



Southwest Michigan Behavioral Health Board Meeting
Four Points by Sheraton, 3600 E. Cork St. Ct. Kalamazoo, MI 49001
August 11, 2023
9:30 am to 11:30 am
(d) means document provided
Draft: 8/2/23

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) (15 minutes) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda (3 minutes)**
 - a. July 14, 2023 SWMBH Board Meeting Minutes (d) pg.3
 - b. June 21, 2023 Operations Committee Meeting Minutes (d) pg.7
5. **Ends Metrics Updates (*Requires motion)**

Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

 - a. *Opioid Health Home Retention Metric (J. Smith) (d) (4 minutes) pg.9
 - b. *Fiscal Year 2022 Performance Bonus Incentive Program (B. Casemore; E. Philander) (d)(4 minutes) pg.10
6. **Board Actions to be Considered**
 - a. 2024 Board Ends Development (S. Radwan) (d) (60 minutes) pg.11
 - b. Autism Spectrum Disorder Ends Metric (A. Lacey) (3 minutes)
7. **Board Policy Review**

Is the Board in Compliance? Does the Policy Need Revision?

 - BG-003 Unity of Control (d) (3 minutes) pg.21
8. **Executive Limitations Review**

Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

 - a. BEL-006 Investments (L. Csokasy) (d) (5 minutes) pg.22
 - b. BEL-004 Treatment of Staff (C. Naccarato with A. Wickham) (d) (5 minutes) pg.29
 - c. BEL-007 Compensation and Benefits (S. Barnes with A. Wickham) (5 minutes) (d) pg.34
9. **Board Education**
 - a. Fiscal Year 2023 Year to Date Financial Statements (G. Guidry) (d) (5 minutes) pg.39
 - b. Fiscal Year 2024 Budget (G. Guidry) (10 minutes)

10. Communication and Counsel to the Board (1 minute)

- September Board Policy Direct Inspection – BEL-005 Treatment of Plan Members (L. Csokasy with Anne Wickham); BEL-008 Communication and Counsel (T. Schmelzer)

11. Public Comment

12. Adjournment

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275.

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Next Board Meeting

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

September 8, 2023

9:30 am - 11:30 am

Full Breakfast 8:30-9:30am

Special Presentation & Special Guest

Southwest Michigan

BEHAVIORAL HEALTH

Board Meeting Minutes

July 14, 2023

Four Points Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

9:30 am-11:30 am

Draft: 7/14/23

Members Present: Edward Meny, Tom Schmelzer, Carol Naccarato, Ruth Perino, Louie Csokasy, Susan Barnes

Members Absent: Erik Krogh, Sherii Sherban

Guests Present: Bradley Casemore, Executive Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Ella Philander, Strategic Imperatives Project Manager; SWMBH; Sarah Ameter, Customer Service Manager, SWMBH; Richard Thiemkey, Barry County; Ric Compton, Riverwood Center; Cameron Bullock, Pivotal; Mark Doster, Barry County; Jon Houtz, Branch County; Mandi Quigley, Summit Pointe, Jeff Patton, ISK; Sue Germann, Pines Behavioral Health; John Ruddell, Woodlands Behavioral Health

Welcome Guests

Edward Meny called the meeting to order at 9:31 am and introductions were made.

Edward Meny noted the resignation letter from Ruth Perino. The Board thanked Ruth Perino for her service and wished her well on future endeavors.

Public Comment

None

Agenda Review and Adoption

Motion	Tom Schmelzer moved to approve with revisions of moving 6c, Autism Benefit Waiver and adding 7e. Board Ends Exploration.
Second	Carol Naccarato
Motion Carried	

Financial Interest Disclosure (FID) Handling

None

Consent Agenda

Motion	Susan Barnes moved to approve the June 9, 2023, Board minutes as presented.
Second	Tom Schmelzer
Motion Carried	

Operations Committee

May 24, 2023 Meeting Minutes

Edward Meny noted the minutes in the packet. No questions from the Board.

Operations Committee Quarterly Report

Brad Casemore commented on the quarterly report as duplicative. Board discussed.

Motion Louie Csokasy moved that the Operations Committee Quarterly report is redundant and no longer needed by the Board.

Second Ruth Perino

Motion Carried

Ends Metrics

CCBHC Consumer Satisfactions Survey Results

Ella Philander reported as documented noting SWMBH, Integrated Services of Kalamazoo and Pivotal did not meet the 85% threshold. Clinical Quality staff is meeting to gather feedback and develop improvements. Discussion followed.

Motion Tom Schmelzer moved that the data is reasonable, the End Metric of 85% first year in satisfaction rate average was not met and the Executive Officer is not in compliance.

Second Carol Naccarato

Motion Carried

24 Month Strategic Plan Review per Board Policy BG-006 Annual Board Planning

Brad Casemore reported as documented.

Autism Benefit Waiver

Brad Casemore deferred the Autism Benefit Waiver Ends Metric to a future Board meeting. Board agreed.

Board Actions to be Considered

Amendment 5 Retirement Savings Plan

Anne Wickham reported as documented. Discussion followed.

Motion Ruth Perino moved to approve SWMBH Amendment 5 Retirement Savings Plan as presented.

Second Susan Barnes

Motion Carried

Behavioral Health Workforce Stabilization Support Grant and Employer Discretionary Contributions

Brad Casemore reported as documented. Discussion followed.

Motion Tom Schmelzer moved Staff employed who have one year or more of seniority in September and have enrolled in the retirement savings plan in September 2023, 2024, and 2025 shall receive a one-time employer discretionary contribution to their retirement savings account in the amount of \$1,000 each year provided that the necessary funds have been granted to SWMBH and the related funds have been received by SWMBH by the time of the contribution.

Second Susan Barnes

Motion Carried

Board Finance Committee

Board discussed need/necessity of a Board Finance Committee. No motion was made. Chairman Ed asked Mr. Csokasy to draft his thoughts as a proposal to discuss with Chairman.

Susan Radwan and Policy Governance Consultation

Brad Casemore reported as documented. Discussion followed.

Board Ends Exploration

Brad Casemore noted that the Board Ends, specifically the mega and sub Ends, have not been reviewed or revised since 2014. Board agreed to invite Susan Radwan to the August Board meeting to begin review and possibly revisions to Board Ends.

Board Policy Review

BG-002 Management Delegation

Edward Meny reviewed the policy as documented.

Motion Tom Schmelzer moved that the Board is in compliance with BG-002 Management Delegation and the policy does not need revision.

Second Susan Barnes

Motion Carried

Executive Limitations Review

BEL-006 Investments

Brad Casemore noted that a meeting with Board member, Sherii Sherban has yet to be scheduled and this Executive limitations policy will be moved to the August Board meeting. Chairman Ed later reassigned BEL-006 to Mr. Csokasy. Board agreed.

BEL-009 Global Executive Constraints

Edward Meny reported as documented.

Motion Tom Schmelzer moved that the Executive Officer is in compliance with policy BEL-009 Global Executive Constraints and the policy does not need revision.

Second Susan Barnes

Motion Carried

Board Education

Fiscal Year 2023 Year to Date Financial Statements

Garyl Guidry reported as documented noting the Fiscal Year 2023 overspending in Medicaid. Brad Casemore noted that this negative trajectory will have the Region without savings in Fiscal Year 2024. Discussion followed.

Certified Community Behavioral Health Clinics

Garyl Guidry reported as documented noting CCBHC funding sources risks and summarization of two CCBHC sites, ISK and Pivotal with percentages of traditional base capitation being used on CCBHC. Discussion followed.

2023 CMH Audit Results

Mila Todd, Anne Wickham and Sarah Ameter reported as documented. Discussion followed.

House Bills 4577 and 4576

Brad Casemore summarized both House Bills and noted that CMHAM does not expect movement on these bills.

Communication and Counsel to the Board

8th Annual Regional Healthcare Policy Forum

Brad Casemore reported as documented.

Opioid Advisory Commission and Opioid Task Force

Brad Casemore gave a brief update on the Opioid Advisory Commission and the Opioid Task Force to which he is now appointed by Governor Whitmer.

Michigan Consortium for Healthcare Excellence (MCHE)

Brad Casemore shared that MCHE is working with Wakely on Milliman Rates and Rate setting developments.

August Board Policy Direct Inspections

Brad Casemore noted August direct inspections. Carol Naccarto offered to review BEL-004 Treatment of Staff due to Ruth Perino's resignation from the SWMBH Board.

Public Comment

None

Adjournment

Motion Edward Meny moved to adjourn at 11:38am

Second Carol Naccarato

Motion Carried

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: June 21, 2023 10:00am-12:30pm**

Members Present (partial)

Ric Compton, Jeff Patton, Debbie Hess, Richard Thiemkey, Sue Germann, Jeannie Goodrich, John Ruddell

Guests present

Brad Casemore, CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Sarah Ameter, Manager of Customer Services, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Call to Order

Rich Thiemkey began the meeting at 10:36 am.

Review and approve agenda

Agenda approved as presented.

Review and approve minutes from 5/24/23 Operations Committee Meeting

Minutes were approved by the Committee.

Fiscal Year 2023 Year to Date Financials

Garyl Guidry reported as documented noting a deficit in Medicaid Specialty Services. Garyl also added that Fiscal Year 2024 first draft Budgets are due 7/10 with second draft budgets due in early August. Region is waiting for revenue information from the State.

Fiscal Year 2022 Performance Bonus Incentive Program Results

Group reviewed and discussed report during the CMH CEO only portion of the meeting. Issue resolved pending opinion of C. Bullock.

Operating Agreement Review

Brad Casemore asked the group to read, review and come prepared to discuss the Operations Committee and Committee sections of the Operating Agreement at the July meeting.

Intergovernmental Contract Status

Brad Casemore noted that the Intergovernmental Contract renewal letters were mailed out on June 13, 2023 and SWMBH will keep the group informed of renewal status.

CMH Site Visit Results

Mila Todd, Anne Wickham and Sarah Ameter reported as documented highlighting observations for Utilization Management, Claims, Compliance, Credentialing and Re-Credentialing, Provider Network,

Customer Services, Grievance and Appeals, Quality Improvement, Staff Training, Clinical Administration, Clinical Quality File Review and SUD File Review. Same report to July Board Meeting.

