Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)

Monday, July 19, 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

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)**
    a) March 15, 2021 Meeting Minutes (d) pg.2
    b) May 17, 2021 Meeting Minutes (d) pg.4
6. **Board Education**
    a) Fiscal Year 20/21 YTD Financials (G. Guidry) (d) pg.6
    b) PA2 Utilization Fiscal Year 21 YTD (G. Guidry) (d) pg.7
    c) Fiscal Year 2022 Budget Updates (J. Smith and G. Guidry) (to be displayed)
    d) Synar Survey Reporting (A. Malta) (d) pg.8
    e) Naloxone First Responder Training (A. Malta)
    f) Gambling Disorder Prevention Update (J. Rolin) (d) pg.9
7. **Board Actions to be Considered (Randall Hazelbaker)**
    - Remote or Live meetings
8. **Board Actions**
    - None
9. **Communication and Counsel**
    a) Provider Network Stability Report (M. Todd) (d) pg.20
    b) Legislative and Policy Updates (B. Casemore)
    c) State of Michigan - Behavioral Health Re-Design Proposals (d) pg.24
    d) SUDOPB Attendance Report (d) pg.36
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 Disorder
Oversight Policy Board (SUDOPB) Meeting Minutes
May 17, 2021
4:00 – 5:30 pm
Draft: 5/18/21

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Jared Hoffmaster (St. Joseph County)

Members Absent: Tami Rey (Kalamazoo County); Paul Schincariol (Van Buren County); Ben Geiger (Barry County); Don Meeks, (Berrien County); Jeremiah Jones (Cass County); Kathy-Sue Vette (Calhoun County); Rochelle Hatcher (Calhoun 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; Mike Hoss, Veterans Navigator, SWMBH; Cathy Hart, Clinical Projects & Grants Specialist, SWMBH; Megan Banning

Welcome and Introductions
Randall Hazelbaker called the meeting to order at 4:02 pm.

Public Comment
None

Agenda Review and Adoption
This item was tabled due to lack of a quorum.

Financial Interest Disclosure Handling
Mila Todd stated that there were no new disclosures.

Consent Agenda
This item was tabled due to lack of a quorum.

Board Education

Veterans Navigator
Mike Hoss shared his role at SWMBH helping Veterans and Veteran families locate and receive any assistance with any and all needs. Mike Hoss shared outreach methods and recent encounters with Veterans and successes in helping them navigate systems to receive the needed assistance.

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 noting any provider that has a zero percent utilization, SWMBH has reached out to them for assistance with claims/billing.

2022 Overview and Budget Planning
Joel Smith reported as documented.

2022 PA2 Budget and Three-Year Estimates
Garyl Guidry reported as documented. Discussion followed.

Fiscal Year 2021 Mid-Year PA2 Reporting
Anastasia Miliadi reported as documented. Discussion followed.

2021-2023 SWMBH SUD Strategic Plan
Joel Smith reported as documented noting that the full plan was emailed separately to Board members, was submitted to the State and is a roadmap for SWMBH Prevention and Treatment services for the next three years.

Coronavirus Response and Relief Supplemental Appropriations Act
Joel Smith announced that SWMBH received a notice of award from the department that SAMHSA is awarding SWMBH 1.3 million dollars in additional COVID supplemental funding through the of the fiscal year, which is September 30, 2021. SWMBH is waiting for the funds and guidance on requirements for spending. The funding can be carried forward to 2022.

Board Actions to be Considered

Live Meetings 2021
This item was tabled due to lack of a quorum.

Communication and Counsel

Legislative Updates
Brad Casemore welcomed the Board and shared the following updates:

- State of Michigan – Behavioral Health Re-Design proposals (Shirkey and Whiteford)
- Advocacy Response to Behavioral Health re-design proposals

Intergovernmental Contact Amendment Update
Brad Casemore reviewed the history of the Intergovernmental Contract. Kalamazoo County propose an Intergovernmental Contract Amendment, which contained two additional components of federal and state statues around non-discrimination and modified the indemnification and risk. This amendment was mailed out to each county for their consideration/approval. To date three counties have signed and returned the amendment to SWMBH.

Provider Network Stability Report
Mila Todd reported as documented.

Public Comment
None

Adjourn
Meeting was adjourned at 5:00pm.

Southwest Michigan Behavioral Health

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2021

For the Fiscal YTD Period Ended 5/31/2021

	MEDICAID				Healthy MI			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Barry	992,068	124,009	62,755	61,253	664,528	289,465	83,066	206,399
Berrien	3,862,096	482,762	244,636	238,126	4,907,352	1,166,818	613,419	553,399
Branch	1,046,357	130,795	137,769	(6,974)	810,469	272,085	101,309	170,776
Calhoun	4,122,348	515,294	485,721	29,572	5,471,155	1,072,978	683,894	389,084
Cass	1,178,938	147,367	108,427	38,940	3,832,139	340,780	479,017	(138,238)
Kazoo	5,338,104	667,263	257,608	409,655	3,778,631	1,693,659	472,329	1,221,330
St. Joe	1,506,609	188,326	87,214	101,112	2,292,583	447,491	286,573	160,918
Van Buren	2,010,715	251,339	107,888	143,451	1,531,172	557,241	191,396	365,844
DRM	1,878,219	1,939,640	1,733,416	206,225	3,783,468	4,135,809	3,371,094	764,715
Admin/Access	0	0	0	0	0	0	0	0
Grand Total	**21,935,455**	**4,446,795**	**3,225,435**	**1,221,360**	**27,071,497**	**9,976,324**	**6,282,098**	**3,694,227**

