



Southwest Michigan Behavioral Health Board Meeting
Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002
August 9, 2024
9:30 am to 11:30 am
(d) means document provided
Draft: 8/2/24

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda (2 minutes)**
 - a. July 12, 2024 SWMBH Board Meeting Minutes (d) pg.3
 - b. June 26, and July 10, 2024 Operations Committee Meeting Minutes (d) pg.7
5. **Required Approvals (10 minutes)**
 - a. Operating Agreement
 - b. Operations Committee Self-Evaluation (d) pg.13
6. **Ends Metrics Updates (*Requires motion)**

Proposed Motion: The Board accepts the interpretation of Ends Metrics as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.

 - None scheduled
7. **Board Actions to be Considered (10 minutes)**
 - None scheduled
8. **Board Policy Review (5 minutes)**

Proposed Motion: The Board accepts the interpretation of Policy _____ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.

 - BG-003 Unity of Control (d) pg.15
9. **Executive Limitations Review (15 minutes)**

Proposed Motion: The Board accepts the interpretation of Policy _____ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.

 - a. BEL-004 Treatment of Staff (M. Doster) (d) pg.16
 - b. BEL-007 Compensation and Benefits (T. Leary) (d) pg.21

10. Board Education (25 minutes)

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.26
- b. Fiscal Year 2025 Budget Assumptions (G. Guidry) (d) pg.37
- c. Substance Use Disorder Oversight Policy Board Update (R. Godfrey/J. Smith) (d) pg.49
- d. Opioid Settlement Funds – County Perspectives - Amy Dolinky, Opioid Settlement Technical Advisor, Michigan Association of Counties (d) pg.53
- e. Opioid Settlement Regional Municipal Funds and SWMBH (M. Osaer) (d) pg.65

11. Communication and Counsel to the Board

- a. Managed Care Information System (MCIS) Update (B. Casemore)
- b. Board Finance Committee Update (T. Schmelzer)
- c. Conflict Free Access and Planning (B. Casemore)
- d. September Board Policy Direct Inspection – BEL-005 Treatment of Plan Members (L. Csokasy); BEL-008 Communication and Counsel (T. Schmelzer)

12. Public Comment

13. Adjournment

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

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

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

**Next Board Meeting
September 13, 2024
9:30 am - 11:30 am**



Board Meeting Minutes

July 12, 2024

Air Zoo Aerospace & Science Museum, 6151 Portage Rd, Portage, MI 49002

9:30 am-11:30 am

Draft: 7/15/24

Members Present: Sherii Sherban, Tom Schmelzer, Louie Csokasy, Tina Leary, Nancy Johnson, Erik Krogh, Lorraine Lindsey

Members Absent: Edward Meny, Carol Naccarato, Mark Doster

Guests Present: Brad Casemore, Chief Executive Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Alena Lacey, Director of Quality Management and Clinical Outcomes, SWMBH; Cameron Bullock, Pivotal; Jeannie Goodrich, Summit Pointe; John Ruddell, Woodlands; Sue Germann, Pines BH; Jon Houtz, Pines Board Alternate; Jeff Patton, ISK

Welcome Guests

Sherii Sherban called the meeting to order at 9:30 am.

Public Comment

None

Agenda Review and Adoption

Motion Louie Csokasy moved to approve the agenda with the addition of 11f Board Compliance Committee Update.
Second Tom Schmelzer
Motion Carried

Financial Interest Disclosure (FID) Handling

None

Consent Agenda

Motion Tom Schmelzer moved to approve the June 14, 2024 Board minutes as presented.
Second Nancy Johnson
Motion Carried

June 5, 2024 Operations Committee Meeting Minutes

Minutes were included in the packet for the Board's information.

Board Actions to be Considered

Board Finance Committee

Sherii Sherban reviewed her historical experience with Board Finance Committees at the Community Mental Health Board level and other organizations and stated that a SWMBH Board Finance Committee would be beneficial for the SWMBH Region. Sherii Sherban recommended 3-5 members with half being SWMBH Board members. Louie Csokasy stated that a SWMBH Board Finance Committee would be beneficial in working with auditors. Tom Schmelzer stated that a SWMBH Board Finance Committee would add another level of checks and balances, safeguarding security for the Board Members. Discussion followed.

Motion Louie Csokasy moved to establish a Board Finance Committee consisting of three Board Members and with a task of working with SWMBH staff to draft a Board Finance Committee Charter.

