



Southwest Michigan Behavioral Health Board Meeting

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September 10, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 8/20/21

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - a. Summit Pointe - Marcia Starkey
 - b. Woodlands Alternate - Jeanne Jourdan
4. **Consent Agenda**
 - a. July 9, 2021 SWMBH Board Meeting Minutes (d) pg.3
 - b. August 13, 2021 SWMBH Board Meeting Minutes (d) pg.8
 - c. Customer Advisory Committee Nominees (d) pg.11
5. **Operations Committee**
 - Operations Committee Minutes July 28, 2021 (d) pg.12
6. **Ends Metrics Updates (*Requires motion)**

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

 - * Fulfillment of Contractual Obligations – State Opioid Response Grant Review Results (J. Smith) (d) pg.15
7. **Board Actions to be Considered**
 - Michigan Consortium for Healthcare Excellence (MCHE) payment for MCG Utilization Management Tool (B. Casemore) (d) pg.18
8. **Board Policy Review**

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

 - a. BG-008 Board Member Job Description (d) pg.19
 - b. EO-001 Executive Role & Job Description (d) pg.21
 - c. BG-002 Management Delegation (d) pg.22

9. Executive Limitations Review

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

- a. BEL-009 Global Executive Constraint (R. Perino) (d) pg.23
- b. BEL-005 Treatment of Plan Members (E. Krogh) (d) pg.26
- c. BEL-004 Treatment of Staff (E. Meny) (d) pg.32

10. Board Education

- a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d) pg.49
- b. Preview Fiscal Year 2022 SWMBH Budget (T. Dawson) (d) pg.57
- c. Veteran's Services (M. Hoss) (d) pg.68

11. Communication and Counsel to the Board

- a. Provider Network Stability Report (M. Todd) (d) pg.78
- b. October 8, 2021 Draft Board Agenda (d) pg.82
- c. Board Member Attendance Roster (d) pg.84
- d. October Board Policy Direct Inspection – BEL-008 Communication and Counsel (T. Schmelzer)
- e. EO Annual Evaluation Process (d) pg.85

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**

Southwest Michigan

BEHAVIORAL HEALTH

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

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

Draft Board Meeting Minutes
August 13, 2021
9:30 am-11:00 am
GoTo Webinar and Conference Call
Draft: 8/16/21

Members Present via phone:

Tom Schmelzer, Erik Krogh, Ruth Perino, Susan Barnes

Guests Present via phone: Brad Casemore, Executive Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Mila Todd, Chief Compliance Officer and Director of Provider Network Management, SWMBH; Joel Smith, Director of Substance Use Disorder Treatment and Prevention Services, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Richard Thiemkey, Barry County CMH; Brad Sysol, Summit Pointe; Sue Germann, Pines BH; Kris Kirsch, St. Joseph CMH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Tim Smith, Woodlands; Debbie Hess, Van Buren CMH; Pat Guenther, ISK Board Alternate; Jeanne Jourdan, Calhoun County; Jackie Wurst, Bear River Health

Welcome Guests

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

Public Comment

None

Agenda Review and Adoption

This item was tabled due to lack of a quorum.

Financial Interest Disclosure Handling

This item was tabled due to lack of a quorum.

Consent Agenda

This item was tabled due to lack of a quorum.

Operations Committee

Operations Committee Minutes June 23, 2021

Debbie Hess reviewed the minutes as documented. There were no questions, and the minutes were accepted.

Ends Metrics

Performance Bonus Incentive Program (PBIP) Data Sharing

Jonathan Gardner reported as documented, noting this information is an update and does not require a motion and Board approval.

Veteran's Performance Bonus Incentive Program (PBIP)

Jonathan Gardner reported as documented, noting this information is an update and does not require a motion and Board approval.

Fulfillment of Contractual Obligations – State Opioid Response Grant Review Results

Joel Smith reported as documented. The Board members agreed that the data is relevant and compelling, but the item was tabled due to lack of a quorum.

Board Actions to be Considered

None

Board Policy Review

BEL-002 Management Delegation

This item was tabled due to lack of a quorum.

Executive Limitations Review

BEL-004 Treatment of Staff

This item was tabled due to lack of a quorum.

BEL-004 Treatment of Plan Members

This item was tabled due to lack of a quorum.

Board Education

Fiscal Year 2021 Year to Date Financial Statements

Brad Casemore reported as documented.

Fiscal Year 2022 Draft Budget

Brad Casemore reported as documented.

MI Health Link Assessment

Brad Casemore reported as documented, reviewing history of Mi Health Link and stated that an assessment report would be presented at the January 2022 Board meeting.

Michigan Consortium for Healthcare Excellence and renewal/payment of MCG Contract

Brad Casemore stated that Michigan Consortium for Healthcare Excellence (MCHE) is a non-profit association that the ten PIHPs assumed in a voluntary transfer of Michigan Association of Coordinating Agencies (MASACA) when Coordinating Agency roles were transferred to the PIHPs. The SWMBH Board approved SWMBH being a Member with the SWMBH CEO as their representative. When SWMBH became a Member of MCHE a Board Policy was related thereto was approved. See attached. That Policy required Board approval for costs paid to MCHE above \$5,000.

One of the benefits of SWMBH Membership in MCHE has been group purchasing which provides better negotiating leverage, presumably better terms and conditions and more favorable pricing as well as administrative relief for SWMBH. Many years ago, MCHE did a group purchase of a product and computer Application known as MCG which supports utilization management decision-making state-wide. Years ago, the SWMBH Board approved payment to MCHE for MCG. The MCHE-MCG Master Licensing Agreement is now up for renewal for a three-year period. The statewide cost has been reduced from approximately \$500,000 per year to approximately \$300,000 per year. The SWMBH share is \$45,000 conservatively at the upper end. Authorization for SWMBH payments to MCHE for MCG will be proposed at the September meeting.

2021 SWMBH Network Vulnerability Testing Report

Natalie Spivak reported as documented. Tom Schmelzer stated that the report was excellent and thanked Natalie Spivak and her department for all their hard work.

Substance Use Disorder Oversight Policy Board Update

Randall Hazelbaker reported as documented. Discussion followed.

Communication and Counsel to the Board

Provider Network Stability Report

Mila Todd reported as documented. Discussion followed.

September 10, 2021 Draft Board Agenda

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

Friday, October 1, 2021 8:00am to 1:00pm Sixth Annual Health Policy Forum (live event)

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.

Behavioral Health and Developmental Disabilities Administration Initiatives

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

Public Comment

None

Adjournment

Tome Schmelzer adjourned the meeting at 10:35am



*Principal Office: 5250 Lovers Lane, Portage, MI 49002
Phone: 800-676-0423*

Date: August 16, 2021

Agenda Item

**Southwest Michigan Behavioral Health Customer Advisory Committee
Recommendation for Membership**

It is the recommendation of the Southwest Michigan Behavioral Health Executive Officer that the following individuals be appointed to a two-year term ending September 30, 2023.

Name	County
Veronica Brown	Branch
Sandra Bell	Cass
Ella Smith	Calhoun
Jennifer Leigh	Kalamazoo
Junelle Hicks	Kalamazoo
Mary Bowers	St. Joseph
Eric Davis	Van Buren

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: July 28, 2021 10:00am-2:00pm**

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

Guests present via phone – Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Jonathan Gardner, Director of Quality Performance and Improvement, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Sally Weigandt, CCBHC Coordinator, SWMBH; Mary Ann Bush, Senior Operations Specialist/Project Coordinator, SWMBH; Shelia Hibbs, ISK

Call to Order – Brad Casemore began the meeting at 10:35 am.

Review and approve agenda – Agenda approved.

Review and approve minutes from 6/23/21 Operations Committee Meeting – Minutes were approved by the Committee.

CMH Updates – CMHSP CEOs' shared current updates and sought input from colleagues focused on post-pandemic challenges, grants, unfunded mandates, staff issues, provider staffing issues, CCBHC and ASAM assessment tool implementation and requirements.

Fiscal Year 2021 Year to Date Financials – Tracy Dawson reported as documented, highlighting Autism, Medical Loss Ratio, and Internal Savings Fund.

Fiscal Year 2021 Encounters – Tracy Dawson reported as documented.

Standard Cost Allocation (SCA)/Encounter Quality Improvement (EQI)/Rate Setting Workgroup Updates – Tracy Dawson shared that SCA meetings are continuing and that this is a big lift for SWMBH and the CMHSPs. Waiting on State for solid answers around costing, rates and revenue. Meetings with the State have not been consistent.

Direct Care Wage (DCW) and Provider Network Capacity Issues – Group discussed DCW rate and funding through September 30, 2021 and plans/processes for 2022 depend on the State continuing to fund the DCW. The State does not have a budget for fiscal year 2022. If State does not fund the DCW in 2022 it would mean \$10 million in expenses. Group discussed provider staffing issues and rates with no joint response reached.

System Transformation Legislation Updates – Group discussed the emerging Shirkey and Whiteford system transformation legislation, views, and approaches. SWMBH will set a meeting with Rep. Whiteford for Brad and Ric and Richard Godfrey and a few primary and secondary consumers. There will be a prep meeting before setting a meeting with Rep. Whiteford.

Certified Community Behavioral Health Clinics (CCBHC) Updates – Sally Weigandt gave the following updates:

- State is developing workgroups
- Go live is 10/1/21
- CCBHC handbook to be released 7/30/21
- Upcoming State trainings
- Billing and payment methodology under development
- Funds will go to PIHPs and then out to CMHSPs
- Enrollment processes
- Meetings with Designated Collaborating Organization (DCOs)
- SWMBH CCBHC Steering meetings are ongoing and reviewing readiness, clinical, finance and next steps

MI Health Link (MHL) 2022 and beyond – Brad Casemore stated that SWMBH has selected Health Management Association (HMA) for assessment and gap analysis of MI Health Link business line at SWMBH with secondary support from Public Sector Consultants. HMA may be contacting CMHSPs for stakeholder key informants. A 10/31/21 target report date has been established.

Regional Committees – live or remote or both? – Group agreed to meet-remotely for August meeting.

Rep. Mary Whiteford Visit – Mary Ann Bush reviewed 10/1/21 Public Policy Event agenda. Brad Casemore, Richard Godfrey will be meeting with Rep. Whiteford prior to 10/1 event. Richard Thiemkey, and Ric Compton to join the meeting. Other possible joiners to be determined.

Operations Committee role-sharing – Group agreed that they would rotate the Agenda preparation and facilitation on a monthly basis. Sue will do August and a schedule will be established at the August OC meeting.

Fiscal Year 2022 Draft Budget – Tracy Dawson reviewed highlights that SWMBH is preparing in drafting the fiscal year 2022 budget. No revenue from the state is known yet.

Behavioral Health Treatment Episode Data Set (BH TEDS) Status – Natalie Spivak reported as documented, noting that the State has not released a current report.

Assessment Tools Status – Natalie Spivak reported as documented.

Audit Review Updates – Jonathan Gardner reported as documented.

Fiscal Year 2021 Performance Bonus Incentive Program (PBIP) Update – Jonathan Gardner reported as documented, noting this year's submission is restricted to a one-page narrative from each CMHSP.

Opioid Health Homes (OHH) – Joel Smith reported 350 enrollees and a meeting with Health Management Association to review process, procedures, and standards in providing OHH services is scheduled for tomorrow. Weekly meetings ongoing to review billing and encounters.

American Society of Addiction Medicine (ASAM) Continuum of Care Installation – Joel Smith noted that ASAM assessment trainings are scheduled and ongoing. The State has added 2 additional trainings in September to ensure all SUD clinicians statewide are trained. SWMBH is also working with the state on assessment of adolescents since the ASAM assessment is not approved for adolescents and the State is suggesting the GAIN assessment tool for adolescents.

COVID-19 Supplemental and Fiscal Year 2022 Block Grant – Joel Smith stated that funds have been received in the Electronic Grants Administration & Management System (EGrAMS). Federal funds from the American Rescue Plan have not been received yet. SWMBH continues to work with the State on guidance for the spending areas.

October 1, 2021 Public Policy Event – Mary Ann Bush noted the document in the packet for the committee's review.

August 13, 2021 SWMBH Board Agenda – Brad Casemore noted the draft agenda in the packet for the committee's review.

