



Southwest Michigan Behavioral Health Board Meeting

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

April 8, 2022

9:30 am to 11:30 am

(d) means document provided

Draft: 4/1/22

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d) pg.1**
- 3. Financial Interest Disclosure Handling (M. Todd)**
 - Ruth Perino
 - Robert Becker
 - Ed Meny
 - Randy Hyrns
 - Tom Schmelzer
 - Jon Houtz
 - Marcia Starkey
 - Kathy-Sue Vette
 - Terry Proctor
 - Jeanne Jourdan
 - Erik Krogh
 - Carol Naccarato
 - Cathi Abbs
 - Susan Barnes
 - Angela Dickerson
- 4. Consent Agenda**
 - March 11, 2022 SWMBH Board Meeting Minutes (d) pg.3
- 5. Operations Committee**
 - a. Operations Committee February 23, 2022 Meeting minutes (d) pg.7
 - b. Operations Committee Quarterly Report (d. Hess) (d) pg.10
- 6. Ends Metrics Updates (*Requires motion)**

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

 - Annual Consumer Satisfaction Survey Results (J. Gardner) (d) pg.11
- 7. Board Actions to be Considered**
 - a. Election of Officers (T. Schmelzer)
 - b. Agency Counsel (B. Casemore) (d) pg.16
 - c. Remove National Committee on Quality Assurance as an Ends Metric (J. Gardner) (d) pg.27

8. Board Policy Review

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

- a. BG-006 Annual Board Planning (d) pg.28
- b. BG-010 Board Committee Principles (d) pg.30

9. Executive Limitations Review

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

- None

10. Board Education

- a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d) pg.31
- b. Fiscal Year 2021 Performance Bonus Incentive Program Results (J. Gardner) (d) pg.39
- c. Biden 2022-2023 Mental Health Agenda (B. Casemore) (d) pg.43

11. Communication and Counsel to the Board

- a. System Transformation Legislation
- b. Michigan Consortium for Healthcare Excellence Update (B. Casemore) (d) pg.47
- c. MI Health Link & National Committee on Quality Accreditation (NCQA) (B. Casemore)
- d. Building Better Lives Project Update (S. Ameter) (d) pg.50
- e. May 13, 2022 Board Agenda (d) pg.53
- f. May 13, 2022 Board Retreat Agenda (d) pg.55
- g. Board Member Attendance Roster (d) pg.56
- h. May Direct Inspection Reports-none scheduled

12. Public Comment

13. Adjournment

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

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

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

Next Board Meeting

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

May 13, 2022

9:30 am - 10:30 am

Board Retreat

May 13, 2022

10:45am – 3:00pm

Southwest Michigan

BEHAVIORAL HEALTH

Board Meeting Minutes

March 11, 2022

9:30 am-11:00 am

Draft: 3/11/22

Members Present: Edward Meny, Tom Schmelzer, Susan Barnes, Erik Krogh, Ruth Perino, Carol Naccarato

Members Absent: Marcia Starkey

Guests Present: Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance & Privacy Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance & Performance Improvement, SWMBH; Anne Wickham, Chief Administrative Officer Manager, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Richard Thiemkey, Barry County CMH; Brad Sysol, Summit Pointe; Ric Compton, Riverwood; Tim Smith, Woodlands; Sue Germann, Pines BH;

Welcome Guests

Edward Meny called the meeting to order at 9:35 am.

Public Comment

None

Agenda Review and Adoption

Motion Erik Krogh moved to accept the agenda with revisions of moving Agency Counsel to April's Board meeting, adding MDHHS reorganization and Senate Bills 597, 598 and 714 updates.

Second Tom Schmelzer

Motion Carried

Financial Interest Disclosure Handling

Mila Todd notified the Board that there are no financial interest disclosures for consideration this month.

Consent Agenda

Motion Susan Barnes moved to approve the January 14, 2022, Board meeting minutes as presented.

Second Carol Naccarato

Motion Carried

Operations Committee

Operations Committee Meeting Minutes

Edward Meny noted the November 17, 2021 and the January 26, 2022 Operations Committee meeting minutes in the packet. No questions from the Board.

Ends Metrics

American Society of Addiction Medicine (ASAM) Continuum of Care Tool

Jonathan Gardner reported as documented. Discussion followed.

Motion Tom Schmelzer moved that the data is relevant and compelling; the Executive Officer is in compliance with successful completion of Part (A) and (B) of the metric.

Second Carol Naccarato

Motion Carried

Opioid Health Homes Program

Jonathan Gardner reported as documented. Discussion followed.

Motion Ruth Perino moved that moved that the data is relevant and compelling; the Executive Officer is in compliance with successful completion of Part (A) of the metric.

Second Susan Barnes

Motion Carried

Michigan Mission Based Performance Indicator System

Jonathan Gardner reported as documented. Discussion followed.

Motion Erik Krogh moved that moved that the data is relevant and compelling; the Executive Officer is in compliance and the Ends has been completed successfully and needs no further revisions.

Second Tom Schmelzer

Motion Carried

Board Actions to be Considered

Fiscal Year 2022 Budget Update

Tracy Dawson reported as documented, noting that there are no revisions. The State certification letter will be sent to SWMBH in April, which may call for revisions then. Discussion followed.

Motion Tom Schmelzer moved to approve the SWMBH Regional Fiscal Year 2022 Budget (without revision) Column H, as presented for the period October 1, 2021 through September 30, 2022.

Second Erik Krogh

Motion Carried

2022 Financial Management Plan, 2022 Cost Allocation Plan, 2022 Financial Risk Management Plan

Tracy Dawson reported on all three plans as documented. Discussion followed.

Motion Tom Schmelzer moved to approve the 2022 Financial Management Plan, 2022 Cost Allocation Plan and 2022 Financial Risk Management Plan as presented.

Second Erik Krogh

Motion Carried

Agency Counsel

Brad Casemore noted that this topic will be covered at April's Board meeting.

May Board Retreat

Brad Casemore reported as documented.

Board Policy Review

None

Executive Limitations Review

BEL-001 Budgeting

Carol Naccarato reported as documented.

Motion Carol Naccarato moved that the Executive Officer is in compliance with policy BEL-001 Budgeting and the policy does not need revision.

Second Susan Barnes

Motion Carried

BEL-003 Asset Protection

Susan Barnes reported as documented.

Motion Susan Barnes moved that the Executive Officer is in compliance with policy BEL-003 Asset Protection and the policy does not need revision.

Second Carol Naccarato

Motion Carried

Board Education

Fiscal Year 2022 Year to Date Financial Statements

Tracy Dawson reported as documented. Discussion followed.

Fiscal Year 2021 Final Financial Statements

Tracy Dawson reported as documented and thanked the CMHSPs for all their hard work. Discussion followed.

Fiscal Year 2022 Privacy/Security Report

Mila Todd and Natalie Spivak reported as documented. Discussion followed.

2022 Utilization Management Plan

Anne Wickham reported as documented. Discussion followed.

Communication and Counsel to the Board

Retirement Plan Investment Advisor Update

Brad Casemore stated that due to federal statute the retirement plans are under revision for the May Board. SWMBH Senior Leadership were presented with prospectus from two retirement plan advisors. Both were received and SWMBH Senior Leadership unanimously approved to retain Carl Doerschler and Associates as SWMBH's retirement plan advisor. Fees were reduced by 37% as follows: Nationwide .71% to 40% and Doerschler & Associates .40% to .30%.

Mental Health Listening Tours

Brad Casemore reported as documented.

MDHHS Reorganization

Brad Casemore reported as documented. Discussion followed.

Senate Bills 598, 597 and 714 updates

Brad Casemore reported that the 597 & 598 Bills have gone through a third reading in the Senate, but not yet gone to the floor for voting. Brad noted that he is reviewing the bills and will keep the Board up to date. Discussion followed.

April 8, 2022 Draft Board Agenda

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

Board Member Attendance Roster

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

Public Comment

None

Adjournment

Motion	Erik Krogh moved to adjourn at 11:25 am
Second	Susan Barnes
Motion Carried	

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: February 23, 2022 10:00am-1:00pm**

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

Guests present – Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH and Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Call to Order – Ric Compton began the meeting at 10:20 am.

Review and approve agenda – Agenda approved as presented.

Review and approve minutes from 1/26/22 Operations Committee Meeting – Minutes were approved by the Committee.

CMH Updates – CMHSP CEOs's shared current updates and highlighted COVID mask mandates, staff recruitment and retention, CCBHC implementation, grants, Electronic Medical Records software system transitions and need for more providers.

Fiscal Year 2022 Year to Date Financials – Tracy Dawson reported as documented noting that the report contains some estimates due to recent Standard Cost Allocation requirements. Fiscal Year 2021 will be closed on 2/28/22 and thanked the Finance Officers at the CMHSPs for their hard work.

Fiscal Year 2022 Revised Budget – Tracy Dawson stated that SWMBH is waiting on Milliman certification before a revised budget can be developed.

Direct Care Wage Update – Tracy Dawson stated that SWMBH is tracking/accruing direct care wage information in order to get an idea of the dollar amount not spent that will be returned to the State. Discussion followed.

Fiscal Year 2022 Performance Bonus Incentive Program – Jonathan Gardner reported as documented. Michelle Jacobs will email the document to the group.

Fiscal Year 2021 Performance Bonus Incentive Program Notification – Jonathan Gardner reported as documented noting that additional funds may be coming in April from other PIHPs that did not meet incentive metrics. Tracy Dawson stated that SWMBH finance is working on determining the amounts distributed to each CMHSPs.

System Transformation Legislation – Ric Compton noted the document from Community Mental Health Association of Michigan in the packet.

Beacon Services – Mila Todd updated the group and will send a follow-up email.

Regional Committee CMH Attendance, involvement, engagement – This topic will be discussed at March's meeting.

Certified Community Behavioral Health Clinics (CCBHC) and CCBHC/Behavioral Health Homes (BHH)/Opioid Health Homes (OHH) expansion Counties – Group discussed briefly. If a CMHSP is interested in expansion, please email Brad Casemore.

Certified Community Behavioral Health Clinics Funding – Group discussed briefly.

Conflict Free Case Management – Kris Kirsch stated that one of her staff is in a workgroup that met last Friday and has not been given an update yet.

Opioid Settlement – Mila Todd stated that some funds are being sent to local municipalities and some funds are being sent to the State. The State will then put the funds into their contracts.

Health Services Advisory Group (HSAG) Performance Measure Validation (PMV) – Natalie Spivak stated that SWMBH did not meet the data integration metric and SWMBH next steps to ensure that the metric is met next year are: increase preparation with SWMBH and CMHSP staff, finish Behavioral Health Treatment Episode Data Set dual data entry project and hold data static.

Regional Initiatives – Ric Compton noted the document in the packet.

Fiscal Year 2022 Conference Report Final State Budget – Jeff Patton reviewed the report as documented.

May Board Retreat – Ric Compton reviewed the draft agenda as presented and asked that Certified Community Behavioral Health Clinics be added to the agenda as an item to be discussed.

Calendar Year 2022 Operations Committee Planning-topics, deep dives, guests, etc. – Ric Compton asked the group for ideas and feedback regarding 2022 Operations Committee planning. None were offered.

Operating Agreement Review – The Operating Agreement was unanimously approved as presented.

Operations Committee Self Evaluation – Group agreed to utilize survey monkey to complete this year's self-evaluation. Discussion followed.

Waiver Corrective Action Plan – This topic will be covered at the March meeting.

Stability Plan Report for Fiscal Year 2022 – Mila Todd reviewed the Stability Plan Report template as documented and reminded the group that the State is asking for a Provider Network Stability report. Please submit your report to Mila by February 25th.

Level of Care Bundles Project – Anne Wickham reported as documented and asked the group for feedback or questions. None were offered.

Grants Update – Michelle Jacobs noted the document in the packet for the group's review.

March 11, 2022 SWMBH Board Agenda – Ric Compton noted the agenda in the packet for the group's review.

March 23, 2022 Operations Committee Agenda – Ric Compton noted the agenda in the packet for the group's review.

