Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)
Monday, May 17, 2021

Join the meeting from your computer, tablet or smartphone:
https://global.gotomeeting.com/join/250012069
You can also dial in using your phone:
312-757-3121
Access Code: 250-012-069
4:00-5:30
Draft: 5/10/21

1. **Welcome and Introductions (Randall Hazelbaker)**
2. **Public Comment**
3. **Agenda Review and Adoption (Randall Hazelbaker)** (d) pg.1
4. **Financial Interest Disclosure and Conflict of Interest Handling**
5. **Consent Agenda (Randall Hazelbaker)**
    - March 15, 2021 Meeting Minutes (d) pg.3
6. **Board Education**
    a) Veterans Navigator (M. Hoss)
    b) Fiscal Year 20/21 YTD Financials (G. Guidry) (d) pg.5
    c) PA2 Utilization Fiscal Year 21 YTD (G. Guidry) (d) pg.6
    d) 2022 Overview and Budget Planning (J. Smith) (d) pg.7
    e) 2022 PA2 Budget and Three-Year Estimate (G. Guidry) (d) pg.14
    f) Fiscal Year 2021 Mid-Year PA2 Reporting (A. Miliadi) (d) pg.22
    g) 2021-2023 SWMBH SUD Strategic Plan (J. Smith) (d) pg.29
    h) Coronavirus Response and Relief Supplement Appropriations Act (J. Smith)
7. **Board Actions to be Considered (Randall Hazelbaker)**
    - Live Meetings 2021
8. **Board Actions**
    - None

9. Communication and Counsel

a) Legislative and Policy Updates (B. Casemore)
   - State of Michigan - Behavioral Health Re-Design (d) pg.37
   - Community Mental Health Association of Michigan (CMHAM) summary of Fiscal Year 2022 House and Senate Budget Proposals (B. Casemore) (d) pg.44

b) Intergovernmental Contract Amendment Update (B. Casemore) (d) pg.49

c) Provider Network Stability Report (M. Todd) (d) pg.50

10. Public Comment

11. Adjourn

Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder
Oversight Policy Board (SUDOPB) Meeting Minutes
March 15, 2021
4:00 – 5:30 pm
Draft: 3/16/21

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Don Meeks, (Berrien County); Kathy-Sue Vette (Calhoun County); Jeremiah Jones (Cass County); Jared Hoffmaster (St. Joseph County)

Members Absent: Daniel Doehrman (Kalamazoo County); Lisa White (Kalamazoo County); Paul Schincariol (Van Buren County); Ben Geiger (Barry County)

Staff and Guests Present:
Brad Casemore, Executive Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Garyl Guidry, Senior Financial Analyst, SWMBH; Achiles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Justin Rolin, Gambling Disorder Prevention Specialist, SWMBH; Emily Flory, Opioid Health Homes Coordinator, SWMBH; Paul Yeager, Megan Banning

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

Public Comment
None

Agenda Review and Adoption

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

Financial Interest Disclosure Handling
Mila Todd welcomed new Board members Jeremiah Jones and Jared Hoffmaster. She will be contacting them in regards to financial interest disclosure forms/requirements.

Consent Agenda

Motion	Kathy-Sue Vette moved to accept the January 18, 2021 meeting minutes as presented.
Second	Richard Godfrey
Motion carried	

Board Education

Fiscal Year 20/21 YTD Financials
Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2. Discussion followed.

PA2 Utilization FY20 YTD
Garyl Guidry reported as documented.

Opioid Home Health Update
Emily Flory reported as documented. Discussion followed.

Problem Gambling Awareness Month
Justin Rolin reported as documented. Discussion followed.

Block Grant/PA2 Update
Joel Smith reported as documented.

Board Actions to be Considered
None

Communication and Counsel

Legislative Updates
Brad Casemore welcomed the Board, wished them wellness for the new year and shared the following updates:

- SWMBH is watching the Biden Administration plans/policies and changes
- SWMBH is reviewing release of Governor Whitmer's 2022 Budget
- Region to receive money in the 2nd Federal COVID Relief package

Intergovernmental Contact Amendment
Brad Casemore reviewed the history of the Intergovernmental Contract. Kalamazoo County propose an Intergovernmental Contract Amendment. This amendment was mailed out to each county for their consideration/approval.

SUDOPB Bylaws
Brad Casemore reviewed the history of the SUDOPB Bylaws noting that the Bylaws do not require an annual review, but it is best practice to review Bylaws periodically. Discussion followed. Board decided not to review SUDOPB Bylaws at this time.

Adjourn

Motion	Kathy-Sue Vette moved to adjourn.
Second	Michael Majerek
Motion carried	

Meeting was adjourned at 5:00pm.

Southwest Michigan Behavioral Health

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2020

For the Fiscal YTD Period Ended 3/31/2021

	MEDICAID				Healthy MI			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Barry	551,833	91,972	49,885	42,087	312,162	213,984	52,027	161,957
Berrien	2,159,145	359,858	170,054	189,804	2,290,705	862,248	381,784	480,463
Branch	580,695	96,782	23,733	73,050	348,840	201,687	58,140	143,547
Calhoun	2,303,332	383,889	252,221	131,668	3,605,842	789,936	600,974	188,962
Cass	660,006	110,001	85,308	24,693	1,802,845	250,931	300,474	(49,543)
Kazoo	2,984,543	497,424	175,175	322,248	2,061,239	1,247,190	343,540	903,650
St. Joe	840,840	140,140	70,334	69,806	1,207,351	329,406	201,225	128,181
Van Buren	1,124,931	187,489	75,354	112,135	753,139	411,904	125,523	286,381
DRM	1,408,664	1,444,819	1,427,442	17,377	2,837,601	3,050,092	2,733,140	316,952
Admin/Access	0	0	0	0	0	0	0	0
Grand Total	**12,613,989**	**3,312,373**	**2,329,505**	**982,868**	**15,219,725**	**7,357,378**	**4,796,827**	**2,560,550**

EGRAMS	BLOCK GRANT				BLOCK GRANT BY COUNTY			
SUD Block Grant	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Community Grant	3,283,604	1,217,468	1,217,468	0	Barry	116,110	116,110	0
WSS	250,000	58,281	58,281	0	Berrien	151,700	151,700	0
Prevention	1,204,535	566,316	566,316	0	Branch	58,447	58,447	0
Admin/Access	80,000	83,257	83,257	0	Calhoun	203,689	203,689	0
Partnership for Success*	126,000	0	0	0	Cass	81,604	81,604	0
Gambling Prevention*	188,684	47,618	47,618	0	Kazoo	303,871	303,871	0
State's Opioid Response NCE	1,305,000	559,767	559,767	0	St. Joe	76,047	76,047	0
State's Opioid Response 2	1,899,739	174,788	174,788	0	Van Buren	48,472	48,472	0
State Disability Assistance	128,219	32,292	32,292	0	DRM	802,125	802,125	0
					Admin/Access	83,257	83,257	0
Mental Health Block Grant								
Transitional Navigators	298,880	49,671	49,671	0				
Clubhouse Engagement*	100,000	0	0	0	Legend			
Veterans Navigator*	100,000	45,292	45,292	0	DRM - Detox, Residential, and Methadone			
Crisis Transportation	101,120	10,504	10,504	0	WSS - Women's Specailty Services			
Admin/Access	0	0	3,305	(3,305)				
Grand Total	**9,065,781**	**2,845,253**	**2,848,558**	**(3,305)**		**1,925,321**	**1,925,321**	**0**

	PA2				PA2 Carryforward			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)		Current Utilization	Prior Year Balance	Projected Year End Balance
Barry	39,449	39,449	13,530	25,919	Barry	25,919	515,148	541,066
Berrien	183,043	240,801	95,007	145,795	Berrien	145,795	503,772	649,567
Branch	32,647	32,654	2,289	30,365	Branch	30,365	364,424	394,789
Calhoun	34,489	34,489	173,911	(139,422)	Calhoun	(139,422)	357,654	218,232
Cass	169,720	169,720	0	169,720	Cass	169,720	385,399	555,118
Kazoo	338,920	338,920	274,321	64,599	Kazoo	64,599	1,784,112	1,848,711
St. Joe	50,805	50,805	15,003	35,801	St. Joe	35,801	267,606	303,408
Van Buren	74,931	74,931	41,266	33,665	Van Buren	33,665	290,493	324,158
Grand Total	**924,003**	**981,768**	**615,327**	**366,441**		**366,441**	**4,468,607**	**4,835,048**

* Quarterly Financial Status Reporting

Program	FY21 Approved Budget	Utilization FY 21 Oct-Mar	PA2 Remaining	YTD Utilization
Barry	**54,500.00**	**17,820**	**36,680**	**33%**
BCCMHA - Outpatient Services	54,500	17,820	36,680	33%
Berrien	**383,033.60**	**105,662**	**277,371**	**28%**
Abundant Life - Healthy Start	74,000	42,717	31,283	58%
Berrien County - Drug Treatment Court	15,000	273	14,727	2%
Berrien County - Trial courts	48,610	15,830	32,780	33%
Berrien MHA - Riverwood Jail Based Assessment	18,058	-	18,058	0%
CHC - Niles Family & Friends	5,739	-	5,739	0%
CHC - Wellness Grp	9,328	-	9,328	0%
CHC - Women's Recovery House	37,730	8,747	28,983	23%
Sacred Heart - Juvenile and Detention Ctr	74,569	-	74,569	0%
Berrien County Health Department - Prevention Ser	100,000	38,095	61,905	38%
Branch	**36,430.00**	**2,079**	**34,351**	**6%**
Pines BHS - Outpatient Treatment	34,430	2,079	32,351	6%
Pines BHS - WSS	2,000	-	2,000	0%
Calhoun	**393,699.17**	**179,210**	**214,490**	**46%**
Calhoun County 10th Dist Drug Sobriety Court	124,929	67,163	57,766	54%
Calhoun County 10th Dist Veteran's Court	6,450	2,708	3,742	42%
Calhoun County 37th Circuit Drug Treatment Court	175,225	73,319	101,907	42%
Haven of Rest	37,095	23,520	13,575	63%
Michigan Rehabilitation Services - Calhoun	25,000	12,500	12,500	50%
Summit Pointe - Juvenile Home	25,000	-	25,000	0%
Cass	**82,500.00**	**-**	**82,500**	**0%**
Woodlands - Meth Treatment and Drug Court Outp	82,500	-	82,500	0%
Kalamazoo	**799,541.50**	**286,388**	**513,153**	**36%**
8th District Probation Court	8,500	2,040	6,460	24%
8th District Sobriety Court	26,500	4,794	21,706	18%
8th District Young Adult Diversion Court	5,000	1,725	3,275	35%
9th Circuit Drug Court	60,000	27,077	32,923	45%
CHC - Adolescent Services	19,619	9,077	10,542	46%
CHC - Bethany House	27,200	-	27,200	0%
CHC - New Beginnings	77,627	37,885	39,742	49%
CHC - Healing House	19,476	-	19,476	0%
Gryphon Gatekeeper - Suicide Prevention	20,000	8,500	11,500	43%
Gryphon Helpline/Crisis Response	36,000	18,000	18,000	50%
Interact - IDDT	26,600	2,741	23,859	10%
KCHCS Healthy Babies	87,000	17,417	69,583	20%
ISK - EMH	56,400	28,200	28,200	50%
ISK - FUSE	25,000	12,500	12,500	50%
ISK - Mental Health Court	65,000	32,500	32,500	50%
ISK - Oakland Drive Shelter	34,000	17,000	17,000	50%
KPEP Social Detox	20,000	-	20,000	0%
Michigan Rehabilitation Services - Kalamazoo	17,250	8,625	8,625	50%
Prevention Works - Task Force	50,000	34,053	15,947	68%
Recovery Institute - Recovery Coach	60,623	22,176	38,447	37%
WMU - BHS SBIRT	51,747	-	51,747	0%
WMU - BHS Text Messaging	6,000	2,079	3,921	35%
St. Joseph	**83,040.00**	**15,602**	**67,438**	**19%**
3B District - Sobriety Courts	2,200	-	2,200	0%
3B District - Drug/Alcohol Testing	16,640	9,650	6,990	58%
CHC - Hope House	21,000	3,738	17,262	18%
CMH - Court Ordered Drug Testing	43,200	2,214	40,986	5%
Van Buren	**134,359.10**	**44,374**	**89,985**	**33%**
Van Buren CMHA	94,359	17,275	77,084	18%
Van Buren County Drug Treatment Court	40,000	27,100	12,900	68%
Totals	**1,967,103**	**651,135**	**1,315,968**	**33%**

PA2 Overview and Budget Planning

Substance Use Disorder Oversight Policy Board, May 18, 2020

Liquor Tax (PA2)

History and Overview:

- PA 2 of 1986
- Liquor Specific Tax 4% generated from each county
- 50% of the funds shall be used for substance use disorder treatment and prevention programs within the county
- The proceeds of the taxing unit shall be distributed to the coordinating agency (PIHP) designated for that county
- Convention Facility Development Fund (Cobo Hall Bond) sunset December 31, 2015
- Funding must be used on treatment of prevention services

Liquor Tax (PA2)

SWMBH Budgeting Practice and Process:

- Prior to each fiscal year, SWMBH staff will determine/project the allocation of PA2 resources by county
- Multiple variables are taken into consideration when budgeting. These include, but are not limited to:
  - Projected PA2 revenue per county
  - County carry forward balances and projections
  - Availability of other available funding (Medicaid, Block Grant, other grants, etc.)
  - Provider program and budget submissions
- PA2 revenue and allocations to providers may change from year to year based on the variables listed above
- PA2 can be carried over from year to year.

Liquor Tax (PA2)

SWMBH Budgeting Practice and Process (continued):

- Carry forward reserves are monitored to assure adequate funding and programming can continue
- Ultimately the goal is to be fiscally responsible while providing critical treatment and prevention services.
- SWMBH staff will meet and communicate with providers, key stake holders, and board members as needed.

Role of the Oversight Policy Board:

- Approval of any portion of SWMBH's budget that contract PA2 funds for the treatment and prevention of substance use disorders

Budget Calendar

July 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	1	2 Initial PA2 budget due	3
4	5	6	7	8	9	10
11	12 1st consolidated budget	13	14	15	16	17
18	19 SWMBH Substance Use Disorder Oversight Policy Board Meeting	20	21	22	23	24
25	26	27	28	29	30	31

Budget Calendar

August 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDA	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6 Revised PA2 budget due	7
8	9	10	11	12	13 2nd consolidated budget	14
15	16	17	18	19	20 Final PA2 budgets due	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Budget Calendar

September 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDA	THURSDAY	FRIDAY	SATURDAY
29	30	31	1	2	3	4
5	6 Budget to SUD OPB	7	8	9	10 SWMBH Board Meeting	11
12	13 SWMBH Public hearing & SWMBH Board	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
BARRY COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:							
Prior Year(s) Carryover	511,814	549,320	549,320	541,066	486,849	432,632	378,414
PA2 Revenue	73,647	73,647	73,647	78,897	78,897	78,897	78,897
Total Revenue	**585,461**	**622,967**	**622,967**	**619,963**	**565,746**	**511,529**	**457,311**
Expenses:							
OUTPATIENT TREATMENT SERVICE	51,650	54,500	54,500	54,500	54,500	54,500	54,500
PREVENTION SERVICES	-	-	78,614	78,614	78,614	78,614	78,614
Total Expenses	**51,650**	**54,500**	**133,114**	**133,114**	**133,114**	**133,114**	**133,114**
Total Carryover	**533,811**	**568,467**	**489,853**	**486,849**	**432,632**	**378,414**	**324,197**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
BERRIEN COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	523,056	577,471	649,567	632,619	583,974	535,329
PA2 Revenue	375,014	375,014	366,086	366,086	366,086	366,086
Total Revenue	**898,070**	**952,485**	**1,015,652**	**998,704**	**950,059**	**901,415**
Expenses:						
OUTPATIENT TREATMENT SERVICES						
Abundant Life - Healthy Start	70,200	74,000	74,000	74,000	74,000	74,000
Berrien MHA - Riverwood	-	-	-	-	-	-
Berrien MHA - Riverwood Jail Based Asses	18,058	18,058	18,058	18,058	18,058	18,058
Berrien County - DTC	15,000	15,000	15,000	15,000	15,000	15,000
Berrien County - Trial courts (Intake Coor	44,755	48,610	48,610	48,610	48,610	48,610
CHC - Niles Family & Friends	5,739	5,739	5,739	5,739	5,739	5,739
CHC - Jail	31,697	-	-	31,697	31,697	31,697
CHC - Wellness Grp	9,328	9,328	9,328	9,328	9,328	9,328
CHC - Star of Hope Recovery House	37,730	37,730	37,730	37,730	37,730	37,730
Harbortown - Juvenile and Detention Ctr	-	-	-	-	-	-
Sacred Heart	73,834	74,569	74,569	74,569	74,569	74,569
PREVENTION SERVICES	110,000	100,000	100,000	100,000	100,000	100,000
Total Expenses	**416,340**	**383,034**	**383,034**	**414,730**	**414,730**	**414,730**
Total Carryover	**481,730**	**569,451**	**632,619**	**583,974**	**535,329**	**486,684**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
BRANCH COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	327,040	379,353	394,789	423,653	452,518	481,382
PA2 Revenue	65,646	65,646	65,295	65,295	65,295	65,295
Total Revenue	**392,686**	**444,998**	**460,083**	**488,948**	**517,812**	**546,677**
Expenses:						
OUTPATIENT TREATMENT SERVICES						
Jail Case Management	36,190	-	-	-	-	-
Outpatient Treatment	34,430	34,430	34,430	34,430	34,430	34,430
WSS	2,200	2,000	2,000	2,000	2,000	2,000
PREVENTION SERVICES	-					
Total Expenses	**72,820**	**36,430**	**36,430**	**36,430**	**36,430**	**36,430**
Total Carryover	**319,866**	**408,568**	**423,653**	**452,518**	**481,382**	**510,247**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CALHOUN COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	422,444	346,538	218,232	224,346	209,578	194,810
PA2 Revenue	332,415	332,415	339,439	339,439	339,439	339,439
Total Revenue	**754,859**	**678,953**	**557,671**	**563,785**	**549,017**	**534,249**
Expense:						
OUTPATIENT TREATMENT SERVICES						
10th Dist Drug Sobriety Court	127,807	124,929	104,107	104,107	104,107	104,107
10th Dist Veteran's Court	6,510	6,450	6,450	6,450	6,450	6,450
37th Circuit Drug Treatment Court	168,742	175,225	146,021	146,021	146,021	146,021
Haven of Rest	40,320	37,095	30,913	30,913	30,913	30,913
MRS	25,000	25,000	25,000	25,000	25,000	25,000
Summit Pointe - Jail	25,000	-	-	20,833	20,833	20,833
Summit Pointe - Juvenile Home	25,000	25,000	20,833	20,883	20,883	20,883
Total Expenses	**418,379**	**393,699**	**333,324**	**354,207**	**354,207**	**354,207**
Total Carryover	**336,481**	**285,253**	**224,346**	**209,578**	**194,810**	**180,042**
Note(s)						
PREVENTION SERVICES						
Substance Abuse Council	239,120	204,574	204,574	204,574	204,574	
Substance Abuse Prevention Services	155,343	160,436	160,436	160,436	160,436	
Total Expenses	**394,463**	**365,009**	**365,009**	**365,009**	**365,009**	