Second Tom Schmelzer

Motion Carried

Sherii Sherban asked/appointed Louie Csokasy, Tom Schmelzer and Mark Doster to the Board Finance Committee. Brad Casemore to follow up with Mark Doster on appointment. Draft Board Finance Committee Charter to be presented at the September 13 Board meeting.

Board Policy Review

BG-002 Management Delegation

Sherii Sherban reported as documented.

Motion Nancy Johnson moved that the Board is in compliance with BG-002 Management Delegation.

Second Erik Krogh

Motion Carried

Motion Nancy Johnson moved that the Board Policy BG-002 Management Delegation does not need revisions at this time.

Second Erik Krogh

Motion Carried

Executive Limitations Review

BEL-009 Global Executive Constraints

Sherii Sherban reported as documented.

Motion Louie Csokasy moved that the Board accepts the interpretation of Policy BEL-009 Global Executive Constraints as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.

Second Tom Schmelzer

Motion Carried

Board Education

Fiscal Year 2024 Year to Date Financial Statements

Garyl Guidry reported as documented noting revenue, expenses and projected deficits and noted that the Region is projected to use nearly all of its Internal Service Funds and enter the State's risk corridor for 5.1 million dollars. All eight CMHSPs and SWMBH are implementing cost reductions. SWMBH continues meetings, communication and coordination with MDHHS and Milliman. Discussion followed.

Fiscal Year 2024 Regional Population Health Report

Alena Lacey reported as documented highlighting analysis of what data is used, findings, limitations, and feedback. Discussion followed with Board members commenting and appreciating the thoroughness of the report.

Fiscal Year 2023 Health Services Advisory Group Report

Alena Lacey reported as documented highlighting focus, overview and results of report. Discussion followed.

Information Technology Update

Natalie Spivak reported as documented. Discussion followed.

Communication and Counsel to the Board

Revised Board Planning Timeline

Document was included in the packet for the Board's information.

Board Resolution on Conflict Free Access and Planning

Document was included in the packet for the Board's information.

Fiscal Year 2024 Substance Use Disorder Fiscal Review Letters - Region 4

Documents were included in the packet for the Board's information.

Policy Governance Conference

Document was included in the packet for the Board's information.

August Board Direct Inspections

BEL-004 Treatment of Staff (M. Doster); BEL-006 Investments (S. Sherban); BEL-007 Compensation and Benefits (T. Leary)

Board Compliance Committee Update

Mila Todd provided an update and is looking to schedule the first meeting in October 2024. The meeting will review the Charter and revisions to the Corporate Compliance Plan.

Public Comment

none

Adjournment

Motion Louie Csokasy moved to adjourn at 11:21am.

Second Tom Schmelzer

Motion Carried
Meeting adjourned at 11:47am

Date:	06/26/2024
Time:	9:00a-11:00a
Facilitator:	Rich Thiemkey
Minute Taker:	Cameron Bullock
Meeting Location:	SWMBH Moses L. Walker Room Click here to join the meeting

Present: Rich Thiemkey (Barry) John Ruddell (Woodlands) Brad Casemore (SWMBH)
 Ric Compton (Riverwood) Jeff Patton (ISK) Mila Todd (SWMBH)
 Sue Germann (Pines BHS) Cameron Bullock (Pivotal) Garyl Guidry (SWMBH)
 Jeannie Goodrich (Summit) Debbie Hess (Van Buren)
 Guest(s): Milliman : Jeremy Cunningham, Spencer Keating, Jeremy Palmer, John Belanger –
SMBHW Andy Arretema, Moira Kean, Natalie Spivik, Alena Lacey, MDHHS- Jackie Sproat, Keith White
Pivotal – Emily Versteeg - CFO

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption		No Changes or additions
2. Meeting Minutes		Meeting Minutes accepted as presented.
3. CFAP		<ul style="list-style-type: none"> No Update- added to next meeting
4. YTD Financials P8		<ul style="list-style-type: none"> Risk Corridor is 5 Million with the department 20 .7 million ISF utilization, 2 million left in the ISF for FY25 Enrollment rates are down, below Milliman projections- meeting with the state has been occurring, and SWMBH will be sending monthly financials to the state. Ongoing conversations will be occurring. CMHs are requested to send Plan First Costs going to GF for reporting if possible, helps with tracking potential additional Medicaid costs if fixed.