236 Transfers

Group discussed and Garyl noted that Regional Finance Committee will facilitate the conversation between the CMH's about 236 transfers. The CMH is responsible for submitting the request.

Adjourned

Meeting adjourned at 11:30 am



Opioid Health Home Metric Summary

Brief Overview of Opioid Health Home:

Opioid Health Home (OHH) is a model of care that coordinates physical health, behavioral health, substance use disorder, and social service needs. It is a partnership between SWMBH and substance use disorder service providers. Customers continue to participate in Medicaid-funded individual or group therapy and/or Medication Assisted Treatment. OHH services are considered additional services to standard substance use disorder treatment to better integrate care for customers. OHH helps bridge the gap between the many needed services so that customers can focus on their overall health and wellness while they work to obtain and maintain recovery.

Summary of Board Ends Metric for Fiscal Year 2022:

Note: Data cannot be finalized until 6 months after the completion of the fiscal year.

OHH Retention Metric – FY22				
Metric: SWMBH will retain 60% of (OHH) of new enrollees for fiscal year. Program Enrollees must maintain ‘enrolled’ status for at least 6 months.				
Provider	Met	Not Met	Total	Percentage
Summit Pointe	32	26	58	55.2%
Victory Clinical Services – Battle Creek	28	14	42	66.7%
Victory Clinical Services – Kalamazoo	48	24	72	66.7%
SWMBH Total	108	64	172	62.8%



PBIP to CMH MENTAL HEALTH

6.20.23

CMH

Barry

Berrien

Branch

Calhoun

Cass

Kalamazoo

St Joseph

Van Buren

Total CMH

SWMBH

Grand Total

CMH Percent

SWMBH Percent

2022		
SUD Tx	non-SUD Tx	Total
\$ 3,091	\$ 84,667	\$ 87,757
\$ 4,956	\$ 295,233	\$ 300,189
\$ 4,511	\$ 91,884	\$ 96,394
\$ 8,534	\$ 300,693	\$ 309,227
\$ 3,000	\$ 91,440	\$ 94,440
\$ -	\$ 407,418	\$ 407,418
\$ 4,942	\$ 128,074	\$ 133,017
\$ 3,000	\$ 159,818	\$ 162,818
\$ 32,033	\$ 1,559,227	\$ 1,591,261
		\$ 681,968.84
		\$ 2,273,229.47
		70.00%
		30.00%

Notes:

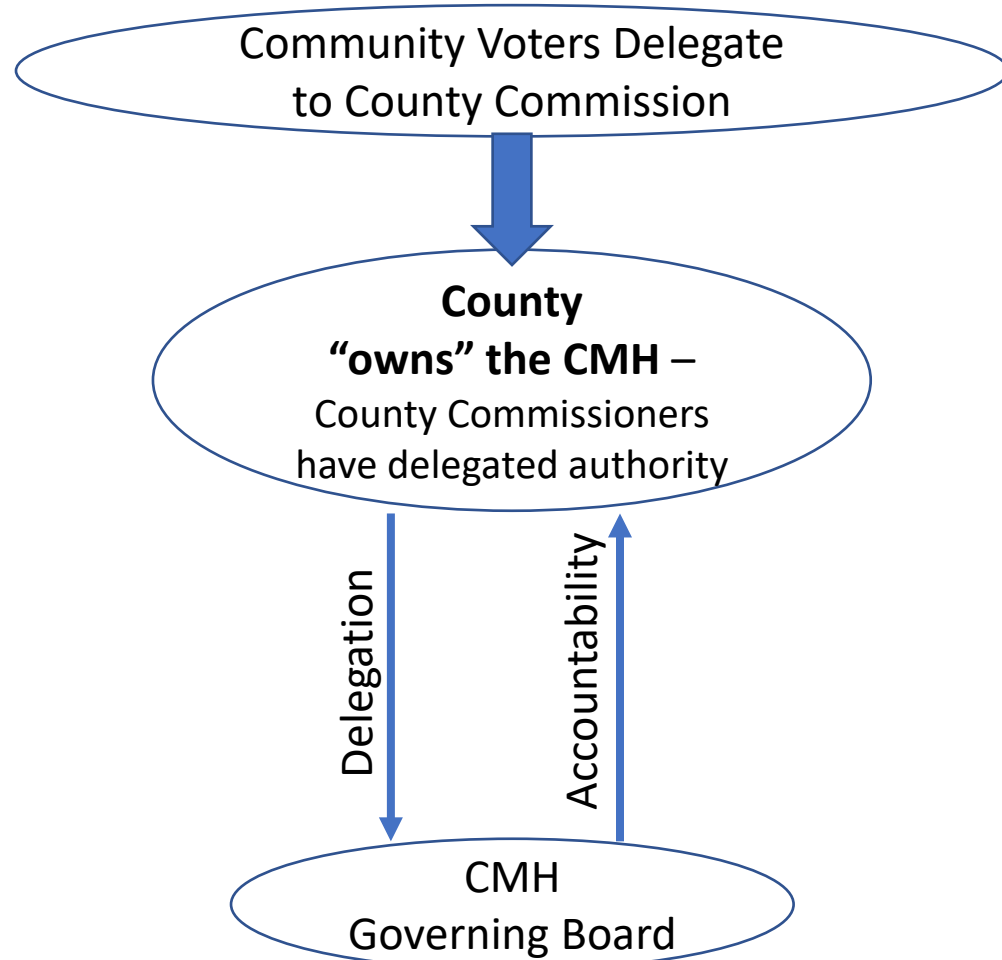
Funds are local and must be used for the public behavioral health system.

SWMBH Board Education

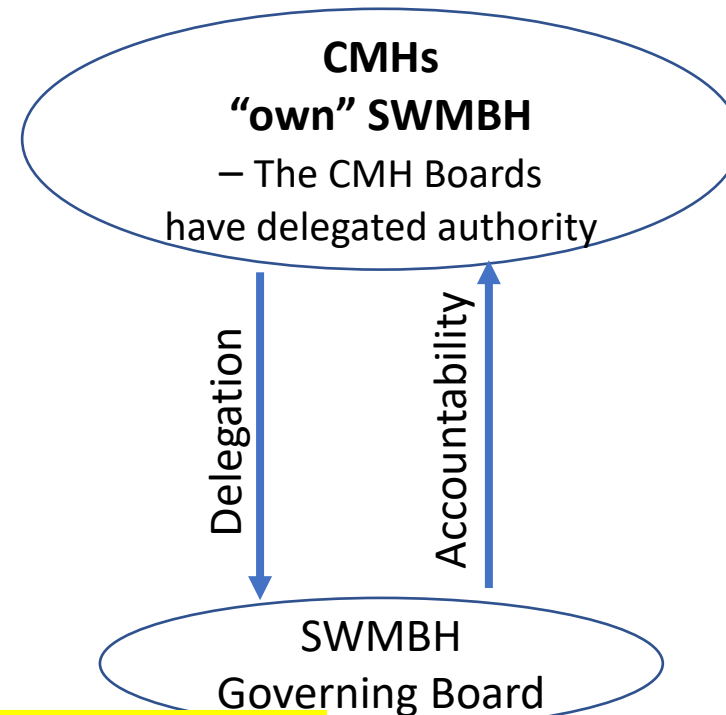
Ownership Linkage and Ends Development

Delegation and Accountability is Different for CMHs vs SWMBH

CMHs



SWMBH



The ownership is where your delegated authority originates; ownership of CMHs is different than ownership of SWMBH.

Key Board Deliverable:

Ownership Linkage that Informs Ends Development

- Principle of Ownership: The board exists to act as the informed voice and agent of the owners, whether they are owners in a legal or moral sense. All owners are stakeholders, but not all stakeholders are owners, only those whose position in relation to an organization is equivalent to the position of shareholders in a for profit-corporation.
- This implies that the following should be observed:
 - Board has a policy stating who its moral owners are and its moral accountability to them.
 - Board develops and implements a deliberate, ongoing plan for regular, two-way communication with a representative selection of owners around board policies, particularly Ends-related issues.

Ownership of SWMBH

8 CMHs who are members of SWMBH

Not the EOs (EOs are stakeholders)

8 CMH Governing Boards represent the ownership of each county

Ends Development

Principle of Ends: The board defines in writing its expectations about the intended effects to be produced, the intended recipients of those effects, and the intended worth (cost, benefit, or priority) of the effects. These are Ends policies.

All decisions made about effects, recipients, and worth are Ends decisions. All decisions about issues that do not fit the definition of Ends are means decisions. Hence, in Policy Governance, means are simply not Ends.

This implies that the following should be observed:

1. Do the board's Ends policies contain all three elements of Ends, at least at the broadest policy level?
2. Do the board's policies separate Ends from means?
3. Can the board evidence that it has considered do-ability?
4. Can the board evidence that its Ends and Ends revisions reflect a wise summation of owners' intent?
 - a. Can the board evidence regular dialogue with the owners on Ends (statistical, personal or attitudinal)?
 - b. Can the board evidence other input from CEO, other stakeholders, experts, et al. in order to inform its Ends judgments?

About Ends

- Ends are never about the organization itself or what the organization will do, but rather they focus on the intended impacts on the beneficiaries.
 - Who are the direct beneficiaries of SWMBH?
- Ends should begin with a global statement which encompasses all the lower level policies.
- Ends define impact, not activities (means).

Current Ends of SWMBH

1. Quality of Life

Persons with intellectual & developmental disabilities, serious emotional disturbance, autism spectrum disorders, serious mental illness, and substance use disorders in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery, and family preservation

2. Exceptional Care

Persons and families served are highly satisfied with the services they receive

3. Improved Health

Individual mental health, physical health and functionality are measured and improved •

4. Mission and Value Driven

CMHSPs and SWMBH fulfill their agencies' missions and support the value of the public behavioral health system

5. Quality and Efficiency

The SWMBH region is a learning agency where quality and cost are measured, improved, and reported

Sue's first take on Ends that align with PG

1.0 Global End

SWMBH is a fiduciary for state and federal funds that exists to assure that member agencies create environments where persons with intellectual & developmental disabilities, serious emotional disturbance, autism spectrum disorders, serious mental illness, and substance use disorders in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery, and family preservation, at the cost of efficient stewardship of resources available.