Prevention services are funded through block grant

Notes:
FY 22 projections include a 20% reduction based on FY 21 approved budget except Veteran's Court and MRS
FY 23 SOR Grant for Jail will end and Jail program will need to be considered.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CASS COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	366,250	412,240	555,118	503,180	451,242	399,305
PA2 Revenue	74,029	74,029	68,978	68,978	68,978	68,978
Total Revenue	**440,279**	**486,269**	**624,096**	**572,158**	**520,220**	**468,283**
Expense:						
OUTPATIENT TREATMENT SERVICES	82,500	82,500	82,500	82,500	82,500	82,500
PREVENTION SERVICES	-	38,416	38,416	38,416	38,416	38,416
Total Expenses	**82,500**	**120,916**	**120,916**	**120,916**	**120,916**	**120,916**
Total Carryover	**357,779**	**365,353**	**503,180**	**451,242**	**399,305**	**347,367**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
KALAMAZOO COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	1,739,053	1,833,387	1,848,711	1,577,010	1,238,084	899,158
PA2 Revenue	660,729	660,729	677,841	677,841	677,841	677,841
Total Revenue	**2,399,781**	**2,494,115**	**2,526,551**	**2,254,850**	**1,915,924**	**1,576,998**
Expenses:						
RESIDENTIAL TREATMENT SERVICES						
CHC - New Beginnings	77,627	77,627	77,627	77,627	77,627	77,627
CHC - Bethany House	-	27,200	27,200	27,200	27,200	27,200
CHC - Healing House	-	19,476	19,476	19,476	19,476	19,476
ISK - Oakland Drive Shelter	34,000	34,000	34,000	34,000	34,000	34,000
OUTPATIENT TREATMENT SERVICES						
8th District Sobriety Court	28,000	26,500	26,500	26,500	26,500	26,500
8th District Young Adult Diversion Court	5,000	5,000	5,000	5,000	5,000	5,000
8th District Probation Court	7,000	8,500	8,500	8,500	8,500	8,500
9th Circuit Drug Court	60,000	60,000	60,000	60,000	60,000	60,000
CHC - Adolescent Services	19,619	19,619	19,619	19,619	19,619	19,619
Interact - IDDT	26,600	26,600	26,600	26,600	26,600	26,600
KCHCS Healthy Babies	87,000	87,000	87,000	87,000	87,000	87,000
ISK - EMH	56,400	56,400	56,400	56,400	56,400	56,400
ISK - FUSE	25,000	25,000	25,000	25,000	25,000	25,000
ISK - MH Court	65,000	65,000	65,000	65,000	65,000	65,000
KPEP Social Detox	20,000	20,000	20,000	20,000	20,000	20,000
MRS	17,250	17,250	17,250	17,250	17,250	17,250
Recovery Institute - Recovery Coach	60,623	60,623	60,623	60,623	60,623	60,623
WMU - Jail Groups	67,225	-	-	67,225	67,225	67,225
WMU - BHS SBIRT	46,747	51,747	51,747	51,747	51,747	51,747
WMU - BHS Text Messaging	6,000	6,000	6,000	6,000	6,000	6,000
		-				
PREVENTION SERVICES		-				
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	20,000	20,000	20,000	20,000
Gryphon Helpline/Crisis Response	36,000	36,000	36,000	36,000	36,000	36,000
Prevention Works - ATOD	-	120,000	120,000	120,000	120,000	120,000
Prevention Works - Task Force	50,000	80,000	80,000	80,000	80,000	80,000
Total Expenses	**815,090**	**949,542**	**949,542**	**1,016,767**	**1,016,767**	**1,016,767**
Total Carryover	**1,584,691**	**1,544,574**	**1,577,010**	**1,238,084**	**899,158**	**560,232**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ST. JOSEPH COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	213,309	278,032	303,408	321,977	340,546	359,115
PA2 Revenue	101,011	101,011	101,609	101,609	101,609	101,609
Total Revenue	**314,319**	**379,043**	**405,017**	**423,586**	**442,155**	**460,724**
Expenses:						
RESIDENTIAL TREATMENT SERVICES						
Hope House	30,345	21,000	21,000	21,000	21,000	21,000
OUTPATIENT TREATMENT SERVICES						
3B District - Sobriety Courts	2,200	2,200	2,200	2,200	2,200	2,200
3B District - Drug/Alcohol Testing	16,640	16,640	16,640	16,640	16,640	16,640
CMH Drug Testing	53,200	43,200	43,200	43,200	43,200	43,200
CMH Jail Program	34,000	-	-	-	-	-
PREVENTION SERVICES						
3B District - Sobriety Courts	-	-	-	-	-	-
Total Expenses	**136,385**	**83,040**	**83,040**	**83,040**	**83,040**	**83,040**
Total Carryover	**177,934**	**296,003**	**321,977**	**340,546**	**359,115**	**377,684**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
VAN BUREN COUNTY
ALCOHOL TAX PLAN - FY21

	Approved Budget FY 19 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:						
Prior Year(s) Carryover	260,438	336,576	324,158	339,660	355,163	370,665
PA2 Revenue	144,683	144,683	149,862	149,862	149,862	149,862
Total Revenue	**405,121**	**481,259**	**474,020**	**489,522**	**505,024**	**520,527**
Expenses:						
OUTPATIENT TREATMENT SERVICES						
Van Buren CMHA	97,882	94,359	94,359	94,359	94,359	94,359
Van Buren Circuit Court	30,000	40,000	40,000	40,000	40,000	40,000
Total Expenses	**127,882**	**134,359**	**134,359**	**134,359**	**134,359**	**134,359**
Total Carryover	**277,238**	**346,899**	**339,660**	**355,163**	**370,665**	**386,168**

Note(s)

Southwest Michigan
BEHAVIORAL HEALTH

MID-YEAR PA2 FUNDED OUTCOMES REPORT

Reporting Period 10/1/20-3/31/21

BRIEF HISTORY

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

Overview of PA2 Funded Programs: Mid-Year FY20

MID YEAR MEASUREMENT DEFINITIONS

Met: Clearly meets or exceeds outcome.

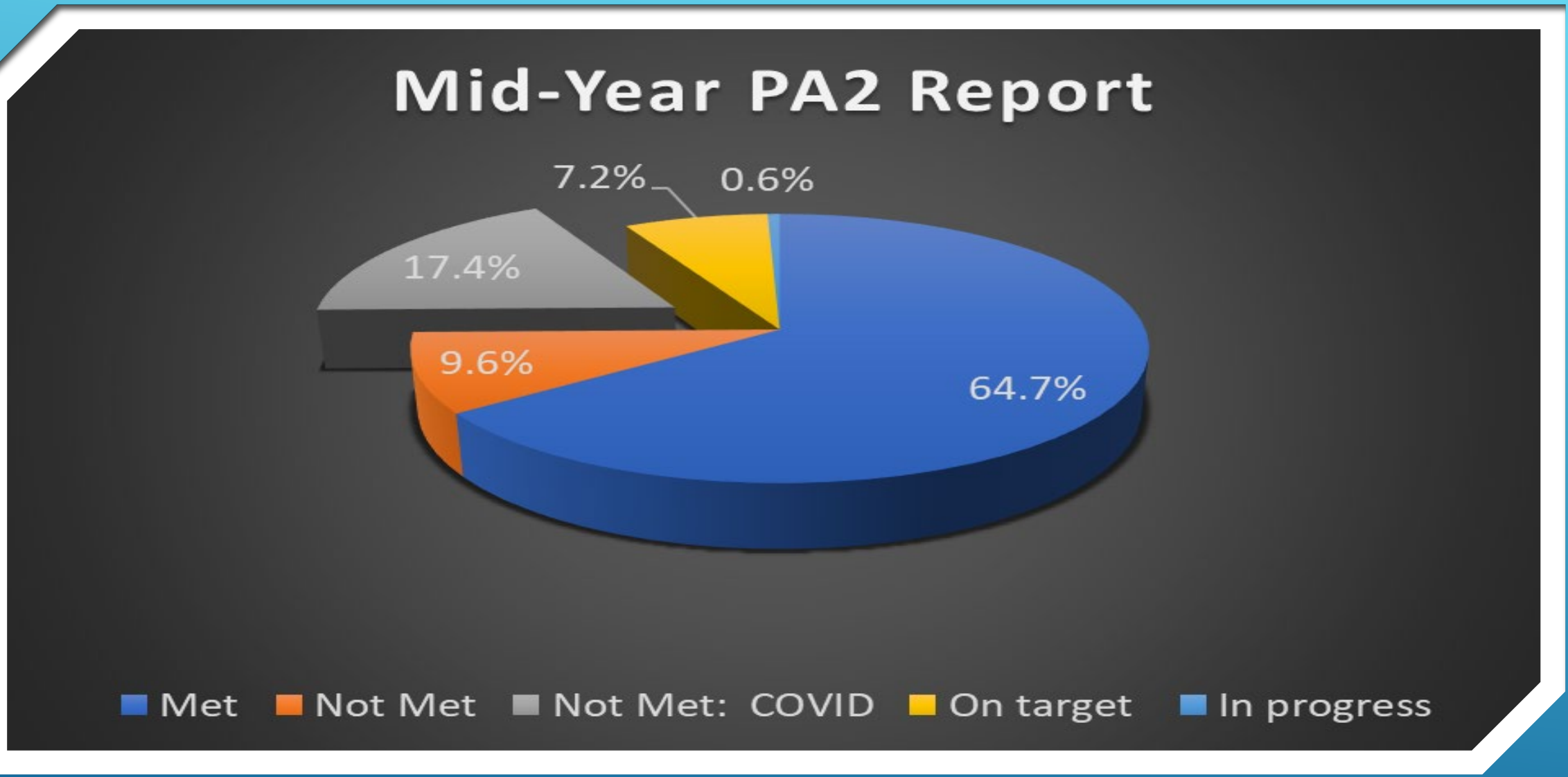
Not Met: Not meeting outcome.

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

On Target: Program is either very close to meeting outcome or is on target to meeting the outcome at the end of the year (e.g.: within 10%).

In Progress: Longer term projects that involve more planning, delayed implementation, or data collection.

Information Not Available: Provider did not submit any data.


Mid-Year PA2 Report
7.2%
0.6%
17.4%
9.6%
64.7%
Met
Not Met
Not Met: COVID
On target
In progress

Outcomes by County

County	Total Outcome Measures	Met	Not Met	Not met due to COVID-19	On Target	In progress	NA	Not Received
Barry	4	1	3	0	0	0	0	0
Berrien	26	17	4	5	0	0	0	0
Branch	13	7	3	2	1	0	0	0
Cass	3	1	0	2	0	0	0	0
Calhoun	26	23	0	0	3	0	0	0
Kalamazoo	79	51	3	18	6	0	1	0
St Joe	8	6	1	0	1	0	0	0
Van Buren	8	2	2	2	1	1	0	0
	167	108	16	29	12	1	1	0

- The pandemic has disrupted services worldwide. Delivering services in jails continues to be challenging due to COVID-19 restrictions.
- Despite the pandemic, Specialty courts (drug treatment court, sobriety court, veteran's court, etc.) continue to experience significant demand for services.
- Follow through with services after an intervention continues to be a challenge.
- SWMBH continues to work closely with providers to create measures that are specific, measurable, timely, and simple and continues to review utilization of the programs.

SWMBH LOGIC MODEL FOR SUD PREVENTION SERVICES

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long-Term Outcome	County(s) where activity will occur
To reduce abuse, misuse of Rx. Meds - Emphasis on Opioid analgesic Meds	a) Elevated rate of past 30-day consumption of prescription medication w/o a Prescription by youth of High school age in the SWMBH region (Regional Avg: 6.12%) b) Rx Drug abuse (Heroin/Opioid meds as PSoA) accounted for 25.7% of all BG, Medicaid admissions to SUD TX (2nd only to alcohol: 39.8%) in the SWMBH area (FYs 2019-20) c) High # of Opioid-related deaths in the SWMBH region (Over an 18-year period, Opioid deaths rose from 8 (1999) to 149 deaths (2017)) d) National Data:11.5 million Americans aged 12 or older misused Rx. Opioids (CDC-2016); e) 35% of patients aged older than 50 years with chronic pain reported misusing their opioid prescriptions in the past 30 days (Psychiatric Times 2015-16)	a) Pervasive and prevalent misperception by the public that Rx drugs are "less harmful than illicit drugs" or other addictive chemical substances **(**https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/what-scope-prescription-drug-misuse**)**	1) Implement curriculum based educational programs (EBPs) targeting youth of school age to increase perception of potential harm, danger associated with misuse of Rx drug and the addictive potential of Opioids b) Develop multi-media education campaigns in each county of the SWMBH area focused on parents/ adults, designed to increase knowledge of the potential harm and consequences of Rx Drug abuse and the addictive nature of Opioids	EBP curriculum-based programs (education strategy): Immediate outcomes: a) Increase perception of harm/danger associated with non-medical use of Rx drug by youth of school age in the SWMBH area; EBPs to be used: (Youth) PFL, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive; (Parents): GGC, SFP **OM:** • **≥5%** increase based on pre/post test results	a) Decrease by 1.5% the past 30-day use rate of Rx Drug w/o medical prescription by youth of High School age in the SWMBH area, by 2023 (based on MiPHY survey data)	• Barry: LST, PFL, GGC • Berrien: TNDA, MMHP • Branch: PFL, TNDA, LST, GGC, SFP • Calhoun: PFL, TNDA, LST, AA, Pos. Act., SFP • Cass: PFL, TNDA, GGC • Kazoo: PFL, TGFD/V, PA, LST, Drive, GGC, SFP • St. Joe: PFL, TGFD • VB: PFL, TNDA, GGC
		b) High rate of availability of Prescribed meds per household in the SWMBH area: • 111 Opioid Units per household/per year; higher than MI AVG: 97); • 117 Units of Sched.2,3 Meds per HH, Per Year.\; higher than MI AVG: 108) c) Easy access leads to accumulation of household meds, which in turn may create the likely circumstances for negative outcomes (accidental poisoning, pilfering, non-medical use, etc.) https://www.verywellhealth.com/safe-drug-disposal-2615032	2) Develop local and regional resources and initiatives to support healthcare providers/s efforts to train workforce and implement safe opioid prescribing and/or alternative practices for Tx. of acute and chronic pain (Help counter recent medical history of unsafe and excessively high pattern of Opioid prescribing for Tx. of Acute Pain. 3) Develop multi-media educational campaign in each county of the SWMBH area targeting parents/ adults, designed to increase knowledge of strategies/ techniques to safeguard Rx meds being used in the household (increase difficulty of access for non-intended purposes); 4) Develop multi-media campaign to help communities develop the norm of using local med disposal programs (promote local med disposal sites, programs, events)	b) Organize & Support educational forums for healthcare workforce on Opioid-related issues. **OMs:** • # of education Event • Participant Survey results b) Hold community education campaigns targeting parents in each County of the SWMBH area, focused on: - Increasing parental knowledge of the potential harm, danger associated with misuse of Rx meds; - Increasing knowledge of families of strategies & techniques to safeguard Rx meds being used in the household (increase difficulty of access for non-intended purpose); **OMs:** • # persons reached by campaign message/posts; • Event Survey results c) Hold community campaigns focused on increasing community utilization of med collection boxes available in each community; d) Hold at least one Rx take back event in each County of the SWMBH area **OMs:** • # persons reached by campaign message/posts; • # lbs. collected	b) Decrease % the # Opioid Rx Units prescribed to SWMBH county residents by 2023 (based on the MAPS Annual Drug Utililz. Rpt) c) Decrease by 10% the number of deaths and caused by or associated with Rx misuse/ abuse, by 2023 (based on MDHHS vital Records data) d) Increase total amt. of med collection in the SWMBH area by 5% each year for the next three years through year-round med collection programs & events (based on med collection program data from SWMBH counties)	Rx. Drug Abuse Prevent. Campaign (All 8 SWMBH Counties): • Barry • Berrien • Branch • Calhoun • Cass • Kazoo • St. Joe • Van Buren

SWMBH LOGIC MODEL FOR SUD PREVENTION SERVICES (cont.)

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long-Term Outcome	County(s) where activity will occur
To reduce Underage Drinking & other consequences of Alcohol abuse and misuse	a) Elevated rate of past 30-day consumption of alcohol by youth of High school age in the SWMBH region (Regional Avg: 16.15%) b) Elevated rate of past 30-day binge-drinking by youth of High school age in the SWMBH region (past 30 days) Regional Avg: 9.26%) c) Avg. age of first being drunk is too low in the SWMBH region (Avg age: 14.4) d) Alcohol addiction (as PSoA) accounted for 39.8% of all BG, Medicaid admissions to SUD TX (SWMBH: FYs 2019-20) e) Consequences of high-risk behaviors directly associated with alcohol impairment in the SWMBH region (2018: 875 HBD traffic crashes; 29 HBD fatalities)	Social Norms favoring alcohol use by minors: a) Low Perception of risk, harm & consequences of alcohol use by HS youth: "Alcohol: Moderate to great risk?" "Yes!" Regional Avg: 63.4% b) Low Perception of wrongness of alcohol use (HS youth). Regional Avg: 67%	1) Implement curriculum-based Educational programs (EBPs) targeting youth of school age in schools and variety of community settings to increase perception of risk, harm, danger and wrongness associated with drinking behaviors.	EBP curriculum-based programs (education strategy): Immediate outcomes: a) Increase perception of harm/ danger of UAD by youth of school age in the SWMBH area; EBPs to be used: PFL, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive, GGC, SFP **OM:** • **≥5%** increase based on pre/post test results	a) Decrease by 1.0% the past 30-day use rate of alcohol by youth of High School age in the SWMBH area, by 2023 (MiPHY survey data) b) Decrease by 0.5% the past 30-day binge drinking rate by youth of HS age in the SWMBH area, by 2023 (MiPHY survey data)	• Barry: LST, PFL, GGC • Berrien: TNDA, MMHP • Branch: PFL, TNDA, LST, GGC, SFP • Calhoun: PFL, TNDA, LST, AA, Pos. Act., SFP • Cass: PFL, TNDA, GGC • Kazoo: PFL, TGFD/V, PA, LST, Drive, GGC, SFP • St. Joe: PFL, TGFD • VB: PFL, TNDA, GGC
		Easy access of minors to alcohol: a) Social Access (obtained alcohol from family member, friend or pilfering from home): 96.4% b) Retail Access	2) Develop multi-media campaign and curriculum-based programs targeting parents and caretakers to increase knowledge of neurological impact of alcohol use on the developing brain of use, reducing access to alcohol at home, monitoring risk behaviors 3) Implement curriculum based educat. Program for parents to increase perception of UAD risk b) Alcohol Retailer activities: • Conduct individualized alcohol Retailer educational sessions • Conduct Alcohol Retailer Compliance Checks;	b) Increase knowledge of parents/adults regarding: - Harm, danger of UAD; - Danger/illegality of hosting parties; - Monitoring strategies; - Talking to children about drinking, drugs; - Restricting youth access to alcohol at home **OMs (Campaign):** • # persons reached by campaign message/posts; • Event Survey results b) Implement curriculum based educat. Program for parents to increase perception of UAD risk **OM (Parent/Family EBP):** • **≥5%** increase based on pre/post test results c) Increase rate of compliance of alcohol retailer Inspection Checks.	a) Increase by 2% the rate of parents in the SWMBH area who talk to their children about the dangers of drinking, by 2023 (current Reg. Avg: 79%) b) Obtain retailer compliance rates of at least 90% in every SWMBH County for Alcohol Retailer compliance inspection within 3 years (MiPHY survey data)	• UAD Prev. Campaigns & • Retailer Check/Educat: All 8 Counties. • Parent & family EBPs: - Barry: GGC - Branch: GGC, SPF - Calhoun: SPF - Cass: GGC - Kazoo: GGC, SPF - VB: GGC

SWMBH LOGIC MODEL FOR SUD PREVENTION SERVICES (cont.)

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long-Term Outcome	County(s) where activity will occur
To reduce consumption and access to Tobacco & Vaping Products by Underage youth	a) Extremely elevated rate of past 30-day use of Vaping Products in the SWMBH area, which has surpassed by far the rate of past 30-use of tobacco products by youth of High School Age • Vaping past 30-day use: 24.1% (Regional Avg.) • Tobacco past 30-day use: 4.3% (Regional Avg.)	a) Social Norm among youth favors use of tobacco and especially Vaping amongst some groups of minors: • Perception of risk, harm & consequences of Vaping Products & tobacco use is not high enough amongst youth of HS age b) Lower Percept. Of use of Vape/ compared to Tobacco (youth) Reasons to vape over using cigs (Brookings Institute) • Perception: Less harmful than cigarettes • Flavors; • Friends / Family using Vapes; c) Low perception of Risk for tobacco use: "moderate to great risk?" Yes! Response 81.9% (Reg. Avg., HS) • Perception of wrongness "friends smoking tobacco": 81.2% (Reg. Avg., HS)	1) Implement curriculum-based prevention interventions targeting youth of school age to increase perception of potential harm, danger associated with UAD	a) Increase perception of risk, harm/danger associated with use of Vaping & Tobacco products amongst youth of HS Age; EBPs to be used: (Youth) PFL, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive; (Parents): GGC, SFP **OM:** • **≥5%** increase based on pre/post test results	a) Decrease by 0.5% the 30-day rate of cigarette/cigar smoking and consumption of tobacco products by youth of High school age in the SWMBH area, by 2023 (based on MiPHY survey data) b) Decrease by 3.0% the 30-day rate of vaping devices by youth of High school age in the SWMBH area by 2023 (based on MiPHY survey data)	• Barry: LST, PFL, • Berrien: TNDA, MMHP • Branch: PFL, TNDA, LST • Calhoun: PFL, TNDA, LST, AA, Pos. Act. • Cass: PFL, TNDA • Kazoo: PFL, TGFD/V, PA, LST, Drive, • St. Joe: PFL, TGFD • VB: PFL, TNDA
			2) Develop multi-media campaign in each county of the SWMBH region targeting parents/adults, and youth (as appropriate) focused on health consequences, and potential negative impact of vaping use for brain development of youth;	b) Increase parental/adult and youth (as appropriate) knowledge on health consequences, and potential negative impact of vaping use for brain development of youth; **OMs:** • # persons reached by campaign message/posts; • Event Survey results		Vaping Prevention Campaign: All 8 Counties - • Barry • Berrien • Branch • Calhoun • Cass • Kazoo • St. Joe • Van Buren
		d) Easy access to tobacco by youth: • (Focus): Retail access "Easy or very easy to get cigarettes?" Yes! Response, range from: 43.2% (Regional Avg.) • Easier to access Vaping than tobacco (Brookings Institute)	3) Conduct tobacco and Vaping Product Retailer Inspections: • Conduct Synar Compliance Inspections (per the YTA protocol) • Conduct non-Synar Compliance Checks @ a minimum of 15% of all Tobacco and Vaping Retailers in the region (prioritize retailers that failed inspections or have history selling to minors) • Conduct personal education visits to a minimum of 50% of all Tobacco & ENDS retailers in the region (focus on the new Tobacco 21 Law)	c) Increase compliance rates in formal and informal inspections of tobacco and vaping product retailers in the SWMBH area. **OMs:** • Synar Inspections: Obtain a minimum of 90% compliance rate each year, for the next three years • non-Synar Compliance Checks: Obtain an annual Compliance Check rate of at least 87% each year. • Conduct a personal visit of a minimum 50% of all Tobacco and Vaping retailers in the region (focus on the new "Tobacco 21 Federal Law")		Tobacco and Vaping Retailer Compliance Inspections and education: All 8 Counties - • Barry • Berrien • Branch • Calhoun • Cass • Kazoo • St. Joe • Van Buren

SWMBH LOGIC MODEL FOR SUD PREVENTION SERVICES (cont.)

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long-Term Outcome	County(s) where activity will occur
To reduce use of marijuana amongst youth of school age	1) Elevated past 30-day rate of marijuana consumption amongst youth of High School age in counties of the SWMBH (Regional Avg: 15%)	a) Social norm: Current social norms favor the use of Marijuana amongst students of HS age: • Low Perception of risk, harm and consequence of MJ use is not high enough: "MJ: Moderate to great risk?" Yes response (Regional Avg: 64%) • Low Perception of MJ use as being wrong amongst HS (Regional Avg: 67%) NOTE: Perception of risk, harm, consequences and wrongness of MJ use amongst HS students is lower than that for other drugs (for instance Tobacco) b) Easy access to MJ by HS aged Youth in the SWMBH area: "Easy or very easy to get cigarettes?" Yes! response (Regional Avg: 43.2%)	1) Implement curriculum based EBPs targeting youth of school age to increase perception of potential harm, danger and consequences of non-medical use of marijuana. 2) Develop multi-media campaign in each county of the SWMBH region targeting parents/adults, focused on risk/harm of marijuana use for brain development of youth; 3) Educate and monitor Recreational MJ retailers to ensure compliance with the MI Recreational MJ Law. Work with local Enforc. agencies to check compliance	a) Increase perception of risk, harm/danger associated with use of marijuana; EBPs to be used: (Youth) PFL, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive; (Parents): GGC, SFP **OM:** • **≥5%** increase based on pre/post test results b) Increase parental/adult knowledge of the potential harmful impact of MJ use on the brain development of youth **OMs:** • # persons reached by campaign message/posts; • Event Survey results c) Provide and educational meeting with every recreational MJ retailer in the region **OMs:** • # Retailers that receive personal educational regarding protocols for verification of Youth ID	a) Decrease by 0.5% the 30-day rate of non-medical use of marijuana by youth of school age in the SWMBH area by 2023 (based on MiPHY survey data)	• MJ Prev. Campaigns focused on Youth & • MJ Retailer Educat: All 8 Counties. • Youth EBP: - Barry: LST, PFL, - Berrien: TNDA, MMHP - Branch: PFL, TNDA, LST - Calhoun: PFL, TNDA, LST, AA, Pos. Act. - Cass: PFL, TNDA - Kazoo: PFL, TGFD/V, PA, LST, Drive, - St. Joe: PFL, TGFD - VB: PFL, TNDA

SWMBH LOGIC MODEL FOR SUD TREATMENT AND RECOVERY SERVICES

Primary Problem or Objective	Inputs/Intervening Variables	Strategies	Activities/Immediate Outcomes	Outputs	Outcomes	County(s) where this will occur
Continued high # of persons with OUD in Kalamazoo and Calhoun Counties with various social determinants of health	OUDs are frequently a consequence of chronic health condition treated with opioid meds	Identify OHH partners in Kalamazoo and Calhoun counties	Develop contractual relationship with OHH partners	# of customers enrolled in OHH	↑ health outcomes of customers	Kalamazoo and Calhoun
	Poor engagement and follow through treatment services	Recruitment of potential enrollees	Enroll customers into OHH services		↓ ED visits for OHH customers	
	Lack of coordination and referrals to community-based services	Implementation of Opioid Health Home	Improved care coordination for OUD clients through OHH services	% of customers receiving at least one OHH service per month	↑ engagement and length of time in service	
		Explore expansion of OHH into other counties as needed			↑ NOMS	

SWMBH LOGIC MODEL FOR SUD TREATMENT AND RECOVERY SERVICES (cont.)

Primary Problem or Objective	Inputs/Intervening Variables	Strategies	Activities/Immediate Outcomes	Outputs	Outcomes	County(s) where this will occur
Increase in clients with Stimulant Use Disorder	Increase availability of methamphetamine	Assure evidence-based practices (Matrix) are available at all outpatient providers	Review providers for fidelity of Matrix	# of providers implementing Matrix	↑ #/% of StUD clients who complete/transfer to other level of care based on PSA of methamphetamine	All SMWBH Counties
	Lack of residential level of care focused on stimulant use disorder	Support residential treatment providers to assure appropriate treatment for StUD.	Assure provider staff are adequately trained in EBPs	# of providers implementing other EBPS or best practices indicated for StUD such as CMT		
	Low retention rate in treatment		Identify alternative EBP or best practices for StUD			
	Lack of medication assisted treatment for StUD	Explore other EBPs to help retention in treatment such as contingency management training (CMT).	Provide training on Matrix, CMT, or other EBP/promising practice as needed	# of clients who remain in treatment as measured by current HEDIS measures for initiation and engagement	↑ % of clients who receive a follow up service after residential with 10 days.	
	Challenging behavior of StUD leads to lack of appropriate placement (e.g.: psychosis, aggressiveness, etc.).					

SWMBH LOGIC MODEL FOR SUD TREATMENT AND RECOVERY SERVICES (cont.)

Primary Problem or Objective	Inputs/Intervening Variables	Strategies	Activities/Immediate Outcomes	Outputs	Outcomes	County(s) where this will occur
Low engagement and retention in services	Customers drop out of treatment before completing treatment	Assure providers are using stage matched interventions	Provide TA to providers to assure services and interventions are customer centric and align with stage of change	# of customers completing/transferring at discharge	↑ % of clients completing treatment (BH TEDS d/c – completed or transferring)	All SMWBH Counties
	Other psycho-social and basic needs not being addressed			# of customers receiving CSM	↑ NOMS outcomes	
		Increase availability of case management and recovery coach services	Assure CSM services are being provided at all SUD opt providers	# of customers receiving recovery coaching	↓ % of no shows for first service after request	
	Time of request for services/to time of assessment		Develop early engagement strategies with providers	% of customers being seen for first service within as defined by current HEDIS standard	↑ % of customers that receive a SUD service after ED visit as defined by HEDIS	
	Poor follow through for customers after ED/OD visits	Monitor and evaluate timelines to treatment	Develop timeliness to treatment report card for providers			
			As funding allows, increase outreach services to help engagement			
		Evaluate FUA metrics				

SWMBH LOGIC MODEL FOR SUD TREATMENT AND RECOVERY SERVICES (cont.)

Primary Problem or Objective	Inputs/Intervening Variables	Strategies	Activities/Immediate Outcomes	Outputs	Outcomes	County(s) where this will occur
Low rates of continuation of services after residential LOC	Perception that after residential, no additional services are needed	Assure discharge planning for residential begins at admission	Identify best practices/activities for continuation in care	# of customers receiving a lower LOC service after res DC	↑ % of customers who continue with treatment after residential	All SMWBH Counties
	Recovery environment is not supportive	Utilize recovery housing as needed	As funding allows, support current recovery housing and expand as possible			
	Late discharge planning	Consult with residential providers to operationalize discharge planning	Work with residential providers to implement best practices as related to discharge planning and follow up	# of customers transitioning from residential to recovery housing	↓ average number of days between DC from residential and admission to next LOC	
	Length of time to next appointment					
	Barriers to accessing aftercare treatment	Increase use of natural supports during episode of care	Monitor length of time to next level of care appt.			

Gearing Towards Integration

A proposal to move Michigan forward with behavioral health integration

Moving Michigan Forward

As we consider the path forward for integration, we have created a proposal that is focused on incorporating core principles that would create a fully integrated health care delivery system that is person-centered, maximizes consumer choice, ensures quality services, exhibits transparency, maximizes efficiency, provides a continuum of health and wellness services, and maximizes resources reaching the persons served.

Person-Centered Care— Ensure that the needs and rights of persons served are at the forefront of the integration efforts.

Consumer/Patient Choice— Provide a full range of services and provider options where a person can move freely about the state.

Quality— Utilize evidence-based and best practices to ensure that high quality services are available and provided for persons served.

Transparency—Exhibit transparency in all aspects of service delivery and management.

Efficiency—Eliminate the multiple layers of administration or redundancies in services.

Comprehensive Services— Provide a full continuum of services within an integrated and holistic focus, including all aspects of health and wellness.

Stewardship—Ensure that resources stay as close as possible to the persons being served.

Through these core values, we envision this integrated model being supported by state and local public policies to promote a quality driven and efficiently run system for persons served in the community. As proposed, this model is designed to:

- Reduce inefficiencies in funding, coordination of care, and service delivery.
- Generate uniformity with benefits, contracts, training reciprocity, outcome measurement, care coordination, and utilization management.
- Allow for portability throughout the State of Michigan without a change in access or benefits.
- Increase beneficiary choice of service provider and delivery method by allowing the beneficiaries served to have autonomy to select their health care providers.
- Allow for increased resources to be directed back into care delivery and services through the reduction of administrative layers and cost.
- Eliminate current PIHP/CMHSP conflict of interest.
- Allow for increased coordination with other agencies and organizations that are part of an individual's plan of care.
- Standardize and centralize accountability for administering and managing Medicaid services.
- Increase transparency and budget predictability.

Gearing Towards Integration

The Big Picture Proposal

This proposal is based on a framework that would require the use of managed care entities to administer a comprehensive Medicaid health care benefit package; incorporating all behavioral health services and supports. This model promotes **full integration** through financial, administrative, and clinical integration of physical and behavioral health services and supports.

Key Considerations:

- The Department would be required to use a procurement process for contracting with eligible managed care organizations to provide the integrated and comprehensive Medicaid health care benefit package.
- This competitive bidding process, administered by the Department of Technology, Management, and Budget (DTMB), will require that any contract awarded for purposes of administering the comprehensive Medicaid health care benefit package will be with an entity that is licensed and regulated as a Health Management Organization (HMO) or an Alternative Health Care Financing and Delivery System (AFDS).
    - This would ensure a fair and equitable bid process, open to any entity that meets the licensing requirements of, and has a valid certificate of authority (COA) to operate as, a HMO or AFDS.

Licensing requirements for the issuance of a Certificate of Authority to operate as a HMO or AFDS in the state of Michigan include, but are not limited to, an entity having and/or submitting:

- Articles of Incorporation
- Plan of Operation
- Management Agreement(s)
- Insolvency Coverage
- Financial Plans
- Contracted Provider Network(s)
- Coverage Service Area
- Provider Contracts/Agreements/Arrangements
- Quality Improvement and Quality Assessment Programs
- Health Professional Credentialing Procedures

- The bid/procurement process will require that applicants are able to demonstrate their managed care experience and expertise in managing complex physical and behavioral health needs. This includes having relevant clinical staff and programs, as well as a commitment to self-determination, person-centeredness, and community inclusion.
- Entities that are awarded a contract to offer the comprehensive Medicaid health care benefit package will be referred to as **Specialty Integrated Plans (SIPs).**
- It is the legislative intent that this would be a statewide implementation; contingent upon receiving an adequate number of qualified applicants that respond to the request for proposal (RFP).
- Award determination and SIP selection will be conducted by the Department.
- The Department would be responsible for defining the full scope of the bid details, based on the legislative directive provided. This would include the number of SIPs, per county/region, that the Department determines is necessary to adequately service the Medicaid-eligible population; and ensure beneficiary choice of at least two SIPs.

Key Considerations (Continued):

- Through this integration model, Prepaid Inpatient Health Plans (PIHPs) would be eliminated; unless they chose to pursue SIP designation by meeting all aforementioned requirements to be eligible to enter a bid during the procurement process; including the ability to adequately administer the entire comprehensive Medicaid health care benefit package.

- Statewide implementation of this integration initiative is intended to be conducted in phases that would eventually lead to integration of the full scope of populations currently served under the public option.
    - **Phase 1:** Severe Mental Illness (SMI), Children (KB v. Lyon)
    - **Phase 2:** Substance Use Disorder (SUD)
    - **Phase 3:** Intellectual and Developmental Disabilities (I/DD)

- Prior to implementation, the Department must adopt measurement standards to evaluate outcome, process, and structural factors to determine the efficacy of the integration efforts.
    - **Outcome Measures:** Assess results of care and patient outcomes (e.g., percent of patients that had controlled cholesterol)
    - **Process Measures:** Assess whether an action occurred (e.g., percent of patients that received depression screening)
    - **Structural Measures:** Assess the conditions under which the integrated delivery model is performing (e.g. reduction in administrative costs)

- These measures will be used, in part, to determine the state's readiness to move forward with the next phase of integration.

- The Department must not deem a phase as successful unless and until statistically significant improvements in service delivery, health outcomes, and access have been achieved. Without being able to achieve measured improvements in key metrics, additional phases shall not commence.

- This integration model is intended to highlight and elevate the important role that Community Mental Health Service Programs (CMHSPs) play in administering behavioral health services.

- The Department would be required to include, as a contract term, a requirement for contracted SIPs to contract with all CMHSPs within their approved service area. Similar to existing contractual requirements for Health Plans with FQHCs, this will ensure a future for the existing CMHSP system.

- The Department shall not require that CMHSPs are contracted as the exclusive provider for specialty services and supports. Contracted SIPs must be allowed to contract directly with behavioral health providers as they deem appropriate.

Gearing Towards Integration

The Big Picture Proposal: Clinical Integration Components

This model provides for a vast and open-ended application of components to promote ongoing clinical integration. At a minimum, it is the intent of the legislature that the implementation of this integration model includes requirements for integrated care coordination/care management, data sharing, and provider education, training, and screening.

Key Considerations:

- The SIPs care management/care coordination program will be required to be staffed with experts from both physical health and behavioral health sectors.
- SIP care coordinators will serve as the main points of contact for beneficiaries. The care coordinators will facilitate appropriate access to, and delivery of, the holistic suite of behavioral health and physical health services administered by the SIP.
- SIP care coordinators will be required to assess beneficiary needs and goals, create and manage care plans, help transition beneficiaries from an institutional setting to the community, follow-up after with the beneficiary after appointments, monitor compliance with doctors' orders, support self-management goals, and connect patients to community resources.
- The Department must determine an appropriate care coordinator to member ratio to ensure SIPs have adequate staffing to meet the complex needs of the populations served.
- SIPs will be required to have their care management/care coordination program work collaboratively with CMHSPs and other behavioral health providers in the management of the jointly-served beneficiaries.
- Through the use of existing technologies and capabilities offered through the Michigan Health Information Network (MiHIN), it is the intent of the legislature that SIPs, CMHSPs, and other behavioral health providers/organizations share real-time data exchanges for the beneficiaries served. This includes, but is not limited to, admission, discharge, and/or transfer notifications, prescription drug data, medical claims data, and care plans.
- The Department shall consider implementing incentives (i.e. kick-payments) for providers who participate in education/training that promotes the practice(s) of physical and behavioral health clinical integration.
- The Department shall consider incentive mechanisms for SIPs to promote network providers to adopt colocation integration of physical and behavioral health practices.

Gearing Towards Integration

The Big Picture Proposal: Financial Integration Components

Under this integration model, the existing flow of funds that are currently appropriated to PIHPs (for the Phase 1 population) would be diverted to the participating SIPs through a comprehensive risk-based managed care contract. This contract would include a capitated payment arrangement set on a per member per month (PMPM) payment schedule. Unlike fee-for-service (FFS), this capitation model provides upfront fixed payments to SIPs based on projected utilization of covered services, administrative costs, and profit. Plan rates are usually set for a 12-month rating period and must be reviewed and approved by CMS each year.

Under federal law, payments to Medicaid MCOs must be actuarially sound. Actuarial soundness means that "the capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the managed care plan for the time period and the population covered under the terms of the contract."

Key Considerations:

- Prior to implementation, the Department would be required to produce an actuarially sound fee schedule for all behavioral health services and supports.
- Statutory protections against profiteering should be enacted which would instruct the Department to establish actuarially sound capitation payments for contracted SIPs that must include a two-way risk corridor for the program specific to behavioral health specialty services and supports. The risk corridor must be for a period of time not less than 5 years (to allow for staged population go-live timeline), and should set a target Medical Loss Ratio (MLR) at an amount equal to actuarially sound capitation rates for the physical health benefits.
- It is the intent of the legislature that actualized savings from this integration model be reinvested into non-Medicaid CMH services, and other innovative options to increase access to care throughout our state.

The Big Picture Proposal: Administrative Integration Components

Under this integration model, the Specialty Integrated Plans would be responsible for all of the following administrative functions:

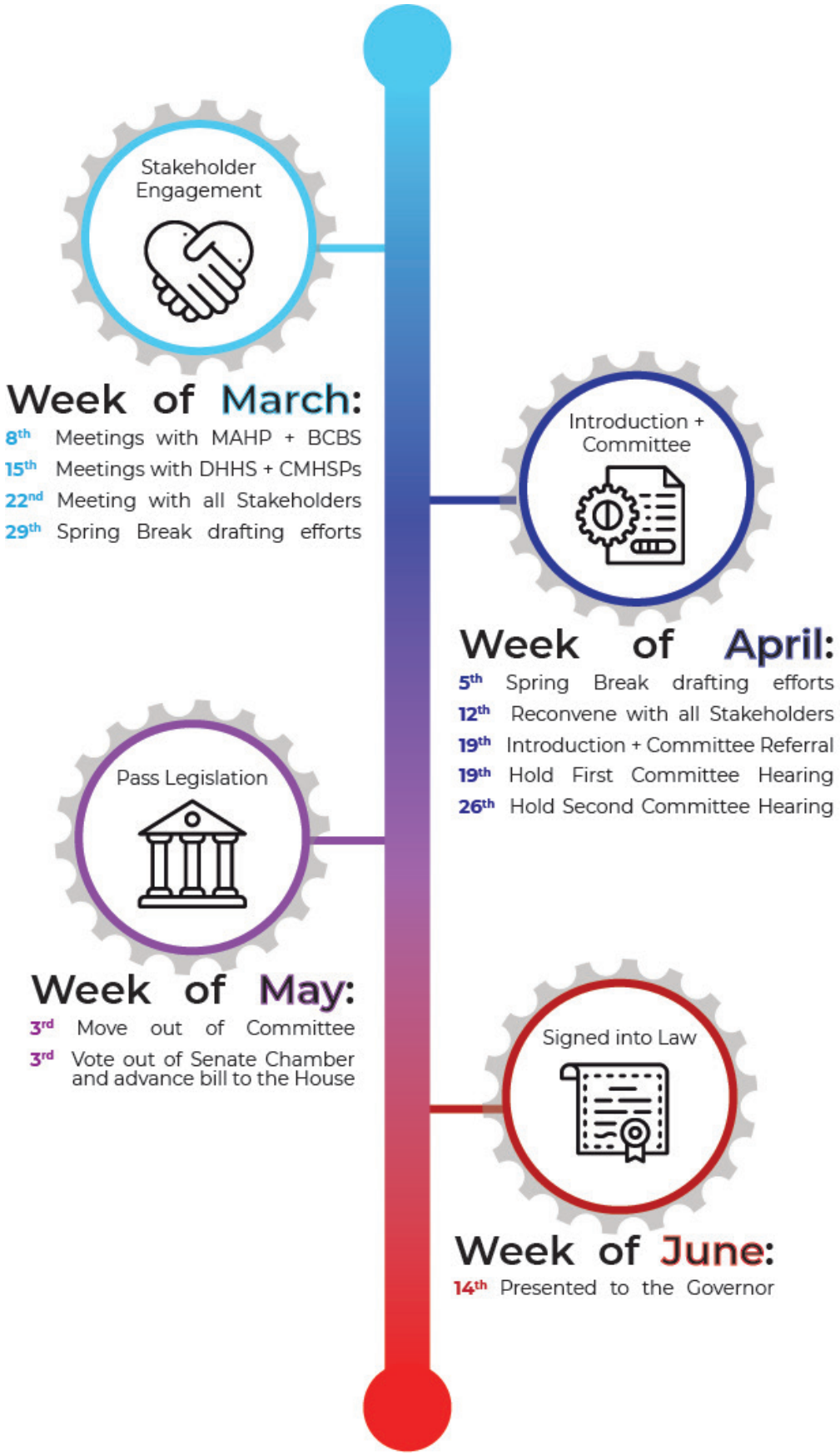
- Member Services/Communication
- Claims Payment
- Compliance/Oversight/Legal Functions
- Quality Improvement
- Appeals/Grievances
- Finance
- Data/Information Management
- Case Management/Care Coordination
- Network Management/Credentialing
- Utilization Management

Key Considerations:

- Although these administrative functions would be the primary responsibility of the SIPs, there would be an emphasis for the SIPs to enter into value-based contract arrangements with CMHSPs and other behavioral health providers/organizations in order to promote collaborative partnerships to enhance the service delivery model.
- These innovative contract arrangements would provide for the ability for SIPs to delegate or incorporate functions (with enhanced financial incentives) to CMHSPs and/or other organizations and providers to allow for a more dynamic and holistic service delivery model.

Gearing Towards Integration

Proposed Timeline to Implement



Community Mental Health Association of Michigan

FY22 House and Senate Budget Proposals

Specific Mental Health/Substance Abuse Services Line items

	FY'22 (Exec Rec)	FY'22 (House)	FY'22 (Senate)
-CMH Non-Medicaid services	$125,578,200	$125,578,200	$125,578,200
-Medicaid Mental Health Services	$3,011,525,500	$2,775,817,800	$3,005,348,100
-Medicaid Substance Abuse services	$80,988,900	$80,988,900	$80,988,900
-State disability assistance program	$2,018,800	$2,018,800	$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	$78,005,200	$19,501,200 (1/4 funding)	$78,005,200
-Health Homes Program	$33,005,400	$33,005,400	$33,005,400
-Autism services	$356,875,800	$356,875,800	$356,875,800
-Healthy MI Plan (Behavioral health)	$540,551,700	$540,551,700	$540,551,700
-CCBHC	$25,597,300	$25,597,300	$25,597,300

Other Highlights of the FY22 House Budget:

Direct Care Worker Wage Increase

- House budget includes a $100 placeholder

CCBHC Implementation

House concurs with the FY22 Executive Budget and includes $26.5million gross, $5.0million general fund(6.0FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS)

Certified Community Behavioral Health Clinic (CCBHC) Demonstration program. Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.

- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

KB vs. Lyon lawsuit

The House does not include funding for the KB v. Lyon lawsuit. (The FY22 Executive Budget includes $90 million gross ($30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement.)

Specialty Medicaid Managed Care Health Plan for Foster Children

House includes $500,000 Gross ($250,000 GF/GP) to complete an actuarial analysis and any necessary federal approvals to create a specialty Medicaid managed care health plan for children in foster care to provide comprehensive medical, behavioral, and dental services

Other items

- Concurs with the executive budget and includes $1 million for Autism Service Navigation (general fund)
- House concurs with the executive budget and includes $36.4 million in federal SOR grant funding to increase access to medication-assisted treatments, addressing unmet treatment needs, and reducing opioid overdose deaths.
- House adds $750,000 GF/GP for development and operation of a resiliency Center for Families and Children to provide services to families and children experiencing trauma, toxic stress, chronic disability, neurodevelopmental disorders or addictions (Boilerplate sec 1919)
- House adds $300,000 GF/GP for the St. Louis Center, a residential community for children and adults with intellectual and developmental disabilities;
- Enhanced FMAP redetermination – placeholder (the Governor's recommendation included $23.2 million Gross for additional admin costs for Medicaid eligibility redeterminations once the enhanced FMAP expires
- House adds one-time funding for special Olympics capital improvements ($1 million)
- House adds $19.1 million for MI Choice waiver program to add 1,000 slots by end of FY 21-22

Other Highlights of the FY22 Senate Budget:

Direct Care Worker Wage Increase

The Senate budget reflects a full year implementation of a $2.35/hour direct care worker wage increase on an ongoing basis - $460,007,800 (Gross) / $159,775,100 GF/GP

CCBHC Implementation

Senate budget concurs with the FY22 Executive Budget and includes $26.5million gross, $5.0million general fund(6.0FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration program. Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.

- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

KB vs. Lyon lawsuit

The Senate budget includes $45 million (Gross) / $15 million GF/GP funding for the KB v. Lyon lawsuit. (The FY22 Executive Budget includes $90 million gross ($30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement.)

Local Match Draw Down

The Senate bill includes funding for the second and third year of a five-year phase-out of the use of Local CMH Local Match funding to support the Medicaid Restricted Mental Health Services line. **$10,190,200 GF/GP**

Other items

- Senate concurs with the executive budget and includes $1 million for Autism Service Navigation (general fund)
- Senate concurs with the executive budget and includes $36.4 million in federal SOR grant funding to increase access to medication-assisted treatments, addressing unmet treatment needs, and reducing opioid overdose deaths.
- Senate adds $1.3 million increase for the MI Docs program
- Senate adds $100 placeholder for crisis stabilization units
- Senate increases in Medicaid funding for mental health and SUD services ($35 million increase)
- Senate adds $3 million for McLaren Greenlawn project
- Senate adds Families Against Narcotics placeholder

House & Senate Key Boilerplate Sections:

Sec. 236 NEW Senate – language to require the same level of reimbursement for services provided through telemedicine as for services provided through face-to-face contact in the Medicaid program

Sec. 908. NEW Senate – Uniform credentialing , As a condition of their contracts with the department, PIHPs and CMHSPs, in consultation with the Community Mental Health Association of Michigan, shall work with the department to implement section 206b of the mental health code, MCL 330.1206b, to establish a uniform community mental health services credentialing program.

Sec. 912. Salvation Army Harbor Light Program – executive deleted but House and Senate retained language to contract with the Salvation Army Harbor Light Program to providing Non-Medicaid substance use disorder services if program meets standard of care. *Executive deletes; House & Senate retains.*

Sec. 927. Uniform Behavioral Health Service Provider Audit. Existing boilerplate requires DHHS to create a uniform community mental health services auditing process for CMHPs and PIHPs, outlines auditing process requirements, and requires a report. *Executive deletes; House & Senate retains.*

Sec. 928. Each PIHP shall provide, from internal resources, local funds to be used as a part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.

- ***House budget did not include 5-year phase out language***
- ***Senate includes 5-year phase out language and years 2 & 3 of funding.***

Sec. 940. Transferring and Withdrawing CMHSP Allocations - Requires DHHS to review CMHSP expenditures to identify projected lapses and surpluses, to encourage the board of the CMHSP with a projected lapse to concur with the recommendation to reallocate the lapse to other CMHSPs, and to withdraw funds from a CMHSP if those funds were not expended in a manner approved by DHHS, including for services and programs provided to individuals residing outside of the CMHSP's geographic region; prohibits a CMHSP from receiving additional funding if the CMHSP transferred out or withdrew funds during current fiscal year; requires CMHSPs to report any proposed reallocations prior to going into effect; requires legislative notification and report. *Executive and House revise by removing the requirement to withdraw unspent funds if funds were not expended in a manner approved by DHHS*

Sec. 964. Behavioral Health Fee Schedule. Requires the department to provide a report with the standardized fee schedule for Medicaid behavioral health services and supports to the Legislature by July 1 and must include the adequacy standards to be used in all contracts with PIHPs and CMHSPs. In developing the fee schedule the Department must prioritize and support essential service providers and develop a standardized fee schedule for revenue code 0204.

Sec. 965. Medication Assisted Treatment - Requires DHHS to explore requiring CMHSPs to reimburse medication assisted treatment at not less than $12.00 per dose and drug screen collection at not less than $12.00 per screen. Executive deletes. *House revises to require the Medicaid behavioral health fee schedule to offer bundled medication assisted treatment billing and prioritizes federal state opioid response funds to assist in providing efficient and effective billing*

Sec. 974. The department and PIHPs shall allow an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to instead receive supports and services from another provider if the individual shows that he or she is eligible and qualified to receive supports and services from another provider. Other providers may include, but are not limited to, MIChoice and program of all-inclusive care for the elderly (PACE).

Sec. 1005. Health Home Program – current boilerplate requires DHHS to maintain and expand the number of behavioral health homes in PIHP regions 1, 2, and 8 and to expand the number of opioid health homes in PIHP regions 1, 2, 4, and 9. Executive deletes. *House revises to maintain the current behavioral health and substance use disorder health homes and permits DHHS to expand into 2 additional PIHP regions*.

Sec. 1151. Opioid Addiction Treatment Education Collaboration – current boilerplate requires DHHS to coordinate with other departments, law enforcement, and Medicaid health plans to work with substance use

disorder providers to inform Medicaid beneficiaries of medically appropriate opioid addiction treatment options when an opioid prescription is ended, and address other opioid abuse issues; requires report. *Executive deletes. House & Senate retain.*

Sec. 1846. Graduate Medical Education Priorities - Requires DHHS to distribute GME funds with an emphasis on encouragement of the training of physicians in specialties, including primary care, that are necessary to meet future needs of this state, and training of physicians in settings that include ambulatory sites and rural locations. *House revises to also emphasize training of pediatric psychiatrists.*

County	Letters mailed Jannuary 2021	Signed Amendment received
Barry	X	2/23/2021
Berrien		
Branch		
Calhoun	X	3/8/2021
Cass		
Kalamazoo		
St. Joesph		
Van Buren	X	4/15/2021

as of 4/15/21

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

TO: MDHHS - JEFFERY WIEFERICH, ALLEN JANSEN
CC: BRAD CASEMORE; REGIONAL OPERATIONS COMMITTEE

FROM: SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
SUBJECT: REGION 4 PROVIDER NETWORK STABILITY PLAN REPORT
DATE: APRIL 30, 2021

Section A: Number of Providers, Provider Type, Assistance Type, and Funding Totals
One provider is "new" (had not received support prior to April) for the month of April.

Provider Type	Support Discontinued/Ended	Type of Support	Support Amount Paid
Residential		Rate increase	$34,222
CLS		Rate increase	$22,462
Drop In Center		6 months to keep open	$31,927 **FY Breakdown of above 3 amounts:** **FY20 $58,750** **FY21 $24,511**
			April pymt/Total
Skill Building-CLO		Net Cost	$21,057/$136,098
Skill Building-CDS		Net Cost	$46,827/$259,448
Skill Building-MRC		Net Cost	$77,362/$428,251
Clubhouse-MRC		Net Cost	$0/$193,181
Community Healing Center (CHC)		Net Cost	$35,689/$35,689
Supports Coordination-CDS		Net Cost	$4,290/$50,252
Case Management-Interact		Net Cost	$22,200/$114,559

ACT-Interact		Net Cost	$0/$47,077
Autism Services(ABA)-WMU		Lump Sum and Rate Increase	$92,593/$357,730
FY20 Support			
5 Outpatient SUD Providers	X		$133,195.91
11 SUD Detox and Res Providers	X	Rate Increase	$308,241.45
4 Skill Building	X		
1 Clubhouse	X		
2 Homebased	X		
1 Youth mobile crisis response	X		
2 Youth case management/supports coordination	X		
1 Youth Respite	X		
1 IDDA Supported Employment	X		
2 Autism	X		
1 CLS – Senior Day	X		
1 IDDA Supports Coordination	X		**TOTAL: $1,218,848**
ABA	X	Net Cost	$766,426
Spec Res	X	Lump Sum	$21,590

Section B: Funding Totals

April Funding Total: $350,025*
Cumulative Total Paid: $4,351,519.36

*SWMBH provided an increase for methadone providers of $1 for each dosing claim, which will be accomplished through a lump sum payment for dates

of service 01/01/2021 – 03/31/2021. This lump sum payment will be calculated 30 days following 03/31/2021 to allow for claims submission. Additionally, SWMBH increased the methadone dosing rate by $1 for dates of service 04/01/2021 through 09/30/2021. The increase will be paid to the provider as part of the normal claims adjudication process. This increase was just put into effect and claims are still being recalculated and readjudicated for dates of service 04/01/2021 to present. Totals will be reported in the May report.

Section C: Providers at Risk of Closure

Provider and Individual Program Name	Number of Beneficiaries Impacted	Reason for being at risk of closure
None		

Section D: Provider Closures

Provider/Program Name	Date of Closure	Number of Beneficiaries Impacted	Status of Beneficiaries Impacted
None			