



Southwest Michigan Behavioral Health Board Meeting

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

August 12, 2022

9:30 am to 11:30 am

(d) means document provided

Draft: 8/2/22

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - Sherii Sherban, Summit Pointe-Calhoun County
4. **Consent Agenda**
 - June 10, 2022 SWMBH Board Meeting Minutes (d) pg.3
5. **Operations Committee**
 - a. Operations Committee May 25, 2022 Meeting minutes (d) pg.8
 - b. Operations Committee Quarterly Report (D. Hess) (d) pg.10
6. **Ends Metrics Updates (*Requires motion)**

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

 - Applied Behavioral Analysis (J. Gardner) (d) pg.11
7. **Board Actions to be Considered**
 - None
8. **Board Policy Review**

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

 - Revised BEL-007 Compensation and Benefits (B. Casemore) (d) pg.12
9. **Executive Limitations Review**

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

 - a. BEL-007 Compensation and Benefits (E. Krogh) (d) pg.14
 - b. EO-003 Emergency Executive Officer Succession (B. Casemore) (d) pg.18

10. Board Education

- a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d) pg.19
- b. Fiscal Year 2023 Budget Assumptions (T. Dawson) (d) pg.27
- c. Certified Community Behavioral Health Clinic (E. Philander) (d) pg.37

11. Communication and Counsel to the Board

- a. Cass Woodlands Behavioral Health Network
- b. Opioid Advisory Commission (d) pg.49
- c. Signed SWMBH Retirement Plan Revisions (d) pg.55
- d. System Transformation Legislation
- e. Fiscal Year 2023 State Budget (d) pg.57
- f. 7th Annual Healthcare Forum-October 7, 2022 (d) pg.61
- g. Policy Governance Boot Camp (d) pg.62
- h. September 9, 2022 Board Agenda (d) pg.63
- i. Board Member Attendance Roster (d) pg.65
- j. September Direct Inspection Reports- BEL-004 Treatment of Staff (R. Perino); BEL-005 Treatment of Plan Members (R. Perino); BEL-009 Global Executive Constraints (S. Barnes)

12. Public Comment

13. Adjournment

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

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

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

Next Board Meeting

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
September 9, 2022
9:30 am - 11:00 am

Southwest Michigan

BEHAVIORAL HEALTH

Board Meeting Minutes

June 10, 2022

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

9:30 am-11:30 am

Draft: 6/10/22

Members Present: Tom Schmelzer, Susan Barnes, Bob Becker, Carol Naccarato, Louie Csokasy, Karen Longanecker

Member attending virtually: Edward Meny

Members Absent: Ruth Perino, Marcia Starkey, Erik Krogh

Guests Present: Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Alison Strasser, Compliance Specialist III, SWMBH; Mandi Quigley, Summit Pointe; Tim Smith, Woodlands; Jon Houtz, Board Alternate for Pines Behavioral Health; Jeff Patton, ISK; Ric Compton, Riverwood Center; Cameron Bullock, STJCMH; John Arendshorst, Varnum Law

Welcome Guests

Tom Schmelzer called the meeting to order at 9:30 am. Brad Casemore noted that a request under the ADA was received from Edward Meny, reviewed by SWMBH Counsel and Edward Meny was approved to attend the Board meeting virtual with rights to deliberate and vote.

Public Comment

None

Agenda Review and Adoption

Motion	Bob Becker moved to accept the agenda with the additions of Financial Interest Disclosure for Karen Longanecker and moving Policy BEL-002 Financial Conditions to the August Board meeting.
Second	Susan Barnes
Motion Carried	

Financial Interest Disclosure (FID) Handling

Alison Strasser reviewed financial interest disclosures for Louie Csokasy, Cass County appointed SWMBH Board member.

Motion	Carol Naccarato moved that a conflict exists and that: <ol style="list-style-type: none">1) The Board is not able to obtain a more advantageous arrangement with someone other than Louie Csokasy2) The Financial Interest disclosed by Louie Csokasy is not so substantial as to be likely to affect the integrity of the services that SWMBH may expect to receive; and
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3) A Conflict-of-Interest Waiver should be granted.
Second Susan Barnes
Motion Carried

Alison Strasser reviewed financial interest disclosures for Karen Longanecker, Kalamazoo County appointed SWMBH Board Alternate.

Motion Bob Becker moved that a conflict exists and that:
1) The Board is not able to obtain a more advantageous arrangement with someone other than Karen Longanecker
2) The Financial Interest disclosed by Karen Longanecker is not so substantial as to be likely to affect the integrity of the services that SWMBH may expect to receive; and
3) A Conflict-of-Interest Waiver should be granted.
Second Carol Naccarato
Motion Carried

Consent Agenda

Motion Susan Barnes moved to approve the April 8, 2022, and May 13, 2022 Board meeting minutes as presented.
Second Carol Naccarato
Motion Carried

Operations Committee

Operations Committee Meeting Minutes

Tom Schmelzer noted the April 27, 2022 Operations Committee meeting minutes in the packet. No questions from the Board.

Ends Metrics

Contractual Obligations Adherence: State Opioid Response Grant

Brad Casemore reported as documented and thanked Joel Smith and his team for their work and success with this grant.

Motion Susan Barnes moved that the data is relevant and compelling, and the Ends do not need revision.
Second Carol Naccarato
Motion Carried

Board Actions to be Considered

Roslund Prestage Audit Report Fiscal Year 2021

Tracy Dawson reported as documented. Discussion followed.

Motion Bob Becker moved to accept the Fiscal Year 2021 Audit Report as presented.
Second Louie Csokasy

2022 Operations Committee Self-Evaluation Report

Brad Casemore reported as documented. Discussion followed.

Motion Carol Naccarato moved to approve the 2022 Operations Committee Self-Evaluation report as presented.

Second Susan Barnes

Operating Agreement Review

Brad Casemore reported as documented. Discussion followed.

Motion Carol Naccarato moved to approve the Operating Agreement as presented with no recommended revisions.

Second Susan Barnes

Retirement Plan Revisions

Brad Casemore reviewed history and summary document as presented.

John Arendshorst reported as documented. Discussion followed.

Motion Bob Becker moved to approve the resolution with the addition of "Any and all retirement plan revisions must come to the Board."

Second Susan Barnes

Roll Call Vote

Ed Meny yes

Tom Schmelzer yes

Carol Naccarato yes

Bob Becker yes

Susan Barnes yes

Louie Csokasy yes

Karen Longanecker yes

Motion Carried

Board Policy Review

BG-011 Governing Style

Tom Schmelzer reported as documented.

Motion Susan Barnes moved that the Board is in compliance with BG-011 Governing Style and the policy does not need revision.

Second Carol Naccarato

Motion Carried

BG-012 Open Meeting Act and Freedom of Information Act

Tom Schmelzer reported as documented.

Motion Bob Becker moved that the Board is in compliance with BG-012 Open Meetings Act and Freedom of Information Act and the policy does not need revision.

Second Karen Longanecker

Motion Carried

Executive Limitations Review

BEL-002 Financial Conditions

This policy was moved to the August Board meeting and Louie Csokasy volunteered to review the policy and associated materials.

BEL-006 Investments

Carol Naccarato reported as documented.

Motion Carol Naccarato moved that the Executive Officer is in compliance with BEL-006 Investments and the policy does not need revision.

Second Susan Barnes

Motion Carried

Board Education

Fiscal Year 2022 Year to Date Financial Statements

Tracy Dawson reported as documented. Discussion followed.

Fiscal Year 2023 Budget Assumptions and Budget Calendar

Tracy Dawson reported as documented. Discussion followed.

Milliman Certification

Tracy Dawson reported that the certification might be issued in August of this year.

Communication and Counsel to the Board

SW MI Journalism Collaborative

Brad Casemore reported as documented.

Board Retreat Debriefing

Brad Casemore asked the Board for feedback on the May 13th Board retreat meeting. Tom Schmelzer complimented Brad Casemore on getting Farah Hanley to present at the meeting.

Appreciation/Honor for Rep. Fred Upton

Brad Casemore shared developments in regards to Representative Upton's possible attendance at the October 7th Healthcare Forum and presenting him with a service award for his years of service in our Region.

System Transformation Legislation

Brad Casemore noted that Senator Shirkey may bring SB 597 and 598 to the full Senate for a vote.

October 7th Healthcare Policy Forum

Brad Casemore asked Board members to save the date and highlighted presenters and developments.

August 12th SWMBH Draft Board Agenda

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

Board Member Attendance Roster

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

Public Comment

None

Adjournment

Motion Karen Longanecker moved to adjourn at 11:06 am

Second Susan Barnes

Motion Carried

DRAFT

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: May 25, 2022 10:30am-11:30am**

Members Present – Jeannie Goodrich, Richard Thiemkey, Sue Germann, Kris Kirsch, Cameron Bullock, Tim Smith, Ric Compton, Debbie Hess

Guests present – Brad Casemore, CEO, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; and Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Call to Order – Sue Germann began the meeting at 10:30 am.

Review and approve agenda – Agenda approved as presented.

Review and approve minutes from 4/27/22 Operations Committee Meeting – Minutes were approved by the Committee.

Fiscal Year 2022 Year to Date Financials – Tracy Dawson reported that financials are not ready yet due to one CMH not submitting financials and will send them out as soon as they are ready.

System Transformation – Brad Casemore stated that there is nothing new to report at this time. Group discussed items circulating at the State level.

Board Retreat Debrief – Group discussed Board Retreat presenters, materials and feedback from Board.

Opioid Settlement – Brad Casemore shared that the PIHPs are meeting with the State and Attorney General's Office on June 2nd to discuss the Opioid Settlement and statutes from the Mental Health Code denoting statutory responsibilities regarding the PIHPs and CMHEs.

October 7th Health Policy Forum – Brad Casemore announced October 7, 2022 save the date for SWMBH's 7th Annual Healthcare Policy Forum. Brad Casemore shared planning processes and group discussion followed.

Fiscal Year 2023 Budget Process/details – Tracy Dawson noted that SWMBH will use the same process as last year and sent the Budget calendar to the CMH CFOs. Tracy Dawson stated that if the Public Health Emergency ends then that will effect revenue and rates and templates will be sent out on June 6th. Brad Casemore reminded group that August and September Board meetings will be a preview of the Regional Budget with final approval at the October Board meeting.

Levels of Care (LOC) Update – Anne Wickham reported as documented.

Missing & Out of Date LOCUS in BH TEDS – Brad Casemore reported as documented. Discussion followed.

Behavioral Health Treatment Episode Data Set (BH TEDS) – Brad Casemore noted the report as documented.

SW MI Journalism Collaborative – Brad Casemore displayed the SW MI Journalism Collaborative website noting their focus areas in our region and recommended that each CMH reach out to them if desired.

June 10, 2022 SWMBH Board Agenda – Brad Casemore noted the agenda in the packet for the group's review.

June 22, 2022 Operations Committee Agenda – Brad Casemore noted the agenda in the packet for the group's review.