Adjourned – Meeting adjourned at 11:50am



Operations Committee Board Report
Quarterly Report for January, February, March 2022
Board Date 4/8/22

Action items:

- Annual review of Operating Agreement

Discussion items:

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

Board Ends Metrics for Board Presentation and Approval

April 8, 2022

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>2021-2022 Customer Satisfaction Surveys collected by SWMBH are at or above the 2020 results for the following categories:</p> <p>Metric Measurement Period: (1/1/21 - 9/30/21) Metric Board Report Date: December 10, 2021</p> <p>A. Mental Health Statistic Improvement Project Survey (MHSIP) tool. <i>(Improved Functioning – baseline Ave. 85.1%) ½ point.</i></p> <p>B. Youth Satisfaction Survey (YSS) tools. <i>(Improved Outcomes – baseline Ave. 81.3%) ½ point.</i></p> <p>C. A complete study exploring other survey distribution methods and automation of results collection process <i>(By August 31, 2021) 1 point.</i></p> <p>Measurement: Confirmation via selected survey vender of a valid process, survey data, and results report.</p> <p>Possible Points: 2 points awarded upon official Board approval.</p>	<p>Metric Achieved</p> <ul style="list-style-type: none"> Adult Survey (MHSIP) 2020 Improved Functioning score: 86.82% 2021 Improved Functioning score: 86.87% Youth Survey (YSS) 2020 Improved Outcomes score: 83.04% 2021 Improved Outcomes score: 77.25% Survey distribution processes improved during the 2021 process by the implementation of electronic/automated survey tools, such as 'Survey Monkey' and call to 'IVR phone system'. Additional means of collecting survey responses, such as focus groups were also introduced in 2021. A total of (6) focus groups consisting of 6-8 participants were completed. Improved Functioning and Improved Outcomes Categories have been the lowest-scoring categories over the past 5 years.

Metric Results:

- ✓ **Adult Survey 'Improved Functioning Score' improved (.05%)**
- **Youth Survey 'Improved Outcomes Score' decreased (5.79%)**
- ✓ **A completed study to improve survey distribution methods and Automated results process was completed.**

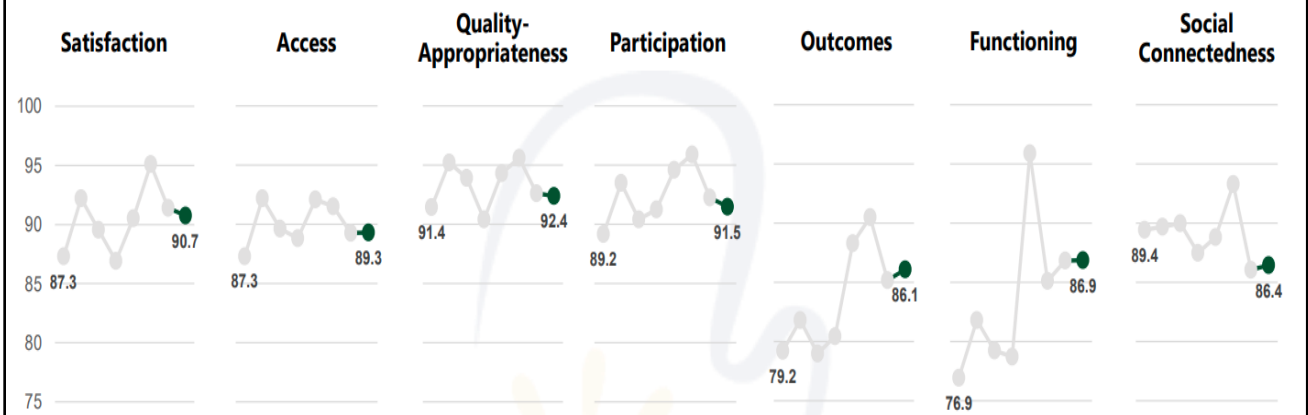
Proposed Motion:

**The Data is Relevant and Compelling, the Executive Officer is in Compliance with parts A and C of the metric, and the metric does not need revision at this time.*

Adult Survey (MHSIP)

Overall, scores were consistent with 2020 across all constructs

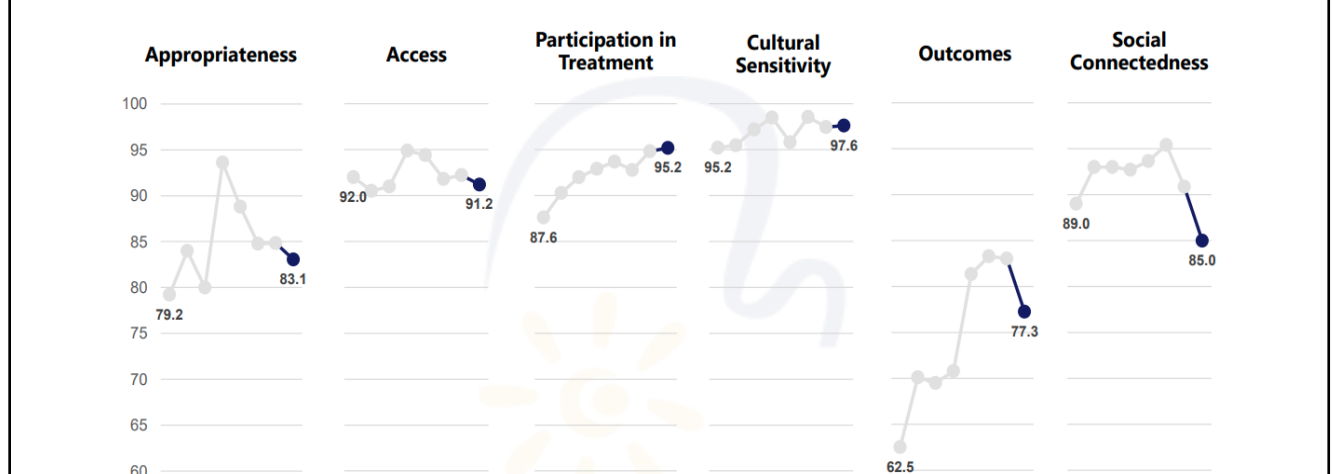
MHSIP scores by year across each construct show that 2021 broke the trend of consecutive yearly improvement for most of the categories



Youth Survey (YSS)

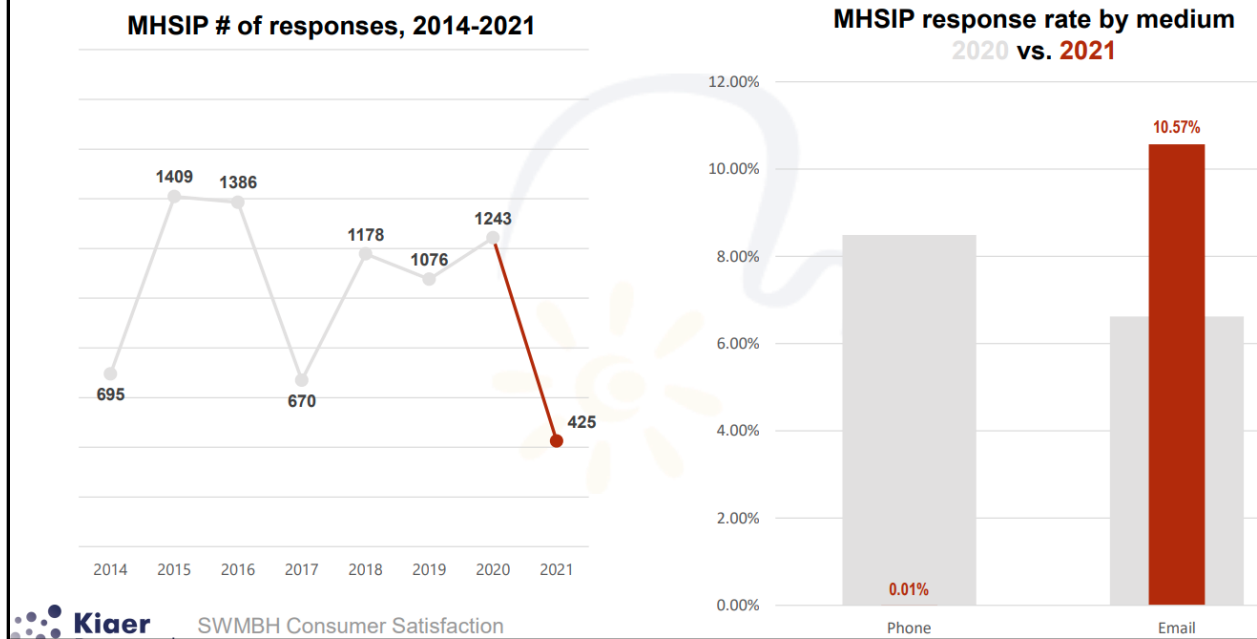
Significant drops seen in Outcomes and Social Connectedness

Outcomes refers to youth, Social Connectedness refers to parents.



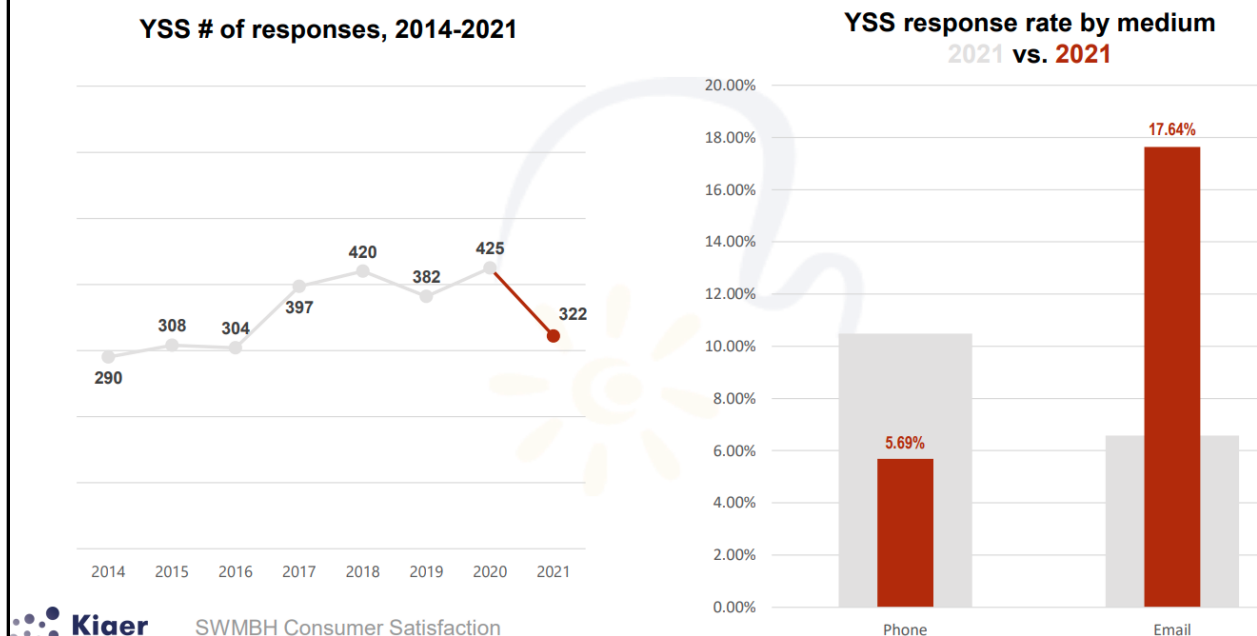
Response rates for the MHSIP reached a critical low in 2021

Email response rate shot up while phone response rate cratered



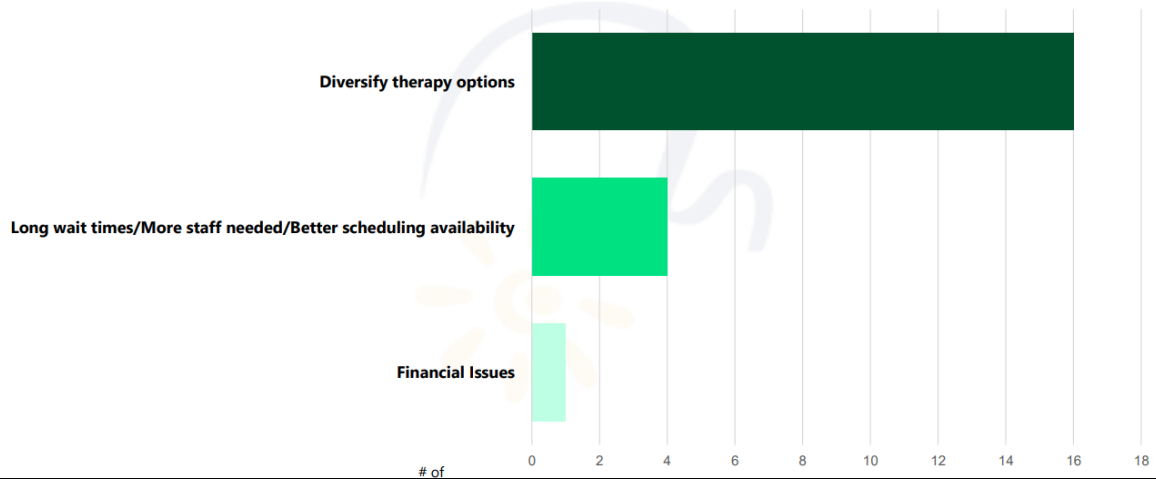
Response rates for the YSS also declined in 2021

Email response rate shot up while phone response rate declined



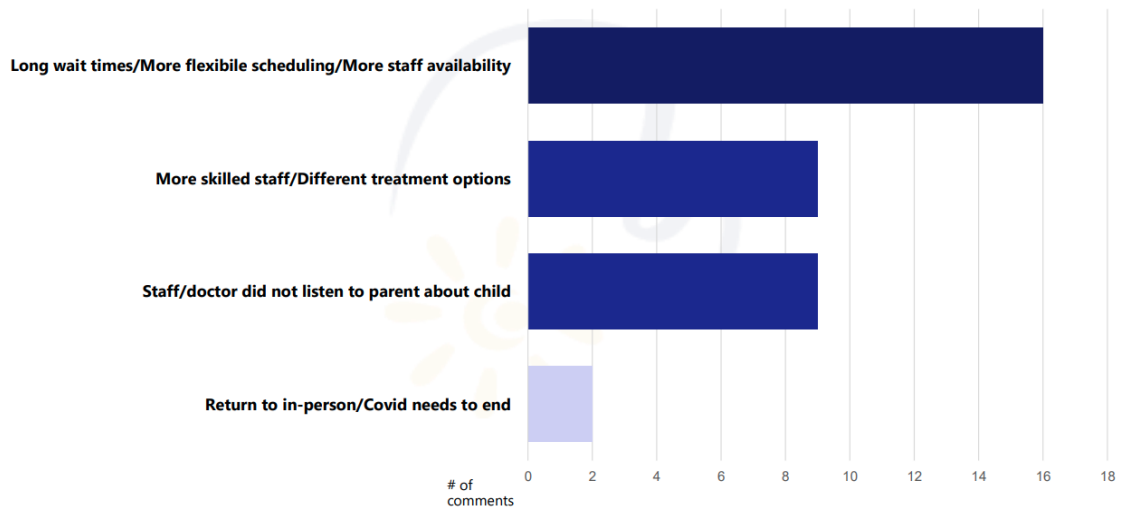
Opportunities for improvement in diversifying treatment options

Of respondents to the MHSIP who were dissatisfied with services, diversifying treatment options and having to wait to receive services were the most mentioned areas for improvement



Opportunities for improvement in diversifying treatment, staffing

Of respondents to the YSS who were dissatisfied with services, frustrations included lacking staff skills & availability



Consumers had life-changing accounts of benefit from their CMHSPs

"Like a **home**, love the therapists."

"Ever since I started seeing my doctor, **my life has changed in so many ways**. She was the first doctor to diagnose my illness and get me on the right medication so I could manage my life. All the other doctors I had seen before her were just experimenting, not finding and helping my diagnosis. She's also helped me to manage and deal with life - stand on my own 2 feet. **I don't know what I would do without her.**"

"I've made the most progress that I've ever made in my entire life."

"**Virtual** meetings and support groups have been very beneficial for my situation. especially because **I don't drive.**"

"Yes, my counselor has helped me a lot in **looking at things different**, and I do **feel better about myself.**"

Positive highlights from the YSS comments section

"Our therapist and the case manager are **very nice and helpful**. They helped me to be able to think through things, and they're patient and flexible. They **stick with us** even when things aren't the greatest or if we miss an appointment and things like that. They're very **patient and flexible** with rescheduling and working with the schedule and everything."

"Most helpful thing has been the consistent contact with the ISK worker. and the other thing has been just **their level of knowledge and understanding** about the resources to help my child with autism. So it's been good that they know about the resources and how things work."

"We are very grateful for ISK and our provider. I am aware of what is available. **Her support** has been invaluable and helping to help my son **move forward in his disability** is very important to me. She has helped me to work through the system that can be tough for a layperson such as myself."

"The most helpful part of our service experience has been the availability of our case manager to **accommodate our family's needs** when we had encountered issues as well as when there were no issues. The **availability** and the **constant support** are the most helpful."

Memo

To: SWMBH Board
From: Bradley Casemore
cc:
Date: April 8, 2022
Re: Agency Counsel

As a result of the Board-approved process I recommend that the SWMBH Board retain Varnum Law as Agency Counsel.

In the recent past you approved my recommendation to seek and select a law firm to represent the Board and SWMBH. You will recall that current Agency Counsel Roz Parmenter and I developed mutual agreement to replace her. We have a long standing relationship with Varnum Law for Retirement Plan Counsel and Labor Law Counsel.

I completed background research on approximately ten law firms through their websites and Google reviews. I invited five firms to consider applying. One said they had no capacity, and one withdrew after completing their Conflict Check process. Three firms provided a prospectus and did a video presentation to the committee of Anne Wickham, Tracy Dawson, Mila Todd, and me.

The committee discussed and deliberated together on two separate occasions and took approximately two weeks to consider the selection.

It is with unanimous support and confidence that I recommend Varnum Law with point of contact Sarah Wixson, Partner along with Scott Alfree, Partner, Zachary Meyer, Partner, Jordan Giles, Associate, John Arendshorst, Partner, and Beth Skaggs, Partner though not to the exclusion of other necessary and indicated Varnum Law attorneys.

Varnum Law is a highly regarded 130 year old large multi-service firm with offices in multiple cities including Kalamazoo, Grand Rapids, Ann Arbor, and others. They granted a 13% average reduction of their standard hourly fees.

Please find CVs of applicable Counselors in your packet.

My Ask is for a Motion and action on:

“I move that the SWMBH Board retain Varnum Law with the SWMBH CEO authorized to prepare with Varnum Law for his signature and/or the SWMBH Board Chair’s signature any and all documents necessary and prudent to effectuate this engagement.”

Elizabeth Wells Skaggs



Partner – Grand Rapids

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Practice Areas

Labor and Employment

Industries

Automotive Suppliers

Health Care

Higher Education

Hospitality

Manufacturing

Education

University of Michigan Law School
Ann Arbor, Michigan
J.D., *cum laude*, 1993

University of Michigan
Ann Arbor, Michigan
B.A. with honors, 1990

Labor and Employment Attorney

Beth is a partner with the Labor and Employment Practice Team, focusing on employment issues and litigation. She has counseled business clients on a variety of matters affecting the workplace, including effective employee handbooks and policies, disciplinary and dispute resolution procedures, discrimination issues, disability accommodation, wage-hour matters, family medical leave, and harassment and litigation prevention. When litigation is unavoidable, Beth has significant experience representing employers under the numerous state and federal statutes that govern the employment relationship, including the Fair Labor Standards Act (FLSA), Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act (ADEA) and the Family and Medical Leave Act (FMLA). Beth has experience in both single plaintiff cases and complex class and collective actions.

Experience

Represented transportation client in case alleging sexual harassment, sex discrimination and retaliation under Title VII and state law, and violations of the ADA. Successfully secured summary judgment in client's favor on all claims.

Represented banking client in case alleging age, gender and disability discrimination under the ADEA, Title VII and the ADA. After extensive discovery, obtained summary judgment for the client on remaining claims and case was dismissed in its entirety.

Represented manufacturing client in case under Title VII, the FMLA and state law alleging multiple claims of sexual harassment, gender discrimination and FMLA violations. Secured summary judgment and/or dismissal on majority of claims.

Represented high-end food processor in collective and class action suit under the FLSA and state law alleging the food processor had failed to pay employees for all time spent donning and doffing uniforms and protective gear and for walking to and from locker rooms and break areas. Successfully defeated plaintiffs' motion to certify a collective action of several hundred employees, and prevailed on motion to dismiss class action and state law claims.

Represented employer at trial in lawsuit brought by former employee alleging retaliation in violation of the FLSA. After four day jury trial, jury returned a verdict in favor of the client on all counts.

Represented employer in medical field in arbitration against employee for breach of severance agreement and misappropriation of intellectual property. Obtained judgment for client.

Represented manufacturing client in case alleging unlawful discharge for making a safety complaint. Secured favorable verdict for client following trial before administrative law judge.

Represented power industry client in collective action under the FLSA challenging the status of certain groups of employees as exempt from overtime. Following multiple appeals to the Sixth Circuit, secured summary judgment for the client on all claims in the collective action.

Honors and Recognitions

Best Lawyers in America® since 2012

Best Lawyers in America®, Lawyer of the Year, Litigation – Labor and Employment 2014 and 2018

Best Lawyers in America®, Women in the Law Spring Business Edition, Labor and Employment Law, 2017

Grand Rapids Magazine's Top Lawyers: Labor and Employment Law; Litigation – Labor Employment Benefits; since 2019

Leading Lawyers, Employment Law – Management

Michigan Lawyers Weekly, Go To Employment Lawyer, 2021

Michigan Lawyers Weekly, Women in the Law, 2014

Michigan Super Lawyers® since 2015

Professional Affiliations

American Bar Association: Labor & Employment Law Section; Litigation Section

American Employment Law Council

Bar Association of the District of Columbia

Federal Bar Association, Western Michigan Chapter

Grand Rapids Bar Association: Judicial Review Committee, 2016; Nominating Committee, 2012

Grand Rapids Bar Association, Labor & Employment Law Section

Illinois State Bar Association

Institute for Continuing Legal Education (ICLE), Labor & Employment Law Advisory Board, 2016 – 2019

Society for Human Resource Management

State Bar of Michigan, Labor & Employment Law Section; Litigation Section

U.S. District Court, Western District of Michigan, Merit Selection Panel for Reappointment of Magistrate Judge, 2021

Community Involvement

ACT – Artists Creating Together, Board member, 2006 – 2018; Secretary, 2011 – 2013; Chair, 2013 – 2015; past Chair, 2015 – 2018

East Grand Rapids Schools Foundation; Board member, 2017 – present, Secretary, 2019 – 2021, Vice President, 2021 – present

Go Red for Women Campaign, American Heart Association, Midwest Affiliate, Executive Leadership Team, 2014 – 2016

Hillman Advocacy Clinic held by the United States District Court for the Western District of Michigan; Faculty Member, 2022

Legal Assistance Center, Board member, 2017 – present

Presentations

Varnum's Fall 2021 Labor & Employment Webinar, "OSHA's Covid-19 Vaccine and Testing Rules: What Employers Need to Know," November 2021

Varnum's Fall 2020 Labor & Employment Webinar, "HR Legal Issues for the New Year," December 2020

Michigan Chamber of Commerce, "2020 Employment Law Update," January 2020

Varnum's Labor and Employment Law Seminar, "Plenary Session: New Developments in Labor and Employment Law" and "Employee Leaves of Absence: Applying the FMLA and the ADA in the Real World," March and April 2019

Michigan Chamber of Commerce, "2019 Employment Law Update," January 2019

Varnum's Labor and Employment Law Seminar, "Plenary Session: Sexual Harassment – New Awareness and Strategies to Address an Old Problem," March and May 2018

Varnum's Labor and Employment Law Seminar, "How to Say Goodbye Without Getting Sued: Best Practices for Employment Terminations," March and May 2017

Lakeshore Advantage/West Coast Chamber of Commerce, "More Overtime Pay for More Workers? Upcoming Changes to the White Collar Exemptions," September 2016

Grand Rapids Chamber of Commerce CEO Roundtable, "DOL Final Rule on Salary Threshold for Exempt White Collar Employees," August 2016

Varnum's Labor and Employment Law Seminar, "Compensable Time ? Ensuring FLSA Compliance in the Modern Workplace," March 2014

Priority Health's Shape Michigan Forum, Panel Moderator, "Workplace Wellness," January 2013

MISHRM Annual Conference, "The Continuing ADA/FMLA Conundrum," October 2012

Michigan Manufacturer's Association, "Wage and Hour Lawsuits: The Growing Litigation Threat," June 2011

MISHRM Annual Conference, "Harassment Avoidance and Prevention," and Legal Panel, October 2010

John D. Arendshorst



Partner – Grand Rapids

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jarendshorst@varnumlaw.com

Practice Areas

Business and Corporate

Employee Benefits and Executive Compensation

Tax Planning, Compliance and Litigation

Industries

Health Care

Education

Northwestern University School of Law

Chicago, Illinois

J.D., 2010

The Northwestern Journal of International Human Rights, Editor

Williams College

Williamstown, Massachusetts

B.A., 2004

Employee Benefits Attorney

John leads the firm's Employee Benefits Team. He counsels employee benefit plan sponsors with respect to compliance with ERISA and IRS requirements for 401(k) plans, ESOPs and other defined contribution plans, defined benefit plans and deferred compensation arrangements. John also advises clients on employee benefits issues in the context of corporate transactions, including qualified plan compliance issues, change-in-control agreements, continuation of health coverage and golden parachute payments under Section 280G. John is experienced in negotiating and drafting executive employment agreements and incentive plans on behalf of employers and executives, and advises clients with regard to compliance with Section 409A.

In addition, John helps businesses with issues regarding health and welfare plan design, Affordable Care Act implementation and compliance, and consumer-driven health arrangements, including high deductible health plans, health savings accounts, health reimbursement accounts, and wellness programs. He regularly advises clients with respect to claims procedures, medical and disability appeals, plan documentation, summary plan descriptions and other disclosures, third-party provider agreements, flexible benefits arrangements, taxation of dependent coverage, and subrogation and reimbursement, as well as portability, nondiscrimination and privacy matters arising under HIPAA. John has designed and performed comprehensive compliance reviews for health and welfare benefit plans.

Honors and Recognitions

Grand Rapids Magazine's Top Lawyers, Employee Benefits Law, since 2019

Professional Affiliations

State Bar of Michigan, Taxation Section, Employee Benefits Committee, since 2017

Community Involvement

Adoption and Foster Care Mentoring, 2006 – 2007

Center for Disability and Elder Law: Young Professionals Board, 2011 – 2012

City of East Grand Rapids, Commissioner, since 2019

East Grand Rapids Community Foundation Board, since 2019

East Grand Rapids Planning Commission, since 2015

Grand Rapids Area Professionals for Excellence, since 2015

Grand Rapids Chamber of Commerce, Health Care and Human Resources Committee, since 2017

Macatawa Bay Yacht Club, since 2021

IRS Great Lakes TE/GE Council, since 2017

Minds Matter Mentoring, 2007 – 2010

West Michigan Trails and Greenways Coalition, Board, since 2019

Sarah L. Wixson



Partner – Ann Arbor, Detroit

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Practice Areas

Business and Corporate

Litigation and ADR

Real Estate

Industries

Health Care

Education

Wayne State University Law School

Detroit, Michigan

J.D., 2012

The Wayne Law Review, Senior Note
and Comment Editor

Hope College

Holland, Michigan

B.A., *cum laude*, 2008

Universidad de Sevilla

Seville, Spain

Study Abroad Program, Fall 2007

Business, Health Care and Real Estate Attorney

Sarah's unique practice includes serving clients in various industries and professions with a variety of business, litigation, health care and real estate services. She works with physicians, physician groups, hospitals and health care entities on mergers and acquisitions; compliance, including Stark Law and Anti-Kickback Statute compliance; and regulatory work. Her transactional experience ranges from working on multimillion dollar acquisitions to assisting smaller entities. She also works with clients on ACO matters, contracting, master service agreements and licensing.

As a litigator, Sarah represents businesses and individuals in a variety of matters. Her background in shareholder and other corporate disputes is a significant asset in negotiating and structuring various entities as well as advising on pre-litigation matters. She has successfully prosecuted claims and defended corporate clients and individuals in connection with partnership agreements, contracts, business arrangements, shareholder disputes, real estate matters and complex commercial litigation.

Within her real estate practice, Sarah provides an array of services to clients ranging from individuals to commercial developers. Sarah was named by Best Lawyers® as one of the 2021 and 2022 "Ones to Watch," a designation given to attorneys who are earlier in their careers in recognition of their outstanding professional excellence in private practice.

Experience

Successfully defended against enforcement of a non-compete agreement and had a temporary restraining order vacated concerning the same.

Represented a health care entity in its acquisition of another home health care service entity.

Routinely advises individual physicians and physician groups on health care-related contracts and employment contracts, including master service agreements.

Defended mortgage corporation against claims for fraud, innocent misrepresentation, silent fraud and breach of contract. The matter was dismissed with prejudice following oral argument on the motion for summary disposition.

Prosecuted claims for corporate client against insurance company and broker for declaratory judgment, reformation, breach of contract, constructive fraud, breach of fiduciary duty and negligence.

Prosecuted federal intellectual property claims and negotiated successful settlement for corporate client.

Defended corporate client against claims for waste and breach of fiduciary duty,

and prosecuted client's counterclaim resulting in a settlement.

Defended corporate client against claims for breach of contract and declaratory judgment.

Defended corporate client against federal claim for violation of U.S.C. Section 3729(a)(1)(A) leading to plaintiffs dismissing their claims against client.

Represented and advised physician groups in business dealings, including the acquisition of a 60-physician practice by a health system, regulatory and compliance work, and the development of a substance use disorder practice.

Represented a developer in connection with all aspects of a condominium development.

Represented startup healthcare and dental practices, including physical therapy and acute pain practices.

Represented healthcare practices in shareholder and employee disputes.

Honors and Recognitions

Best Lawyers in America®, Ones to Watch, Construction, Health Care and Real Estate Law, 2021 and 2022

Michigan Lawyers Weekly, Up and Coming Lawyer, 2020

Professional Affiliations

American Bar Association, Litigation Section, Young Advocates Committee

American Health Lawyers Association

Litigation Counsel of America, Fellow

Washtenaw County Bar Association, Business Section, co-chair

Community Involvement

Growing Hope, Board, President

Scott D. Alfree



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sdalfree@varnumlaw.com

Practice Areas

Business and Corporate
Mergers and Acquisitions

Industries

Health Care
Higher Education

Education

Indiana University Maurer School of Law
Indianapolis, Indiana
J.D., *summa cum laude*, 1993
Indiana Law Review, Member and Editor

Calvin College
Grand Rapids, Michigan
B.A., with honors, Philosophy and Psychology double major, 1989

Business Law and Health Care Attorney

Scott is a partner and chair of the Health Care Practice Team. He focuses his practice in corporate and business law with an emphasis on health care law and life sciences, including all aspects of physician and hospital law, third party reimbursement, and public and private health care financing. Scott provides counsel on mergers and acquisitions, finance, securities, real estate development, construction contracting and succession planning. Scott is a member of the firm's Associate Committee and Retention Committee.

Honors and Recognitions

Best Lawyers in America® since 2010

Best Lawyers in America®, Lawyer of the Year, Health Care Law, Grand Rapids, 2019

Grand Rapids Magazine's Top Lawyers, Health Care Law, since 2019

Leading Lawyers: Health Law; Publicly Held Corporations Law

Professional Affiliations

American Health Lawyers Association
Fleetwood Group, Inc., Board secretary
Grand Rapids Bar Association

State Bar of Michigan: Business Law Section; Health Care Law Section
West Michigan Better Business Bureau, past Board chair

Community Involvement

Bluebird Cancer Retreat, past Board member
Cherry Street Health Services, Board and Executive Committee member
Proaction Behavioral Health (formerly Project Rehab), past Board chair
The First Tee of West Michigan, Muskegon Advisory Board
Western Michigan Christian High School, Finance Committee

Board Actions to be Considered – Agenda item 7d

Request:

Removal of National Committee on Quality Assurance (NCQA) as Ends Metric

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>SWMBH will achieve Recertification of National Committee for Quality Assurance (NCQA) – Managed Behavioral Healthcare Organization Medicare Service Line.</p> <p>Metric Measurement Period: (4/1/2022 - 4/31/2023) Metric Board Report Date: June 11, 2022</p> <p>A. SWMBH will prepare all required evidence for each standard/element and submit through the IRT tool to NCQA by 12/15/22. B. SWMBH will prepare and complete the on-site survey review process by 4/31/23.</p> <p>Measurement: Results are verified, certified by the NCQA final compliance report to be received by June 2023.</p> <p>Possible Points:</p> <ul style="list-style-type: none"> 1 point will be awarded for (1-year reaccreditation). 1 bonus point awarded for achievement of (Full – 3 years) Accreditation. 	<p>SWMBH was awarded a 1-year reaccreditation by NCQA on March 25, 2021.</p> <p>SWMBH's Current Accreditation is through June 25, 2022</p> <p>Executive Owners: All SL's</p>

*Given the current circumstances; with SWMBH's withdraw from the MHL Demonstration Project. SWMBH is respectfully requesting that the Board allows/approves the removal of the above metric language from the approved 2022-2023 Board Ends Metrics.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Board Governance/Management		Policy Number: BG-006	Pages: 1
Subject: Annual Board Planning Cycle		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: 01.10.2014	Last Review Date: 4/9/21	Past Review Dates: 1.09.15, 2/12/16, 2/10/17, 1/12/18, 1/11/19, 4/12/19, 4/10/20	

I. PURPOSE:

To organize the timing, process, content and outcomes of an annual planning process.

II. POLICY:

To accomplish its job, the Board will adopt an annual calendar which (a) completes a thorough review of Accomplishments/Ends annually, (b) continually improves its performance through attention to Board education and deliberation, (c) formally reviews all Board Policies, and (d) sets primary strategic imperatives for a following 12-18 month period.

III. STANDARDS:

- a. Completes a thorough review of Accomplishments/Ends annually;

Ends, Ends Interpretations and Ends Metrics are handled on both calendar years and fiscal years. Ends, Ends Interpretations and prospective Ends Metrics are proposed to Board no later than November and December of each year. They are first reviewed with the Operations Committee for advice and support.

Ends Metrics status and final reports are provided to the Board throughout the year, based upon a Board-approved reporting calendar. Ideally a majority of Ends Metrics are reported before or at the November Board meeting.

- b. Continually improves its performance through attention to Board education and deliberation;
- c. Formally reviews all Board Policies annually. [Please note, Board can make some or all policies more or less frequent.]

A prospective Board-approved calendar year events & activities calendar is proposed to the Board each December. It shall include: Board review calendar with Board Member assignments; required Board actions; Board-determined Board action; Ends Metrics Reporting; Executive Limitations, and Board-Staff Relationship Policy review.

- d. Sets primary strategic imperatives for a following 12-18 month period.

January- May Preparatory Strategic Planning Work

April-May: Environmental Scan and Strategic Imperatives Review with Board.

May- Board Retreat

July- 24-month Strategic Plan draft

- Mission
- Capital
- Market
- Growth
- Products
- Alliances

September- Budget Board review and approval.

Attachment: Calendar Year Board Calendar.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Governance	Policy Number: BG-010	Pages: 1
Subject: Board Committee Principles	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: 4/9/21	Past Review Dates: 03.13.15, 04.10.15, 4/8/16, 4/14/17, 4/13/18, 4/12/19, 4/10/20

I. PURPOSE:

To define SWMBH Board committee principles.

II. POLICY:

Board committees, when used, will be assigned so as to reinforce the wholeness of the Board's job and to not interfere with delegation from the Board to the EO.

III. STANDARDS:

Accordingly the Committees shall:

1. Assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board's broader focus, Board committees will normally not have direct dealings with current staff operations.
2. Not speak or act for the Board except when formally given such authority for specific and time-limited purposes.
3. Not exercise authority over staff.
4. Be used sparingly and ordinarily in an ad hoc capacity.
5. This policy applies to any group that is formed by Board action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the EO.

	E	F	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 2/28/2022	P05FYTD22		5									
4	<i>(For Internal Management Purposes Only)</i>												
5													
6													
7	INCOME STATEMENT												
8		TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	Opioid Health Home Contract	CCBHC	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	
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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 2/28/2022			5										
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				P05 Estimate										
6	Medicaid Specialty Services				HCC%	82.0%	81.4%	80.4%	65.6%	77.5%	81.4%	76.7%	75.0%	80.1%
7	Subcontract Revenue			100,595,572	5,532,181	95,063,391	4,183,145	18,263,786	5,284,833	17,137,877	5,244,570	28,912,348	7,070,089	8,966,741
8	Incentive Payment Revenue			290,161	141,782	148,380	4,236	45,129	24,886	58,244	-	-	15,885	-
9	Contract Revenue			100,885,733	5,673,963	95,211,770	4,187,381	18,308,915	5,309,720	17,196,121	5,244,570	28,912,348	7,085,974	8,966,741
10														
11	External Provider Cost			60,150,612	1,370,534	58,780,078	2,014,277	10,993,584	2,787,169	12,062,964	2,291,583	19,017,273	4,972,671	4,640,558
12	Internal Program Cost			22,487,174	-	22,487,174	1,519,844	3,974,489	1,262,819	3,675,031	1,396,449	6,122,765	1,430,282	3,105,496
13	SSI Reimb, 1st/3rd Party Cost Offset			(539,298)	-	(539,298)	-	(103,295)	(15,123)	(161,719)	-	(233,892)	(6,821)	(18,449)
14	Insurance Provider Assessment Withhold (IPA)			1,213,355	1,213,355	-	-	-	-	-	-	-	-	-
15	MHL Cost in Excess of Medicare FFS Cost			(116,803)	(116,803)	-	-	-	-	-	-	-	-	-
16	Total Healthcare Cost			83,195,039	2,467,086	80,727,953	3,534,120	14,864,778	4,034,865	15,576,276	3,688,032	24,906,146	6,396,132	7,727,605
17	Medical Loss Ratio (HCC % of Revenue)			82.5%	43.5%	84.8%	84.4%	81.2%	76.0%	90.6%	70.3%	86.1%	90.3%	86.2%
18														
19	Managed Care Administration			8,905,730	2,833,635	6,072,095	503,899	1,599,953	194,635	1,238,229	436,192	1,217,674	308,976	572,537
20	Admin Cost Ratio (MCA % of Total Cost)			9.7%	3.1%	6.6%	12.5%	9.7%	4.6%	7.4%	10.6%	4.7%	4.6%	6.9%
21														
22	Contract Cost			92,100,769	5,300,721	86,800,048	4,038,019	16,464,731	4,229,500	16,814,505	4,124,223	26,123,820	6,705,108	8,300,141
23	Net before Settlement			8,784,964	373,242	8,411,722	149,362	1,844,184	1,080,219	381,616	1,120,347	2,788,528	380,866	666,600
24														
25	Prior Year Savings			-	-	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve			-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution			4,211,261	12,622,983	(8,411,722)	(149,362)	(1,844,184)	(1,080,219)	(381,616)	(1,120,347)	(2,788,528)	(380,866)	(666,600)
28	Net after Settlement			12,996,225	12,996,225	(0)	-	-	-	-	-	-	-	-
29														
30	Eligibles and PMPM													
31	Average Eligibles			173,045	173,045	173,045	9,340	32,889	10,163	33,407	10,211	45,267	14,130	17,638
32	Revenue PMPM			\$ 116.60	\$ 6.56	\$ 110.04	\$ 89.67	\$ 111.34	\$ 104.49	\$ 102.95	\$ 102.72	\$ 127.74	\$ 100.30	\$ 101.68
33	Expense PMPM			\$ 106.45	\$ 6.13	\$ 100.32	\$ 86.47	\$ 100.12	\$ 83.23	\$ 100.66	\$ 80.78	\$ 115.42	\$ 94.91	\$ 94.12
34	Margin PMPM			\$ 10.15	\$ 0.43	\$ 9.72	\$ 3.20	\$ 11.21	\$ 21.26	\$ 2.28	\$ 21.94	\$ 12.32	\$ 5.39	\$ 7.56
35														
36	Medicaid Specialty Services													
37	Budget v Actual													
38														
39	Eligible Lives (Average Eligibles)													
40	Actual			173,045	173,045	173,045	9,340	32,889	10,163	33,407	10,211	45,267	14,130	17,638
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)			22,052	22,052	22,052	1,592	3,761	1,683	4,763	1,253	5,556	1,668	1,776
43	% Variance - Fav / (Unfav)			14.6%	14.6%	14.6%	20.5%	12.9%	19.8%	16.6%	14.0%	14.0%	13.4%	11.2%
44														
45	Contract Revenue before settlement													
46	Actual			100,885,733	5,673,963	95,211,770	4,187,381	18,308,915	5,309,720	17,196,121	5,244,570	28,912,348	7,085,974	8,966,741
47	Budget			91,777,922	5,674,854	86,103,068	3,735,120	16,970,675	4,763,298	15,695,889	4,701,766	26,310,882	5,700,165	8,225,273
48	Variance - Favorable / (Unfavorable)			9,107,811	(892)	9,108,703	452,261	1,338,240	546,422	1,500,232	542,805	2,601,466	1,385,809	741,469
49	% Variance - Fav / (Unfav)			9.9%	0.0%	10.6%	12.1%	7.9%	11.5%	9.6%	11.5%	9.9%	24.3%	9.0%
50														
51	Healthcare Cost													
52	Actual			83,195,039	2,467,086	80,727,953	3,534,120	14,864,778	4,034,865	15,576,276	3,688,032	24,906,146	6,396,132	7,727,605
53	Budget			83,585,440	4,628,125	78,957,315	3,307,109	15,125,696	4,275,315	14,326,156	3,943,864	24,683,585	5,987,156	7,308,434
54	Variance - Favorable / (Unfavorable)			390,401	2,161,039	(1,770,638)	(227,011)	260,918	240,450	(1,250,121)	255,832	(222,561)	(408,976)	(419,170)
55	% Variance - Fav / (Unfav)			0.5%	46.7%	-2.2%	-6.9%	1.7%	5.6%	-8.7%	6.5%	-0.9%	-6.8%	-5.7%
56														
57	Managed Care Administration													
58	Actual			8,905,730	2,833,635	6,072,095	503,899	1,599,953	194,635	1,238,229	436,192	1,217,674	308,976	572,537
59	Budget			8,941,029	3,103,854	5,837,175	246,636	1,114,269	361,241	980,138	358,807	1,967,010	374,915	434,159
60	Variance - Favorable / (Unfavorable)			35,299	270,219	(234,920)	(257,263)	(485,684)	166,606	(258,091)	(77,385)	749,335	65,939	(138,378)
61	% Variance - Fav / (Unfav)			0.4%	8.7%	-4.0%	-104.3%	-43.6%	46.1%	-26.3%	-21.6%	38.1%	17.6%	-31.9%

	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 2/28/2022												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
62													
63	Total Contract Cost												
64	Actual	92,100,769	5,300,721	86,800,048	4,038,019	16,464,731	4,229,500	16,814,505	4,124,223	26,123,820	6,705,108	8,300,141	
65	Budget	92,526,469	7,731,978	84,794,490	3,553,745	16,239,965	4,636,556	15,306,294	4,302,671	26,650,595	6,362,071	7,742,593	
66	Variance - Favorable / (Unfavorable)	425,700	2,431,258	(2,005,558)	(484,274)	(224,766)	407,056	(1,508,211)	178,448	526,774	(343,037)	(557,548)	
67	% Variance - Fav / (Unfav)	0.5%	31.4%	-2.4%	-13.6%	-1.4%	8.8%	-9.9%	4.1%	2.0%	-5.4%	-7.2%	
68													
69	Net before Settlement												
70	Actual	8,784,964	373,242	8,411,722	149,362	1,844,184	1,080,219	381,616	1,120,347	2,788,528	380,866	666,600	
71	Budget	(748,547)	(2,057,124)	1,308,577	181,375	730,711	126,741	389,595	399,095	(339,713)	(661,906)	482,679	
72	Variance - Favorable / (Unfavorable)	9,533,511	2,430,366	7,103,145	(32,013)	1,113,474	953,478	(7,980)	721,252	3,128,241	1,042,772	183,921	
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 2/28/2022				5										
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	P05 Estimate														
75	Healthy Michigan Plan				HCC%	8.3%	8.9%	7.4%	19.2%	11.1%	9.4%	12.5%	13.5%	9.0%	
76	Contract Revenue	20,204,875	4,067,081	16,137,793	821,875	3,189,859	767,837	3,012,314	765,947	4,759,765	1,279,462	1,540,735			
77															
78	External Provider Cost	7,644,907	3,051,575	4,593,332	126,806	638,509	371,849	980,479	109,011	1,505,194	392,830	468,653			
79	Internal Program Cost	3,568,187	-	3,568,187	258,740	734,086	369,606	1,170,329	316,765	53,126	265,488	400,049			
80	Insurance Provider Assessment Withhold (IPA)	269,549	269,549	-	-	-	-	-	-	-	-	-			
81	Total Healthcare Cost	11,482,643	3,321,124	8,161,519	385,546	1,372,595	741,455	2,150,808	425,776	1,558,319	658,318	868,702			
82	Medical Loss Ratio (HCC % of Revenue)	56.8%	81.7%	50.6%	46.9%	43.0%	96.6%	71.4%	55.6%	32.7%	51.5%	56.4%			
83															
84	Managed Care Administration	1,046,576	388,382	658,194	54,972	147,738	56,966	174,787	50,358	75,522	33,489	64,362			
85	Admin Cost Ratio (MCA % of Total Cost)	8.4%	3.1%	5.3%	12.5%	9.7%	7.1%	7.5%	10.6%	4.6%	4.8%	6.9%			
86															
87	Contract Cost	12,529,219	3,709,506	8,819,713	440,517	1,520,333	798,421	2,325,596	476,134	1,633,842	691,807	933,064			
88	Net before Settlement	7,675,656	357,575	7,318,081	381,358	1,669,526	(30,584)	686,719	289,813	3,125,923	587,655	607,671			
89															
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-			
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-			
92	Contract Settlement / Redistribution	(5,262,611)	2,055,469	(7,318,081)	(381,358)	(1,669,526)	30,584	(686,719)	(289,813)	(3,125,923)	(587,655)	(607,671)			
93	Net after Settlement	2,413,044	2,413,044	-	-	-	-	-	-	-	-	-			
94															
95	Eligibles and PMPM														
96	Average Eligibles	74,107	74,107	74,107	3,752	14,602	3,509	13,537	4,439	21,319	5,829	7,119			
97	Revenue PMPM	\$ 54.53	\$ 10.98	\$ 43.55	\$ 43.81	\$ 43.69	\$ 43.76	\$ 44.51	\$ 34.51	\$ 44.65	\$ 43.90	\$ 43.29			
98	Expense PMPM	33.81	10.01	23.80	23.48	20.82	45.50	34.36	21.45	15.33	23.74	26.21			
99	Margin PMPM	\$ 20.72	\$ 0.97	\$ 19.75	\$ 20.33	\$ 22.87	\$ (1.74)	\$ 10.15	\$ 13.06	\$ 29.32	\$ 20.16	\$ 17.07			
100															
101	Healthy Michigan Plan														
102	Budget v Actual														
103															
104	Eligible Lives (Average Eligibles)														
105	Actual	74,107	74,107	74,107	3,752	14,602	3,509	13,537	4,439	21,319	5,829	7,119			
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)	21,742	21,742	21,742	1,209	3,768	1,045	4,192	1,238	6,623	1,729	1,937			
108	% Variance - Fav / (Unfav)	41.5%	41.5%	41.5%	47.5%	34.8%	42.4%	44.9%	38.7%	45.1%	42.2%	37.4%			
109															
110	Contract Revenue before settlement														
111	Actual	20,204,875	4,067,081	16,137,793	821,875	3,189,859	767,837	3,012,314	765,947	4,759,765	1,279,462	1,540,735			
112	Budget	17,372,464	3,267,536	14,104,928	699,987	2,834,525	678,000	2,571,265	851,433	4,024,712	1,095,156	1,349,850			
113	Variance - Favorable / (Unfavorable)	2,832,411	799,545	2,032,866	121,887	355,334	89,837	441,049	(85,486)	735,053	184,306	190,885			
114	% Variance - Fav / (Unfav)	16.3%	24.5%	14.4%	17.4%	12.5%	13.3%	17.2%	-10.0%	18.3%	16.8%	14.1%			
115															
116	Healthcare Cost														
117	Actual	11,482,643	3,321,124	8,161,519	385,546	1,372,595	741,455	2,150,808	425,776	1,558,319	658,318	868,702			
118	Budget	11,429,147	2,578,683	8,850,464	476,412	1,482,474	439,234	2,286,254	359,787	2,325,009	580,484	900,809			
119	Variance - Favorable / (Unfavorable)	(53,496)	(742,442)	688,945	90,867	109,879	(302,220)	135,446	(65,989)	766,690	(77,834)	32,108			
120	% Variance - Fav / (Unfav)	-0.5%	-28.8%	7.8%	19.1%	7.4%	-68.8%	5.9%	-18.3%	33.0%	-13.4%	3.6%			
121															
122	Managed Care Administration														
123	Actual	1,046,576	388,382	658,194	54,972	147,738	56,966	174,787	50,358	75,522	33,489	64,362			
124	Budget	1,090,705	444,563	646,142	35,530	109,210	37,113	156,416	32,733	185,278	36,350	53,513			
125	Variance - Favorable / (Unfavorable)	44,129	56,181	(12,052)	(19,442)	(38,528)	(19,853)	(18,371)	(17,625)	109,755	2,861	(10,849)			
126	% Variance - Fav / (Unfav)	4.0%	12.6%	-1.9%	-54.7%	-35.3%	-53.5%	-11.7%	-53.8%	59.2%	7.9%	-20.3%			
127															
128	Total Contract Cost														
129	Actual	12,529,219	3,709,506	8,819,713	440,517	1,520,333	798,421	2,325,596	476,134	1,633,842	691,807	933,064			
130	Budget	12,519,852	3,023,246	9,496,606	511,942	1,591,684	476,347	2,442,671	392,520	2,510,287	616,834	954,322			

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health		<i>Mos in Period</i>										
2	For the Fiscal YTD Period Ended 2/28/2022		5										
3	(For Internal Management Purposes Only)		ok										
4	<u>INCOME STATEMENT</u>		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	P05 Estimate												
131	Variance - Favorable / (Unfavorable)		(9,367)	(686,261)	676,894	71,425	71,351	(322,074)	117,075	(83,614)	876,445	(74,973)	21,258
132	% Variance - Fav / (Unfav)		-0.1%	-22.7%	7.1%	14.0%	4.5%	-67.6%	4.8%	-21.3%	34.9%	-12.2%	2.2%
133													
134	<u>Net before Settlement</u>												
135	Actual		7,675,656	357,575	7,318,081	381,358	1,669,526	(30,584)	686,719	289,813	3,125,923	587,655	607,671
136	Budget		4,852,612	244,291	4,608,322	188,046	1,242,841	201,652	128,594	458,913	1,514,425	478,322	395,528
137	Variance - Favorable / (Unfavorable)		2,823,044	113,284	2,709,759	193,312	426,685	(232,237)	558,124	(169,100)	1,611,498	109,333	212,144
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 2/28/2022			5										
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	P05 Estimate													
140	Autism Specialty Services			HCC%	6.1%	3.9%	8.8%	1.3%	6.8%	0.1%	6.5%	7.3%	5.9%	
141	Contract Revenue	8,550,712	95,629	8,455,083	450,080	1,557,752	481,844	1,606,485	369,889	2,460,141	686,316	842,576		
142														
143	External Provider Cost	5,240,203	-	5,240,203	-	1,623,827	7,554	802,013	5,981	2,241,866	655	558,308		
144	Internal Program Cost	756,711	-	756,711	169,398	-	25,025	548,650	-	-	-	13,637		
145	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
146	Total Healthcare Cost	5,996,913	-	5,996,913	169,398	1,623,827	32,579	1,350,663	5,981	2,241,866	655	571,945		
147	Medical Loss Ratio (HCC % of Revenue)	70.1%	0.0%	70.9%	37.6%	104.2%	6.8%	84.1%	1.6%	91.1%	0.1%	67.9%		
148														
149	Managed Care Administration	673,371	207,712	465,659	24,153	174,779	3,857	111,137	707	108,650	-	42,375		
150	Admin Cost Ratio (MCA % of Total Cost)	10.1%	3.1%	7.0%	12.5%	9.7%	10.6%	7.6%	10.6%	4.6%	0.0%	6.9%		
151														
152	Contract Cost	6,670,284	207,712	6,462,572	193,551	1,798,606	36,436	1,461,800	6,688	2,350,516	655	614,321		
153	Net before Settlement	1,880,428	(112,083)	1,992,511	256,529	(240,854)	445,408	144,685	363,201	109,625	685,661	228,255		
154	Contract Settlement / Redistribution	(1,880,428)	112,083	(1,992,511)	(256,529)	240,854	(445,408)	(144,685)	(363,201)	(109,625)	(685,661)	(228,255)		
155	Net after Settlement	0	0	-	-	-	-	-	-	-	-	-		
156														
157														
158	SUD Block Grant Treatment			HCC%	0.3%	0.2%	0.2%	1.0%	0.0%	3.2%	0.0%	0.3%	0.7%	
159	Contract Revenue	2,683,659	2,443,270	240,390	15,731	81,373	11,778	-	25,398	46,649	32,904	26,557		
160														
161	External Provider Cost	2,302,036	2,255,387	46,649	-	-	-	-	-	46,649	-	-		
162	Internal Program Cost	283,102	-	283,102	6,930	41,144	22,217	-	146,824	-	2,429	63,559		
163	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
164	Total Healthcare Cost	2,585,138	2,255,387	329,751	6,930	41,144	22,217	-	146,824	46,649	2,429	63,559		
165	Medical Loss Ratio (HCC % of Revenue)	96.3%	92.3%	137.2%	44.0%	50.6%	188.6%	0.0%	578.1%	100.0%	7.4%	239.3%		
166														
167	Managed Care Administration	89,841	89,841	-	-	-	-	-	-	-	-	-		
168	Admin Cost Ratio (MCA % of Total Cost)	3.4%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
169														
170	Contract Cost	2,674,979	2,345,228	329,751	6,930	41,144	22,217	-	146,824	46,649	2,429	63,559		
171	Net before Settlement	8,680	98,042	(89,362)	8,802	40,229	(10,439)	-	(121,426)	-	30,474	(37,002)		
172	Contract Settlement	(0)	(89,362)	89,362	(8,802)	(40,229)	10,439	-	121,426	-	(30,474)	37,002		
173	Net after Settlement	8,680	8,680	-	-	-	-	-	-	-	-	-		
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 2/28/2022			5										
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	P05 Estimate													
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	132,034,817	12,138,161	119,896,657	5,470,832	23,092,770	6,546,292	21,756,677	6,405,804	36,178,903	9,068,770	11,376,609		
178	Incentive Payment Revenue	290,161	141,782	148,380	4,236	45,129	24,886	58,244	-	-	15,885	-		
179	Contract Revenue	132,324,978	12,279,942	120,045,036	5,475,068	23,137,899	6,571,178	21,814,921	6,405,804	36,178,903	9,084,655	11,376,609		
180														
181	External Provider Cost	75,337,757	6,677,496	68,660,261	2,141,083	13,255,920	3,166,571	13,845,456	2,406,575	22,810,982	5,366,155	5,667,519		
182	Internal Program Cost	27,095,174	-	27,095,174	1,954,911	4,749,718	1,679,668	5,394,010	1,860,037	6,175,891	1,698,199	3,582,740		
183	SSI Reimb, 1st/3rd Party Cost Offset	-	-	(539,298)	-	(103,295)	(15,123)	(161,719)	-	(233,892)	(6,821)	(18,449)		
184	Insurance Provider Assessment Withhold (IPA)	1,482,904	1,482,904	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	(116,803)	(116,803)	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	103,259,734	8,043,597	95,216,137	4,095,994	17,902,344	4,831,116	19,077,747	4,266,613	28,752,980	7,057,533	9,231,810		
187	Medical Loss Ratio (HCC % of Revenue)	78.0%	65.5%	79.3%	74.8%	77.4%	73.5%	87.5%	66.6%	79.5%	77.7%	81.1%		
188														
189	Managed Care Administration	10,715,516	3,519,570	7,195,947	583,023	1,922,469	255,459	1,524,154	487,257	1,401,847	342,465	679,274		
190	Admin Cost Ratio (MCA % of Total Cost)	9.4%	3.1%	6.3%	12.5%	9.7%	5.0%	7.4%	10.2%	4.6%	4.6%	6.9%		
191														
192	Contract Cost	113,975,250	11,563,167	102,412,084	4,679,017	19,824,813	5,086,575	20,601,901	4,753,869	30,154,827	7,399,998	9,911,084		
193	Net before Settlement	18,349,728	716,776	17,632,952	796,051	3,313,086	1,484,603	1,213,020	1,651,935	6,024,076	1,684,657	1,465,525		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	(2,931,779)	14,701,174	(17,632,952)	(796,051)	(3,313,086)	(1,484,603)	(1,213,020)	(1,651,935)	(6,024,076)	(1,684,657)	(1,465,525)		
198	Net after Settlement	15,417,949	15,417,949	-	-	-	-	-	-	-	-	-		
199														
200														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 2/28/2022			5										
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	P05 Estimate													
201	State General Fund Services			HCC%	3.2%	5.6%	3.2%	6.0%	4.5%	5.8%	4.2%	4.0%	4.3%	
202	Contract Revenue				5,361,286	360,120	881,154	578,928	774,790	336,450	1,594,395	372,180	463,270	
203														
204	External Provider Cost				1,153,933	88,608	194,569	51,861	211,049	135,176	309,750	99,087	63,833	
205	Internal Program Cost				1,936,022	154,445	396,590	115,502	665,690	126,921	74,657	53,393	348,825	
206	SSI Reimb, 1st/3rd Party Cost Offset				-	-	-	-	-	-	-	-	-	
207	Total Healthcare Cost				3,089,955	243,052	591,159	167,363	876,739	262,097	384,407	152,480	412,658	
208	Medical Loss Ratio (HCC % of Revenue)				57.6%	67.5%	67.1%	28.9%	113.2%	77.9%	24.1%	41.0%	89.1%	
209														
210	Managed Care Administration				299,608	38,285	71,436	17,802	80,867	34,100	17,451	5,805	33,862	
211	Admin Cost Ratio (MCA % of Total Cost)				8.8%	13.6%	10.8%	9.6%	8.4%	11.5%	4.3%	3.7%	7.6%	
212														
213	Contract Cost				3,389,563	281,338	662,595	185,165	957,606	296,197	401,857	158,285	446,520	
214	Net before Settlement				1,971,724	78,782	218,559	393,763	(182,816)	40,253	1,192,538	213,895	16,750	
215														
216	Other Redistributions of State GF				42,282	-	-	-	-	-	-	42,282	-	
217	Contract Settlement				(317,302)	(77,302)	(216,569)	-	-	(23,430)	-	-	-	
218	Net after Settlement				1,696,704	1,480	1,990	393,763	(182,816)	16,823	1,192,538	256,177	16,750	
219														

2021 PBIP CONSULTATIVE FINAL VERSION 3/18/2022 – BONUS AWARD AMOUNTS

FY21 Total .75 Performance Bonus Incentive Pool

	Total \$ Available (.75 withhold)	Total Withhold Unearned	Additional Performance Bonus Earned	Grand Total Earned
SWMBH	\$2,296,217.39	\$121,371.49	\$13,069.79	\$2,187,915.69

PIHP/MHP Joint Metrics

Joint metrics with the MHPs included J.1 Implementation of Joint Care Management Processes, J.2 FUH Performance Measure, and J.3 FUA Performance Measure. The final Follow-up after Hospitalization for Mental Illness within 30 Days (FUH) for the 7/1/2020-06/30/2021 measurement period and Follow-up after ED visits for Alcohol and Other Drugs (FUA) were posted in CC360 in January 2022.

Points earned are displayed in the tables below.

J.1

Joint Care Management Processes (35 points)

	Joint care mgmt. processes Yes = 35, No = 0
SWMBH	35

J.2

Follow-up after Hospitalization for Mental Illness within 30 days July 2020 -June 2021(20 points)

	Scored 6-20 Combos	Scored 6-20 Combos Meeting Standard	Scored 21-65 Combos	Scored 21-65 Combos Meeting Standard	Total Scored Combos	Points per Combo	Total Combos Meeting Standard
SWMBH	2	2	6	6	8	2.50	8

Follow-up after Hospitalization for Mental Illness Disparity 2020.7-2021.6 (20 points)

	Total Scored Combos	Points per Combo	Total Combos Meeting Standard	Score (maximum = 20)
SWMBH	6	3.33	5	17

J.3

Follow-up after ED visits for Alcohol and Other Drugs Disparity (25 points)

	Total Scored Combos	Points per Combo	Total Combos Meeting Standard	Score (maximum = 25)
SWMBH	7	3.57	3	11

2021 PBIP CONSULTATIVE FINAL VERSION 3/18/2022 – BONUS AWARD AMOUNTS

Joint metric results are represented below in dollar amounts.

PIHP Joint MHP Metric Score (100 points)

	Score	Score Converted to Percentage	Joint Metric Total \$ Available	Total Joint Metric Earned
SWMBH	82	82%	\$ 688,865.22	\$ 567,493.73

PIHP-only deliverables

PIHP-only deliverables included P.1 Quarterly Veteran Service Navigator data submissions; BHTEDS Data Quality Narrative Report, P.2 Admission Discharge and Transfer (ADT) submissions, and P.4 Narrative report on patient-centered medical home-like participation. Points earned along with dollar amounts are displayed in the table below.

PIHP-only Incentive Score (200 points)

	Total PIHP-only \$ Available	P.4 PIHP- Only \$ Earned	P.1 & P.2 Total PIHP-only \$ Earned	Total PIHP-only \$ Earned
SWMBH	\$1,607,352.17	\$918,486.96	\$688,865.22	\$1,607,352.17

*PIHP-only Incentive header was incorrect on the 3/2/22 consultation draft and has been corrected as seen above.

Final Draft Version: 3/17/2022

Bonus Total – \$2,296,217.39

Total unearned Bonus - \$121,371.49

Additional Bonus Earned - \$13,069.79

Total PIHP Award - **\$2,187,915.69**

***Not enough detail provided by the Department, to determine what they scored us down for in the Disparity Metrics. We only received results for SWMBH overall, but we didn't receive the results on the combos at the health plan level**

- 5 of 6 combos met for FUH disparity (Total available 20pts.) (SWMBH lost 3pts.)
- 3 of 7 combos met for FUA disparity (Total available 25pts.) (SWMB lost 14.28 pts.)

***Our numerator and denominator volumes may be too low to statistically qualify for the Health Plan combo metrics. Refer to logic identified in '21 PBIP language and contract'. Jonathan is consulting with Jackie Sproat to gain further clarification on the logic used for this calculation.**

2021 PBIP CONSULTATIVE FINAL VERSION 3/18/2022 – BONUS AWARD AMOUNTS

The above PBIP report, results in the following Board Ends Metrics being ‘Successfully Achieved’

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>Achieve 95% of Veteran's Metric Performance-Based Incentive Program monetary award based on MDHHS specifications.</p> <p>Metric Measurement Period: (10/1/20 - 3/1/21) Metric Board Report Date: August 13, 2021</p> <p>A. Identification of beneficiaries who may be eligible for services through the Veteran's Administration:</p> <p>i. Timely submission of the Veteran Services Navigator (VSN) Data Collection form through DCH File transfer. <u>Deliverables:</u> The VSN Data Collection form will be submitted to BHDDA by the last day of the month following the end of each quarter.</p> <p>ii. Improve and maintain data quality on BH-TEDS military and veteran fields. <u>Deliverables:</u> BH TEDS quality monitoring reports delivered (10/1/20 through 3/31/21).</p> <p>iii. Monitor and analyze data discrepancies between VSN and BH TEDS data. <u>Deliverables:</u> By July 1, 2021, Plans will submit a 1-2-page narrative report on findings and any actions to improve data quality.</p> <p>Measurement: Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p>Possible Points: 1 point will be awarded upon official Board approval.</p>	<p>Completed Successfully</p> <p>✓ VSN Data has been submitted and received through the DCH file transfer successfully.</p> <p>✓ Data Quality Narrative Report sent and received by MDHHS on 7/1/21.</p> <p>Final PBIP Results will be received in March 2022</p> <p>Executive Owners: Anne Wickham and Natalie Spivak</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.</p> <p>Metric Measurement Period: (10/1/20 - 9/30/21) Metric Board Report Date: November 12, 2021 Interim report to the Board in August 2021</p> <p>B. Increased data sharing with other providers:</p> <p>i. Send ADT messages for purposes of care coordination through the health information exchange. <u>Deliverable 1:</u> At least one CMHSP within a contractor's service area (or the contractor) will be submitting ADT messages to the MIHIN EDI pipeline by the end of FY21.</p> <p>ii. <u>Deliverable 2:</u> By July 31, 2021, the contractor must submit, to BHDDA, a report no longer than 2 pages listing the CMHSPs sending ADT messages, barriers for those who are not, along with remediation efforts and plans.</p> <p>Measurement: Confirmation via MDHHS written report that each identified measure</p>	<p>Completed Successfully</p> <p>✓ ISK has successfully demonstrated the ability to submit ADT messages through the MIHIN pipeline.</p> <p>✓ ADT Narrative report was submitted and received by MDHHS on 7/31.21.</p> <p>Final PBIP Results will be received in March 2022</p> <p>Executive Owner: Natalie Spivak</p>

2021 PBIP CONSULTATIVE FINAL VERSION 3/18/2022 – BONUS AWARD AMOUNTS

<p>has been completed successfully. If MIHIN cannot accept or process the contractor's ADT submissions, this shall not constitute a failure of the metric and will be communicated to the Board and updated appropriately.</p> <p>Possible Points: 1 point awarded upon official Board approval.</p>	
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PERFORMANCE METRIC DESCRIPTION	STATUS
<p>SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2021, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to the following areas:</p> <ol style="list-style-type: none"> 1. Comprehensive Care 2. Patient-Centered Medical Homes 3. Coordination of Care 4. Accessibility to Services 5. Quality and Safety <p>Metric Measurement Period: (10/1/20 - 11/15/21) Metric Board Report Date: January 8, 2022</p> <p>Measurement: Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p>Possible Points: 1 point awarded upon official Board approval.</p>	<p>Completed Successfully</p> <p>SWMBH received full credit (40 points) or 100% on the submitted qualitative narrative report, as reflected on final results report delivered from MDHHS on</p> <p>Final PBIP Results will be received in March 2022</p> <p>(40 points) and 40% of the total withhold amount Report not to exceed 10 pages</p> <p>Executive Owners: Mila Todd, Jonathan Gardner and Moir Kean</p>



Under the Microscope

March 2022

Betting on Bipartisan Support, Biden Administration Outlines Ambitious National Behavioral Health Strategy

ISSUE

Buffeted by the impact of a once-in-a-century pandemic that has disrupted the fabric of global life, the mental, physical, and emotional health of Americans young and old has taken a beating over the past two years. And in his State of the Union address on March 1, 2022, President Biden responded by announcing the most ambitious national behavioral health strategy in more than 40 years. The president's national strategy was announced following months of disturbing anecdotal and study-based findings filtering in from all over the country, even as the death toll from two years of pandemic approached 1 million:

- The number of Americans reporting anxiety or depression has nearly quadrupled since the start of the COVID-19 pandemic, yet more than 56% of adults did not receive any mental health treatment in the past year.
- Several associations declared a child/youth mental health emergency in late 2021, a view supported in a December 2021 report by the US Surgeon General.
- Drug overdoses, particularly from opiates, have exceeded 100,000 per year, an all-time high.

Obviously, given the tone and substance of his SOTU message, the President had been listening and hearing the nation's mental health concerns for some time.

ANALYSIS

To the nation's good fortune, a major bipartisan mental health push now seems within the realm of the possible, says Jonah Cunningham, CEO of NACBHDD, who explains that on Capitol Hill, "there's been a storm brewing on mental health." The storm has been shaped by the activities of numerous Congressional committees, including Senate Finance, House Energy and Commerce, and House Ways and Means, where behavioral health topics – from workforce to telehealth to opioids – have been front and center for months. Last September, for example, Senate Finance Committee Chairman Ron Wyden, D-Ore., and Finance Committee Ranking Member Mike Crapo, R-Idaho, issued a letter asking Senate colleagues to join in developing bipartisan mental health legislation meant to address five key areas: expanding workforce, increasing care integration, improving parity, advancing telehealth usage, and improving access to care, especially for the young.

On February 2, the House Ways and Means Committee [took up the topic of mental health](#) for the first time in more than a decade, calling the surge in adult and child mental health concerns during COVID "a crisis within a crisis." The same

week, the Senate Health, Education, Labor and Pensions Committee examined rising drug overdoses, suicides, and youth mental health issues during the pandemic. And bipartisan negotiators seeking a Congressional bargain to extend popular telehealth flexibilities provided under the COVID emergency reached an agreement in the 2022 Omnibus spending bill. This \$1.5 trillion measure will, among many other things, extend telehealth flexibilities by 5 months following the end of the emergency, at which time more permanent extensions are likely to be sought.

Whether testimony and documents were received from current or former government officials, mental health or child welfare experts, or from healthcare, behavioral health, and human services organizations, similar themes echoed over and over again in the halls of Congress: Workforces, both medical and behavioral health/human services, are burned out, shrinking, and need an infusion of new talent. Mental health and drug use disorders are at record levels and both adults and children are suffering the consequences; Human services, behavioral health and disabilities providers are stretched to the limit; Outdated and unfair restrictions on care are reducing access and increasing costs as parity regulations are ignored.

Following the demise of the Build Back Better Act, and with Americans increasingly eager to move toward a “post-COVID” national agenda, Cunningham believes that the President’s team recently decided to recalibrate their goals and refocus on a push for a narrower agenda of health and behavioral health goals, goals that now seem within reach. The widely heard State of the Union address on March 1 thus contained the most comprehensive mental health recommendations made by any Administration since President Carter won passage of the Mental Health Systems Act in September 1980. (Note: Following Carter’s defeat in the November 1980 election, the essential provisions of the MHS Act were repealed within one year by the Reagan Administration.)

Dr. Thomas Insel, former director of the National Institute of Mental Health, agrees. In a recent interview with NPR, he said that Biden’s SOTU message represents the first time since the Carter administration that the federal government has taken leadership in addressing mental health. “I think this is an important moment,” Insel said. “For the most part, the federal government has ceded mental health policy [and] services to the states. Essentially, the federal government has been missing in action for 41 years, and Biden’s [proposals] bring it back into the center of the action for mental health.”

Biden’s strategy for addressing the nation’s mental health crisis was presented as part of a “unity agenda,” and will certainly require a significant element of bipartisan cooperation. To be fully realized, the Administration’s new mental health strategy must successfully combine a number of elements:

- The major part, including most of the new spending, relies on bipartisan approval of new legislation that merges House and Senate proposals with those made in the SOTU address and the President’s 2023 budget.
- Executive actions are also required, including new executive orders that modify existing rules to provide necessary regulatory flexibility.
- And, in order to take advantage of new crisis response funding—including a temporary boost in the Medicaid FMAP for crisis-response activities and mental health block grant set-asides—states must create and approve appropriate crisis response waivers in their Medicaid programs.

The President’s mental health strategy contains several major components:

Crisis Response Resources. First is a proposed \$700 million in provider, workforce, and capacity development funds, which are oriented primarily toward developing and building out nationwide crisis response capabilities. This new number is over and above the \$180 million in funds provided in December by the American Rescue Plan Act to assist in implementing the National Suicide Prevention Hotline. And, this figure likely includes three other approved funding sources:

- \$77 million from the recent omnibus bill (the Consolidated Appropriations Act) in suicide prevention funds,
- the 85% FMAP boost for crisis-response activity, provided states have the necessary waivers, and

- the 5% set aside for crisis response services built into recently expanded Mental Health block grant funds.