		<ul style="list-style-type: none"> • FY 25 Rate meeting happened last Friday, nothing set in stone, not addressing FY 24. • Questions were raised about other PIHPs overfunding their ISF's SWMBH is projected to send another 20 million back to MDHHS for FY 22, Garyl has reached out to RPC for advice. Jeannie suggested reaching out to other sources for confirmation.
5. Operating Agreement and Self-Eval		<ul style="list-style-type: none"> • Mila to follow up with Michelle on the sending out of ops Comm survey.
6. CCBHC		<ul style="list-style-type: none"> • Added to next meeting
7. Milliman		<ul style="list-style-type: none"> • 15 questions sent to Milliman, looking to get specific questions answered to SWMBH's region. • Recording available in teams for further review • Tx Prevalence – How is it calculated, autism etc.= % of population eligible to receive the services. Services are reviewed between FYs. Separately defined for each benefit. Denominator are all eligible of that population, not specific to those that are eligible in the service region. Numerator recipient months, denominator is total eligible. • MH vs BH will be followed up in writing • Autism numbers are being pulled from encounter data currently showing 239, Ops Comm believes this to be low....Milliman to confirm how and where the numbers were pulled from. • How to improve – Complete and accurate data to reflect population.
8. Inpatient Hospitalization	Pivotal letter	<ul style="list-style-type: none"> • Not able to address, moved to next meeting
9. Confirm Next Meeting	July 10, 2024 9a-11a Facilitator: Ric	<ul style="list-style-type: none"> • Ric is off Jeannie will run meeting, Cameron to take notes

10. Next meeting Topics:

- Inpatient Hospitalization
- PCE update
- CFAP
- CCBHC

Date:	07/10/2024
Time:	9:00a-11:00a
Facilitator:	Jeannie Goodrich
Minute Taker:	Cameron Bullock
Meeting Location:	SWMBH Moses L. Walker Room Click here to join the meeting

- Present:** Rich Thiemkey (Barry) John Ruddell (Woodlands) Brad Casemore (SWMBH)
 Ric Compton (Riverwood) Jeff Patton (ISK) Mila Todd (SWMBH)
 Sue Germann (Pines BHS) Cameron Bullock (Pivotal) Garyl Guidry (SWMBH)
 Jeannie Goodrich (Summit) Debbie Hess (Van Buren)
 Guest(s): Robert Taheny on behalf of Ric Compton, Kylene Grey on behalf Debbie Hess

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption		No additions or changes
2. Meeting Minutes		Minutes reviewed, no changes, meeting minutes approved.
3. CFAP		No updates at this point in time. Pines board provided a resolution against CFAP, ISK will be bringing to their board this next meeting.
4. YTD Financials P8		<ul style="list-style-type: none"> • No new update yet for period 9 • \$25.832 Million deficit projected • Of that \$25 million, roughly \$20 million is ISF • Roughly \$4.8 is shared risk reserved with the state of Michigan. Total Capitation funds, 5% is full PIHP 5% shared State/PIHP Responsibility. • Currently \$22 million roughly in the ISF • Looking at August enrollments to determine if there is any flattening of disenrollment's • No response to Milliman questions

		<ul style="list-style-type: none"> • Garyl to provide a list of immediate changes SWMBH is requesting so that CEO's can provide a realistic timeline to be able to resolve the issues presented by the tableau report. • Garyl to review the financial audit to identify the additional 30+ million additional monies and what it ties back to, discussion was had regarding the potential other PIHPs are doing that allowed them to fund the ISF to an actuarially sound level from previous years; will have further internal discussion and if able will try and make that change during the cost settlement process. • FY 25 revenues- still not determined at this point, meeting with Milliman to determine things, revenue projections slightly up. 5-7% rate increase potentially. • Garyl to send out future projections being sent to the state. • Formal notice has been given to the State regarding our shared risk category
5. Operating Agreement and Self-Eval		<ul style="list-style-type: none"> • Self evaluation when out and is due back by July 17th, so it can be reviewed by next Ops Comm meeting. • Self Eval, once reviewed, will go to the SWMBH Board meeting • Operating Agreement- Need to review operating agreement, proposed changes come back to the Ops Comm Meeting to be finalized on the 31st.
6. PCE Update		<ul style="list-style-type: none"> • Initiated formal conversation Jeff Change, meeting to occur July 25th, to explore PCE as the MCIS for SWMBH.
7. Inpatient Hospitalization	Pivotal Letter	<ul style="list-style-type: none"> • Request made officially to SMWBH to review Inpatient Auths, especially with concerns to General Fund expenditure. • Additional ask made from Pivotal SWMBH for a list of all CMH's and their delegated managed care functions and retained functions via SWMBH. • Summit Pointe and Woodlands are wanting to explore the options as well. Mila requested that official asks be