Furthermore, Member Agencies:

- 1.1 Assure that persons and families served are highly satisfied with the services they receive
- 1.2 *Measure and track improvement for individual mental health, physical health and functionality*
- 1.3 Fulfill their agencies' missions and support the value of the public behavioral health system
- 1.4 Learn from each other, the data collected and the metrics that are tracked and reported.

Monitoring Ends

Observation:

- Organization impacts don't show up in incremental time periods.
- It is better to monitor them on an annual basis to observe quantitative change.
 - You need a full time cycle.
- It is better to monitor Ends in one report, rather than fragmented.
 - Interrelationships among Ends policies should be viewed as a whole system.
- Recommendation: Annual Monitoring of all Ends at the point of EO performance review and budgeting.

How do you want to approach Ends Development as a board?

- How can the board be the informed voice and agent of the ownership in the process?
- As Initial input OR as affirmation after draft policies are prepared?
 - Individual board member take them to their own CMHs?
- Start from scratch or edit current Ends?
 - Use Sue's proposed ends?
 - Something else?

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board- Policy Board-Management		Policy Number: BG-003	Pages: 1
Subject: Delegation Unity of Control		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 11.11.22	Past Review Dates: 11.14.14, 11.13.15, 11.11.16, 11.10.17, 11.9.18, 11.8.19, 11.13.20, 11.12.21	

I. PURPOSE:

Only officially passed motions of the Board are binding on the EO.

II. POLICY:

1. Decisions or instructions of individual Board Members, Officers, or Committees are not binding on the Executive Officer (EO) except in instances when the Board has specifically authorized such exercise of authority.

2. In the case of Board Members or Committees requesting information or assistance without Board authorization the EO can refuse such requests that require, in the EO's opinion, a material amount of staff time or funds, or are disruptive.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations	Policy Number: BEL-006	Pages: 2
Subject: Investments	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 02.14.2014	Last Review Date: 3.17.23 6.10.22	Past Review Dates: 2.13.15, 2.12.16, 2.10.17, 2.9.18, 6.14.19, 6.12.20, 7/09/21

I. **PURPOSE:**

To establish a policy guiding investments.

II. **POLICY:**

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

To achieve this balance, the Executive Officer shall consider the following main objectives [in order of priority]:

- [Preservation of purchasing power of the financial assets by exceeding inflation]
- [Liquidity of assets for operational expenses]
- [Income generation for short- to medium-term cash flow needs]
- [Long-term growth of, and optimized return from, financial assets]

III. **STANDARDS:**

Accordingly, the Executive Officer ~~must~~^{may not}:

1. ~~Fail to e~~Comply with the requirements of Public Act 20 of 1943, as amended. The following types of securities are authorized by Public Act 20 of 1943, as amended:
 - Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
 - Certificates of deposit, savings accounts, deposit accounts or depository receipts of a financial institution as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a CDARS account.
 - Commercial paper rated at the time of purchase ~~at within~~ the two highest classifications established by not less than 2 standard rating services and that matures not more than 270 days after the date of purchase.
 - Repurchase agreements consisting of bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.~~instruments in subdivision V,~~

BEL-006
Page 1 of 2

~~(A).~~

- Banker's acceptances of United States banks.
 - ~~Obligations of this state or any of its political subdivisions that at the time of purchase are rated as investment grade by not less than 1 standard rating service.~~
 - Mutual funds registered under the Investment Company Act of 1940, 15 U.S.C. § 80a-1 to 80a-64, with authority to purchase only investment vehicles that are legal for direct investment by a public corporation.
 - Obligations described ~~in subdivision 6.1 through 6.6~~ in the above bullet points if purchased through an interlocal agreement under the Urban Cooperation Act of 1967. 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.
 - Investment pools organized under the Surplus Funds Investment Pool Act, 1982 PA 367, MCL 129.111 to 129.118.
 - Investment pools organized under the Local Government Investment Pool Act, 1985 PA 121, MCL 129.141 to 129.150.
2. ~~Neglect to d~~Diversify investment portfolio. With the exception of U.S. Treasury securities and authorized investment pools as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio will be invested in a single security type or with a single financial institution with the exception of funds held in a Certificate of Deposit Account Registry Service (CDARS) account.
 3. ~~Fail to m~~Meet the standard of prudence. Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.
 4. ~~Endanger safekeeping~~Safeguard of securities.
 5. ~~Avoid p~~Providing timely and accurate investment reports.

IV. INVESTMENT AND MANAGEMENT GUIDELINES

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Commented [WSL1]: Some investment policies include a section on Investment and Management guidelines that specify investment considerations, asset allocation and rebalancing, financial assets, diversification, performance evaluation, and deviations, as well as a section on Investment Policy Review (e.g., mandating annual review, permitting changes as necessary). That said, Southwest Michigan Behavioral Health is not required to include these provisions if it would prefer to keep the investment policy at a higher level.

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Executive Limitations
Monitoring to Assure Executive Performance
June 9, 2023

For the period of 01/01/22 to 12/31/22

Policy Number: BEL-006

Policy Name: Investments

Assigned Reviewer: Sherii Sherban

Purpose: To establish a policy guiding investments.

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

Standards: Accordingly, the EO may not:

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

- Investment pools organized under the Surplus Funds Investment Pool Act, 1982 PA 367, MCL 129.111 to 129.118.
- Investment pools organized under the Local Government Investment Pool Act, 1985 PA 121, MCL 129.141 to 129.150.

EO Response: Based upon review by the CFO we are in compliance with these requirements. Our external audit firm Roslund-Prestage does basic testing around PA 20; their field work began January 25th, 2023 for FY2022 and the results will be presented at the June 9th, 2023 Board meeting. There were no external audit findings or recommendations from external auditor for the prior period regarding investments. Please see accompanying detailed Investment Portfolio Summary and our Nationwide SWMBH Retirement and Social Security Alternative accounts. A Retirement Account Investment Fiduciary Review meeting occurred September 6, 2022, with the EO, CFO, CAO and Doerschler & Associates.. Changes recommended were to remove 3 underperforming investments and to replace them with 4 superior performing investments., the other funds performed with strong returns during the period in review.

2. Neglect to diversify investment portfolio. Except for U.S. Treasury securities and authorized investment pools as defined in Public Act 20 of 1943 as amended, no more than 60% of the total investment portfolio was invested in a single security type or with a single financial institution except for funds held in a Certificate of Deposit Account Registry Service (CDARS) account.

EO Response: Based upon review by the CFO we have complied with these requirements. Please see accompanying detailed Investment Account Summary for details and proofs. SWMBH maintains safe cash holdings by protecting funds from institutional insolvency at the FDIC regulatory insurance level we protect the revenue for Plan Member needs.

3. Fail to meet the standard of prudence. Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

EO Response: All Investments are congruous with the standard of prudence, as evidenced by the actions taken retaining the bulk of our investment in the CDARS program which maintains FDIC insurance as long as they are in the product.

4. Endanger safekeeping of securities.

EO Response: No negotiable securities are kept at SWMBH. Change authority for all Investment Accounts is limited to the EO for Comerica and Nationwide, and both EO and CFO for First National Bank.

5. Avoid providing timely and accurate investment reports.

EO Response: SWMBH's management receives regular monthly Investment Portfolio reports from Comerica Bank, First National Bank and Nationwide. These are received and analyzed by the CFO with EO. Reports are made to the Board annually, per Board Policy, and are available to the Board at any time upon request.

Accompanying Materials:

- Fiscal Year 2022 year-end statements:
 - 401(a) Year End Statement (Employer Match)
 - 457(b) Year End Statement (Employee Contribution)
 - Social Security Alternative Year End Statement
- Cash Investment Portfolio (CDs) Year End Balances at 09/30/2022
(Detailed CD start, and maturing date documents are available)

Report and materials were delivered electronically to Board direct inspection assignee Sherii Sherban. Ms. Sherban was invited to seek additional information or documents, and to initiate contact via phone or in person with EO or CFO.

Southwest Michigan

BEHAVIORAL HEALTH

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

I. **PURPOSE:**

To establish a policy guiding investments.

II. **POLICY:**

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III. **STANDARDS:**

Accordingly the Executive Officer may not:

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

BEL-006

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121, MCL 129.141 to 129.150.

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

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy	Policy Number: BEL-004	Pages: 1
Subject: Treatment of Staff	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 09/09/22	Past Review Dates: 12/12/14, 3/11/16, 4/14/17, 4/13/18, 5/10/19, 5/8/20, 9/10/21

I. **PURPOSE:**

To clearly define the Treatment of SWMBH staff by SWMBH.

II. **POLICY:**

With respect to the treatment of paid and volunteer staff, the EO shall not cause or allow conditions that are unfair, undignified, disorganized, or unclear.

III. **STANDARDS:**

Accordingly the EO may not:

1. Operate without written personnel rules that:
 - a. Clarify rules for staff
 - b. Provide effective handling of grievances and
 - c. Protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons.
2. Retaliate against any staff member for expression of dissent.
3. Fail to acquaint staff with the EO interpretation of their protections under this policy.
4. Allow staff to be unprepared to deal with emergency situations.



**Executive Limitations
Monitoring to Assure Executive Performance
August 11, 2023**

Policy Number: BEL-004

Policy Name: Treatment of Staff

Assigned Reviewer: Carol Naccarato

Purpose: To clearly define the Treatment of SWMBH staff.

Policy: With respect to the treatment of paid and volunteer staff, the EO shall not cause or allow conditions that are unfair, undignified, disorganized, or unclear.

Standards: Accordingly, the EO may not;

1. Operate without written personnel rules that:
 - a. Clarify rules for staff
 - b. Provide effective handling of grievances and
 - c. Protect against wrongful conditions such as nepotism and grossly preferential treatment for personal reasons.