Adjourned – Meeting adjourned at 11:30am



**Operations Committee Board Report
Quarterly Report for April, May, June 2022
Board Date 8/12/22**

Action items:

- Annual review of Operating Agreement
- Annual Self-Evaluation

Discussion items:

- Multiple topics for information, review and updates are discussed at each meeting as we move to making recommendations for actions. Some recommendations are to SWMBH management, and some go to SWMBH Board. Much information and recommendations are taken by Operations members take back to their own CMH's. Some of the topics from this quarter included:
 - Reviewed year to date financial reports, actions being taken to decrease expenditures, and reviewed state level actions which impact financials
 - Reviewed Fiscal Year 2022 Budget
 - Reviewed Fiscal Year 2022 Contract Status/Updates
 - Reviewed Fiscal Year 2021 Performance Bonus Incentive Program developments
 - Reviewed State changes regarding Medicaid Utilization Net Cost (MUNC)/Encounter Quality Improvement (EQI)
 - Reviewed Fiscal Year 2021 Encounter Volumes
 - Reviewed Assessment Tools and Behavioral Health (BH) Treatment Episode Data Set (TEDS) status
 - Reviewed American Society of Addiction Medicine (ASAM) assessment tool implementation status and Opioid Health Homes (OHH) status
 - Reviewed Habilitation Supports Waiver Releases
 - Reviewed Grant Updates/Status (Block Grant, Opioid Health Homes)
 - Reviewed and discussed various State and Milliman rate setting documents and Cost Allocation Workgroup updates including Standard Cost Allocation
 - Reviewed Health Services Advisory Group (HSAG) Performance Measure Validation (PMV) and External Quality Review
 - Reviewed CMH Site Review schedule and processes
 - Annual review of SWMBH Utilization Management Plan
 - Discussed Direct Care Wage premium pay implementation
 - Reviewed Building Better Lives Project
 - Reviewed and discussed beginning Health Disparities Data
 - Reviewed MDHHS code changes
 - Discussion of Michigan Open Meetings Act
 - Discussion of Behavioral Health System Transformation proposals
 - Discussion of remote and face to face meetings
 - Discussion of awarded COVID supplemental funds
 - Discussion of Provider Network Capacity and Stability issues
 - Discussion of State's Unfunded Mandates
 - Discussion of CCBHC (Certified Community Behavioral Health Clinics) implementation and status
 - Discussion of Operations Committee annual Self-Evaluation
 - Discussion of CMHSP issues and challenges

Autism – Applied Behavior Analysis Board Ends Metric

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>Each quarter, at least 53% of parents and/or caregivers of youth and young adults receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Guidance. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.</p> <p>Metric Measurement Period: (10/1/20 - 9/30/21) Metric Board Report Date: March 11, 2022</p> <p>Measurement: $\frac{\text{\# of youth/young adults whose parents and/or caregivers received behavior treatment guidance at least once per quarter}}{\text{\# of youth/young adults receiving ABA services}}$</p> <p>Possible Points: 1 point awarded upon official Board approval.</p>	<p>Completed Successfully Pending Board Approval</p> <p>Measurement Period Concluded on 9/30/21</p> <ul style="list-style-type: none"> • Q1: 60.5% (207/342) • Q2: 59.7% (212/355) • Q3: 58.2% (217/373) • Q4: 54.7% (210/384) • Ave. 58.27% <p>Metric Benchmark Provided by MDHHS Performance Improvement Project specifications</p> <p>Executive Owners: Alena Lacey</p>

Metric Background and Purpose:

“The primary purpose of this metric is to highlight that families of clients with ABA are receiving the direct parent training. That parent training helps to generalize the skills their children are learning from the ABA center and into the home environment. It gives the parents the skills to support their children in completing tasks/utilizing their newly acquired skills effectively. Much like with therapy, even if the child is having success in the therapeutic setting, if there is not a change in the home environment the skills won’t be as effective and true growth won’t really be possible for the client. By ensuring that families know the importance of family training and by placing it as a goal of service delivery, we give our client’s a better chance of success for long term improvement and success.”

Recommended Motion for Approval:

The data is relevant and compelling, the executive officer is in compliance and the metric needs no revision at this time.

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 <u>08.15.2022</u>	Last Review Date: 7/09/21 <u>8/12/22</u>	Past Review Dates: 11/13/15, 1/13/17, 2/9/18, 4/12/19, 6/12/20, <u>7/09/21</u>

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.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: June 10, 2022
Assigned Reviewer: Eric Krogh

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 Fall/Winter of 2020/21. 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 June of 2021. The Covid19 pandemic has made hiring very competitive in the behavioral health field especially for those with advanced clinical degrees. SWMBH is currently reviewing the salary grades and all positions to assure that individuals are being compensated competitively.
- 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. A significant increase in satisfaction with Total Compensation was noted from August 2019 to December 2020, however this marker dipped a small amount in 2021. SWMBH is in process of 2022 staff survey and hopes to see results bounce back. 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.**

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. 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.

Attachments:

2021 Employee Manual

2021 Overview of Staff Survey Results

FY2022 New Employee Benefit Summary

-END

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	Last Review Date: 7/09/21	Past Review Dates: 11/13/15, 1/13/17, 2/9/18, 4/12/19,6/12/20

I. **PURPOSE:**

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

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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.

Southwest Michigan

B E H A V I O R A L H E A L T H

Section: Board Policy		Policy Number: EO-003	Pages: 1
Subject: Emergency EO Succession		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 06.13.2014	Last Review Date: 10.8.21	Past Review Dates: 11.14.14, 9.11.15, 9.9.16, 11.11.16, 11.10.17, 10.12.18, 11.8.19, 11.13.20	

I. **PURPOSE:**

In order to protect the Board from sudden loss of Executive Officer services.

II. **POLICY:**

In order to protect the Board from sudden loss of the Executive Officer services, the Executive Officer will have no less than two executives identified to the Board sufficiently familiar with Board and Executive Officer issues and processes to enable them to take over with reasonable proficiency as an interim Executive Officer if called upon by the Board.

	E	F	H	J	K	L	M	N	O	P	Q	R	S
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 6/30/2022												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
6													
7	REVENUE												
18	Contract Revenue	254,505,323	182,774,096	38,093,209	15,439,191	1,243,328	7,082,565	3,757,857	-	4,515,607	1,599,470	-	-
19	DHHS Incentive Payments	403,472	403,472	-	-	-	-	-	-	-	-	-	-
20	Grants and Earned Contracts	468,464	-	-	-	-	-	468,464	-	-	-	-	-
21	Interest Income - Working Capital	17,466	-	-	-	-	-	-	-	-	-	17,466	-
22	Interest Income - ISF Risk Reserve	806	-	-	-	-	-	-	-	-	-	806	-
23	Local Funds Contributions	967,014	-	-	-	-	-	-	-	-	-	967,014	-
24	Other Local Income	-	-	-	-	-	-	-	-	-	-	-	-
25													
26	TOTAL REVENUE	256,362,544	183,177,568	38,093,209	15,439,191	1,243,328	7,082,565	3,757,857	468,464	4,515,607	1,599,470	985,285	
27													
28	EXPENSE												
29	Healthcare Cost												
30	Provider Claims Cost	16,981,251	2,266,965	5,648,177	-	739,265	-	2,977,480	376,995	3,970,407	1,001,961	-	-
31	CMHP Subcontracts, net of 1st & 3rd party	185,759,265	138,020,843	15,091,556	11,220,406	-	20,354,993	675,473	-	395,995	-	-	-
32	Insurance Provider Assessment Withhold (IPA)	2,697,124	2,060,994	636,130	-	-	-	-	-	-	-	-	-
33	Medicaid Hospital Rate Adjustments	1,378,300	1,378,300	-	-	-	-	-	-	-	-	-	-
34	MHL Cost in Excess of Medicare FFS Cost	-	88,367	-	-	-	-	(88,367)	-	-	-	-	-
35													
36	Total Healthcare Cost	206,815,939	143,815,468	21,375,862	11,220,406	739,265	20,354,993	3,564,586	376,995	4,366,401	1,001,961	-	
37	Medical Loss Ratio (HCC % of Revenue)	81.1%	78.5%	56.1%	72.7%	59.5%	287.4%	94.9%		96.7%	62.6%		
39	Administrative Cost												
40	Purchased Professional Services	332,968	-	-	-	-	-	-	-	-	-	332,968	-
41	Administrative and Other Cost	6,741,276	-	-	-	-	-	-	117,911	3,142	-	6,617,138	-
42	Interest Expense	-	-	-	-	-	-	-	-	-	-	-	-
43	Depreciation	4,292	-	-	-	-	-	-	-	-	-	4,292	-
44	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-	-	-
45	Allocated Indirect Pooled Cost	(0)	-	-	-	-	-	-	-	-	-	3,085	-
46	Delegated Managed Care Admin	12,710,931	10,443,007	1,229,592	969,797	-	-	68,535	-	-	-	-	-
47	Apportioned Central Mgd Care Admin	(0)	4,790,381	708,196	383,141	25,244	695,058	124,737	16,899	149,206	-	(6,892,862)	-
48													
49	Total Administrative Cost	19,789,467	15,233,388	1,937,788	1,352,938	25,244	695,058	193,271	134,811	152,348	-	64,621	
50	Admin Cost Ratio (MCA % of Total Cost)	8.7%	9.6%	8.3%	10.8%	3.3%	3.3%	5.1%		3.4%	0.0%	3.0%	
51													
52	Local Funds Contribution	967,014	-	-	-	-	-	-	-	-	-	967,014	-
53	PBIP Transferred to CMHPs	-	-	-	-	-	-	-	-	-	-	-	-
54													
55	TOTAL COST after apportionment	227,572,420	159,048,856	23,313,650	12,573,344	764,509	21,050,051	3,757,857	511,806	4,518,749	1,001,961	1,031,635	
56													
57	NET SURPLUS before settlement	28,790,124	24,128,712	14,779,558	2,865,847	478,819	(13,967,486)	-	(43,343)	(3,142)	597,509	(46,350)	
58	Net Surplus (Deficit) % of Revenue	11.2%	13.2%	38.8%	18.6%	38.5%	-197.2%	0.0%	-9.3%	-0.1%	37.4%	-4.7%	
60	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	-
61	Change in PA2 Fund Balance	(594,367)	-	-	-	-	-	-	-	-	(594,367)	-	-
62	ISF Risk Reserve Abatement (Funding)	(806)	-	-	-	-	-	-	-	-	-	(806)	-
63	ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-	-	-	-
64	Settlement Receivable / (Payable)	(5,879,676)	(4,222,624)	(12,279,872)	(2,865,847)	(478,819)	13,967,486	-	-	3,142	(3,142)	-	-
65	NET SURPLUS (DEFICIT)	22,315,276	19,906,088	2,499,686	-	-	-	-	(43,343)	-	-	(47,156)	
66	HMP & Autism is settled with Medicaid												
67													
68	SUMMARY OF NET SURPLUS (DEFICIT)												
69	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	-	-	-
70	Current Year Savings	22,501,174	20,001,488	2,499,686	-	-	-	-	-	-	-	-	-
71	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-	-	-
72	Local and Other Funds Surplus/(Deficit)	(185,898)	(95,400)	-	-	-	-	-	(43,343)	-	-	(47,156)	-
74	NET SURPLUS (DEFICIT)	22,315,276	19,906,088	2,499,686	-	-	-	-	(43,343)	-	-	(47,156)	
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 6/30/2022			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%	81.2%	79.4%	79.0%	64.5%	84.6%	81.3%	35.5%	38.2%	81.5%	
7	Subcontract Revenue	189,856,661	6,791,037	183,065,624	7,590,248	33,119,183	9,503,237	31,087,837	9,725,702	57,733,622	18,100,184	16,205,612		
8	Incentive Payment Revenue	403,472	113,450	290,022	13,767	62,088	107,210	73,070	-	-	23,298	10,590		
9	Contract Revenue	190,260,134	6,904,488	183,355,646	7,604,015	33,181,270	9,610,447	31,160,907	9,725,702	57,733,622	18,123,482	16,216,201		
10	External Provider Cost	121,239,668	2,266,965	118,972,703	4,046,521	19,710,372	5,868,966	19,795,761	6,300,982	40,286,001	13,452,056	9,512,044		
12	Internal Program Cost	40,763,051	-	40,763,051	2,656,011	7,029,320	2,209,791	7,122,055	2,399,792	12,700,814	744,681	5,900,587		
13	SSI Reimb, 1st/3rd Party Cost Offset	(757,636)	-	(757,636)	-	(156,809)	(54,668)	(251,451)	-	(247,661)	(8,407)	(38,641)		
14	Insurance Provider Assessment Withhold (IPA)	3,439,294	3,439,294	-	-	-	-	-	-	-	-	-		
15	MHL Cost in Excess of Medicare FFS Cost	(650,773)	(650,773)	-	-	-	-	-	-	-	-	-		
16	Total Healthcare Cost	164,033,603	5,055,486	158,978,118	6,702,531	26,582,884	8,024,089	26,666,365	8,700,774	52,739,154	14,188,330	15,373,990		
17	Medical Loss Ratio (HCC % of Revenue)	86.2%	73.2%	86.7%	88.1%	80.1%	83.5%	85.6%	89.5%	91.3%	78.3%	94.8%		
18	Managed Care Administration	15,301,923	4,790,381	10,511,541	846,030	2,878,015	296,795	2,022,877	909,587	1,956,567	470,121	1,131,548		
20	Admin Cost Ratio (MCA % of Total Cost)	8.5%	2.7%	5.9%	11.2%	9.8%	3.6%	7.1%	9.5%	3.6%	3.2%	6.9%		
21	Contract Cost	179,335,526	9,845,867	169,489,659	7,548,561	29,460,899	8,320,884	28,689,242	9,610,361	54,695,721	14,658,451	16,505,538		
23	Net before Settlement	10,924,608	(2,941,380)	13,865,987	55,454	3,720,371	1,289,563	2,471,665	115,340	3,037,901	3,465,030	(289,337)		
24	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
27	Contract Settlement / Redistribution	(4,222,624)	9,643,363	(13,865,987)	(55,454)	(3,720,371)	(1,289,563)	(2,471,665)	(115,340)	(3,037,901)	(3,465,030)	289,337		
28	Net after Settlement	6,701,984	6,701,984	-	-	-	-	-	-	-	-	-		
29	Eligibles and PMPM													
31	Average Eligibles	174,620	174,620	174,620	9,443	33,073	10,303	33,637	10,252	45,614	14,363	17,935		
32	Revenue PMPM	\$ 121.06	\$ 4.39	\$ 116.67	\$ 89.47	\$ 111.47	\$ 103.64	\$ 102.93	\$ 105.41	\$ 140.63	\$ 140.20	\$ 100.46		
33	Expense PMPM	\$ 114.11	\$ 6.26	\$ 107.85	\$ 88.82	\$ 98.98	\$ 89.74	\$ 94.77	\$ 104.16	\$ 133.23	\$ 113.40	\$ 102.26		
34	Margin PMPM	\$ 6.95	\$ (1.87)	\$ 8.82	\$ 0.65	\$ 12.50	\$ 13.91	\$ 8.16	\$ 1.25	\$ 7.40	\$ 26.81	\$ (1.79)		
35	Medicaid Specialty Services													
37	Budget v Actual													
38	Eligible Lives (Average Eligibles)													
40	Actual	174,620	174,620	174,620	9,443	33,073	10,303	33,637	10,252	45,614	14,363	17,935		
41	Budget	150,993	150,993	150,993	7,748	29,128	8,480	28,644	8,958	39,711	12,462	15,862		
42	Variance - Favorable / (Unfavorable)	23,627	23,627	23,627	1,695	3,945	1,823	4,993	1,294	5,903	1,901	2,073		
43	% Variance - Fav / (Unfav)	15.6%	15.6%	15.6%	21.9%	13.5%	21.5%	17.4%	14.4%	14.9%	15.3%	13.1%		
44	Contract Revenue before settlement													
46	Actual	190,260,134	6,904,488	183,355,646	7,604,015	33,181,270	9,610,447	31,160,907	9,725,702	57,733,622	18,123,482	16,216,201		
47	Budget	165,200,259	10,214,737	154,985,522	6,723,216	30,547,216	8,573,936	28,252,601	8,463,178	47,359,587	10,260,298	14,805,491		
48	Variance - Favorable / (Unfavorable)	25,059,875	(3,310,250)	28,370,124	880,799	2,634,055	1,036,511	2,908,306	1,262,523	10,374,035	7,863,184	1,410,711		
49	% Variance - Fav / (Unfav)	15.2%	-32.4%	18.3%	13.1%	8.6%	12.1%	10.3%	14.9%	21.9%	76.6%	9.5%		
50	Healthcare Cost													
52	Actual	164,033,603	5,055,486	158,978,118	6,702,531	26,582,884	8,024,089	26,666,365	8,700,774	52,739,154	14,188,330	15,373,990		
53	Budget	150,453,792	8,330,625	142,123,167	5,952,797	27,226,253	7,695,567	25,787,080	7,098,955	44,430,453	10,776,880	13,155,182		
54	Variance - Favorable / (Unfavorable)	(13,579,812)	3,275,139	(16,854,950)	(749,735)	643,369	(328,522)	(879,285)	(1,601,819)	(8,308,701)	(3,411,450)	(2,218,808)		
55	% Variance - Fav / (Unfav)	-9.0%	39.3%	-11.9%	-12.6%	2.4%	-4.3%	-3.4%	-22.6%	-18.7%	-31.7%	-16.9%		
56	Managed Care Administration													
58	Actual	15,301,923	4,790,381	10,511,541	846,030	2,878,015	296,795	2,022,877	909,587	1,956,567	470,121	1,131,548		
59	Budget	16,093,852	5,586,936	10,506,915	443,944	2,005,684	650,234	1,764,249	645,853	3,540,617	674,848	781,486		
60	Variance - Favorable / (Unfavorable)	791,929	796,555	(4,626)	(402,085)	(872,331)	353,439	(258,628)	(263,735)	1,584,050	204,726	(350,062)		
61	% Variance - Fav / (Unfav)	4.9%	14.3%	0.0%	-90.6%	-43.5%	54.4%	-14.7%	-40.8%	44.7%	30.3%	-44.8%		

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 6/30/2022												
3	(For Internal Management Purposes Only)												
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												
62													
63	Total Contract Cost												
64	Actual	179,335,526	9,845,867	169,489,659	7,548,561	29,460,899	8,320,884	28,689,242	9,610,361	54,695,721	14,658,451	16,505,538	
65	Budget	166,547,643	13,917,561	152,630,082	6,396,741	29,231,937	8,345,802	27,551,329	7,744,808	47,971,070	11,451,728	13,936,668	
66	Variance - Favorable / (Unfavorable)	(12,787,883)	4,071,694	(16,859,576)	(1,151,820)	(228,963)	24,917	(1,137,913)	(1,865,554)	(6,724,651)	(3,206,723)	(2,568,870)	
67	% Variance - Fav / (Unfav)	-7.7%	29.3%	-11.0%	-18.0%	-0.8%	0.3%	-4.1%	-24.1%	-14.0%	-28.0%	-18.4%	
68													
69	Net before Settlement												
70	Actual	10,924,608	(2,941,380)	13,865,987	55,454	3,720,371	1,289,563	2,471,665	115,340	3,037,901	3,465,030	(289,337)	
71	Budget	(1,347,384)	(3,702,824)	2,355,439	326,475	1,315,279	228,134	701,272	718,370	(611,483)	(1,191,430)	868,823	
72	Variance - Favorable / (Unfavorable)	12,271,992	761,444	11,510,548	(271,021)	2,405,092	1,061,428	1,770,393	(603,030)	3,649,384	4,656,461	(1,158,160)	
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 6/30/2022			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%	8.9%	12.0%	7.8%	18.8%	12.6%	6.9%	2.6%	3.4%	8.0%	
76	Contract Revenue	38,093,209	8,235,574	29,857,635	1,501,897	5,788,952	1,403,674	5,520,539	1,761,373	8,731,076	2,329,704	2,820,420		
77														
78	External Provider Cost	14,743,433	5,648,177	9,095,256	410,315	1,254,517	693,563	2,251,623	285,130	2,659,594	798,336	742,177		
79	Internal Program Cost	5,996,300	-	5,996,300	600,831	1,375,271	644,094	2,011,072	452,150	88,605	53,321	770,955		
80	Insurance Provider Assessment Withhold (IPA)	636,130	636,130	-	-	-	-	-	-	-	-	-		
81	Total Healthcare Cost	21,375,862	6,284,307	15,091,556	1,011,146	2,629,787	1,337,657	4,262,696	737,281	2,748,199	851,657	1,513,132		
82	Medical Loss Ratio (HCC % of Revenue)	56.1%	76.3%	50.5%	67.3%	45.4%	95.3%	77.2%	41.9%	31.5%	36.6%	53.6%		
83														
84	Managed Care Administration	1,937,788	708,196	1,229,592	127,632	284,716	86,508	348,319	77,076	144,539	49,434	111,369		
85	Admin Cost Ratio (MCA % of Total Cost)	8.3%	3.0%	5.3%	11.2%	9.8%	6.1%	7.6%	9.5%	5.0%	5.5%	6.9%		
86														
87	Contract Cost	23,313,650	6,992,502	16,321,148	1,138,778	2,914,503	1,424,165	4,611,015	814,357	2,892,738	901,091	1,624,501		
88	Net before Settlement	14,779,558	1,243,071	13,536,487	363,119	2,874,448	(20,491)	909,524	947,016	5,838,338	1,428,613	1,195,919		
89														
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
92	Contract Settlement / Redistribution	(12,279,872)	1,256,615	(13,536,487)	(363,119)	(2,874,448)	20,491	(909,524)	(947,016)	(5,838,338)	(1,428,613)	(1,195,919)		
93	Net after Settlement	2,499,686	2,499,686	-	-	-	-	-	-	-	-	-		
94														
95	Eligibles and PMPM													
96	Average Eligibles	75,113	75,113	75,113	3,806	14,771	3,555	13,730	4,500	21,643	5,888	7,221		
97	Revenue PMPM	\$ 56.35	\$ 12.18	\$ 44.17	\$ 43.85	\$ 43.55	\$ 43.87	\$ 44.68	\$ 43.49	\$ 44.82	\$ 43.97	\$ 43.40		
98	Expense PMPM	34.49	10.34	24.14	33.25	21.92	44.51	37.31	20.11	14.85	17.01	25.00		
99	Margin PMPM	\$ 21.86	\$ 1.84	\$ 20.02	\$ 10.60	\$ 21.62	\$ (0.64)	\$ 7.36	\$ 23.38	\$ 29.97	\$ 26.96	\$ 18.40		
100														
101	Healthy Michigan Plan													
102	Budget v Actual													
103														
104	Eligible Lives (Average Eligibles)													
105	Actual	75,113	75,113	75,113	3,806	14,771	3,555	13,730	4,500	21,643	5,888	7,221		
106	Budget	52,365	52,365	52,365	2,543	10,834	2,465	9,345	3,201	14,696	4,100	5,182		
107	Variance - Favorable / (Unfavorable)	22,748	22,748	22,748	1,263	3,937	1,090	4,385	1,299	6,947	1,788	2,039		
108	% Variance - Fav / (Unfav)	43.4%	43.4%	43.4%	49.7%	36.3%	44.2%	46.9%	40.6%	47.3%	43.6%	39.4%		
109														
110	Contract Revenue before settlement													
111	Actual	38,093,209	8,235,574	29,857,635	1,501,897	5,788,952	1,403,674	5,520,539	1,761,373	8,731,076	2,329,704	2,820,420		
112	Budget	31,270,435	5,881,566	25,388,870	1,259,977	5,102,145	1,220,399	4,628,277	1,532,579	7,244,481	1,971,281	2,429,730		
113	Variance - Favorable / (Unfavorable)	6,822,773	2,354,008	4,468,765	241,920	686,806	183,275	892,262	228,794	1,486,594	358,423	390,690		
114	% Variance - Fav / (Unfav)	21.8%	40.0%	17.6%	19.2%	13.5%	15.0%	19.3%	14.9%	20.5%	18.2%	16.1%		
115														
116	Healthcare Cost													
117	Actual	21,375,862	6,284,307	15,091,556	1,011,146	2,629,787	1,337,657	4,262,696	737,281	2,748,199	851,657	1,513,132		
118	Budget	20,572,465	4,641,629	15,930,836	857,542	2,668,453	790,622	4,115,258	647,616	4,185,017	1,044,871	1,621,457		
119	Variance - Favorable / (Unfavorable)	(803,398)	(1,642,678)	839,280	(153,604)	38,666	(547,036)	(147,438)	(89,664)	1,436,818	193,214	108,325		
120	% Variance - Fav / (Unfav)	-3.9%	-35.4%	5.3%	-17.9%	1.4%	-69.2%	-3.6%	-13.8%	34.3%	18.5%	6.7%		
121														
122	Managed Care Administration													
123	Actual	1,937,788	708,196	1,229,592	127,632	284,716	86,508	348,319	77,076	144,539	49,434	111,369		
124	Budget	1,963,269	800,213	1,163,055	63,953	196,578	66,803	281,549	58,919	333,500	65,430	96,323		
125	Variance - Favorable / (Unfavorable)	25,481	92,018	(66,537)	(63,679)	(88,138)	(19,705)	(66,769)	(18,157)	188,961	15,996	(15,046)		
126	% Variance - Fav / (Unfav)	1.3%	11.5%	-5.7%	-99.6%	-44.8%	-29.5%	-23.7%	-30.8%	56.7%	24.4%	-15.6%		
127														
128	Total Contract Cost													
129	Actual	23,313,650	6,992,502	16,321,148	1,138,778	2,914,503	1,424,165	4,611,015	814,357	2,892,738	901,091	1,624,501		
130	Budget	22,535,733	5,441,842	17,093,891	921,495	2,865,031	857,425	4,396,807	706,536	4,518,517	1,110,301	1,717,780		

	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 6/30/2022			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													
140	Autism Specialty Services			HCC%	6.6%	3.4%	9.3%	1.3%	0.0%	5.1%	4.1%	0.0%	6.4%	
141	Contract Revenue	15,439,191	8,381	15,430,811	811,175	2,814,815	861,466	2,923,394	834,588	4,427,388	1,239,780	1,518,205		
142														
143	External Provider Cost	10,195,707	-	10,195,707	-	3,139,569	7,554	1,067,169	545,025	4,250,327	6,566	1,179,497		
144	Internal Program Cost	1,024,699	-	1,024,699	287,454	1,775	44,538	655,518	-	-	-	35,413		
145	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
146	Total Healthcare Cost	11,220,406	-	11,220,406	287,454	3,141,344	52,092	1,722,687	545,025	4,250,327	6,566	1,214,910		
147	Medical Loss Ratio (HCC % of Revenue)	72.7%	0.0%	72.7%	35.4%	111.6%	6.0%	58.9%	65.3%	96.0%	0.5%	80.0%		
148														
149	Managed Care Administration	1,352,938	383,141	969,797	36,284	340,100	5,982	217,493	56,977	223,541	-	89,419		
150	Admin Cost Ratio (MCA % of Total Cost)	10.8%	3.0%	7.7%	11.2%	9.8%	10.3%	11.2%	9.5%	5.0%	0.0%	6.9%		
151														
152	Contract Cost	12,573,344	383,141	12,190,203	323,738	3,481,444	58,074	1,940,181	602,003	4,473,868	6,566	1,304,330		
153	Net before Settlement	2,865,847	(374,761)	3,240,607	487,437	(666,629)	803,392	983,213	232,585	(46,481)	1,233,213	213,875		
154	Contract Settlement / Redistribution	(2,865,847)	374,761	(3,240,607)	(487,437)	666,629	(803,392)	(983,213)	(232,585)	46,481	(1,233,213)	(213,875)		
155	Net after Settlement	0	0	-	-	-	-	-	-	-	-	-		
156														
157														
158	SUD Block Grant Treatment			HCC%	0.2%	0.2%	0.3%	0.0%	2.8%	1.6%	0.0%	0.1%	0.3%	
159	Contract Revenue	4,515,607	4,082,906	432,701	28,316	146,472	21,200	-	45,717	83,968	59,226	47,802		
160														
161	External Provider Cost	3,970,607	3,970,407	200	-	-	200	-	-	-	-	-		
162	Internal Program Cost	395,795	-	395,795	17,206	100,654	34,975	-	166,256	-	24,878	51,825		
163	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
164	Total Healthcare Cost	4,366,401	3,970,407	395,995	17,206	100,654	35,175	-	166,256	-	24,878	51,825		
165	Medical Loss Ratio (HCC % of Revenue)	96.7%	97.2%	91.5%	60.8%	68.7%	165.9%	0.0%	363.7%	0.0%	42.0%	108.4%		
166														
167	Managed Care Administration	149,206	149,206	-	-	-	-	-	-	-	-	-		
168	Admin Cost Ratio (MCA % of Total Cost)	3.3%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
169														
170	Contract Cost	4,515,607	4,119,613	395,995	17,206	100,654	35,175	-	166,256	-	24,878	51,825		
171	Net before Settlement	(0)	(36,707)	36,707	11,110	45,817	(13,975)	-	(120,540)	83,968	34,349	(4,023)		
172	Contract Settlement	3,142	39,849	(36,707)	(11,110)	(45,817)	13,975	-	120,540	(83,968)	(34,349)	4,023		
173	Net after Settlement	3,142	3,142	-	-	-	-	-	-	-	-	-		
174														
175														

	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 6/30/2022			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													
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	247,904,668	19,117,898	228,786,771	9,931,637	41,869,421	11,789,576	39,531,770	12,367,379	70,976,054	21,728,895	20,592,038		
178	Incentive Payment Revenue	403,472	113,450	290,022	13,767	62,088	107,210	73,070	-	-	23,298	10,590		
179	Contract Revenue	248,308,140	19,231,348	229,076,792	9,945,404	41,931,509	11,896,786	39,604,839	12,367,379	70,976,054	21,752,192	20,602,628		
180														
181	External Provider Cost	150,149,415	11,885,549	138,263,866	4,456,836	24,104,458	6,570,282	23,114,554	7,131,137	47,195,922	14,256,959	11,433,718		
182	Internal Program Cost	48,179,844	-	48,179,844	3,561,502	8,507,020	2,933,399	9,788,645	3,018,199	12,789,419	822,879	6,758,780		
183	SSI Reimb, 1st/3rd Party Cost Offset	(757,636)	-	(757,636)	-	(156,809)	(54,668)	(251,451)	-	(247,661)	(8,407)	(38,641)		
184	Insurance Provider Assessment Withhold (IPA)	4,075,424	4,075,424	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	(650,773)	(650,773)	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	200,996,273	15,310,200	185,686,074	8,018,337	32,454,670	9,449,013	32,651,748	10,149,336	59,737,681	15,071,431	18,153,858		
187	Medical Loss Ratio (HCC % of Revenue)	80.9%	79.6%	81.1%	80.6%	77.4%	79.4%	82.4%	82.1%	84.2%	69.3%	88.1%		
188														
189	Managed Care Administration	18,741,855	6,030,924	12,710,931	1,009,946	3,502,831	389,285	2,588,689	1,043,641	2,324,647	519,555	1,332,336		
190	Admin Cost Ratio (MCA % of Total Cost)	8.5%	2.7%	5.8%	11.2%	9.7%	4.0%	7.3%	9.3%	3.7%	3.3%	6.8%		
191														
192	Contract Cost	219,738,128	21,341,124	198,397,004	9,028,283	35,957,501	9,838,298	35,240,438	11,192,977	62,062,328	15,590,986	19,486,194		
193	Net before Settlement	28,570,012	(2,109,776)	30,679,788	917,121	5,974,008	2,058,488	4,364,402	1,174,402	8,913,726	6,161,206	1,116,435		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	(19,365,201)	11,314,587	(30,679,788)	(917,121)	(5,974,008)	(2,058,488)	(4,364,402)	(1,174,402)	(8,913,726)	(6,161,206)	(1,116,435)		
198	Net after Settlement	9,204,812	9,204,812	-	-	-	-	-	-	-	-	(0)		
199														
200														

	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 6/30/2022			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													
201	State General Fund Services			HCC%	3.1%	5.0%	3.5%	0.9%	0.0%	5.2%	0.5%	1.2%	3.8%	
202	Contract Revenue				9,261,312	648,216	1,585,814	612,059	1,435,889	605,610	2,869,912	669,924	833,888	
203														
204	External Provider Cost				1,722,079	136,808	320,715	48,494	110,289	332,796	480,666	176,359	115,952	
205	Internal Program Cost				3,212,653	282,846	856,579	243,248	836,763	225,714	45,009	119,728	602,765	
206	SSI Reimb, 1st/3rd Party Cost Offset				(2,598)	-	-	-	-	-	(2,598)	-	-	
207	Total Healthcare Cost				4,932,133	419,654	1,177,294	291,742	947,052	558,510	523,076	296,088	718,717	
208	Medical Loss Ratio (HCC % of Revenue)				53.3%	64.7%	74.2%	47.7%	66.0%	92.2%	18.2%	44.2%	86.2%	
209														
210	Managed Care Administration				705,410	58,946	142,974	32,671	313,838	64,137	26,003	8,194	58,648	
211	Admin Cost Ratio (MCA % of Total Cost)				12.5%	12.3%	10.8%	10.1%	24.9%	10.3%	4.7%	2.7%	7.5%	
212														
213	Contract Cost				5,637,543	478,600	1,320,268	324,413	1,260,890	622,646	549,079	304,281	777,364	
214	Net before Settlement				3,623,769	169,616	265,546	287,646	174,998	(17,036)	2,320,833	365,643	56,524	
215														
216	Other Redistributions of State GF				2,119,863	-	-	-	(505,054)	-	2,710,355	(85,438)	-	
217	Contract Settlement				(5,212,969)	(166,952)	-	-	-	-	(5,031,188)	-	(14,830)	
218	Net after Settlement				530,662	2,664	265,546	287,646	(330,056)	(17,036)	-	280,204	41,694	
219	*CCBHC revenues and expenditures are currently included in Medicaid Specialty Service. Statement modifications are in progress to separate CCBHC from Medicaid Specialty Services.													



For SWMBH Board
Fiscal Year 2023 Budget
Assumptions and Targets

DRAFT

@7/31/22

27

Oct 14, 2022

Environmental Context

- Medicaid/Healthy Michigan Plan Rebasing: The basis for rate development is largely unchanged from the prior year
- Michigan budget process has been concluded.

Environmental Context

- MI Health Link (Duals) sunsets for SWMBH 12/31/22, though processes related to claims and settlement will continue for at least 6 months after 1/1/23.
- Trends in Medicaid eligible continue to be high due to the states handling of the Health Emergency, (FY21 is the year the actuary plans to use for rate development) but some additional years will be utilized in the process.
- Cessation of federal Public Health Emergency (PHE) unlikely until after the November elections, and federal government will provide 60 days notice and grant states one year to do Medicaid redeterminations. This major drop off in eligibles and funding likely will have only minimal impact for FY23.

FY 23 DHHS MODEL CHANGE AND QUESTIONS FOR RATE DEVELOPMENT

- Morbidity mix of eligibles in PIHP, the regions population mix by age/gender, program code, SMI, DDI, etc. compared to state
 - Treatment prevalence - count more than one specific month of persons served (change from last year)
 - Wage and Salary data, to support concerns of staff shortage

FY 2022 PROJECTED RESULTS & EFFECTS

- Projected FY 22 Internal Service Fund Balance \$22,151,004
- Projected FY 22 Medicaid Savings Funding \$16,815,558
- Projected FY 22 DCW LAPSE \$7,839,564
- FY 21 Medicaid Savings \$17,316,482
- Total Risk Pool Projected \$38,966,562
- End the year positive
- Preliminary estimate.

FY 2023 Budget Assumptions

- MDHHS has developed a new method they are requiring CMH's to follow to cost allocation and reporting. It is called the SCA (Standard Cost Allocation), it has been a very elaborate and challenging change for our CMH's.
- Target: Aggregate Medical Loss Ratio at XX% to XX% for Specialty Services. Federal government requires 85% for Medicaid Plans.
- Target: Aggregate Administrative Cost Ratio 9.0% or less for Specialty Services.
- Central Operations 4.% of Net Revenues or less.

Medicaid Cost PMPM

FY21 vs FY22 (5/22 YTD)

	<u>FY21YTD</u>	<u>FY22YTD</u>	<u>Chg \$</u>	<u>Chg%</u>
• Barry	\$86.86	\$89.06	\$2.20	2%
• Berrien	\$109.60	\$99.17	\$10.43	11%
• Branch	\$88.92	\$84.27	\$4.65	6%
• Calhoun	\$108.77	\$94.83	\$13.94	15%
• Cass	\$88.77	\$93.88	\$5.11	5%
• Kalamazoo	\$118.56	\$94.90	\$23.66	25%
• St. Joseph	\$93.49	\$78.38	\$15.11	19%
• Van Buren	\$100.94	\$99.33	\$1.61	2%
• SWMBH Ctl	\$7.97	\$6.35	\$1.62	25%
• Regional	\$113.88	\$100.14	\$13.74	14%

Medicaid Expenditures Drivers

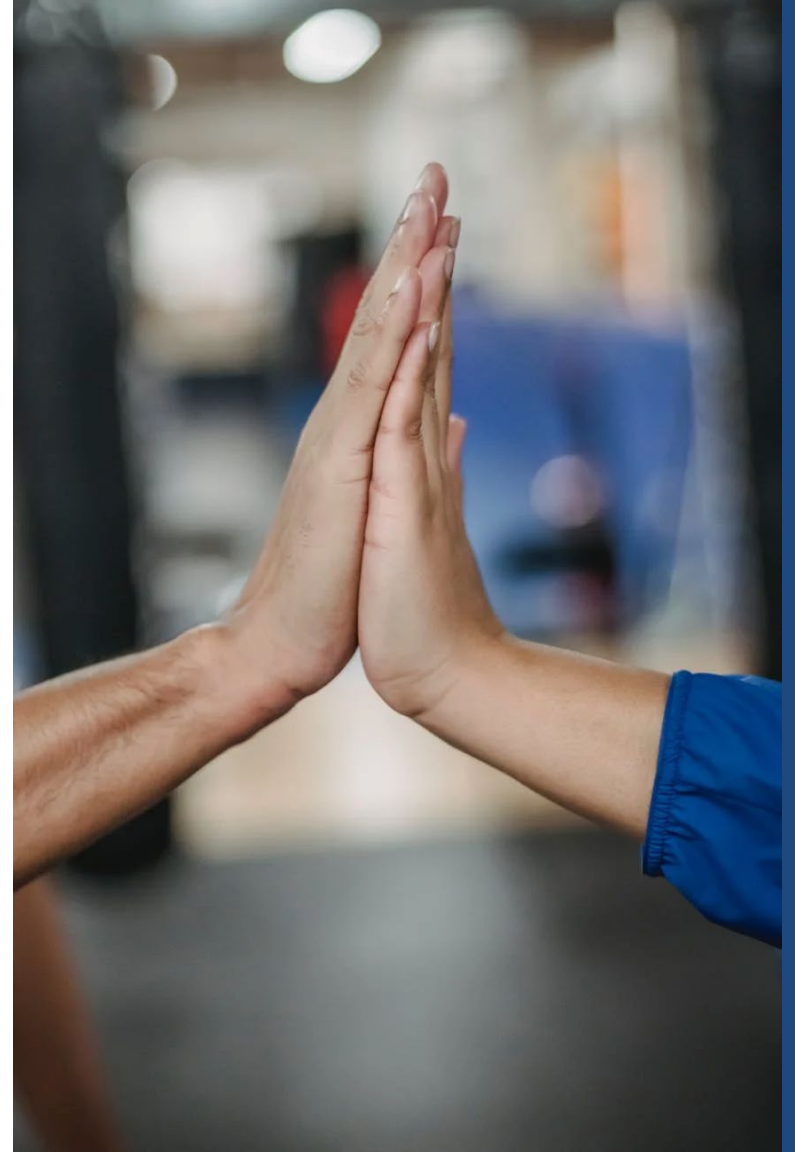
- Population Demographics
- Severity of Illness
- Intensity of Service
- Internal CMH vs. External Provider Service Delivery
- Type, Amount, Scope, and Duration of Care
- Effectiveness & Efficiency of Central Managed Care and CMHSP Operations
- Uniformity of Benefit (Medicaid Requirement)
- Population Demands
- Aging I/DD population and aging natural supports, e.g., parents (this will become an even larger driver)

Expense Drivers

- Individual Customers' Budgets
 - Person Centered Plan
 - Medical Necessity Supported by Functional Assessment
 - Effective Service Delivery Model
 - Fidelity to EBP with Proper Client Matching
- Utilization Management Standards
- Productivity Benchmarks
- Penetration Targets
- Competitive Provider Rates (CMH & Non-CMH)

QUESTIONS?

Certified Community Behavioral Health Clinics CCBHC



What is a CCBHC?

“A CCBHC is a specially-designed clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community. CCBHCs provide care for people with unmet needs.”

-The National Council of Mental Wellbeing

Specially-Designed Clinic

- The CCBHC model is designed to ensure access to coordinated comprehensive behavioral health care
- Crisis services are available 24 hours a day, 7 days a week
- A comprehensive array of behavioral health services are available
- CCBHCs must provide care coordination to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.
- Designated Collaborating Organizations (DCOs) are contracted providers under the CCBHC
 - DCOs can provide the nine core services and are treated as a direct extension of the CCBHC
 - DCOs must meet all of the same service requirements (e.g., timely access, quality reporting, EBPs, etc.) as the CCBHC



Flexible Funding

- Prospective Payment System (PPS) - Daily Rate for each individual seen
- Based on the expected average daily cost to deliver core CCBHC services – Each CCBHC submitted a cost report, rates are different for each location
- Non-Medicaid Coverage:
 - Block Grants
 - Third Party Payers (Medicare)
 - Sliding Fee
 - ARPA Grant and General Funds
- Centers for Medicare and Medicaid Services (CMS) State Demonstrations
 - Funded through 2027
- Substance Abuse and Mental Health Services Association (SAMSHA) Expansion Grants
 - 1 Million/Year for 4 Years

Expanded Scope of MH and SUD Services

9 Core Services

- Crisis Services
- Screening, assessment, and diagnosis, including risk assessment
- Treatment Planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring
- Targeted case management
- Psychiatric rehabilitation services
- Peer, Family Support and counselor services
- Community-based mental health care for Veterans

12 Required Evidence Based Practices

- “Air Traffic Control” Crisis Model with MiCAL
- Assertive Community Treatment (ACT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Infant Mental Health
- Integrated Dual Disorder Treatment (IDDT)
- Motivational Interviewing (MI) for adults, children, and youth
- Medication Assisted Treatment (MAT)
- Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Zero Suicide

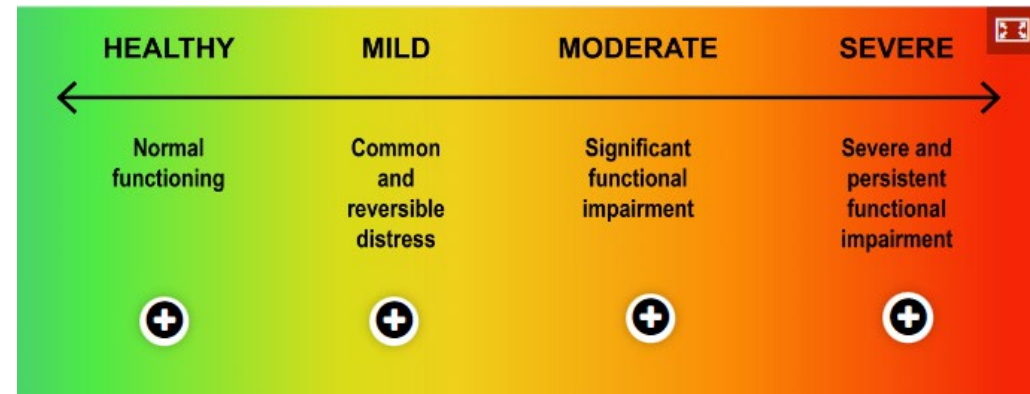
Care for People with Unmet Needs

Anyone with a mental health or SUD diagnosis is eligible (Mild and Moderate)

The MH or SUD diagnosis does **not** need to be the primary diagnosis

Those with a dual diagnosis of MH/SUD and intellectual disability/developmental disability are eligible for CCBHC services

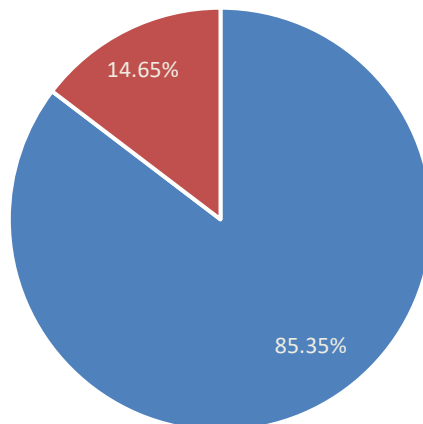
Non-Medicaid too



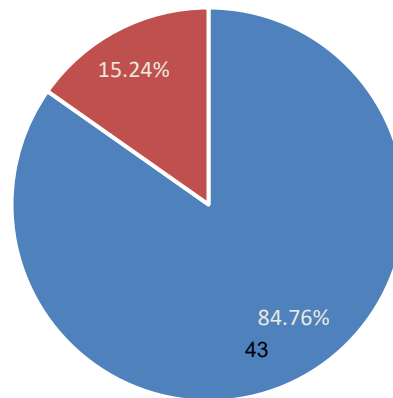
How is Michigan Doing?

- We are the state with the greatest number of CCBHCs
 - 13 Demonstration Sites
 - 11 both demonstration and expansion grantee
 - 22 additional Expansion Grantees
- 46,553 Total Individuals Enrolled
- 40,727 Medicaid Beneficiaries
- 5,826 Non-Medicaid

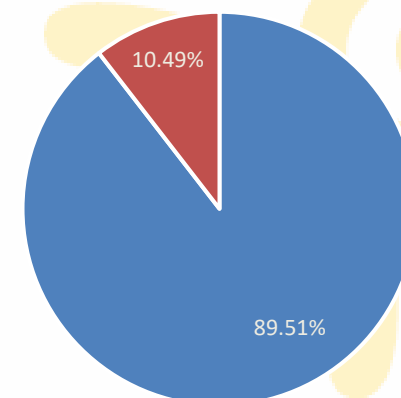
Total WSA Enrollment



Medicaid



Non-Medicaid



Region 4 – EBPs

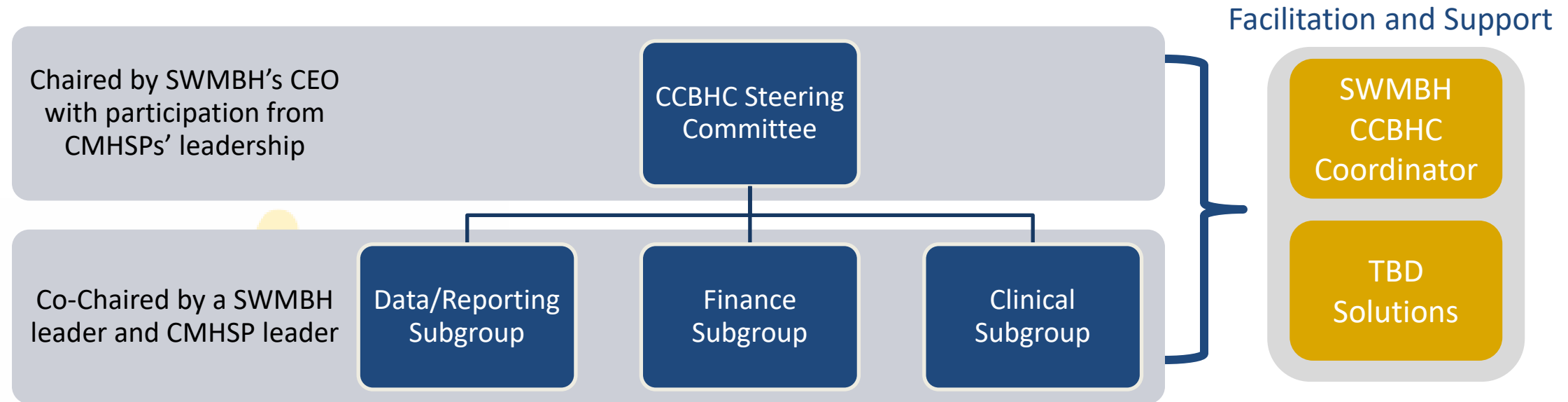
REQUIRED EBPs		
	ISK	St Joe
Assertive Community Treatment (ACT)	Sustainable	
Cognitive Behavioral Therapy (CBT)	Innovation	Full Implementation
Dialectical Behavior Therapy (DBT)	Sustainable	Installation
Infant Mental Health	Innovation	Sustainable
Integrated Dual Disorder Treatment (IDDT)	Sustainable	
Motivational Interviewing (MI) for adults, children, and youth	Innovation	Full Implementation
Medication Assisted Treatment (MAT)	Initial Implementation	Installation
Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)	Initial Implementation	
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Initial Implementation	Sustainable
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Full Implementation	Sustainable
Zero Suicide	Initial Implementation	Exploration

RECOMMENDED EBPs		
	ISK	St Joe
An EBP of the CCBHC's choice addressing trauma in adult populations	Prolonged Exposure Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Seeking Safety	Eye Movement Desensitization and Reprocessing (EMDR), Seeking Safety
An EBP of the CCBHC's choice addressing needs of transition age youth (such as the Transition to Independence Process [TIP] model)	Transition to Independence Process (TIP)	Youth Peer
An EBP of the CCBHC's choice addressing chronic disease management	Whole Health Action Management through our Peer Program Recovery Institute	
Dialectical Behavior Therapy for Adolescents (DBT-A)	DBT-A	DBT-A
Permanent Supportive Housing		
Supported Employment (IPS model)	Individual Placement Support	1 Full Time Supported Employment Specialist

Michigan CCBHCs

Demonstration Sites	Expansion Grants
Community Mental Health & Substance Abuse Services of St. Joseph County	Allegan County Community Mental Health Services
Right Door	Alternative Community Living, Inc. dba Hope Network New Passages
	Barry County Community Mental Health Authority
Expansion Grant and Demonstration Site	Berrien Mental Health Authority dba Riverwood Center
Clinton-Eaton-Ingham (CEI) Community Mental Health Authority*	Branch County Community Mental Health Authority (Pines Behavioral Health)
Community Network Services, Inc. (Oakland Co)*	Community Care Services (Wayne Co)
Easter Seals Michigan, Inc. (Oakland Co)*	Detroit Recovery Project, Inc (Wayne Co)
HealthWest (Muskegon Co)*	Detroit Rescue Mission Ministries (Wayne Co)
Integrated Services of Kalamazoo*	Development Centers Inc. (Wayne Co)
Macomb County Community Mental Health*	Elmhurst Homes, Inc. (Wayne Co)
Saginaw County Community Mental Health Authority*	Faith Hope and Love Outreach Center (Wayne)
St. Clair County Community Mental Health Authority*	Genesee Health System
The Guidance Center (Wayne Co)*	Hegira Programs, Inc. (Wayne Co)
Washtenaw County Community Mental Health Center*	Judson Center, Inc. (Macomb Co)
West Michigan Community Mental Health System (Lake, Mason, Oceana Co)*	LifeWays Community Mental Health (Jackson, Hillsdale Co)
	Neighborhood Service Organization (Wayne)
	Network180 (Kent Co)
	Northeast Guidance Center (Wayne)
	Ottawa County Community Mental Health
	Southwest Counseling Solutions (Wayne)
	Summit Pointe (Calhoun Co)
	Team Mental Health Services (Wayne Co)

Regional Support for CCBHC



Thank you! Questions?



Contact Information:

CCBHC Coordinator

Ella.philander@swmbh.org

Office: (269) 488-6595

Cell: (269) 568-5510

Southwest Michigan Behavioral Health

References/Resources

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Legislative leaders make appointments to Opioid Advisory Commission

LANSING, Mich. — [Senate Majority Leader Mike Shirkey](#) and House Speaker Jason Wentworth on Thursday announced appointments to the new Opioid Advisory Commission.

“We are proud to announce these outstanding appointments to the Opioid Advisory Commission, which is tasked with overseeing how state and local agencies use funds from a historic national opioid settlement to combat opioid addiction in Michigan,” said Shirkey, R-Clarklake. “The impact of the opioid epidemic can be seen in communities and families in every corner of our state. The excellent experience of these commission members will help ensure that we are effectively reducing opioid addiction, providing treatment to those impacted by these drugs, and increasing awareness about these issues across Michigan.”

[Public Act 84 of 2022](#) created the Opioid Advisory Commission within the Legislative Council as part of a legislative package to receive and distribute the state’s share of a nationwide opioid settlement and oversee how those funds are used.

Michigan is set to receive nearly \$800 million in opioid settlement payments over the next 18 years from three major pharmaceutical distributors Cardinal, McKesson, and AmerisourceBergen, along with opioid manufacturer Johnson & Johnson.

“Drug addiction impacts families all across our state, and it is going to take a strong statewide solution to address it,” said Wentworth, R-Clare. “We put together a great team with unique backgrounds and diverse experiences. They will find out what’s working and what’s not in our communities and build the real-world solutions we need to make a difference in this fight. I’m looking forward to seeing their recommendations and working together for real change at the Capitol.”

The commission includes 12 voting members who must have experience in substance abuse prevention, health care, mental health, law enforcement, local government, first responder work, or similar fields. They will review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for people and families affected by substance use disorders and make funding recommendations to the Legislature.

The Senate majority leader and speaker of the House each appoint four members, and the Senate minority leader and House minority leader each appoint one member to the commission. The Senate majority leader and House speaker also select a member from a list of three nominees provided by the governor and a member from a list provided by the attorney general.

The four commission members appointed by Shirkey are:

- Katharine M. Hude, executive director of the Michigan Association of Treatment Court Professionals.
- Cara Poland, medical director of addiction medicine at Spectrum Health and assistant professor at Michigan State University.
- Kyle Rambo, CEO of Catholic Social Services of the Upper Peninsula.
- Cameron Risma, medical director and addiction psychiatrist at Pine Rest Christian Mental Health Services.
-

The four commission members appointed by Wentworth are:

- Judge Linda Davis, executive director of Families Against Narcotics.
- Mario Nanos, president of Families Against Narcotics.
- Patrick Patterson, executive director of Mid-Michigan Recovery Services Inc.
- Scott Masi, president of Unite to Face Addiction – Michigan.

Senate Minority Leader Jim Ananich, D-Flint, appointed Kelly Ainsworth, project manager for the Greater Flint Health Coalition, and House Minority Leader Donna Lasinski, D-Scio Township, appointed Bradley Casemore, CEO of Southwest Michigan Behavioral Health.

The appointee recommended by Gov. Gretchen Whitmer is Mona Makki, director of ACCESS Community Health and Research Center, and the appointee recommended by Attorney General Dana Nessel is Sarah Stoddard, assistant professor at the University of Michigan School of Nursing.

The commission must provide a report by March 30 each year with evidence-based funding and policy recommendations that will best help the state and its residents in dealing with the damage caused by the opioid epidemic.

Act No. 84
Public Acts of 2022
Approved by the Governor
May 19, 2022
Filed with the Secretary of State
May 19, 2022
EFFECTIVE DATE: May 19, 2022

**STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022**

Introduced by Senator Huizenga

ENROLLED SENATE BILL No. 994

AN ACT to amend 1986 PA 268, entitled “An act to create the legislative council; to prescribe its membership, powers, and duties; to create a legislative service bureau to provide staff services to the legislature and the council; to provide for operation of legislative parking facilities; to create funds; to provide for the expenditure of appropriated funds by legislative council agencies; to provide for the designation and authentication of certain electronic legal records as official; to authorize the sale of access to certain computerized data bases; to establish fees; to create the Michigan commission on uniform state laws; to create a law revision commission; to create a senate fiscal agency and a house fiscal agency; to create a commission on intergovernmental relations; to prescribe the powers and duties of certain state agencies and departments; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates,” (MCL 4.1101 to 4.1901) by amending the title, as amended by 2018 PA 638, and by adding chapter 8A.

The People of the State of Michigan enact:

TITLE

An act to create the legislative council; to prescribe its membership, powers, and duties; to create a legislative service bureau to provide staff services to the legislature and the council; to provide for operation of legislative parking facilities; to create funds; to provide for the expenditure of appropriated funds by legislative council agencies; to provide for the designation and authentication of certain electronic legal records as official; to authorize the sale of access to certain computerized data bases; to establish fees; to create the Michigan commission on uniform state laws; to create a law revision commission; to create a senate fiscal agency and a house fiscal agency; to create a commission on intergovernmental relations; to create the opioid advisory commission and prescribe its powers and duties; to prescribe the powers and duties of certain state agencies and departments; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates.

CHAPTER 8A

OPIOID ADVISORY COMMISSION

Sec. 850. As used in this chapter:

(a) “Michigan opioid healing and recovery fund” means the Michigan opioid healing and recovery fund created in section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253.

(b) “Opioid advisory commission” means the opioid advisory commission created in section 851.

Sec. 851. (1) The opioid advisory commission is created in the council.

(2) The opioid advisory commission must consist of the following members:

(a) Twelve voting members that have experience in substance abuse prevention, health care, mental health, law enforcement, local government, first responder work, or similar fields appointed as follows:

(i) Four members appointed by the senate majority leader.

(ii) Four members appointed by the speaker of the house of representatives.

(iii) One member appointed by the senate minority leader.

(iv) One member appointed by the minority leader of the house of representatives.

(v) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the governor.

(vi) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the attorney general.

(b) The director of the department of health and human services, or his or her designee, who shall serve as an ex officio member without vote.

(c) The council administrator, or his or her designee, who shall serve as an ex officio member without vote.

(3) In appointing members or providing a list from which members will be selected under subsection (2)(a), the governor, the senate majority leader, the speaker of the house of representatives, the senate minority leader, the minority leader of the house of representatives, and the attorney general shall ensure that the members of the opioid advisory commission, to the extent possible, reflect the geographic diversity of this state.

(4) All initial opioid advisory commission members must be appointed within 60 days after the effective date of the amendatory act that added this section.

(5) Of the first voting members appointed, 4 shall be appointed to 1-year terms, 4 shall be appointed to 2-year terms, and 4 shall be appointed to 3-year terms, as determined by the senate majority leader and the speaker of the house of representatives. After the first appointments, the term of a voting member of the opioid advisory commission is 3 years or until a successor is appointed under subsection (2), whichever is later.

(6) If a vacancy occurs on the opioid advisory commission, an individual must be appointed in the same manner as the original appointment to fill the vacancy for the balance of the term.

(7) The senate majority leader and the speaker of the house of representatives may concur to remove a member of the opioid advisory commission for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(8) The council administrator, or his or her designee, shall call the first meeting of the opioid advisory commission. At the first meeting, the opioid advisory commission shall elect a member as a chairperson and, except as otherwise provided in this subsection, may elect other officers that it considers necessary or appropriate. The council administrator, or his or her designee, shall serve as secretary. The opioid advisory commission shall meet at least quarterly. The opioid advisory commission may meet more frequently at the call of the chairperson or at the request of at least 7 members.

(9) Seven voting members of the opioid advisory commission constitute a quorum for transacting business. A majority vote of the voting members appointed and serving is required for any action of the opioid advisory commission.

(10) The opioid advisory commission shall conduct its business in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(11) A writing that is prepared, owned, used, possessed, or retained by the opioid advisory commission in performing an official function is subject to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(12) A member of the opioid advisory commission is not entitled to compensation for service on the opioid advisory commission, but the opioid advisory commission may reimburse a member for actual and necessary expenses incurred in serving.

(13) The opioid advisory commission shall do all of the following:

(a) Adopt policies and procedures for the administration of the opioid advisory commission as allowed by law.

(b) Review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions, and establish priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature.

(c) By March 30 of each year, provide a written report to the governor, the attorney general, the senate majority

leader, the speaker of the house of representatives, and the chairs of the senate and house of representatives appropriations committees that includes all of the following:

(i) A statewide evidence-based needs assessment that includes at least all of the following:

(A) A summary of current local, state, and federal funding used to address substance use disorders and co-occurring mental health conditions.

(B) A discussion about how to prevent overdoses, address disparities in access to health care, and prevent youth substance use.

(C) An analysis, based on quantitative and qualitative data, of the effects on this state of substance use disorders and co-occurring mental health conditions.

(D) A description of the most common risk factors associated with substance use disorders and co-occurring mental health conditions.

(ii) Goals and recommendations, including the rationale behind the goals and recommendations, sustainability plans, and performance indicators relating to all of the following:

(A) Substance use disorder and co-occurring mental health conditions prevention, treatment, recovery, and harm reduction efforts.

(B) Reducing disparities in access to prevention, treatment, recovery, and harm reduction programs, services, supports, and resources.

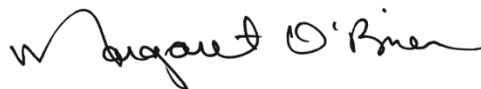
(iii) An evidence-based assessment of the prior use of money appropriated from the Michigan opioid healing and recovery fund, including the extent to which such expenditures abated the opioid crisis in this state.

(iv) Recommended funding for tasks, activities, projects, and initiatives that would support the objectives of the commission.


(v) If applicable, recommended additional legislation needed to accomplish the objectives of the commission.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No. 993 of the 101st Legislature is enacted into law.

This act is ordered to take immediate effect.



Secretary of the Senate



Clerk of the House of Representatives

Approved _____

Governor



Legislative Council

Jennifer Dettloff
Legislative Council Administrator &
Legislative Service Bureau Director

Boji Tower – 3rd Floor
124 West Allegan
P.O. Box 30036
Lansing, MI 48909
(517) 373-0212

July 25, 2022

Brad Casemore, MHSA, LMSW, FACHE
205 Lynwood Drive
Battle Creek, MI 49015

Dear Mr. Casemore,

Congratulations on your recent appointment to the Opioid Advisory Commission! As you are aware, the Commission is housed in the Legislative Council, and we are eager to assist in the important work of this Commission!

The Commission is charged with the crucial task of reviewing local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions and establishing priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature. As an ex-officio member to the Commission, I wanted to take this opportunity to contact you to let you know that my office will be assisting by coordinating Commission activities.

We are eager to call the first meeting, at which time the Commission shall discuss the Commission's bylaws, elect a chairperson and other officers as it considers necessary or appropriate, and begin many other tasks. In order to find a mutually convenient time and place to meet, Michelle Diffin of my office will be contacting you within the next few days.

On behalf of the Legislative Council, congratulations and thank you for your service on this Commission. Please do not hesitate to contact me at 517-373-0212 should you have any questions.

Sincerely,

Jennifer Dettloff
Legislative Council Administrator &
Legislative Service Bureau Director

JD:md

Southwest Michigan Behavioral Health

Resolutions of the Board of Directors

The board of directors (the “*Board*”) of Southwest Michigan Behavioral Health (“*SWMBH*”) hereby takes the following actions:

WHEREAS SWMBH maintains the Southwest Behavioral Health Retirement Savings Plan (the “*Retirement Savings Plan*”), the Southwest Michigan Behavioral Health Deferred Compensation Plan (the “*Deferred Compensation Plan*”), and the Southwest Michigan Behavioral Health SSA Pension Plan (the “*SSA Pension Plan*” and, collectively, the “*Plans*”), each as previously amended; and

WHEREAS the Board desires to increase matching contributions to the Retirement Savings Plan from 50% of the first 5% of compensation deferred to 100% of the first 5% of compensation deferred; and

WHEREAS the Board desires to allow participants to make Roth contributions to the Deferred Compensation Plan; and

WHEREAS the Board desires to allow participants to elect in-plan Roth conversions within the Retirement Savings Plan and the Deferred Compensation Plan; and

WHEREAS certain provisions of the Plans need to be revised in response to changes in applicable law; and

WHEREAS the Board wishes to appoint a committee to administer the plans, in accordance with the terms of the plans;

RESOLVED that Board hereby approves the Third Amendment to the Retirement Savings Plan, the Third Amendment to the Deferred Compensation Plan, and the Fourth Amendment to the SSA Pension Plan (collectively the “*Amendments*”), each in the form presented to the Board and attached hereto; and further

RESOLVED that the Board appoints a Retirement Plan Committee composed of the Chief Executive Officer, Chief Financial Officer, and Chief Administrative Officer of SWMBH from time to time, which collectively shall be the committee appointed by the board to serve as the plan administrator of each Plan, as set forth in the Plans; and further

RESOLVED that any future amendment to any Plan shall be subject to the review and approval of the Board, and shall not be effective without such approval; and further

RESOLVED that the Retirement Plan Committee is authorized and directed to take any and all actions they deem necessary or advisable to effect the foregoing resolutions.

The foregoing resolutions are dated June 10, 2022, and were adopted at a meeting of the Board as of that date.

Certified



Edward Meny, Chair



FY23 Conference Report – Final Budget

Specific Mental Health/Substance Abuse Services Line items

	<u>FY'21 (Final)</u>	<u>FY'22 (Final)</u>	<u>FY'23 (Final)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,653,305,500	\$3,124,618,700	\$3,044,743,000
-Medicaid Substance Abuse services	\$87,663,200	\$83,067,100	\$94,321,800
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$108,333,400	\$79,705,200	\$79,705,200
-Health Homes Program	\$26,769,700	\$33,005,400	\$61,337,400
-Autism services	\$271,721,000	\$339,141,600	\$292,562,600
-Healthy MI Plan (Behavioral health)	\$589,941,900	\$603,614,300	\$570,067,600
-CCBHC	\$0	\$25,597,300	\$101,252,100
-Total Local Dollars	\$20,380,700	\$15,285,600	\$10,190,500

Other Highlights of the FY23 Final Budget:

ITEMS OF INTEREST

- Included \$101.2 million for CCBHC
- Included \$61.3 million for Health Homes to increase the number of behavioral health homes from 37 to 42 and the number of opioid health homes from 40 to 49.
- Included Opioid Settlement Fund (\$23.2 million Gross)
- Local match drawn down phase out – \$5 million GF (brings to year 3 of 5-year phase out)

Direct Care Worker Wage Increase and Report

Sec. 231 Requires DHHS to increase wages by up to \$2.35 per hour paid to direct care workers funded by DHHS appropriations, and states specific workers and wage increases to be supported. Includes provisions if a worker elects to reject the increase. Requires contractor quarterly reporting, and requires DHHS to report by March 1 including details on wages paid.

Conference concurs with the House, and **changes contractor reporting to annual, removes the market rate survey, and includes minor edits.**

House original recommendation: revises to require Medicaid managed care organizations of MI Choice, MI Health Link, and PIHPs to continue the direct care wage increase and to report quarterly to DHHS on direct care salaries paid, require DHHS to perform a market rate survey, and remove references to private child caring institutions, area agencies on aging, and long-term care (which is moved to new Sec. 1644).

Michigan Crisis and Access Line (MiCAL)

- Conference concurs with the House and adds \$3.0 million GF/GP to continue to MiCAL statewide, a behavioral health crisis intervention and support call center and also provides primary coverage in regions where a regional national suicide prevention 988 lifeline center does not provide coverage and for statewide secondary coverage for 988.

Opioid Healing and Recovery Fund

- Conference includes \$23.2 million based on updated settlement amounts of restricted funds from court settlements between the state and opioid manufacturers and distributors.

Families Against Narcotics (FAN)

- Conference includes \$5.0 million GF/GP on one-time basis.

Court-Appointed Guardians

- Conference includes \$5.0 million to reimburse CMHSPs for the cost of court appointed public guardians.

Medicaid Methadone Bundled Services Rate Increase

- Conference adds \$16.2 million Gross (\$4.1 million GF/GP) based on updated cost estimates to increase the Medicaid bundled reimbursement rate for administering and servicing methadone to \$19.00.

Behavioral Health Inpatient Capacity and Operations

- Conference includes \$41.0 million GF/GP and authorizes 87.0 FTE positions to increase capacity at Hawthorn and to reimburse private providers of intensive psychiatric treatments.

New Non-State Behavioral Health Facility Capacity

Conference adds \$170.6 million GF/GP for House items listed above, \$50.0 million for competitive pediatric psychiatric infrastructure grants, \$5.0 million for Detroit Children's Hospital psychiatric, and \$2.5 million for Insight Behavioral Health in Flint.

(Complete list of projects on pages 673-678 of the budget bill)

- Pine Rest pediatric behavioral health center (\$38.0 million)
- Detroit Wayne Integrated Health Network psychiatric campus (\$45.0 million)
- Establishing crisis stabilization units (CSUs) (\$32.0 million)
- U of M Medicine children's emergency psychiatry and day program for children and adults (\$11.0 million)
- Establishing psychiatric residential treatment facilities (\$10.0 million)
- Team Wellness adolescent behavioral wraparound health care program (\$8.0 million)
- McLaren Northern Michigan adolescent partial hospitalization (\$5.0 million)
- Bay County pediatric psychiatric inpatient (\$5.0 million)
- Kalamazoo or Berrien County pediatric psychiatric inpatient (\$5.0 million)
- War Memorial psychiatric inpatient (\$3.6 million)
- McLaren emergency psychiatric assessment, treatment, and healing (EmPATH) unit (\$8.0 million)

Clinical and CMHSP Integration Readiness Initiatives

- One-Time funding Conference includes a total of \$50.0 million GF/GP for grants to facilities and providers that wish to clinically integrate physical and behavioral health services and providers and to CMHSPs for system, IT, staffing, and administrative improvements for integration readiness. Sec. 1984. states funds are not available for expenditure until legislatively transferred.

FULL BOILERPLATE LANGUAGE

- Sec. 1984. The funds appropriated in part 1 for clinical integration fund and community mental health services programs integration readiness shall not be available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.

Central Administrative Support for State Psychiatric Hospitals and Centers

- Conference concurs with the Executive and includes a net increase of \$1.1 million GF/GP and authorizes a net 8.0 FTE positions to increase administrative support for admission and discharges, the Michigan Community Transition Program, and Psychiatric Residential Treatment Facilities.

Behavioral Health One-Time Funding - \$34.5 million

Conference includes:

- Jail Diversion Fund (\$10.0 million)
- Multicultural integration funding (\$8.6 million)
- Salvation Army Safe Harbor (\$8,333,300)
- Easter seals - autism comprehensive care center (\$2.5 million)
- First responder mental health funding (\$2.5 million)
- Western Upper Peninsula CMHSP health professionals in schools (\$1.0 million)
- Altarum substance use disorder programing (\$600,000)

- Easter seals – Parent/Family stress programs (\$500,000)
- Great Lakes Recovery Center (\$250,000)
- Blue Water Recovery and Outreach (\$150,000)
- Endeavor to Persevere – teen walk-in mental health (\$50,000)
- Mediation services (\$40,000)

Boilerplate Items

Sec. 908. Uniform Community Mental Health Credentialing – RETAINED States that contracts with PIHPs and CMHSPs must work toward implementing section 206b of the Mental Health Code on uniform community mental health services credentialing.

Sec. 912. Salvation Army Harbor Light Program – RETAINED Requires DHHS to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance use disorder services, if program meets standard of care.

Sec. 924. Autism Services Fee Schedule – REVISED Requires DHHS to maintain a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also sets behavioral technician fee schedule at not less than \$50.00 per hour and not more than \$55.00 per hour. Conference changes hourly rates to \$52.35 and \$57.35.

Sec. 927. Uniform Behavioral Health Service Provider Audits – RETAINED Requires DHHS to create a uniform community mental health services auditing process for CMHSPs and PIHPs, outlines auditing process requirements, and requires a report.

Sec. 960. Autism Services Cost Containment – RETAINED Requires DHHS to continue to cover all autism services that were covered on January 1, 2019; to restrain costs required DHHS to develop written guidance for standardization; and requires 3-year reevaluations, unless a clinician recommended an earlier reevaluation, and require maintenance of statewide provider trainings, limits practitioners who can perform a diagnostic evaluation and requires evaluations performed by a master’s level practitioner to be reviewed by a second practitioner, provide fidelity reviews and secondary approvals, and prohibit specific providers from providing both evaluation and treatment; requires a report.

Sec. 970. Skill Building Assistance Services – REVISED Requires DHHS to maintain skill building assistance services policies in effect on October 1, 2018, and requires DHHS to continue to seek federal matching funds for skill building assistance services. Conference make technical revisions.

Sec. 1062. 5-Year Inpatient Psychiatric Bed Plan – DELETED Requires DHHS to report a 5-year plan to address need for public and private inpatient psychiatric beds for adults and children.

7th ANNUAL REGIONAL HEALTHCARE POLICY FORUM: *WORKING TOGETHER*



**Friday,
October 7, 2022**
8:30 am to 3:00 pm

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

PANELISTS

Facilitator: Lauren Gibbons

Capitol Reporter, Bridge Michigan

- **Alan Bolter** *Community Mental Health Association of Michigan*
- **Sherri Boyd** *The Arc Michigan*
- **Kevin Fischer** *National Alliance on Mental Illness Michigan*
- **Sean Harris** *Recovery Institute of Southwest Michigan*
- **Dave Schneider** *Health Management Associates*

- Panel and Participant Discussion on Public Behavioral Health and Integrated Care

- Meet local, regional, and state-wide candidates

REGISTER AT

HealthcareForum@swmbh.org

*All federal, state and county public office candidates are invited.

AGENDA

8:30-9:15 am

Registration and
Continental Breakfast

9:15-9:30 am

Welcome

9:30-12:15 pm

Panel Discussion

12:15-1:00 pm

Heavy Hors d'oeuvres

1:00-3:00 pm

Meet the Candidates



61



Policy Governance® Bootcamp

A product of Partners in Policy Governance®

Hosted and facilitated by Sue Radwan, MEd, CAE, SMP. GSP Fellow

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

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

During the session, you will learn:

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

The content and approach for this PG Bootcamp was developed by Eric Craymer and Sue Radwan, co-authors of **Governing by Principles: An Approach to Unleash the Power of Policy Governance**, © 2020, Leading Edge Press.



We conducted research to discover what people found valuable in intensive education on Policy Governance. We have designed this event around our findings.

We have discovered that the theory and understanding of why the theory works, overlaid with a mix of different sector Boards attending together brings a huge value. When you can talk about how the principles are interpreted in different organizational settings you gain deeper insight into how Boards apply the principles in different contexts. This leads to a new level of model understanding.

COVID risk management:

The Amway Grand Plaza monitors COVID guidance from the CDC and defines internal practices as circumstances allow. In the past, they have required masking in all public areas, including meeting rooms. Currently, they do not have such restrictions. Our group must abide by Amway requirements at the time of our meeting.

Location: Amway Grand Plaza

A Curio Collection Hotel by Hilton®
Grand Rapids, Michigan

Next Event: Thursday/Friday, October 6-7, 2022

This session is limited to 20 participants

The overall schedule for both days will be:

7:30 Breakfast
8:00 Session begins
10:15-10:30 Morning Break
10:30 Session continues
12:00-1:00 Group Lunch
Session continues
2:45-3:00 Afternoon break
3:00-5:00 Session continues
Day 2 Session ends at 3:30



PG Bootcamp Registration Fee (for Oct 6-7 session)
(includes breakfast & lunch & publication for pre-reading)

Early bird: **\$825** before Aug 1

Regular rate: **\$875** between Aug 1-Sept 30

Last minute rate: **\$925** after Oct 1

Hotel Room Rate: \$179/night. Reserve your room by April 11 by calling (800) 253-3590 or online using this code:

<https://book.passkey.com/e/50297884>

Let the hotel know you are with the Partners in Policy Governance event.

Cancellation Policy:

Registrations are transferable to individuals inside your organization.

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

To register: Register and pay online at <http://www.PGbootcamp.net.event>

OR send your **commitment to attend** to susan.radwan@policygovernanceconsulting.com.

You can send your registration fee in advance to 302 E Jefferson, Grand Ledge, MI 48837.

Please let us know if you have any specific food allergies or requirements that might influence our food menu.



PARTNERS IN
POLICY GOVERNANCE®

Policy Governance is a service mark of John Carver



Southwest Michigan Behavioral Health Board Meeting

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

September 9, 2022

9:30 am to 11:00 am

(d) means document provided

Draft: 7/12/22

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda**
 - August 12, 2022 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
 - Operations Committee June 22, 2021 Meeting minutes (d)
6. **Ends Metrics Updates (*Requires motion)**

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

 - Health Services Advisory Group, Performance Measure Validation Audit (J. Gardner) (d)
 - Follow-up after Hospitalization for Mental Illness (J. Gardner) (d)
7. **Board Actions to be Considered**
 - Casemore Employment Agreement
8. **Board Policy Review**

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

 - None
9. **Executive Limitations Review**

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

 - a. BEL-004 Treatment of Staff (R. Perino) (d)
 - b. BEL-005 Treatment of Plan Members (R. Perino) (d)
 - c. BEL-009 Global Executive Constraint (S. Barnes) (d)

10. Board Education

- a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d)
- b. Preview Fiscal Year 2023 Budget (T. Dawson)
- c. Compliance Role & Function (M. Todd)
- d. FY22 CMH Site Review results (M. Todd) (d)
- e. Clinical Quality (A. Lacey) (d)
- f. 7th Annual Healthcare Forum-October 7, 2022

11. Communication and Counsel to the Board

- a. System Transformation Legislation
- b. October 14, 2022 Board Agenda (d)
- c. Board Member Attendance Roster (d)
- d. October Direct Inspection Reports- BEL-008 Communication and Counsel (E. Meny);
Executive Officer Performance Review-Executive Committee

12. Public Comment

13. Adjournment

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

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

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

Next Board Meeting

**Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
October 14, 2022
9:30 am - 11:00 am**

2022 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Marcia Starkey (Calhoun)												
Louie Csokasy (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarto (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Jeanne Jourdan (Cass)												
Patricia Guenther (Kalamazoo)												
Karen Longanecker (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 6/10/22

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled