Southwest Michigan Behavioral Health Board Meeting

Please join the meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/515345453
You can also dial in using your phone:
1-571-317-3116 - Access Code: 515-345-453
April 9, 2021
9:30 am to 11:00 am
(d) means document provided
Draft: 4/1/21

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**

   - March 12, 2021 SWMBH Board Meeting Minutes (d) pg.3

5. **Operations Committee**

   a. Operations Committee Minutes February 24, 2021 (d) pg.8
   b. Operations Committee Quarterly Report (D. Hess) (d) pg.11

6. **Ends Metrics Updates *(*Requires motion)***
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

   - *Fiscal Year 2020 Michigan Mission Based Performance Indicator System (J. Gardner) pg.12

7. **Board Actions to be Considered**

   - Election of Officers (E. Meny)

8. **Board Policy Review**
   Is the Board in Compliance? Does the Policy Need Revision?

   a. BG-006 Annual Board Planning (d) pg.15
   b. BG-010 Board Committee Principles (d) pg.17

9. **Executive Limitations Review**
   Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

   - None Scheduled

10. Board Education

a. Michigan Open Meetings Act (B. Casemore and M. Todd) (to be displayed)
b. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d) pg.18
c. Michigan Consortium for Healthcare Excellence Written Report (B. Casemore) (d) pg.26
d. March Gambling Awareness Prevention Month Update (J. Rolin) (d) pg.29

11. Communication and Counsel to the Board

a. MI Heath Link (Duals Demonstration) (B. Casemore) (d) pg.40
b. Public Policy Committee Update (B. Casemore) (d) pg. 50
c. Michigan Association of Health Plans Presentation (B. Casemore) (d) pg.53
d. Policy Governance Bootcamp (B. Casemore) (d) pg.64
e. May 14, 2021 Board Agenda (d) pg.65
f. May 14, 2021 Board Planning Session Update
g. Board Member Attendance Roster (d) pg.67
h. 2021 Advocacy Handbook, 2021 American Rescue Plan, Federal Policy American Jobs Plan Fact Sheet (documents on SWMBH portal)
i. May Board Policy Direct Inspection – BEL-004 Treatment of Staff (P. Garrett)

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
May 14, 2021
9:30 am - 11:00 am

Southwest Michigan
BEHAVIORAL HEALTH

Draft Board Meeting Minutes
March 12, 2021
9:30 am-11:00 am
GoTo Webinar and Conference Call
Draft: 3/12/21

Members Present via phone: Tom Schmelzer, Mary Middleton, Patrick Garrett, Erik Krogh, Ruth Perino, Cathi Abbs, Angie Dickerson

Guests Present via phone: Bradley Casemore, Executive Officer, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance Performance and Improvement, SWMBH; Moira Kean, Director of Clinical Quality, SWMBH; Rhea Freitag, Behavioral Health Waiver & Clinical Quality Manager, SWMBH; Deb Hess, Van Buren CMH; Ric Compton, Riverwood; Richard Thiemkey, Barry County CMH; Jon Houtz, Pines BH Board Alternate; Mary Ann Bush, Project Coordinator/Senior Operations Specialist, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Brad Sysol, Summit Pointe; Jeff Patton, ISK; Terry Proctor, Woodlands Board Alternate; Carl Doerschler, Rose Street Advisors

Welcome Guests
Tom Schmelzer called the meeting to order at 9:32 am and Board attendees were announced.

Public Comment
None

Agenda Review and Adoption

Motion	Mary Middleton moved to accept the agenda as presented.	
Second	Patrick Garrett	
Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes

Motion Carried

Financial Interest Disclosure Handling
Mila Todd stated that there were no disclosures from Brad Casemore and therefore no action needed by the Board.

SWMBH Retirement Plan Review
Carl Doerschler of Rose Street Advisors reported as documented.

Consent Agenda

Motion	Erik Krogh moved to approve the March 12, 2021 Board meeting minutes as presented.	
Second	Ruth Perino	
Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes
	Angie Dickerson	yes
Motion Carried		

Operations Committee

Operations Committee Minutes January 20, 2021

Tom Schmelzer noted the minutes as documented. No additional comments. Minutes accepted.

Ends Metrics

Fiscal Year 2020 Customer Satisfaction Survey Results

Jonathan Gardner reported as documented.

Motion	Patrick Garrett moved to that the data is relevant and compelling, the Executive Officer is in compliance and the Ends does not need further revisions.	
Second	Ruth Perino	
Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes
	Angie Dickerson	yes

SWMBH 2020 Health Services Advisory Group (HSAG) External Quality Review Compliance Monitoring Report

Jonathan Gardner reported as documented.

Motion	Mary Middleton moved that the data is relevant and compelling, the Executive Officer is in compliance and the Ends does not need further revisions.	
Second	Patrick Garrett	
Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes
	Angie Dickerson	yes

Fiscal Year 2020 Performance Bonus Incentive Program Results
Jonathan Gardner reported as documented.

Motion	Ruth Perino moved to that the data is relevant and compelling, the Executive Officer is in compliance and the Ends does not need further revisions.	
Second	Erik Krogh	
Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes
	Angie Dickerson	yes

Fiscal Year 2020 Autism Spectrum Disorder
Rhea Freitag reported as documented.

Motion	Mary Middleton moved that the data is relevant and compelling, the Executive Officer is in compliance, the Ends does not need further revisions and SWMBH has successfully achieved +1 bonus points for exceeding an average of 61% throughout all 4 quarters of the measurement period.	
Second	Patrick Garrett	
Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes
	Angie Dickerson	yes

Integrated Care
Moira Kean reported as documented.

Board Actions to be Considered

Operating Agreement
Brad Casemore noted that the Operating Agreement is reviewed annually by the Operations Committee per SWMBH Bylaws. Debbie Hess, Operations Committee Chair, stated that the Operating Agreement was reviewed at the February 24, 2021 meeting and no revisions were made to the Operating Agreement.

Motion	Erik Krogh moved to approve the Operating Agreement as presented.
Second	Patrick Garrett

Roll call vote	Ruth Perino	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Mary Middleton	yes
	Erik Krogh	yes
	Cathi Abbs	yes
	Angie Dickerson	yes

Board Policy Review

None

Executive Limitations Review

None

Board Education

Fiscal Year 2021 Year to Date Financial Statements

Tracy Dawson reported as documented. Discussion followed.

Fiscal Year 2020 Quality Assurance – Performance Improvement Program Evaluation

Jonathan Gardner reported as documented noting MDHHS requirements and Federal regulations.

Fiscal Year 2020 Performance Bonus Incentive Pool Earnings

Tracy Dawson reported as documented. Discussion followed.

Fiscal Year 2020 HIPAA Privacy/Security Report

Natalie Spivak and Mila Todd reported as documented.

Fiscal Year End 2019 PIHP Compliance Examination Letter

Tracy Dawson reported as documented.

Communication and Counsel to the Board

Planning Update

Brad Casemore reported as documented.

SWMBH Network Risk Management Strategy Letter

Brad Casemore noted the document in the packet for the Board's review.

April 9, 2021 Board Agenda

Brad Casemore noted the document in the packet for the Board's review and reminded the Board of Officer Elections at the April meeting.

Board Member Attendance Roster

Brad Casemore noted the document in the packet for the Board's review.

Nelson Thank You Card

Brad Casemore noted the document in the packet for the Board's review.

COVID-19 One Year Update

Brad Casemore noted this month as a one-year mark into the COVID-19 pandemic. He emphasized SWMBH's continued commitment to persons served, and commended SWMBH leadership and staff for their work during the pandemic. He gave individual recognition to Anne Wickham, Chief Administrative Officer at SWMBH for her tireless work during the pandemic managing Human Resources, Utilization Management, Customer Services and Operations, ensuring services continued while maintaining SWMBH staff safety under MDHHS Executive Orders.

Public Comment

None

Adjournment

Motion Erik Krogh moved to adjourn at 10:38am
Second Patrick Garrett
Unanimous Voice Vote
Motion Carried

Southwest Michigan
BEHAVIORAL HEALTH

Operations Committee Meeting Minutes
Meeting: February 24, 2021 10:00am-1:00pm

Members Present via phone – Jeannie Goodrich, Jeff Patton, Richard Thiemkey, Bradley Casemore, Sue Germann, Kris Kirsch, Tim Smith, Ric Compton, Jane Konyndyk, Debbie Hess

Guests present via phone – Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Brad Sysol, Summit Pointe; Pat Davis, Integrated Services of Kalamazoo

Call to Order – Brad Casemore began the meeting at 10:45 am.

Review and approve agenda – Agenda approved.

Review and approve minutes from 1/20/21 Operations Committee Meeting – Minutes were approved by the Committee.

CMH Updates – CMHSP CEOS's shared current updates and sought input from colleagues focused on response plans to the pandemic, challenges, and regulations. Also highlighted new grants and projects unrelated to the pandemic.

Fiscal Year 2021 Year to Date Financials – Tracy Dawson reported as documented thanking all the CMHSPs for submitting their financials on time.

Fiscal Year 2020 Close Out – Tracy Dawson reported as documented noting SWMBH is ready to go on 3/1/21 and will submit final financials by 3/31/21.

Cost Allocation, Encounter Quality Improvement (EQI) and Rate Setting Development Workgroup – Tracy Dawson reported that EQI is due on 3/1 without cost. Waiting on State for FSR and EQI reconciliation and FSR template. Tracy Dawson reviewed Standard Cost Allocation (SCA) processes and State proposed changes. Tracy Dawson is meeting with CMH CFOs on 2/25/21 for further review. Discussion followed.

Fiscal Year 2020 Performance Bonus Incentive Program (PBIP) earnings detail – Tracy Dawson reported as documented. Brad Casemore thanked everyone for their hard work in earning 100% PBIP dollars.

DHHS Rate Setting Salary Survey – Mila Todd reported as documented.

Whitmer Fiscal Year 2022 Executive Budget – Brad Casemore noted Governor Whitmer's Fiscal Year 2022 Budget located on the SWMBH portal for review. Brad Casemore asked the committee on hosting Alan Bolter at May's Operations Committee meeting. Committee agreed.

Debrief 2/23 DHHS Rate Call with Rutledge and Milliman – Committee discussed meeting/conversation regarding rate setting. Tracy Dawson to email Gale Hackworth's summary document. Topic on March agenda for continued discussion.

H2015 DHHS Memo – Brad Casemore noted the information in the packet for the committee's review.

Residential Tiered Rate – Brad Casemore noted the information in the packet for the committee's review.

Unenrolled Complex Care Management Proposal – Brad Casemore reviewed history and next steps on submission of proposal.

Fiscal Year 2020 DHHS Department of Human Services Incentive Payments (DHIP) Reporting – Jonathan Gardner reported as documented.

Center for Medicare and Medicaid Services (CMS) Certified Community Behavioral Health Clinics (CCBHC) Demonstration – Brad Casemore reported as documented and noted that this topic will be on the next several Operations Committee agendas.

Fiscal Year 2021 Substance Use Disorder (SUD) Block Grant Funding – Joel Smith summarized the recent reduction in State Opioid Response (SOR) No Cost Extension (NCE) grant. The grant was reduced 23% or $430,000. HB 115, if approved would supplement block grant and offset reduction of the SOR NCE, which ends on 9/30/21. Fiscal Year 2022 will be challenging for SUD Block Grant.

Operating Agreement Review – Brad Casemore reviewed history and requirement of annual review of the Operating Agreement. Deb Hess noted that she email the agreement to the committee for review. The committee unanimously approved the Operating Agreement with no revisions.