How much of the remainder of the \$700 million proposed by the President comes through is up to Congress, but there appears to be significant support on both sides of the aisle. Advocates will be watching the details of the mental health legislation being prepared in the Senate Finance Committee and the actions of the Mental Health Caucus in the House.

Workforce Resources. The President’s ’23 budget also called for a \$700 million workforce commitment, which would expand the activities of three existing programs that develop clinical professionals: HRSA runs both the National Health Service Corps and the Behavioral Health Workforce Training Programs, while SAMHSA offers the Minority Fellowship program. Both of these programs would receive a boost, though how much Congress will actually deliver is not yet known. The \$700 million workforce figure is a follow-on to \$103 million in health workforce assistance already provided by ARPA (for workforce burnout/resiliency programs) and encompasses the recent Laura Breen Health Care Provider Protection Act (\$45 million/year for 3 years) as well as related HHS grants to ensure mental health care resources for front-line health workers.

The President’s workforce plan offers two other very interesting additions:

- **Paraprofessional training.** The first is a \$225 million program of training grants, administered by HHS, to develop new community health and behavioral health paraprofessionals in underserved communities. These funds, which are committed to arrive this fall, may well help fill the need to staff up county and regional crisis response programs. This funding would dovetail with additional funds intended to build provider capacity and support mental health transformation.
- **Peer certification.** The second addition – a long-sought goal of the peer community – is for development of a national certification program for peer specialists, which will, the President hopes “accelerate universal adoption, recognition, and integration of the peer mental health workforce across the healthcare system.” There’s no mention of funding for this program, but if a national certification is successfully developed, its adoption and promulgation would certainly lead to future demands for recognition and funding of a formalized peer-support role nationally.

The President’s SOTU message also brought welcome news for the growing Certified Community Behavioral Health Center (CCBHC) program, as well as for the nation’s older and less-well-funded Community Mental Health Centers. The President’s FY23 budget proposes to make the Certified Community Behavioral Health Center (CCBHC) program permanent, and to provide additional funding for states to create new CCBHCs in select communities of need. The President would also “permanently extend” funding for CMHCs.

In addition, the President’s proposal would continue a growing movement to extend behavioral health out into the community in several ways:

- **School and Community Programs.** Continue funding and placement of behavioral health professionals in school programs with an additional \$1 billion in funding. This program would be augmented with a \$70 million investment in infant and early-childhood mental health programs, as well as a \$50 million program to pilot the co-location of mental health services in “non-traditional” settings such as libraries, community centers, and homeless shelters. Staffing for the non-school services would be provided by grant-funded training of current social/human services professionals in basic mental health skills, such as Mental Health First Aid. These paraprofessionals would then assist in identifying, screening, and referring individuals to needed housing, health, or behavioral health treatment services.
- **Urban/Rural outreach.** Similar outreach programs would provide added mental health training to housing counselors and grantees in the Department of Housing and Urban Development, to Department of Agriculture workers who serve farmers and ranchers, and to Ag Department workers who administer supplemental nutrition programs.

- **Integration.** A doubling of funding for primary care-behavioral health integration programs, along with a call for CMS to fund consultations between primary care and behavioral health/psychiatric specialists.

ACTION

Watch for, and then lend your support to the draft legislation, due this summer from the Senate Finance Committee (Sen. Ron Wyden, D-OR), that will determine and fund the future scope of:

- 988 Crisis Line buildout and staffing capabilities
- Workforce expansion loan forgiveness, grants, and supplemental training programs
- The resources available to train community and behavioral health paraprofessionals and place them in governmental and “non-traditional” outreach programs
- Permanent funding for CCBHC programs and vital funding for CMHCs.
- New resources for provider mental health that could slow burnout, attrition, and turnover.
- Innovative new models for primary care-behavioral care integration, consultation, and collaborative treatments.
- New insurance rules that would allow for up to three behavioral health visits per year without financial participation.

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To offer comments or contributions, please contact the editor, Dennis Grantham, dgrantham@openminds.com, 330-690-5349.



Michigan Consortium for Healthcare Excellence SWMBH Executive Officer Board Report

For the period May 2021 – March 2022

April 8, 2022

MCHE Activity April 2021 - September 2021

Initiatives

Ongoing Work Groups

- **Reciprocity: Direct Care Worker Training (all PIHPs)**
- **Reciprocity: Provider Reviews and Audits (all PIHPs)**
- **Statewide implementation of MCG Utilization Management solution**



Why Collaborate?

- Enhance public policy influence via collective consensus views and advocacy with executive branch
- Enhance collective and individual relations with Advocacy groups and individuals
- Share scarce resources
- Share operational and performance information for quality improvement and benchmarking
- Reduce provider burdens and provider administrative costs
- Reduce PIHP administrative costs
- Identify and pursue system opportunities



BUILDING BETTER LIVES PROJECT – STATUS REPORT

Workgroup Members & Contributors

Chair	Sarah Ameter	Report Date:	4/8/22
Sponsor	Brad Casemore	Begin Date:	08/03/2020
Workgroup Members:	Amanda Hiltz (Barry) Emily Whisner (Barry) Andrew Mahler (Berrien) Jason Kinder (Berrien) Jarrett Cupp (St. Joseph) Pamela Wenzel (Cass) Cande Ruterford (Van Buren) Kyle Kenny (Branch) Mandi Quigley (Calhoun) Mila Todd (SWMBH) Moir Kean (SWMBH) (ad hoc) Gale Hackworth (SWMBH) Alena Lacey (SWMBH) Jody Vanden Hoek (SWMBH)	Seeking Regional Members:	Consumer Rep with SMI Consumer Rep with I/DD Consumer Rep for Youth/SED
		SWMBH Standing Committees:	Staff working with SMI population Staff working with I/DD population Staff working with Youth & families
		External Contributors:	MDHHS Advocacy Groups (e.g. The ARC) TBD Solutions

Introduction and Rationale

Advocates across the State of Michigan have raised concerns regarding the use and quality of Person-Centered Planning, Self-Determination, Independent Facilitation, Advanced Directives and Due Process benefits. As a region we are committed to improve our performance in these areas, therefore we have launched a regionwide effort to improve our education, utilization, training, and quality of these processes.

Workgroup Purpose

The purpose of the Building Better Lives Workgroup is trifold:

1. To improve the lives of all those served by committing to principles and service models that increase choice, autonomy, independence, and self-determination.
2. To inform and educate staff, beneficiaries, family members and community on the principles and use of self-determination, person centered planning, independent facilitation, advance directives, and due process benefits. Outcome is to ensure and empower beneficiary's independence, autonomy, and community integration.
3. To provide CMH collaborative support and review implementation across the SWMBH region to ensure accountability for contractual mandates regarding these foundational principles and tools to support them.

Long-term goals

Goals	Brief Status (On track/at risk/delayed)*
1. Increase use of Self Determination arrangements	delayed

Goals	Brief Status (On track/at risk/delayed)*
2. Promote authentic Person-Centered Planning	On track
3. Increased use of Independent Facilitation, Self-Facilitation, and Facilitation with an Advocate	On track
4. Increased education and training for clients/family members and staff on due process.	On track
5. Increased education and training for clients/family members and staff on Advance Directives and all alternatives to guardianship	On track

*Highlights/Accomplishments to date

1. Completed draft of Project Charter and obtained feedback from the August 26, 2020 Operations Committee and on 9/30/2020 from The ARC of Michigan
2. Completed draft of work plan
3. Obtained approval to use TBD Solutions for role in evaluation and action planning
4. September 24, 2020, SWMBH offered training to the region on Charting the Lifecourse
5. October 19-22, 2020, several staff attended Independent Facilitation training by the ARC of Midland
6. Developed a flyer to use in soliciting participation on the workgroup of both consumers and staff from the region
7. October 29, 2020, several staff attended Self-Determination technical assistance webinar sponsored by MDHHS
8. Revised and revamped project work plan to address project from a high level for region
9. Expanded the evaluation and action plan with TBD Solutions to initiate action with all 5 goals
10. Distributed a flyer to persons served requesting participation with committee
11. Requested participation from RCP committee for MI/SED/SUD staff participation with committee for short term feedback/input
12. Promoted trainings related to Person Centered Planning, Self Determination, and Independent Facilitation
13. January 2021 secured TBD Solutions for gap analysis with CMH
14. Identified needs from CMHs for gap analysis
15. Identified start date of March 29, 2021 for gap analysis with CMHs
16. As of the week of May 24th, requests for materials to complete gap analysis from the CMHs for all 5 areas, has been completed by TBDS
17. Initiated discussion regarding creation of SWMBH website page for resources and communications
18. Met with Advocate groups to promote Building Better Lives project and request feedback
19. Created language to accompany trainings provided by SWMBH to include the following language:
 - Sponsored by – if BBL is paying for the training
 - Promoted by – if the training came from the team but not paid for by BBL training funds
 - Endorsed by – if the training is from the outside but aligns well with the BBL project
20. Obtained requested documents from CMHs for all 5 areas, this included some follow up and review with some CMHs
21. TBDS began gap analysis of Self Determination, Independent Facilitation and Person-Centered Planning
22. Began working on language for a Building Better Lives SWBMH website page
23. Completed reviews of initial reports, including review of strengths and areas of opportunity, for each CMH as of 3/21/22
24. Updated areas of focus, project expectations and deliverables with TBDS as of 3/24/22
25. TBDS will provide an overall summary of areas of opportunity and trends for the region. This will outline next steps and areas of focus for regional planning.
26. Solicited additional members for workgroup to engage in next steps for local CMH and region
27. First workgroup meeting with representation from 7 out of 8 CMHs for region

Feedback /Suggestions /Concerns

1. During our meetings with the CMHs, it was suggested that current or already established Ops Com committees be utilized instead of the additional BBL workgroup to ensure that staff from all populations are included and involved. It was suggested this may cut down on CMH staff burden as well.



Southwest Michigan Behavioral Health Board Meeting

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

May 13, 2022

9:30 am to 10:30 am

(d) means document provided

Draft: 3/16/22

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda**
 - April 8, 2022 SWMBH Board Meeting Minutes (d)
5. **Roslund Prestage Audit Report (D. Miller) (d)**
6. **Operations Committee**
 - a. Operations Committee March 23, 2022 Meeting minutes (d)
 - b. Operations Committee Self Evaluation Summary Report (d) (D. Hess)
7. **Ends Metrics Updates (*Requires motion)**

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

 - None
8. **Board Actions to be Considered**
 - a. Retirement Plan Revisions (with J. Arendshorst, JD)
 - b. Plan Administrative Committee
 - c. Employer Contribution Revision
 - d. Operating Agreement Review (D. Hess) (d)
9. **Board Policy Review**

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

 - BG-011 Governing Style (d)
10. **Executive Limitations Review**

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

 - None

11. Board Education

- a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d)
- b. Fiscal Year 2022 Mid-Year Contract Vendor Summary Report (T. Dawson) (d)

12. Communication and Counsel to the Board

- a. Substance Use Disorder Oversight Policy Board Update (R. Hazelbaker and J. Smith) (d)
- b. June 10, 2022 Board Agenda (d)
- c. Board Member Attendance Roster (d)
- d. June Direct Inspection Reports-none scheduled

13. Public Comment

14. 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.

Board Retreat 10:45am – 3:00pm following the Board meeting

Next Board Meeting

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

June 10, 2022

9:30 am - 11:00 am



Southwest Michigan Behavioral Health Board Retreat

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

May 13, 2022

10:45 am to 3:00 pm

(d) means document provided

Draft: 3/16/22

Agenda

10:45 am-11:10 am	Board Retreat Welcome, Introductions, Session Objectives and Participant Statements
11:30 am-12:30 pm	Farah Hanley, Chief Deputy Director for Health Department of MDHHS (confirmed)
12:30 pm - 1:15 pm	<i>Lunch Break</i>
1:15 pm – 2:15 pm	Environmental Scan Alan Bolter, Associate Director Community Mental Health Association of Michigan (confirmed)
2:15 pm - 2:45 pm	Summary Discussion and Next Steps
3:00 pm	Adjourn

2022 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Marcia Starkey (Calhoun)												
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)												
Vacant (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 3/11/22

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled