



## Southwest Michigan Behavioral Health Board Meeting

Please join the meeting from your computer, tablet or smartphone:

<https://global.gotomeeting.com/join/515345453>

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**1-571-317-3116** - Access Code: **515-345-453**

**August 13, 2021**

**9:30 am to 11:00 am**

(d) means document provided

**Draft: 8/6/21**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - a. Summit Pointe - Marcia Starkey
  - b. Woodlands Primary – Terry Proctor
  - c. Woodlands Alternate – Jeanne Jourdan
4. **Consent Agenda**
  - July 9, 2021 SWMBH Board Meeting Minutes (d) pg.3
5. **Operations Committee**
  - Operations Committee Minutes June 23, 2021 (d) pg.8
6. **Ends Metrics Updates (\*Requires motion)**

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

  - a. \* Performance Bonus Incentive Program (PBIP) Data Sharing (J. Gardner) (d) pg.11
  - b. \* Veteran's Performance Bonus Incentive Program (PBIP) (J. Gardner) (d) pg.12
  - c. \* Fulfillment of Contractual Obligations – State Opioid Response Grant Review Results (J. Smith) (d) pg.13
7. **Board Actions to be Considered**
  - None
8. **Board Policy Review**

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

  - BG-002 Management Delegation (d) pg.16
9. **Executive Limitations Review**

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

  - a. BEL-004 Treatment of Staff (E. Meny) (d) pg.17
  - b. BEL-005 Treatment of Plan Members (E. Krogh)

## **10. Board Education**

- a. Fiscal Year 2021 Year to Date Financial Statements (B. Casemore) (d) pg.34
- b. Draft Fiscal Year 2022 Budget (B. Casemore) (to be displayed)
- c. MI Health Link Assessment (B. Casemore) (d) pg.42
- d. 2021 SWMBH Network Vulnerability Testing Report (N. Spivak) (d) pg.44
- e. Substance Use Disorder Oversight Policy Board (SUDOPB) Update (J. Smith, R. Hazelbaker) (d) pg.51

## **11. Communication and Counsel to the Board**

- a. Provider Network Stability Report (M. Todd) (d) pg.52
- b. September 10, 2021 Draft Board Agenda (d) pg.56
- c. October 1, 2021 Legislative Event (to be displayed)
- d. Board Member Attendance Roster (d) pg.58
- e. BHDDA documents (d) pg.59
- f. September Board Policy Direct Inspection – BEL-009 Global Executive Constraints (E. Meny)

## **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  
September 10, 2021  
9:30 am - 11:00 am**

# Southwest Michigan

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## BEHAVIORAL HEALTH

**Draft Board Meeting Minutes**  
**July 9, 2021**  
**9:30 am-11:00 am**  
**GoTo Webinar and Conference Call**  
**Draft: 7/16/21**

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**Members Present via phone:**

Tom Schmelzer, Terry Proctor, Erik Krogh, Carol Naccarato, Susan Barnes, Ruth Perino, Randy Hyrns

**Guests Present via phone:** Bradley Casemore, Executive Officer, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Richard Thiemkey, Barry County CMH; Jeff Patton, ISK; Brad Sysol, Summit Pointe; Sue Germann, Pines BH; Kris Kirsch, St. Joseph CMH; Debb Hess, Van Buren CMH; Ric Compton, Riverwood; Mary Ann Bush, Project Coordinator, Senior Operations Specialist SWMBH; Jon Houtz, Pines BH Alternate; Tim Smith, Woodlands; Patricia Gunther, ISK Alternate; Roger Pierce, Riverwood

**Welcome Guests**

Tom Schmelzer called the meeting to order at 9:30 am.

**Public Comment**

None

**Special Recognition of Mary Ann Bush Upon Her Retirement**

Brad Casemore recognized Mary Ann Bush for her years of service with SWMBH. Board Members also commented. Mary Ann thanked them for their involvement and mentoring through the years.

**Agenda Review and Adoption**

Brad Casemore added a topic for Board Actions to be Considered. Community Mental Health Association of Michigan (CMHAM) Member Assembly Board Representative.

Motion	Carol Naccarto moved to accept the agenda as presented with the addition of CMHAM Member Assembly Board to Board Actions to be Considered.	
Second	Ruth Perino	
Roll call vote	Ruth Perino	yes
	Carol Naccarto	yes
	Tom Schmelzer	yes
	Terry Proctor	yes
	Erik Krogh	yes
	Randy Hyrns	yes
	Susan Barnes	yes

Motion Carried

**Financial Interest Disclosure Handling**

Brad Casemore reported that the paperwork for Marcia Starkey, representing Calhoun County, is in the final processing stage and will be added to August Board meeting agenda.

**Consent Agenda**

- Motion Erik Krogh moved to approve the June 11, 2021 Board meeting minutes as presented.
- Second Sue Barnes
- Roll call vote Ruth Perino yes
- Carol Naccarto yes
- Tom Schmelzer yes
- Terry Proctor yes
- Erik Krogh yes
- Randy Hyrns yes
- Susan Barnes yes

Motion Carried

**Operations Committee**

**Operations Committee Minutes May 26, 2021**

Tom Schmelzer reviewed the minutes as documented. There were no questions and the minutes were accepted.

**Operations Committee Quarterly Report**

Deb Hess reported as documented. Tom Schmelzer noted the extensive list of activities that the Operations Committee reviews and thanked them for their diligence.

**Ends Metrics**

None

**Board Actions to be Considered**

**Remote Board Meetings**

Brad discussed the current rules and regulations that directly affect the SWMBH Board meeting and the future actions of each of the 8 County Commissions and each of Region 4 CMHSPs. Discussions included report of counties that are hybrid, fully open, and concerns about SWMBH’s room accommodations including size and HEPA processes and ventilation. SWMBH currently has a resolution to hold virtual Board meetings.

- Motion Tom Schmelzer moved to continue with the resolution approving a virtual Board meeting in August 2021.
- Second Sue Barnes
- Roll call vote Ruth Perino yes
- Carol Naccarto yes
- Tom Schmelzer yes
- Terry Proctor yes
- Erik Krogh yes
- Randy Hyrns no

Susan Barnes                      yes

**CMHAM Member Assembly Board**

Brad discussed the opportunity for SWMBH to designate members to the CMHAM Member Assembly Board for voting purposes on budget, fees, dues, etc. Current representation for SWMBH is Brad Casemore, Tom Schmelzer, and Ed Meny.

Randy Hyrns nominated Ed Meny. Sue Barnes nominated Tom Schmelzer. Brad Casemore is a nominee as the CEO of SWMBH.

Motion                      Ruth Perino moved to nominate Tom Schmelzer and Ed Meny as representatives for the CMHAM Member Assembly Board.

Second                      Sue Barnes

Roll call vote	Ruth Perino	yes
	Carol Naccarto	yes
	Tom Schmelzer	yes
	Terry Proctor	yes
	Erik Krogh	yes
	Randy Hyrns	yes
	Susan Barnes	yes

**Board Policy Review**

None

**Executive Limitations Review**

**BEL-007 Compensation and Benefits**

Ruth Perino reported as documented.

Motion                      Ruth Perino moved that the Executive Officer is in compliance with this policy and the policy does not need revision.

Second                      Randy Hyrns

Roll call vote	Ruth Perino	yes
	Carol Naccarto	yes
	Tom Schmelzer	yes
	Terry Proctor	yes
	Erik Krogh	yes
	Randy Hyrns	yes
	Susan Barnes	yes

**BEL-002 Financial Conditions**

Sue Barnes reported as documented.

Motion                      Sue Barnes moved that the Executive Officer is in compliance with this policy and the policy does not need revision.

Second                      Randy Hyrns

Roll call vote	Ruth Perino	yes
	Carol Naccarto	yes

Tom Schmelzer	yes
Terry Proctor	yes
Erik Krogh	yes
Randy Hyrns	yes
Susan Barnes	yes

**BEL-006 Investments**

Carol Naccarato reported as documented.

Motion Carol Naccarato moved that the Executive Officer is in compliance with this policy and the policy does not need revision.

Second Sue Barnes

Roll call vote	Ruth Perino	yes
	Carol Naccarto	yes
	Tom Schmelzer	yes
	Terry Proctor	yes
	Erik Krogh	yes
	Randy Hyrns	yes
	Susan Barnes	yes

**Board Education**

**Fiscal Year 2021 Year to Date Financial Statements**

Tracy Dawson reported as documented. Tracy also displayed the 2022 Budget Assumptions report. This report will be presented again at the August Board Meeting with any appropriate updates. Discussion followed.

**Communication and Counsel to the Board**

**Provider Network Stability Report**

Brad Casemore reported as documented.

**Hold the Date – October 1, 2021 Health Policy Forum**

Mary Ann Bush displayed the invitation which is to be sent in July. All speakers are confirmed, and final details are being completed.

**August 13, 2021 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.

**System Transformation Update**

Brad Casemore reported as documented.

**Regional COVID-19 County of Emergency Update**

Brad Casemore reported as documented.

**MI Health Link other Potential Plan Partners**

Brad Casemore explained Plan Partners.

**August Board Policy Direct Inspection - BEL-004 Treatment of Staff – Ed Meny**

Tom Schmelzer noted that this can be delayed if needed.

**BEL-005 Treatment of Plan Members – Erik Krogh**

Erick asked for guidance. Materials are forthcoming and questions will be answered.

**Public Comment**

None

**Adjournment**

Motion Erik Krogh moved to adjourn at 10:42 am

Second Sue Barnes

Unanimous Voice Vote

Motion Carried

DRAFT

# Southwest Michigan

## BEHAVIORAL HEALTH

### **Operations Committee Meeting Minutes Meeting: June 23, 2021 10:00am-1:00pm**

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

**Guests present via phone** – Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Sarah Green, Integrated Care Manager, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Sarah Ameter, Manager of Customer Services, SWMBH; Sarah Green, Integrated Healthcare Manager, SWMBH; Brad Sysol, Summit Pointe; Sally Weigandt, CCBHC Coordinator, SWMBH

**Call to Order** – Brad Casemore began the meeting at 10:15 am.

**Review and approve agenda** – Agenda approved.

**Review and approve minutes from 5/26/21 Operations Committee Meeting** – Minutes were approved by the Committee.

**CMH Updates** – CMHSP CEOs' shared current updates and sought input from colleagues focused on response plans to the pandemic, challenges, and regulations. Also highlighted new grants and projects unrelated to the pandemic as well as ongoing struggles with contract agency direct care worker staffing, staffing shortages, return to work, MIOSHA and mask requirements.

**Fiscal Year 2021 Year to Date Financials** – Tracy Dawson reported as documented, noting the fiscal year 2022 Budget process has begun.

**Fiscal Year 2021 Encounters** – Tracy Dawson reported as documented.

**Standard Cost Allocation (SCA)/EQI/Rate Setting Workgroup Updates** – Tracy Dawson shared that the state is planning to use fiscal year 2019 as the basis for fiscal year 2022 rates, with CCBHC rates in development. SCA meetings are continuing bi-weekly.

**Provider Network Capacity Issues** – Mila Todd said that Allen Jansen has formed a “think-tank” to discuss provider network capacity issues. Capacity and staffing issues have been discussed at regional SWMBH meetings, including retention ideas, fee schedules and uniformity. Mila Todd asked group to notify SWMBH if a different fee schedule (outside of the state fee schedule) is developed or used at the CMHSP level.

**National Alliance for Mental Illness (NAMI) Gala Honors** – Brad Casemore noted that the NAMI honors gala is August 7<sup>th</sup> and the conference is August 9<sup>th</sup>-11<sup>th</sup>. Brad Casemore also noted that Jeff Patton will be presented with an award at the August 7<sup>th</sup> event.

**Carve-In Updates** – Brad Casemore noted all the recent proposals and documents regarding behavioral health transformation. Jeff Patton announced that Kalamazoo County passed a resolution opposing the recent legislative proposals.

**Guidance from CMHAM CFI Contract Negotiation Team re: finance reporting redesign** – Mila Todd and Brad Casemore noted the email from CMHAM and their responses to the state on concerns of initiatives.

**MI Health Link (MHL) 2022 and beyond** – Brad Casemore stated that SWMBH released an request for information (RFI) for assessment and gap analysis of MI Health Link business line at SWMBH. A vendor will be selected in mid-July.

**Unenrolled Complex Care Management Proposal** – Brad Casemore reported the proposal was submitted to Allen Jansen and no response has been received yet.

**Regional Committees – live or remote or both?** – Group discussed remote, live and hybrid meeting options. Group agreed to meet in person for the July Operations Committee meeting.

**Fiscal Year 2021 PIHP-DHHS Contract Status** – Mila Todd noted that the last two meetings were cancelled.

**Provider Network Stability Report Status** – Mila Todd stated that the May report was submitted to the state.

**CCBHC Update** – Sally Weigandt stated that a payment methodology meeting with MDHHS is scheduled for 6/24/21. MDHHS is asking for feedback from PIHPs and CMHSPs. Sally Weigandt will be coordinating, compiling and submitting our regional feedback.

**MI Health Link (MHL) Update** – Sarah Green stated that SWMBH is preparing for the National Council on Quality Assurance (NCQA) accreditation process for MHL and announced a new SWMBH staff, Ashambi Guy, to assist with MHL.

**Grants Update** – Sarah Green stated that budgets have been submitted to the state for Pines, ISK and Riverwood. Partnerships with Gryphon and Advocacy Services for Kids (ASK) have been established for upcoming grant work.

**Integrated Care Strategic Plan** – Sarah Green stated that SWMBH is developing a strategic plan for integrated health and she will be sending out a survey to CMHSPs to get feedback for plan development.

**Fiscal Year 2022 Code Set Changes** – Anne Wickham reported as documented noting a few small changes may occur, but that these codes, for the most part, are final. The Encounter Data Integrity Team (EDIT) is reviewing the codes at their July meeting.

**Opioid Health Homes (OHH)** – Joel Smith reported 320 enrollees and a scope of work with Health Management Association has been reached to partner with SWMBH in review process, procedures, and standards in providing OHH services focused first on the OHH clinical model supporting OHH provider partners. SWMBH is also working with the department on expectations around no call no shows and inability to make contact with enrollees.

**American Society of Addiction Medicine (ASAM) Continuum of Care Installation** – Joel Smith noted that ASAM assessment trainings have been sent out to SUD Program Directors for staff to receive the required training. SWMBH is finalizing reimbursement rate for completion of ASAM training. SWMBH is also working with the state on assessment of adolescents since the ASAM assessment is not approved for adolescents.

**COVID-19 Supplemental** – Joel Smith stated that SWMBH was awarded 1.3 million block grant dollars through the COVID-19 relief package and prevention contracts that were reduced are being amended. SWMBH is working with the State on guidance for the spending areas.

**October 1, 2021 Public Policy Event** – Brad Casemore noted the document in the packet for the committee’s review.

**July 9, 2021 SWMBH Board Agenda** – Brad Casemore noted the draft agenda in the packet for the committee’s review.

**July 28, 2021 Operations Committee Meeting Agenda** – Brad Casemore noted the draft agenda in the packet for the committee’s review.

**Mediation** – Sarah Ameter announced a new mediation process is being put in place at the state level. Formal training on the new Mediation process will be coming this fall. The training is in development but will likely be split into two separate trainings: (1) a general overview for most or all CMH staff and (2) a more in-depth training for those who will be actively assisting customers with the process and/or representing the agency in Mediation meetings. The person who attends Mediation meetings (once the process is implemented), will need to have agency power to sign a settlement and bind the agency to the agreed upon outcomes. She did say that it will be possible for the CEO’s to designate someone else to have this power, but that it will likely need to be in writing. Mediation is anticipated to be added to the FY22 contract with MDHHS, so we will need to add this to policies and handbooks quickly once the contract is signed.

**Adjourned** – Meeting adjourned at 11:45am

## 2021 Performance Bonus Incentive Program (PBIP) Update:

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>Achieve 95% of Veteran's Metric Performance-Based Incentive Program monetary award based on MDHHS specifications.</b></p> <p>Metric Measurement Period: (10/1/20 - 3/1/21) Metric Board Report Date: August 13, 2021</p> <p><b>A. Identification of beneficiaries who may be eligible for services through the Veteran's Administration:</b></p> <ul style="list-style-type: none"> <li><b>i.</b> Timely submission of the Veteran Services Navigator (VSN) Data Collection form through DCH File transfer. <i>Deliverables:</i> The VSN Data Collection form will be submitted to BHDDA by the last day of the month following the end of each quarter.</li> <li><b>ii.</b> Improve and maintain data quality on BH-TEDS military and veteran fields. <i>Deliverables:</i> BH TEDS quality monitoring reports delivered (10/1/20 through 3/31/21).</li> <li><b>iii.</b> Monitor and analyze data discrepancies between VSN and BH TEDS data. <i>Deliverables:</i> By July 1, 2021, Plans will submit a 1-2-page narrative report on findings and any actions to improve data quality.</li> </ul> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point will be awarded upon official Board approval.</p>	<p><b>On Target for Successful Completion</b></p> <ul style="list-style-type: none"> <li>✓ Timely Submission of Veran Navigator Data via DCH File Transfer Submitted Monthly</li> <li>✓ Veterans BH TEDS military Data Field Improvement Narrative Report (2 pages) was successfully submitted to DHHS on July 1, 2021</li> </ul>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.</b></p> <p>Metric Measurement Period: (10/1/20 - 9/30/21) Metric Board Report Date: November 12, 2021 Interim report to the Board in August 2021</p> <p><b>B. Increased data sharing with other providers:</b></p> <ul style="list-style-type: none"> <li><b>i.</b> Send ADT messages for purposes of care coordination through the health information exchange. <i>Deliverable 1:</i> At least one CMHSP within a contractor's service area (or the contractor) will be submitting ADT messages to the MIHIN EDI pipeline by the end of FY21.</li> <li><b>ii.</b> <i>Deliverable 2:</i> By July 31, 2021, the contractor must submit, to BHDDA, a report no longer than 2 pages listing the CMHSPs sending ADT messages, barriers for those who are not, along with remediation efforts and plans.</li> </ul> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully. If MIHIN cannot accept or process the contractor's ADT submissions, this shall not constitute a failure of the metric and will be communicated to the Board and updated appropriately.</p>	<p><b>On Target for Successful Completion</b></p> <ul style="list-style-type: none"> <li>✓ At least one CMHSP within the Region will be submitting ADT messages through the MIHIN pipeline by the end of FY21 (ISK)</li> <li>✓ ADT 'Narrative Status Report' was successfully submitted to BHDDA on July 31, 2021</li> </ul>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2021, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to the following areas:</b></p> <ol style="list-style-type: none"> <li>1. Comprehensive Care</li> <li>2. Patient-Centered Medical Homes</li> <li>3. Coordination of Care</li> <li>4. Accessibility to Services</li> <li>5. Quality and Safety</li> </ol> <p>Metric Measurement Period: (10/1/20 - 11/15/21) Metric Board Report Date: January 8, 2022</p> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point awarded upon official Board approval.</p>	<p><b>On Target for Successful Completion</b></p> <ul style="list-style-type: none"> <li>✓ Presentations to Regional Committees on Expectations and Content for Narrative Report.</li> <li>✓ Each CMHSP will be responsible for producing a 1-page narrative highlighting achievements/successes that relate to the (5) indicated elements.</li> <li>✓ CMHSP's are still encouraged to submit brochures and program advertisements used throughout the fiscal year. These will be attachments.</li> </ul> <p>(40 points) and 40% of the total withhold amount Report not to exceed 10 pages</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>Achieve Compliance on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) and show a reduction in disparity with one minority group.</b></p> <p>Metric Measurement Period: 7/1/20 - 6/20/21 Metric Board Report Date: August 13, 2021 Interim report presented to the Board on B. In January 2021</p> <ol style="list-style-type: none"> <li>C. Plans will meet set standard for follow-up within 30 days for each rate (ages 6-17) and (18 and older). Plans will be measured against the adult minimum standard of 58% and child minimum standard of 70%.</li> <li>D. Data will be stratified by race/ethnicity by MDHHS and delivered to PIHP's. PIHP's will be incentivized to reduce a disparity between the index population and at least one minority group. (7/1/20 – 6/30/21)</li> </ol> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point awarded upon official Board approval. ½ point each, child and adult.</p>	<p><b>On Target for Successful Completion</b></p> <ul style="list-style-type: none"> <li>✓ On track for successful completion of the Adult and Child Hospital Follow-up Metric/Benchmarks.</li> </ul> <p><b>Current SWMBH Rates:</b></p> <ul style="list-style-type: none"> <li>• Adult: 67.13%</li> <li>• Child: 77.51%</li> </ul> <ul style="list-style-type: none"> <li>✓ Currently completing data analysis on reduction of health disparity for the African American population. White: 0.96% African American: 0.72%</li> </ul>



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

July 30, 2021

M. Bradley Casemore  
Southwest Michigan Behavioral Health (SWMBH)  
5250 Lovers Lane, Suite 200  
Portage, Michigan 49002

Dear M. Casemore:

Thank you for the cooperation extended to the *Office of Recovery Oriented Systems of Care (OROSC)* staff during the July 20, 2021, *State Opioid Response (SOR) Virtual Site Visit*.

**PRESENT AT THE SITE VISIT**

**SWMBH:** Joel Smith, Substance Abuse Prevention and Treatment (*SAPT*) Director  
Cathy Hart, *SOR* Coordinator  
Achilles Malta, *Prevention Coordinator*

**OROSC:** Angie Smith-Butterwick, *Prevention and Treatment Manager*  
Logan O'Neil, *Project Coordinator – SOR Two*  
Foua Hang, *Project Assistant – SOR Two*  
Danyle Proctor, *Opioid Care Liaison – SOR Two*  
David Havens, *Project Coordinator – SOR One*  
Jamie Meister, *Project Assistant – SOR One*  
Ecole Brooks, *Opioid Care Liaison – SOR One*  
Choua Gonzalez-Medina, *State Opioid Coordinator – SOR*

**Wayne State University:** Rachel Kollin, *Project Manager – SOR*  
Florentine Friedrich, *Research Assistant – SOR*

The purpose of the site visit was to verify that *Southwest Michigan Behavioral Health's (SWMBH) SOR* grant activities and services for opioid use disorder (OUD) are following federal and state requirements to support prevention, treatment, and recovery activities.

**SOR REQUIREMENTS**

*Prepaid Inpatient Health Plans (PIHPs)* must utilize funds within programs for individuals with an OUD to fulfill federal and state funding requirements. *SOR* funds are distributed to increase the availability of prevention, treatment and recovery services designed for individuals with an OUD.

## **SITE VISIT FINDINGS**

After careful consideration and review of the requirements and documentation submitted, we have determined that *SWMBH* is in substantial compliance with the *Substance Abuse and Mental Health Services Administration's (SAMHSA) Funding Opportunity Announcements (FOAs) and the Michigan Department of Health and Human Services (MDHHS) Contract*. Seven corrections were indicated and related to the *PIHP* at the time of the review. The *PIHP* followed up with documentation to satisfy three of these items. Four items are in the process of being addressed and are outlined below with expected completion dates. As the *PIHP* is already in the process of making the necessary corrections indicated, no *Corrective Action Plan* is requested at this time.

### ➤ **Use of Grant Funds**

**Requirement:** Recipients must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Recipients are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care. (*SAMHSA FOA*)

**Action Taken:** Additional contract language to clarify this requirement will be added to all *SOR* contracts. To be completed by September 30, 2021. The *SOR* teams request that the documents be sent to them upon completion.

### ➤ **Government Performance and Results Act (GPRA) Data Collection**

**Requirement:** All *SAMHSA* recipients are required to collect and report certain data so that *SAMHSA* can meet its obligations under the *GPRA Modernization Act of 2010*. Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Recipients will be expected to do a *GPRA* interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. (*SAMHSA Notice of Award (NOA)*)

**Action Taken:** Workplans will be updated to eliminate incentive language for *SOR* contracts where *GPRA* is applicable, to be completed by September 30, 2021. The *SOR* teams request that the documents be sent to them upon completion.

### ➤ **Eligibility of Individuals**

**Requirement:** *SOR* funds for treatment and recovery support services shall only be utilized to provide services to individuals that specifically address opioid\* misuse issues. If an opioid misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with opioids misuse shall not receive treatment or recovery services with *SOR* grant funds. (*SAMHSA NOA*) \**SOR Two* may be used to address stimulant misuse as well.

**Action Taken:** Additional contract language to clarify this requirement will be added to all *SOR* fiscal year 2022 contracts. To be completed by September 30, 2021. The *SOR* teams request that the documents be sent to them upon completion.

➤ **Treatment – Criminal Justice Population**

**Requirement:** [Recipients must] Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings. (*SAMHSA FOA*)

**Action Taken:** Discharge Planning Policy for customers who are incarcerated will be created by October 1, 2021.

Currently, *SWMBH* has all the necessary tools in place to manage, maintain and report on the *SOR* activities and data from their provider network. Their providers will screen individuals to assess their needs and provide or make referrals for interventions as needed for individuals with an OUD.

We greatly appreciate *SWMBH*'s preparation for the site visit and their commitment to provide our staff with the necessary documentation.

If you have any further questions, please contact Logan O'Neil, at [ONeilL@michigan.gov](mailto:ONeilL@michigan.gov) or David Havens, at [havensd1@michigan.gov](mailto:havensd1@michigan.gov).

Sincerely,



Larry P. Scott, Director  
Office of Recovery Oriented Systems of Care

LPS/lo

Enclosure (if applicable)

c: Joel Smith  
Rachel Kollin  
Angie Smith-Butterwick  
Logan O'Neil  
David Havens

# *Southwest Michigan*

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## BEHAVIORAL HEALTH

<b>Section:</b> Board- Policy Global Board		<b>Policy Number:</b> BG-002	<b>Pages:</b> 1
<b>Subject:</b> Management Delegation		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <span style="margin-left: 150px;"><input type="checkbox"/> SWMBH EO</span>			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 11.18.2013	<b>Last Review Date:</b> 08.14.20	<b>Past Review Dates:</b> 8.08.14, 08.14.15, 8.12.16, 8.11.17, 8.10.18, 08.09.19	

I. **PURPOSE:**

To establish official connections with SWMBH Executive Officer and other SWMBH staff.

II. **POLICY:**

The Board's sole official connection to the operational organization, its achievements and conduct will be through its chief executive officer, titled Executive Officer. \*The Fiscal Officer and Chief Compliance Officer shall have direct access to the Board.

III. **STANDARDS:**

\*Verbatim from Bylaws: 7.1 Executive Officer. The Regional Entity shall have at a minimum an Executive Officer, and a Fiscal Officer. The Regional Entity Board shall hire the Executive Officer; and the Executive Officer shall hire and supervise the Fiscal Officer. Both positions shall have direct access to the Regional Entity Board



*Southwest Michigan*  
BEHAVIORAL HEALTH

# **Treatment of Staff 2021 Survey: Southwest Michigan Behavioral Health**

August 13, 2021

# Treatment of Staff Survey 2021



## Methodology

Each year SWMBH staff are selected to provide feedback on the 'Treatment of Staff' Board Governance Policy BEL-004. The 9-question survey was created as part of a Board directive.

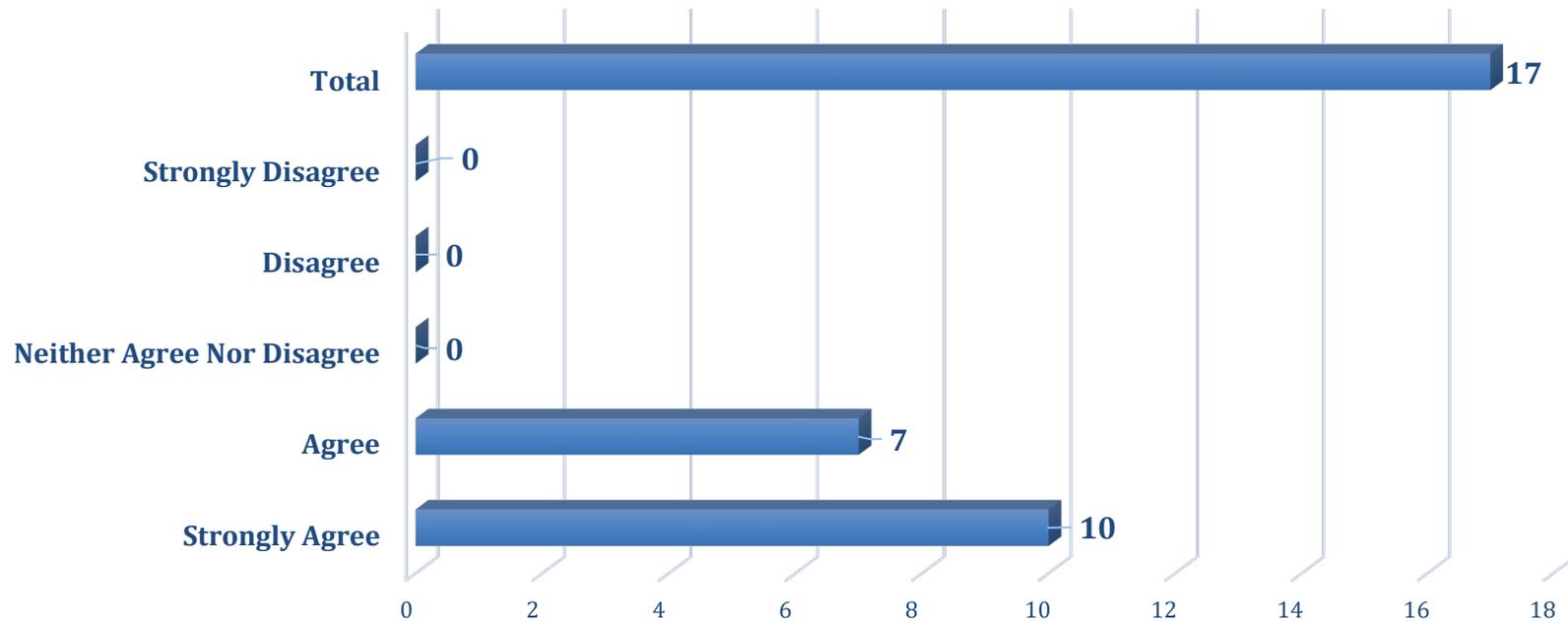
- Distributed to approximately 25% of staff (n=17). Participants were randomly selected.
- Sampling Period: July 20<sup>th</sup>, 2021- July 27<sup>th</sup> , 2021
- Strongly Agree and Agree = **Positive** 'In Agreement' (Numerator and Denominator)
- Strongly Disagree and Disagree = **Negative** 'In Agreement' (Denominator)
- Neither Agree or Disagree = **Removed/Neutral** from both (Numerator and Denominator)

THE RESULTS ARE AS FOLLOWS:

# Treatment of Staff Survey 2021



**#1: SWMBH is in compliance with the following statement indicated in Policy BEL-004 'Treatment of Staff': "With respect to the treatment of paid and volunteer staff, SWMBH shall not cause or allow conditions that are unfair, undignified, disorganized or u**

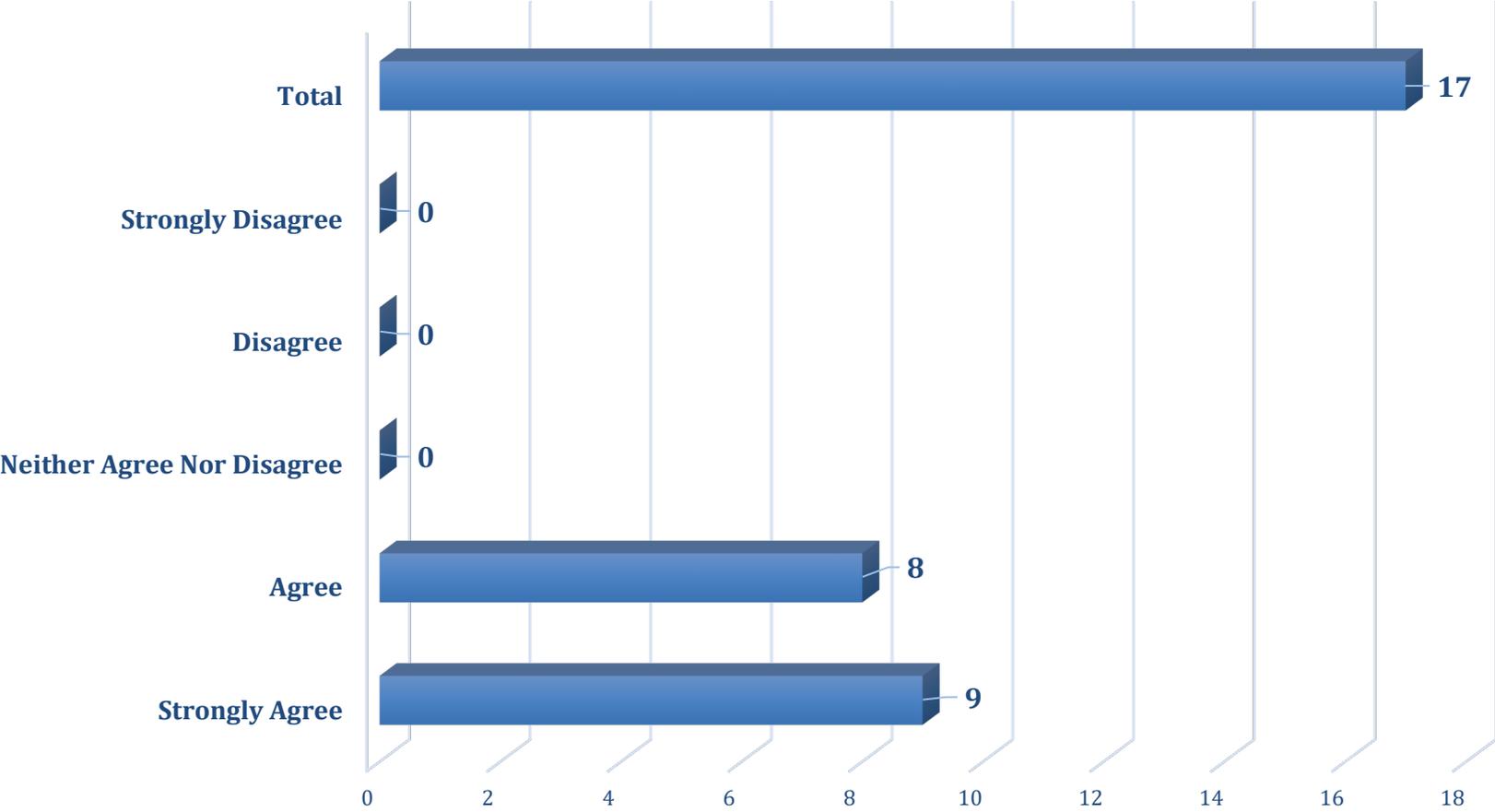


**17/17 = 100% in Agreement Compliance**

# Treatment of Staff 2021 Survey



## #2: As an employee, I am familiar with the SWMBH Employee Handbook:

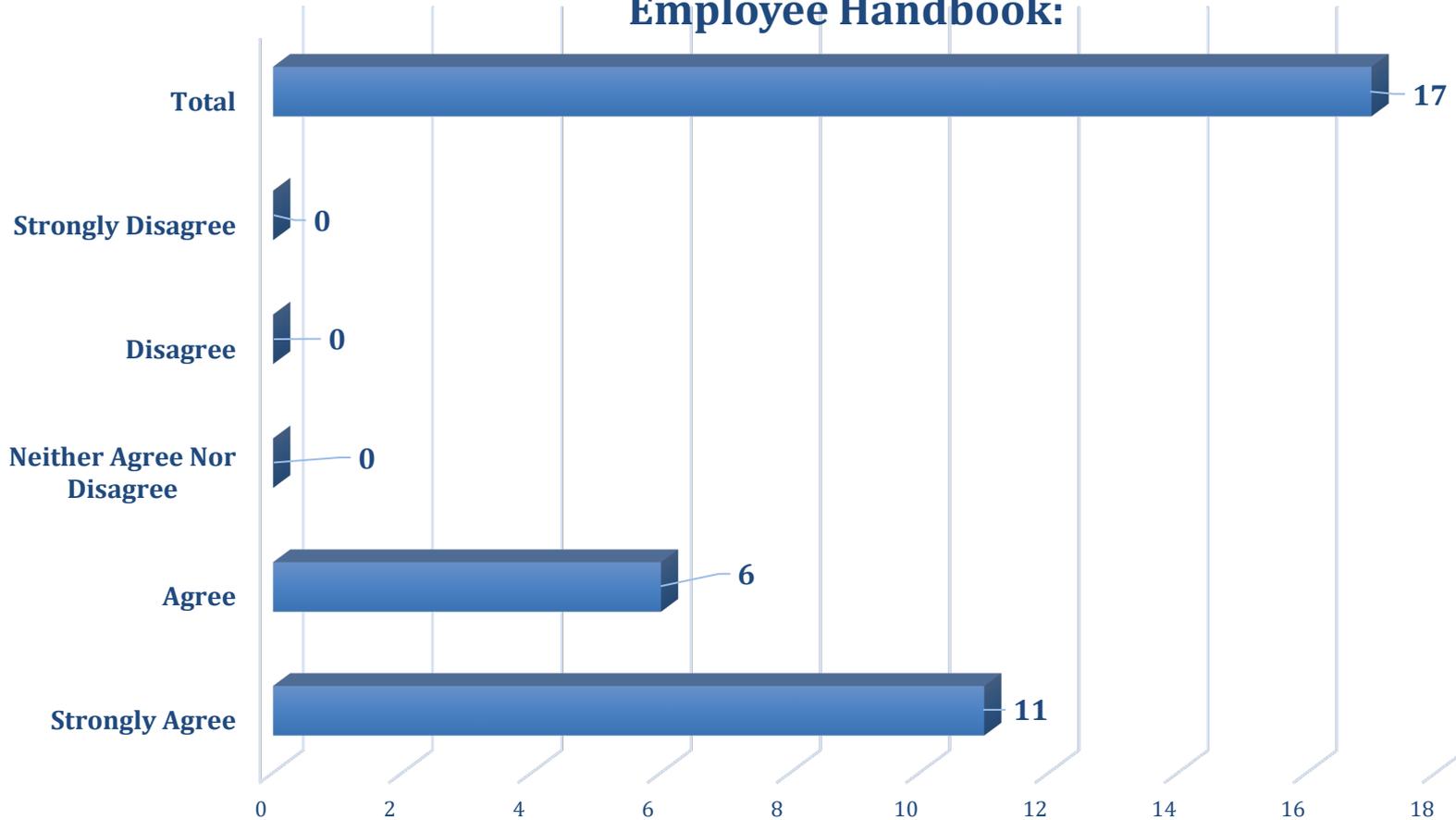


**17/17 = 100% in Agreement Compliance**

# Treatment of Staff 2021 Survey



## #3: As an employee, I know where to find the SWMBH Employee Handbook:

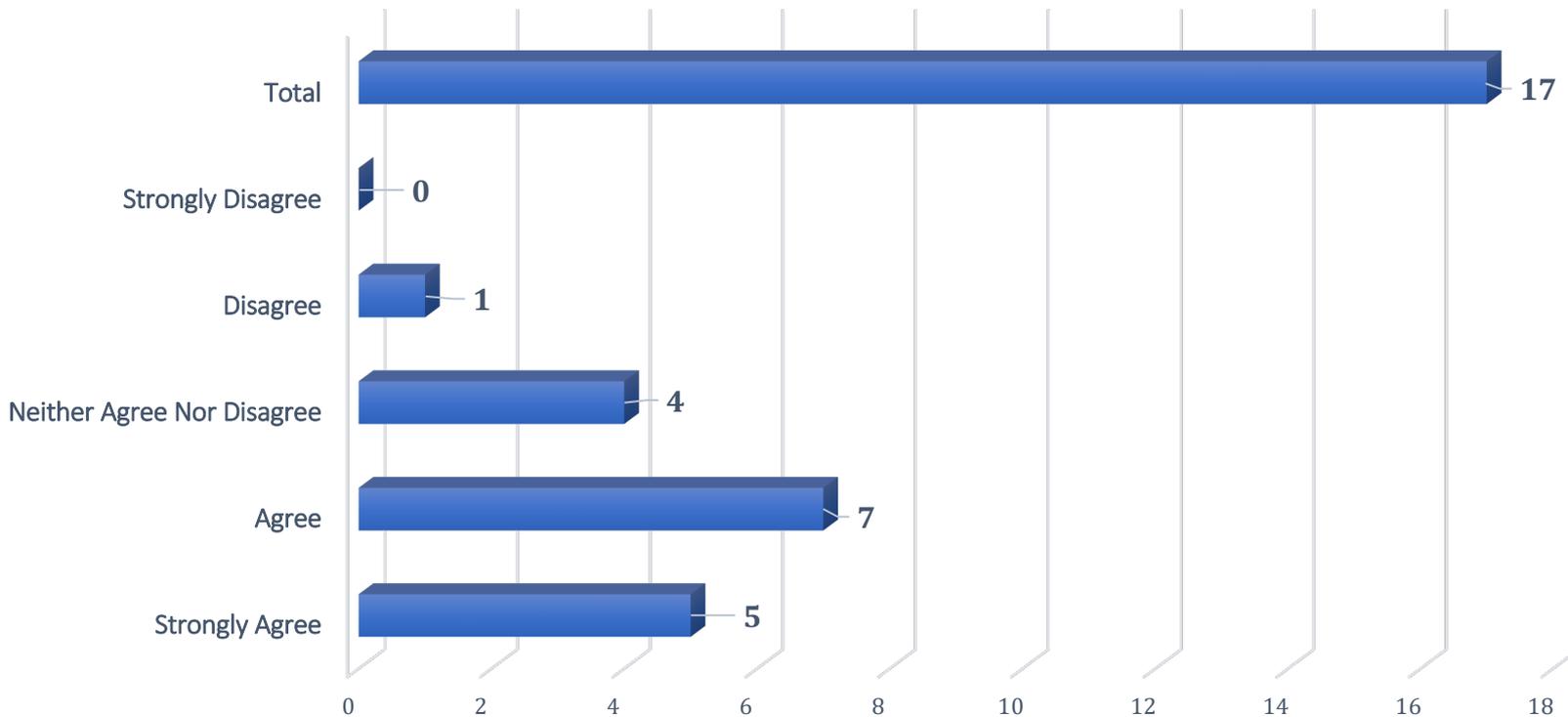


**17/17 = 100% in Agreement Compliance**

# Treatment of Staff 2021 Survey



**#4: As an employee, I am familiar with how employee grievances are handled (i.e., retaliation, expression of decent, wrongful conditions, nepotism or preferential treatment):**

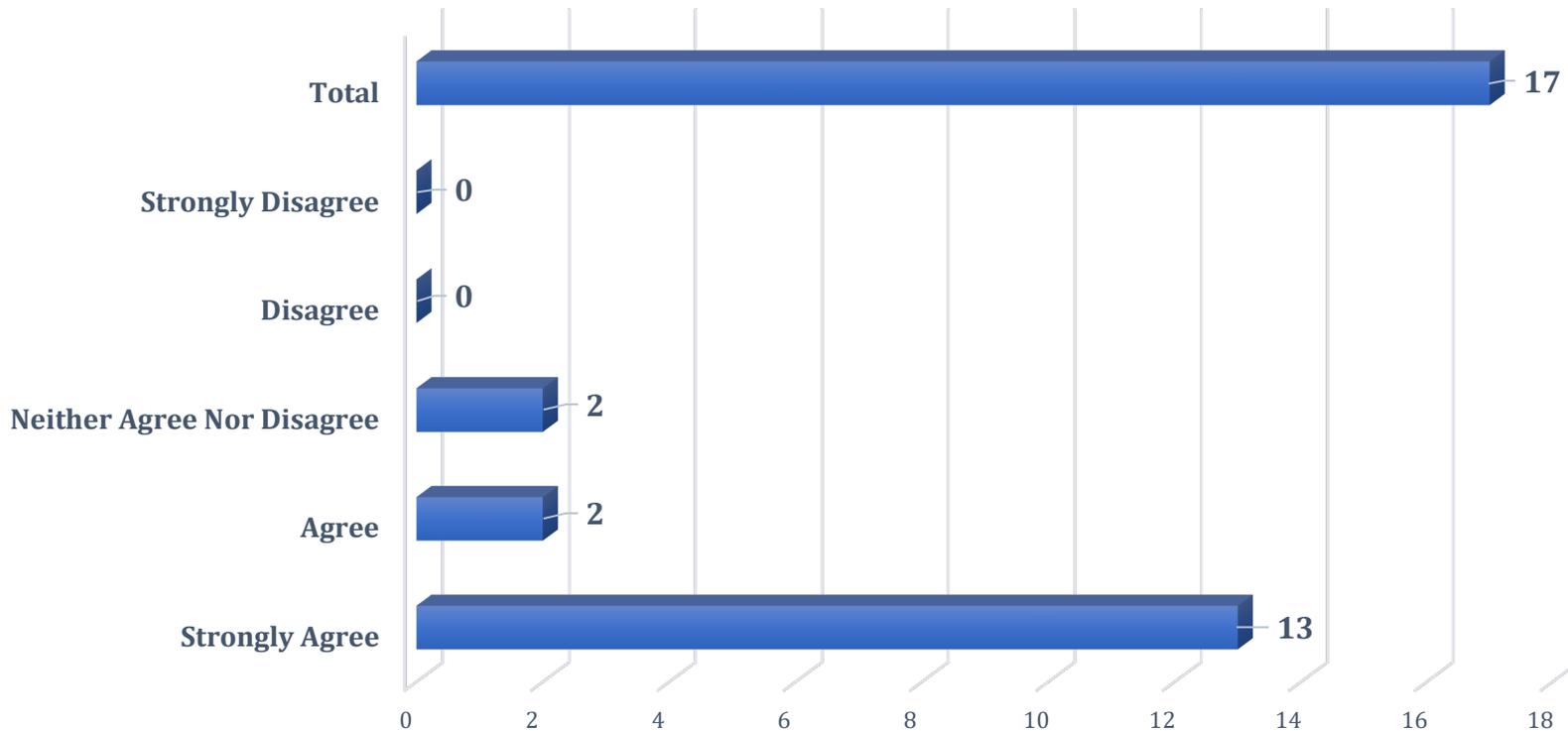


**12/13 = 92.3% in Agreement Compliance**

# Treatment of Staff 2021 Survey



**#5: As an employee, I am not familiar with a situation of retaliation by management because of an expression of dissent (the expression or holding of opinions at variance with those previously, commonly, or officially held):**

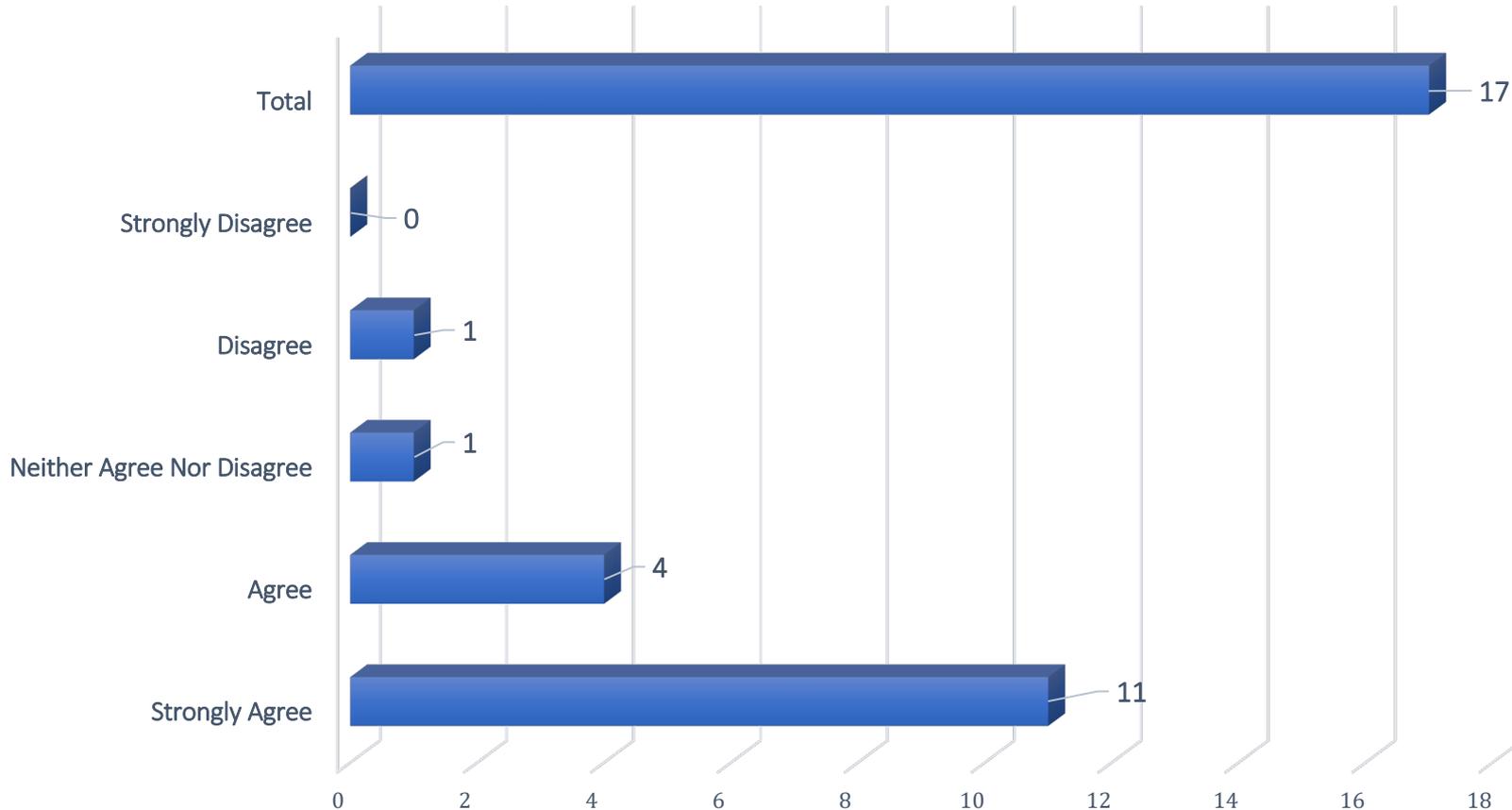


**13/13 = 100% in Agreement Compliance**

# Treatment of Staff 2021 Survey



**#6: As an employee, I recall my new employee orientation with the CEO:**

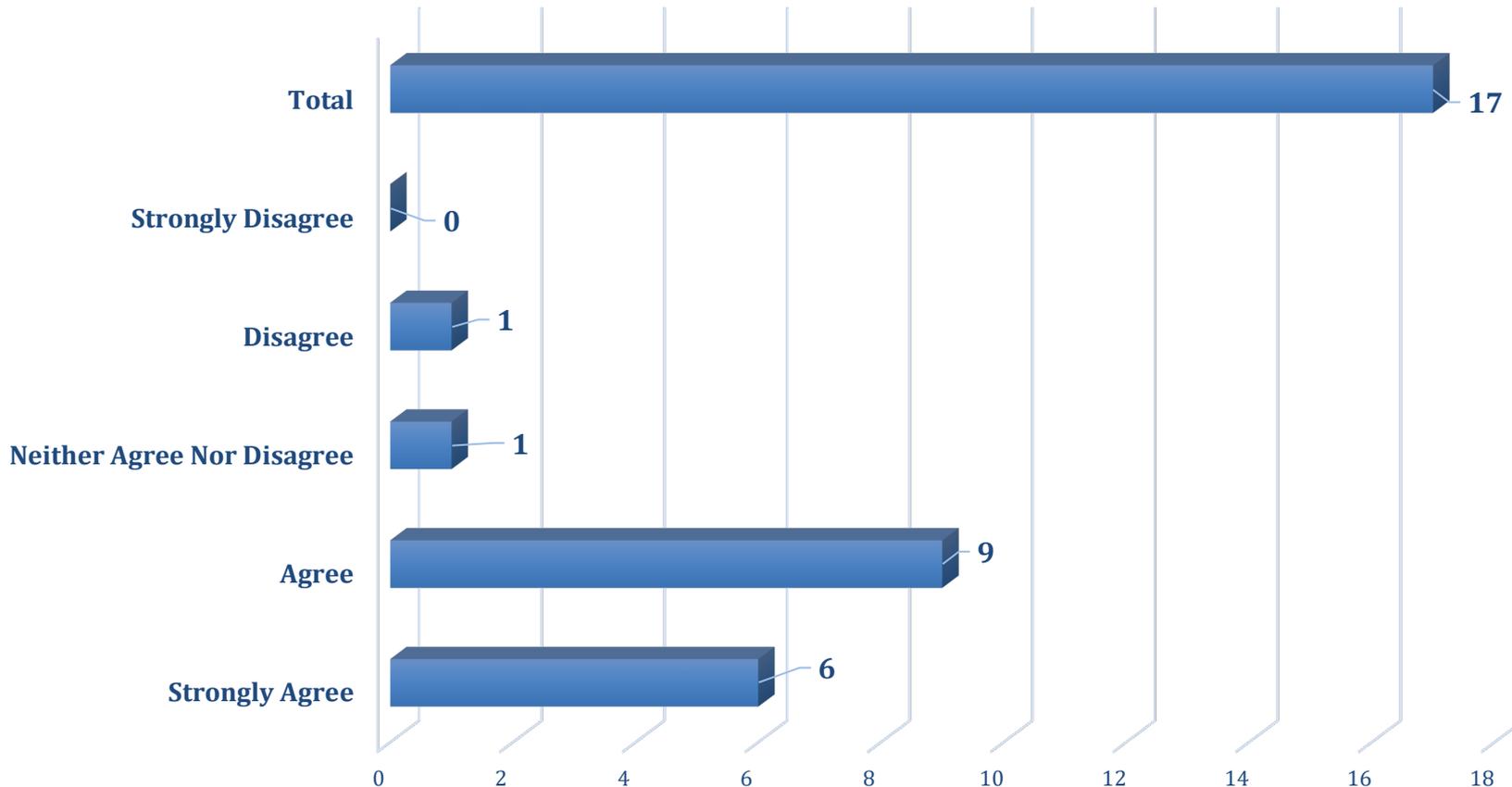


**15/16 = 93.7% in Agreement Compliance**

# Treatment of Staff 2021 Survey



**#7: The Agency (SWMBH) acquainted me with their interpretation of my protections under the Policy stated above:**

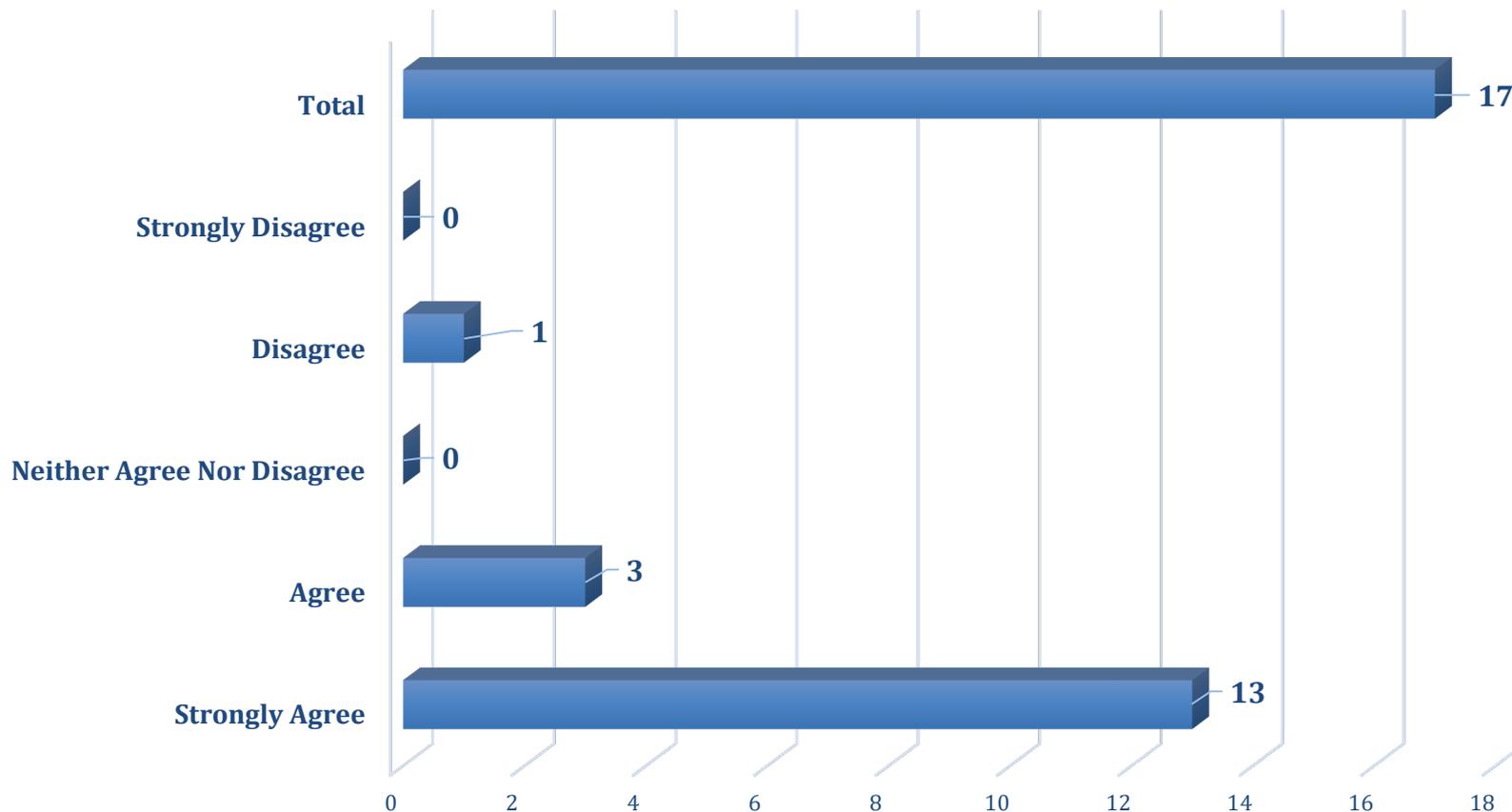


**15/16 = 93.7% in Agreement Compliance**

# Treatment of Staff 2021 Survey



**#8: As an employee, I am comfortable asking a question or seeking clarification from management on any concerns that I may have:**

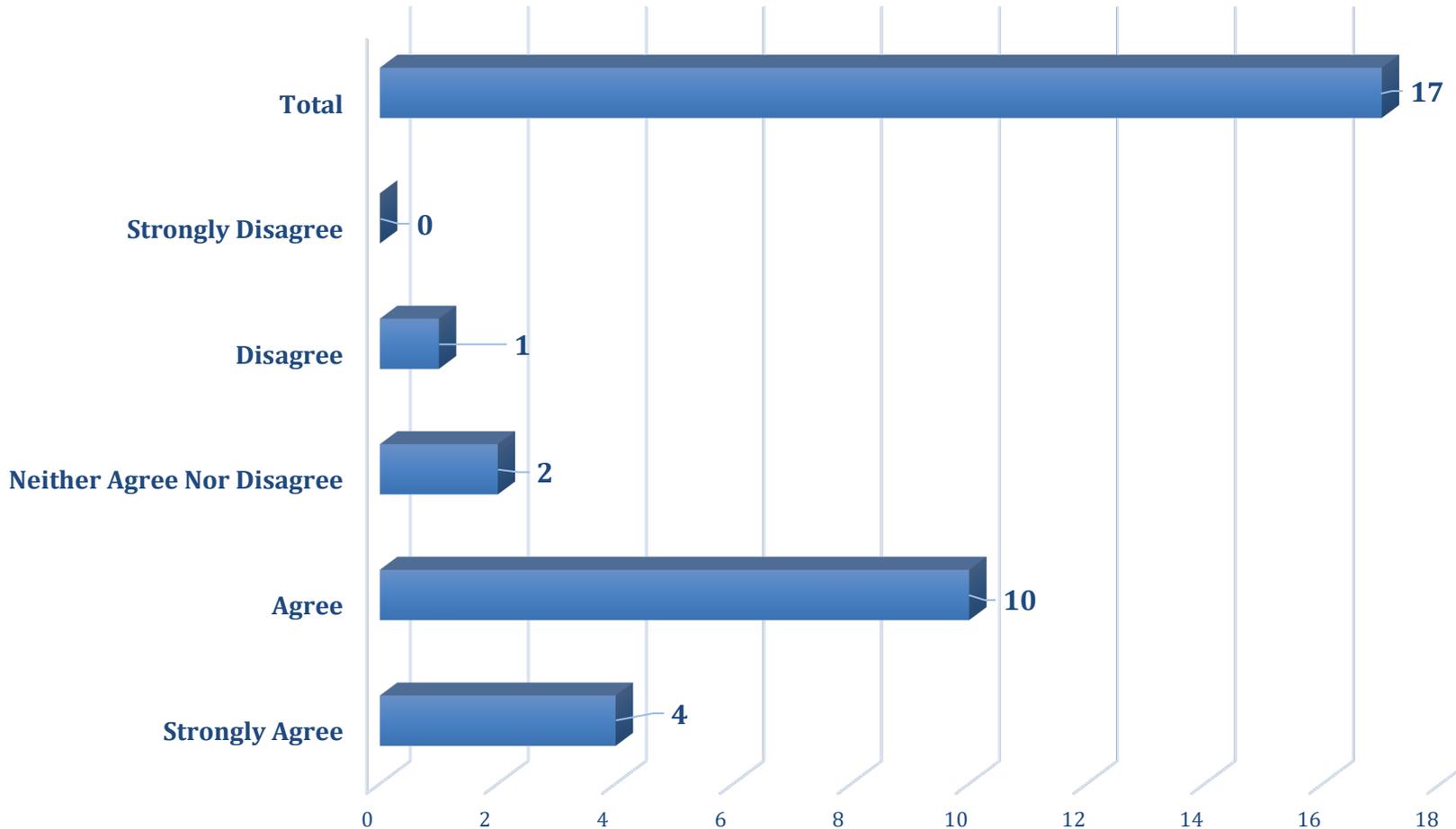


**16/17 = 94.1% in Agreement Compliance**

# Treatment of Staff 2021 Survey



**#9: As an employee, I have been instructed, trained and prepared to deal with emergency situations:**



**14/15 = 93.3% in Agreement Compliance**



Summary Global Score:  
136/141  
**96.4% 'In Agreement Score'**

Thank you!!

# Southwest Michigan

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

<b>Section:</b> Board Policy		<b>Policy Number:</b> BEL-004	<b>Pages:</b> 1
<b>Subject:</b> Treatment of Staff		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <span style="margin-left: 150px;"><input checked="" type="checkbox"/> SWMBH EO</span>			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 03.14.2014	<b>Last Review Date:</b> 5.8.20	<b>Past Review Dates:</b> 12.12.14, 3/11/16, 4/14/17, 4.13.18, 5.10.19	

I. **PURPOSE:**

To clearly define the Treatment of SWMBH staff by SWMBH.

II. **POLICY:**

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

III. **STANDARDS:**

Accordingly the EO may not:

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

**Executive Limitations  
Monitoring to Assure Executive Performance  
May 14, 2021**

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**Policy Number: BEL-004**  
**Policy Name: Treatment of Staff**  
**Assigned Reviewer: Patrick Garrett**

**Purpose:** To clearly define the Treatment of SWMBH staff.

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

**Standards: Accordingly, the EO may not;**

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

*EO Response: A SWMBH Staff Manual exists which a. clarifies rules for staff, b. provides for handling of grievances – termed “conflict resolution”, and c. protects against the wrongful conditions listed above, as well as a welcoming mechanism for reporting and resolving allegations of these conditions. The manual was revised and reviewed by SWMBH Labor Counsel in January 2019 and is under current revision with projected review by SWMBH Labor Counsel in May 2021.*

*I have been vigilant toward and responsive to staff needs and concerns, particularly in the areas of fairness, dignity and safety as expressed in this Board directive. Formal orientation and onboarding, inclusive of a mandatory meeting with me, occurs for new staff. Enforcement of expectations related to level of effort, work product output and professional demeanor have been consistent. Staff is treated with dignity & respect and is not subjected to unsafe work environment or conditions. Compliance with this Executive Limitation is evidenced by the absence of any known Worker’s Compensation claims, OSHA complaints, FMLA violation claims and the like. In the past year staff have been required to work remotely in accordance with state emergency orders for additional safety measures. SWMBH had no employee complaints filed with Human Resources during the review period.*

*An Employee Assistance Program is provided for SWMBH staff at no expense to them and is regularly advertised to staff.*

*In June 2018, a Cultural Insights Survey conducted by an outside contractor, HRM Inc, was conducted to measure staff satisfaction and cultural engagement, this survey led to a project plan to improve employee engagement and satisfaction developed by Senior Leaders. Follow up “pulse” surveys were conducted in 2018 and 2019 with some significant improvements seen in most areas. In December 2019, another full Cultural Insights survey was conducted which showed significant improvement to staff satisfaction and engagement. In order to measure staff satisfaction and engagement during the pandemic additional “pulse” surveys were conducted in April and December 2020 which showed continued satisfaction and engagement in most areas. I continue to work with Senior Leadership and in consultation with Rose Street Advisors/HRM to improve upon these scores.*

*SWMBH has a Staff Handbook, that was updated with review by labor Counsel in January 2019, circulated to and available to staff. This Handbook has been reviewed in part at staff meetings, is available to all staff on the shared intranet portal and is provided upon hire and as revised with signature receipts on file. Independent Contractors are subject to the terms and conditions of their written Agreements. There have been no related staff or written complaints internally, nor to outside agencies to our knowledge.*

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

*Staff meetings occur a minimum of ten times per year, and include items on agency and regional financial status, Ends Metrics and Goal status, public policy developments, department reports, and major initiative updates. Staff meetings include nominal door prizes for attendees, including a monthly Lunch with Executive Officer (during non-pandemic times). This, in addition to monthly Birthday Bagels with Brad which now occurs virtually, provides ongoing, random, informal setting individual and small group interactions between me and staff.*

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

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

*of verbal or written complaints by staff either internal or to external agencies. Monthly staff meetings include a call for agenda items and views, and there is a HR-confidential question and issue submission process.*

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

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

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

*EO Response: Safety is an assigned role of Chief Administrative Officer and all staff are trained on safety plans during new employee orientation as well as periodic updates and refreshers at staff meetings. Emergency evacuation maps are centrally located in multiple places throughout the office to aid staff in the event of tornado, fire or bomb threat. Fire extinguishers and emergency lighting are available per commercial building code regulations. The Portage Fire Department inspects the premises twice per year to ensure there are no violations and to offer recommendations to the Chief Administrative Officer. SWMBH has a Business Continuity Plan as well as a committee chaired by a Senior Operations Specialist under the direction of the Chief Administrative Officer (Business Continuity and Safety Committee) that is responsible for continued staff training, drills and improvements. The Business Continuity Plan is reviewed and approved by the EO. SWMBH has a current Covid 19 Response Plan as required by the State of Michigan and the Chief Administrative Officer is responsible for its implementation.*

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

Documents Provided:

SWMBH Staff Handbook  
SWMBH Staff Contact Roster  
December 2020 Cultural Insights Survey

	E	F	G	H	J	K	L	M	N	O	P	Q	R	S	
1	<b>Southwest Michigan Behavioral Health</b>				<i>Mos in Period</i>										
2	For the Fiscal YTD Period Ended 6/30/2021				P09FYTD21										
3	(For Internal Management Purposes Only)				9										
4	<b>INCOME STATEMENT</b>														
5		TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	Indirect Pooled Cost				
6															
7	<b>REVENUE</b>														
16		239,741,592	178,644,561	34,512,317	17,055,916	2,787,738	-	4,566,516	1,443,762	730,782	-				
17		468,071	468,071	-	-	-	-	-	-	-	-				
18		190,066	-	-	-	-	190,066	-	-	-	-				
19		8,578	-	-	8,578	-	-	-	-	-	8,578				
20		811	-	-	-	-	-	-	-	-	811				
21		1,294,644	-	-	-	-	-	-	-	-	1,294,644				
22		-	-	-	-	-	-	-	-	-	-				
23															
24		<b>241,703,762</b>	<b>179,112,631</b>	<b>34,512,317</b>	<b>17,055,916</b>	<b>2,787,738</b>	<b>190,066</b>	<b>4,566,516</b>	<b>1,443,762</b>	<b>2,034,816</b>	<b>-</b>				
25															
26	<b>EXPENSE</b>														
27	<b>Healthcare Cost</b>														
28		16,648,783	2,623,130	5,528,273	-	2,851,621	60,910	3,999,732	1,090,699	494,418	-				
29		175,384,426	143,375,543	17,246,700	13,373,620	1,095,414	-	293,149	-	-	-				
30		2,498,172	2,498,172	-	-	-	-	-	-	-	-				
31		2,416,876	2,416,876	-	-	-	-	-	-	-	-				
32		-	1,378,579	-	-	(1,378,579)	-	-	-	-	-				
33															
34		<b>196,948,257</b>	<b>152,292,301</b>	<b>22,774,973</b>	<b>13,373,620</b>	<b>2,568,456</b>	<b>60,910</b>	<b>4,292,880</b>	<b>1,090,699</b>	<b>494,418</b>	<b>-</b>				
35		Medical Loss Ratio (HCC % of Revenue)	82.0%	85.0%	66.0%	78.4%	92.1%	94.0%	75.5%						
37	<b>Administrative Cost</b>														
38		290,614	-	-	-	-	-	-	-	290,614	-				
39		6,092,559	-	-	-	-	129,155	120,670	-	5,840,930	1,803				
40		-	-	-	-	-	-	-	-	-	-				
41		17,933	-	-	-	-	-	-	-	17,933	-				
42		-	-	-	-	-	-	-	-	-	-				
43		(0)	-	-	-	-	-	-	-	1,803	(1,803)				
44		13,297,741	10,891,864	1,311,095	1,012,297	82,485	-	-	-	-	-				
45		0	5,060,039	789,338	463,504	136,797	6,587	152,965	-	(6,609,230)	-				
46															
47		<b>19,698,847</b>	<b>15,951,903</b>	<b>2,100,432</b>	<b>1,475,802</b>	<b>219,282</b>	<b>135,742</b>	<b>273,636</b>	<b>-</b>	<b>(457,950)</b>	<b>0</b>				
48		Admin Cost Ratio (MCA % of Total Cost)	9.1%	9.5%	8.4%	9.9%	7.9%	6.0%	0.0%	3.1%					
49															
50		1,294,644	-	-	-	-	-	-	-	1,294,644	-				
51		-	-	-	-	-	-	-	-	-	-				
52															
53		<b>217,941,749</b>	<b>168,244,204</b>	<b>24,875,405</b>	<b>14,849,422</b>	<b>2,787,738</b>	<b>196,653</b>	<b>4,566,516</b>	<b>1,090,699</b>	<b>1,331,112</b>	<b>0</b>				
54															
55		<b>23,762,013</b>	<b>10,868,427</b>	<b>9,636,912</b>	<b>2,206,494</b>	<b>-</b>	<b>(6,587)</b>	<b>-</b>	<b>353,064</b>	<b>703,704</b>	<b>(0)</b>				
56		Net Surplus (Deficit) % of Revenue	9.8%	6.1%	27.9%	12.9%	0.0%	-3.5%	0.0%	24.5%	34.6%				
58		Prior Year Savings	-	-	-	-	-	-	-	-	-				
59		Change in PA2 Fund Balance	(353,064)	-	-	-	-	-	(353,064)	-	-				
60		ISF Risk Reserve Abatement (Funding)	(811)	-	-	-	-	-	-	(811)	-				
61		ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-				
62		Settlement Receivable / (Payable)	(0)	9,542,584	(7,336,090)	(2,206,494)	-	-	-	-	-				
63		<b>NET SURPLUS (DEFICIT)</b>	<b>23,408,138</b>	<b>20,411,012</b>	<b>2,300,821</b>	<b>-</b>	<b>(6,587)</b>	<b>-</b>	<b>-</b>	<b>702,893</b>	<b>(0)</b>				
64		<i>HMP &amp; Autism is settled with Medicaid</i>													
65															
66	<b>SUMMARY OF NET SURPLUS (DEFICIT)</b>														
67		-	-	-	-	-	-	-	-	-	-				
68		19,045,278	16,744,457	2,300,821	-	-	-	-	-	-	-				
69		-	-	-	-	-	-	-	-	-	-				
70		4,362,860	3,666,554	-	-	-	(6,587)	-	-	702,893	(0)				
72		<b>NET SURPLUS (DEFICIT)</b>	<b>23,408,138</b>	<b>20,411,012</b>	<b>2,300,821</b>	<b>-</b>	<b>(6,587)</b>	<b>-</b>	<b>-</b>	<b>702,893</b>	<b>(0)</b>				
73															

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
6	<b>Medicaid Specialty Services</b>		HCC%	79.3%	76.9%	77.7%	78.8%	78.9%	74.8%	81.7%	79.9%	80.2%	
7	Subcontract Revenue	178,644,561	11,262,863	167,381,697	7,396,470	33,051,483	9,265,686	30,205,341	9,028,161	51,406,530	11,040,585	15,987,442	
8	Incentive Payment Revenue	468,071	40,241	427,829	14,826	36,535	78,894	111,193	3,706	142,963	30,181	9,531	
9	<b>Contract Revenue</b>	<b>179,112,631</b>	<b>11,303,105</b>	<b>167,809,527</b>	<b>7,411,296</b>	<b>33,088,018</b>	<b>9,344,580</b>	<b>30,316,535</b>	<b>9,031,867</b>	<b>51,549,493</b>	<b>11,070,766</b>	<b>15,996,972</b>	
10													
11	External Provider Cost	110,319,258	2,623,130	107,696,128	3,905,298	20,854,180	4,910,924	21,579,231	5,158,284	35,961,180	6,605,461	8,721,571	
12	Internal Program Cost	37,538,301	-	37,538,301	2,293,686	7,467,324	2,139,460	7,100,342	2,131,299	6,535,453	4,075,710	5,795,026	
13	SSI Reimb, 1st/3rd Party Cost Offset	(763,472)	-	(763,472)	(8,142)	(139,517)	(41,526)	(224,887)	-	(272,285)	(25,556)	(51,559)	
14	Insurance Provider Assessment Withhold (IPA)	4,915,048	4,915,048	-	-	-	-	-	-	-	-	-	
15	MHL Cost in Excess of Medicare FFS Cost	200,680	200,680	-	-	-	-	-	-	-	-	-	
16	<b>Total Healthcare Cost</b>	<b>152,209,816</b>	<b>7,738,858</b>	<b>144,470,957</b>	<b>6,190,842</b>	<b>28,181,987</b>	<b>7,008,858</b>	<b>28,454,686</b>	<b>7,289,583</b>	<b>42,224,349</b>	<b>10,655,614</b>	<b>14,465,038</b>	
17	Medical Loss Ratio (HCC % of Revenue)	85.0%	68.5%	86.1%	83.5%	85.2%	75.0%	93.9%	80.7%	81.9%	96.3%	90.4%	
18													
19	<b>Managed Care Administration</b>	<b>16,034,388</b>	<b>5,060,039</b>	<b>10,974,349</b>	<b>671,850</b>	<b>2,112,072</b>	<b>616,509</b>	<b>1,920,687</b>	<b>679,908</b>	<b>3,502,077</b>	<b>553,752</b>	<b>917,494</b>	
20	Admin Cost Ratio (MCA % of Total Cost)	9.5%	3.0%	6.5%	9.8%	7.0%	8.1%	6.3%	8.5%	7.7%	4.9%	6.0%	
21													
22	<b>Contract Cost</b>	<b>168,244,204</b>	<b>12,798,897</b>	<b>155,445,307</b>	<b>6,862,692</b>	<b>30,294,059</b>	<b>7,625,366</b>	<b>30,375,373</b>	<b>7,969,492</b>	<b>45,726,426</b>	<b>11,209,367</b>	<b>15,382,532</b>	
23	<b>Net before Settlement</b>	<b>10,868,427</b>	<b>(1,495,792)</b>	<b>12,364,220</b>	<b>548,604</b>	<b>2,793,959</b>	<b>1,719,214</b>	<b>(58,839)</b>	<b>1,062,376</b>	<b>5,823,067</b>	<b>(138,601)</b>	<b>614,440</b>	
24													
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
27	Contract Settlement / Redistribution	9,542,584	21,906,804	(12,364,220)	(548,604)	(2,793,959)	(1,719,214)	58,839	(1,062,376)	(5,823,067)	138,601	(614,440)	
28	<b>Net after Settlement</b>	<b>20,411,012</b>	<b>20,411,012</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
29													
30	<b>Eligibles and PMPM</b>												
31	Average Eligibles	163,943	163,943	163,943	8,753	31,438	9,460	31,147	9,837	42,899	13,498	16,911	
32	Revenue PMPM	\$ 121.39	\$ 7.66	\$ 113.73	\$ 94.08	\$ 116.94	\$ 109.76	\$ 108.15	\$ 102.02	\$ 133.52	\$ 91.13	\$ 105.11	
33	Expense PMPM	\$ 114.03	\$ 8.67	\$ 105.35	\$ 87.12	\$ 107.07	\$ 89.56	\$ 108.36	\$ 90.02	\$ 118.43	\$ 92.27	\$ 101.07	
34	Margin PMPM	\$ 7.37	\$ (1.01)	\$ 8.38	\$ 6.96	\$ 9.87	\$ 20.19	\$ (0.21)	\$ 12.00	\$ 15.08	\$ (1.14)	\$ 4.04	
35													
36	<b>Medicaid Specialty Services</b>												
37	<b>Budget v Actual</b>												
38													
39	<b>Eligible Lives (Average Eligibles)</b>												
40	Actual	163,943	163,943	163,943	8,753	31,438	9,460	31,147	9,837	42,899	13,498	16,911	
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)	12,950	12,950	12,950	1,005	2,310	980	2,503	879	3,188	1,036	1,049	
43	% Variance - Fav / (Unfav)	8.6%	8.6%	8.6%	13.0%	7.9%	11.6%	8.7%	9.8%	8.0%	8.3%	6.6%	
44													
45	<b>Contract Revenue before settlement</b>												
46	Actual	179,112,631	11,303,105	167,809,527	7,411,296	33,088,018	9,344,580	30,316,535	9,031,867	51,549,493	11,070,766	15,996,972	
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)	13,912,372	1,088,368	12,824,005	688,080	2,540,802	770,644	2,063,934	568,689	4,189,906	810,468	1,191,482	
49	% Variance - Fav / (Unfav)	8.4%	10.7%	8.3%	10.2%	8.3%	9.0%	7.3%	6.7%	8.8%	7.9%	8.0%	
50													
51	<b>Healthcare Cost</b>												
52	Actual	152,209,816	7,738,858	144,470,957	6,190,842	28,181,987	7,008,858	28,454,686	7,289,583	42,224,349	10,655,614	14,465,038	
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)	(1,756,024)	591,767	(2,347,790)	(238,045)	(955,734)	686,709	(2,667,606)	(190,628)	2,206,104	121,266	(1,309,856)	
55	% Variance - Fav / (Unfav)	-1.2%	7.1%	-1.7%	-4.0%	-3.5%	8.9%	-10.3%	-2.7%	5.0%	1.1%	-10.0%	
56													
57	<b>Managed Care Administration</b>												
58	Actual	16,034,388	5,060,039	10,974,349	671,850	2,112,072	616,509	1,920,687	679,908	3,502,077	553,752	917,494	
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)	59,463	526,898	(467,434)	(227,906)	(106,388)	33,726	(156,438)	(34,055)	38,540	121,095	(136,008)	
61	% Variance - Fav / (Unfav)	0.4%	9.4%	-4.4%	-51.3%	-5.3%	5.2%	-8.9%	-5.3%	1.1%	17.9%	-17.4%	

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
62	<b>Total Contract Cost</b>												
64	Actual	168,244,204	12,798,897	155,445,307	6,862,692	30,294,059	7,625,366	30,375,373	7,969,492	45,726,426	11,209,367	15,382,532	
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)	(1,696,560)	1,118,664	(2,815,225)	(465,951)	(1,062,122)	720,435	(2,824,044)	(224,684)	2,244,644	242,361	(1,445,864)	
67	% Variance - Fav / (Unfav)	-1.0%	8.0%	-1.8%	-7.3%	-3.6%	8.6%	-10.3%	-2.9%	4.7%	2.1%	-10.4%	
68	<b>Net before Settlement</b>												
70	Actual	10,868,427	(1,495,792)	12,364,220	548,604	2,793,959	1,719,214	(58,839)	1,062,376	5,823,067	(138,601)	614,440	
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)	12,215,812	2,207,032	10,008,780	222,129	1,478,680	1,491,080	(760,110)	344,005	6,434,550	1,052,829	(254,382)	
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
75	<b>Healthy Michigan Plan</b>												
76			HCC%	9.5%	13.9%	9.0%	12.0%	10.3%	9.3%	7.8%	11.7%	8.9%	
77		<b>34,512,317</b>	<b>7,622,908</b>	<b>26,889,408</b>	<b>1,267,226</b>	<b>5,407,036</b>	<b>1,277,430</b>	<b>4,959,234</b>	<b>1,425,375</b>	<b>7,843,870</b>	<b>2,104,866</b>	<b>2,604,372</b>	
78	External Provider Cost	15,017,544	5,528,273	9,489,271	553,320	1,814,683	588,480	1,505,243	284,535	3,258,833	617,253	866,924	
79	Internal Program Cost	7,757,429	-	7,757,429	564,902	1,438,719	479,220	2,204,168	625,708	772,445	939,710	732,555	
80	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-	
81	<b>Total Healthcare Cost</b>	<b>22,774,973</b>	<b>5,528,273</b>	<b>17,246,700</b>	<b>1,118,223</b>	<b>3,253,402</b>	<b>1,067,700</b>	<b>3,709,411</b>	<b>910,243</b>	<b>4,031,278</b>	<b>1,556,963</b>	<b>1,599,480</b>	
82	Medical Loss Ratio (HCC % of Revenue)	66.0%	72.5%	64.1%	88.2%	60.2%	83.6%	74.8%	63.9%	51.4%	74.0%	61.4%	
83													
84	<b>Managed Care Administration</b>	<b>2,100,432</b>	<b>789,338</b>	<b>1,311,095</b>	<b>121,353</b>	<b>243,823</b>	<b>93,916</b>	<b>250,385</b>	<b>84,899</b>	<b>334,353</b>	<b>80,912</b>	<b>101,452</b>	
85	Admin Cost Ratio (MCA % of Total Cost)	8.4%	3.2%	5.3%	9.8%	7.0%	8.1%	6.3%	8.5%	7.7%	4.9%	6.0%	
86													
87	<b>Contract Cost</b>	<b>24,875,405</b>	<b>6,317,610</b>	<b>18,557,795</b>	<b>1,239,576</b>	<b>3,497,225</b>	<b>1,161,616</b>	<b>3,959,796</b>	<b>995,142</b>	<b>4,365,631</b>	<b>1,637,876</b>	<b>1,700,932</b>	
88	<b>Net before Settlement</b>	<b>9,636,912</b>	<b>1,305,298</b>	<b>8,331,614</b>	<b>27,650</b>	<b>1,909,811</b>	<b>115,814</b>	<b>999,438</b>	<b>430,233</b>	<b>3,478,239</b>	<b>466,990</b>	<b>903,440</b>	
89													
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
92	Contract Settlement / Redistribution	(7,336,090)	995,523	(8,331,614)	(27,650)	(1,909,811)	(115,814)	(999,438)	(430,233)	(3,478,239)	(466,990)	(903,440)	
93	<b>Net after Settlement</b>	<b>2,300,821</b>	<b>2,300,821</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
94													
95	<b>Eligibles and PMPM</b>												
96	Average Eligibles	67,368	67,368	67,368	3,409	13,500	3,191	12,191	4,051	19,238	5,239	6,549	
97	Revenue PMPM	\$ 56.92	\$ 12.57	\$ 44.35	\$ 41.30	\$ 44.50	\$ 44.48	\$ 45.20	\$ 39.09	\$ 45.30	\$ 44.64	\$ 44.19	
98	Expense PMPM	41.03	10.42	30.61	40.40	28.78	40.45	36.09	27.29	25.21	34.74	28.86	
99	Margin PMPM	\$ 15.89	\$ 2.15	\$ 13.74	\$ 0.90	\$ 15.72	\$ 4.03	\$ 9.11	\$ 11.80	\$ 20.09	\$ 9.90	\$ 15.33	
100													
101	<b>Healthy Michigan Plan</b>												
102	<b>Budget v Actual</b>												
103													
104	<b>Eligible Lives (Average Eligibles)</b>												
105	Actual	67,368	67,368	67,368	3,409	13,500	3,191	12,191	4,051	19,238	5,239	6,549	
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)	15,003	15,003	15,003	866	2,666	726	2,846	850	4,542	1,140	1,367	
108	% Variance - Fav / (Unfav)	28.7%	28.7%	28.7%	34.0%	24.6%	29.4%	30.5%	26.6%	30.9%	27.8%	26.4%	
109													
110	<b>Contract Revenue before settlement</b>												
111	Actual	34,512,317	7,622,908	26,889,408	1,267,226	5,407,036	1,277,430	4,959,234	1,425,375	7,843,870	2,104,866	2,604,372	
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)	3,241,881	1,741,343	1,500,539	7,249	304,891	57,031	330,957	(107,204)	599,389	133,585	174,642	
114	% Variance - Fav / (Unfav)	10.4%	29.6%	5.9%	0.6%	6.0%	4.7%	7.2%	-7.0%	8.3%	6.8%	7.2%	
115													
116	<b>Healthcare Cost</b>												
117	Actual	22,774,973	5,528,273	17,246,700	1,118,223	3,253,402	1,067,700	3,709,411	910,243	4,031,278	1,556,963	1,599,480	
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)	(2,202,508)	(886,644)	(1,315,864)	(260,681)	(584,949)	(277,078)	405,846	(262,627)	153,739	(512,093)	21,977	
120	% Variance - Fav / (Unfav)	-10.7%	-19.1%	-8.3%	-30.4%	-21.9%	-35.0%	9.9%	-40.6%	3.7%	-49.0%	1.4%	
121													
122	<b>Managed Care Administration</b>												
123	Actual	2,100,432	789,338	1,311,095	121,353	243,823	93,916	250,385	84,899	334,353	80,912	101,452	
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)	(137,164)	10,876	(148,039)	(57,400)	(47,245)	(27,113)	31,165	(25,980)	(854)	(15,483)	(5,129)	
126	% Variance - Fav / (Unfav)	-7.0%	1.4%	-12.7%	-89.8%	-24.0%	-40.6%	11.1%	-44.1%	-0.3%	-23.7%	-5.3%	
127													
128	<b>Total Contract Cost</b>												
129	Actual	24,875,405	6,317,610	18,557,795	1,239,576	3,497,225	1,161,616	3,959,796	995,142	4,365,631	1,637,876	1,700,932	
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	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
131	Variance - Favorable / (Unfavorable)	(2,339,672)	(875,768)	(1,463,904)	(318,080)	(632,194)	(304,191)	437,011	(288,607)	152,885	(527,575)	16,848	
132	% Variance - Fav / (Unfav)	-10.4%	-16.1%	-8.6%	-34.5%	-22.1%	-35.5%	9.9%	-40.8%	3.4%	-47.5%	1.0%	
133													
134	<b>Net before Settlement</b>												
135	Actual	9,636,912	1,305,298	8,331,614	27,650	1,909,811	115,814	999,438	430,233	3,478,239	466,990	903,440	
136	Budget	8,734,702	439,723	8,294,979	338,482	2,237,114	362,974	231,470	826,043	2,725,965	860,980	711,950	
137	Variance - Favorable / (Unfavorable)	902,209	865,575	36,635	(310,832)	(327,303)	(247,161)	767,968	(395,811)	752,274	(393,991)	191,490	
138													
139													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
140	<b>Autism Specialty Services</b>												
141			HCC%	7.3%	5.1%	10.1%	3.7%	6.6%	7.2%	7.4%	6.6%	6.6%	
142	<b>Contract Revenue</b>	<b>17,055,916</b>	<b>183,136</b>	<b>16,872,780</b>	<b>798,411</b>	<b>3,189,458</b>	<b>978,132</b>	<b>3,123,115</b>	<b>778,113</b>	<b>4,917,525</b>	<b>1,376,654</b>	<b>1,711,371</b>	
143	External Provider Cost	11,815,059	-	11,815,059	-	3,657,226	328,727	1,288,024	695,070	3,832,722	860,749	1,152,541	
144	Internal Program Cost	1,558,561	-	1,558,561	412,284	1,313	2,333	1,081,269	2,092	-	15,988	43,282	
145	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-	
146	<b>Total Healthcare Cost</b>	<b>13,373,620</b>	<b>-</b>	<b>13,373,620</b>	<b>412,284</b>	<b>3,658,539</b>	<b>331,060</b>	<b>2,369,292</b>	<b>697,162</b>	<b>3,832,722</b>	<b>876,737</b>	<b>1,195,824</b>	
147	Medical Loss Ratio (HCC % of Revenue)	78.4%	0.0%	79.3%	51.6%	114.7%	33.8%	75.9%	89.6%	77.9%	63.7%	69.9%	
148													
149	<b>Managed Care Administration</b>	<b>1,475,802</b>	<b>463,504</b>	<b>1,012,297</b>	<b>44,742</b>	<b>274,186</b>	<b>29,120</b>	<b>159,927</b>	<b>65,025</b>	<b>317,885</b>	<b>45,562</b>	<b>75,849</b>	
150	Admin Cost Ratio (MCA % of Total Cost)	9.9%	3.1%	6.8%	9.8%	7.0%	8.1%	6.3%	8.5%	7.7%	4.9%	6.0%	
151													
152	<b>Contract Cost</b>	<b>14,849,422</b>	<b>463,504</b>	<b>14,385,917</b>	<b>457,027</b>	<b>3,932,725</b>	<b>360,180</b>	<b>2,529,219</b>	<b>762,187</b>	<b>4,150,607</b>	<b>922,299</b>	<b>1,271,673</b>	
153	<b>Net before Settlement</b>	<b>2,206,494</b>	<b>(280,369)</b>	<b>2,486,862</b>	<b>341,384</b>	<b>(743,267)</b>	<b>617,952</b>	<b>593,896</b>	<b>15,926</b>	<b>766,918</b>	<b>454,355</b>	<b>439,698</b>	
154	Contract Settlement / Redistribution	(2,206,494)	280,369	(2,486,862)	(341,384)	743,267	(617,952)	(593,896)	(15,926)	(766,918)	(454,355)	(439,698)	
155	<b>Net after Settlement</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
156													
157													
158	<b>SUD Block Grant Treatment</b>												
159			HCC%	0.1%	0.3%	0.2%	0.2%	0.0%	0.8%	0.0%	0.2%	0.4%	
160	<b>Contract Revenue</b>	<b>4,566,516</b>	<b>4,136,171</b>	<b>430,346</b>	<b>28,316</b>	<b>146,472</b>	<b>18,845</b>	<b>-</b>	<b>45,717</b>	<b>83,968</b>	<b>59,226</b>	<b>47,802</b>	
161	External Provider Cost	3,999,912	3,999,732	180	180	-	-	-	-	-	-	-	
162	Internal Program Cost	292,969	-	292,969	26,937	83,493	14,520	-	73,692	985	29,060	64,282	
163	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-	
164	<b>Total Healthcare Cost</b>	<b>4,292,880</b>	<b>3,999,732</b>	<b>293,149</b>	<b>27,117</b>	<b>83,493</b>	<b>14,520</b>	<b>-</b>	<b>73,692</b>	<b>985</b>	<b>29,060</b>	<b>64,282</b>	
165	Medical Loss Ratio (HCC % of Revenue)	94.0%	96.7%	68.1%	95.8%	57.0%	77.1%	0.0%	161.2%	1.2%	49.1%	134.5%	
166													
167	<b>Managed Care Administration</b>	<b>152,965</b>	<b>152,965</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
168	Admin Cost Ratio (MCA % of Total Cost)	3.4%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
169													
170	<b>Contract Cost</b>	<b>4,445,846</b>	<b>4,152,697</b>	<b>293,149</b>	<b>27,117</b>	<b>83,493</b>	<b>14,520</b>	<b>-</b>	<b>73,692</b>	<b>985</b>	<b>29,060</b>	<b>64,282</b>	
171	<b>Net before Settlement</b>	<b>120,670</b>	<b>(16,527)</b>	<b>137,197</b>	<b>1,199</b>	<b>62,978</b>	<b>4,325</b>	<b>-</b>	<b>(27,975)</b>	<b>82,983</b>	<b>30,167</b>	<b>(16,480)</b>	
172	Contract Settlement	-	137,197	(137,197)	(1,199)	(62,978)	(4,325)	-	27,975	(82,983)	(30,167)	16,480	
173	<b>Net after Settlement</b>	<b>120,670</b>	<b>120,670</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
174													
175													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
176	<b>SWMBH CMHP Subcontracts</b>												
177	Subcontract Revenue	234,779,309	23,205,078	211,574,231	9,490,424	41,794,448	11,540,093	38,287,690	11,277,366	64,251,893	14,581,331	20,350,986	
178	Incentive Payment Revenue	468,071	40,241	427,829	14,826	36,535	78,894	111,193	3,706	142,963	30,181	9,531	
179	<b>Contract Revenue</b>	<b>235,247,380</b>	<b>23,245,319</b>	<b>212,002,060</b>	<b>9,505,249</b>	<b>41,830,983</b>	<b>11,618,987</b>	<b>38,398,883</b>	<b>11,281,072</b>	<b>64,394,856</b>	<b>14,611,512</b>	<b>20,360,517</b>	
180													
181	External Provider Cost	141,151,774	12,151,135	129,000,639	4,458,798	26,326,089	5,828,130	24,372,497	6,137,889	43,052,736	8,083,463	10,741,037	
182	Internal Program Cost	47,147,259	-	47,147,259	3,297,810	8,990,850	2,635,532	10,385,779	2,832,791	7,308,884	5,060,468	6,635,146	
183	SSI Reimb, 1st/3rd Party Cost Offset	(763,472)	-	(763,472)	(8,142)	(139,517)	(41,526)	(224,887)	-	(272,285)	(25,556)	(51,559)	
184	Insurance Provider Assessment Withhold (IPA)	4,915,048	4,915,048	-	-	-	-	-	-	-	-	-	
185	MHL Cost in Excess of Medicare FFS Cost	200,680	200,680	-	-	-	-	-	-	-	-	-	
186	<b>Total Healthcare Cost</b>	<b>192,651,289</b>	<b>17,266,863</b>	<b>175,384,426</b>	<b>7,748,466</b>	<b>35,177,422</b>	<b>8,422,137</b>	<b>34,533,390</b>	<b>8,970,680</b>	<b>50,089,334</b>	<b>13,118,374</b>	<b>17,324,623</b>	
187	Medical Loss Ratio (HCC % of Revenue)	81.9%	74.3%	82.7%	81.5%	84.1%	72.5%	89.9%	79.5%	77.8%	89.8%	85.1%	
188													
189	<b>Managed Care Administration</b>	<b>19,763,588</b>	<b>6,465,846</b>	<b>13,297,741</b>	<b>837,946</b>	<b>2,630,081</b>	<b>739,546</b>	<b>2,330,999</b>	<b>829,833</b>	<b>4,154,316</b>	<b>680,227</b>	<b>1,094,796</b>	
190	Admin Cost Ratio (MCA % of Total Cost)	9.3%	3.0%	6.3%	9.8%	7.0%	8.1%	6.3%	8.5%	7.7%	4.9%	5.9%	
191													
192	<b>Contract Cost</b>	<b>212,414,877</b>	<b>23,732,709</b>	<b>188,682,168</b>	<b>8,586,412</b>	<b>37,807,502</b>	<b>9,161,683</b>	<b>36,864,388</b>	<b>9,800,513</b>	<b>54,243,650</b>	<b>13,798,601</b>	<b>18,419,419</b>	
193	<b>Net before Settlement</b>	<b>22,832,503</b>	<b>(487,390)</b>	<b>23,319,893</b>	<b>918,838</b>	<b>4,023,481</b>	<b>2,457,305</b>	<b>1,534,495</b>	<b>1,480,559</b>	<b>10,151,206</b>	<b>812,911</b>	<b>1,941,098</b>	
194													
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
197	Contract Settlement	(0)	23,319,893	(23,319,893)	(918,838)	(4,023,481)	(2,457,305)	(1,534,495)	(1,480,559)	(10,151,206)	(812,911)	(1,941,098)	
198	<b>Net after Settlement</b>	<b>22,832,503</b>	<b>22,832,503</b>	<b>-</b>	<b>-</b>	<b>(0)</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>(0)</b>	
199													
200													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 6/30/2021			9									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		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	
201	<b>State General Fund Services</b>		HCC%	3.7%	3.7%	3.0%	5.3%	4.2%	8.0%	3.1%	1.6%	3.9%	
202	<b>Contract Revenue</b>			<b>8,983,717</b>	<b>594,938</b>	<b>1,514,460</b>	<b>563,656</b>	<b>1,477,638</b>	<b>700,901</b>	<b>2,814,439</b>	<b>557,927</b>	<b>759,758</b>	
203													
204	External Provider Cost			2,182,044	101,248	232,823	68,376	263,938	673,653	656,665	115,142	70,200	
205	Internal Program Cost			4,592,881	200,508	841,910	399,986	1,254,361	103,182	1,055,151	104,793	632,991	
206	SSI Reimb, 1st/3rd Party Cost Offset			(115,526)	-	-	-	-	-	(115,526)	-	-	
207	<b>Total Healthcare Cost</b>			<b>6,659,400</b>	<b>301,756</b>	<b>1,074,733</b>	<b>468,362</b>	<b>1,518,300</b>	<b>776,835</b>	<b>1,596,289</b>	<b>219,935</b>	<b>703,190</b>	
208	Medical Loss Ratio (HCC % of Revenue)			74.1%	50.7%	71.0%	83.1%	102.8%	110.8%	56.7%	39.4%	92.6%	
209													
210	<b>Managed Care Administration</b>			<b>576,852</b>	<b>36,299</b>	<b>90,124</b>	<b>46,227</b>	<b>114,860</b>	<b>79,326</b>	<b>147,473</b>	<b>12,773</b>	<b>49,769</b>	
211	Admin Cost Ratio (MCA % of Total Cost)			8.0%	10.7%	7.7%	9.0%	7.0%	9.3%	8.5%	5.5%	6.6%	
212													
213	<b>Contract Cost</b>			<b>7,236,252</b>	<b>338,055</b>	<b>1,164,857</b>	<b>514,589</b>	<b>1,633,160</b>	<b>856,161</b>	<b>1,743,763</b>	<b>232,708</b>	<b>752,959</b>	
214	<b>Net before Settlement</b>			<b>1,747,465</b>	<b>256,883</b>	<b>349,603</b>	<b>49,067</b>	<b>(155,522)</b>	<b>(155,260)</b>	<b>1,070,676</b>	<b>325,219</b>	<b>6,799</b>	
215													
216	Other Redistributions of State GF			-	-	-	-	-	-	-	-	-	
217	Contract Settlement			(1,996,814)	(250,995)	(336,945)	(20,884)	-	-	(1,060,402)	(313,276)	(14,312)	
218	<b>Net after Settlement</b>			<b>(249,349)</b>	<b>5,889</b>	<b>12,658</b>	<b>28,183</b>	<b>(155,522)</b>	<b>(155,260)</b>	<b>10,274</b>	<b>11,943</b>	<b>(7,513)</b>	
219													

## **HMA Scope of Work 8/4/21 Meeting**

### **Proposal**

All services provided pursuant to this Statement of Work (“SOW”) shall be performed strictly in accordance with the terms and conditions stated in that certain Services Agreement dated April 12, 2018, (the “Agreement”) by and between Southwest Michigan Behavioral Health Regional Entity (“SWMBH”) and Health management Associates, Inc. (“HMA”) , which are incorporated herein by reference.

HMA prepared a Proposal to Provide a Rapid-Cycle Assessment Gap Analysis and Remediation Plan for MI Health Link Business Line, dated May 24, 2021, which is incorporated herein by reference.

### **Agreement to Perform within Timeframe**

The HMA team is committed to meeting the timeframe as presented. In the unlikely event that any team member should become unavailable, HMA has many subject matter experts in this line of work. PSC is similarly committed. Timely completion will depend on SWMBH completing its tasks in a timely manner as well. Specific incentives and/or sanctions may be discussed in the final contracting process.

### **Scope of Work Term**

This Scope of Work shall commence on July 19, 2021, and shall remain in effect until December 31, 2021, unless terminated for any reason or for no reason by providing the other party with fifteen (15) days prior written notification.

### **Scope of Work Description and Timeline**

In order to complete the gap analysis and develop a remediation plan, HMA will:

1. Conduct an initial kickoff meeting with SWMBH. This meeting will include identifying all structural documents (contracts, MOUs, regulations) to be reviewed. We will also review the timeline with SWMBH leadership, particularly as it relates to identifying function documents to be provided by SWMBH, timeline for submission of such documents, and scheduling initial interviews and establishing a regular meeting schedule.
2. Review background, historical, and current documents relating to the requirements of the MHL program. Develop a documented review and annotation for each document by functional area.
3. Hold a check-in meeting to review progress, challenges, and request for documents from SWMBH.
4. Review functional area documents provided by SWMBH that show insight into current operations and performance.
5. Develop an initial gap analysis that will help direct interview and focus group questions.
6. Develop appropriate interview and focus group questions for review by SWMBH.
7. Hold a check-in meeting to review findings, discuss interview and focus group questions, and discuss progress and challenges.
8. Distribute questions to appropriate individuals to assist in preparing for the interview or focus group.
9. Conduct up to 20 interviews and up to six focus groups with persons identified by SWMBH. Information gathered from this process will be incorporated into the findings from the initial gap analysis to create a completed gap analysis examining SWMBH performance in key function areas, as reported and perceived by key stakeholders.

10. Hold a check-in meeting to review the interview process, challenges, and results.
11. Develop and draft a report including a gap analysis, function assessment, and proposed remediation plan by functional area.
12. Present the initial draft report to SWMBH for discussion, review, and feedback.
13. Complete the final report.

This initial Scope of Work is subject to revision upon consultation and agreement between the parties.

# 2021 Network Penetration Test Update

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Natalie Spivak, Chief  
Information & Security  
Officer

June 30, 2021



# Vulnerabilities

**Penetration testing\*** is the practice of testing a computer system, to find security vulnerabilities that an attacker could exploit.

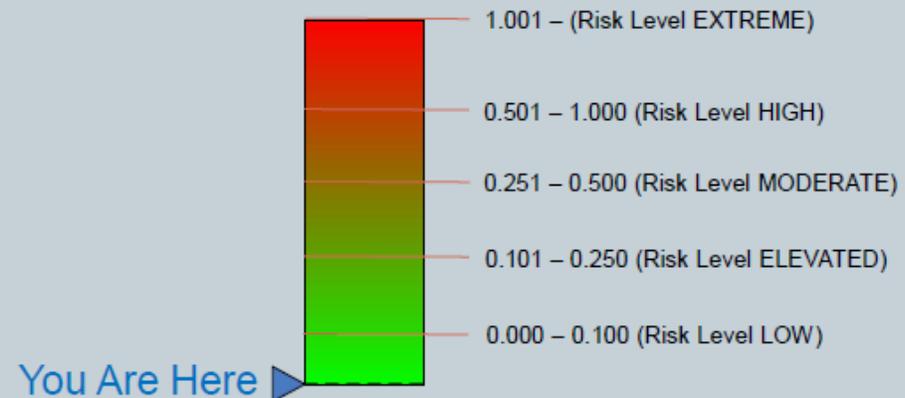
Solid Firewall protection  
Vulnerability Index = 0.000 –  
Very Low Risk

\*Testing performed by  
OST – Grand Rapids on June  
14, 2021

## Findings and Recommendations

0 High/Critical Vulnerabilities  
identified on 130 IP Addresses

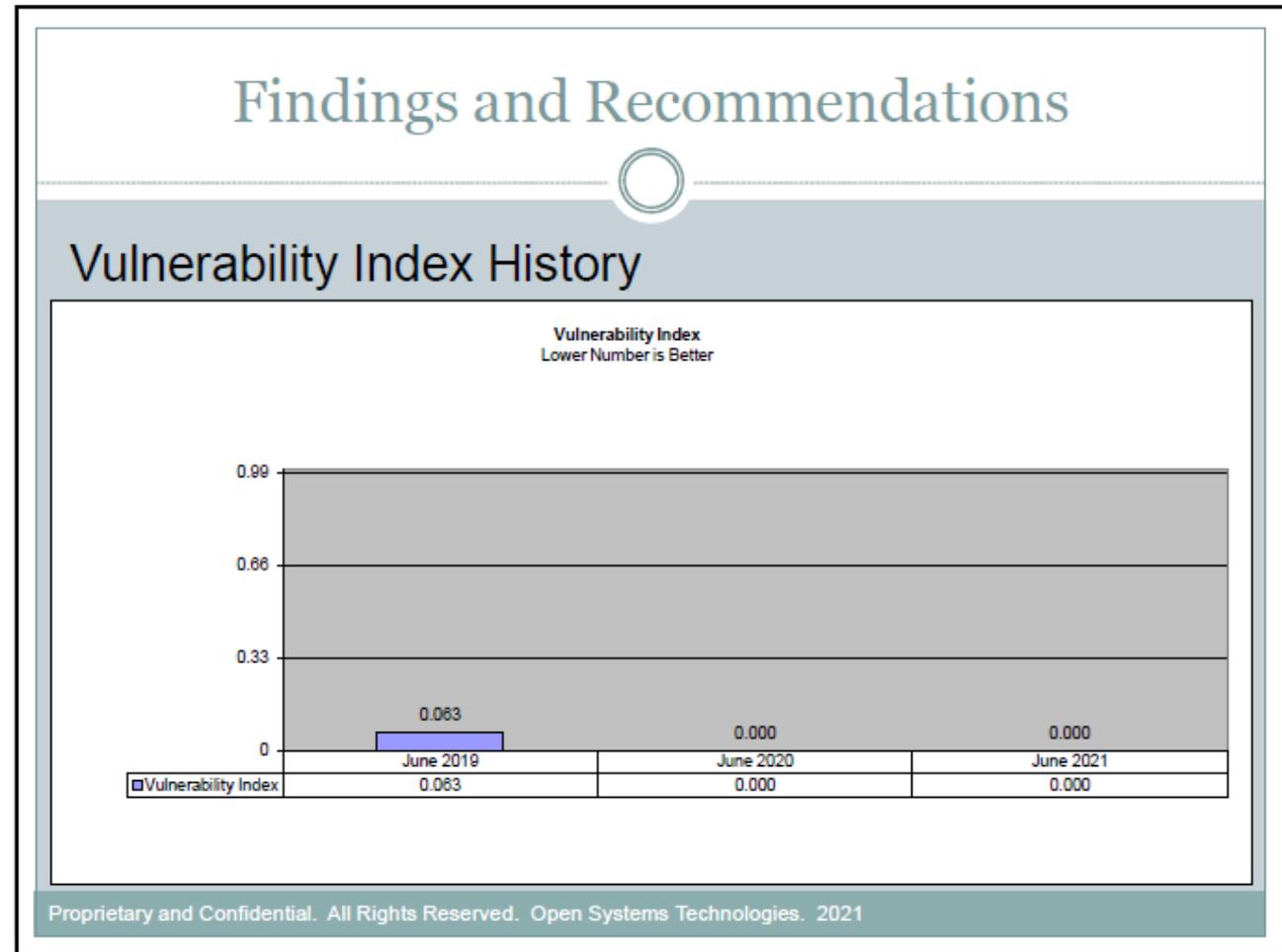
Vulnerability Index = 0.000



Proprietary and Confidential. All Rights Reserved. Open Systems Technologies. 2021

# Vulnerability History

Vulnerability Index = 0.000 –  
Very Low Risk two years  
running



# Security Rating

- Physical Security Risk = Low
- Antivirus detected and up-to-date on each system
- Web filtering is working to reduce the threat of Spyware
- No External Exposure critical or high security issues
- 100% of reviewed workstations and servers are running supported versions of their operating systems



# Security History & Comparison

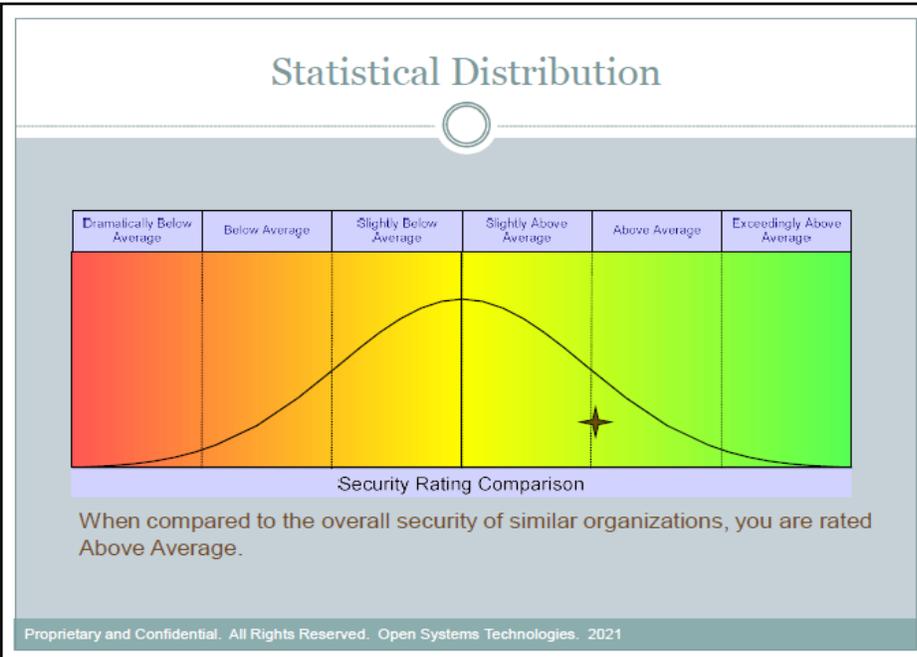
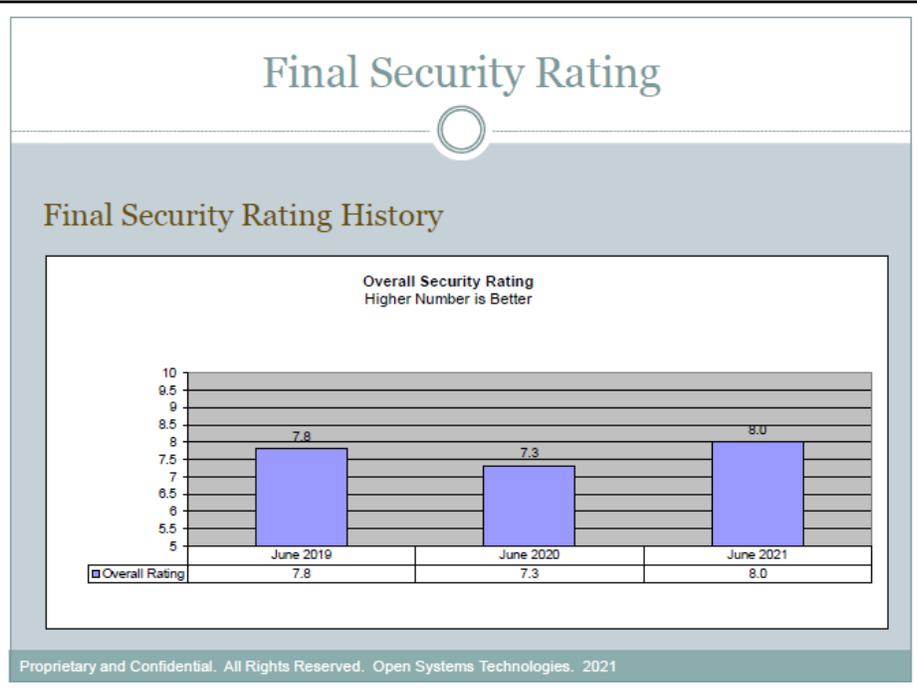
### Low Risk:

- Domain password strength
- Exploitability
- Wireless networking

### Elevated Risk

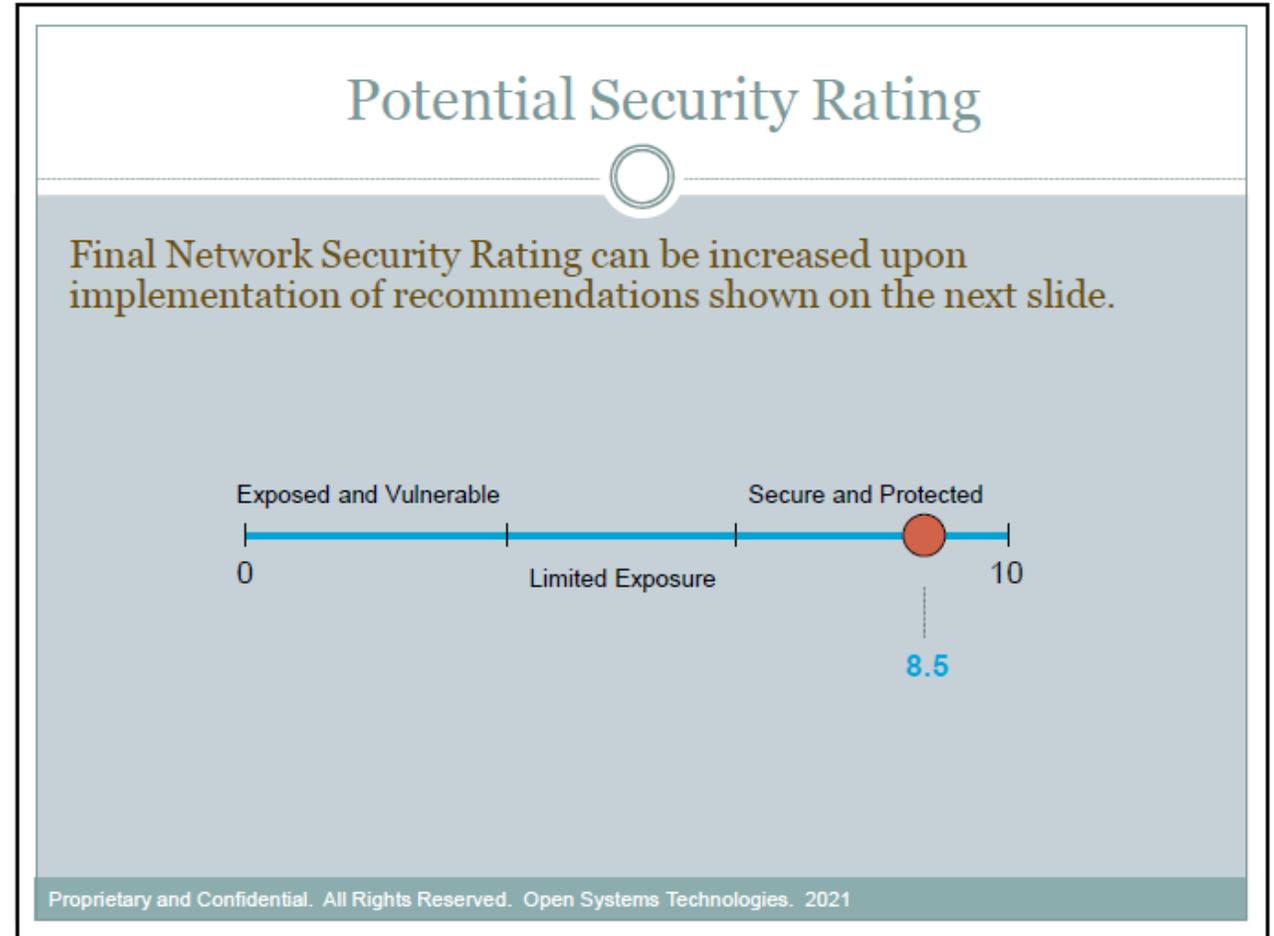
- Malware Zero Day Virus
- Mitigated with Knowb4

Phishing Education & Phish ER

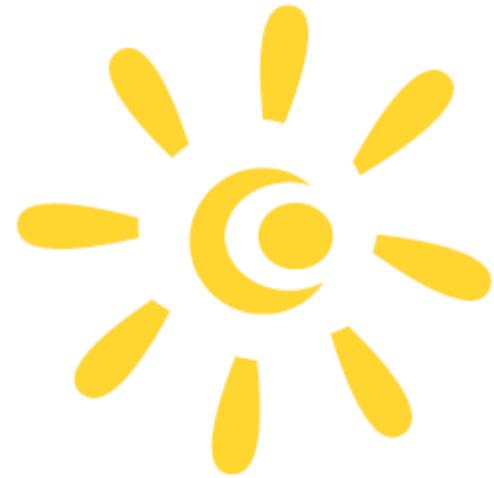


# Areas for Improvement

- Install Microsoft Critical Security Update from June 2021 on all Windows Servers
- Install the May 2021 Microsoft Visual Studio Update on the Windows Server
- Will be installed automatically by our Managed Services provider according to their update schedule



Questions?



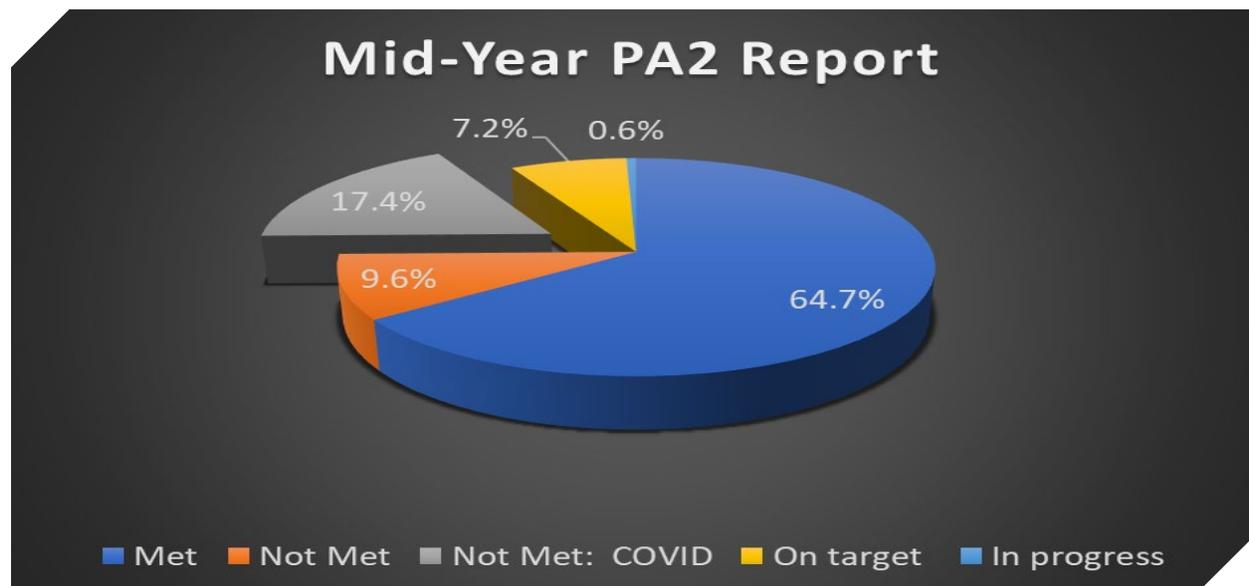
Thank you



## Substance Use Disorder Oversight Policy Board Update

### PA2 Liquor Tax Budget Oversight

- Continue to review and approve budget contracts and amendments for PA2 funded programming
  - Any new requests or budget amendments for programming funded under PA2 go before this board
  - Three amendment were completed at the January Board to supplement prevention services that experienced Block Grant funding reductions.
- Mid-year evaluation (October – March) of all program's performance metrics were presented at the May 17, 2021 SUDOPB meeting.
- Summary of the Mid-Year Evaluation is as follows:
  - SWMBH has 26 contracted agencies providing 53 different programs
  - 167 outcomes were reviewed
  - 65% of programs were meeting meet their outcomes
  - COVID 19 has impacted some providers ability to conduct services (e.g.: jail services, community outreach, etc.) These programs accounted for about 17% of the outcomes that were not able to be met.



- FY22 PA2 budget planning is actively occurring
- FY22 PA2 budget vote will occur on September 13, 2021 and will be held virtually this year. Meeting will start at 3:00.

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**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH**

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**TO:** MDHHS - JEFFERY WIEFERICH, ALLEN JANSEN  
**CC:** BRAD CASEMORE; REGIONAL OPERATIONS COMMITTEE  
**FROM:** SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
**SUBJECT:** REGION 4 PROVIDER NETWORK STABILITY PLAN REPORT  
**DATE:** AUGUST 4, 2021

**Section A: Number of Providers, Provider Type, Assistance Type, and Funding Totals**

**ONE new (had not received support prior to July) provider for the month of July.**

Provider Type	Support Discontinued/Ended	Type of Support	Support Amount Paid
Residential		Rate increase	\$34,222
CLS		Rate increase	\$17,112
Drop In Center		9 months to keep open	\$46,302
Drop In Center	X	One-time payment	\$17,838.38
CLS		Rate Increase	\$39,201
			July pymt/Total
Skill Building-CLO		Net Cost	\$35,552/\$192,061
Skill Building-CDS		Net Cost	\$80,974/\$425,033
Skill Building-MRC		Net Cost	\$40,243/\$583,043
Clubhouse-MRC		Net Cost	\$20,501/\$313,158
Community Healing Center (CHC)		Net Cost	\$17,554/\$64,521

Supports Coordination-CDS		Net Cost	\$7,993/\$77,007
Case Management- Interact		Net Cost	\$0/\$114,753
ACT-Interact		Net Cost	\$0/\$47,077
Autism Services(ABA)- WMU		Net Cost	\$70,824/\$521,055
MAT Providers (2)	X	One-time payment for Q2	\$66,779
<b>SUD Provider (detox/res/outpatient ) – Net Cost MOU executed, payments in process.</b>		<b>Net Cost, not to exceed \$347,530.00</b>	\$0/\$0
<b>FY20 Support</b>			
5 Outpatient SUD Providers	X		\$133,195.91
11 SUD Detox and Res Providers	X	Rate Increase	\$308,241.45
4 Skill Building	X		
1 Clubhouse	X		
2 Homebased	X		
1 Youth mobile crisis response	X		
2 Youth case management/support s coordination	X		
1 Youth Respite	X		
1 IDDA Supported Employment	X		
2 Autism	X		
1 CLS – Senior Day	X		
1 IDDA Supports Coordination	X		<b>TOTAL: \$1,218,848</b>
ABA	X	Net Cost	\$766,426

Spec Res	X	Lump Sum	\$21,590

**Section B: Funding Totals**

**July Funding Total:** \$288,415.00

**Cumulative Total Paid:** \$5,195,936.74

**Section C: Providers at Risk of Closure**

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

**Section D: Provider Closures NO NEW REPORTS (all providers listed below have been previously reported to MDHHS)**

Provider/Program Name	Date of Closure	Number of Beneficiaries Impacted	Status of Beneficiaries Impacted
<b>LADD (Living Alternatives for the Developmentally Disabled) Coloma Day Activity Program</b>	05/28/2021	<b>8</b>	Consumers were offered alternative services and accepted.
<b>LADD Niles Day Activity Program</b>	Temporarily closed due to COVID, provider notified CMHs this program will not be reopening.	N/A – program was already temporarily shut-down due to COVID.	

<p><b>Sylva Villas LLC - Jaya's Home (Specialized Residential) closed due to staffing</b></p>	<p>60-day Notice received 04/19/21</p>	<p><b>4</b></p>	<p>CMH moving customers to other Specialized Residential placements.</p>
<p><b>Family &amp; Children Services</b></p>	<p>08/17/2021 (gave 60 day notice on 06/17/2021) to terminate Home-Based (FACT), Home- Based IMH, Case Management, and Supports Coordination services. Provider cited is was "not financially feasible" to continue services at this time.</p>		<p>CMH working with provider to transition customers to other programs/providers.</p>



## Southwest Michigan Behavioral Health Board Meeting

Please join the meeting from your computer, tablet or smartphone:

<https://global.gotomeeting.com/join/515345453>

You can also dial in using your phone:

[1-571-317-3116](tel:1-571-317-3116) - Access Code: 515-345-453

September 10, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 8/3/21

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - List name(s) and Agency or None Scheduled
4. **Consent Agenda**
  - August 13, 2021 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
  - Operations Committee Minutes July 28, 2021 (d)
6. **Ends Metrics Updates (\*Requires motion)**

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

  - a. \* Fiscal Year 2021 Health Services Advisory Group (HSAG) Performance Measure Validation Audit (J. Gardner) (d)
  - b. \* American Society of Addiction Medicine (ASAM) Continuum Assessment Tool Implementation (J. Smith) (d)
7. **Board Actions to be Considered**
  - Michigan Consortium for Healthcare Excellence (MCHE) payment for MCG Utilization Management Tool (B. Casemore) (d)
8. **Board Policy Review**

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

  - a. BG-008 Board Member Job Description (d)
  - b. EO-001 Executive Role & Job Description (d)

**9. Executive Limitations Review**

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

- a. BEL-009 Global Executive Constraints (E. Meny) (d)
- b. BEL-005 Treatment of Plan Members (E. Krogh) (d)

**10. Board Education**

- a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d)
- b. Preview Fiscal Year 2022 SWMBH Budget (T. Dawson) (d)
- c. Compliance Role & Function (M. Todd) (d)
- d. SWMBH Tele-Commuting Hybrid (B. Casemore & A. Wickham)
- e. Veteran's Services (M. Hoss) (d)

**11. Communication and Counsel to the Board**

- a. Provider Network Stability Report (M. Todd) (d)
- b. October 8, 2021 Board Agenda (d)
- c. Board Member Attendance Roster (d)
- d. October Board Policy Direct Inspection – BEL-008 Communication and Counsel (T. Schmelzer)

**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  
October 8, 2021  
9:30 am - 11:00 am**

**2021 SWMBH Board Member & Board Alternate Attendance**

Name:	January	February	March	April	May	June	July	August	September	October	November	December
<b>Board Members:</b>												
Ruth Perino (Barry)	Green	Green	Green	Green	Green	Red	Green					
Edward Meny (Berrien)	Green	Green	Red	Red	Red	Green	Red					
Tom Schmelzer (Branch)	Green	Green	Green	Green	Green	Green	Green					
Vacant (Calhoun)	Black	Black	Black	Black	Black	Black	Black					
Vacant (Cass)	Black	Black	Black	Black	Black	Black	Black					
Erik Krogh (Kalamazoo)	Green	Green	Green	Green	Red	Green	Green					
Carole Naccarto (St. Joe)	Green	Red	Red	Green	Green	Green	Green					
Susan Barnes (Van Buren)	Green	Green	Red	Green	Green	Green	Green					
<b>Alternates:</b>												
Robert Becker (Barry)	Red	Red	Red	Red	Red	Green	Red					
Randy Hyrns (Berrien)	Red	Green	Red	Green	Red	Green	Green					
Jon Houtz (Branch)	Green	Green	Green	Green	Red	Green	Green					
Kathy-Sue Vette (Calhoun)	Red	Red	Red	Red	Red	Red	Red					
Terry Proctor (Cass)	Black	Red	Green	Green	Green	Green	Green					
Patricia Guenther (Kalamazoo)	Green	Green	Red	Green	Green	Red	Green					
Cathi Abbs (St. Joe)	Red	Red	Green	Red	Red	Red	Red					
Angie Dickerson (Van Buren)	Red	Red	Green	Red	Red	Red	Red					

as of 7/9/21

Patrick Garrett (Calhoun)	Green	Green	Green	Black	Black	Black	Black					
Mary Middleton (Cass)	Green	Green	Green	Green	Green	Black	Black					

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

# BHDDA Strategic Integration Efforts

July 2021 Update

## Overview

### Overview

MDHHS Integration Efforts include four key initiatives: Behavioral Health Homes (BHH), Opioid Health Homes (OHH), Certified Community Behavioral Health Clinics (CCBHC) and Promoting Integration of Primary and Behavioral Health Care (PIPBHC). Each initiative seeks to improve both behavioral and physical health outcomes by emphasizing care coordination, access, and comprehensive care. These programs specifically focus on adults and children with mental health and substance use disorder needs.

### Goals

1. Increase access to behavioral health and physical health services.
2. Elevate the role of peer support specialists and community health workers.
3. Improve health outcomes for people who need mental health and/or substance use disorder services.
4. Improve care transitions between primary, specialty, and inpatient settings of care.

### Opportunities for Improvement

1. Improve access to care for all individuals seeking behavioral health services (e.g., SMI, SUD, SED, mild to moderate).
2. Identify and attend to social determinants of health needs.
3. Improve care coordination between physical and behavioral health services.

## Behavioral Health Homes (BHH)

### Overview

- Medicaid Health Homes are an optional State Plan Benefit authorized under section 1945 of the US Social Security Act.
- Behavioral Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with select serious mental illness (SMI) or serious emotional disturbance (SED) by attending to a beneficiary's complete health and social needs.
- Providers are required to utilize a multidisciplinary care team comprised of physical and behavioral health expertise to holistically serve enrolled beneficiaries.
- As of October 1, 2020, Behavioral Health Home services are available to beneficiaries in 37 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), and 8 (Oakland County)

### Current Activities:

- Regions are finalizing policies and processes and continue to enroll beneficiaries into the program.
- As of July 1, 2021, there are 594 people enrolled:
  - Age range: 6-84 years old
  - Race: 19% African American, 76% Caucasian, 1% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- Regions are working to expand health home partners to increase capacity to serve more beneficiaries.
- 18 members of the health home care team (BHH and OHH) completed the community health worker (CHW) certification training.

### Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

## Certified Community Behavioral Health Clinics (CCBHC)

### Overview

- In August 2020, Michigan was named a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by the US Centers for Medicare & Medicaid Services (CMS). The demonstration will launch in October 2021 with a planned implementation period of two years. Fourteen (14) sites, including 11 CMHSPs and 3 non-profit behavioral health providers, are eligible to participate in the demonstration. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

### Current Activities

- Readiness workgroups for both the potential CCBHCs and the PIHPs are meeting twice a month throughout the summer to prepare for full implementation in October 2021. A kick-off is tentatively scheduled for early August.
- The Medicaid policy is currently open for public comment, and the corresponding operational handbook is under development.
- Systems changes are underway and on track to meet the October 1 deadline, including changes to CHAMPS and the WSA. The certification application is being built in the internal MiCAL CRM. Potential CCBHC sites are participating in the design and user testing.
- The BHDDA CCBHC Implementation Team has been communicating regularly with CMS to receive technical assistance, finalize clinic PPS rates, and approve implementation practices.

### Questions or Comments

- Amy Kanouse (kanousea@michigan.gov)
- Lindsey Naeyaert (naeyaertl@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

## Opioid Health Homes (OHH)

### Overview

- Medicaid Health Homes are an optional State Plan Amendment under Section 1945 of the Social Security Act.
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.

- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2020, OHH services are available to eligible beneficiaries in 39 Michigan counties. Service areas include PIHP region 1, 2, 9 and Calhoun and Kalamazoo counties in region 4.

### Current Activities

- As of July 1, 2021, 1,504 beneficiaries are enrolled in OHH services.
- MDHHS is currently working on expanding OHH services to an additional nine counties within PIHP region 6, 7, and 10.
- MDHHS is working on collaborating with many state agencies such as the Syringe Service Program to ensure OHH beneficiaries have wraparound support services through their recovery journey.

### Questions or Comments

- Kelsey Schell (schellk1@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

## Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

### Overview

- PIPBHC is a five-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant that seeks to improve the overall wellness and physical health status for adults with SMI or children with an SED. Integrated services must be provided between a community mental health center (CMH) and a federally qualified health center (FQHC).
- Grantees must promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental health and substance use disorders along with co-occurring physical health conditions and chronic diseases.
- MDHHS partnered with providers in three counties:
  - Barry County: Cherry Health and Barry County Community Mental Health to increase BH services
  - Saginaw County: Saginaw County Community Mental Health and Great Lakes Bay Health Centers
  - Shiawassee County: Shiawassee County Community Mental Health and Great Lakes Bay Health Centers to increase primary care

### Current Activities

- Grantees are currently working toward integrating their EHR system to Azara DRVS to share patient data between the CMH and FQHC. This effort should improve care coordination and integration efforts between the physical health and behavioral health providers.
- Providers are starting to deliver more in person appointments to enrollees, but telehealth is still offered and preferred by some patients.
- CMH's and FQHC's are partnering to provide vaccination clinics to CMH recipients.

### Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

# Michigan Psychiatric Care Improvement Project (MPCIP)

July 2021 Update

## Overview

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into the Michigan Psychiatric Care Improvement Project (MPCIP).

### Two Part Crisis System

1. Public service for anyone, anytime anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile crisis\*, Crisis Receiving and Stabilization Facilities<sup>1\*</sup>
2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues

### Opportunities for improvement

- Increase recovery and resiliency focus throughout entire crisis system,
- Expand array of crisis services
- Utilize data driven needs assessment and performance measures
- Equitable services across the state
- Integrated and coordinated crisis and access system – all partners
- Standardization and alignment of definitions, regulations, and billing codes

## MI-SMART (MEDICAL CLEARANCE PROTOCOL)

### Overview

- Standardized communication tool between EDs, CMHSPs, & Psychiatric Hospitals to rule out physical conditions when someone in the ED is having a behavioral health emergency and to determine when the person is physically stable enough to transfer if psychiatric hospital care is needed.
- Broad cross-sector implementation workgroup.
- Implementation is voluntary for now.
- Target Date: Soft rollout has started as of August 15, 2020.
- [www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/](http://www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/)

### Current Activities:

- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- Two free MiSMART trainings with CMEs will be held in July
- As of 4/15/21: Adopted/Accepted by: 29 Emergency Departments, 13 Psychiatric Hospitals, 13 CMHSPs.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption
- Exploration of use of Mi-SMART form as part of CSU certification

## MICHIGAN CRISIS AND ACCESS LINE (MICAL)

Legislated through PA 12 of 2020, PA 166 of 2020.

## CALL SIDE

### Overview

- Crisis triage, support, and information and referral services 24/7 via phone, text, and chat
- Predicated on Recovery & Resiliency Principles: Caller-defined crisis, holistic, person-centered approach to crisis and crisis resolution, no call limits or time limits, trauma informed, non-judgmental, orienting people in or out of the call to identify and address needs (instead of screening for services).
- Supports all Michiganders with behavioral health and substance use disorder needs to locate care regardless of severity level or payer type.

1. SAMHSA National Guidelines for Behavioral Health Crisis Care <https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care>  
\*MDHHS intends to explore partnerships with key stakeholders to fund these services for everyone.

Integrated with BHDDA Peer/ Recovery Coach Warm line, warm hand-offs and follow-ups, crisis resolution and/or referral, 24/7 warm line, and information and referral offered.

- MiCAL will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, and Crisis Stabilization Units.
- Individual level performance measures.
- Opportunity for systems level change: data source for systems level needs i.e. to be addressed in collaboration with other systems including other crisis lines.
- Common Ground is the MiCAL staffing vendor.
- Target Dates: Pilot start date: Upper Peninsula and Oakland April 2021; **Operational Statewide October 2022.**
- Planned Design Activities:
  - Targeted Engagement Discussions to ensure MiCAL meets all Michiganders' needs. This process will pull together providers and people with lived experience for a specific population groups to ensure that MiCAL is effectively outreaching and serving them.
  - Resources: Developing partnerships and technological integration with 211 and OpenBeds to ensure MiCAL has up to date resource information.

## Current Activities

- MiCAL Pilot is active in Upper Peninsula and Oakland County on April 19<sup>th</sup>.
- MiCAL and the Michigan Warmline have received over 14,000 calls, texts, and chats since April 19<sup>th</sup> (MiCAL go live); mostly calls.
- Pilot is focused on streamlining and routinizing care coordination process with CMHSPs, and ensuring that CRM technology supports these processes.
- First Responder Crisis support project called Frontline Strong in partnership with Wayne State is in development.
- Meetings with each PIHP Director to talk about the timing and implementation process of MiCAL in their area. We are prioritizing areas without NSPL coverage.

## INTERNAL CRM

### Overview

- BHDDA will be transitioning all its internal business processes and compliance processes into the CRM improving efficiency and reporting.
- Three internal business processes are included in the pilot phase: CMHSP Certification, Customer Inquiries, and MDHHS/ PIHP/ CMHSP Contract Compliance and Sanctions.
- Pilot PIHPs and CMHSPs, a few other CMHSPs, and SUD treatment entities are participating in the design and user testing process.

### Current Activities

- CMHSP Certification, Customer Inquiry, and Contract Compliance processes went live the week of April 19<sup>th</sup> for pilot sites.
- Customer Inquiry and Contract Compliance processes are being rolled out to other PIHPs and CMHSPs starting summer 2021. Kick off trainings were held June 30<sup>th</sup> and July 7<sup>th</sup>
- One benefit that is occurring through the CRM design is that there will be written documentation on each the processes describing the process, highlighting requirements as part of the training around each of these processes.
- Design work is being done on: CCBHCs, CMHSP Certification, and ASAM Level of Care

## 988 COALITION

### Overview

- MDHHS received a grant from Vibrant Emotional Health (Vibrant) to plan for the implementation of a new, national, three-digit number for mental health crisis and suicide response (9-8-8), which will launch on or before July 16, 2022.
- The 9-8-8 Planning Coalition will gather input from stakeholders to aide in the development of Michigan's implementation plan. Coalition members will examine the state's current system and capacity for mental health crisis calls, review model legislation for establishing a consistent statewide system for 9-8-8 calls, and offer input on potential funding models and sources, among other things.
- The group meets once a month virtually between March and September 2021.

### Current Activities

- Workgroup meetings have focused on topics such as vision, follow up care, and resources. Upcoming topics are metrics, communications, and funding.
- Individual meetings are being held with existing NSPL centers to talk about their roles and MiCAL's role in the 988 system. MiCAL's legislative mandate, funding, staff considerations, statewide consistency, and knowledge of local resources are being taken into account as part of this development.
- 911 at state and local levels are creating draft best guidance document for local partnerships between PSAPs and MiCAL.

## PSYCHIATRIC BED TREATMENT REGISTRY

### Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- **Target audience:** Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
  - Public and broader stakeholder access through MiCAL.
  - Broad cross-sector Advisory Workgroup.
- **Target Implementation Date:** Implemented statewide by January 2022.

### Current Activities

- Integration of Registry with MiCAL per legislation and funding requirements.
- Psychiatric Beds will be included in the OpenBeds – MiCARE registry. This change was made due to stakeholder feedback that it was unrealistic to expect providers to enter information into two different registries and to use two different registries to find referral resources for people in need.
- LARA is incorporating Psychiatric Beds into their current statewide rollout.
- Advisory Workgroup meeting will be scheduled shortly to explore the use of OpenBeds technology as part of a streamlined psych bed referral process.

## CRISIS STABILIZATION UNITS

### Overview

- PA 402 of 2020 codifies Crisis Stabilization Units (CSUs) in the Mental Health Code. This new statute requires MDHHS to develop, implement, and oversee a certification process for CSUs. The legislation did not appropriate funding.
- MDHHS is contracting with Public Sector Consultants to help develop with the develop of a Michigan Model and certification criteria.
- MDHHS is convening a cross sector stakeholder group to develop a Michigan model. As a group Stakeholders will review models from other states and from Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders.
- Timing: Current to December 2021

### Current Activities

- MDHHS is contracting with PSC/HMA to help develop a Michigan model and certification process.
- PSC is facilitating twice monthly stakeholder groups with the initial focus will be on setting high level standards, determining capacity needs, and a thorough assessment of existing CSU like facilities in Michigan.
- PSC is also doing extensive research on best practices in other states as well as in Michigan.
- Stakeholder Workgroup has over 50 members and is inclusive of people with lived experience, Peers, and representatives from diverse disciplines and geographic regions.

## SMI/SED 1115 WAIVER APPLICATION

### Overview

- This project may be impacted in scope and timeline by COVID-19.
- MDHHS will apply for the CMS Medicaid funding waiver.
- Identifying innovations, gaps, barriers, and priorities:
  - Environmental Scan: discussions with other states, literature review.
  - CMHSP survey: informative only, identify innovations and gaps – i.e. licensing issues around crisis services.
- Possible directions of this initiative:
  - Increase and standardize community-based crisis service capacity to meet recovery, resiliency focused definitions.
  - Exploration of Mobile Crisis Expansion.
  - IMD Exclusion Exception.
  - PRTF Look-a-likes for Adults.
  - Exploration of Crisis Receiving & Stabilization Models such as Psychiatric Emergency Centers, Living Room Model, EmPATH.
  - Children's Therapeutic Foster Care.
- Target Date: beginning stages – Application fall 2021.

### Current Activities

- MDHHS has contracted with PSC/HMA to help develop the 1115 Waiver.

## OTHER INFORMATION:

- MDHHS has also contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan.
- Diversion Council and Wayne State Center for Behavioral Health Justice (CBHJ) is also focused on looking at adult mobile crisis models. With permission of individual CMHSPs, they are using the CMHSP Crisis Survey data as baseline data to help determine who to contact to learn about successful existing mobile crisis models and any challenges implementing mobile crisis.

## QUESTIONS OR COMMENTS?

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