	BLOCK GRANT				BLOCK GRANT BY COUNTY			
EGRAMS	Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
Community Grant	3,283,604	1,606,598	1,606,598	0	Barry	149,938	149,938	0
WSS	250,000	73,171	73,171	0	Berrien	156,868	156,868	0
Prevention	1,204,535	744,169	744,169	0	Branch	77,640	77,640	0
Admin/Access	80,000	118,984	118,984	0	Calhoun	286,631	286,631	0
Partnership for Success*	126,000	26,312	26,312	0	Cass	108,960	108,960	0
Gambling Prevention*	188,684	107,104	107,104	0	Kazoo	408,808	408,808	0
State's Opioid Response NCE	1,305,000	760,839	760,839	0	St. Joe	81,387	81,387	0
State's Opioid Response 2	1,899,739	275,915	275,915	0	Van Buren	137,162	137,162	0
State Disability Assistance	128,219	50,949	50,949	0	DRM	1,016,542	1,016,542	0
					Admin/Access	118,984	118,984	0
Mental Health Block Grant								
Transitional Navigators	298,880	82,983	82,983	0				
Clubhouse Engagement*	100,000	4,935	4,935	0	Legend			
Veterans Navigator*	100,000	64,676	64,676	0	DRM - Detox, Residential, and Methadone			
Crisis Transportation	101,120	9,977	9,977	0	WSS - Women's Specailty Services			
Admin/Access	0	0	5,307	(5,307)				
Grand Total	**9,065,781**	**3,926,612**	**3,931,918**	**(5,307)**		**2,542,921**	**2,542,921**	**0**

	PA2				PA2 Carryforward			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)		Current Utilization	Prior Year Balance	Projected Year End Balance
Barry	52,598	52,598	41,007	11,591	Barry	11,591	515,148	526,739
Berrien	244,057	301,816	130,583	171,233	Berrien	171,233	503,772	675,005
Branch	43,530	43,530	5,854	37,676	Branch	37,676	364,424	402,100
Calhoun	45,985	226,293	236,892	(10,599)	Calhoun	(10,599)	357,654	347,055
Cass	226,293	45,985	27,064	18,921	Cass	18,921	385,399	404,320
Kazoo	451,894	451,894	343,349	108,545	Kazoo	108,545	1,784,112	1,892,657
St. Joe	67,739	67,739	30,092	37,647	St. Joe	37,647	267,606	305,253
Van Buren	99,908	99,908	59,118	40,790	Van Buren	40,790	290,493	331,283
Grand Total	**1,232,003**	**1,289,762**	**873,958**	**415,804**		**415,804**	**4,468,607**	**4,884,411**

* Quarterly Financial Status Reporting

Program	FY21 Approved Budget	Utilization FY 21 Oct-May	PA2 Remaining	YTD Utilization
Barry	**54,500.00**	**18,810**	**35,690**	**35%**
BCCMHA - Outpatient Services	54,500	18,810	35,690	35%
Berrien	**383,033.60**	**151,720**	**231,313**	**40%**
Abundant Life - Healthy Start	74,000	54,887	19,113	74%
Berrien County - Drug Treatment Court	15,000	381	14,619	3%
Berrien County - Trial courts	48,610	15,830	32,780	33%
Berrien MHA - Riverwood Jail Based Assessment	18,058	552	17,505	3%
CHC - Niles Family & Friends	5,739	-	5,739	0%
CHC - Wellness Grp	9,328	-	9,328	0%
CHC - Women's Recovery House	37,730	18,878	18,852	50%
Sacred Heart - Juvenile and Detention Ctr	74,569	-	74,569	0%
Berrien County Health Department - Prevention Ser	100,000	61,192	38,808	61%
Branch	**36,430.00**	**5,854**	**30,577**	**16%**
Pines BHS - Outpatient Treatment	34,430	5,854	28,577	17%
Pines BHS - WSS	2,000	-	2,000	0%
Calhoun	**393,699.17**	**259,910**	**133,790**	**66%**
Calhoun County 10th Dist Drug Sobriety Court	124,929	79,253	45,676	63%
Calhoun County 10th Dist Veteran's Court	6,450	2,708	3,742	42%
Calhoun County 37th Circuit Drug Treatment Court	175,225	125,676	49,549	72%
Haven of Rest	37,095	26,880	10,215	72%
Michigan Rehabilitation Services - Calhoun	25,000	16,667	8,333	67%
Summit Pointe - Juvenile Home	25,000	8,726	16,274	35%
Cass	**82,500.00**	**-**	**82,500**	**0%**
Woodlands - Meth Treatment and Drug Court Outp	82,500	-	82,500	0%
Kalamazoo	**799,541.50**	**350,518**	**449,023**	**44%**
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	10,569	9,050	54%
CHC - Bethany House	27,200	-	27,200	0%
CHC - New Beginnings	77,627	43,602	34,025	56%
CHC - Healing House	19,476	-	19,476	0%
Gryphon Gatekeeper - Suicide Prevention	20,000	11,900	8,100	60%
Gryphon Helpline/Crisis Response	36,000	21,000	15,000	58%
Interact - IDDT	26,600	3,163	23,437	12%
KCHCS Healthy Babies	87,000	35,944	51,056	41%
ISK - EMH	56,400	37,600	18,800	67%
ISK - FUSE	25,000	14,583	10,417	58%
ISK - Mental Health Court	65,000	43,333	21,667	67%
ISK - Oakland Drive Shelter	34,000	19,833	14,167	58%
KPEP Social Detox	20,000	-	20,000	0%
Michigan Rehabilitation Services - Kalamazoo	17,250	11,500	5,750	67%
Prevention Works - Task Force	50,000	34,053	15,947	68%
Recovery Institute - Recovery Coach	60,623	24,955	35,668	41%
WMU - BHS SBIRT	51,747	-	51,747	0%
WMU - BHS Text Messaging	6,000	2,845	3,155	47%
St. Joseph	**83,040.00**	**30,092**	**52,948**	**36%**
3B District - Sobriety Courts	2,200	-	2,200	0%
3B District - Drug/Alcohol Testing	16,640	15,725	915	95%
CHC - Hope House	21,000	9,156	11,844	44%
CMH - Court Ordered Drug Testing	43,200	5,211	37,989	12%
Van Buren	**134,359.10**	**63,662**	**70,697**	**47%**
Van Buren CMHA	94,359	27,100	67,259	29%
Van Buren County Drug Treatment Court	40,000	36,562	3,438	91%
Totals	**1,967,103**	**880,565**	**1,086,538**	**45%**

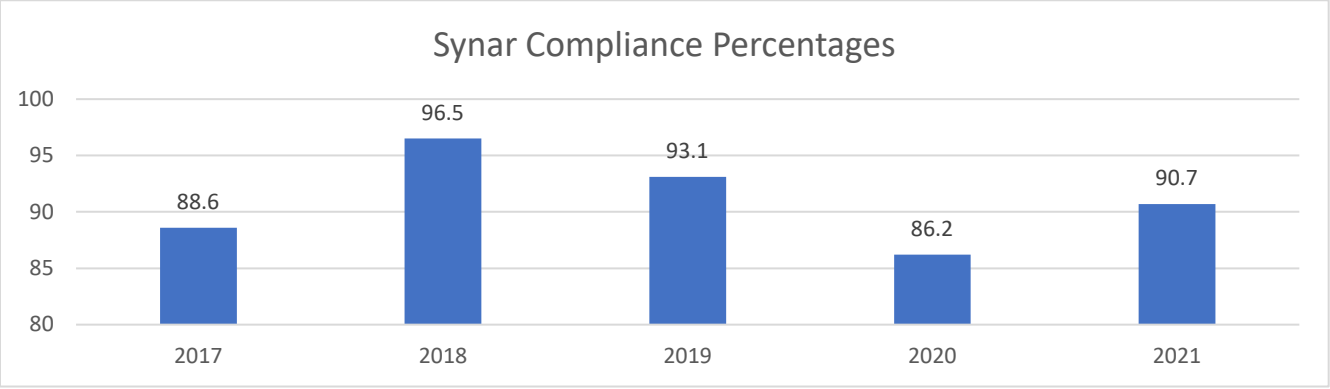
2021 Synar Summary

Overview of Synar Tobacco Compliance Checks:

- The "Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act" of July 1992 includes the Synar Amendment (Section 1926), which requires states to create a Youth Tobacco legislation (MI-YTA), verify retailer compliance level annually, and report it to the Department of Health and Human Services.
- Minimum compliance rate expected from each state is 80%.
- States that fail to demonstrate a minimum compliance rate of 80% stand to lose as much as 40% of their allocated block grant funding (penalty incurred in the following FY)
- Each year, the Michigan Department of Health and Human Services (MDHHS) randomly selects tobacco retailers of each county, and assigns PIHPs to conduct covert compliance inspections of these retailers during a specific time of the year (June 2021)
- In addition to the Synar Compliance Inspections, the PIHP conducts year-round compliance checks and education efforts of tobacco retailers, alcohol retailers and vaping devices retailers in each county. These efforts are focused on supporting retailers in maintaining compliance with legislation that restricts youth access to these substances.

2021 Results:

- SWMBH was tasked with conducting Synar inspections of 43 retailers (1 assigned retailer was out of business; 1 was temporarily closed)
- Compliance rate: 39/43 (90.7%)
- NOTE: The compliance rate of our region has been above the 80% mark for the past 12 years. Synar Compliance rate of past five cycles:
    - 2021: 90.7%
    - 2020: 86.2%
    - 2019: 93.1%
    - 2018: 96.5%
    - 2017: 88.6%



Gambling Disorder Prevention Services

New Michigan Legislation

Consumer Participation

Regional Lottery Changes

County	2019	2020	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

Regional iLottery Changes*

County	2019	2020	Increase
Barry	$3,586,778	$8,253,611	+$4,666,833
Berrien	$11,067,025	$24,565,228	+$13,498,203
Branch	$3,349,527	$8,435,634	+$5,086,107
Calhoun	$9,017,339	$22,624,273	+$13,606,934
Cass	$2,988,428	$7,849,296	+$4,860,868
Kalamazoo	$16,190,607	$43,218,477	+$27,027,870
St. Joseph	$5,528,117	$12,518,330	+$6,990,213
Van Buren	$5,477,266	$14,524,097	+$9,046,831

Problem Gambling Awareness Month (PGAM)

Campaign Top Performers

STATISTICS

TOTAL REACH: **16,465**

Organic Reach: 3,365 Boosted Reach: 13,648

LINK CLICKS: **141**

LIKES: **63**

SHARES: **38**

STATISTICS

TOTAL REACH: **17,442**

Organic Reach: 977 Boosted Reach: 13,836

LINK CLICKS: **125**

LIKES: **22**

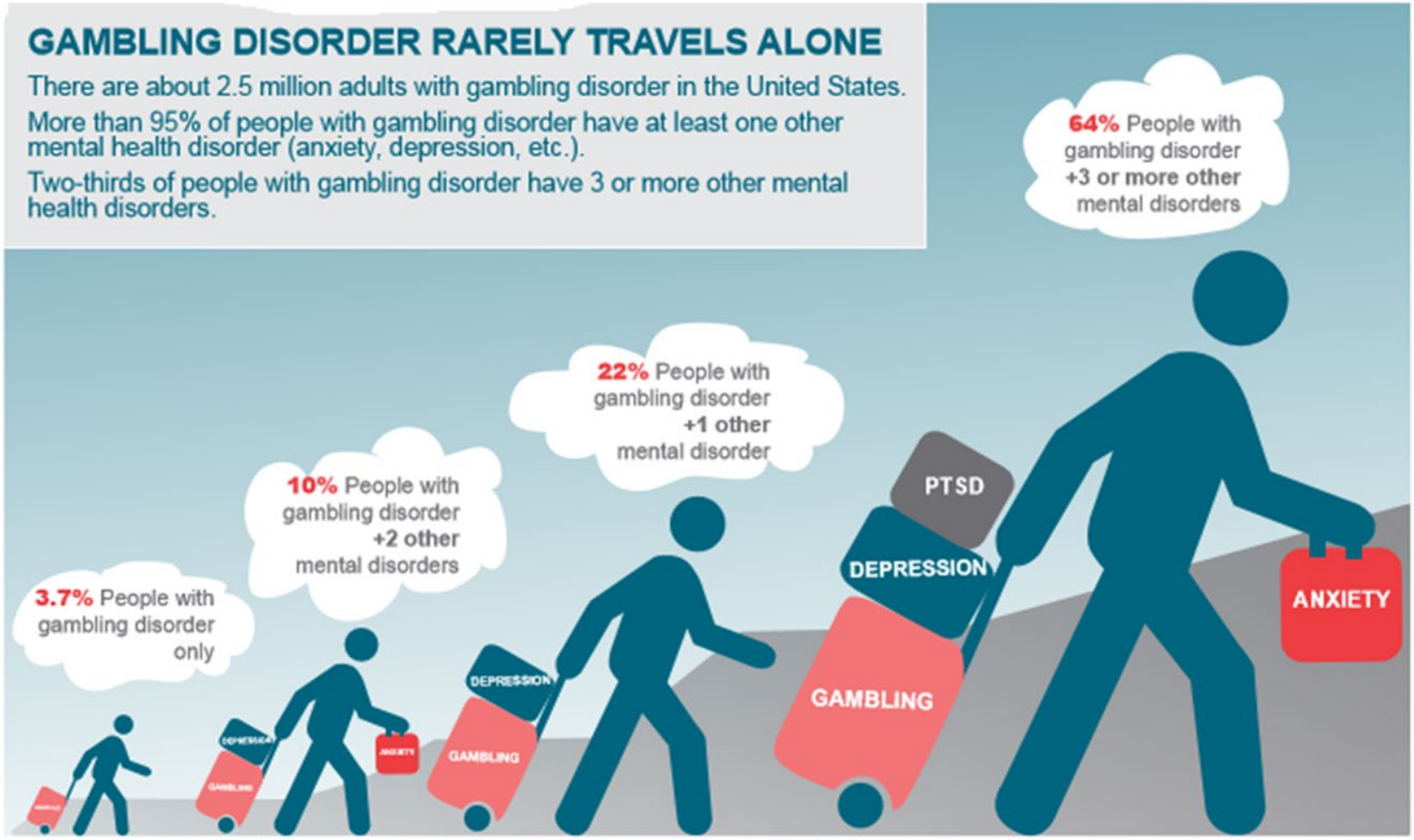
SHARES: **18**

Problem Gambling Awareness Month (PGAM)

Screening Results

8 of 9 Agencies Reporting	
Screenings completed	200
Full assessments needed	31
Problem gamblers (mild/moderate)	15.5% (National Average: 2-3%)
Pathological gamblers (severe)	7.5% (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.

Next Steps and Regional Questions

Justin W. Rolin, LLMSW, CADC
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19
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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: JUNE 30, 2021

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

Provider Type	Support Discontinued/Ended	Type of Support	Support Amount Paid
Residential		Rate increase	$34,222
CLS		Rate increase	$17,112
Drop In Center		9 months to keep open	$46,302
Drop In Center (NEW)	X	One-time payment	$17,838.38
CLS		Rate Increase	$39,201
			June pymt/Total
Skill Building-CLO		Net Cost	$0/$156,509
Skill Building-CDS		Net Cost	$44,865/$344,059
Skill Building-MRC		Net Cost	$37,995/$542,800
Clubhouse-MRC		Net Cost	$19,264/$292,657
Community Healing Center (CHC)		Net Cost	$0/$46,967
Supports Coordination-CDS		Net Cost	$7,656/$69,014
Case Management-Interact		Net Cost	$0/$114,753

ACT-Interact		Net Cost	$0/$47,077
Autism Services(ABA)-WMU		Net Cost	$42,540/$450,230
MAT Providers (2)	X	One-time payment for Q2	$66,779
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

June Funding Total: $261,749.38*
Cumulative Total Paid: $4,907,521.74

*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.

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
LADD (Living Alternatives for the Developmentally Disabled) Coloma Day Activity Program	05/28/2021	**8**	Consumers were offered alternative services and accepted.
LADD Niles Day Activity Program	Temporarily closed due to COVID, provider notified CMHs this program will not be reopening.	N/A – program was already temporarily shut-down due to COVID.	
Sylva Villas LLC - Jaya's Home (Specialized Residential) closed due to staffing	60-day Notice received 04/19/21	**4**	CMH moving customers to other Specialized Residential placements.
Family & Children Services	08/17/2021 (gave 60 day		CMH working with provider to

	notice on 06/17/2021) to terminate Home-Based (FACT), Home-Based IMH, Case Management, and Supports Coordination services. Provider cited is was “not financially feasible” to continue services at this time.		transition customers to other programs/providers.

MI Behavioral Health Reform FAQs

1. *The MI Behavioral Health Reform bills are predicated on Connecticut's delivery system for public behavioral health services.*
    - The behavioral health reform bills are predicated upon the values and vision entrenched in the history of Michigan's public behavioral health system with the ultimate goal of seeking to improve access to and quality of services--putting persons and their families/loved ones first. The ideas delineated in the bill are reflective of the following non-exhaustive list:
        - Listening to individuals and families served by Michigan's current system;
        - Lawsuits against MDHHS and its current system for the inability to provide essential services to persons in need;
        - The desire to increase the percentage of funding going directly to services received by Michiganders;
        - Research indicating Michigan significantly lacks access to mental health and substance use disorder services (a 2019 Altarum study showing half of Michigan Medicaid beneficiaries with mental illness go without treatment and nearly 70 percent of Michigan Medicaid beneficiaries with SUD go without treatment);
        - Lack of uniformity among the provision of services across the State;
        - The structural inability for Prepaid Inpatient Health Plans (PIHPs) to be managed care entities due to governance requirements;
        - Redundant layers of administration and duties between PIHPs and Community Mental Health Services Programs (CMHSPs) (in fact, some CMHSPs are solely network managers and not providers of services);
        - Feedback received through the House CARES Task Force;
        - Findings from the MDHHS Michigan Psychiatric Admissions Discussion Report;
        - Findings from the MDHHS 298 Stakeholder Workgroup Report;
        - Researching other state approaches (including Alaska, Connecticut, Maryland, Georgia, New Mexico, Vermont, and Washington);
        - Researching Michigan's Constitution, Mental Health Code, Social Welfare Act, and Public Health Code.

2. *Removing "Department-designated community mental health entity" diminishes or eliminates the role of the Community Mental Health Services Programs (CMHSPs).*

- The "Department-designated community mental health entity" definition is redundant to the other definitions in the Mental Health Code that reflect CMHSPs (i.e., "Community mental health authority", "Community mental health organization", "Community mental health services program", "County community mental health agency"). Therefore, removing the "Department-designated community mental health entity" would have no impact on CMHSPs and their analogues on their roles, duties, function, etc. The bill does not change the definitions that comprise CMHSPs, including “community mental health authority”, “community mental health organization”, “community mental health services program”, and “county community mental health agency”.
- The intent on removing “department-designated community mental health entity” was to clean up the reference to ensure the department and its ASO (if applicable) were authorized to administer the substance use disorder funding.

3. *The addition of the “public behavioral health provider” diminishes the role of the CMHSPs.*
    - The “Public behavioral health provider” was added to allow for the department and its ASO (if applicable) to directly contract with non-licensed SUD providers (i.e., SUD providers that are not “approved service providers,” but are nonetheless authorized to provide certain treatment and recovery services), Crisis Stabilization Units, and/or Psychiatric Residential Treatment Facilities.
    - In this light, the department and its ASO (if applicable) would emulate the current role of the PIHP and utilize its current authority under the Michigan Mental Health Code at MCL 330.1116.
    - Philosophically, CMHSPs are and will continue to be the foundational elements of Michigan’s public behavioral health system. The changes in the bill strengthen their role as providers, relieves them as network managers/administrators, and allows the department to create economies of scale in administration, which translates into more money going directly for services.

4. *The Administrative Services Organization (ASO) seems like it would be a direct provider of services.*
    - No, MDHHS would utilize the ASO as an extension of itself to self-administer the public behavioral health system. The ASO would not be a direct provider of services.

5. *The Administrative Services Organization (ASO) must be a public or quasi-public body.*
    - It is the intent to charge MDHHS as the public body responsible for administering the system while providing them the authority to utilize an ASO as their extension to ensure they have the proper resources and expertise needed to execute the provisions of the Mental Health Code.
    - MDHHS, by virtue of its place in the Executive Branch, is a public body and fully subject to public accountability with checks and balances provided by the Legislative and Judicial branches of government.
    - Added to the above, the Behavioral Health Oversight Council is appointed by the Executive and Legislative branches with assurance of regional equity and participation of persons served by the system. The purpose of the council is to advise MDHHS to ensure

it and its ASO (if applicable) are carrying out its duties in functions in providing public behavioral health services. This council is supplemental to the public oversight already inherent in the bill given MDHHS' definition of a public body within the Executive branch.

6. *What does a self-insured system mean?*
    - Self-insured means that the State (i.e., MDHHS) holds the risk and is responsible for providing public behavioral health services to Michiganders.

7. *What is the point of moving to a self-insured system?*
    - Today, MDHHS "shares" financial risk with its contracted Prepaid Inpatient Health Plans (PIHPs). However, this is a misnomer -- after a certain threshold is met requiring PIHPs to cover costs of services, the State (e.g., MDHHS) is responsible for covering all costs. Therefore, the State is the risk-holder, regardless of how much initial sharing may take place. In other words, at the end of the day, if a PIHP can't cover costs to provide essential services, the State must step in and covers those costs. This process requires MDHHS to request additional legislative appropriations, tension between MDHHS and PIHPs, legislative questioning, and extra administrative action needed to properly move the needed money from the State to the PIHP.
    - Behavioral health and I/DD are not suited to traditional modalities of health insurance and managed care -- they are conditions that require continuous engagement over years, decades, or lifetimes. From an insurer standpoint, it is difficult to predict utilization and costs; in other words, they are "bad risks". Many delivery systems and States create a patchwork of coverage containing carve-outs for select services or supports due to the unpredictability. At best, this creates a nightmare for providers to navigate; at worst, it results in providers choosing not to provide services, harming our most vulnerable Michiganders and our population health. For Michigan's PIHPs, there are invariably, year after year, PIHPs that operate at financial deficits requiring the State to step in.
    - The current arrangement is inefficient at best. Given the state's constitutional duty to serve all Michiganders with behavioral health needs and the fact that the State is the ultimate risk-bearer, the PIHPs reflect a redundant layer of administration that could be much more efficiently provided by the State and its single ASO (if applicable). Not to mention, much of the PIHP administration is carried out by the CMHSPs that govern it, which is dually inefficient.
    - In the proposed system in the bill, the State assumes the role of a managed care entity -- allowing for efficiencies in administration, more uniformity of services and processes, and greater public accountability as one entity, MDHHS, would be responsible for the system.

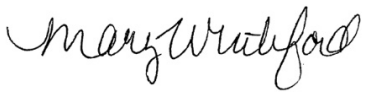
8. *Moving to a managed fee-for-service model is a step back in time that compromises innovations and value-based purchasing.*
    - Managed fee-for-service is not the same thing as "fee-for-service". In other words, the State would be able to retain and utilize myriad financing arrangements to pay its

providers, including but not limited to full capitation, partial capitation (risk sharing), shared savings, pay-for-performance, and traditional fee-for-service.

- The State would negotiate directly or via its ASO (if applicable) the payment arrangement best suited to ensure optimal access to and quality of behavioral health services.
- The State would be able to fully continue service delivery level innovations and integration models such as Medicaid Health Homes, Certified Community Behavioral Health Clinics, value-based payments, pay-for-performance, and other incentive-based arrangements.

9. *These bills are set in stone and key players will not have a voice at the table.*
    - From day one, I have made it clear that these bills must reflect the needs of all Michiganders, but chiefly those that receive services through Michigan's public behavioral health system. To that end, I am committed to listening to concerns, seeking expert input, and amending the bills until they reflect our collective values and gain optimal alignment from all essential stakeholders.

Sincerely,



Mary Whiteford
State Representative
District 80

REPRESENTATIVE
MARY WHITEFORD

Michigan Behavioral Health Delivery System Redesign

Our plan

Creates a stronger behavioral health and intellectual/developmental disability (I/DD) system for Michigan's most vulnerable:

- Mental illness
- Emotional disturbance
- I/DD
- Substance Use Disorders (SUD)

Overview

The plan preserves and strengthens the public behavioral health system by increasing public oversight, transparency, funding, access, and quality of behavioral health and I/DD services to Michigan residents, regardless of insurance status or the ability to pay.

The plan recognizes that behavioral health and intellectual/developmental disabilities represent the most complex and challenging of health needs that require specialized expertise, oversight, and intensive family/consumer engagement.

The plan recognizes that it is the State's constitutional duty to protect and serve those with behavioral health and I/DD needs.

The plan recognizes that the inherent risk profile of the behavioral health and I/DD population does not lend itself to traditional capitated risk-sharing arrangements offered through managed care entities where utilization management is fundamentally imperative.

The plan utilizes a self-insured, managed fee-for-service delivery system through a contract with a single public or nonprofit administrative services organization – attending to the state's constitutional duty to serve the behavioral health and I/DD populations, eliminating unnecessary and costly managed care administrative structures, and boosting accountability through an empowered department and ASO with public oversight.

Structure

Creates a single and statewide ASO that replaces all ten (10) Prepaid Inpatient Health Plans (PIHPs). This leads to fewer bureaucratic layers to navigate for persons served and those who love and support them in addition to significant administrative cost savings that will be used to provide more services to more people in need.

Preserves the current behavioral health carve out and does not disrupt the current Community Mental Health Services Programs system.

Empowers and charges the state/department to develop, implement, and oversee the core functions of the system (e.g., rate setting, clinical guidelines, quality assurance, network management, etc.)

Provides the state direct involvement at every level to create uniformity in access to and quality of behavioral health and I/DD services and supports across the state.

Public and Consumer Oversight

- Creates a public behavioral health oversight council that prioritizes and requires persons served and their supporters/loved ones to be voting members (1/3rd of the 15 seats). It gives persons served and advocates a meaningful voice in choosing the Administrative Services Organization and in setting policy for the ASO; there is meaningful voice from other community stakeholders, including clinical representation, and an assurance of demographic and geographic equity.
- There is a consumer oversight committee under the behavioral health oversight council that gives representation to persons served. There is a requirement that the clinical oversight committee have two representatives from persons served on the committee.
- There is a financial oversight committee under the behavioral health council that reviews and advises on the department's rate schedule development/re-basing with legislative recourse if necessary.
- There is a quality oversight committee under the behavioral health council responsible for establishing, monitoring, and updating clinical guidance and policy in conjunction with the department.

Advantages

Financial:

- Administrative costs for ASOs in other states equate to roughly 3-4%, which is significantly lower than Michigan's administrative costs for its Medicaid managed care entities (6-12% for PIHPs; 16% for Medicaid health plans)
- The administrative savings resulting from these efficiencies would translate into nearly $300 million—significant monies that can be used for services.
- Other states that have implemented this model have done a better job at controlling per member per month costs and annual increases in Medicaid costs.

Access:

- The efficiencies gained led to increases in services received even when controlling for increases in enrollment in other states with the ASO structure.

Quality:

- States that have implemented this ASO structure have seen marked improvement in key indicators, including reductions in ED visit rates, inpatient hospital admissions, and increases in preventive screenings and visits.

Administrative:

- The department would no longer have to adhere to the hundreds of pages of Medicaid managed care regulations that has required significant state FTE and monies to negotiate and attend to.
- The department would no longer need to utilize an actuarial firm to develop federally required "actuarially sound rates" that historically have confounded and compromised the financing of Michigan's specialty behavioral health system through systemic underfunding and lack of transparency in methodology ($25 million annually).

Additional advantages

The ASO will provide one point of intensive care management to attend to all facets of a consumer's needs.

The ASO will provide robust data analytics and predictive modeling to assist in fee schedules/payment incentives, data collection and sharing to optimize care coordination, and quality metric tracking on process and outcomes.

The ASO will provide strong provider supports through a uniform fee schedule, a single set of guidelines for each service, and expedient reimbursement. This will boost department/ASO to provider relationships, improve recruitment and retention, and increase oversight of network adequacy.

Provides the state with the tools and resources needed to hold the delivery system accountable.

The CMHSPs will be the focal point of the provision and delivery of behavioral health and I/DD services, including SUD.

There is significant public accountability through the behavioral health oversight council and because the ASO's board meetings will be subject to the Michigan Freedom of Information Act and the Open Meetings Act.

The plan can continue to leverage current strategic initiatives, including but not limited to Health Homes, CCBHCs, demonstration waivers, HCBS waivers, etc.

Requires the use of evidence-based practices.

Thank you!

Southwest Michigan BEHAVIORAL HEALTH

ı Behavioral Health (SWMBH)

Use Disorder Oversight Policy Board (SUDOPB

Name	Jan	March	May	July	September
Ben Geiger (Barry)					
Michael Majerek (Berrien)					
Don Meeks (Berrien)					
Randall Hazelbaker (Branch)					
Gary Tompkins (Calhoun)					
Kathy-Sue Vette (Calhoun)					
Rochelle Hatcher (Calhoun)					
Jeremiah Jones (Cass)					
Skip Dyes (Cass)					
Tami Rey					
Daniel Doerhman (Kalamazoo)					
Lisa White (Kalamazoo)					
Jared Hoffmaster (St.Joe)					
Paul Schincariol (Van Buren)					
Richard Godfrey (Van Buren)					

Green = present

Red = absent

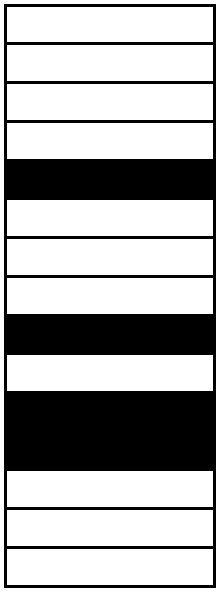
Black = not a member

as of 5/17/21

Substance

) Attendance

November



Southwest Michigan BEHAVIORAL HEALTH

Behavioral Health (SWMBH) Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	Jan	March	May	July	September	November
Ben Geiger (Barry)						
Michael Majerek (Berrien)						
Don Meeks (Berrien)						
Randall Hazelbaker (Branch)						
Gary Tompkins (Calhoun)						
Kathy-Sue Vette (Calhoun)						
Tara Smith (Cass)						
Skip Dyes (Cass)						
Daniel Doerhman (Kalamazoo)						
Lisa White (Kalamazoo)						
Allen Balog (St.Joe)						
Paul Schincariol (Van Buren)						
Richard Godfrey (Van Buren)						

Green = present

Red = absent

Black = not a member

as of 11/16/20

2019 Southwest Michigan Behavioral Health (SWMBH)
Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	Jan	March	May	July	September	November
Ben Geiger (Barry)						
Michael Majerek (Berrien)						
Deb Panozzo (Berrien)						
Don Meeks (Berrien)						
Randall Hazelbaker (Branch)						
Gary Tompkins (Calhoun)						
Steve Frisbie (Calhoun)						
Kathy-Sue Vette (Calhoun)						
Tara Smith (Cass)						
Skip Dyes (Cass)						
Daniel Doerhman (Kalamazoo)						
Lisa White (Kalamazoo)						
Allen Balog (St.Joe)						
Paul Schincariol (Van Buren)						
Richard Godfrey (Van Buren)						

Green = present

Red = absent

Black = not a member

as of 11/18/19

2018 Southwest Michigan Behavioral Health (SWMBH)
Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	Jan	March	May	July	September	November
Daniel Doerhman (Kalamazoo)						
Lisa White (Kalamazoo)						
Tara Smith (Cass)						
Skip Dyes (Cass)						
Michael Majerek (Berrien)						
Deb Panozzo (Berrien)						
Allen Balog (St.Joe)						
Paul Schincariol (Van Buren)						
Richard Godfrey (Van Buren)						
Ben Geiger (Barry)						
Steve Frisbie (Calhoun)						
Kathy-Sue Vette (Calhoun)						
Randall Hazelbaker (Branch)						

Green = present

Red = absent

Black = not a member

as of 11/19/18

2017 Southwest Michigan Behavioral Health (SWMBH)
Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	Jan	March	May	July	August	November
Patrick Forseman (Kalamazoo)						
Daniel Doerhman (Kalamazoo)						
Lisa White (Kalamazoo)						
Robert Wagel (Cass)						
Tara Smith (Cass)						
Michael Majerek (Berrien)						
Deb Panozzo (Berrien)						
John Dobberteen (St.Joe)						
Allen Balog (St.Joe)						
Kathy Pangle (St. Joe)						
Paul Schincariol (Van Buren)						
Richard Godfrey (Van Buren)						
Ben Geiger (Barry)						
Vacant (Barry)						
Jim Haadsma (Calhoun)						
Carla Reynolds (Calhoun)						
Steve Frisbie (Calhoun)						
Kathy-Sue Vette (Calhoun)						
Randall Hazelbaker (Branch)						
Vacant (Branch)						

Green = present

Red = absent

Black = not a member

as of 11/21/17

2016 Southwest Michigan Behavioral Health (SWMBH)
Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	Jan	March	May	July	August	November
George Cochran (Kalamazoo)						
Patrick Forseman (Kalamazoo)						
Robert Wagel (Cass)						
Tara Smith (Cass)						
Andy Vavra (Berrien)						
Deb Panozzo (Berrien)						
John Dobberteen (St.Joe)						
Allen Balog (St.Joe)						
Don Hanson(Van Buren)						
Richard Godfrey (Van Buren)						
Ben Geiger (Barry)						
Jim Haadsma (Calhoun)						
Carla Reynolds (Calhoun)						
Randall Hazelbaker (Branch)						

Green = present
Red = absent
Black = no longer a member

as of 01/17/17