August 25, 2021 Operations Committee Meeting Agenda – Brad Casemore noted the draft agenda in the packet for the committee's review.

Operations Committee Self-Evaluation – At the CEO only meeting the group reviewed the OC Self Evaluation. Adjustments were made to roles, process and Agenda content planning.

Van Buren On call Crisis Services – Deb Hess discussed crisis coverage protocols and procedures at Van Buren County CMH. Group shared their protocols and procedures.

Adjourned – Meeting adjourned at 1:30pm



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 or David Havens, at 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

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: BEL-010	Pages: 1
Subject: Regional Entity 501 (c)(3) Representation		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 02.13.2015	Last Review Date: 12/11/20	Past Review Dates: 2.13.15, 3.11.16, 10.14.16, 10.13.17, 10.12.18, 11.8.19	

I. **PURPOSE:**

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019 the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

II. **POLICY:**

1. The SWMBH Board has approved SWMBH becoming a member of MCHE; and
2. the EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Board Members of MCHE in accordance with its Bylaws; and
3. the EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. the SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. **STANDARDS:**

Accordingly, the Executive Officer as SWMBH representative to MCHE shall

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy or finances; and
3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and
4. Present MCHE Bylaws revisions to the Board prior to voting on them and also after the adoption of them by MCHE Board;
5. Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Governance	Policy Number: BG-008	Pages: 1
Subject: Board Member Job Description	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 9/11/20	Past Review Dates: 2.13.15, 2/12/16, 1/13/17,2/9/18,9/13/19

I. **PURPOSE:**

To define the role and responsibility of the SWMBH Board.

II. **POLICY:**

Specific job outputs of the Board, as informed agents of ownership, are those that ensure appropriate organizational performance.

III. **STANDARDS:**

To distinguish the Board's own unique job from the jobs of its staff, the Board will concentrate its efforts on the following job "products" or outputs:

1. The link between Southwest Michigan Behavioral Health and Participant counties.
2. Written governing policies which, at the broadest levels, address:
 - a. Accomplishments/Results/Ends: Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good for which needs at what cost).
 - b. Executive Limitations: Constraints on executive authority, which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
 - c. Governance Process: Specification of how the Board conceives carries out and monitors its own task.
 - d. Board-EO Delegation: How Board expectations are assigned and properly monitored; the EO role, authority and accountability.
3. The assurance of organizational and EO performance.

IV. **ORIENTATION:**

New Board Members shall be required to complete an initial orientation for purposes of enhancing their knowledge of the roles and responsibilities of SWMBH as an agency, and their understanding to assist in governance decision-making.



Regional Entity 4 Governance Board Policy Manual

Specifically, they shall be provided the following information:

- **Governance Documents (Hierarchical)**
 - o SWMBH Board Bylaws
 - o SWMBH-CMH Sub-Contracts with Attachments
 - o SWMBH Operating Agreement
 - o SWMBH Operations Committee Charter
 - o Standing SWMBH Committee Charters
 - ☐ Finance Committee
 - ☐ Quality Management Committee (QMC)
 - ☐ Utilization Management Clinical Practices Committee (RUMCP)
 - ☐ Provider Network Management Committee (PNM)
 - ☐ Health Information Services Committee (Regional IT/RITC)
 - ☐ Customer Services Committee
 - ☐ Regional Compliance Coordinating Committee
 - o Michigan Consortium of Healthcare Excellence Bylaws (MCHE)
- **Ends, Proofs and Strategy**
 - o Previous and Current Years' SWMBH Board Ends and Proofs
 - o SWMBH Strategic Planning Document
 - o SWMBH Finance Plans
 - o Key Regional Plans
 - ☐ QAPI
 - ☐ UM
 - ☐ Program Integrity-Compliance
 - ☐ Financial and Risk Management
 - ☐ SUD Strategic Plan
 - ☐ Population Health Integrated Care
- **Context**
 - o SWMBH General PowerPoint
 - o Operations Committee Roster
 - o Last 3 months of Operations Committee Meeting Minutes
 - o Current SWMBH Board Meeting Calendar and Roster
 - o Current SWMBH SUD-OPB Meeting Calendar and Roster
- **Conflict of Interest Material (COI)**
 - o CMH Resolution to Appoint CEO to SWMBH Operations Committee
 - o CMH CEO Conflict of Interest Waiver
 - o CMH CEO Financial Interest Disclosure

In addition, new Board Members will be offered a live briefing at SWMBH by each functional area leader.

Southwest Michigan

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

Section: Board Policy – Executive Limitations		Policy Number: EO-001	Pages: 1
Subject: Executive Role and Job Description		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 09.11.20	Past Review Dates: 10.12.14, 10.9.15, 10.14.16, 10.13.17, 9.14.18,10.11.19	

I. **PURPOSE:**

To define the executive role and job description.

II. **POLICY:**

The EO is accountable to the board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

III. **STANDARDS:**

Accordingly:

1. The Board will not give instructions to persons who report directly or indirectly to the EO.
2. The Board will not evaluate, either formally or informally, any staff other than the EO.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board- Policy Global Board		Policy Number: BG-002	Pages: 1
Subject: Management Delegation		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 08.14.20	Past Review Dates: 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



**Executive Limitations
Monitoring to Assure Executive Performance
Board Date September 10, 2021**

Policy Number: BEL-009

Policy Name: Global Executive Constraint

Assigned Reviewer: Ruth Perino

Policy

- 1) The Executive Officer (EO) shall not cause or allow any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.
- 2) The EO is accountable to the board acting as a body. The board will instruct the EO through written policies or directives consistent with board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

Executive Officer Response

- 1) The EO has not caused or allowed any practice, activity, decision, or organizational circumstance, which is either illegal, imprudent, in violation of commonly accepted business and professional ethics, or in violation of contractual obligations. This is evidenced by the absence of evidence or complaint of any of the above to the Executive Officer, Chief Financial Officer, Chief Compliance Officer or Board via Executive Officer self-report, by internal or external reviewers, staff, auditors, or authorities. Ongoing monitoring and surveillance of SWMBH and performance by the EO, SWMBH staff and SWMBH contractors exists, with frequent cross-agency and cross-functional assignments and reports. This strengthens the avoidance and early detection of anything that is or could go amiss.
- 2) The board has instructed the EO clearly and diligently through written policies or formal directives consistent with board policies. The EO interpretation and implementation of those policies and Ends has relied on ongoing monitoring and reporting to the Board, periodic formal consideration of the Environmental Scan, Strategic Plan, Board Ends, Ends Interpretations and Metrics status. This is evidenced by ongoing Board review of specific Executive Limitations Board Policies, regular reports to the Board, and frequent interactions with the Board by other Senior Leaders as well as Board Meeting Minutes.

Southwest Michigan

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

Section: Board- Policy Executive Limitations		Policy Number: BEL-009	Pages: 1
Subject: Global Executive Constraint		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 09.11.20	Past Review Dates: 9.12.14, 9.11.15, 9.9.16, 8.11.17,9.14.18,9.13.19	

I. POLICY:

The Executive Officer (EO) shall not cause or allow any practice, activity, decision, or organizational circumstance which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

III. STANDARDS:

1. The EO is accountable to the Board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

SWMBH Board Review of Policy Number BEL-009, Policy Name – GLOBAL EXECUTIVE CONSTRAINT

In all contractual obligations the CEO must act professionally and ethically and as such is accountable to the Board. The Board has thorough written policies and the CEO has reported periodically to the Board on monitoring of scans, plans, ends, interpretations, and metrics status. The Board is thoroughly engaged and notes that the efforts and compliance of this CEO are exemplary. The report from Brad Casemore in reference to this Policy is specific and further illustrates that the Board is in compliance and that Policy BEL-009, Global Executive Constraint, does not need revision. Ruth Perino, August 23, 2021.



**Executive Limitations
Monitoring to Assure Executive Performance
For the period July 2020 to August 2021**

Policy Number: BEL-005

Policy Name: Treatment of Plan Members

Assigned Reviewer: Erik Krogh

Policy Purpose: To clearly define the Treatment of Plan Members by Southwest Michigan Behavioral Health (SWMBH).

Policy: With respect to interactions with Plan members, the SWMBH EO shall not allow conditions, procedures, or processes which are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

EO Comment: I broadly interpret "Plan Member" as any past, present or potential future beneficiary of SWMBH-managed supports and services, including MI Health Link dual eligible (Medicare-Medicaid with Aetna Better Health and Meridian Health Plan as Integrated Care Organizations). Strictly speaking, our contractual obligations apply only to those in active Medicaid, Healthy Michigan, MI Health Link enrollment, or in Block Grant substance abuse prevention and treatment services. Enrollee Rights and Protections regulations for Medicaid are codified primarily in the federal Managed Care Regulations directly and via our contract with MDHHS, and in Michigan statute for persons with substance use disorders. Enrollee rights and protections for persons with Medicare, under the MI Health Link program, are similarly codified in federal statute and regulations as well as the SWMBH contract with our two Integrated Care Organizations. Additional privacy, security and confidentiality protections are codified in multiple federal and state regulations.

Standards: Accordingly, the EO may not;

1. Use forms or procedures that elicit information for which there is no clear necessity.

EO Response: SWMBH requires no involuntary forms or procedures for which there is no clear necessity of Members other than those required by statutory, regulatory, or contractual obligations. There are no Member complaints known to SWMBH related to this issue for the time period under consideration.

2. Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.

EO Response: All electronic and paper member informational files at SWMBH are appropriately and securely stored, with “need-to-know” access to Protected Health Information (PHI) that is limited by job function(s). Managed Care Information System and other electronic storage access to PHI is strictly limited, individually assigned by job functions and auditable by individual. Logins and passwords are required for network and managed care information system applications; passwords are “change-forced” every ninety (90) days.

SWMBH has a designated Privacy Officer (Mila Todd) and Security Officer (Natalie Spivak) as required under HIPAA regulations. SWMBH has a set of privacy, security, and confidentiality related policies. Staff receive, sign acknowledgements for, and undergo annual training that also includes federal regulations related to proper safeguarding and release of information rules for substance abuse information (42 CFR Part 2). Signed staff attestations will be made available upon request of the Reviewer. Paper records are stored in supervised locked cabinets within sight of staff. Both clinical areas of SWMBH are further protected with a digital key lock with restricted access to the pass code. There are no known Member complaints or compliance inquiries stemming from SWMBH related to this issue in the period under consideration.

3. Fail to inform the Board of the status of uniform benefits across the region or fail to assist Participant CMHs towards compliance.

EO Response: The Board has periodically received penetration and access reports indicative of basic Uniform Benefit markers such as readiness of access, timeliness of care, utilization data and other measures. CMHs are able to request this information from SWMBH finance staff at any time to review the data.

There is very little legitimate Michigan PIHP comparative data for benchmarking. SWMBH benefits use exists in the area of utilization, especially where assessment of functioning, level of care and outcome is concerned. We continue to work with MDHHS and counterpart Regional Entities to prepare and present comparative data. Milliman has produced and published an analytic tool which has more comparative data than was available in the past.

Multiple evidence-based practices, (trauma informed care, seeking safety, helping men recovery, cognitive behavioral therapy, dialectical behavior therapy, motivational interviewing, parent management training), and member self-support tools, such as MyStrength, have been promoted throughout the region at both the provider and member level. Additional common functional assessment tools have been identified and installed region wide, such as LOCUS and ASAM for adult mental health and adult co-occurring (mental health and substance use disorders).

Through various methodologies, including geo-mapping, SWMBH assesses the adequacy of our Provider Network. The MHL network adequacy report has been updated and was recently reviewed by the SWMBH internal MHL Committee for input and feedback. For Medicaid services, SWMBH is contractually obligated to provide network adequacy reports to MDHHS periodically upon request, and to adhere to MDHHS adequacy standards. This allows the SWMBH region to adjust as necessary to member needs. Provider Network is working closely with the QAPI and IT departments to modify a tableau report to track the Medicaid network adequacy metrics so we will have real time data. SWMBH is also able to assess and track any deficiencies with timeliness/access to care with our providers through the MMBPIS. We can identify challenges and barriers members may encounter.

This year's Customer Satisfaction results were favorable and were found to be achieved at the March 12, 2021 Board meeting. There are no Member complaints registered by or to SWMBH related to the issue of lack of uniform benefit for the period under consideration. All member complaints, grievances and appeals are tracked and trended by SWMBH. SWMBH reviews and, if warranted, defends actions on termination, reduction, suspension, or denials of services at the Fair Hearing.

4. Fail to provide procedural safeguards for the secure transmission of Plan members' protected health information.

EO Response: All electronic and non-electronic information transmission activities and network design and protections take place under applicable federal and state law and regulations, and established policies. Staff are instructed to manually encrypt all outgoing emails containing PHI by simply typing "[encrypt]" into either the subject line or message body. If the outside agency uses Transport Layer Security (TLS), we can instruct our email system to utilize this encryption tunneling protocol instead.

Data transmission with external trading partners occurs via encryption with passwords, inspection of technical systems and actual processes are overseen by the Security Officer and Privacy Officer.

For the period under review, forty-two (42) actual or potential privacy incidents were reported. They have all been investigated by the Program Integrity and Compliance Department. Thirty-eight (38) incidents were reviewed and considered by the SWMBH Breach Response Team which completed a Breach Risk Assessment Tool utilizing factors enumerated by the Federal Rules (45 CFR 164.402(2)) to assess the probability that the protected health information involved was compromised. The remaining four (4) incidents will be reviewed and considered during the next SWMBH Breach Response Team meeting. Breach

incidents are reported to the Board periodically during the Program Integrity and Compliance Program updates.

Of the thirty-eight (38) incidents assessed to date, zero were identified as rising to the level of a HIPAA breach and necessitating notification to the affected members and to the Office for Civil Rights (OCR).

5. Fail to establish with Plan members a clear contract of what may be expected from SWMBH including but not limited to their rights and protections.

EO Response: The SWMBH Member Handbook delineates what services are mandatory, optional, and alternative by Benefit Plan. It also states SWMBH's expectations of Providers in their Treatment of Plan Members. Ongoing Member education occurs via Newsletters and regular EO and Leadership attendance at the SWMBH Customer Advisory Council. Periodic newsletters are prepared and distributed that update changes or clarify information to educate Plan Members. At intake, members sign to acknowledge the handbook has been offered to them. There are no known Member complaints related to this topic for the period under consideration.

6. Fail to inform Plan members of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

EO Response: The SWMBH Member Handbook delineates what issues are subject to complaints, grievance and appeals, as well as how to access the related processes. Member newsletters periodically reinforce this policy and how to file complaints, appeals and grievances. Participant CMH Customer Services representatives have been trained in their delegated roles and they receive ongoing oversight and monitoring from SWMBH. In addition, Customer Services, Provider Network Development, Clinical Quality, Compliance, and Quality Assurance and Program Integrity staff make periodic visits to affiliate CMHSPs and providers to monitor this as well. The SWMBH Customer Services Department completes, at a minimum, an annual complaint, grievance and appeal report that is provided to each Participant CMH for review, and annually to the SWMBH Board. The Treatment of Plan Members Policy is posted at SWMBH and reviewed in person with new staff by the EO. This Policy is available to all staff on the Shared Network Drive.

Related items offered for review:

- 2020 MMBPIS Analysis
- 2020 MHL Network Adequacy - Final Summary and Goals for Board
- Customer Handbook 2021

- January 2021 and July 2021 Customer Advisory Committee Minutes
- SWMBH Patient Newsletter_Sept2020
- SWMBH Patient Newsletter_April2021

The assigned SWMBH Behavioral Health Board direct inspector, Mr. Krogh, was offered further contact with the EO, Chief Administrative Officer and Manager of Customer Services.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy	Policy Number: BEL-005	Pages: 1
Subject: Treatment of Plan Members	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 12.20.2013	Last Review Date: 8/14/20	Past Review Dates: 12/12/14, 1/8/16, 3/10/17, 3/18/18,8/9/19

I. PURPOSE:

To clearly define the Treatment of Plan Members by SWMBH

II. POLICY:

With respect to interactions with Plan members, the SWMBH EO shall not allow conditions, procedures, or processes which are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

III. STANDARDS:

Accordingly the EO may not:

1. Use forms or procedures that elicit information for which there is no clear necessity.
2. Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.
3. Fail to inform the Board of the status of uniform benefits across the region or fail to assist Participant CMHs towards compliance.
4. Fail to provide procedural safeguards for the secure transmission of Plan members' protected health information.
5. Fail to establish with Plan members a clear contract of what may be expected from SWMBH including but not limited to their rights and protections.
6. Fail to inform Plan members of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.



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.

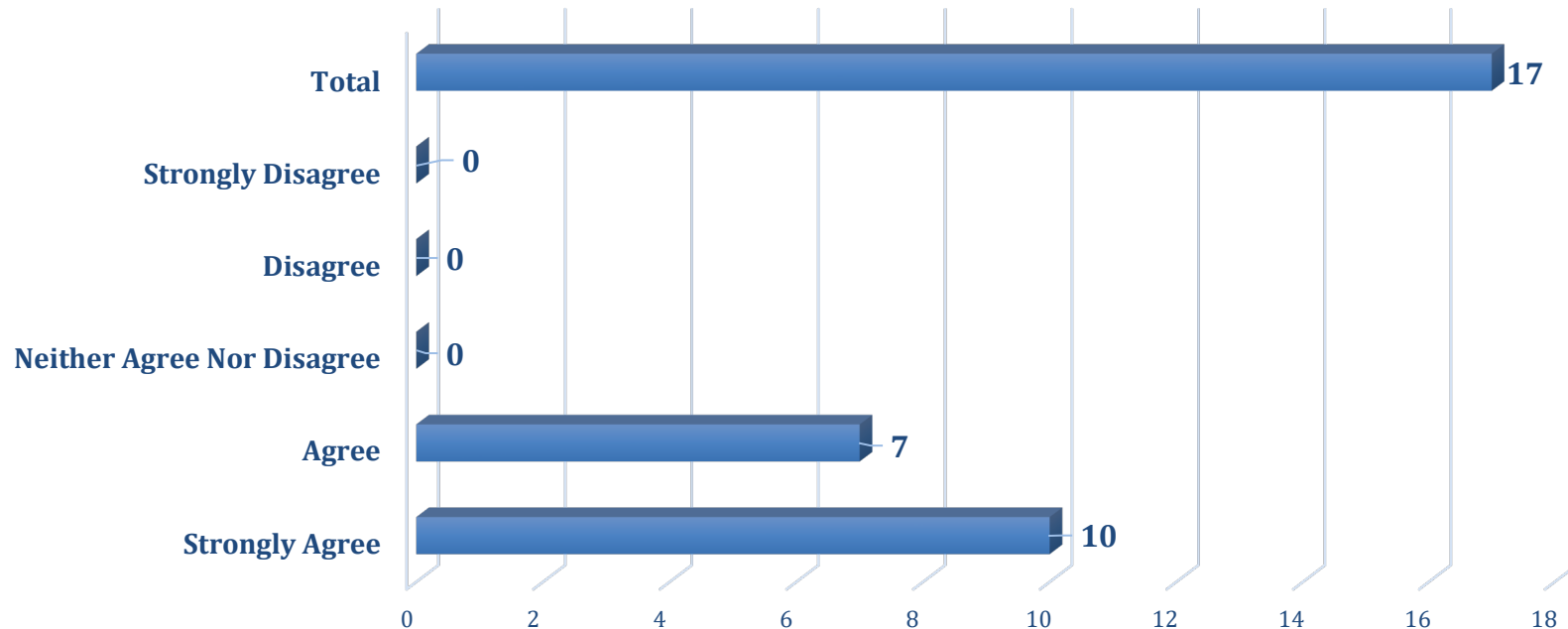
- Distributed to approximately 25% of staff (n=17). Participants were randomly selected.
- Sampling Period: July 20th, 2021- July 27th, 2021
- Strongly Agree and Agree = **Positive** 'In Agreement' (Numerator and Denominator)
- Strongly Disagree and Disagree = **Negative** 'In Agreement' (Denominator)
- 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

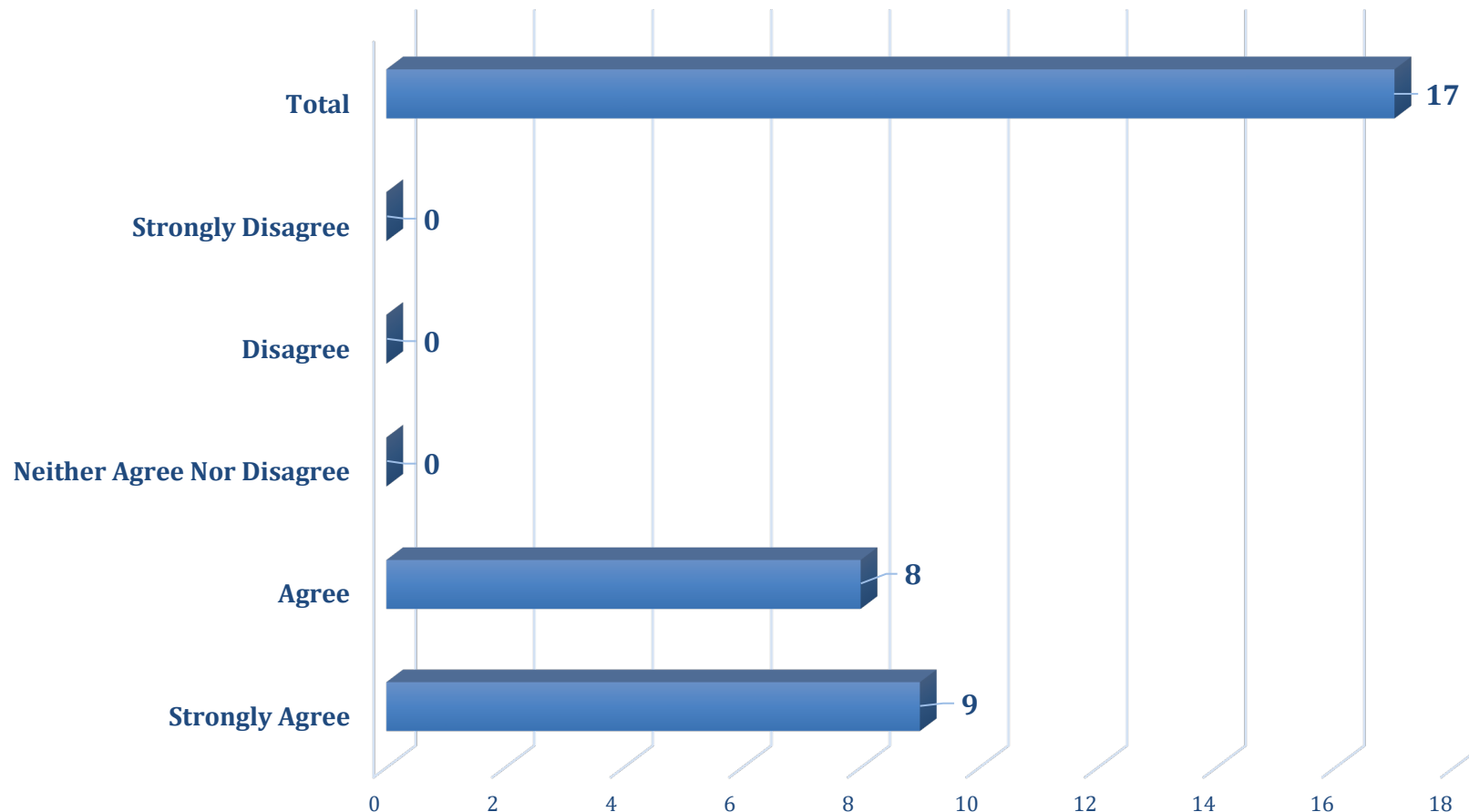


17/17 = 100% in Agreement Compliance

Treatment of Staff 2021 Survey



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

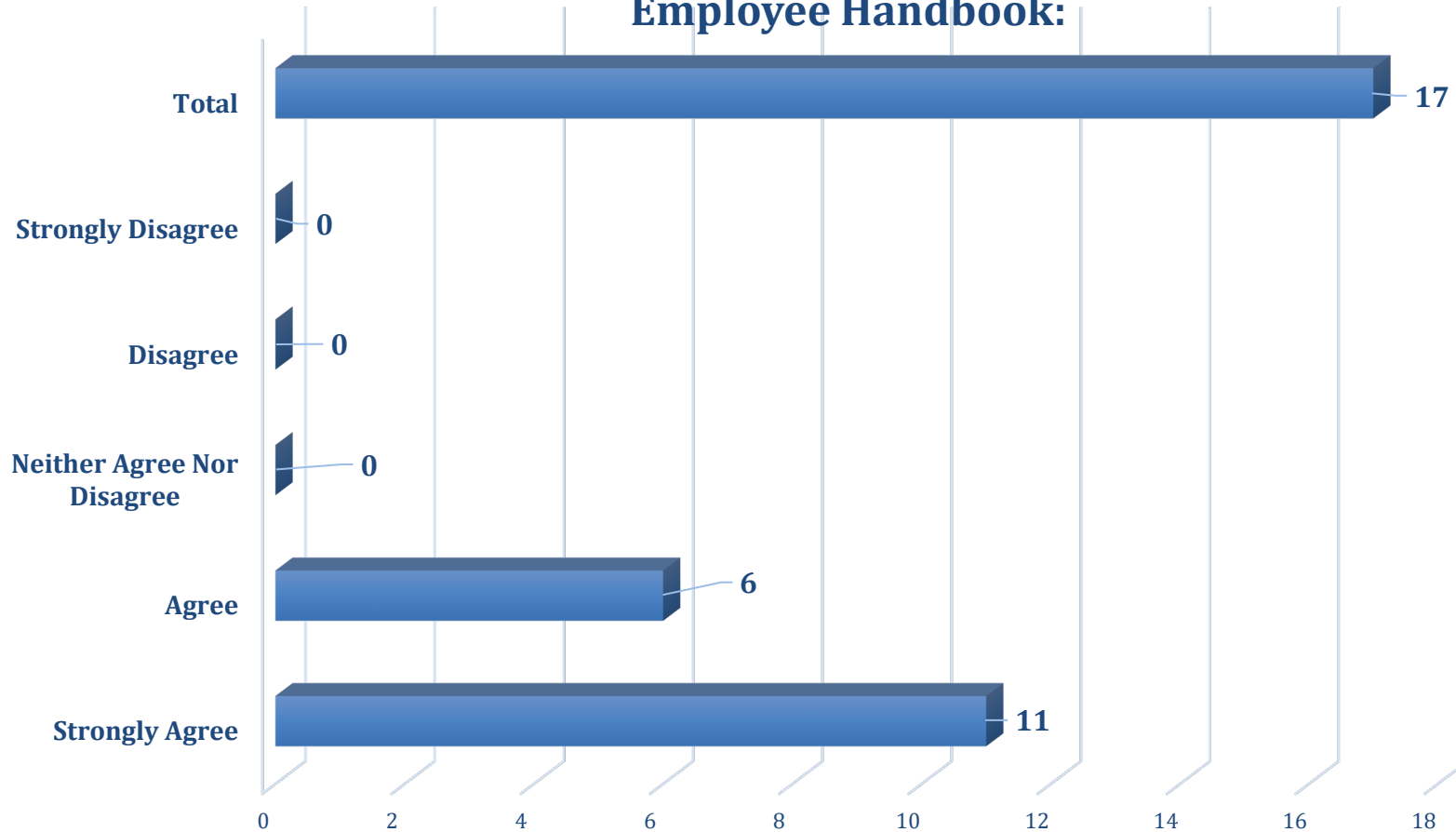


17/17 = 100% in Agreement Compliance

Treatment of Staff 2021 Survey



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

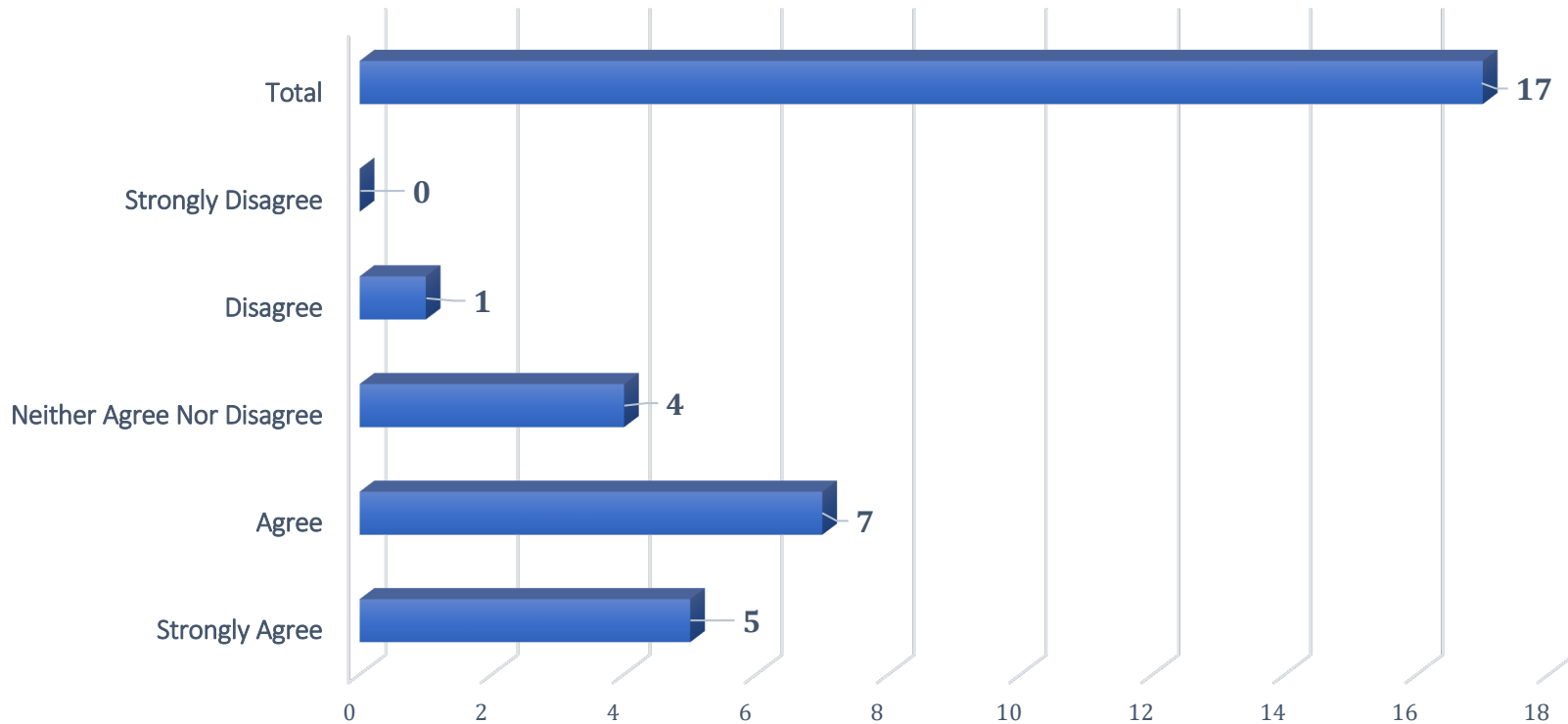


17/17 = 100% in Agreement Compliance

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):

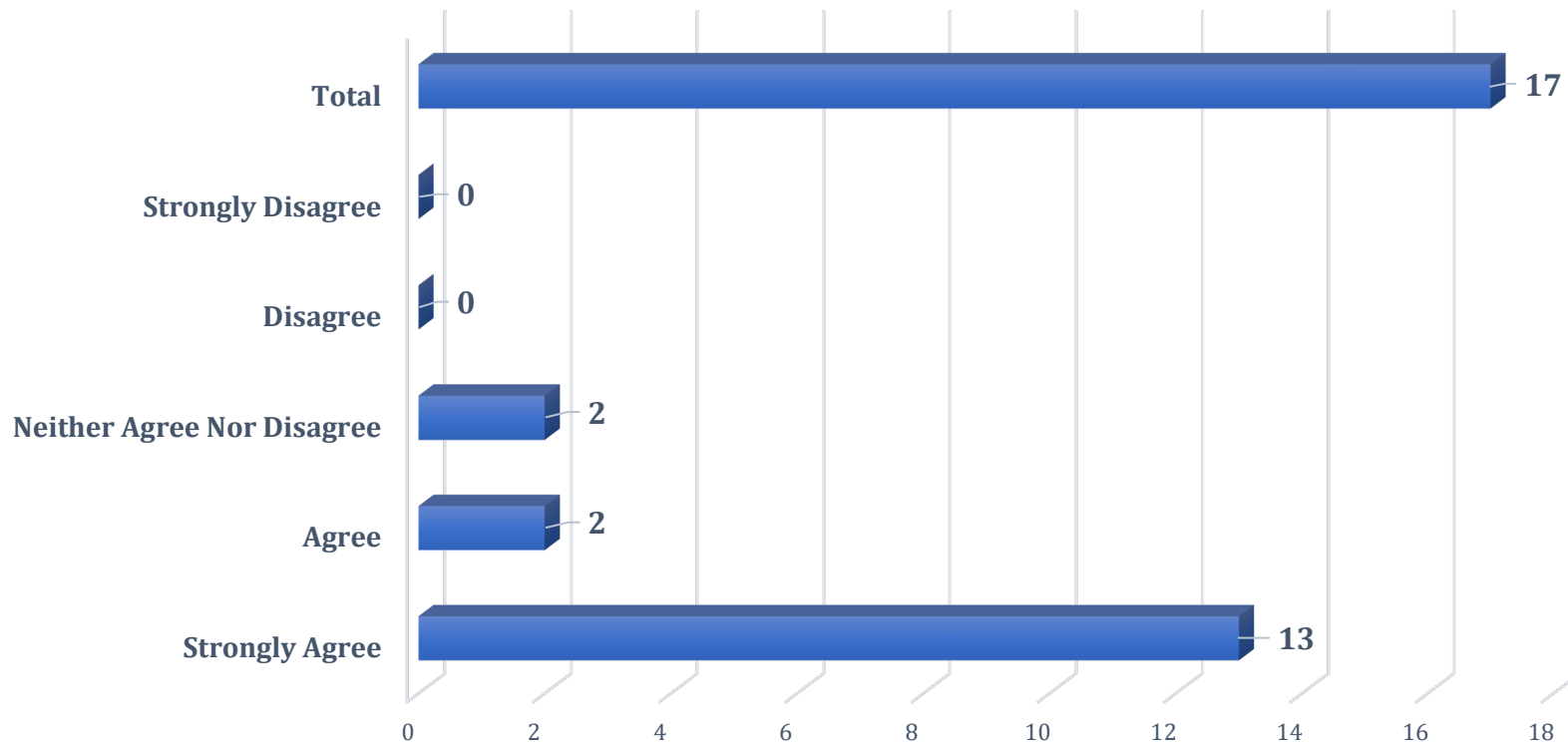


12/13 = 92.3% in Agreement Compliance

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):

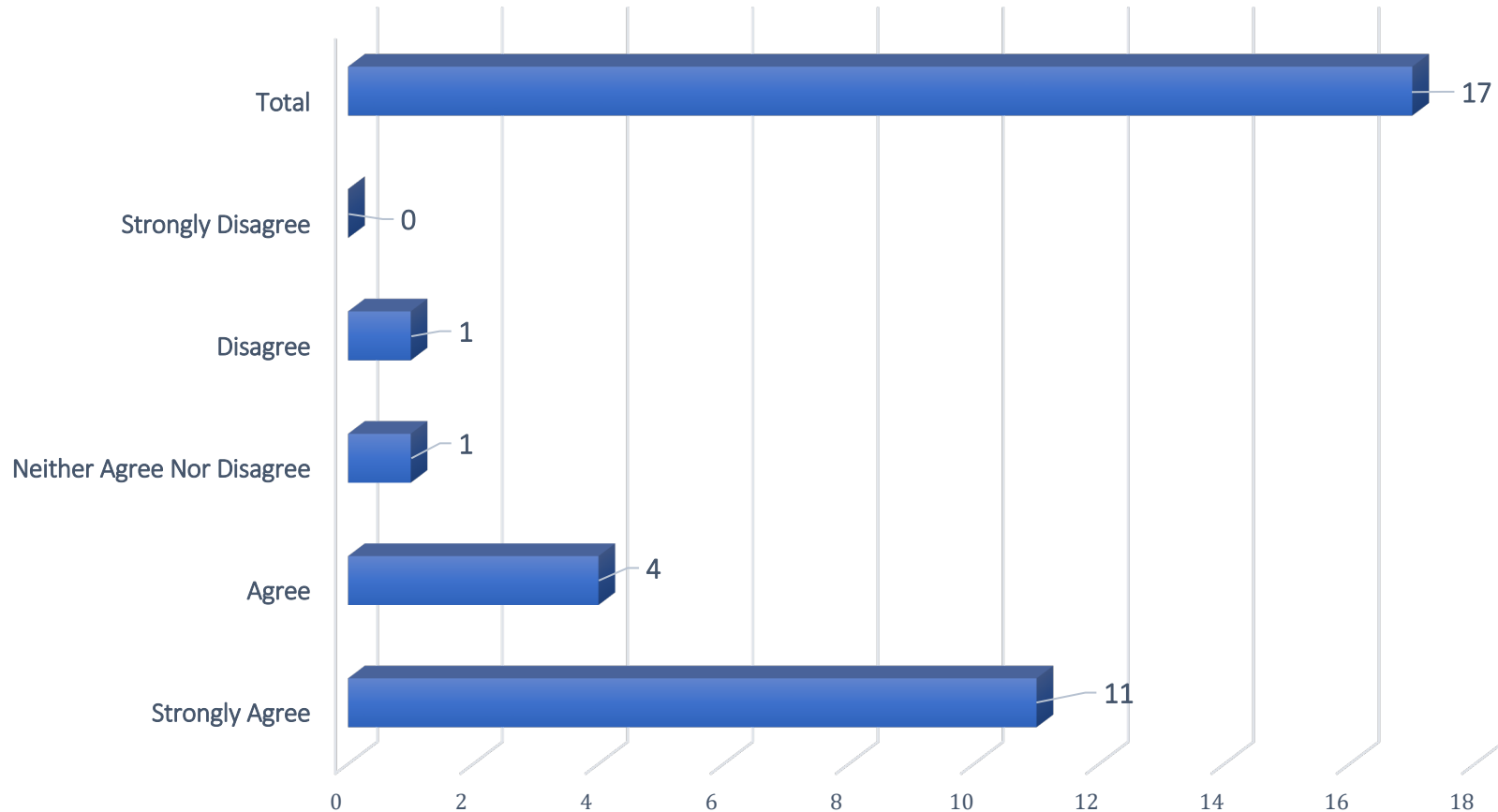


13/13 = 100% in Agreement Compliance

Treatment of Staff 2021 Survey



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

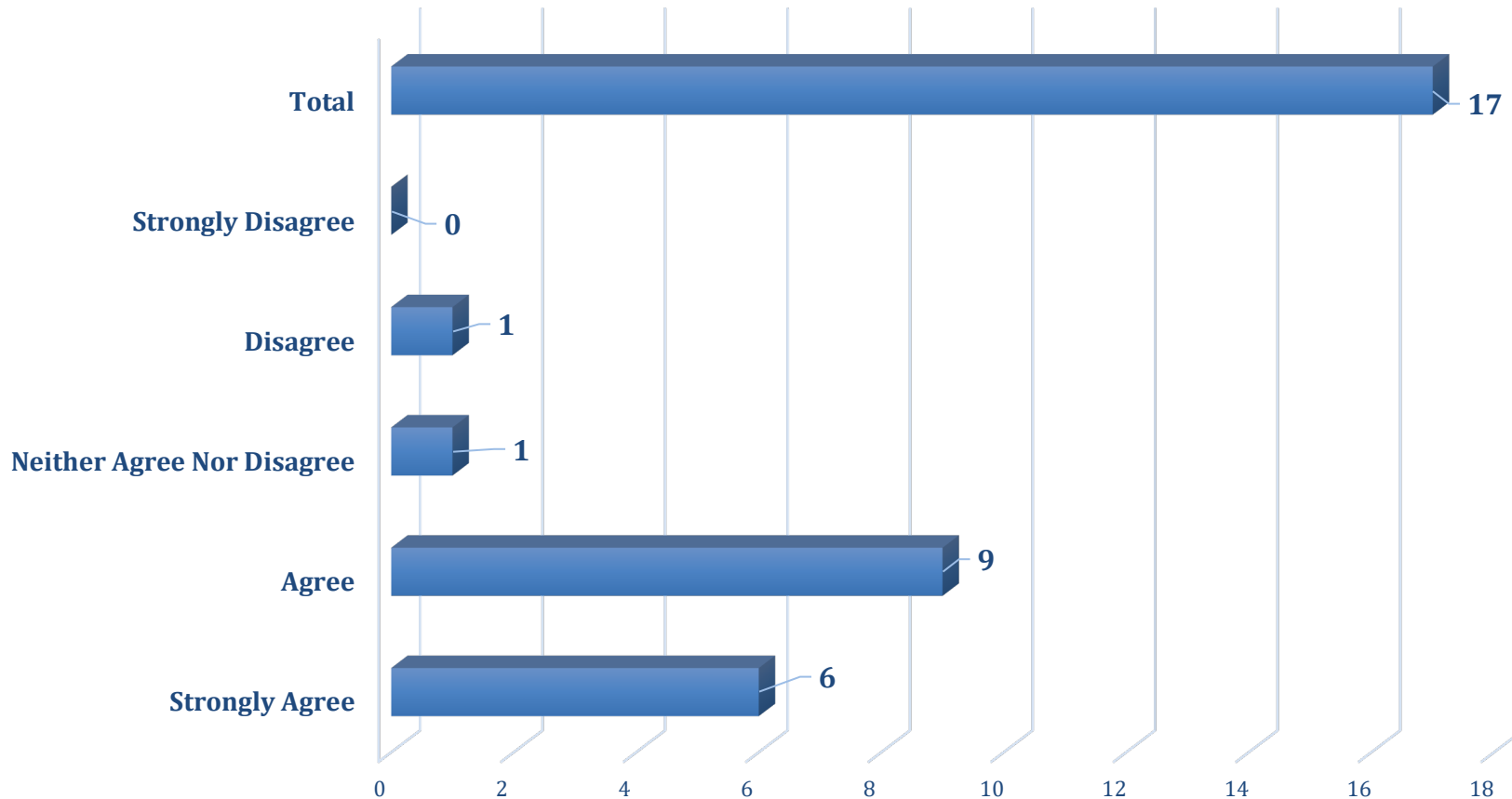


15/16 = 93.7% in Agreement Compliance

Treatment of Staff 2021 Survey



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

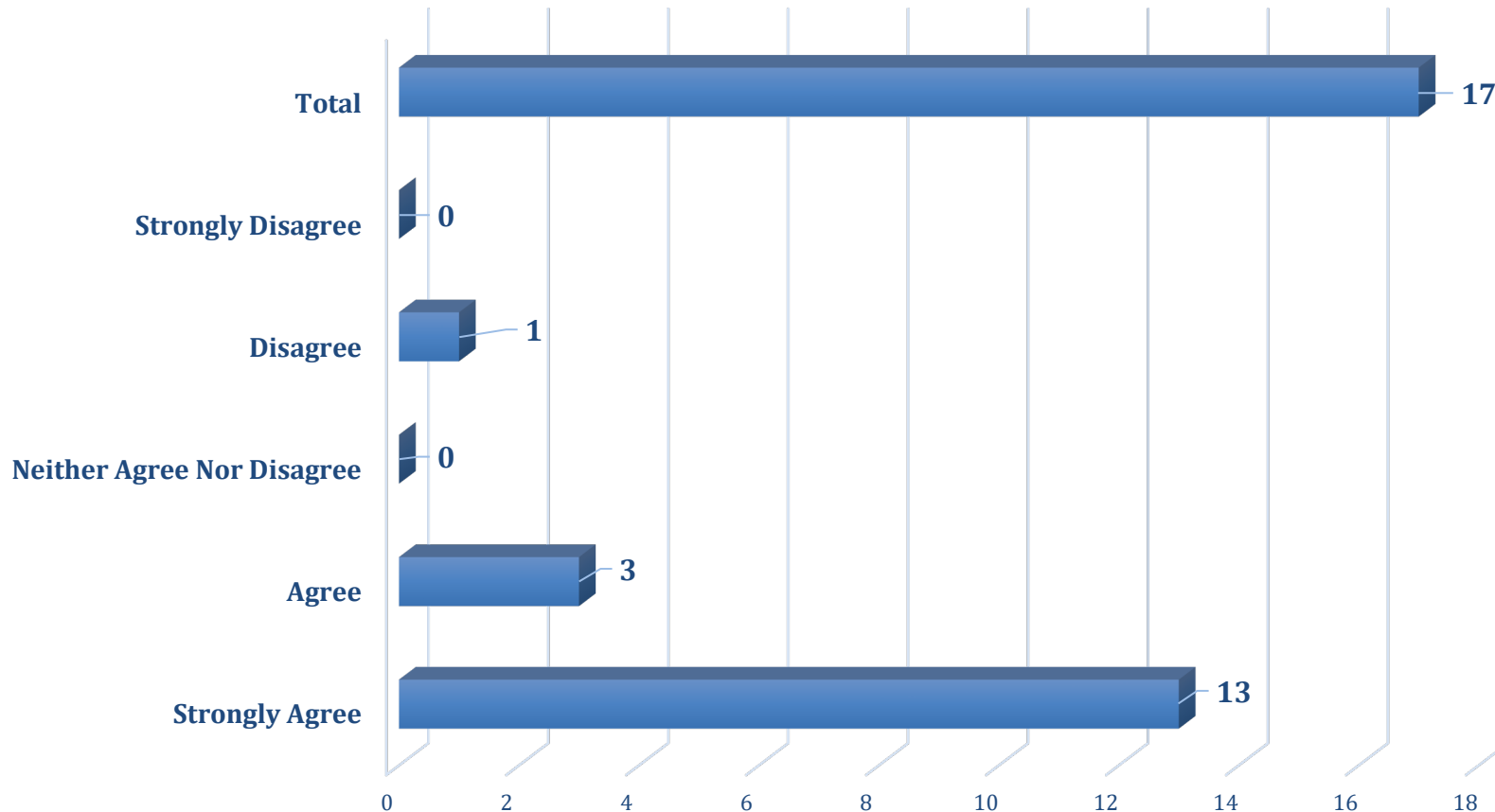


15/16 = 93.7% in Agreement Compliance

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:

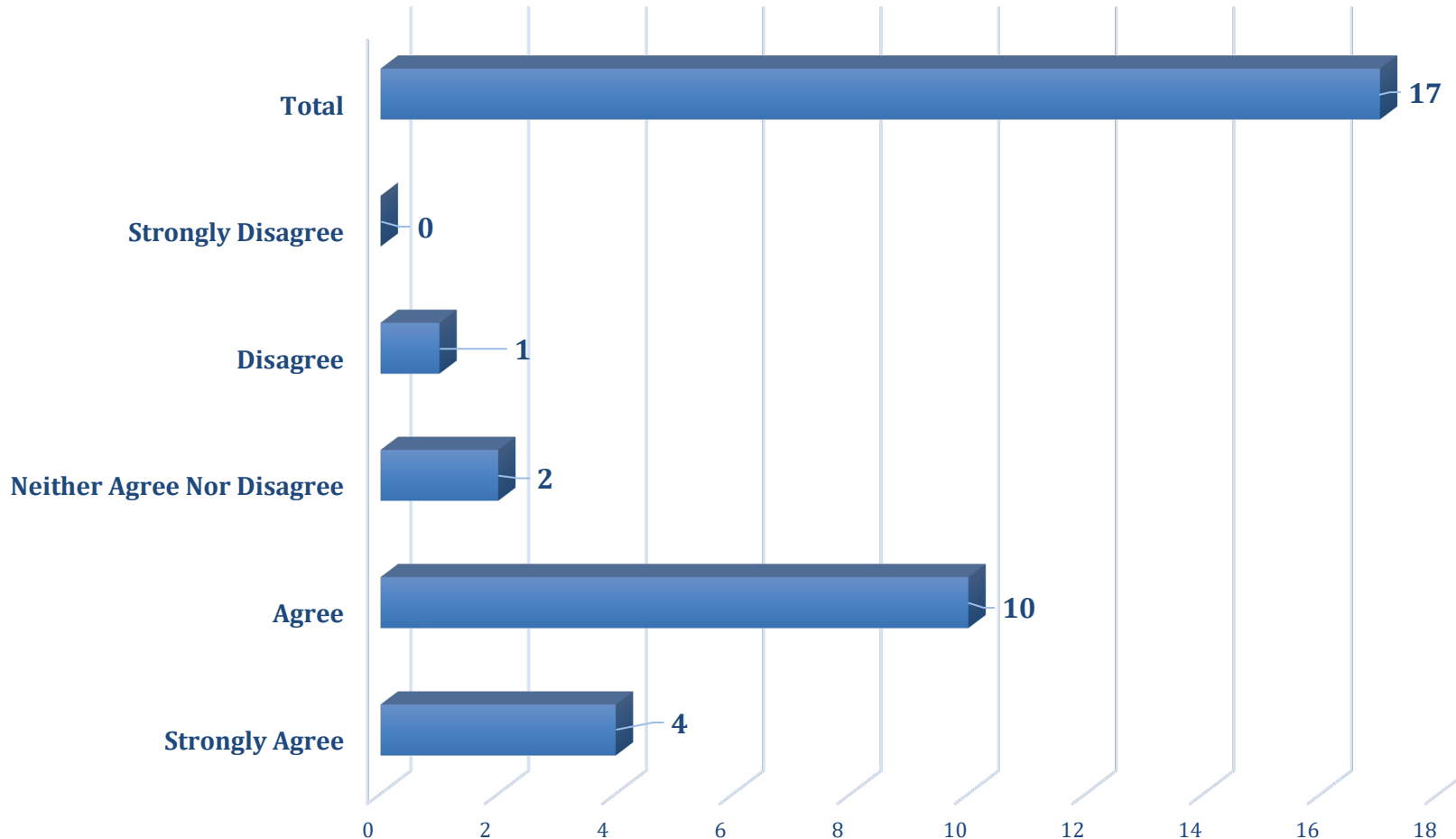


16/17 = 94.1% in Agreement Compliance

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

BEHAVIORAL HEALTH

Section: Board Policy	Policy Number: BEL-004	Pages: 1
Subject: Treatment of Staff	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 5.8.20	Past Review Dates: 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**

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	Southwest Michigan Behavioral Health													
2	<i>Mos in Period</i>													
3	For the Fiscal YTD Period Ended 7/31/2021	P10FYTD21			10									
4	<i>(For Internal Management Purposes Only)</i>													
5														
6														
7	INCOME STATEMENT													
8		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			
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	F	G	H	I	J	K	L	M	N	O	P	Q	R		
1	Southwest Michigan Behavioral Health				Mos in Period										
2	For the Fiscal YTD Period Ended 7/31/2021				10										
3	(For Internal Management Purposes Only)				ok										
4	INCOME STATEMENT				Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5															
6	Medicaid Specialty Services				HCC%	79.4%	76.9%	78.1%	79.1%	78.3%	75.7%	81.9%	79.9%	79.7%	
7	Subcontract Revenue	199,591,473	13,656,224	185,935,249	8,144,713	36,933,210	9,866,994	33,765,695	9,781,712	57,474,633	12,426,548	17,541,746			
8	Incentive Payment Revenue	654,452	40,241	614,210	19,062	56,126	107,487	153,552	3,706	217,092	46,595	10,590			
9	Contract Revenue	200,245,925	13,696,465	186,549,460	8,163,774	36,989,336	9,974,481	33,919,247	9,785,418	57,691,725	12,473,143	17,552,336			
10															
11	External Provider Cost	123,693,527	3,083,275	120,610,252	4,221,595	23,802,882	5,534,398	23,757,987	5,744,094	40,237,016	7,480,917	9,831,363			
12	Internal Program Cost	41,905,726	-	41,905,726	2,590,774	8,365,382	2,406,295	7,831,281	2,396,535	7,206,456	4,590,932	6,518,071			
13	SSI Reimb, 1st/3rd Party Cost Offset	(787,467)	-	(787,467)	(8,142)	(97,745)	(47,393)	(257,067)	-	(292,399)	(26,628)	(58,092)			
14	Insurance Provider Assessment Withhold (IPA)	5,204,516	5,204,516	-	-	-	-	-	-	-	-	-			
15	MHL Cost in Excess of Medicare FFS Cost	395,677	395,677	-	-	-	-	-	-	-	-	-			
16	Total Healthcare Cost	170,411,978	8,683,468	161,728,511	6,804,227	32,070,518	7,893,300	31,332,201	8,140,629	47,151,073	12,045,221	16,291,342			
17	Medical Loss Ratio (HCC % of Revenue)	85.1%	63.4%	86.7%	83.3%	86.7%	79.1%	92.4%	83.2%	81.7%	96.6%	92.8%			
18															
19	Managed Care Administration	18,039,646	5,723,425	12,316,221	734,730	2,403,866	696,838	2,194,166	768,790	3,875,582	618,434	1,023,816			
20	Admin Cost Ratio (MCA % of Total Cost)	9.6%	3.0%	6.5%	9.7%	7.0%	8.1%	6.5%	8.6%	7.6%	4.9%	5.9%			
21															
22	Contract Cost	188,451,624	14,406,893	174,044,731	7,538,957	34,474,384	8,590,138	33,526,366	8,909,419	51,026,655	12,663,655	17,315,158			
23	Net before Settlement	11,794,301	(710,427)	12,504,728	624,818	2,514,952	1,384,343	392,881	875,999	6,665,070	(190,512)	237,178			
24															
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-			
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-			
27	Contract Settlement / Redistribution	10,585,402	23,090,130	(12,504,728)	(624,818)	(2,514,952)	(1,384,343)	(392,881)	(875,999)	(6,665,070)	190,512	(237,178)			
28	Net after Settlement	22,379,703	22,379,703	0	-	-	-	-	-	-	-	-			
29															
30	Eligibles and PMPM														
31	Average Eligibles	164,548	164,548	164,548	8,786	31,559	9,498	31,274	9,859	43,043	13,550	16,979			
32	Revenue PMPM	\$ 121.69	\$ 8.32	\$ 113.37	\$ 92.92	\$ 117.21	\$ 105.02	\$ 108.46	\$ 99.25	\$ 134.03	\$ 92.05	\$ 103.38			
33	Expense PMPM	\$ 114.53	\$ 8.76	\$ 105.77	\$ 85.81	\$ 109.24	\$ 90.44	\$ 107.20	\$ 90.37	\$ 118.55	\$ 93.46	\$ 101.98			
34	Margin PMPM	\$ 7.17	\$ (0.43)	\$ 7.60	\$ 7.11	\$ 7.97	\$ 14.58	\$ 1.26	\$ 8.89	\$ 15.48	\$ (1.41)	\$ 1.40			
35															
36	Medicaid Specialty Services														
37	Budget v Actual														
38															
39	Eligible Lives (Average Eligibles)														
40	Actual	164,548	164,548	164,548	8,786	31,559	9,498	31,274	9,859	43,043	13,550	16,979			
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)	13,555	13,555	13,555	1,038	2,431	1,018	2,630	901	3,332	1,088	1,117			
43	% Variance - Fav / (Unfav)	9.0%	9.0%	9.0%	13.4%	8.3%	12.0%	9.2%	10.1%	8.4%	8.7%	7.0%			
44															
45	Contract Revenue before settlement														
46	Actual	200,245,925	13,696,465	186,549,460	8,163,774	36,989,336	9,974,481	33,919,247	9,785,418	57,691,725	12,473,143	17,552,336			
47	Budget	183,555,843	11,349,708	172,206,135	7,470,240	33,941,351	9,526,595	31,391,779	9,403,531	52,621,763	11,400,331	16,450,545			
48	Variance - Favorable / (Unfavorable)	16,690,082	2,346,757	14,343,324	693,535	3,047,985	447,885	2,527,468	381,887	5,069,962	1,072,812	1,101,790			
49	% Variance - Fav / (Unfav)	9.1%	20.7%	8.3%	9.3%	9.0%	4.7%	8.1%	4.1%	9.6%	9.4%	6.7%			
50															
51	Healthcare Cost														
52	Actual	170,411,978	8,683,468	161,728,511	6,804,227	32,070,518	7,893,300	31,332,201	8,140,629	47,151,073	12,045,221	16,291,342			
53	Budget	167,170,880	9,256,250	157,914,630	6,614,218	30,251,392	8,550,630	28,652,311	7,887,728	49,367,170	11,974,312	14,616,869			
54	Variance - Favorable / (Unfavorable)	(3,241,099)	572,782	(3,813,881)	(190,009)	(1,819,126)	657,331	(2,679,889)	(252,901)	2,216,097	(70,909)	(1,674,473)			
55	% Variance - Fav / (Unfav)	-1.9%	6.2%	-2.4%	-2.9%	-6.0%	7.7%	-9.4%	-3.2%	4.5%	-0.6%	-11.5%			
56															
57	Managed Care Administration														
58	Actual	18,039,646	5,723,425	12,316,221	734,730	2,403,866	696,838	2,194,166	768,790	3,875,582	618,434	1,023,816			
59	Budget	17,882,057	6,207,707	11,674,350	493,271	2,228,538	722,483	1,960,277	717,614	3,934,019	749,831	868,318			
60	Variance - Favorable / (Unfavorable)	(157,588)	484,282	(641,870)	(241,458)	(175,328)	25,644	(233,889)	(51,176)	58,438	131,396	(155,498)			
61	% Variance - Fav / (Unfav)	-0.9%	7.8%	-5.5%	-49.0%	-7.9%	3.5%	-11.9%	-7.1%	1.5%	17.5%	-17.9%			

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 7/31/2021												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
62													
63	Total Contract Cost												
64	Actual	188,451,624	14,406,893	174,044,731	7,538,957	34,474,384	8,590,138	33,526,366	8,909,419	51,026,655	12,663,655	17,315,158	
65	Budget	185,052,937	15,463,957	169,588,980	7,107,490	32,479,930	9,273,113	30,612,588	8,605,342	53,301,189	12,724,142	15,485,187	
66	Variance - Favorable / (Unfavorable)	(3,398,687)	1,057,064	(4,455,751)	(431,467)	(1,994,455)	682,975	(2,913,778)	(304,077)	2,274,534	60,487	(1,829,971)	
67	% Variance - Fav / (Unfav)	-1.8%	6.8%	-2.6%	-6.1%	-6.1%	7.4%	-9.5%	-3.5%	4.3%	0.5%	-11.8%	
68													
69	Net before Settlement												
70	Actual	11,794,301	(710,427)	12,504,728	624,818	2,514,952	1,384,343	392,881	875,999	6,665,070	(190,512)	237,178	
71	Budget	(1,497,094)	(4,114,249)	2,617,155	362,750	1,461,421	253,483	779,191	798,189	(679,426)	(1,323,812)	965,359	
72	Variance - Favorable / (Unfavorable)	13,291,395	3,403,821	9,887,573	262,068	1,053,530	1,130,860	(386,310)	77,810	7,344,496	1,133,299	(728,180)	
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 7/31/2021			10										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
75	Healthy Michigan Plan			HCC%	9.4%	13.6%	8.7%	11.2%	10.6%	8.7%	7.6%	11.7%	9.1%	
76	Contract Revenue	38,469,418	8,265,063	30,204,355	1,529,015	6,042,803	1,427,901	5,554,241	1,616,791	8,770,568	2,354,758	2,908,278		
77														
78	External Provider Cost	16,918,920	6,405,185	10,513,735	575,595	1,983,987	643,595	1,781,298	245,802	3,554,013	708,831	1,020,615		
79	Internal Program Cost	8,578,221	-	8,578,221	623,712	1,600,762	470,640	2,457,130	689,734	839,736	1,049,513	846,995		
80	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
81	Total Healthcare Cost	25,497,141	6,405,185	19,091,956	1,199,307	3,584,749	1,114,235	4,238,428	935,536	4,393,748	1,758,343	1,867,609		
82	Medical Loss Ratio (HCC % of Revenue)	66.3%	77.5%	63.2%	78.4%	59.3%	78.0%	76.3%	57.9%	50.1%	74.7%	64.2%		
83														
84	Managed Care Administration	2,342,578	892,056	1,450,522	129,503	268,697	98,367	296,813	88,351	361,144	90,278	117,368		
85	Admin Cost Ratio (MCA % of Total Cost)	8.4%	3.2%	5.2%	9.7%	7.0%	8.1%	6.5%	8.6%	7.6%	4.9%	5.9%		
86														
87	Contract Cost	27,839,719	7,297,241	20,542,478	1,328,810	3,853,446	1,212,602	4,535,241	1,023,887	4,754,892	1,848,621	1,984,978		
88	Net before Settlement	10,629,699	967,822	9,661,877	200,204	2,189,357	215,299	1,019,000	592,904	4,015,675	506,137	923,300		
89														
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
92	Contract Settlement / Redistribution	(8,321,534)	1,340,343	(9,661,877)	(200,204)	(2,189,357)	(215,299)	(1,019,000)	(592,904)	(4,015,675)	(506,137)	(923,300)		
93	Net after Settlement	2,308,165	2,308,165	-	-	-	-	-	-	-	-	-		
94														
95	Eligibles and PMPM													
96	Average Eligibles	67,755	67,755	67,755	3,430	13,569	3,209	12,275	4,076	19,348	5,268	6,580		
97	Revenue PMPM	\$ 56.78	\$ 12.20	\$ 44.58	\$ 44.57	\$ 44.53	\$ 44.50	\$ 45.25	\$ 39.66	\$ 45.33	\$ 44.70	\$ 44.20		
98	Expense PMPM	41.09	10.77	30.32	38.74	28.40	37.79	36.95	25.12	24.58	35.09	30.17		
99	Margin PMPM	\$ 15.69	\$ 1.43	\$ 14.26	\$ 5.84	\$ 16.14	\$ 6.71	\$ 8.30	\$ 14.54	\$ 20.76	\$ 9.61	\$ 14.03		
100														
101	Healthy Michigan Plan													
102	Budget v Actual													
103														
104	Eligible Lives (Average Eligibles)													
105	Actual	67,755	67,755	67,755	3,430	13,569	3,209	12,275	4,076	19,348	5,268	6,580		
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)	15,390	15,390	15,390	887	2,735	744	2,930	875	4,651	1,168	1,399		
108	% Variance - Fav / (Unfav)	29.4%	29.4%	29.4%	34.9%	25.2%	30.2%	31.4%	27.3%	31.6%	28.5%	27.0%		
109														
110	Contract Revenue before settlement													
111	Actual	38,469,418	8,265,063	30,204,355	1,529,015	6,042,803	1,427,901	5,554,241	1,616,791	8,770,568	2,354,758	2,908,278		
112	Budget	34,744,928	6,535,073	28,209,855	1,399,975	5,669,050	1,355,999	5,142,530	1,702,866	8,049,424	2,190,312	2,699,700		
113	Variance - Favorable / (Unfavorable)	3,724,490	1,729,990	1,994,500	129,040	373,753	71,902	411,711	(86,075)	721,144	164,446	208,578		
114	% Variance - Fav / (Unfav)	10.7%	26.5%	7.1%	9.2%	6.6%	5.3%	8.0%	-5.1%	9.0%	7.5%	7.7%		
115														
116	Healthcare Cost													
117	Actual	25,497,141	6,405,185	19,091,956	1,199,307	3,584,749	1,114,235	4,238,428	935,536	4,393,748	1,758,343	1,867,609		
118	Budget	22,858,294	5,157,365	17,700,929	952,825	2,964,948	878,468	4,572,508	719,574	4,650,019	1,160,968	1,801,619		
119	Variance - Favorable / (Unfavorable)	(2,638,847)	(1,247,819)	(1,391,028)	(246,483)	(619,801)	(235,767)	334,081	(215,962)	256,270	(597,376)	(65,991)		
120	% Variance - Fav / (Unfav)	-11.5%	-24.2%	-7.9%	-25.9%	-20.9%	-26.8%	7.3%	-30.0%	5.5%	-51.5%	-3.7%		
121														
122	Managed Care Administration													
123	Actual	2,342,578	892,056	1,450,522	129,503	268,697	98,367	296,813	88,351	361,144	90,278	117,368		
124	Budget	2,181,410	889,126	1,292,284	71,059	218,420	74,226	312,833	65,466	370,555	72,700	107,026		
125	Variance - Favorable / (Unfavorable)	(161,168)	(2,930)	(158,238)	(58,444)	(50,277)	(24,141)	16,020	(22,885)	9,411	(17,578)	(10,343)		
126	% Variance - Fav / (Unfav)	-7.4%	-0.3%	-12.2%	-82.2%	-23.0%	-32.5%	5.1%	-35.0%	2.5%	-24.2%	-9.7%		
127														
128	Total Contract Cost													
129	Actual	27,839,719	7,297,241	20,542,478	1,328,810	3,853,446	1,212,602	4,535,241	1,023,887	4,754,892	1,848,621	1,984,978		
130	Budget	25,039,704	6,046,491	18,993,212	1,023,884	3,183,368	952,694	4,885,341	785,040	5,020,574	1,233,667	1,908,644		

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health		Mos in Period										
2	For the Fiscal YTD Period Ended 7/31/2021		10										
3	(For Internal Management Purposes Only)		ok										
4	INCOME STATEMENT		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5													
131	Variance - Favorable / (Unfavorable)	(2,800,016)	(1,250,750)	(1,549,266)	(304,927)	(670,079)	(259,908)	350,100	(238,847)	265,682	(614,954)	(76,333)	
132	% Variance - Fav / (Unfav)	-11.2%	-20.7%	-8.2%	-29.8%	-21.0%	-27.3%	7.2%	-30.4%	5.3%	-49.8%	-4.0%	
133													
134	Net before Settlement												
135	Actual	10,629,699	967,822	9,661,877	200,204	2,189,357	215,299	1,019,000	592,904	4,015,675	506,137	923,300	
136	Budget	9,705,225	488,582	9,216,643	376,091	2,485,682	403,305	257,189	917,826	3,028,850	956,645	791,056	
137	Variance - Favorable / (Unfavorable)	924,474	479,241	445,234	(175,887)	(296,326)	(188,006)	761,812	(324,922)	986,826	(450,508)	132,245	
138													
139													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 7/31/2021			10										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
140	Autism Specialty Services			HCC%	7.4%	5.2%	10.1%	3.6%	6.9%	6.6%	7.4%	6.6%	6.6%	
141	Contract Revenue	18,934,293	99,606	18,834,687	982,229	3,538,143	1,086,766	3,472,521	874,468	5,455,521	1,527,231	1,897,808		
142														
143	External Provider Cost	13,275,513	-	13,275,513	-	4,127,766	360,570	1,547,561	709,173	4,252,547	971,807	1,306,089		
144	Internal Program Cost	1,733,460	-	1,733,460	458,291	1,270	3,176	1,203,901	2,453	-	17,355	47,015		
145	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
146	Total Healthcare Cost	15,008,973	-	15,008,973	458,291	4,129,035	363,746	2,751,462	711,626	4,252,547	989,162	1,353,105		
147	Medical Loss Ratio (HCC % of Revenue)	79.3%	0.0%	79.7%	46.7%	116.7%	33.5%	79.2%	81.4%	77.9%	64.8%	71.3%		
148														
149	Managed Care Administration	1,661,452	525,112	1,136,340	49,487	309,494	32,112	192,682	67,205	349,538	50,786	85,035		
150	Admin Cost Ratio (MCA % of Total Cost)	10.0%	3.1%	6.8%	9.7%	7.0%	8.1%	6.5%	8.6%	7.6%	4.9%	5.9%		
151														
152	Contract Cost	16,670,425	525,112	16,145,313	507,778	4,438,530	395,858	2,944,144	778,831	4,602,085	1,039,948	1,438,140		
153	Net before Settlement	2,263,868	(425,506)	2,689,374	474,451	(900,387)	690,908	528,376	95,637	853,436	487,283	459,668		
154	Contract Settlement / Redistribution	(2,263,868)	425,506	(2,689,374)	(474,451)	900,387	(690,908)	(528,376)	(95,637)	(853,436)	(487,283)	(459,668)		
155	Net after Settlement	-	0	-	-	-	-	-	-	-	-	-		
156														
157														
158	SUD Block Grant Treatment			HCC%	0.2%	0.7%	0.2%	0.2%	0.0%	0.6%	0.0%	0.2%	0.3%	
159	Contract Revenue	5,119,075	4,640,652	478,423	31,463	162,746	21,200	-	50,796	93,298	65,807	53,113		
160														
161	External Provider Cost	4,487,511	4,487,331	180	180	-	-	-	-	-	-	-		
162	Internal Program Cost	341,728	-	341,728	61,452	96,656	16,159	-	67,952	977	31,933	66,600		
163	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
164	Total Healthcare Cost	4,829,239	4,487,331	341,908	61,632	96,656	16,159	-	67,952	977	31,933	66,600		
165	Medical Loss Ratio (HCC % of Revenue)	94.3%	96.7%	71.5%	195.9%	59.4%	76.2%	0.0%	133.8%	1.0%	48.5%	125.4%		
166														
167	Managed Care Administration	173,465	173,465	-	-	-	-	-	-	-	-	-		
168	Admin Cost Ratio (MCA % of Total Cost)	3.5%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
169														
170	Contract Cost	5,002,704	4,660,796	341,908	61,632	96,656	16,159	-	67,952	977	31,933	66,600		
171	Net before Settlement	116,371	(20,144)	136,515	(30,169)	66,091	5,041	-	(17,156)	92,321	33,875	(13,487)		
172	Contract Settlement	12,427	148,942	(136,515)	30,169	(66,091)	(5,041)	-	17,156	(92,321)	(33,875)	13,487		
173	Net after Settlement	128,798	128,798	-	-	-	-	-	-	-	-	-		
174														
175														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 7/31/2021			10										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	262,114,259	26,661,545	235,452,714	10,687,419	46,676,902	12,402,861	42,792,457	12,323,766	71,794,020	16,374,344	22,400,945		
178	Incentive Payment Revenue	654,452	40,241	614,210	19,062	56,126	107,487	153,552	3,706	217,092	46,595	10,590		
179	Contract Revenue	262,768,711	26,701,787	236,066,924	10,706,481	46,733,028	12,510,348	42,946,009	12,327,473	72,011,112	16,420,940	22,411,534		
180														
181	External Provider Cost	158,375,471	13,975,791	144,399,679	4,797,370	29,914,634	6,538,563	27,086,846	6,699,069	48,043,576	9,161,554	12,158,067		
182	Internal Program Cost	52,559,136	-	52,559,136	3,734,229	10,064,070	2,896,270	11,492,311	3,156,674	8,047,168	5,689,732	7,478,682		
183	SSI Reimb, 1st/3rd Party Cost Offset	(787,467)	-	(787,467)	(8,142)	(97,745)	(47,393)	(257,067)	-	(292,399)	(26,628)	(58,092)		
184	Insurance Provider Assessment Withhold (IPA)	5,204,516	5,204,516	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	395,677	395,677	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	215,747,332	19,575,984	196,171,348	8,523,457	39,880,959	9,387,439	38,322,090	9,855,743	55,798,345	14,824,658	19,578,656		
187	Medical Loss Ratio (HCC % of Revenue)	82.1%	73.3%	83.1%	79.6%	85.3%	75.0%	89.2%	79.9%	77.5%	90.3%	87.4%		
188														
189	Managed Care Administration	22,217,140	7,314,058	14,903,082	913,719	2,982,057	827,318	2,683,661	924,345	4,586,264	759,499	1,226,219		
190	Admin Cost Ratio (MCA % of Total Cost)	9.3%	3.1%	6.3%	9.7%	7.0%	8.1%	6.5%	8.6%	7.6%	4.9%	5.9%		
191														
192	Contract Cost	237,964,472	26,890,041	211,074,431	9,437,176	42,863,016	10,214,757	41,005,751	10,780,089	60,384,609	15,584,157	20,804,875		
193	Net before Settlement	24,804,239	(188,255)	24,992,494	1,269,304	3,870,012	2,295,591	1,940,258	1,547,384	11,626,503	836,782	1,606,659		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	12,427	25,004,921	(24,992,494)	(1,269,304)	(3,870,012)	(2,295,591)	(1,940,258)	(1,547,384)	(11,626,503)	(836,782)	(1,606,659)		
198	Net after Settlement	24,816,666	24,816,666	-	0	-	-	(0)	(0)	-	0	(0)		
199														
200														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 7/31/2021												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
201	State General Fund Services												
202	Contract Revenue												
203													
204	External Provider Cost												
205	Internal Program Cost												
206	SSI Reimb, 1st/3rd Party Cost Offset												
207	Total Healthcare Cost												
208	Medical Loss Ratio (HCC % of Revenue)												
209													
210	Managed Care Administration												
211	Admin Cost Ratio (MCA % of Total Cost)												
212													
213	Contract Cost												
214	Net before Settlement												
215													
216	Other Redistributions of State GF												
217	Contract Settlement												
218	Net after Settlement												
219													



For SWMBH Board
Fiscal Year 2022 Budget
Assumptions and Targets

DRAFT

08/30/21 version 2

Sept 10, 2021

Environmental Context

- Medicaid/Healthy Michigan Plan Rebasing: The basis for rate development is largely unchanged from the prior year
- Michigan budget process is expected to take awhile as the Governor and Legislature continue to be at odds. We are told not to expect anything till late summer early Fall.

Environmental Context

- MI Health Link (Duals) through 12/31/22, though we hear it could be longer.
- Trends in Medicaid eligible are expected to be above the numbers from FY19 (the year the actuary is using for rate development) but below FY20 due to how they were handled due to COVID-19

FY 22 DHHS MODEL CHANGE AND QUESTIONS FOR RATE DEVELOPMENT

- Morbidity mix of eligibles in PIHP, the regions population mix by age/gender, program code, SMI, DDI, etc. compared to state
 - Treatment prevalence - count more than one specific month of persons served (change from last year)
 - Staff shortage factor not determined yet, being discussed

FY 2021 PROJECTED RESULTS & EFFECTS

- **Revised**
- Projected FY21 Yearend: Internal Service Fund Balance \$5,013,844
- Projected FY21 Yearend: Medicaid Savings \$17,264,202 (Includes DCW Lapse)
- Prior Yearend FY20: Medicaid Savings \$12,440,043
- Total Risk Pool Projected \$34,721,143
- End the year positive
- These are preliminary estimates

FY 2022 Budget Assumptions

- MDHHS has developed a new method they are requiring CMH's to follow to cost allocation and reporting. It is called the SCA (Standard Cost Allocation), it has been a very elaborate and challenging change for our CMH's.
- Target: Aggregate Medical Loss Ratio at 86% to 88% for Specialty Services
- Target: Aggregate Administrative Cost Ratio 9.0% or less for Specialty Services.
- Central Operations 4.% of Net Revenues or less.
- No CMH capitation formula adjustment(s) absent functionality scores/proofs or return on investment analyses

Historical Geographic Factor

Geographic Factors by:

Mental Health

Substance Abuse

Autism

DAB TANF HMP

DAB TANF HMP

DAB TANF HMP

STATE HAS NOT PROVIDED DATA TO UPDATE

Fiscal Year 2013-14	1.0146	1.2156	N/A	.738	1.0404	N/A	State did not provide		
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Fiscal Year 2014-15	1.0146	1.2156	N/A	.738	1.0404	N/A	State did not provide		
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Fiscal Year 2015-16	.9871	1.1599	N/A	.740	1.0412	N/A	State did not provide		
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Fiscal Year 2016-17	.9653	1.0753	N/A	.8951	1.2135	N/A	State did not provide		
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Fiscal Year 2017-18	.9296	.9878	1.1049	.9491	1.2193	1.3635	.5578	.7650	1.0
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Fiscal Year 2018-19	.9294	.9847	1.1027	.9498	1.2213	1.3682	.5705	.7969	1.0
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Fiscal Year 2019-20	Handled differently for the fiscal indicated.								
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Medicaid Cost PMPM

FY20 vs FY21 May (YTD)

	<u>FY20YTD</u>	<u>FY21YTD</u>	<u>Chg \$</u>	<u>Chg%</u>
• Barry	\$85.35	\$86.86	\$1.51	2%
• Berrien	\$112.32	\$109.60	\$2.72	2%
• Branch	\$96.72	\$88.92	\$7.80	9%
• Calhoun	\$105.74	\$108.77	\$3.03	3%
• Cass	\$92.82	\$88.77	\$4.05	4%
• Kalamazoo	\$123.39	\$118.56	\$4.83	4%
• St. Joseph	\$99.25	\$93.49	\$5.76	6%
• Van Buren	\$94.12	\$100.94	\$6.82	7%
• SWMBH Ctl	\$9.73	\$7.97	\$1.76	8%
• Regional	\$117.31	\$113.88	\$3.43	3%

Medicaid Expenditures Drivers

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

Expense Drivers

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

QUESTIONS?



Veteran Navigator

Date: 15 Jan 2021

Veteran Navigator

Military Cultural Competency

- Improved Outreach and Access

Resources for Veterans & Military Families

- Behavioral Health / SUD Services
- Peer Support
- Local & Regional Resources
- Contact with Veteran Service Officers

Suicide Prevention



Key Aspects of Role

- **Assist veterans and/or veteran families in obtaining the benefits which they earned**
- **Provide continuous in person contact with veterans or family members**
- **Coordinate with organizations that will provide services to veteran or family members**



Information Required

**I need the Veteran or Family members
name and phone number**



Hamid Karzai International Airport











Questions

Contact Information

mike.hoss@swmbh.org

269-967-9187



SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

TO: MDHHS - JEFFERY WIEFERICH, ALLEN JANSEN
CC: BRAD CASEMORE; REGIONAL OPERATIONS COMMITTEE
FROM: SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
SUBJECT: REGION 4 PROVIDER NETWORK STABILITY PLAN REPORT
DATE: AUGUST 31, 2021

Section A: Number of Providers, Provider Type, Assistance Type, and Funding Totals
No new (had not received support prior to August) provider for the month of August.

Provider Type	Support Discontinued/Ended	Type of Support	Support Amount Paid
Residential		Rate increase	\$34,222
CLS		Rate increase	\$5,421/\$54,604
Drop In Center		9 months to keep open	\$4791.67/\$51,093.67
Drop In Center	X	One-time payment	\$17,838.38
CLS		Rate Increase	\$39,201
			August pymt/Total
Skill Building-CLO		Net Cost	\$18,412/\$210,473
Skill Building-CDS		Net Cost	\$51,765/476,798
Skill Building-MRC		Net Cost	\$0/\$583,043
Clubhouse-MRC		Net Cost	\$20,924/\$334,082
Community Healing Center (CHC)		Net Cost	\$0/\$64,521

Supports Coordination-CDS		Net Cost	\$0/\$77,007
Case Management-Interact		Net Cost	\$0/\$114,753
ACT-Interact		Net Cost	\$0/\$47,077
Autism Services(ABA)-WMU		Net Cost	\$16,725/\$537,779
MAT Providers (2)	X	One-time payment for Q2	\$66,779
SUD Provider (detox/res/outpatient) – Net Cost MOU executed, payments in process.		Net Cost, not to exceed \$347,530.00	\$231,686.67
FY20 Support			
5 Outpatient SUD Providers	X		\$133,195.91
11 SUD Detox and Res Providers	X	Rate Increase	\$308,241.45
4 Skill Building	X		
1 Clubhouse	X		
2 Homebased	X		
1 Youth mobile crisis response	X		
2 Youth case management/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		TOTAL: \$1,218,848
ABA	X	Net Cost	\$766,426

Spec Res	X	Lump Sum	\$21,590

Section B: Funding Totals

July Funding Total: \$349,725.34

Cumulative Total Paid: \$5,545,662.08

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

Sylva Villas LLC - Jaya's Home (Specialized Residential) closed due to staffing	60-day Notice received 04/19/21	4	CMH moving customers to other Specialized Residential placements.
Family & Children Services	08/17/2021 (gave 60 day 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.		CMH working with provider to transition customers to other programs/providers.



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

October 8, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 8/23/21

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**
 - September 10, 2021 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
 - a. Operations Committee Minutes August 25, 2021 (d)
 - b. Operations Committee Quarterly Report (D. Hess) (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 Medicaid Managed Care Regulations Compliance Report (J. Gardner) (d)
 - b. * Fiscal Year 2021 Health Services Advisory Group (HSAG) Performance Measure Validation Audit (J. Gardner) (d)
 - c. * American Society of Addiction Medicine (ASAM) Continuum Assessment Tool Implementation (J. Smith) (d)
 - d. *Home Adult Benefit (HAB) Waiver (R. Freitag) (d)
7. **Board Actions to be Considered**
 - a. Fiscal Year 2022 SWMBH Budget (T. Dawson) (d)
 - b. Fiscal Year 2022 Program Integrity Compliance Plan (M. Todd) (d)
 - c. Credentialing of Behavioral Health Practitioners (M. Todd) (d)
 - d. Credentialing of Organizational Providers (M. Todd) (d)
8. **Board Policy Review**

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

 - EO-003 Emergency Executive Officer Succession (d)

9. Executive Limitations Review

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

- BEL-008 Communication and Counsel (T. Schmelzer) (d)

10. Board Education

- a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d)
- b. Michigan Consortium for Healthcare Excellence (MCHE) (B. Casemore) (d)
- c. Compliance Role & Function (M. Todd) (d)
- d. Fiscal Year 2021 CMHSP Site Review Results (M. Todd) (d)
- e. SWMBH Tele-Commuting Hybrid (B. Casemore & A. Wickham)

11. Communication and Counsel to the Board

- a. Provider Network Stability Report (M. Todd) (d)
- b. November 12, 2021 Board Agenda (d)
- c. Board Member Attendance Roster (d)
- d. November Executive Officer Performance Review
- e. November Board Policy Direct Inspection – BEL-010 RE 501 (c) (3) Representation (E. Krogh)

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
November 12, 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
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Vacant (Calhoun)												
Vacant (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarto (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Terry Proctor (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 8/13/21

Patrick Garrett (Calhoun)												
Mary Middleton (Cass)												

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: EO-002	Pages: 2
Subject: Monitoring of Executive Officer Performance		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.14	Last Review Date: 11.13.20	Past Review Dates: 07.11.2014, 03.13.15, 05.13.16 11.11.16, 11.10.17, 11.9.18, 10.11.19	

I. PURPOSE:

To ensure Executive Officer performance is monitored and evaluated.

II. POLICY:

Monitoring Executive Officer, EO, performance is synonymous with monitoring organizational performance against Board policies on Ends and on Executive Limitations. Any evaluation of EO performance, formal or informal, may be derived from these monitoring data.

III. STANDARDS:

Accordingly,

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring.
2. A given policy may be monitored in one or more of three ways; with a balance of using all of the three types of monitoring:
 - a. Internal report: Disclosure of compliance information to the Board from the Executive Officer.
 - b. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess Executive Officer performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
 - c. Direct Board inspection: Discovery of compliance information by a Board Member, a Committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Board according to frequency and method.
 - a. Internal
 - b. External

c. Direct Inspection

4. Each November the Board will have a formal evaluation of the EO. This evaluation will consider monitoring data as defined here and as it has appeared over the calendar year.
5. The Executive Committee, (Chair, Vice Chair, and Secretary), will take data and information from the bulleted documents below upon which the annual performance of the EO will be evaluated. The overall evaluation consists of compliance with Executive Limitations Policies, Ends Interpretation and Ends Monitoring reports and supporting documentation, (as per the Board developed schedule), and follow through on Board requests, (what we ask for in subsequent meetings and what we want to see on the agendas). For the performance review the following should be documents given the Executive Committee at least one month prior, (October), to the Board EO evaluation, (November).
 - Minutes of all meetings
 - Ends Monitoring reports for the past year along with the Ends Interpretation for each Ends Monitoring report
 - Any supporting Ends documentation
 - Ends Monitoring Calendar
 - Other policies monitoring calendar