EO Response: A SWMBH Staff Manual exists which a. clarifies rules for staff, b. provides for handling of grievances – termed “conflict resolution”, and c. protects against the wrongful conditions listed above, as well as a welcoming mechanism for reporting and resolving allegations of these conditions. The manual was revised and reviewed by SWMBH Labor Counsel in January 2023 and redistributed to all staff in February 2023. All new staff are provided the SWMBH employee manual at orientation.

I have been vigilant toward and responsive to staff needs and concerns, particularly in the areas of fairness, dignity and safety as expressed in this Board directive. Formal orientation and onboarding, inclusive of a mandatory meeting with me, occurs for new staff. Enforcement of expectations related to level of effort, work product output and professional demeanor have been consistent. Staff is treated with dignity & respect and is not subjected to unsafe work environment or conditions. Compliance with this Executive Limitation is evidenced by the absence of any known Worker’s Compensation claims, OSHA complaints, FMLA violation claims and the like. In the past year staff SWMBH had two (2) employee complaints filed with Human Resources during the review period, both were handled by Human Resources and did not rise to the Executive Officer level for review or remediation.

An Employee Assistance Program (HelpNet) is provided for SWMBH staff at no expense to them and is regularly advertised to staff. Utilization reports are received from the vendor on a quarterly basis and indicate the use of the program by staff members.

In May 2023 the latest Cultural Accelerator Survey was conducted by an outside contractor, Rose St. Advisors, to measure staff satisfaction and engagement, this survey is one that we have conducted on a regular basis for several years to improve employee engagement and satisfaction. The improvement over time has been significant and our latest survey indicates not only significant improvement over time, but the external vendor indicated these are the highest scores they have seen across any customer. I continue to work with Senior Leadership and in consultation with Rose Street Advisors to improve upon and/or maintain these scores.

SWMBH has a Staff Handbook, that was updated with review by labor Counsel in January 2023, circulated to and available to staff. This Handbook has been reviewed in part at staff meetings, is available to all staff on the shared intranet portal and is provided upon hire and as revised with signature receipts on file. Independent Contractors are subject to the terms and conditions of their written Agreements. There have been no related staff or written complaints internally, nor to outside agencies to our knowledge.

We have specific Ends Metrics, departmental strategic imperatives, and performance tracking mechanisms which support organized and clear goals, objectives, responsibilities, and accountabilities in our fast-paced, complex environment. Mechanisms include but are not limited to production and review of management information reports, team meetings, and management deliberations and refinements.

Staff meetings occur a minimum of ten times per year, and include items on agency and regional financial status, Ends Metrics and Goal status, public policy developments, department reports, and major initiative updates. Staff meetings include nominal door prizes for attendees, including a monthly Lunch with Executive Officer. This, in addition to random activities planned through the SWMBH Employee Engagement Committee allows for informal interactions between me and staff.

2. Retaliate against any staff member for expression of dissent.

EO Response: No retaliation against any staff member has occurred for any reason including but not limited to an expression of dissent as evidenced by an absence of staff complaints to management, Human Resources or outside agencies in this regard. No staff member has been discriminated against in any shape or fashion for expressing an ethical dissent as evidenced by the absence of verbal or written complaints by staff either internal or to external agencies.

Monthly staff meetings include a call for agenda items and views, and there is a HR-confidential question and issue submission process.

3. Fail to acquaint staff with the EO interpretation of their protections under this policy.

EO Response: This Policy has been reviewed at staff meeting and is prominently posted in the staff lounge. The EO personally covers this Policy and related information in a live meeting with all new staff as part of new employee orientation. This policy is posted at SWMBH, circulated and made available on the shared network drive, Intranet portal and to new staff. Related policies are on the shared network drive, and all staff have access to them. Staff is encouraged to raise personnel and operating policy questions and engage in dialogue amongst themselves, at staff meetings, with Human Resources and the Chief Administrative Officer. I have consistently considered human diversity in all dealings with staff, as evidenced by flexible yet consistent treatment; effective team relations; appropriate production and output; and consideration of staff needs and desires without sacrificing effectiveness or efficiency. This is evidenced by the absence of verbal or written complaints by staff related to diversity issues.

4. Allow staff to be unprepared to deal with emergency situations.

EO Response: Safety is an assigned role of Chief Administrative Officer, and all staff are trained on safety plans during new employee orientation as well as periodic updates and refreshers at staff meetings. Emergency evacuation maps are centrally located in multiple places throughout the office to aid staff in the event of tornado, fire or bomb threat. Fire extinguishers and emergency lighting are available per commercial building code regulations. The Portage Fire Department inspects the premises each year to ensure there are no violations and to offer recommendations to the Chief Administrative Officer. SWMBH has a Business Continuity Plan under the direction of the Chief Administrative Officer who is responsible for continued staff training, drills and improvements. The Business Continuity Plan is reviewed and approved by the EO.

The Board's direct inspector, Ms. Naccarato, was provided with the staff contact information, this report and accompanying materials. She was invited to contact staff and to meet with the EO and Chief Administrative Officer.

Documents Provided:

SWMBH Staff Handbook
SWMBH Staff Contact Roster
May 2023 Cultural Accelerator Survey

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy Executive Limitations	Policy Number: BEL-007	Pages: 1
Subject: Compensation and Benefits	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 05.09.2014 08.15.2022	Last Review Date: 8/12/22	Past Review Dates: 11/13/15, 1/13/17, 2/9/18, 4/12/19,6/12/20, 7/09/21

I. **PURPOSE:**

To clearly define the parameters for compensation and benefits for SWMBH staff.

II. **POLICY:**

With respect to employment, compensation and benefits to employees, consultants, contract workers, Interns and volunteers, the Executive Officer (EO) shall not cause or allow jeopardy to financial integrity or to public image. SWMBH shall be at or near the 75th percentile on compensation and benefits and at or near the 85th percentile on agency culture and employee satisfaction.

III. **STANDARDS:**

Accordingly, The EO will not:

1. Change the EO's own compensation and benefits.
2. Promise permanent or guaranteed employment. Time-limited Executive Employment and Professional Services Agreements with termination clauses are permissible.
3. Establish current compensation and benefits which:
 - a. Deviate materially from the geographic and professional market for the skills employed.
 - b. Create obligations over a longer term than revenues can be safely projected, in no event longer than one year and in all events subject to losses in revenue.
 - c. Fail to solicit or fail to consider staff preferences.
4. Establish or change retirement benefits so the retirement provisions:
 - a. Cause unfunded liabilities to occur or in any way commit the organization to benefits that incur unpredictable future costs.
 - b. Provide less than some basic level of benefits to all full-time employees. Differential benefits which recognize and encourage longevity are not prohibited.
 - c. That are instituted without prior monitoring of these provisions.
 - d. Make revisions to Retirement Plan documents without prior Board approval.

- e. Implement employer discretionary contributions to staff without prior Board approval.



Executive Limitations Monitoring to Assure Executive Performance

Policy Number: BEL007
Policy Name: Compensation and Benefits
Board and Report Date: August 11, 2023
Assigned Reviewer: Susan Barnes

Purpose: To clearly define the parameters for compensation and benefits for SWMBH staff.

Policy: With respect to employment, compensation and benefits to employees, consultants, contract workers, Interns and volunteers, the Executive Officer (EO) shall not cause or allow jeopardy to financial integrity or to public image. SWMBH shall be at or near the 75th percentile on compensation and benefits and at or near the 85th percentile on agency culture and employee satisfaction.

Standards: Accordingly, The EO will not:

1. Change the EO's own compensation and benefits.

EO Response: The EO has not and cannot change his own compensation and benefits as these are determined by a written Employment Agreement.

2. Promise permanent or guaranteed employment. Time-limited Executive Employment and Professional Services Agreements with termination clauses are permissible.

EO Response: No promises of permanent or guaranteed employment have been made. The SWMBH Employee Manual carries language specifically referring to employment as "at-will.", as follows, "this handbook is intended to describe what is expected of employees and what employees can expect from SWMBH. It does not create an express or implied contract between SWMBH and any employee. While we hope our employment relationship will be long term, either you or SWMBH can end the relationship at any time, with or without notice, with or without reason consistent with "at will" employment status." In addition, professional services contracts include language that allows for cancellation with 15 days written notice for "any reason or no reason" where appropriate.

3. **Establish current compensation and benefits which:**
- a. **Deviate materially from the geographic and professional market for the skills employed.**
 - b. **Create obligations over a longer term than revenues can be safely projected, in no event longer than one year and in all events subject to losses in revenue.**
 - c. **Fail to solicit or fail to consider staff preferences.**

EO Response:

- a. Significant geographic professional marketplace study was undertaken by SWMBH using external experts in Spring of 2023. Salary grade ranges were adjusted to be in line with the market survey and those persons deemed to be low within their grade based on experience and longevity received salary adjustments accordingly in May 2023. The Covid19 pandemic and increased need for mental health services has made hiring very competitive in the behavioral health field especially for those with advanced clinical degrees.
- b. No employment or contract obligations have been established which create obligations over a longer term than revenues can be safely projected, none for longer than one year, and all are subject to revision based on reductions in SWMBH revenue.
- c. Staff preferences on compensation and benefits were/are considered during monthly staff meetings and through interactions with Human Resources. In addition, SWMBH has implemented an ongoing cultural insights survey project which asks among other things staff satisfaction with compensation and benefits. The May 2023 survey indicated that 88% of staff agreed that SWMBH had competitive salary and benefits, with 12% neutral and no staff disagreeing. The percentage has held steady over the past year after a dip in 2021. Senior Leaders are continuing to address staff concerns and suggestions through the use of this survey.

4. **Establish or change retirement benefits so the retirement provisions:**
- a. **Cause unfunded liabilities to occur or in any way commit the organization to benefits that incur unpredictable future costs.**
 - b. **Provide less than some basic level of benefits to all full-time employees. Differential benefits which recognize and encourage longevity are not prohibited.**
 - c. **That are instituted without prior monitoring of these provisions.**
 - d. **Make revisions to Retirement Plan documents without prior Board approval.**
 - e. **Implement employer discretionary contributions to staff without prior Board approval.**

EO Response:

- a. No unfunded liabilities exist; all employer contributions to health insurance and retirement benefits are made directly to carriers and retirement accounts at the time of their obligation. There are no unpredictable costs as Retirement Plans are explicit about eligibility, vesting, employer obligations and a prospective Board-approved budget.
- b. There is a package of full-time employee benefits which rises above a “basic level” description. Differential benefits such as increased PTO by length of service exist; these are common and were approved by the Board ad hoc Committee at inception of SMWBH.
- c. All employee compensation and benefits were established against this Policy and its parameters.
- d. All amendments to the Retirement plans were reviewed and developed by SWMBH Labor Counsel, Varnum LLP, and subsequently approved by the SWMBH Board, as necessary.
- e. No discretionary employer contributions, outside of those approved by the SWMBH Board have been made to any staff retirement accounts.


Attachments:


2023 Employee Manual

May 2023 Cultural Accelerator Report

FY2023 New Employee Benefit Summary

-END

	A	B	C	D	E	F	G	H	I	J	K	L
1	 Southwest Michigan Behavioral Health Summary Income Statement For the Fiscal YTD Period Ended 6/30/2023											
2												
3												
4		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
5												
6		Medicaid Specialty Services										
7	Contract Revenue	\$ 187,485,736	\$ 12,839,130	\$ 174,646,606	\$ 8,618,317	\$ 36,384,615	\$ 10,195,437	\$ 34,440,634	\$ 10,993,058	\$ 46,340,407	\$ 9,484,876	\$ 18,189,262
8	Budget v Actual	\$ (9,282,845)	\$ (6,290,271)	\$ (2,992,574)	\$ 1,029,482	\$ 3,126,099	\$ 676,705	\$ 3,321,026	\$ 1,300,598	\$ (11,107,547)	\$ (3,354,999)	\$ 2,016,062
9	% Variance - Fav / (Unfav)	-4.7%	-32.9%	-1.7%	13.6%	9.4%	7.1%	10.7%	13.4%	-19.3%	-26.1%	12.5%
10												
11	Healthcare Cost	\$ 180,550,871	\$ 9,345,821	\$ 171,205,050	\$ 7,173,951	\$ 36,116,512	\$ 8,449,491	\$ 32,561,850	\$ 11,399,012	\$ 46,273,876	\$ 10,975,308	\$ 18,255,050
12	Budget v Actual	\$ (21,583,253)	\$ (1,411,740)	\$ (20,171,513)	\$ (471,419)	\$ (6,959,907)	\$ 912,623	\$ (1,902,497)	\$ (2,147,857)	\$ (6,480,481)	\$ (131,557)	\$ (2,990,419)
13	% Variance - Fav / (Unfav)	-13.6%	-17.8%	-13.4%	-7.0%	-23.9%	9.7%	-6.2%	-23.2%	-16.3%	-1.2%	-19.6%
14	MLR	96.3%	72.8%	98.0%	83.2%	99.3%	82.9%	94.5%	103.7%	99.9%	115.7%	100.4%
15												
16	Managed Care Administration	\$ 19,986,660	\$ 5,014,619	\$ 14,972,040	\$ 917,672	\$ 3,233,590	\$ 822,985	\$ 2,931,549	\$ 980,164	\$ 2,823,455	\$ 1,081,201	\$ 2,181,424
17	Budget v Actual	\$ (2,981,146)	\$ 1,414,961	\$ (4,396,107)	\$ (71,643)	\$ (975,095)	\$ (477,208)	\$ (581,754)	\$ 276,289	\$ (812,941)	\$ (652,272)	\$ (1,101,484)
18	% Variance - Fav / (Unfav)	-17.5%	22.0%	-41.6%	-8.5%	-43.2%	-138.0%	-24.8%	22.0%	-40.4%	-152.1%	-102.0%
19	ACR	10.0%	2.5%	7.5%	11.3%	8.2%	8.9%	8.3%	7.9%	5.8%	9.0%	10.7%
20												
21	Total Contract Cost	\$ 200,537,530	\$ 14,360,441	\$ 186,177,090	\$ 8,091,622	\$ 39,350,103	\$ 9,272,476	\$ 35,493,399	\$ 12,379,176	\$ 49,097,331	\$ 12,056,509	\$ 20,436,474
22	Budget v Actual	\$ (24,564,399)	\$ 3,221	\$ (24,567,620)	\$ (543,061)	\$ (7,935,002)	\$ 435,415	\$ (2,484,251)	\$ (1,871,568)	\$ (7,293,422)	\$ (783,828)	\$ (4,091,903)
23	Variance - Favorable / (Unfavorable)	-14.0%	0.0%	-15.2%	-7.2%	-25.3%	4.5%	-7.5%	-17.8%	-17.4%	-7.0%	-25.0%
24												
25												
26	Net before Settlement	\$ (13,051,795)	\$ (1,521,311)	\$ (11,530,484)	\$ 526,694	\$ (2,965,488)	\$ 922,961	\$ (1,052,765)	\$ (1,386,118)	\$ (2,756,924)	\$ (2,571,633)	\$ (2,247,212)
27	Budget v Actual	\$ (33,847,244)	\$ (6,287,050)	\$ (27,560,194)	\$ 486,421	\$ (4,808,903)	\$ 1,112,121	\$ 836,775	\$ (570,969)	\$ (18,400,969)	\$ (4,138,827)	\$ (2,075,842)
28	Variance - Favorable / (Unfavorable)	-162.8%	-131.9%	-171.9%	1207.8%	-260.9%	-587.9%	-44.3%	70.0%	-117.6%	-264.1%	1211.3%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
30	Date: 7/26/2023											
31												

	A	B	C	D	E	F	G	H	I	J	K	L
32	 Southwest Michigan Behavioral Health Summary Income Statement For the Fiscal YTD Period Ended 6/30/2023											
33												
34												
35		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
36												
37		Healthy Michigan Plan (HMP)										
38	Contract Revenue	\$ 39,677,284	\$ 9,550,624	\$ 30,126,660	\$ 1,666,494	\$ 6,473,067	\$ 1,557,640	\$ 6,118,943	\$ 2,000,941	\$ 7,685,807	\$ 1,488,029	\$ 3,135,740
39	Budget v Actual	\$ 2,791,128	\$ 2,475,961	\$ 315,167	\$ 167,600	\$ 682,119	\$ 156,774	\$ 609,445	\$ 243,091	\$ (1,027,806)	\$ (837,016)	\$ 320,961
40	% Variance - Fav / (Unfav)	7.6%	35.0%	1.1%	11.2%	11.8%	11.2%	11.1%	13.8%	-11.8%	-36.0%	11.4%
41												
42	Healthcare Cost	\$ 28,613,431	\$ 10,305,829	\$ 18,307,602	\$ 1,234,351	\$ 4,061,420	\$ 1,285,175	\$ 4,662,046	\$ 761,075	\$ 2,903,539	\$ 1,177,191	\$ 2,222,805
43	Budget v Actual	\$ (3,160,449)	\$ (4,057,471)	\$ 897,022	\$ (223,205)	\$ (1,204,741)	\$ 636,071	\$ (125,622)	\$ (12,505)	\$ 1,269,455	\$ 1,081,865	\$ (524,297)
44	% Variance - Fav / (Unfav)	-12.4%	-64.9%	4.7%	-22.1%	-42.2%	33.1%	-2.8%	-1.7%	30.4%	47.9%	-30.9%
45	MLR	72.1%	107.9%	60.8%	74.1%	62.7%	82.5%	76.2%	38.0%	37.8%	79.1%	70.9%
46												
47	Managed Care Administration	\$ 2,550,113	\$ 745,316	\$ 1,804,797	\$ 157,895	\$ 364,989	\$ 112,756	\$ 464,870	\$ 115,152	\$ 175,775	\$ 164,896	\$ 248,465
48	Budget v Actual	\$ (329,373)	\$ 231,537	\$ (560,910)	\$ (30,263)	\$ (145,025)	\$ (9,579)	\$ (99,502)	\$ (13,484)	\$ (27,828)	\$ (106,930)	\$ (128,299)
49	% Variance - Fav / (Unfav)	-14.8%	23.7%	-45.1%	-23.7%	-65.9%	-9.3%	-27.2%	-13.3%	-18.8%	-184.5%	-106.8%
50	ACR	8.2%	2.4%	5.8%	11.3%	8.2%	8.1%	9.1%	13.1%	5.7%	12.3%	10.1%
51												
52	Total Contract Cost	\$ 31,163,544	\$ 11,051,145	\$ 20,112,399	\$ 1,392,246	\$ 4,426,408	\$ 1,397,931	\$ 5,126,916	\$ 876,227	\$ 3,079,314	\$ 1,342,087	\$ 2,471,270
53	Budget v Actual	\$ 27,673,722	\$ 7,225,211	\$ 20,448,511	\$ 1,138,778	\$ 3,076,643	\$ 2,024,423	\$ 4,901,792	\$ 850,238	\$ 4,320,942	\$ 2,317,022	\$ 1,818,674
54	% Variance - Fav / (Unfav)	-12.6%	-53.0%	1.6%	-22.3%	-43.9%	30.9%	-4.6%	-3.1%	28.7%	42.1%	-35.9%
55												
56												
57	Net before Settlement	\$ 8,513,740	\$ (1,500,521)	\$ 10,014,261	\$ 274,248	\$ 2,046,658	\$ 159,709	\$ 992,026	\$ 1,124,714	\$ 4,606,493	\$ 145,942	\$ 664,470
58	Budget v Actual	\$ (698,694)	\$ (1,349,973)	\$ 651,279	\$ (85,868)	\$ (667,646)	\$ 783,266	\$ 384,321	\$ 217,102	\$ 213,821	\$ 137,919	\$ (331,635)
59	% Variance - Fav / (Unfav)	-7.6%	896.7%	7.0%	-23.8%	-24.6%	-125.6%	63.2%	23.9%	4.9%	1719.0%	-33.3%
60	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
61	Date: 7/26/2023											

	E	F	H	J	K	M	N	O	P	Q	R	S	
1	Southwest Michigan Behavioral Health			Mos in Period									
2	For the Fiscal YTD Period Ended 6/30/2023			P09FYTD22			9						
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT			TOTAL	Medicaid Contract	Healthy Michigan Contract	Opioid Health Home Contract	CCBHC	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central
5													
6	REVENUE												
17	Contract Revenue	261,576,583	187,151,098	39,677,284	1,448,808	24,838,244	1,327,631	-	5,747,337	1,386,181	-	-	
18	DHHS Incentive Payments	334,638	334,638	-	-	-	-	-	-	-	-	-	
19	Grants and Earned Contracts	714,039	-	-	-	-	-	714,039	-	-	-	-	
20	Interest Income - Working Capital	438,955	-	-	-	-	-	-	-	-	-	438,955	
21	Interest Income - ISF Risk Reserve	111,985	-	-	-	-	-	-	-	-	-	111,985	
22	Local Funds Contributions	967,014	-	-	-	-	-	-	-	-	-	967,014	
23	Other Local Income	-	-	-	-	-	-	-	-	-	-	-	
24													
25	TOTAL REVENUE	264,143,214	187,485,736	39,677,284	1,448,808	24,838,244	1,327,631	714,039	5,747,337	1,386,181	1,517,954		
26													
27	EXPENSE												
28	Healthcare Cost												
29	Provider Claims Cost	21,157,000	3,990,671	7,493,381	972,828	-	2,352,436	504,676	4,718,662	1,124,346	-	-	
30	CMHP Subcontracts, net of 1st & 3rd party	213,638,112	171,078,369	18,307,602	-	23,363,192	126,681	-	762,268	-	-	-	
31	Insurance Provider Assessment Withhold (IPA)	2,849,203	1,972,843	876,360	-	-	-	-	-	-	-	-	
32	Medicaid Hospital Rate Adjustments	4,077,920	2,141,832	1,936,088	-	-	-	-	-	-	-	-	
33	MHL Cost in Excess of Medicare FFS Cost	-	1,225,540	-	-	-	(1,225,540)	-	-	-	-	-	
34													
35	Total Healthcare Cost	241,722,236	180,409,255	28,613,431	972,828	23,363,192	1,253,577	504,676	5,480,930	1,124,346	-	-	
36	Medical Loss Ratio (HCC % of Revenue)	92.3%	96.2%	72.1%	67.1%	94.1%	94.4%		95.4%	81.1%			
37													
39	Purchased Professional Services	272,202	-	-	-	-	-	-	-	-	-	272,202	
40	Administrative and Other Cost	6,852,767	-	-	-	-	-	209,363	79,139	-	-	6,567,094	
42	Depreciation	4,292	-	-	-	-	-	-	-	-	-	4,292	
43	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-	-	
44	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	-	-	(2,828)	
45	Delegated Managed Care Admin	16,776,837	14,969,601	1,804,797	-	-	2,439	-	-	-	-	-	
46	Apportioned Central Mgd Care Admin	-	5,014,619	745,316	28,102	674,895	71,615	20,627	203,234	-	-	(6,758,408)	
47													
48	Total Administrative Cost	23,906,099	19,984,220	2,550,113	28,102	674,895	74,054	229,989	282,373	-	82,352		
49	Admin Cost Ratio (MCA % of Total Cost)	9.0%	10.0%	8.2%	2.8%	2.8%	5.6%		4.9%	0.0%	2.5%		
50													
51	Local Funds Contribution	967,014	-	-	-	-	-	-	-	-	-	967,014	
52													
54	TOTAL COST after apportionment	266,595,348	200,393,475	31,163,544	1,000,930	24,038,087	1,327,631	734,665	5,763,303	1,124,346	1,049,366		
55													
56	NET SURPLUS before settlement	(2,452,134)	(12,907,739)	8,513,740	447,878	800,157	-	(20,627)	(15,966)	261,835	468,588		
57	Net Surplus (Deficit) % of Revenue	-0.9%	-6.9%	21.5%	30.9%	3.2%	0.0%	-2.9%	-0.3%	18.9%	30.9%		
59	Prior Year Savings	23,380,922	22,369,140	1,011,782	-	-	-	-	-	-	-	-	
60	Change in PA2 Fund Balance	(245,869)	-	-	-	-	-	-	-	(245,869)	-	-	
61	ISF Risk Reserve Abatement (Funding)	(111,985)	-	-	-	-	-	-	-	-	-	(111,985)	
62	ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-	-	-	
63	CCBHC Supplemental Receivable (Payable)	(148,708)	-	-	-	(148,708)	-	-	-	-	-	-	
64	Settlement Receivable / (Payable)	(5,879,676)	1,674,856	(6,455,206)	(447,878)	(651,449)	-	-	15,966	(15,966)	-	-	
65	NET SURPLUS (DEFICIT)	14,542,550	11,136,257	3,070,316	-	-	-	(20,627)	-	-	356,603		
66	HMP & Autism is settled with Medicaid												
67													
68	SUMMARY OF NET SURPLUS (DEFICIT)												
69	Prior Year Unspent Savings	5,845,231	5,592,285	252,946	-	-	-	-	-	-	-	-	
70	Current Year Savings	7,262,016	4,444,645	2,817,371	-	-	-	-	-	-	-	-	
71	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-	-	
72	Local and Other Funds Surplus/(Deficit)	1,435,303	1,099,327	-	-	-	-	(20,627)	-	-	356,603		
73													
74	NET SURPLUS (DEFICIT)	14,542,550	11,136,257	3,070,316	-	-	-	(20,627)	-	-	356,603		
75													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 6/30/2023			9										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5	Estimate P09													
6	Medicaid Specialty Services				HCC%		79.9%	87.4%	83.2%	85.0%	86.9%	87.5%	86.1%	86.3%
7	Subcontract Revenue			187,151,098	12,646,329	174,504,769	8,615,140	36,351,853	10,195,437	34,352,209	10,993,058	46,340,407	9,467,403	18,189,262
8	Incentive Payment Revenue			334,638	192,801	141,837	3,177	32,762	-	88,425	-	-	17,473	-
9	Contract Revenue			187,485,736	12,839,130	174,646,606	8,618,317	36,384,615	10,195,437	34,440,634	10,993,058	46,340,407	9,484,876	18,189,262
10														
11	External Provider Cost			141,036,629	3,990,671	137,045,958	3,928,404	28,651,167	6,247,583	23,311,384	7,711,119	44,552,491	10,229,234	12,414,577
12	Internal Program Cost			34,671,935	-	34,671,935	3,256,259	7,465,345	2,201,909	9,293,224	3,687,893	2,086,604	746,478	5,934,223
13	SSI Reimb, 1st/3rd Party Cost Offset			(512,843)	-	(512,843)	(10,712)	-	-	(42,758)	-	(365,219)	(404)	(93,750)
14	Insurance Provider Assessment Withhold (IPA)			4,114,675	4,114,675	-	-	-	-	-	-	-	-	-
15	MHL Cost in Excess of Medicare FFS Cost			1,240,475	1,240,475	-	-	-	-	-	-	-	-	-
16	Total Healthcare Cost			180,550,871	9,345,821	171,205,050	7,173,951	36,116,512	8,449,491	32,561,850	11,399,012	46,273,876	10,975,308	18,255,050
17	Medical Loss Ratio (HCC % of Revenue)			96.3%	72.8%	98.0%	83.2%	99.3%	82.9%	94.5%	103.7%	99.9%	115.7%	100.4%
18														
19	Managed Care Administration			19,986,660	5,014,619	14,972,040	917,672	3,233,590	822,985	2,931,549	980,164	2,823,455	1,081,201	2,181,424
20	Admin Cost Ratio (MCA % of Total Cost)			10.0%	2.5%	7.5%	11.3%	8.2%	8.9%	8.3%	7.9%	5.8%	9.0%	10.7%
21														
22	Contract Cost			200,537,530	14,360,441	186,177,090	8,091,622	39,350,103	9,272,476	35,493,399	12,379,176	49,097,331	12,056,509	20,436,474
23	Net before Settlement			(13,051,795)	(1,521,311)	(11,530,484)	526,694	(2,965,488)	922,961	(1,052,765)	(1,386,118)	(2,756,924)	(2,571,633)	(2,247,212)
24														
25	Prior Year Savings			22,369,140	22,369,140	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve			-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution			1,674,856	(9,855,627)	11,530,484	(526,694)	2,965,488	(922,961)	1,052,765	1,386,118	2,756,924	2,571,633	2,247,212
28	Net after Settlement			10,992,202	10,992,202	-	-	-	-	-	-	-	-	-
29														
30	Eligibles and PMPM													
31	Average Eligibles			182,670	182,670	182,670	10,112	34,345	10,789	35,454	10,677	47,833	15,067	18,393
32	Revenue PMPM			\$ 114.04	\$ 7.81	\$ 106.23	\$ 94.70	\$ 117.71	\$ 105.00	\$ 107.94	\$ 114.40	\$ 107.64	\$ 69.95	\$ 109.88
33	Expense PMPM			\$ 121.98	\$ 8.73	\$ 113.24	\$ 88.91	\$ 127.30	\$ 95.49	\$ 111.23	\$ 128.82	\$ 114.05	\$ 88.91	\$ 123.46
34	Margin PMPM			\$ (7.94)	\$ (0.93)	\$ (7.01)	\$ 5.79	\$ (9.59)	\$ 9.51	\$ (3.30)	\$ (14.42)	\$ (6.40)	\$ (18.96)	\$ (13.58)
35														
36	Medicaid Specialty Services													
37	Budget v Actual													
38														
39	Eligible Lives (Average Eligibles)													
40	Actual			182,670	182,670	182,670	10,112	34,345	10,789	35,454	10,677	47,833	15,067	18,393
41	Budget			174,379	174,379	174,379	9,423	33,008	10,297	33,586	10,237	45,533	14,354	17,941
42	Variance - Favorable / (Unfavorable)			8,291	8,291	8,291	689	1,337	492	1,868	440	2,300	713	452
43	% Variance - Fav / (Unfav)			4.8%	4.8%	4.8%	7.3%	4.1%	4.8%	5.6%	4.3%	5.1%	5.0%	2.5%
44														
45	Contract Revenue before settlement													
46	Actual			187,485,736	12,839,130	174,646,606	8,618,317	36,384,615	10,195,437	34,440,634	10,993,058	46,340,407	9,484,876	18,189,262
47	Budget			196,768,581	19,129,401	177,639,180	7,588,834	33,258,516	9,518,731	31,119,608	9,692,460	57,447,955	12,839,875	16,173,200
48	Variance - Favorable / (Unfavorable)			(9,282,845)	(6,290,271)	(2,992,574)	1,029,482	3,126,099	676,705	3,321,026	1,300,598	(11,107,547)	(3,354,999)	2,016,062
49	% Variance - Fav / (Unfav)			-4.7%	-32.9%	-1.7%	13.6%	9.4%	7.1%	10.7%	13.4%	-19.3%	-26.1%	12.5%
50														
51	Healthcare Cost													
52	Actual			180,550,871	9,345,821	171,205,050	7,173,951	36,116,512	8,449,491	32,561,850	11,399,012	46,273,876	10,975,308	18,255,050
53	Budget			158,967,617	7,934,081	151,033,536	6,702,532	29,156,605	9,362,115	30,659,352	9,251,155	39,793,395	10,843,751	15,264,631
54	Variance - Favorable / (Unfavorable)			(21,583,253)	(1,411,740)	(20,171,513)	(471,419)	(6,959,907)	912,623	(1,902,497)	(2,147,857)	(6,480,481)	(131,557)	(2,990,419)
55	% Variance - Fav / (Unfav)			-13.6%	-17.8%	-13.4%	-7.0%	-23.9%	9.7%	-6.2%	-23.2%	-16.3%	-1.2%	-19.6%
56														
57	Managed Care Administration													
58	Actual			19,986,660	5,014,619	14,972,040	917,672	3,233,590	822,985	2,931,549	980,164	2,823,455	1,081,201	2,181,424
59	Budget			17,005,514	6,429,581	10,575,933	846,029	2,258,495	345,777	2,349,795	1,256,453	2,010,514	428,930	1,079,940
60	Variance - Favorable / (Unfavorable)			(2,981,146)	1,414,961	(4,396,107)	(71,643)	(975,095)	(477,208)	(581,754)	276,289	(812,941)	(652,272)	(1,101,484)
61	% Variance - Fav / (Unfav)			-17.5%	22.0%	-41.6%	-8.5%	-43.2%	-138.0%	-24.8%	22.0%	-40.4%	-152.1%	-102.0%
62														
63	Total Contract Cost													
64	Actual			200,537,530	14,360,441	186,177,090	8,091,622	39,350,103	9,272,476	35,493,399	12,379,176	49,097,331	12,056,509	20,436,474
65	Budget			175,973,131	14,363,662	161,609,470	7,548,561	31,415,101	9,707,891	33,009,148	10,507,608	41,803,909	11,272,681	16,344,571
66	Variance - Favorable / (Unfavorable)			(24,564,399)	3,221	(24,567,620)	(543,061)	(7,935,002)	435,415	(2,484,251)	(1,871,568)	(7,293,422)	(783,828)	(4,091,903)
67	% Variance - Fav / (Unfav)			-14.0%	0.0%	-15.2%	-7.2%	-25.3%	4.5%	-7.5%	-17.8%	-17.4%	-7.0%	-25.0%
68														
69	Net before Settlement													
70	Actual			(13,051,795)	(1,521,311)	(11,530,484)	526,694	(2,965,488)	922,961	(1,052,765)	(1,386,118)	(2,756,924)	(2,571,633)	(2,247,212)
71	Budget			20,795,450	4,765,739	16,029,711	40,273	1,843,415	(189,160)	(1,889,539)	(815,148)	15,644,045	1,567,195	(171,370)
72	Variance - Favorable / (Unfavorable)			(33,847,244)	(6,287,050)	(27,560,194)	486,421	(4,808,903)	1,112,121	836,775	(570,969)	(18,400,969)	(4,138,827)	(2,075,842)
73				-162.8%	-131.9%	-171.9%	1207.8%	-260.9%	-587.9%	-44.3%	70.0%	-117.6%	-264.1%	1211.3%
74														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 6/30/2023			9										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5	Estimate P09													
75	Healthy Michigan Plan			HCC%			13.7%	9.8%	12.7%	12.1%	5.8%	9.1%	12.8%	10.5%
76	Contract Revenue			39,677,284	9,550,624	30,126,660	1,666,494	6,473,067	1,557,640	6,118,943	2,000,941	7,685,807	1,488,029	3,135,740
77														
78	External Provider Cost			17,607,498	7,493,381	10,114,117	498,696	1,567,894	470,416	2,232,218	147,591	2,734,304	1,131,954	1,331,044
79	Internal Program Cost			8,193,485	-	8,193,485	735,656	2,493,526	814,759	2,429,828	613,484	169,235	45,237	891,761
80	SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	-	-	-
81	Insurance Provider Assessment Withhold (IPA)			2,812,448	2,812,448	-	-	-	-	-	-	-	-	-
82	Total Healthcare Cost			28,613,431	10,305,829	18,307,602	1,234,351	4,061,420	1,285,175	4,662,046	761,075	2,903,539	1,177,191	2,222,805
83	Medical Loss Ratio (HCC % of Revenue)			72.1%	107.9%	60.8%	74.1%	62.7%	82.5%	76.2%	38.0%	37.8%	79.1%	70.9%
84														
85	Managed Care Administration			2,550,113	745,316	1,804,797	157,895	364,989	112,756	464,870	115,152	175,775	164,896	248,465
86	Admin Cost Ratio (MCA % of Total Cost)			8.2%	2.4%	5.8%	11.3%	8.2%	8.1%	9.1%	13.1%	5.7%	12.3%	10.1%
87														
88	Contract Cost			31,163,544	11,051,145	20,112,399	1,392,246	4,426,408	1,397,931	5,126,916	876,227	3,079,314	1,342,087	2,471,270
89	Net before Settlement			8,513,740	(1,500,521)	10,014,261	274,248	2,046,658	159,709	992,026	1,124,714	4,606,493	145,942	664,470
90														
91	Prior Year Savings			1,011,782	1,011,782	-	-	-	-	-	-	-	-	-
92	Internal Service Fund Risk Reserve			-	-	-	-	-	-	-	-	-	-	-
93	Contract Settlement / Redistribution			(6,455,206)	3,559,055	(10,014,261)	(274,248)	(2,046,658)	(159,709)	(992,026)	(1,124,714)	(4,606,493)	(145,942)	(664,470)
94	Net after Settlement			3,070,316	3,070,316	-	-	-	-	-	-	-	-	-
95														
96	Eligibles and PMPM													
97	Average Eligibles			81,144	81,144	81,144	4,148	15,817	3,868	14,837	4,932	23,532	6,244	7,767
98	Revenue PMPM			\$ 54.33	\$ 13.08	\$ 41.25	\$ 44.64	\$ 45.47	\$ 44.74	\$ 45.82	\$ 45.08	\$ 36.29	\$ 26.48	\$ 44.86
99	Expense PMPM			42.67	15.13	27.54	37.29	31.10	40.15	38.39	19.74	14.54	23.88	35.35
100	Margin PMPM			\$ 11.66	\$ (2.05)	\$ 13.71	\$ 7.35	\$ 14.38	\$ 4.59	\$ 7.43	\$ 25.34	\$ 21.75	\$ 2.60	\$ 9.51
101														
102	Healthy Michigan Plan													
103	Budget v Actual													
104														
105	Eligible Lives (Average Eligibles)													
106	Actual			81,144	81,144	81,144	4,148	15,817	3,868	14,837	4,932	23,532	6,244	7,767
107	Budget			74,889	74,889	74,889	3,793	14,729	3,546	13,688	4,485	21,571	5,873	7,204
108	Variance - Favorable / (Unfavorable)			6,255	6,255	6,255	355	1,087	323	1,150	447	1,960	371	563
109	% Variance - Fav / (Unfav)			8.4%	8.4%	8.4%	9.4%	7.4%	9.1%	8.4%	10.0%	9.1%	6.3%	7.8%
110														
111	Contract Revenue before settlement													
112	Actual			39,677,284	9,550,624	30,126,660	1,666,494	6,473,067	1,557,640	6,118,943	2,000,941	7,685,807	1,488,029	3,135,740
113	Budget			36,886,156	7,074,663	29,811,493	1,498,894	5,790,948	1,400,866	5,509,498	1,757,850	8,713,613	2,325,045	2,814,779
114	Variance - Favorable / (Unfavorable)			2,791,128	2,475,961	315,167	167,600	682,119	156,774	609,445	243,091	(1,027,806)	(837,016)	320,961
115	% Variance - Fav / (Unfav)			7.6%	35.0%	1.1%	11.2%	11.8%	11.2%	11.1%	13.8%	-11.8%	-36.0%	11.4%
116														
117	Healthcare Cost													
118	Actual			28,613,431	10,305,829	18,307,602	1,234,351	4,061,420	1,285,175	4,662,046	761,075	2,903,539	1,177,191	2,222,805
119	Budget			25,452,982	6,248,358	19,204,624	1,011,146	2,856,679	1,921,246	4,536,424	748,570	4,172,994	2,259,056	1,698,508
120	Variance - Favorable / (Unfavorable)			(3,160,449)	(4,057,471)	897,022	(223,205)	(1,204,741)	636,071	(125,622)	(12,505)	1,269,455	1,081,865	(524,297)
121	% Variance - Fav / (Unfav)			-12.4%	-64.9%	4.7%	-22.1%	-42.2%	33.1%	-2.8%	-1.7%	30.4%	47.9%	-30.9%
122														
123	Managed Care Administration													
124	Actual			2,550,113	745,316	1,804,797	157,895	364,989	112,756	464,870	115,152	175,775	164,896	248,465
125	Budget			2,220,740	976,853	1,243,887	127,632	219,964	103,176	365,368	101,668	147,947	57,966	120,166
126	Variance - Favorable / (Unfavorable)			(329,373)	231,537	(560,910)	(30,263)	(145,025)	(9,579)	(99,502)	(13,484)	(27,828)	(106,930)	(128,299)
127	% Variance - Fav / (Unfav)			-14.8%	23.7%	-45.1%	-23.7%	-65.9%	-9.3%	-27.2%	-13.3%	-18.8%	-184.5%	-106.8%
128														
129	Total Contract Cost													
130	Actual			31,163,544	11,051,145	20,112,399	1,392,246	4,426,408	1,397,931	5,126,916	876,227	3,079,314	1,342,087	2,471,270
131	Budget			27,673,722	7,225,211	20,448,511	1,138,778	3,076,643	2,024,423	4,901,792	850,238	4,320,942	2,317,022	1,818,674
132	Variance - Favorable / (Unfavorable)			(3,489,822)	(3,825,934)	336,112	(253,468)	(1,349,766)	626,492	(225,124)	(25,989)	1,241,628	974,935	(652,596)
133	% Variance - Fav / (Unfav)			-12.6%	-53.0%	1.6%	-22.3%	-43.9%	30.9%	-4.6%	-3.1%	28.7%	42.1%	-35.9%
134														
135	Net before Settlement													
136	Actual			8,513,740	(1,500,521)	10,014,261	274,248	2,046,658	159,709	992,026	1,124,714	4,606,493	145,942	664,470
137	Budget			9,212,434	(150,548)	9,362,982	360,116	2,714,305	(623,557)	607,706	907,612	4,392,672	8,023	996,105
138	Variance - Favorable / (Unfavorable)			(698,694)	(1,349,973)	651,279	(85,868)	(667,646)	783,266	384,321	217,102	213,821	137,919	(331,635)
139				-7.6%	896.7%	7.0%	-23.8%	-24.6%	-125.6%	63.2%	23.9%	4.9%	1719.0%	-33.3%

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 6/30/2023			9										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT													
5	Estimate P09													
159														
160	Certified Community Behavioral Health Clin			HCC%		0.0%		0.0%	0.0%	0.0%	27.0%	25.1%	0.0%	
161	Contract Revenue	24,838,244	442,857	24,395,387	-	-	-	-	-	-	18,352,344	6,043,043	-	
162	External Provider Cost	8,502,740	-	8,502,740	-	-	-	-	-	-	4,357,937	4,144,803	-	
164	Internal Program Cost	14,860,452	-	14,860,452	-	-	-	-	-	-	14,860,452	-	-	
165	SSI Reimb, 1st/3rd Party Cost Offset	-	-	-	-	-	-	-	-	-	-	-	-	
166	Total Healthcare Cost	23,363,192	-	23,363,192	-	-	-	-	-	-	19,218,389	4,144,803	-	
167	Medical Loss Ratio (HCC % of Revenue)	94.1%	0.0%	95.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	104.7%	68.6%	0.0%	
168	Managed Care Administration	674,895	674,895	-	-	-	-	-	-	-	-	-	-	
170	Admin Cost Ratio (MCA % of Total Cost)	2.8%	2.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
171	Contract Cost	24,038,087	674,895	23,363,192	-	-	-	-	-	-	19,218,389	4,144,803	-	
173	Net before Settlement	800,157	(232,038)	1,032,195	-	-	-	-	-	-	(866,045)	1,898,240	-	
174	PPS-1 Supplemental Payment Difference	-	(148,708)	148,708	-	-	-	-	-	-	(610,734)	759,442	-	
175	Contract Settlement / Redistribution	-	(883,487)	883,487	-	-	-	-	-	-	(255,312)	1,138,799	-	
176	Net after Settlement	-	(883,487)	883,487	-	-	-	-	-	-	(255,312)	1,138,799	-	
177														
178														
179	SUD Block Grant Treatment			HCC%		0.4%		0.5%	0.3%	0.0%	2.6%	0.0%	0.2%	0.5%
180	Contract Revenue	5,747,337	5,311,454	435,883	28,316	146,472	21,200	-	43,558	83,968	59,226	53,143		
181	External Provider Cost	4,718,662	4,718,662	-	-	-	-	-	-	-	-	-	-	
183	Internal Program Cost	762,268	-	762,268	37,582	213,869	31,617	-	345,422	-	31,435	102,343		
184	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
185	Total Healthcare Cost	5,480,930	4,718,662	762,268	37,582	213,869	31,617	-	345,422	-	31,435	102,343		
186	Medical Loss Ratio (HCC % of Revenue)	95.4%	88.8%	174.9%	132.7%	146.0%	149.1%	0.0%	793.0%	0.0%	53.1%	192.6%		
187	Managed Care Administration	282,373	282,373	-	-	-	-	-	-	-	-	-		
189	Admin Cost Ratio (MCA % of Total Cost)	4.9%	4.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
190	Contract Cost	5,763,303	5,001,035	762,268	37,582	213,869	31,617	-	345,422	-	31,435	102,343		
192	Net before Settlement	(15,966)	310,419	(326,385)	(9,266)	(67,398)	(10,417)	-	(301,864)	83,968	27,791	(49,200)		
193	Contract Settlement	15,966	(310,419)	326,385	9,266	67,398	10,417	-	301,864	(83,968)	(27,791)	49,200		
194	Net after Settlement	0	0	-	-	-	-	-	-	-	-	-		
195														
196														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 6/30/2023			9										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5	Estimate P09													
197	SWMBH CMHP Subcontracts													
198	Subcontract Revenue	257,413,963	27,951,263	229,462,700	10,309,950	42,971,391	11,774,277	40,471,152	13,037,557	72,462,526	17,057,702	21,378,145		
199	Incentive Payment Revenue	334,638	192,801	141,837	3,177	32,762	-	88,425	-	-	17,473	-		
200	Contract Revenue	257,748,601	28,144,064	229,604,537	10,313,127	43,004,153	11,774,277	40,559,577	13,037,557	72,462,526	17,075,175	21,378,145		
201														
202	External Provider Cost	171,865,529	16,202,714	155,662,815	4,427,100	30,219,061	6,717,999	25,543,602	7,858,710	51,644,732	15,505,991	13,745,621		
203	Internal Program Cost	58,488,140	-	58,488,140	4,029,496	10,172,740	3,048,285	11,723,052	4,646,799	17,116,291	823,150	6,928,327		
204	SSI Reimb., 1st/3rd Party Cost Offset	(512,843)	-	(512,843)	(10,712)	-	-	(42,758)	-	(365,219)	(404)	(93,750)		
205	Insurance Provider Assessment Withhold (IPA)	6,927,123	6,927,123	-	-	-	-	-	-	-	-	-		
206	MHL Cost in Excess of Medicare FFS Cost	1,240,475	1,240,475	-	-	-	-	-	-	-	-	-		
207	Total Healthcare Cost	238,008,424	24,370,312	213,638,112	8,445,884	40,391,801	9,766,284	37,223,896	12,505,509	68,395,804	16,328,737	20,580,198		
208	Medical Loss Ratio (HCC % of Revenue)	92.3%	86.6%	93.0%	81.9%	93.9%	82.9%	91.8%	95.9%	94.4%	95.6%	96.3%		
209														
210	Managed Care Administration	23,494,041	6,717,203	16,776,837	1,075,567	3,598,579	935,740	3,396,420	1,095,316	2,999,230	1,246,097	2,429,889		
211	Admin Cost Ratio (MCA % of Total Cost)	9.0%	2.6%	6.4%	11.3%	8.2%	8.7%	8.4%	8.1%	4.2%	7.1%	10.6%		
212														
213	Contract Cost	261,502,465	31,087,515	230,414,950	9,521,450	43,990,380	10,702,024	40,620,315	13,600,825	71,395,034	17,574,834	23,010,087		
214	Net before Settlement	(3,753,864)	(2,943,451)	(810,413)	791,676	(986,227)	1,072,253	(60,738)	(563,268)	1,067,492	(499,659)	(1,631,942)		
215														
216	Prior Year Savings	23,380,922	23,380,922	-	-	-	-	-	-	-	-	-		
217	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
218	Contract Settlement	(4,764,383)	(6,458,282)	1,693,900	(791,676)	986,227	(1,072,253)	60,738	563,268	(1,322,804)	1,638,458	1,631,942		
219	Net after Settlement	14,862,675	13,979,188	883,487	-	-	0	0	-	(255,312)	1,138,799	-		
220														
221														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 6/30/2023			9										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5	Estimate P09													
222	State General Fund Services			HCC%	2.4%	6.0%	2.3%	3.9%	2.9%	4.8%	1.4%	1.0%	2.8%	
223	Contract Revenue				9,738,344	712,299	1,656,288	701,266	1,394,062	669,100	2,925,387	781,920	898,022	
224														
225	External Provider Cost				796,178	87,577	96,575	54,697	137,843	317,609	-	-	101,878	
226	Internal Program Cost				3,407,494	449,880	847,353	340,856	975,707	307,635	-	-	486,063	
227	SSI Reimb, 1st/3rd Party Cost Offset				-	-	-	-	-	-	-	-	-	
228	Total Healthcare Cost				4,203,672	537,457	943,927	395,553	1,113,550	625,244	-	-	587,941	
229	Medical Loss Ratio (HCC % of Revenue)				43.2%	75.5%	57.0%	56.4%	79.9%	93.4%	0.0%	0.0%	65.5%	
230														
231	Managed Care Administration				401,451	77,466	77,064	59,326	81,266	41,569	-	-	64,759	
232	Admin Cost Ratio (MCA % of Total Cost)				8.7%	12.6%	7.5%	13.0%	6.8%	6.2%	0.0%	0.0%	9.9%	
233														
234	Contract Cost				4,605,122	614,923	1,020,991	454,879	1,194,817	666,813	-	-	652,700	
235	Net before Settlement				5,133,221	97,376	635,297	246,387	199,245	2,287	2,925,387	781,920	245,322	
236														
237	Other Redistributions of State GF				(302,763)	-	(352,668)	(218,399)	(341,918)	66,681	329,670	34,037	179,834	
238	Contract Settlement				(94,712)	(94,712)	-	-	-	-	-	-	-	
239	Net after Settlement				4,735,746	2,664	282,629	27,988	(142,673)	68,968	3,255,057	815,957	425,156	
240														