Fiscal Year 2020-2021 PIHP MDHHS and PIHP/CMH Contract Development – Mila Todd stated that the department cancelled January's meeting and the next meeting is 2/26/21. SWMBH is reviewing contract received from the department. Brad Casemore added that fiscal year 2022 PBIP talks have begun.

Fiscal Year 2020 Data Certifications – Mila Todd stated that all data certifications have been received.

Data Use Agreements (DUA) – Mila Todd stated that all signed DUAs received and submitted to the State. SWMBH has not received an executed agreement back from the department.

Autism Fee Schedule – Mila Todd stated reviewed email and document from the State regarding reduction in autism fees. SWMBH is discussing effective date and possible retro active date. This topic will be discussed at applicable regional committee meetings and placed on the March Operations Committee agenda for further discussion.

Behavioral Health Treatment Episode Data Set (BH TEDS) Status – Brad Casemore noted the information in the packet for the committee's review.

Assessment Tools Status – Brad Casemore noted the information in the packet for the committee's review.

Quarterly Michigan Mission Based Performance Indicator System (MMBPIS) Results – Jonathan Gardner reported as documented.

Opioid Health Homes (OHH) – Joel Smith stated that there are 270 enrollees, and the State started a media campaign on 2/1/21. A final scope of work with Health Management Systems is underway to develop defined standards for OHH providers.

Jon Villasurda at March Operations Committee Meeting – Brad Casemore reviewed the proposed topics for discussion with Jon Villasurda and his team at the March Operations Committee meeting.

March 24, 2021 Operations Committee Meeting Agenda – Brad Casemore noted the agenda in the packet for the committee's review.

March 12, 2021 SWMBH Board Agenda – Brad Casemore noted the agenda in the packet for the committee's review.

Health Information Exchange (HIE) – Ric Compton discussed HIE within our region. Brad Casemore recommended the topic be placed on the March Operations Committee agenda where Natalie Spivak, SWMBH CIO, will present information for discussion.

SWMBH PCE Meetings – Brad Casemore summarized recent meeting with PCE regarding data exchanges, reporting and upcoming initiatives.

Intergovernmental Contracts – Brad Casemore stated that SWMBH has received signed contracts from all eight counties and an amendment, proposed by Kalamazoo County, was sent out to the counties for their consideration and signature.

Adjourned – Meeting adjourned at 12:55pm

Southwest Michigan
BEHAVIORAL HEALTH

Operations Committee Board Report
Quarterly Report for January, February, March 2021
Board Date 4/9/21

Action items:

- Recommended to Board approval of the Operating Agreement with no changes
- Recommended to Board approval of Fiscal Year 2021 revised Budget

Discussion items:

- Multiple topics for information, review and updates are discussed at each meeting as we move to making recommendations for actions. Some recommendations are to SWMBH management and some go to SWMBH Board. Much information and recommendations are taken by Operations members take back to their own CMH's. Some of the topics from this quarter included:
    - Reviewed year to date financial reports, actions being taken to decrease expenditures, and reviewed state level actions which impact financials
    - Reviewed Fiscal Year 2021 Budget Assumptions
    - Reviewed Fiscal Year 2020-2021 Contract Status/Updates
    - Reviewed Fiscal Year 2021 Performance Bonus Incentive Program developments
    - Reviewed Fiscal Year 2020 Performance Bonus Incentive Program Earnings Details
    - Reviewed State changes regarding Medicaid Utilization Net Cost (MUNC)/Encounter Quality Improvement (EQI)
    - Reviewed Fiscal Year 2020 Encounter Volumes
    - Reviewed Assessment Tools and Behavioral Health (BH) Treatment Episode Data Set (TEDS) status
    - Reviewed Autism Spectrum Disorder Services rate fee schedule and impacts of changed code definitions
    - Reviewed Habilitation Supports Waiver Releases
    - Reviewed Grant Updates/Status (Block Grant, Opioid Health Homes)
    - Reviewed and discussed various State and Milliman rate setting documents and Cost Allocation Workgroup updates including Standard Cost Allocation
    - Reviewed Health Services Advisory Group (HSAG) Performance Measure Validation (PMV) and External Quality Review
    - Reviewed Provider Stability Plan and MDHHS Funding (CMH General Fund and PIHP Risk Corridor)
    - Reviewed MI Health Link meetings and status
    - Reviewed Direct Care Wage-premium pay legislation and implementation
    - Reviewed status of Substance Use Disorder Oversight Policy Board Intergovernmental Contract Amendment.
    - Reviewed MCG implementation/status
    - Reviewed Building Better Lives Project
    - Reviewed and discussed of Unenrolled Complex Care Management Proposal
    - Hosted Scott Dzurka to discuss SWMBH Board planning meetings
    - Hosted Amy Kanouse and Kelsey Schell of MDHHS - discussion of State initiatives and issues
    - Discussion of Center for Medicare and Medicaid Services (CMS) Certified Community Behavioral Health Clinics (CCBHC) Demonstration
    - Discussion of Health Information Exchange (HIE)
    - Discussion of Governor Whitmer's Fiscal Year 2022 Budget
    - Discussion of Annual Operations Committee Self-Evaluation
    - Reviewed and discussed beginning Health Disparities Data

2020 Michigan Mission Base Performance Indicator System (MMBPIS) Board Ends Metric

PERFORMANCE METRIC DESCRIPTION	STATUS
48/56 or 85% of State Measured MMBPIS Indicators will be at or above the State benchmark for 4 quarters for FY 20. Metric Measurement Period: (10/1/19 - 9/30/20) Metric Board Report Date: April 9, 2021 **Measurement:** Results are verified and certified through the quarterly consultative draft report produced by MDHHS. Total number of indicators that met State Benchmark Total number of indicators measured **Possible Points:** 1 point awarded upon official Board approval.	**Metric Achieved** **2020 Result: 35/38 met State Benchmark for 92.1% completion rate** ▪ Performance Indicators are reviewed, approved, and validated by HSAG's annual Performance Measure Validation audit. **Results:** • Q1 – 15/16 • Q2 – 8/8 • Q3 – 6/7 • Q4 – 6/7

- Currently only (7) Performance Indicators have MDHHS Benchmarks tied to them. Previously (17) had benchmarks tied to them.
- In April of 2020, the following indicator logic was changed (*i.e.*, *removal of exclusions and exceptions*) and they became "report only" metrics:
  - Indicators 2 a, b, c, d
  - Indicator 2e
  - Indicators 3 a, b, c, d, e
- MDHHS is currently re-evaluating benchmarks for 2021-2022 reporting years.

MMBPIS Indicator #	*MMBPIS Performance Indicator*	*MMBPIS Indicator Description*	*State Standard*
1a	***Pre-Admission Screening Children***	***% of Medicaid adults receiving pre-admission screen for psychiatric inpatient care within 3 hrs. of disposition***	**95%**
1b	***Pre-Admission Screening Adults***	***% of Medicaid children receiving pre-admission screen for psychiatric inpatient care within 3 hrs. of disposition***	**95%**
2a	***Request to Intake MI Children***	***% of new persons (MI Children) during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service***	*
2b	***Request to Intake MI Adults***	***% of new persons (MI Adults) during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service***	*
2c	***Request to Intake DD Children***	***% of new persons (DD Children) during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service***	*
2d	***Request to Intake DD Adults***	***% of new persons (DD Adults) during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service***	*
2e	***Request to Intake SA***	***% of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.***	*

3a	*First Service MI Children*	*% of new persons (MI Children) during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment*	*
3b	*First Service MI Adults*	*% of new persons (MI Adults) during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment*	*
3c	*First Service DD Children*	*% of new persons (DD Children) during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment*	*
3d	*First Service DD Adults*	*% of new persons (DD Adults) during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment*	*
3e	*First Service SA*	*% of new substance abuse individuals starting service within 14 calendar days after a non-emergency assessment*	*
4a(a)	*IP Follow Up Children*	*% of children who discharge from a psychiatric inpatient unit and are seen for follow-up within seven days*	95%
4a(b)	*IP Follow Up Adults*	*% of individuals who discharge from a substance abuse detox unit and are seen for follow-up within seven days*	95%
4b	*Detox Follow Up*	*% of adults who discharge from a psychiatric inpatient unit and are seen for follow-up within seven days*	95%
10a	*IP Recidivism Children*	*% of adults readmitted to a psychiatric inpatient unit within 30 days of discharge*	Below 15%
10b	*IP Recidivism Adults*	*% of children readmitted to a psychiatric inpatient unit within 30 days of discharge*	Below 15%

MMBPIS Indicator #	*MMBPIS Performance Indicator*	*State Standard*	Q1 2020	Q2 2020	Q3 2020	Q4 2020
1a	*Pre-Admission Screening Children*	95%	100.00%	100.00%	100.00%	98.81%
1b	*Pre-Admission Screening Adults*	95%	99.39%	99.74%	98.10%	98.78%
2a(a)	*Request to Intake MI Adults*	95/0%	97.31%	67.82%	79.78%	69.26%
2a(b)	*Request to Intake MI Children*	95/0%	97.36%	65.60%	77.16%	69.09%
2a(c)	*Request to Intake IDD Adults*	95/0%	100.00%	60.42%	90.38%	76.92%
2a(d)	*Request to Intake IDD Children*	95/0%	100.00%	55.44%	80.65%	75.00%
2e/2b/3e	*Request to Intake SA/Request to Service SA*	95/0%	96.87%	97.43%	341	389
3a	*First Service MI Adults*	95/0%	96.31%	55.44%	66.26%	68.99%
3b	*First Service MI Children*	95/0%	96.08%	57.20%	71.94%	67.43%
3c	*First Service IDD Adults*	95/0%	96.77%	66.18%	76.27%	80.72%
3d	*First Service IDD Children*	95/0%	92.00%	53.85%	71.43%	73.17%
4a(a)	*IP Follow Up Children*	95%	100.00%	100.00%	100.00%	92.11%
4a(b)	*IP Follow Up Adults*	95%	97.66%	97.58%	97.08%	95.49%
4b	*Detox Follow Up*	95%	95.47%	95.42%	79.17%	97.17%
10a	*IP Recidivism Children*	15%	4.35%	4.08%	8.89%	5.36%
10b	*IP Recidivism Adults*	15%	10.65%	10.53%	13.24%	6.97%
	Overall Results		15/16	8/8	6/7	6/7

2021 Michigan Mission Base Performance Indicator System (MMBPIS) Board Ends Metric (*Revised)*

PERFORMANCE METRIC DESCRIPTION	STATUS
24/28 or 85% of Michigan Mission Based Performance Indicators achieve the State indicated benchmark for 4 consecutive quarters for FY 21. Metric Measurement Period: (10/1/20 - 9/30/21) Metric Board Report Date: January 14, 2022 **Measurement:** Results are verified and certified through the quarterly consultative draft report produced by MDHHS. Total number of indicators that met State Benchmark Total number of indicators measured **Possible Points:** 1 point awarded upon official Board approval.	▪ Metric Benchmarks Provided by MDHHS. 7/16 indicators currently have benchmarks. ▪ Performance Indicators are reviewed, approved, and validated by HSAG's annual Performance Measure Validation audit. Executive Owners: Jonathan Gardner and Joel Smith

Proposed Motion:

I would ask the board to make the motion;
finding the data relevant and compelling, the executive officer in compliance and the Ends Metrics revision acceptable and approved.
The 2021 Board Ends Metric has been revised as appropriate, in accordance with the new 2020 MDHHS code book.

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Board Governance/Management	Policy Number: BG-006	Pages: 1
Subject: Annual Board Planning Cycle	**Required By**: Policy Governance	**Accountability:** SWMBH Board
Application: ☒ SWMBH Governance Board ☐ SWMBH EO		**Required Reviewer:** SWMBH Board
Effective Date: 01.10.2014	**Last Review Date**: 4/10/20	**Past Review Dates**: 1.09.15, 2/12/16, 2/10/17, 1/12/18, 1/11/19, 4/12/19

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
BEHAVIORAL HEALTH

Section: Board Policy – Governance	Policy Number: BG-010	Pages: 1
Subject: Board Committee Principles	**Required By**: Policy Governance	**Accountability:** SWMBH Board
Application: ☒ SWMBH Governance Board ☒ SWMBH EO		**Required Reviewer:** SWMBH Board
Effective Date: 03.14.2014	**Last Review Date**: 4/10/20	**Past Review Dates**: 03.13.15, 04.10.15, 4/8/16, 4/14/17, 4/13/18, 4/12/19

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.

	E	F	G	H	J	K	L	M	N	O	P	Q	R	S
1	***Southwest Michigan Behavioral Health***				*Mos in Period*									
2	For the Fiscal YTD Period Ended 2/28/2021			**P05FYTD21**	**5**									
3	*(For Internal Management Purposes Only)*													
4	***INCOME STATEMENT***			**TOTAL**	**Medicaid Contract**	**Healthy Michigan Contract**	**Autism Contract**	**MI Health Link**	**MH Block Grant Contracts**	**SA Block Grant Contract**	**SA PA2 Funds Contract**	**SWMBH Central**	**Indirect Pooled Cost**	
5														
6														
7	**REVENUE**													
16	Contract Revenue			132,151,432	98,977,155	18,578,971	9,595,767	1,483,911	-	2,346,343	827,768	341,518	-	
17	DHHS Incentive Payments			222,386	222,386	-	-	-	-	-	-	-	-	
18	Grants and Earned Contracts			22,737	-	-	-	-	22,737	-	-	-	-	
19	Interest Income - Working Capital			3,612	-	-	-	-	-	-	-	3,612	-	
20	Interest Income - ISF Risk Reserve			456	-	-	-	-	-	-	-	456	-	
21	Local Funds Contributions			719,247	-	-	-	-	-	-	-	719,247	-	
22	Other Local Income			-	-	-	-	-	-	-	-	-	-	
23														
24	**TOTAL REVENUE**			**133,119,869**	**99,199,541**	**18,578,971**	**9,595,767**	**1,483,911**	**22,737**	**2,346,343**	**827,768**	**1,064,832**	**-**	
25														
26	**EXPENSE**													
27	**Healthcare Cost**													
28	Provider Claims Cost			8,650,815	1,451,621	3,081,883	-	1,511,566	17,184	1,979,385	506,830	102,348	-	
29	CMHP Subcontracts, net of 1st & 3rd party			96,125,094	79,149,296	9,002,576	7,088,212	630,752	-	254,259	-	-	-	
30	Insurance Provider Assessment Withhold (IPA)			1,368,898	1,368,898	-	-	-	-	-	-	-	-	
31	Medicaid Hospital Rate Adjustments			1,101,408	1,101,408	-	-	-	-	-	-	-	-	
32	MHL Cost in Excess of Medicare FFS Cost			-	774,095	-	-	(774,095)		-	-	-		
33														
34	**Total Healthcare Cost**			**107,246,215**	**83,845,317**	**12,084,458**	**7,088,212**	**1,368,223**	**17,184**	**2,233,644**	**506,830**	**102,348**	**-**	
35	**Medical Loss Ratio (HCC % of Revenue)**			**81.0%**	**84.5%**	**65.0%**	**73.9%**	**92.2%**		**95.2%**	**61.2%**			
37	**Administrative Cost**													
38	Purchased Professional Services			147,875	-	-	-	-	-	-	-	147,875	-	
39	Administrative and Other Cost			3,150,585	-	-	-	-	60,732	40,961	-	3,049,357	(465)	
40	Interest Expense			-	-	-	-	-	-	-	-	-	-	
41	Depreciation			9,963	-	-	-	-	-	-	-	9,963	-	
42	Functional Cost Reclassification			-	-	-	-	-	-	-	-	-	-	
43	Allocated Indirect Pooled Cost			0	-	-	-	-	-	-	-	(465)	465	
44	Delegated Managed Care Admin			7,369,941	6,081,745	694,829	545,244	48,122	-	-	-	-	-	
45	Apportioned Central Mgd Care Admin			(0)	2,542,037	381,126	223,552	67,566	2,457	71,738	-	(3,288,477)	-	
46														
47	**Total Administrative Cost**			**10,678,364**	**8,623,782**	**1,075,956**	**768,796**	**115,688**	**63,189**	**112,699**	**-**	**(81,747)**	**(0)**	
48	**Admin Cost Ratio (MCA % of Total Cost)**			**9.1%**	**9.3%**	**8.2%**	**9.8%**	**7.8%**		**4.8%**	**0.0%**	**2.8%**		
49														
50	Local Funds Contribution			719,247	-	-	-	-	-	-	-	719,247	-	
51	PBIP Transferred to CMHPs			-								-		
52														
53	**TOTAL COST after apportionment**			**118,643,825**	**92,469,099**	**13,160,414**	**7,857,008**	**1,483,911**	**80,373**	**2,346,343**	**506,830**	**739,848**	**(0)**	
54														
55	**NET SURPLUS before settlement**			**14,476,044**	**6,730,442**	**5,418,557**	**1,738,759**	**-**	**(57,637)**	**(0)**	**320,938**	**324,984**	**0**	
56	**Net Surplus (Deficit) % of Revenue**			**10.9%**	**6.8%**	**29.2%**	**18.1%**	**0.0%**	**-253.5%**	**0.0%**	**38.8%**	**30.5%**		
58	Prior Year Savings			-	-	-	-	-		-	-	-		
59	Change in PA2 Fund Balance			(320,938)	-	-	-	-		-	(320,938)	-		
60	ISF Risk Reserve Abatement (Funding)			(456)	-	-	-	-		-	-	(456)		
61	ISF Risk Reserve Deficit (Funding)			-	-	-	-	-		-	-	-		
62	Settlement Receivable / (Payable)			(0)	4,927,840	(3,189,081)	(1,738,759)	-	-	0	(0)	-		
63	**NET SURPLUS (DEFICIT)**			**14,154,651**	**11,658,282**	**2,229,477**	**-**	**-**	**(57,637)**	**-**	**-**	**324,528**	**0**	
64	*HMP & Autism is settled with Medicaid*													
65														
66	**SUMMARY OF NET SURPLUS (DEFICIT)**													
67	Prior Year Unspent Savings			-	-	-	-	-		-	-	-		
68	Current Year Savings			13,887,759	11,658,282	2,229,477	-	-		-	-	-		
69	Current Year Public Act 2 Fund Balance			-	-	-	-	-		-	-	-		
70	Local and Other Funds Surplus/(Deficit)			266,892	-	-	-	-	(57,637)	-	-	324,528	0	
72	**NET SURPLUS (DEFICIT)**			**14,154,651**	**11,658,282**	**2,229,477**	**-**	**-**	**(57,637)**	**-**	**-**	**324,528**	**0**	
73														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 2/28/2021			5									
3	*(For Internal Management Purposes Only)*			*ok*									
4	**INCOME STATEMENT**		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	**Medicaid Specialty Services**			*HCC%*	79.9%	77.6%	78.3%	79.6%	78.7%	74.4%	82.5%	81.0%	81.3%
7	Subcontract Revenue		98,977,155	6,347,758	92,629,397	3,996,675	18,413,119	5,130,425	16,717,930	4,898,876	28,509,884	6,124,606	8,837,882
8	Incentive Payment Revenue		222,386	40,241	182,145	9,531	12,708	37,594	57,185	-	56,656	6,354	2,118
9	**Contract Revenue**		**99,199,541**	**6,387,999**	**92,811,542**	**4,006,206**	**18,425,827**	**5,168,018**	**16,775,115**	**4,898,876**	**28,566,540**	**6,130,960**	**8,840,000**
10													
11	External Provider Cost		61,224,966	1,451,621	59,773,345	1,860,482	11,760,914	2,526,100	12,074,765	3,025,096	19,906,538	3,842,014	4,777,436
12	Internal Program Cost		20,401,523	-	20,401,523	1,239,924	4,151,687	1,141,441	3,671,407	1,231,171	3,649,621	2,077,476	3,238,795
13	SSI Reimb, 1st/3rd Party Cost Offset		(394,820)	-	(394,820)	(5,694)	(111,113)	(15,687)	(93,131)	-	(124,448)	(18,038)	(26,709)
14	Insurance Provider Assessment Withhold (IPA)		2,470,306	2,470,306	-	-	-	-	-	-	-	-	-
15	MHL Cost in Excess of Medicare FFS Cost		95,220	95,220	-	-	-	-	-	-	-	-	-
16	**Total Healthcare Cost**		**83,797,194**	**4,017,147**	**79,780,048**	**3,094,712**	**15,801,488**	**3,651,854**	**15,653,041**	**4,256,267**	**23,431,712**	**5,901,452**	**7,989,522**
17	**Medical Loss Ratio (HCC % of Revenue)**		**84.5%**	**62.9%**	**86.0%**	**77.2%**	**85.8%**	**70.7%**	**93.3%**	**86.9%**	**82.0%**	**96.3%**	**90.4%**
18													
19	**Managed Care Administration**		**8,671,905**	**2,542,037**	**6,129,867**	**361,824**	**1,191,593**	**322,180**	**1,076,870**	**414,062**	**1,943,660**	**324,252**	**495,426**
20	**Admin Cost Ratio (MCA % of Total Cost)**		**9.4%**	**2.7%**	**6.6%**	**10.5%**	**7.0%**	**8.1%**	**6.4%**	**8.9%**	**7.7%**	**5.2%**	**5.8%**
21													
22	**Contract Cost**		**92,469,099**	**6,559,184**	**85,909,915**	**3,456,536**	**16,993,081**	**3,974,034**	**16,729,911**	**4,670,330**	**25,375,371**	**6,225,705**	**8,484,947**
23	**Net before Settlement**		**6,730,442**	**(171,184)**	**6,901,627**	**549,670**	**1,432,747**	**1,193,984**	**45,203**	**228,546**	**3,191,169**	**(94,745)**	**355,053**
24													
25	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution		4,927,840	11,829,467	(6,901,627)	(549,670)	(1,432,747)	(1,193,984)	(45,203)	(228,546)	(3,191,169)	94,745	(355,053)
28	**Net after Settlement**		**11,658,282**	**11,658,282**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
29													
30	**Eligibles and PMPM**												
31	Average Eligibles		162,579	162,579	162,579	8,657	31,286	9,319	30,854	9,621	42,566	13,434	16,842
32	Revenue PMPM		$ 122.03	$ 7.86	$ 114.17	$ 92.55	$ 117.79	$ 110.91	$ 108.74	$ 101.84	$ 134.22	$ 91.28	$ 104.98
33	Expense PMPM		$ 113.75	$ 8.07	$ 105.68	$ 79.86	$ 108.63	$ 85.29	$ 108.45	$ 97.09	$ 119.23	$ 92.69	$ 100.76
34	Margin PMPM		$ 8.28	$ (0.21)	$ 8.49	$ 12.70	$ 9.16	$ 25.62	$ 0.29	$ 4.75	$ 14.99	$ (1.41)	$ 4.22
35													
36	**Medicaid Specialty Services**												
37	**Budget v Actual**												
38													
39	**Eligible Lives (Average Eligibles)**												
40	Actual		162,579	162,579	162,579	8,657	31,286	9,319	30,854	9,621	42,566	13,434	16,842
41	Budget		150,993	150,993	150,993	7,748	29,128	8,480	28,644	8,958	39,711	12,462	15,862
42	Variance - Favorable / (Unfavorable)		11,586	11,586	11,586	909	2,158	839	2,210	663	2,855	972	980
43	% Variance - Fav / (Unfav)		7.7%	7.7%	7.7%	11.7%	7.4%	9.9%	7.7%	7.4%	7.2%	7.8%	6.2%
44													
45	**Contract Revenue before settlement**												
46	Actual		99,199,541	6,387,999	92,811,542	4,006,206	18,425,827	5,168,018	16,775,115	4,898,876	28,566,540	6,130,960	8,840,000
47	Budget		91,777,922	5,674,854	86,103,068	3,735,120	16,970,675	4,763,298	15,695,889	4,701,766	26,310,882	5,700,165	8,225,273
48	Variance - Favorable / (Unfavorable)		7,421,620	713,145	6,708,474	271,086	1,455,152	404,721	1,079,225	197,110	2,255,658	430,795	614,728
49	% Variance - Fav / (Unfav)		8.1%	12.6%	7.8%	7.3%	8.6%	8.5%	6.9%	4.2%	8.6%	7.6%	7.5%
50													
51	**Healthcare Cost**												
52	Actual		83,797,194	4,017,147	79,780,048	3,094,712	15,801,488	3,651,854	15,653,041	4,256,267	23,431,712	5,901,452	7,989,522
53	Budget		83,585,440	4,628,125	78,957,315	3,307,109	15,125,696	4,275,315	14,326,156	3,943,864	24,683,585	5,987,156	7,308,434
54	Variance - Favorable / (Unfavorable)		(211,754)	610,978	(822,733)	212,398	(675,792)	623,461	(1,326,885)	(312,403)	1,251,874	85,704	(681,087)
55	% Variance - Fav / (Unfav)		-0.3%	13.2%	-1.0%	6.4%	-4.5%	14.6%	-9.3%	-7.9%	5.1%	1.4%	-9.3%
56													
57	**Managed Care Administration**												
58	Actual		8,671,905	2,542,037	6,129,867	361,824	1,191,593	322,180	1,076,870	414,062	1,943,660	324,252	495,426
59	Budget		8,941,029	3,103,854	5,837,175	246,636	1,114,269	361,241	980,138	358,807	1,967,010	374,915	434,159
60	Variance - Favorable / (Unfavorable)		269,124	561,816	(292,692)	(115,189)	(77,324)	39,061	(96,732)	(55,255)	23,350	50,663	(61,267)
61	% Variance - Fav / (Unfav)		3.0%	18.1%	-5.0%	-46.7%	-6.9%	10.8%	-9.9%	-15.4%	1.2%	13.5%	-14.1%

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			***Mos in Period***									
2	For the Fiscal YTD Period Ended 2/28/2021			**5**									
3	*(For Internal Management Purposes Only)*			***ok***									
4	***INCOME STATEMENT***		**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													
62													
63	**Total Contract Cost**												
64	Actual		92,469,099	6,559,184	85,909,915	3,456,536	16,993,081	3,974,034	16,729,911	4,670,330	25,375,371	6,225,705	8,484,947
65	Budget		92,526,469	7,731,978	84,794,490	3,553,745	16,239,965	4,636,556	15,306,294	4,302,671	26,650,595	6,362,071	7,742,593
66	Variance - Favorable / (Unfavorable)		57,370	1,172,795	(1,115,425)	97,209	(753,116)	662,522	(1,423,617)	(367,659)	1,275,223	136,366	(742,354)
67	% Variance - Fav / (Unfav)		0.1%	15.2%	-1.3%	2.7%	-4.6%	14.3%	-9.3%	-8.5%	4.8%	2.1%	-9.6%
68													
69	**Net before Settlement**												
70	Actual		6,730,442	(171,184)	6,901,627	549,670	1,432,747	1,193,984	45,203	228,546	3,191,169	(94,745)	355,053
71	Budget		(748,547)	(2,057,124)	1,308,577	181,375	730,711	126,741	389,595	399,095	(339,713)	(661,906)	482,679
72	Variance - Favorable / (Unfavorable)		7,478,989	1,885,940	5,593,049	368,295	702,036	1,067,243	(344,392)	(170,548)	3,530,882	567,161	(127,626)
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 2/28/2021			5									
3	*(For Internal Management Purposes Only)*			*ok*									
4	**INCOME STATEMENT**		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													
75	***Healthy Michigan Plan***			*HCC%*	9.0%	13.4%	8.6%	9.7%	9.9%	9.8%	7.5%	11.2%	8.2%
76	**Contract Revenue**		**18,578,971**	**4,043,438**	**14,535,534**	**739,680**	**2,941,548**	**696,001**	**2,677,767**	**691,353**	**4,235,778**	**1,138,116**	**1,415,290**
77													
78	External Provider Cost		7,919,772	3,081,883	4,837,889	225,743	949,949	206,883	785,789	222,932	1,731,590	332,402	382,600
79	Internal Program Cost		4,164,686	-	4,164,686	309,826	790,300	239,127	1,173,097	338,784	408,813	483,462	421,277
80	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
81	**Total Healthcare Cost**		**12,084,458**	**3,081,883**	**9,002,576**	**535,568**	**1,740,249**	**446,010**	**1,958,886**	**561,716**	**2,140,403**	**815,864**	**803,878**
82	**Medical Loss Ratio (HCC % of Revenue)**		**65.0%**	**76.2%**	**61.9%**	**72.4%**	**59.2%**	**64.1%**	**73.2%**	**81.2%**	**50.5%**	**71.7%**	**56.8%**
83													
84	**Managed Care Administration**		**1,075,956**	**381,126**	**694,829**	**62,617**	**131,232**	**39,349**	**134,764**	**54,645**	**177,546**	**44,827**	**49,848**
85	**Admin Cost Ratio (MCA % of Total Cost)**		**8.2%**	**2.9%**	**5.3%**	**10.5%**	**7.0%**	**8.1%**	**6.4%**	**8.9%**	**7.7%**	**5.2%**	**5.8%**
86													
87	**Contract Cost**		**13,160,414**	**3,463,009**	**9,697,405**	**598,185**	**1,871,482**	**485,359**	**2,093,650**	**616,362**	**2,317,949**	**860,692**	**853,726**
88	**Net before Settlement**		**5,418,557**	**580,429**	**4,838,129**	**141,495**	**1,070,067**	**210,642**	**584,117**	**74,991**	**1,917,828**	**277,424**	**561,565**
89													
90	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
91	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
92	Contract Settlement / Redistribution		(3,189,081)	1,649,048	(4,838,129)	(141,495)	(1,070,067)	(210,642)	(584,117)	(74,991)	(1,917,828)	(277,424)	(561,565)
93	**Net after Settlement**		**2,229,477**	**2,229,477**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
94													
95	**Eligibles and PMPM**												
96	Average Eligibles		65,569	65,569	65,569	3,312	13,194	3,121	11,840	3,940	18,682	5,101	6,378
97	Revenue PMPM		$ 56.67	$ 12.33	$ 44.34	$ 44.67	$ 44.59	$ 44.60	$ 45.23	$ 35.09	$ 45.35	$ 44.63	$ 44.38
98	Expense PMPM		40.14	10.56	29.58	36.12	28.37	31.10	35.37	31.29	24.81	33.75	26.77
99	Margin PMPM		$ 16.53	$ 1.77	$ 14.76	$ 8.54	$ 16.22	$ 13.50	$ 9.87	$ 3.81	$ 20.53	$ 10.88	$ 17.61
100													
101	***Healthy Michigan Plan***												
102	**Budget v Actual**												
103													
104	**Eligible Lives (Average Eligibles)**												
105	Actual		65,569	65,569	65,569	3,312	13,194	3,121	11,840	3,940	18,682	5,101	6,378
106	Budget		52,365	52,365	52,365	2,543	10,834	2,465	9,345	3,201	14,696	4,100	5,182
107	Variance - Favorable / (Unfavorable)		13,204	13,204	13,204	769	2,360	656	2,496	739	3,986	1,001	1,197
108	% Variance - Fav / (Unfav)		25.2%	25.2%	25.2%	30.2%	21.8%	26.6%	26.7%	23.1%	27.1%	24.4%	23.1%
109													
110	**Contract Revenue before settlement**												
111	Actual		18,578,971	4,043,438	14,535,534	739,680	2,941,548	696,001	2,677,767	691,353	4,235,778	1,138,116	1,415,290
112	Budget		17,372,464	3,267,536	14,104,928	699,987	2,834,525	678,000	2,571,265	851,433	4,024,712	1,095,156	1,349,850
113	Variance - Favorable / (Unfavorable)		1,206,507	775,901	430,606	39,693	107,023	18,002	106,502	(160,080)	211,066	42,960	65,441
114	% Variance - Fav / (Unfav)		6.9%	23.7%	3.1%	5.7%	3.8%	2.7%	4.1%	-18.8%	5.2%	3.9%	4.8%
115													
116	**Healthcare Cost**												
117	Actual		12,084,458	3,081,883	9,002,576	535,568	1,740,249	446,010	1,958,886	561,716	2,140,403	815,864	803,878
118	Budget		11,429,147	2,578,683	8,850,464	476,412	1,482,474	439,234	2,286,254	359,787	2,325,009	580,484	900,809
119	Variance - Favorable / (Unfavorable)		(655,311)	(503,200)	(152,111)	(59,156)	(257,775)	(6,776)	327,368	(201,929)	184,606	(235,381)	96,932
120	% Variance - Fav / (Unfav)		-5.7%	-19.5%	-1.7%	-12.4%	-17.4%	-1.5%	14.3%	-56.1%	7.9%	-40.5%	10.8%
121													
122	**Managed Care Administration**												
123	Actual		1,075,956	381,126	694,829	62,617	131,232	39,349	134,764	54,645	177,546	44,827	49,848
124	Budget		1,090,705	444,563	646,142	35,530	109,210	37,113	156,416	32,733	185,278	36,350	53,513
125	Variance - Favorable / (Unfavorable)		14,749	63,436	(48,687)	(27,087)	(22,023)	(2,236)	21,652	(21,913)	7,731	(8,477)	3,665
126	% Variance - Fav / (Unfav)		1.4%	14.3%	-7.5%	-76.2%	-20.2%	-6.0%	13.8%	-66.9%	4.2%	-23.3%	6.8%
127													
128	**Total Contract Cost**												
129	Actual		13,160,414	3,463,009	9,697,405	598,185	1,871,482	485,359	2,093,650	616,362	2,317,949	860,692	853,726
130	Budget		12,519,852	3,023,246	9,496,606	511,942	1,591,684	476,347	2,442,671	392,520	2,510,287	616,834	954,322

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			***Mos in Period***									
2	For the Fiscal YTD Period Ended 2/28/2021			**5**									
3	*(For Internal Management Purposes Only)*			***ok***									
4	***INCOME STATEMENT***		**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													
131	Variance - Favorable / (Unfavorable)		(640,562)	(439,764)	(200,799)	(86,244)	(279,798)	(9,012)	349,020	(223,842)	192,338	(243,858)	100,596
132	% Variance - Fav / (Unfav)		-5.1%	-14.5%	-2.1%	-16.8%	-17.6%	-1.9%	14.3%	-57.0%	7.7%	-39.5%	10.5%
133													
134	**Net before Settlement**												
135	Actual		5,418,557	580,429	4,838,129	141,495	1,070,067	210,642	584,117	74,991	1,917,828	277,424	561,565
136	Budget		4,852,612	244,291	4,608,322	188,046	1,242,841	201,652	128,594	458,913	1,514,425	478,322	395,528
137	Variance - Favorable / (Unfavorable)		565,945	336,138	229,807	(46,551)	(172,775)	8,990	455,522	(383,922)	403,404	(200,898)	166,037
138													
139													

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5													
140	***Autism Specialty Services***			*HCC%*	7.1%	5.8%	9.6%	4.9%	6.8%	7.7%	6.6%	5.1%	6.8%
141	**Contract Revenue**		**9,595,767**	**-**	**9,595,767**	**497,611**	**1,802,514**	**549,415**	**1,753,474**	**491,325**	**2,760,293**	**776,869**	**964,267**
142													
143	External Provider Cost		6,263,354	-	6,263,354	-	1,928,930	223,436	772,295	437,024	1,870,956	361,772	668,940
144	Internal Program Cost		824,858	-	824,858	232,565	1,578	-	580,101	1,244	-	6,973	2,397
145	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
146	**Total Healthcare Cost**		**7,088,212**	**-**	**7,088,212**	**232,565**	**1,930,508**	**223,436**	**1,352,396**	**438,269**	**1,870,956**	**368,745**	**671,337**
147	**Medical Loss Ratio (HCC % of Revenue)**		**73.9%**	**0.0%**	**73.9%**	**46.7%**	**107.1%**	**40.7%**	**77.1%**	**89.2%**	**67.8%**	**47.5%**	**69.6%**
148													
149	**Managed Care Administration**		**768,796**	**223,552**	**545,244**	**27,191**	**145,580**	**19,712**	**93,040**	**42,636**	**155,196**	**20,260**	**41,629**
150	**Admin Cost Ratio (MCA % of Total Cost)**		**9.8%**	**2.8%**	**6.9%**	**10.5%**	**7.0%**	**8.1%**	**6.4%**	**8.9%**	**7.7%**	**5.2%**	**5.8%**
151													
152	**Contract Cost**		**7,857,008**	**223,552**	**7,633,456**	**259,756**	**2,076,087**	**243,148**	**1,445,436**	**480,905**	**2,026,152**	**389,005**	**712,966**
153	**Net before Settlement**		**1,738,759**	**(223,552)**	**1,962,311**	**237,854**	**(273,573)**	**306,267**	**308,038**	**10,420**	**734,141**	**387,864**	**251,300**
154	Contract Settlement / Redistribution		(1,738,759)	223,552	(1,962,311)	(237,854)	273,573	(306,267)	(308,038)	(10,420)	(734,141)	(387,864)	(251,300)
155	**Net after Settlement**		**-**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
156													
157													
158	***SUD Block Grant Treatment***			*HCC%*	0.2%	0.2%	0.4%	0.4%	0.0%	2.3%	0.0%	0.3%	-0.1%
159	**Contract Revenue**		**2,346,343**	**2,105,953**	**240,390**	**15,731**	**81,373**	**11,778**	**-**	**25,398**	**46,649**	**32,904**	**26,557**
160													
161	External Provider Cost		1,979,385	1,979,385	-	-	-	-	-	-	-	-	-
162	Internal Program Cost		254,259	-	254,259	9,229	82,565	16,282	-	131,002	781	24,123	(9,724)
163	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
164	**Total Healthcare Cost**		**2,233,644**	**1,979,385**	**254,259**	**9,229**	**82,565**	**16,282**	**-**	**131,002**	**781**	**24,123**	**(9,724)**
165	**Medical Loss Ratio (HCC % of Revenue)**		**95.2%**	**94.0%**	**105.8%**	**58.7%**	**101.5%**	**138.2%**	**0.0%**	**515.8%**	**1.7%**	**73.3%**	**-36.6%**
166													
167	**Managed Care Administration**		**71,738**	**71,738**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
168	**Admin Cost Ratio (MCA % of Total Cost)**		**3.1%**	**3.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
169													
170	**Contract Cost**		**2,305,382**	**2,051,123**	**254,259**	**9,229**	**82,565**	**16,282**	**-**	**131,002**	**781**	**24,123**	**(9,724)**
171	**Net before Settlement**		**40,961**	**54,830**	**(13,869)**	**6,502**	**(1,192)**	**(4,505)**	**-**	**(105,604)**	**45,868**	**8,781**	**36,281**
172	Contract Settlement		0	(13,869)	13,869	(6,502)	1,192	4,505	-	105,604	(45,868)	(8,781)	(36,281)
173	**Net after Settlement**		**40,961**	**40,961**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
174													
175													

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4	***INCOME STATEMENT***		**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													
176	***SWMBH CMHP Subcontracts***												
177	Subcontract Revenue		129,498,236	12,497,149	117,001,087	5,249,697	23,238,555	6,387,619	21,149,170	6,106,951	35,552,604	8,072,495	11,243,996
178	Incentive Payment Revenue		222,386	40,241	182,145	9,531	12,708	37,594	57,185	-	56,656	6,354	2,118
179	**Contract Revenue**		**129,720,622**	**12,537,390**	**117,183,232**	**5,259,228**	**23,251,263**	**6,425,213**	**21,206,355**	**6,106,951**	**35,609,260**	**8,078,849**	**11,246,114**
180													
181	External Provider Cost		77,387,477	6,512,889	70,874,588	2,086,225	14,639,793	2,956,420	13,632,850	3,685,053	23,509,084	4,536,188	5,828,976
182	Internal Program Cost		25,645,326	-	25,645,326	1,791,544	5,026,130	1,396,850	5,424,605	1,702,202	4,059,216	2,592,034	3,652,745
183	SSI Reimb, 1st/3rd Party Cost Offset		(394,820)	-	(394,820)	(5,694)	(111,113)	(15,687)	(93,131)	-	(124,448)	(18,038)	(26,709)
184	Insurance Provider Assessment Withhold (IPA)		2,470,306	2,470,306	-	-	-	-	-	-	-	-	-
185	MHL Cost in Excess of Medicare FFS Cost		95,220	95,220	-	-	-	-	-	-	-	-	-
186	**Total Healthcare Cost**		**105,203,508**	**9,078,414**	**96,125,094**	**3,872,074**	**19,554,810**	**4,337,583**	**18,964,323**	**5,387,254**	**27,443,852**	**7,110,184**	**9,455,012**
187	**Medical Loss Ratio (HCC % of Revenue)**		**81.1%**	**72.4%**	**82.0%**	**73.6%**	**84.1%**	**67.5%**	**89.4%**	**88.2%**	**77.1%**	**88.0%**	**84.1%**
188													
189	**Managed Care Administration**		**10,588,394**	**3,218,454**	**7,369,941**	**451,632**	**1,468,405**	**381,241**	**1,304,674**	**511,344**	**2,276,402**	**389,340**	**586,903**
190	**Admin Cost Ratio (MCA % of Total Cost)**		**9.1%**	**2.8%**	**6.4%**	**10.4%**	**7.0%**	**8.1%**	**6.4%**	**8.7%**	**7.7%**	**5.2%**	**5.8%**
191													
192	**Contract Cost**		**115,791,903**	**12,296,868**	**103,495,035**	**4,323,706**	**21,023,215**	**4,718,824**	**20,268,997**	**5,898,598**	**29,720,254**	**7,499,524**	**10,041,915**
193	**Net before Settlement**		**13,928,720**	**240,522**	**13,688,197**	**935,521**	**2,228,048**	**1,706,388**	**937,358**	**208,353**	**5,889,005**	**579,324**	**1,204,199**
194													
195	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
196	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
197	Contract Settlement		0	13,688,198	(13,688,197)	(935,521)	(2,228,048)	(1,706,388)	(937,358)	(208,353)	(5,889,005)	(579,324)	(1,204,199)
198	**Net after Settlement**		**13,928,720**	**13,928,720**	**-**	**-**	**-**	**-**	**0**	**(0)**	**-**	**-**	**-**
199													
200													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
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4	***INCOME STATEMENT***		**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													
201	***State General Fund Services***			*HCC%*	3.8%	2.9%	3.1%	5.4%	4.6%	5.8%	3.4%	2.5%	3.8%
202	**Contract Revenue**				**4,978,256**	**330,520**	**841,365**	**313,140**	**740,445**	**451,610**	**1,563,575**	**309,959**	**427,642**
203													
204	External Provider Cost				1,386,912	26,776	162,458	41,305	242,676	269,068	523,393	110,471	10,765
205	Internal Program Cost				2,427,833	90,650	465,245	208,571	670,260	62,768	496,238	69,577	364,524
206	SSI Reimb, 1st/3rd Party Cost Offset				(55,199)	-	-	-	-	-	(55,199)	-	-
207	**Total Healthcare Cost**				**3,759,546**	**117,426**	**627,703**	**249,876**	**912,936**	**331,835**	**964,432**	**180,049**	**375,289**
208	**Medical Loss Ratio (HCC % of Revenue)**				**75.5%**	**35.5%**	**74.6%**	**79.8%**	**123.3%**	**73.5%**	**61.7%**	**58.1%**	**87.8%**
209													
210	**Managed Care Administration**				**325,193**	**15,450**	**53,033**	**24,737**	**70,377**	**35,822**	**88,757**	**11,059**	**25,957**
211	**Admin Cost Ratio (MCA % of Total Cost)**				**8.0%**	**11.6%**	**7.8%**	**9.0%**	**7.2%**	**9.7%**	**8.4%**	**5.8%**	**6.5%**
212													
213	**Contract Cost**				**4,084,739**	**132,876**	**680,736**	**274,613**	**983,313**	**367,657**	**1,053,190**	**191,108**	**401,246**
214	**Net before Settlement**				**893,517**	**197,644**	**160,629**	**38,527**	**(242,868)**	**83,953**	**510,385**	**118,851**	**26,396**
215													
216	Other Redistributions of State GF				-	-	-	-	-	-	-	-	-
217	Contract Settlement				(1,088,030)	(194,373)	(153,597)	(33,447)	-	(61,372)	(504,678)	(110,271)	(30,293)
218	**Net after Settlement**				**(194,512)**	**3,271**	**7,032**	**5,080**	**(242,868)**	**22,581**	**5,708**	**8,580**	**(3,896)**
219													

Michigan Consortium for Healthcare Excellence
SWMBH Executive Officer Board Report

For the period October 2020 through March 2021

April 9, 2021

MCHE Activity October 2020 – March 2021

Initiatives

Ongoing Work Groups

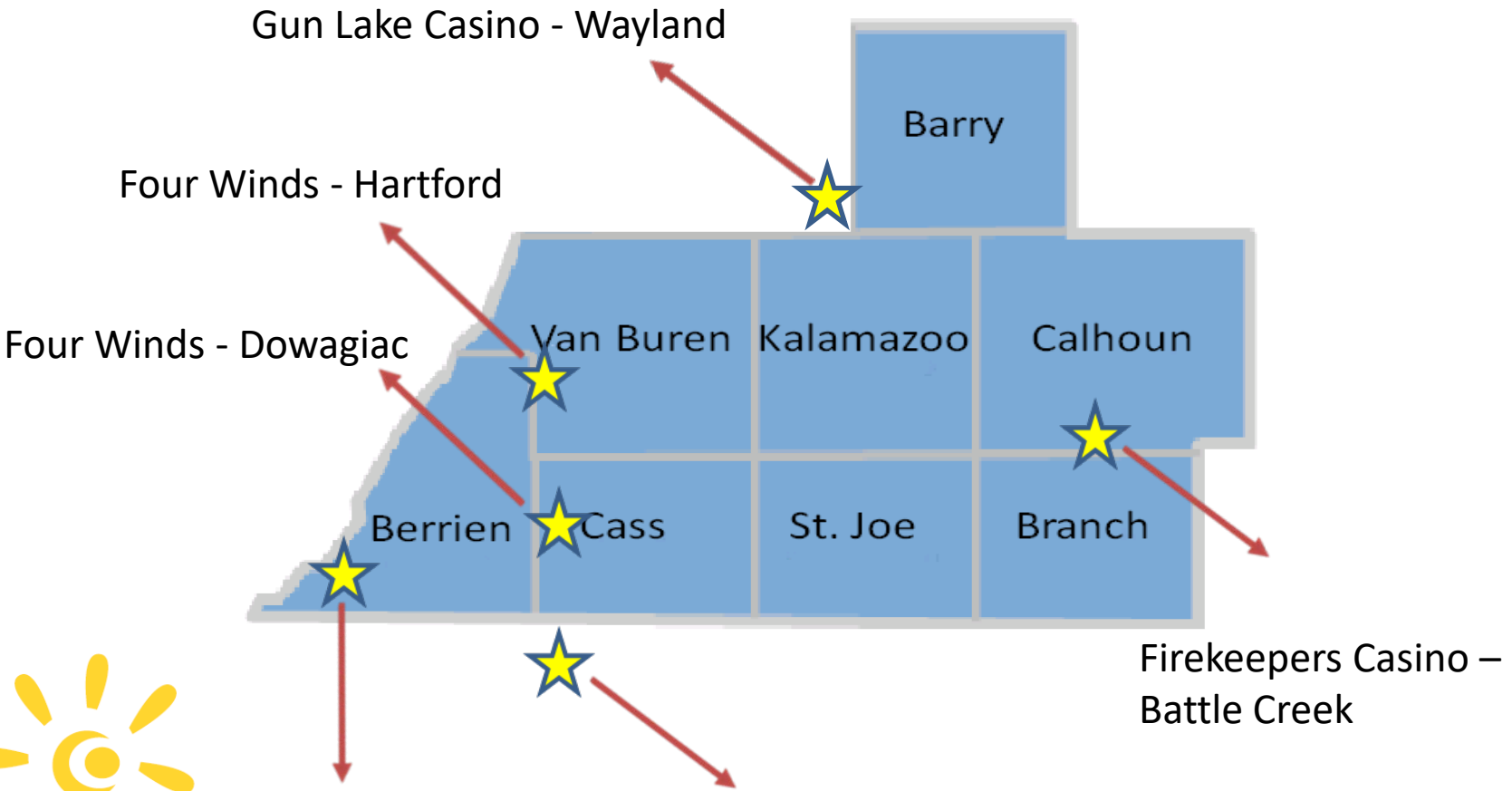
- **Reciprocity: Direct Care Worker Training (all PIHPs)**
- **Reciprocity: Provider Reviews and Audits (all PIHPs)**
- **State wide implementation of MCG Utilization Management solution**
  - **MCHE MCG Master Licensing Agreement Renewal Team established**

Why Collaborate?

- **Enhance public policy influence via collective consensus views and advocacy with executive branch**
- **Enhance collective and individual relations with Advocacy groups and individuals**
- **Share scarce resources**
- **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 opportunities**

Gambling Disorder Prevention Services

Regional Casinos



Regional Gambling

- Charitable Gaming
- Scratch-Offs
- Horseracing
- Pull-tabs
- Casinos
- Lottery
- Bingo
- Keno
- Online
- Sports

New Michigan Legislation

- Lawful Internet Gaming Act
- Lawful Sports Betting Act
- Fantasy Contests Consumer Protection Act

After 1-year period of regulation development, on-line gambling sites went live on January 22, 2021

Consumer Participation

Online Casinos (8)

- Generated 29.4 mm in revenue
- Broke 2013 New Jersey record of 7 mm

Sports Betting (10)

- Generated in 115 mm in “handle”
- Second place to Tennessee’s launch-month record of $131.4 million.

Regional Lottery Changes

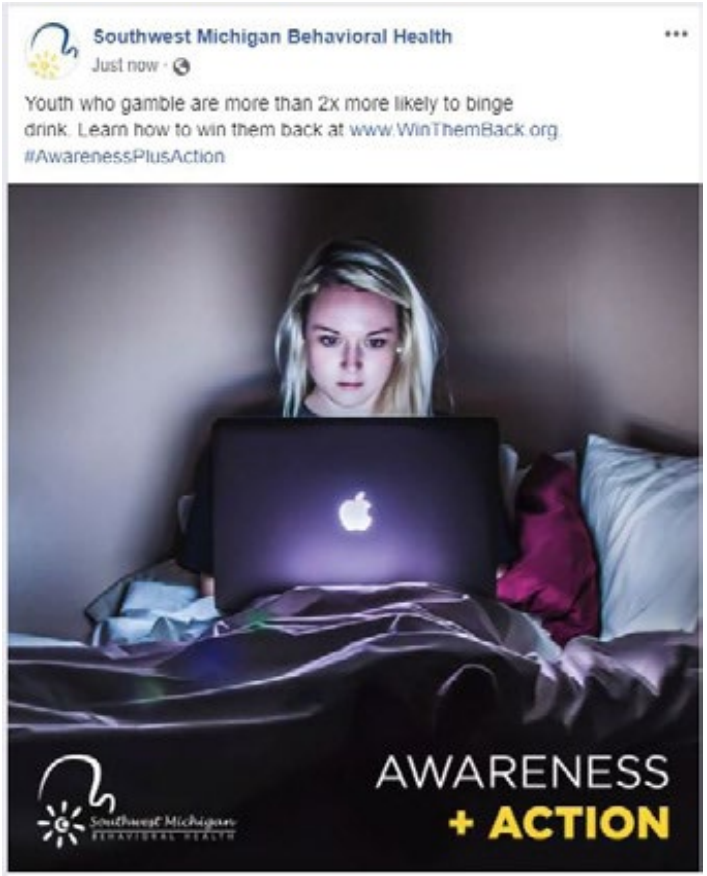
County	2019-2020	2020-2021	Increase
Barry	$8,743,514	$9,756,129	+$1,012,615
Berrien	$47,671,235	$55,589,351	+$7,918,116
Branch	$13,411,802	$14,292,881	+$881,079
Calhoun	$47,062,538	$53,498,113	+$6,435,575
Cass	$9,973,327	$10,299,620	+$326,293
Kalamazoo	$60,858,999	$68,648,918	+$7,789,919
St. Joseph	$17,409,183	$19,522,019	+$2,112,836
Van Buren	$19,175,989	$21,821,092	+$2,645,103

Total Regional Increase: $29,121,536

Problem Gambling Awareness Month (PGAM)

32 Day “organic” social media campaign utilizing SWMBH Facebook page.

- Signs/Symptoms
- Statistics
- Screening
- Co-morbidity
- Reduce stigma
- Responsible gambling
- Help is available



Problem Gambling Awareness Month (PGAM)

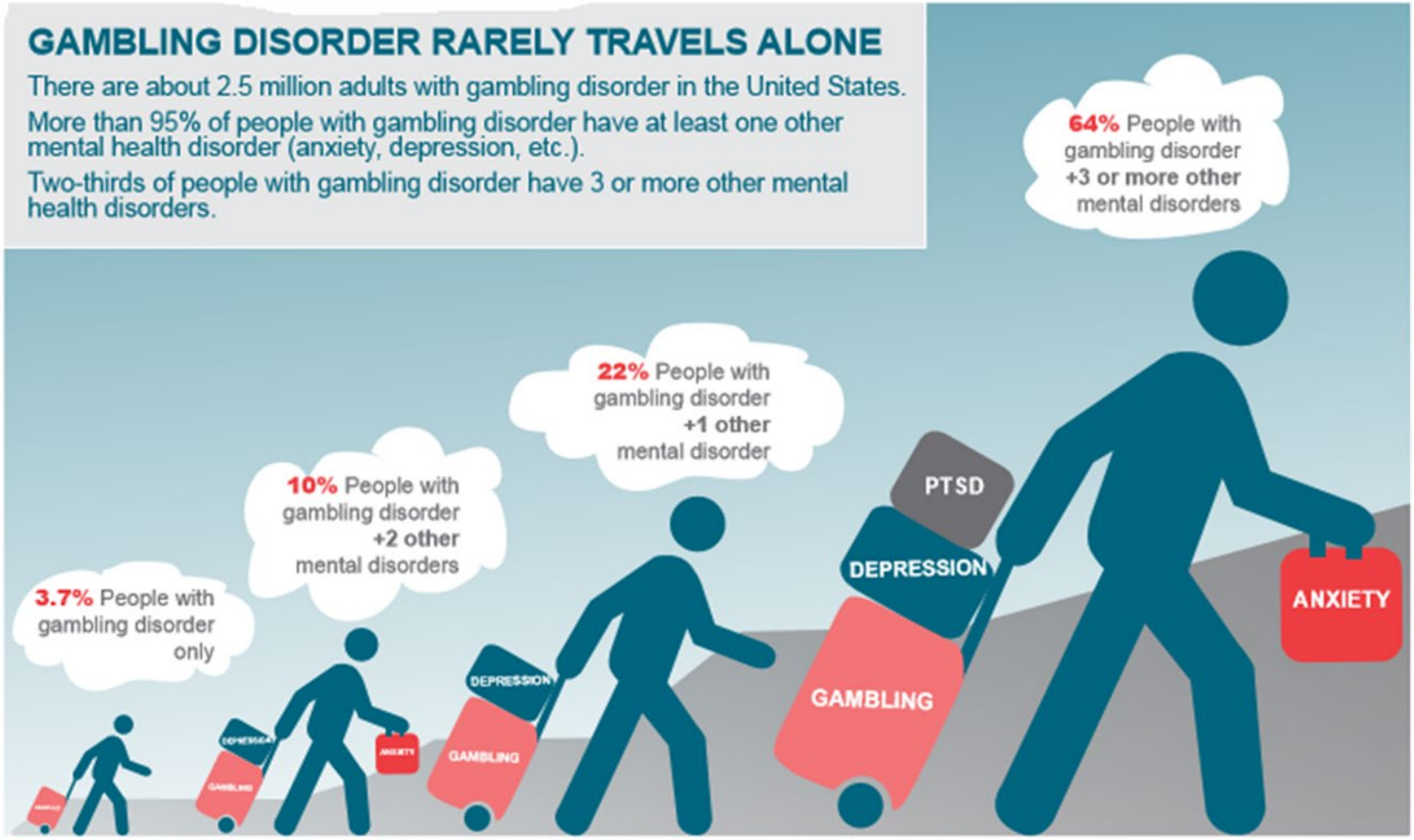
9 Regional providers participating in National Problem Gambling Screening Day.

- Van Buren Community Mental Health
- Meridian Health Services (Waterford, MI)
- Sacred Heart/Serenity Hills (Berrien)
- Kalamazoo Probation Enhancement Program
- Pines Behavioral Health
- Barry County Community Mental Health
- InterAct of Kalamazoo
- WMU Behavioral Health Services
- Recovery Institute

Screening Results

6 of 9 Agencies Reporting	
Screenings completed	161
Full assessments needed	24
Problem gamblers	14.9% (National Average: 2-3%)
Pathological gamblers	7.45% (National Average: 1%)

Comorbidity



The data presented show rates of co-occurring disorders in the ~1% of adult Americans who have gambling disorder.
The data comes from the landmark mental health study, the National Comorbidity Survey Replication, conducted by Harvard Medical School and funded by the National Institutes of Mental Health.

Regional Questions

- How many providers do comprehensive screenings for GD?
- How many clinicians are on the GD Hotline Treatment panel?
- How many clinicians have training specific to GD?
- What would you do if you identified a customer with GD?
- What are the barriers for increasing screenings, trainings, and treatment?
- What can I do to help?

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Southwest Michigan
BEHAVIORAL HEALTH

MI Health Link (MHL)
Management Strategic Review
For SWMBH Board

April 9, 2021

Introduction

- SWMBH is a Pioneer MHL Participant Since 2015 Inception
- Decision Point –> remain in MHL into 2022 and presumably but not assuredly beyond 2022 or a. withdraw altogether or b. from one ICO
- Process
  - Key Stakeholder Discussions
  - Review of Quantitative and Qualitative Information
  - Assembled Key Perspectives and Impacts
    - Beneficiaries
    - Region including CMHs
    - SWMBH Agency and Staff
    - Public BH System

MHL Considerations

- Minimal incremental revenue - about 2.2%
- Minimal incremental margin
- Financial risk profile
- MSA approach
- ICOs approaches
- Major administrative and time devotion burdens for all functional areas
- Related NCQA burdens
- ICO ICBR practically non-existent
- Still no Medicare data to SWMBH

MHL Considerations, continued

- Added on top of core PIHP contract/core PIHP role
- Little or no federal, state or ICO Evaluation material
- Confuses mild to moderate Beneficiary Policy and practices at SWMBH and in Region
- Still MCIS development and upgrades needed
- There are success stories

Impacts of Withdrawal - Beneficiaries

- Loss of Duals Health Plan choices in our Region
- Loss of SWMBH contractual benefits manager role in their Medicare BH care
- Loss of SWMBH contractual advocacy role in their physical health care
- Loss of SWMBH Member seats on ICO Consumer Advisory Councils and thus loss of influence
- Probable confusion, anxiety and anger responses
- Messaging to MHL beneficiaries and loved ones - time burden and opportunity cost for beneficiaries
- Transition Plans for individuals - time burden and opportunity cost for beneficiaries

Impacts of Withdrawal – Region including CMHs

- Loss of stature and visibility with ICOs, BHDDA, MSA and MDHHS and Advocacy Groups
- Loss of incremental revenue for CMHs and other MHL providers
- Loss of knowledge, skills abilities and ICO/MHP exposure and relationships at SWMBH and Providers
- Loss of SWMBH and CMH pre-eminent roles amongst REs/PIHPs
- Probable negative impression and scrutiny from some legislators
- Invites MDHHS scrutiny and perhaps MDHHS intervention into our Region

Impacts of Withdrawal – SWMBH Agency and Staff

- Loss of stature and visibility with ICOs, BHDDA, MSA and MDHHS
- Loss of knowledge, skills, abilities and ICO/MHP exposure and relationships
- Loss of SWMBH pre-eminent role amongst REs/PIHPs
- Loss of approximately $6m top line revenue
- Loss of favorable margins becoming local funds
- Administrative burden and opportunity costs of withdrawal, extrication and transition through September 2022
- Invites ICOs into our region going around us to develop Medicare BH provider system
- Board involvement and/or response in departure decision – distracts from other activity
- Probable loss of future opportunities with MHPs and MDHHS
- Reduction in Force (RIF) of 4-5 FTEs
  - Assault on SWMBH culture for all
  - Burdens and risks of RIFs and premature staff departures

Impacts of Withdrawal – Public BH System

- Sends a shock wave across the system
- We would almost certainly be the only RE/PIHP withdrawing from MHL
- Invites scrutiny and potential, perhaps probable negative responses from MDHHS, legislature, CMHAM, ICOs, MHPs, MAHP, Advocacy Groups, etc.
- Loss of stature and visibility with ICOs, BHDDA, MSA and MDHHS and perhaps even CMS
- Would be used by opponents to support their claim of public BH system flaws and failures
- Will distract system from emerging beneficial integrated care efforts such as OHHs, CCBHCs, etc.

Therefore, We Will….

Go All In…

- Commit to MHL for Demonstration Year Calendar Year 2022 and beyond for both ICOs and…
  - Resource directly and indirectly related positions and needs
    - MHL Audit and Accreditation Specialist
    - Integrated Care Manager
    - Provider Network Specialist
    - CCBHC Coordinator
    - MCIS development
    - HMA for OHH
    - TBDS for CCBHC with CMHSP support
    - Broad and deep review by external agency

Regional Public Policy Committee

Revised/Accepted 3-3-21

Purpose and Principles:	To establish a regional shared structure and process to guide and improve SWMBH's and CMHSPs' interaction, relations with and value to state and federal elected and appointed officials and their senior staff. To develop and express shared views on federal and state health-related Policy for the purpose of educating federal and state elected and appointed officials and their staff on the importance, value, and views of SWMBH CMHSPs. The future will see continued movement in federal and state healthcare policy and funding affecting the public behavioral health system. While SWMBH and CMHSPs cannot lobby elected officials nor contribute funds or time to election campaigns, we are permitted to provide education and viewpoints to elected officials and candidates. This Committee will: a. institute a structure and content development process for the collection, storage, circulation, analysis, deliberation, and position creation related to federal and state public policy; b. establish a liaison and leverage with like-minded agencies and associations; c. make assignments to varying SWMBH Regional Committees and willing individuals; and d. take lead in preparation and logistics for individual, small group, and large group Public Policy activities and events with and for federal, state, and local elected and appointed officials and their staff; and e. represent the region to federal, state, and local elected and appointed officials.

	Guiding Principles include but are not limited to diligence, rapid pace, thoroughness, inclusiveness, shared decision-making, and execution. It is expressly acknowledged that commitment to and participation in this regional effort does not diminish each CMH's right to maintain public policy – legislative education efforts separate and distinct from this regional effort. No prior restraint of participants' independent views and efforts is intended.

Participants & Structure:	• Executive Sponsors and Steering Committee Co-Chairs:
	  • Bradley Casemore, CEO SWMBH
	  Ric Compton, CEO Riverwood Center
	• Steering Committee Members:
	  • SWMBH Board Member(s)
	  • SUDOPB Board Member(s)
	  • SWMBH Consumer Advisory Council Member(s)
	  • CMH Representative(s)
	  • Regional provider representative(s)
	  • Consumer and/or Family Member Representatives from Population Served
	  • Community Member(s)
	  • Main support: SWMBH, Project Coordinator
	
	The Steering Committee will oversee these efforts and periodically report status for review and input of the Operations Committee. Regular reports to the Board will occur.

Stakeholders	• SWMBH Board • Operations Committee • SWMBH Senior Leaders • Substance Use Disorder Oversight Policy Board • SWMBH Consumer Advisory Council


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Medicaid Managed Care

COST

•**Medicaid services are managed and costs are predictable-** In FY20 alone managed care considerations for emergency room, inpatient hospital, pharmacy services and maternity case rates yielded a savings of $32.8 million. (not including returned funds associated with temporary risk corridor)

ACCESS

•**Managed care provides greater access to care**

- •Robust Health Plan provider networks
- •No wait list for Medically necessary and clinically appropriate services
- •Provides structure that generates state savings and increases reimbursements to providers.

QUALITY

•**Smart Incentives built into Medicaid Contracts with private health plans**

Return on Investment (improved health status, access and costs savings)

HEDIS quality scores tracked and measured against commercial and Medicare benchmarks

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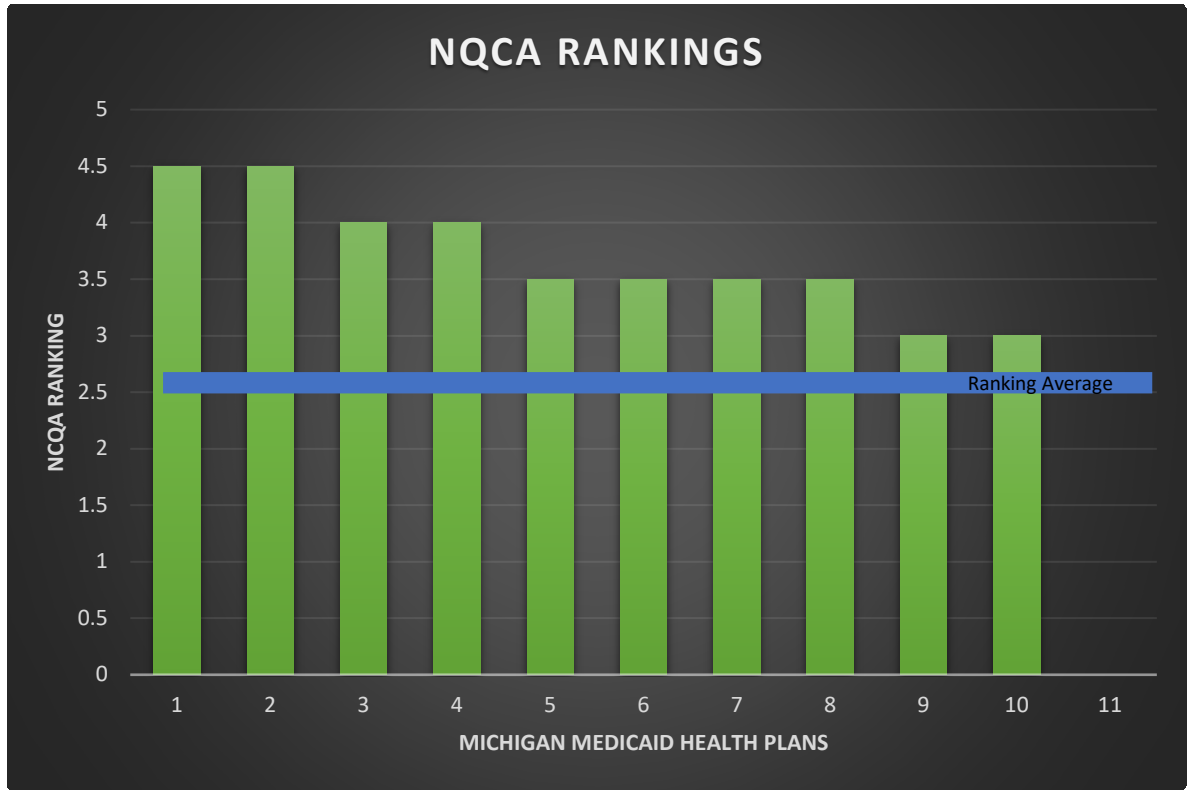
Medicaid Managed Care

- Medicaid services under managed care are accountable
  - Audited data related to clinical quality of care measures (HEDIS)
  - Use of external measures to determine customer satisfaction (CAHPS)
  - Contract performance standards (Status improvement, access measures, etc)
  - Reporting requirements as licensed HMOs and Contracted Medicaid Plans



–National Accreditation and rating through NCQA/URAC, who compare the quality and services of more than 1,000 health plans that collectively cover 138 million people—more than 43% of the nation's population through stressing health outcomes and consumer satisfaction

Medicaid Managed Care

- **Medicaid services are managed and costs are predictable—**saving over $400 million/year (compared to FFS)—Nearly $5 billion in savings to Taxpayers since 2000.

- **Managed care provides greater access to care**
  - Robust Health Plan provider networks
  - No wait list for Medically necessary and clinically appropriate services

- **Smart Incentives built into Medicaid Contracts with private health plans**
  - Provides the structure that generates state savings
  - Return on Investment (improved health status, access and costs savings)

- **Pharmacy**
  - A recent study found that Medicaid Managed Care Organizations (MCOs) are providing Medicaid enrollees with health care services, specifically prescription drugs, at costs significantly lower than Medicaid fee-for-service (FFS) programs. The report found 27% savings with MCO verses FFS.[1]

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1 - Menges Group https://www.ahip.org/the-value-of-medicaid-managed-care/

MI Health Link- Duals Demonstration

- Under the Medicare-Medicaid Financial Alignment Initiative CMS measures consumer experience in multiples ways, including beneficiary surveys such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).
- MI Health Link plans are required to annually conduct the Medicare Advantage Prescription Drug (MA-PD) CAHPS survey, which measures important aspects of an individual's health care experience. In 2019 43, MMP plans reported nationally. Out of the top eight, two were MAHP member plans:
  - Upper Peninsula Health plan in first with a score of 92/100
  - HAP Midwest in eighth with a score of 89/100
- Despite bumps along the way, this demonstration program is saving money, providing better out comes and increasing member satisfaction.
  - Estimated savings to state for CY 18 is $2.5 million ($4.6 million federal)
  - Estimated savings to state for CY 19 is $2.6 million ($4.8 million federal)

Populations Remaining in Fee-for-Service

- Individuals receiving Long-Term Services and Supports (LTSS) make up a majority of the population remaining in Fee-for-Service
- In FY17, individuals receiving Medicaid LTSS compromised just 5% of total Medicaid enrollment yet accounted for over 20% of total Medicaid expenditures.
- FY 2017 Michigan Medicaid LTSS Program Enrollment:

LTSS Program	Average Annual Enrollment for FY 2017
Home Help FFS	51,682
MI Choice	11,841
Nursing Facility Population- FFS	27,567

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Budget and Policy Considerations

- **Review Single Preferred Drug List (SPDL):**
  - The FY 21 budget assumes nearly $236 million Gross ($59 million GF) in savings associated with a move from Common Formulary to SPDL.
  - Implementation of the SPDL has occurred faster than FY 21 rate development assumptions. Ingredient cost increases and utilization shifts to more expensive brand-name prescription drugs have exceeded FY 21 assumptions. Rebate value obtained by the State remains unknown at this time.

- **Managed Long Term Supports and Services:**
  - MCL 400.105d Subsection (4) instructs the Department to plan to enroll all existing FFS populations into Health Plans if cost effective. Department currently "exploring" options as required in previous year boilerplate. MAHP recommends the State begin planning an implementation of a managed care long term supports and services program.

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Budget and Policy Considerations

MI Health Link Optimization:

- Program is slated to end December 31, 2021 and extension process is ongoing.
- Overarching goal is to avoid costly Long-Term Care (Nursing Facility) admissions and allow individuals to safely age in the place of their choice leading to improved quality of life, quality of care and health outcomes. This is done by:
  - Utilizing the Home and Community Based Services (HCBS) waiver to avoid Long-Term care admissions
  - Transitioning Long-Term Care individuals back into the community if they so choose
- Savings by Demonstration Year:
  - Demo Year 1 – 3/2015 through 12/2016 – 1% Composite Savings
  - Demo Year 2 – 1/2017 through 12/2017 – 2% Composite Savings
  - Demo Years 3,4,5 – 1/2018 through 12/2020 – 3% Composite Savings
- Outcomes measured by CMS showed a 13.0% reduction in probability of inpatient admission, 17.8% reduction in monthly preventable ER visits among other positive results.

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Behavioral Health Integration

The current system using partial-risk Prepaid Inpatient Health Plans (PIHPs) to manage a siloed behavioral health benefit for the Medicaid population is failing. For FY 19, most of the PIHPs continued to report spending more on Medicaid services than the state had budgeted for them for (Medicaid/HMP expenditures were greater than Medicaid/HMP revenue).

Ongoing statewide deficits for the PIHPs eclipsed $77 million in FY 18 and continue to worsen. In FY19, four PIHPs (Community Mental Health Partnership of Southeast Michigan, Lakeshore Regional Entity, Macomb County Community Mental Health and Oakland Community Health Network) were large enough to require MDHHS to provide additional state funding totaling more than $20.7 million dollars under terms of the existing shared risk contract. This alarming trend continued in FY 20 and is expected to continue in FY 21.

Four "one-time" bail outs have occurred in supplementals in the last four years and there is a need for more. The trend of four "one-time" bail outs raise serious questions about their ability to effectively manage risk.

Managed Care is the predominant financing model for state Medicaid programs, with nearly 40 states contracting with Managed Care Organizations (MCOs) to provide all or some physical health benefits for beneficiaries.

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Behavioral Health Integration

1 in 5 Medicaid beneficiaries have a behavioral health diagnosis, and they account for almost half of total Medicaid expenditures. Mental illness in addition to a chronic physical health condition is associated with a more than 60% increase in health care costs.

States are seeking better ways to coordinate physical and behavioral health services with the goal of improving outcomes and reducing unnecessary utilization. Financial, operational/administrative, and clinical integration of the physical and behavioral health services and supports, with a single accountable managed care organization (a licensed HMO) is at the forefront.

Network Adequacy standards and a **state fee schedule** should be developed and enforced. A risk corridor to prohibit profiteering should be created. Health Plans should be required to contract with all Community Mental Health Service Providers within their area of service. **Health Plans should be allowed to contract with behavioral health service providers outside of the CMHSPs network** in order to enhance access to care.

MAHP looks forward to continuing work with the legislature and administration to find a truly integrated model.

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FY 22 Exec Rec Considerations

- Actuarially Sound Funding: Proposed 2.5% placeholder may be too low.
- Evaluate opportunities for improved health outcomes from integration of physical and behavioral health.
- Support Sickle Cell Disease Initiative funding enhancement.
- Support Home Visiting Expansion.
- Support the creation of a state funded closed-loop referral system for non-clinical community-based services and supports.
- Support annualizing the funding for the Healthy Moms, Healthy Babies initiative.
- Support one-time funding for Emergency FMAP eligibility redetermination compliance.

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You are invited…

Policy Governance® Boot Camp

Hosted and facilitated by Partners in Policy Governance®, Eric Craymer, MBA, and Sue Radwan, MEd

Looking for a thorough understanding of Policy Governance® (PG) as a model for Boards of Directors?

Partners in Policy Governance® has created a two full day event focused on Policy Governance Theory--what it is and why it works.

During the session, you will learn:

- ✓ The essential elements and concepts that are *critical* to understanding what is and is NOT PG
- ✓ The important concepts that contribute to why the system works
- ✓ How elements of the PG model compare with other methods of governance
- ✓ How the 10 principles of PG change how governing is done
- ✓ What benefits and value adopting a model of governance can bring to your organization

We conducted research to discover what people found valuable in intensive education on Policy Governance. We have designed this event around our findings.
We have discovered that the theory and understanding of why the theory works, overlaid with a mix of different sector Boards attending together brings a huge value. When you can talk about how the principles are interpreted in different organizational settings you gain deeper insight into how Boards apply the principles in different contexts. This leads to a new level of model understanding.

COVID risk management:
Participants must wear masks in all public indoor spaces unless eating or drinking. Current practice is socially distanced seating in the meeting room. Food will be individually wrapped with no touch coffee service.
Participants may need to answer COVID exposure questions on day of event.

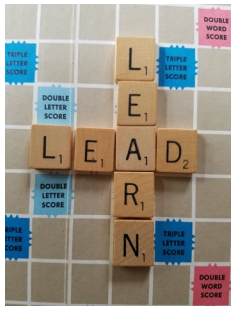
Location: **Amway Grand Plaza**
A Curio Collection Hotel by Hilton®
Grand Rapids, Michigan

Dates: **May 6-7, 2021**

This session is limited to 16 participants

The overall schedule for both days will be:

7:30 Breakfast
8:00 Session begins
10:15-10:30 Morning Break
10:30 Session continues
12:00-1:00 Group Lunch
1:00 Session continues
2:45-3:00 Afternoon break
3:00-4:45 Session continues
Day 2, Session ends at 3:30.



PG Bootcamp Registration Fee (for May 2021 session)
(includes breakfast & lunch & publication for pre-reading)
Early bird: **$825** before Mar 31
Regular rate: **$875** between Apr 1-30
Last minute rate: **$925** after May 1

Hotel Room Rate: $179/night. Reserve your room on line using this code: https://book.passkey.com/e/50166151 or call (800) 253-3590. Let the hotel know you are with the Partners in Policy Governance event. All rooms will be book in the Pantlind side of the hotel.

Cancellation Policy:
Registrations are transferable to individuals inside your organization.

- Transfers are available (limited to one time).
- Full refund (less Paypal fee) if cancelled 31+ days before the scheduled event.
- 50% refund if cancelled 16-30 days before.
- No refund if cancelled 15 or less days prior to the scheduled event or a no show.
- If we cancel due to COVID flare, there is no penalty, but registration transfer is encouraged.

To register: Register and pay online at http://www.PGbootcamp.net.event **OR**
Send your **commitment to attend** to susan.radwan@policygovernanceconsulting.com.
You can send your registration fee in advance to
302 E Jefferson, Grand Ledge, MI 48837.
Please let us know if you have any specific food allergies or requirements that might influence our food menu.

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Southwest Michigan Behavioral Health Board Meeting

Please join the meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/515345453
You can also dial in using your phone:
1-571-317-3116 - Access Code: 515-345-453
May 14, 2021
9:30 am to 11:00 am
(d) means document provided
Draft: 3/23/21

1. **Welcome Guests/Public Comment**

2. **Agenda Review and Adoption (d)**

3. **Financial Interest Disclosure Handling (M. Todd)**

   - **List name(s) and Agency or None Scheduled**

4. **Consent Agenda**

   - April 9, 2021 SWMBH Board Meeting Minutes (d)

5. **Operations Committee**

   a. Operations Committee Minutes March 24, 2021 (d)
   b. Operations Committee Self-Evaluation (D. Hess, J. Gardner) (d)

6. **Ends Metrics Updates *(*Requires motion)***
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

   - *NCQA Accreditation (J. Gardner) (d)

7. **Board Actions to be Considered**

   - External Auditor Report Fiscal Year 2020 (T. Dawson) (d)

8. **Board Policy Review**
   Is the Board in Compliance? Does the Policy Need Revision?

   - BG-011 Governing Style (d)

9. **Executive Limitations Review**
   Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

   - BEL-004 Treatment of Staff (P. Garrett) (d)

10. Board Education

a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d)
b. Fiscal Year 2021 Mid-Year Contract Vendor Summary (T. Dawson) (d)
c. Certified Community Behavioral Health Clinic (CCBHC) (B. Casemore and others) (d)

11. Communication and Counsel to the Board

a. Public Policy Committee Update (B. Casemore) (d)
b. June 11, 2021 Board Agenda (d)
c. Board Member Attendance Roster (d)
d. June Board Policy Direct Inspection – BEL-007 Compensation and Benefits (R. Perino); BEL-002 Financial Conditions (M. Middleton); BEL-006 Investments (C. Naccarato)

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.

SWMBH Board Planning Session
May 14, 2021
11:15 am – 1:15 pm

Next Board Meeting
June 11, 2021
9:30 am - 11:00 am

2021 SWMBH Board Member & Board Alternate Attendance												
Name:	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Patrick Garrett (Calhoun)												
Mary Middelton (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarto (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Terry Proctor (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 3/12/21

Green = present
Red = absent
Black = not a member
Gray = meeting cancelled