided through Medicaid health plans (\$10.2 million general fund). This proposal brings parity in reimbursement rates for behavioral health services paid through Medicaid health plan contracts to improve access to needed supports for Medicaid enrollees.
- \$8.3 million to establish Medicaid reimbursement for peer provided substance use disorder services (\$2.5 million general fund). Peer recovery specialists will be reimbursed for services provided in a hospital setting.
- \$7.3 million for the Michigan Crisis and Access Line (MiCAL) (\$8.3 million general fund) to ensure structural ongoing support for services currently provided to individuals experiencing behavioral health crises. Funding will ensure access to text and chat functionality, from a Michigan-based provider, 24 hours a day, seven days a week.
- \$4 million to enhance gambling prevention and treatment services (state restricted revenue). Funding will support residential gambling treatment, recovery support services, youth education and prevention services, research and evaluation, provider training, a media campaign, and the problem gambling hotline.

### **Workforce Investments**

The Executive Budget directs additional funding toward efforts to grow Michigan’s health care workforce and enhance the state’s ability to recruit new talent to health care professions. New investments include:

- \$14 million in wage support for non-direct care nursing home staff (general fund). This investment supports a \$0.85/hour wage increase.
- \$3 million for behavioral health workforce supports (one-time, federal fund) to be allocated to Michigan’s public universities to fund scholarships and internship programs to attract and support people interested in training to become behavioral health providers.
- \$10 million to launch a new nurse incentive program to recruit and retain staff (one-time, general fund). This investment provides \$5 million to support nurses who work in state operated facilities and \$5 million to support nurses who work in non-state operated facilities.
- \$1 million to establish the Home Health Care Public Authority (one-time, general fund) that will be responsible for facilitating orientation and training for home care workers and connecting them with clients.

### **Supporting Student Needs**

- 300 million for student mental health and school safety needs. The budget supports districts in managing individualized mental health needs and enhancing the safety of school buildings. Of this amount, \$150 million is recommended as ongoing funding to provide districts with a stable financial source to support this important work

## Medicaid Items

Restructure Michigan Medicaid The department is currently engaged in the MiHealthy Life procurement process to identify the health plans that will partner in delivering Medicaid and Healthy Michigan Plan support to Michigan’s Medicaid enrollees.

These contract changes will:

- Double the size of the quality withhold and restructure related success criteria to more effectively reward health plans that exhibit the best outcomes as defined by the state.
- Require financial reinvestment of health plan profits into partnerships with community organizations on efforts to address social determinants of health.

Alongside these innovations in health plan contracts, the Executive Budget funds initiatives that remove barriers and create innovative pathways for families and individuals to access services that will positively impact their daily lives. These include:

- \$30.5 million for new pre-release Medicaid services to incarcerated individuals (\$5.6 million general fund). These services will reduce reliance on emergency medical services and support proper transition of care for people previously in state prison, jail, and secure juvenile justice settings.
  - **Enrolls prisoners in limited Medicaid 90 days before release, ensuring they are set up for medical coverage upon reentry into communities**
- \$10 million for an “in-lieu-of-services” incentive pool (\$3.5 million general fund) made available to Medicaid health plans that improve food security for their enrollees with dietary needs.
- \$7 million to increase provider participation in the Vaccines for Children (VFC) program (\$2.5 million general fund). Funds would support a 42% increase in the administrative rate paid to providers for childhood vaccination; the maximum allowable under federal law.
- \$5 million to provide additional trainings and supports (\$1.7 million general fund) to family and informal caregivers assisting individuals enrolled in Michigan’s Home and Community-Based Services– MiChoice–waiver program.
- \$1.8 million general fund to recognize elimination of monthly MiChild premiums for low-income families with uninsured children under the age of 19

## Public Health and Safety

The fiscal year 2025 Executive Recommendation continues to identify opportunities for new, and augmented, investments to address public health and safety. Investments in this year’s recommendation include:

- \$2.5 million for access to mental health services (general fund). Funding supports behavioral health resources for first responders and public safety staff.

- \$5 million increase for smoking cessation and tobacco prevention programs (general fund). This investment will allow the state to maintain and expand current efforts to reduce tobacco use among Michigan’s adult and youth population.

### **Behavioral Health Boilerplate Changes from FY 24 → FY 25**

Sec. 8-904. (1) By September 30 of the current fiscal year, the department shall provide a report on the CMHSPs, PIHPs, and designated regional entities for substance use disorder prevention and treatment to the report recipients required in section 246 of this part that includes the information required by this section.

**REMOVED:** Sec. 8-907. (2) The department shall approve managing entity fee schedules for providing substance use disorder services and charge participants in accordance with their ability to pay.

**REMOVED:** Sec. 912. The department shall contract directly with the Salvation Army Harbor Light program, at an amount not less than the amount provided during the fiscal year ending September 30, 2020, to provide non-Medicaid substance use disorder services if the local coordinating agency or the department confirms the Salvation Army Harbor Light program meets the standard of care. The standard of care shall include, but is not limited to, utilization of the medication assisted treatment option

**EDITED:** Sec. 8-913. (1) From the funds appropriated in part 1 for behavioral health program 8 administration, the department shall allocate \$1,025,000.00, for the autism navigator program. The department shall require any contractor receiving funds under this section to comply with performance-related metrics to maintain eligibility for funding. (EXCERPT)

Sec. 8-917. (1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$23,199,000.00 from the Michigan opioid healing and recovery 9 fund created under section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the 11 opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

Sec. 8-917. (2) The department will provide a portion of the funds described in (1) of this part to create incentives for local recipients of opioid settlement revenue to best align to the 16 goals and recommendations articulated by the Opioid advisory Commission established in 2022, PA 84, MCL 4.1851

**REMOVED:** Sec. 8-920. (2) It is the intent of the legislature that any increased Medicaid rate related to state minimum wage increases shall also be distributed to direct care employees.

**REMOVED:** Sec. 924. From the funds appropriated in part 1, for the purposes of actuarially sound rate certification and approval for Medicaid behavioral health managed care programs, the department shall maintain a fee schedule for autism services reimbursement rates for direct services. Expenditures used for rate setting shall not exceed those identified in the fee schedule. The rates for behavioral technicians shall not be less than \$53.20 per hour and not more than \$58.20 per hour

**EDITED:** Sec. 926. (1) From the funds appropriated in part 1 for community substance use disorder prevention, education, and treatment, \$1,000,000.00 is allocated for a specialized substance use disorder detoxification project administered by a 9-1-1 service district in conjunction with a substance use and case management provider and at a hospital within a 9-1-1 services district with at least 600,000 residents and 15 member

communities within a county with a population of at least 1,500,000 according to the most recent federal decennial census. ~~(2) The substance use and case management provider receiving funds under this section shall collect and submit to the department data on the outcomes of the project throughout the duration of the project and the department shall submit a report on the project's outcomes to the report recipients required in section 246 of this part.~~

**REMOVED:** Sec. 8-940. (4) The department shall notify the chairs of the appropriation subcommittees on the department budget when a request is made and when the department grants approval for a reallocation described in subsection (1). By September 30 of the current fiscal year, the department shall submit a report on the amount of funding reallocated to the report recipients required in section 246 of this part.

**REMOVED:** Sec. 960. (1) From the funds appropriated in part 1 for autism services, the department shall continue to cover all Medicaid autism services to Medicaid enrollees eligible for the services that were covered on January 1, 2019. (2) To restrain cost increases in the autism services line item, the department shall do all of the following: (a) By March 1 of the current fiscal year, develop and implement specific written guidance for standardization of Medicaid PIHPs and CMHSPs autism spectrum disorder administrative services, including, but not limited to, reporting requirements, coding, and reciprocity of credentialing and training between PIHPs and CMHSPs to reduce administrative duplication at the PIHP, CMHSP, and service provider levels. (b) Require consultation with the client's evaluation diagnostician and PIHP to approve the client's ongoing therapy for 3 years, unless the client's evaluation diagnostician recommended an evaluation before the 3 years or if a clinician on the treatment team recommended an evaluation for the client before the third year. (c) Limit the authority to perform a diagnostic evaluation for Medicaid autism services to qualified licensed practitioners. (EXCERPT)

**REMOVED:** Sec. 964. By October 1 of the current fiscal year, the department shall provide the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office with the standardized fee schedule for Medicaid behavioral health services and supports. The report shall also include the adequacy standards to be used in all contracts with PIHPs and CMHSPs. In the development of the standardized fee schedule for Medicaid behavioral health services and supports during the current fiscal year, the department must prioritize and support essential service providers and must develop a standardized fee schedule for revenue code 0204.

**REMOVED:** Sec. 965. From the funds appropriated in part 1, the department and the PIHPs shall increase the comparison rates and any associated reimbursement rates of the bundled rate H0020 for the administration and services of methadone to \$19.00.

Sec. 8-972. From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate not less than \$11,286,400.00 general fund/general purpose revenue and any associated federal match or federal grant funding, including, but not limited to, associated federal 988 grant funding for the mental health telephone access line known as the Michigan crisis and access line (MiCAL), to provide primary coverage in regions where a regional national suicide prevention lifeline center does not provide coverage and for statewide secondary coverage, to establish and make available to the public MiCAL in accordance with section 165 of the mental health code, 1974 PA 258, MCL 330.1165.

Sec. 8-978. From the funds appropriated in part 1 for community substance use disorder prevention, education, and treatment, the department shall allocate \$1,200,000.00 as grants for recovery community organizations to offer or expand recovery support center services or recovery community center services to individuals seeking long-term recovery from substance use disorders in accordance with section 273b of the mental health code, 1974 PA 258, MCL 330.1273b.

**REMOVED:** Sec. 8-995 (2) By March 1 of the current fiscal year, the department shall submit a report to the report recipients required in section 246 of this part on the planned allocation of the funds appropriated for mental health diversion council.

**REMOVED:** Sec. 1001. By December 31 of the current fiscal year, each CMHSP shall submit a report to the department that identifies populations being served by the CMHSP broken down by program eligibility category. (EXCERPT)

**NEW:** Sec. 8-1002. The department shall expand the certified community behavioral health clinic demonstration to include organizations that meet the following criteria: (a) The organization must be a current CMHSP or an eligible organization as defined in section 223 (a)(2)(F) of the protecting access to Medicare act, Public Law 113-93, with a CCBHC grant from the federal substance abuse and mental health services administration for at least one year; (b) The organization must achieve CCBHC certification by meeting all state and federal requirements by September 1, 2024, unless otherwise specified in the CCBHC 29 Demonstration Handbook; and (c) The organization must have implemented the following evidence-based practices by July 1, 2024: (i) Air Traffic Control Crisis Model with the Michigan Crisis and Access Line; (ii) Assertive Community Treatment; (iii) Cognitive Behavioral Therapy; (iv) Trauma-Focused Cognitive Behavioral Therapy; (v) Medication Assisted Treatment; and (vi) Motivational Interviewing.

**REMOVED:** Sec. 1004. The department shall submit a report to the report recipients required in section 246 of this part on any rebased formula changes to either Medicaid behavioral health services or non-Medicaid mental health services 90 days before implementation. The notification shall include a table showing the changes in funding allocation by PIHP for Medicaid behavioral health services or by CMHSP for non-Medicaid mental health services.

**EDITED:** Sec. 8-1005. (1) From the funds appropriated in part 1 for health homes, the department shall maintain the number of behavioral health homes and maintain the number of substance use disorder health homes in place by PIHP region as of September 30 of the previous fiscal year. The department may expand the number of behavioral health homes and the number of substance use disorder health homes in at least 1 additional PIHP region. ~~(2) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on the number of individuals being served and expenditures incurred by each PIHP region by site.~~

Sec. 8-1006. (1) The department shall report on a semiannual basis the following to the recipients required in section 246 of this part: (a) the total number of clients served by CCBHC; and (b) the total number of daily visits per CCBHC. (2) The department shall report to recipients required in Section 246 of this part by March 1 of the current fiscal year the total expenditures per CCBHC in the base and supplemental appropriations in the previous fiscal year.

**EDITED:** Sec. 8-1014. (1) From the funds appropriated in part 1 to agencies providing physical and behavioral health services to multicultural populations, the department shall award grants in accordance with the requirements of subsection (2). This state is not liable for any spending above the contract amount. The department shall not release funds until reporting requirements under section 1014 of article 6 of 2022 PA 166 are satisfied. (2) The department shall require each contractor described in subsection (1) that receives greater than \$1,000,000.00 in state grant funding to comply with performance-related metrics to maintain their eligibility for funding. ~~(3) The department shall require an annual report from the contractors described in subsection (2). The annual report, due 60 days following the end of the contract period, must include specific information on services and programs provided, the client base to which the services and programs were provided, information on any wraparound services provided, and the expenditures for those services. By~~

~~February 1 of the current fiscal year, the department must submit the annual reports to the report recipients required in section 246 of this part.~~

**EDITED:** Sec. 8-1159. (1) From the funds appropriated in part 1 for community health programs, the department shall support preventative health supports and services to regions with high health care access and outcome disparities. Eligible expenditures from this line shall include: (a) Financial support for the operation of community-based health clinics. These clinics shall provide preventative health services and be established in communities with high social vulnerability and health disparities and be operated in cooperation with trusted community partners with demonstrated experience in serving as an access point for preventative health services. (b) Financial support for the operation of healthy community zones. The zones shall utilize long-term strategies to address access to healthy food, affordable housing, and safety networks. (c) Operation of mobile health units to provide preventive health services for persons residing in areas with high disparities in healthcare outcome and access.

**REMOVED:** Sec. 1162. (1) From the funds appropriated in part 1 for crime victim rights sustaining grants, the department shall allocate \$4,000,000.00 for a 3-year trauma recovery center pilot program project at 2 sites. The location of the pilot programs must be at an adult level I Michigan designated trauma facility. One pilot program shall be located in a city with a population of greater than 500,000 according to the most recent federal decennial census and the other pilot program must be located in a county with a population between 600,000 and 700,000 according to the most recent federal decennial census. (EXCERPT)

**REMOVED:** Sec. 1501. (1) By October 1 of the current fiscal year, the department shall report on the findings of section 1501(1) of article 6 of 2022 PA 166, and submit the provider reimbursement rate comparison tables to the report recipients required in section 246 of this part, unless the report was submitted before September 30, 2023. The provider reimbursement rate comparison tables shall include, but not be limited to, all of the following: (a) Medicaid reimbursement rates, as of October 1, 2022, itemized by current procedural terminology (CPT) code, by provider type. 178 (b) Medicare reimbursement rates for Michigan Locality 01, as of October 1 2022, itemized by CPT code, by provider type. (c) Comparison between Medicaid and Medicare reimbursement rates by CPT code detailing the current Medicaid reimbursement rates as a percentage of the current Medicare reimbursement rates for Michigan Locality 01, by provider type (EXCERPT)

**REMOVED:** Sec. 1507. From the funds appropriated in part 1 for office of inspector general, the inspector general shall audit and recoup inappropriate or fraudulent payments from Medicaid managed care organizations to health care providers. Unless authorized by federal or state law, the department shall not fine, temporarily halt operations of, disenroll as a Medicaid provider, or terminate a managed care organization or health care provider from providing services due to the discovery of an inappropriate payment found during the course of an audit.

**REMOVED:** Sec. 1601. The cost of remedial services incurred by residents of licensed adult foster care homes and licensed homes for the aged shall be used in determining financial eligibility for the medically needy. Remedial services include basic self-care and rehabilitation training for a resident.

**REMOVED:** Sec. 1616. (1) By October 1 of the current fiscal year, the department shall seek federal authority to formally enroll and recognize community health workers as providers and to utilize Medicaid matching funds for community health worker services, including the potential of leveraging of a Medicaid state plan amendment, waiver authorities, or other means to secure financing for community health worker services. The appropriate federal approval must allow for community health worker services on a statewide basis and must not be a limited geography waiver. The authority should allow the application of community health worker services statewide and maximize their utility by providing financing that includes fee-for-service reimbursement, value-based payment, or a combination of both fee-for-service reimbursement and value-based payment for all

services commensurate to their scope of training and abilities as provided by evidence-based research and programs.

Sec. 8-1644. From the funds appropriated in part 1, the department shall maintain wage subsidy payments to direct care workers at the amount in effect on October 1, 2023. This funding must include all costs incurred by the employer, including payroll taxes, due to the wage increase. As used in this subsection, "direct care workers" means a registered professional nurse, licensed practical nurse, competency-evaluated nursing assistant, and respiratory therapist.

**REMOVED:** Sec. 1673. The department may establish premiums for MIChild eligible individuals in families with income at or below 212% of the federal poverty level. The monthly premiums shall be \$10.00 per month.

**REMOVED:** Sec. 8-1775. (1) By March 1 of the current fiscal year, the department shall report on progress in implementing changes to the waiver to implement managed care for individuals who are eligible for both Medicare and Medicaid, known as MI Health Link. This report shall include progress updates on the transition to Dual Eligible Special Needs Plans in compliance with CMS regulations.

(2) The department shall ensure the existence of an ombudsman program that is not associated with any project service manager or provider to assist MI Health Link beneficiaries with navigating complaint and dispute resolution mechanisms and to identify problems in the demonstrations and in the complaint and dispute resolution mechanisms.

**REMOVED:** Sec. 1815. From the funds appropriated in part 1 for health plan services, Healthy Michigan plan, and hospital services and therapy, the department shall allocate \$20,000,000.00 in general fund/general purpose revenue and any associated federal match to increase Medicaid reimbursement rates. The rates shall be increased in both of the following areas: (a) \$8,000,000.00 in general fund/general purpose revenue and any associated federal match to increase inpatient psychiatric base rates. (b) \$12,000,000.00 in general fund/general purpose revenue and any associated federal match to increase Medicaid reimbursement rates paid to level I and level II designated trauma facilities to recognize increased cost in maintaining level I or level II trauma status.

**EDITED:** Sec. 1850. The department may allow Medicaid health plans to assist with maintaining eligibility through outreach activities to ensure continuation of Medicaid eligibility and enrollment in managed care. This may include mailings, telephone contact, or face-to-face contact with beneficiaries enrolled in the individual Medicaid health plan. Health plans may offer assistance in completing paperwork for beneficiaries enrolled in their plan. ~~On a 1-time basis, the department shall allocate \$450,000.00 in general fund/general purpose revenue and any associated federal match to enhance Medicaid health plan outreach in partnership with the National Kidney Foundation of Michigan~~

**REMOVED:** Sec. 1888. The department shall establish contract performance standards associated with the capitation withhold provisions for Medicaid health plans at least 3 months before the implementation of those standards. The determination of whether performance standards have been met shall be based primarily on recognized concepts such as 1-year continuous enrollment and the health care effectiveness data and information set, HEDIS, audited data

**NEW:** Sec. 8-1918. (1) From the funds appropriated in part 1 for ARP - Behavioral Health Workforce Support Fund, the department shall allocate \$3,000,000.00 to support recruitment and retention of behavioral health professionals. (EXCERPT)



**NEW:** Sec. 8-1937. (1) From the funds appropriated in part 1 for first responder and public safety staff mental health, the department shall allocate \$2,500,000.00 toward a program to support firefighters, police officers, emergency medical services personnel, public safety tele-communicators, local correctional officers, juvenile detention employees, prosecutors, and individuals working on special teams such as internet sex crimes, sexual crimes against children, or traffic fatalities suffering from post-traumatic stress syndrome and other mental health conditions. The grant program must primarily provide grants to behavioral health providers and may also include funding to the Michigan crisis and action line established under section 165 of the mental health code, 1974 PA 258, MCL 330.1165, to improve information and referrals for these services. The program must coordinate and integrate with the Michigan crisis and access line established under section 165 of the mental health code, 1974 PA 258, MCL 330.1165. (EXCERPT)

**NEW:** Sec. 8-1985. (1) From the funds appropriated in part 1 for ARP - community health programs, the department shall allocate funds to address disparities in health care access and outcomes. Eligible expenditures from this line shall include, but not be limited to, the following: (a) Funding to support the operation of mobile health units to provide preventative health services for persons residing in areas with disparities in health care outcome and access. (b) Grants to support eligible applicants for funds to support the operation of community-based health clinics. (c) Grants to support the development and operation of healthy community zones. (d) A grant to the Sickle Cell Disease Association of America for the operation of a Sickle Cell Center of Excellence. Expected cost is \$25,000,000. (EXCERPT)



**Southwest Michigan Behavioral Health Board Meeting  
Bay Pointe, 11456 Marsh Rd, Shelbyville, MI 49344**

**May 10, 2024**

**9:30 am to 10:15 am**

(d) means document provided

**Draft: 4/1/24**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - None Scheduled
4. **Consent Agenda (5 minutes)**
  - a. April 12, 2024 SWMBH Board Meeting Minutes (d) pg.
  - b. January 24, February 28, March 13, and March 27, 2024 Operations Committee Meeting minutes (d) pg.
5. **Required Approvals (10 minutes)**
  - None scheduled
6. **Ends Metrics Updates (\*Requires motion)**

*Proposed Motion: The Board accepts the interpretation of Ends Metrics as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.*

  - None scheduled
7. **Board Actions to be Considered (10 minutes)**
  - a. Board Regulatory Compliance Committee (d) pg.
  - b. BG-001 Committee Structure (d) pg.
  - c. BG-010 Board Committee Principles (d) pg.
  - d. Environmental Scan and Strategic Imperatives (B. Casemore)
8. **Board Policy Review (5 minutes)**

*Proposed Motion: The Board accepts the interpretation of Policy \_\_\_\_\_ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.*

  - BG-011 Governing Style (d) pg.
9. **Executive Limitations Review (10 minutes)**

*Proposed Motion: The Board accepts the interpretation of Policy \_\_\_\_\_ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.*

  - None scheduled

**10. Board Education (5 minutes)**

- Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.

**11. Communication and Counsel to the Board (0 minutes)**

- a. June Board Policy Direct Inspection – None scheduled
- b. June Draft Board Agenda (d) pg.

**12. Public Comment**

**13. Adjournment**

*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.*

**Next Board Meeting  
June 14, 2024  
9:30 am - 11:30 am  
Air Zoo Aerospace & Science Museum  
6151 Portage Rd, Portage, MI 49002**



**May 10, 2024 SWMBH Board Planning Session**

**Bay Pointe Inn 11456 Marsh Road, Shelbyville, MI 49344 (269) 672-8111**

**Facilitator Scott Dzurka**

**Draft: 4/3/24**

Purpose: To discuss public policy and funding environment. To establish SWMBH Board strategic imperatives and priorities.

10:30 - 11:15 Meeting purpose, objectives and Board Member statements (Scott Dzurka)

11:15 - 12:20 Ella Philander and Scott Dzurka

- Environmental Scan
- Key Informant Interviews

12:20 - 1:10 Lunch

1:10 – 2:30 Ella Philander and Scott Dzurka

- Strategic Imperatives

2:30 - 2:45 Summary and Next Steps (Scott Dzurka)

2:45 Adjourn