		<p>documented and sent to Brad for tracking purposes.</p> <ul style="list-style-type: none"> • Mila to follow up regarding Prevention Programming for Summit Pointe. • Tiered inpt. rate schedule- no way to report modifiers on 835. Modifiers wont be required to until 10/1/2024. • Rates- rates are recommended to match the states fee schedule, similar to Autism rates.
8. CCBHC		<ul style="list-style-type: none"> • No Updates
9. Confirm Next Meeting	<p>July 31, 2024 9a-11a Facilitator: Ric</p>	
9. Next Meeting Agenda Items:		<ul style="list-style-type: none"> • Financials (Garyl) • CFAP (Mila/Alena) • PCE Update (Brad) • Operating Agreement (Mila) • Ops Comm Self Eval (Brad/Mila) • Delegated Agreement (Mila if possible)



2024 Operations Committee Self-Evaluation Summary Report

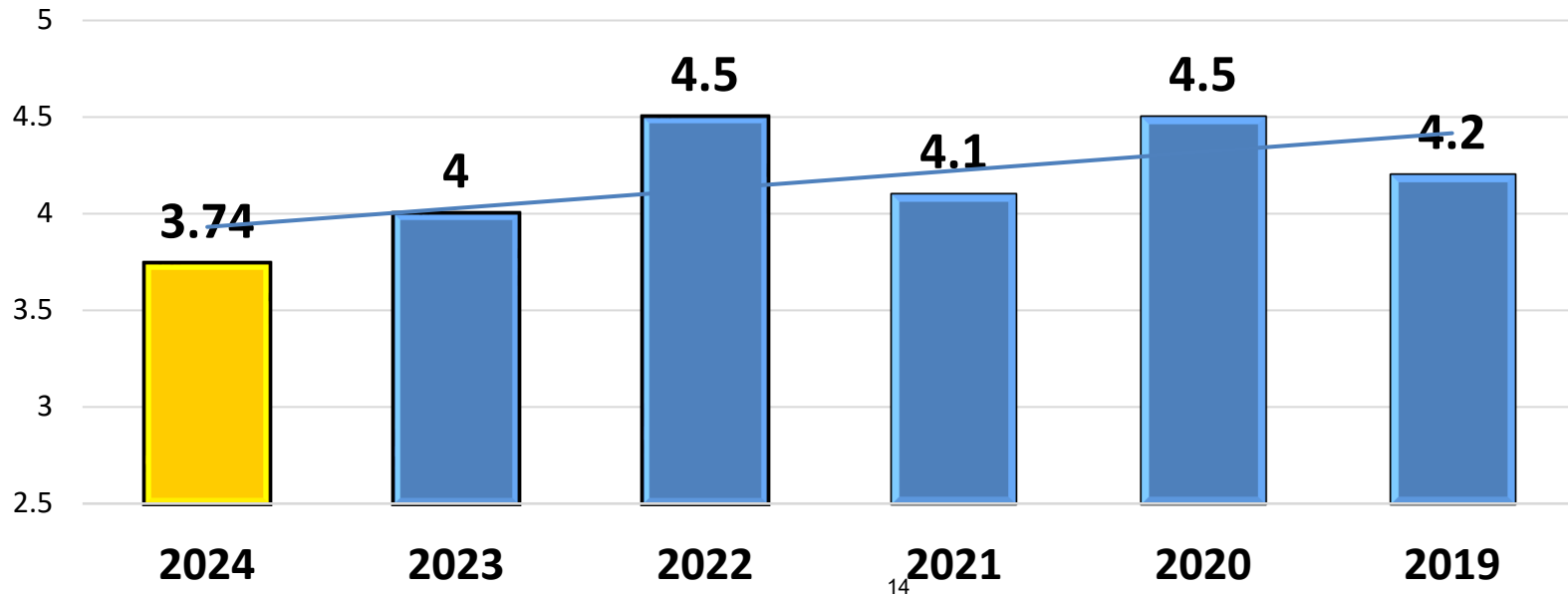
July 24, 2024

Operations Committee

Self Evaluation Summary Report

The Operations Committee performed its annual self-evaluation in July 2024 by confidential score submissions. The Scoring system was a 5-point scale, with 5 being “strongly agree” and 1 being “strongly disagree”. The overall average score for 16 questions is shown below, as well as a comparison of the previous years overall scores. The 2024 survey observed an average score of 3.74 which is a .26 decrease compared to the 2023 survey results. The 2024 survey had 7 of 9 respondents.

Overall Score by Year



Southwest Michigan

BEHAVIORAL HEALTH

Section: Board- Policy Board-Management		Policy Number: BG-003	Pages: 1
Subject: Delegation Unity of Control		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 8.11.23	Past Review Dates: 11.14.14, 11.13.15, 11.11.16, 11.10.17,11.9.18, 11.8.19, 11.13.20, 11.12.21,11.11.22	

I. **PURPOSE:**

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

II. **POLICY:**

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

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

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy	Policy Number: BEL-004	Pages: 1
Subject: Treatment of Staff	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 8/11/23	Past Review Dates: 12/12/14, 3/11/16, 4/14/17, 4/13/18, 5/10/19, 5/8/20, 9/10/21,9/9/22

I. **PURPOSE:**

To clearly define the Treatment of SWMBH staff by SWMBH.

II. **POLICY:**

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

III. **STANDARDS:**

Accordingly the EO may not:

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

**Executive Limitations
Monitoring to Assure Executive Performance
August 9, 2024**

Policy Number: BEL-004
Policy Name: Treatment of Staff
Assigned Reviewer: Mark Doster

Purpose: To clearly define the Treatment of SWMBH staff.

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

Standards: Accordingly, the EO may not;

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

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

I have been vigilant toward and responsive to staff needs and concerns, particularly in the areas of fairness, dignity and safety as expressed in this Board directive. Formal orientation and onboarding, inclusive of a mandatory meeting with me, occurs for new staff. Enforcement of expectations related to level of effort, work product output and professional demeanor have been consistent. Staff is treated with dignity & respect and is not subjected to unsafe work environment or conditions. Compliance with this Executive Limitation is evidenced by the absence of any known Worker’s Compensation claims, OSHA complaints, FMLA violation claims and the like. In the past year staff SWMBH had zero (0) employee complaints filed with Human Resources regarding staff treatment.

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

In May 2024 the latest Cultural Accelerator Survey was conducted by an outside contractor, Rose St. Advisors, to measure staff satisfaction and engagement, this survey is one that we have conducted on a regular basis for several years to improve employee engagement and satisfaction. The improvement over time has been significant and our latest survey indicates not only significant improvement over time, but excellent scores that are holding steady. I continue to work with Senior Leadership and in consultation with Rose Street Advisors to improve upon and/or maintain these scores.

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

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

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

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

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

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

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

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

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

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

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

Documents Provided:

SWMBH Staff Handbook
SWMBH Staff Contact Roster
May 2024 Cultural Accelerator Survey

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy Executive Limitations		Policy Number: BEL-007	Pages: 1
Subject: Compensation and Benefits		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 05.09.2014 08.15.2022	Last Review Date: 8/11/23	Past Review Dates: 11/13/15, 1/13/17, 2/9/18, 4/12/19,6/12/20, 7/09/21, 8/12/22	

I. PURPOSE:

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

II. POLICY:

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

III. STANDARDS:

Accordingly, The EO will not:

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

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

**Executive Limitations
Monitoring to Assure Executive Performance**

Policy Number: BEL007
Policy Name: Compensation and Benefits
Board and Report Date: August 9, 2024
Assigned Reviewer: Tina Leary

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

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

Standards: Accordingly, The EO will not:

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

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

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

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

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

EO Response:

- a. Significant geographic professional marketplace study was undertaken by SWMBH using external experts in Spring of 2023. Salary grade ranges were adjusted to be in line with the market survey and those persons deemed to be low within their grade based on experience and longevity received salary adjustments accordingly in May 2023. The Covid19 pandemic and increased need for mental health services has made hiring very competitive in the behavioral health field especially for those with advanced clinical degrees.
 - b. No employment or contract obligations have been established which create obligations over a longer term than revenues can be safely projected, none for longer than one year, and all are subject to revision based on reductions in SWMBH revenue.
 - c. Staff preferences on compensation and benefits were/are considered during monthly staff meetings and through interactions with Human Resources. In addition, SWMBH has implemented an ongoing cultural insights survey project which asks among other things staff satisfaction with compensation and benefits. The May 2024 survey indicated that 83% of staff agreed that SWMBH had competitive salary and benefits. The percentage has held fairly steady over the past year with concerns from some staff regarding inflation and the increasing cost of healthcare coverage. Senior Leaders are continuing to address staff concerns and suggestions through the use of this survey.
4. **Establish or change retirement benefits so the retirement provisions:**
 - a. **Cause unfunded liabilities to occur or in any way commit the organization to benefits that incur unpredictable future costs.**
 - b. **Provide less than some basic level of benefits to all full-time employees. Differential benefits which recognize and encourage longevity are not prohibited.**
 - c. **That are instituted without prior monitoring of these provisions.**
 - d. **Make revisions to Retirement Plan documents without prior Board approval.**
 - e. **Implement employer discretionary contributions to staff without prior Board approval.**

EO Response:

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

Attachments:

2023 Employee Manual

May 2024 Cultural Accelerator Report

FY2024 New Employee Benefit Summary

-END

	A	B	C	D	E	F	G	H	I	J	K	L
1	Southwest Michigan Behavioral Health											
2	MEDICAID Summary Income Statement											
3	For the Fiscal YTD Period Ended 6/30/2024											
4		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
5												
6		Medicaid Specialty Services										
7	Contract Revenue	\$ 188,253,974	\$ 13,927,537	\$ 174,326,437	\$ 7,928,333	\$ 33,607,301	\$ 9,236,494	\$ 32,214,530	\$ 11,359,391	\$ 50,096,804	\$ 11,434,916	\$ 18,448,669
8	Budget v Actual	\$ 10,384,293	\$ (6,380,873)	\$ 16,765,166	\$ 1,493,225	\$ 2,788,262	\$ 1,387,518	\$ 4,006,057	\$ 711,714	\$ 4,262,472	\$ 1,802,871	\$ 313,048
9	% Variance - Fav / (Unfav)	5.8%	-31.4%	10.6%	23.2%	9.0%	17.7%	14.2%	6.7%	9.3%	18.7%	1.7%
10												
11	Healthcare Cost	\$ 184,120,046	\$ 8,218,611	\$ 175,901,435	\$ 6,019,230	\$ 32,623,478	\$ 8,109,903	\$ 30,626,721	\$ 13,688,012	\$ 52,580,558	\$ 13,255,868	\$ 18,997,665
12	Budget v Actual	\$ (16,813,535)	\$ 129,127	\$ (16,942,662)	\$ (1,183,584)	\$ (1,374,328)	\$ (441,311)	\$ (6,866,459)	\$ (915,531)	\$ (1,435,483)	\$ (3,813,977)	\$ (911,990)
13	% Variance - Fav / (Unfav)	-10.0%	1.5%	-10.7%	-24.5%	-4.4%	-5.8%	-28.9%	-7.2%	-2.8%	-40.4%	-5.0%
14	MLR	97.8%	59.0%	100.9%	75.9%	97.1%	87.8%	95.1%	120.5%	105.0%	115.9%	103.0%
15												
16	Managed Care Administration	\$ 20,987,209	\$ 4,621,058	\$ 16,366,151	\$ 617,459	\$ 3,293,203	\$ 589,136	\$ 3,407,013	\$ 1,091,983	\$ 4,598,921	\$ 1,160,782	\$ 1,607,653
17	Budget v Actual	\$ (790,884)	\$ 447,186	\$ (1,238,070)	\$ 327,365	\$ (734,001)	\$ 288,291	\$ 224,316	\$ (64,383)	\$ (1,106,877)	\$ (477,860)	\$ 305,079
18	% Variance - Fav / (Unfav)	-3.9%	8.8%	-8.2%	34.6%	-28.7%	32.9%	6.2%	-6.3%	-31.7%	-70.0%	15.9%
19	ACR	10.2%	2.3%	8.0%	9.3%	9.2%	6.8%	10.0%	7.4%	8.0%	8.1%	7.8%
20												
21	Total Contract Cost	\$ 205,107,255	\$ 12,839,668	\$ 192,267,587	\$ 6,636,690	\$ 35,916,681	\$ 8,699,040	\$ 34,033,734	\$ 14,779,995	\$ 57,179,479	\$ 14,416,650	\$ 20,605,318
22	Budget v Actual	\$ (17,604,419)	\$ 576,314	\$ (18,180,733)	\$ (856,219)	\$ (2,108,329)	\$ (153,020)	\$ (6,642,143)	\$ (979,914)	\$ (2,542,360)	\$ (4,291,837)	\$ (606,911)
23	Variance - Favorable / (Unfavorable)	-9.4%	4.3%	-10.4%	-14.8%	-6.2%	-1.8%	-24.2%	-7.1%	-4.7%	-42.4%	-3.0%
24												
25												
26	Net before Settlement	\$ (16,853,281)	\$ 1,087,869	\$ (17,941,150)	\$ 1,291,644	\$ (2,309,380)	\$ 537,454	\$ (1,819,204)	\$ (3,420,604)	\$ (7,082,675)	\$ (2,981,735)	\$ (2,156,649)
27	Budget v Actual	\$ (7,220,126)	\$ (5,804,559)	\$ (1,415,567)	\$ 637,006	\$ 679,933	\$ 1,234,498	\$ (2,636,086)	\$ (268,200)	\$ 1,720,112	\$ (2,488,966)	\$ (293,863)
28	Variance - Favorable / (Unfavorable)	-75.0%	-84.2%	-8.6%	97.3%	22.7%	177.1%	-322.7%	-8.5%	19.5%	-505.1%	-15.8%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											
30	Date: 7/29/2024											
31												within +/- 2%
32												>2% favorable
												between -2&-4%
												>4% unfavorable

	A	B	C	D	E	F	G	H	I	J	K	L
33	Southwest Michigan Behavioral Health											
34	HEALTHY MICHIGAN Summary Income Statement											
35	For the Fiscal YTD Period Ended 6/30/2024											
36		Total Region	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	Pivotal of St. Joseph	Van Buren MHA
37		-	-	-	-	-	-	-	-	-	-	-
38	Healthy Michigan Plan (HMP)											
39	Contract Revenue	\$ 25,195,809	\$ 8,554,979	\$ 16,640,830	\$ 845,023	\$ 3,089,395	\$ 525,344	\$ 3,479,378	\$ 1,282,452	\$ 4,068,728	\$ 1,261,487	\$ 2,089,024
40	Budget v Actual	\$ (11,259,369)	\$ 5,692,669	\$ (16,952,039)	\$ (739,726)	\$ (3,775,334)	\$ (840,839)	\$ (2,790,132)	\$ (1,175,748)	\$ (5,518,113)	\$ (926,362)	\$ (1,185,784)
41	% Variance - Fav / (Unfav)	-30.9%	198.9%	-50.5%	-46.7%	-55.0%	-61.5%	-44.5%	-47.8%	-57.6%	-42.3%	-36.2%
42												
43	Healthcare Cost	\$ 25,292,428	\$ 9,353,507	\$ 15,938,921	\$ 496,043	\$ 2,343,664	\$ 703,253	\$ 4,447,117	\$ 1,340,853	\$ 3,491,209	\$ 1,178,361	\$ 1,938,422
44	Budget v Actual	\$ 846,139	\$ 1,009,941	\$ (163,802)	\$ 275,574	\$ (306,309)	\$ (60,211)	\$ (273,134)	\$ (549,063)	\$ (489,815)	\$ 895,046	\$ 344,109
45	% Variance - Fav / (Unfav)	3.2%	9.7%	-1.0%	35.7%	-15.0%	-9.4%	-6.5%	-69.3%	-16.3%	43.2%	15.1%
46	MLR	100.4%	109.3%	95.8%	58.7%	75.9%	133.9%	127.8%	104.6%	85.8%	93.4%	92.8%
47												
48	Managed Care Administration	\$ 2,447,055	\$ 568,394	\$ 1,878,661	\$ 50,885	\$ 386,200	\$ 89,553	\$ 597,009	\$ 117,025	\$ 305,342	\$ 154,713	\$ 177,934
49	Budget v Actual	\$ (24,322)	\$ 160,505	\$ (184,827)	\$ 111,326	\$ (270,257)	\$ 50,542	\$ (21,784)	\$ 3,700	\$ (100,415)	\$ (34,963)	\$ 77,024
50	% Variance - Fav / (Unfav)	-1.0%	22.0%	-10.9%	68.6%	-233.1%	36.1%	-3.8%	3.1%	-49.0%	-29.2%	30.2%
51	ACR	8.8%	2.0%	6.8%	9.3%	14.1%	11.3%	11.8%	8.0%	8.0%	11.6%	8.4%
52												
53	Total Contract Cost	\$ 27,739,483	\$ 9,921,901	\$ 17,817,582	\$ 546,928	\$ 2,729,864	\$ 792,806	\$ 5,044,126	\$ 1,457,877	\$ 3,796,551	\$ 1,333,075	\$ 2,116,357
54	Budget v Actual	\$ 28,561,301	\$ 11,092,347	\$ 17,468,954	\$ 933,828	\$ 2,153,299	\$ 783,136	\$ 4,749,208	\$ 912,515	\$ 3,206,321	\$ 2,193,158	\$ 2,537,490
55	% Variance - Fav / (Unfav)	2.9%	10.6%	-2.0%	41.4%	-26.8%	-1.2%	-6.2%	-59.8%	-18.4%	39.2%	16.6%
56												
57												
58	Net before Settlement	\$ (2,543,674)	\$ (1,366,922)	\$ (1,176,752)	\$ 298,096	\$ 359,531	\$ (267,462)	\$ (1,564,748)	\$ (175,426)	\$ 272,177	\$ (71,588)	\$ (27,333)
59	Budget v Actual	\$ (10,437,552)	\$ 6,863,115	\$ (17,300,667)	\$ (352,826)	\$ (4,351,899)	\$ (850,509)	\$ (3,085,050)	\$ (1,721,111)	\$ (6,108,343)	\$ (66,279)	\$ (764,651)
60	% Variance - Fav / (Unfav)	-132.2%	83.4%	-107.3%	-54.2%	-92.4%	-145.9%	-202.9%	-111.3%	-95.7%	-1248.5%	-103.7%
61	Note: HMP Savings can be applied to Medicaid cost savings or ISF											within +/- 2%
62												>2% favorable
63	Date: 7/29/2024											between -2&-4%
												>4% unfavorable

	E	F	H	J	K	M	N	P	Q	R	S
1	Southwest Michigan Behavioral Health			<i>Mos in Period</i>							
2	For the Fiscal YTD Period Ended 6/30/2024		P09FYTD24	9							
3	<i>(For Internal Management Purposes Only)</i>										
4	INCOME STATEMENT										
5		TOTAL	Medicaid Contract	Healthy Michigan Contract	Opioid Health Home Contract	CCBHC	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	
18	Contract Revenue	271,817,500	188,044,296	25,195,809	1,208,616	49,272,796	549,578	5,963,208	1,583,198	-	
19	DHHS Incentive Payments	209,679	209,679	-	-	-	-	-	-	-	
21	Interest Income - Working Capital	916,737	-	-	-	-	-	-	-	916,737	
22	Interest Income - ISF Risk Reserve	224,547	-	-	-	-	-	-	-	224,547	
23	Local Funds Contributions	652,976	-	-	-	-	-	-	-	652,976	
24	Other Local Income	-	-	-	-	-	-	-	-	-	
25											
26	TOTAL REVENUE	273,821,438	188,253,974	25,195,809	1,208,616	49,272,796	549,578	5,963,208	1,583,198	1,794,259	
27											
28	EXPENSE										
29	Healthcare Cost										
30	Provider Claims Cost	16,489,236	3,020,717	6,029,529	772,856	-	183,925	5,277,648	1,203,293	-	
31	CMHP Subcontracts, net of 1st & 3rd party	241,783,253	175,901,435	15,938,921	-	49,504,427	-	438,470	-	-	
32	Insurance Provider Assessment Withhold (IPA)	2,477,275	1,762,588	714,688	-	-	-	-	-	-	
33	Medicaid Hospital Rate Adjustments	6,044,596	3,435,306	2,609,290	-	-	-	-	-	-	
34	MHL Cost in Excess of Medicare FFS Cost	-	1,300	-	-	-	-	-	-	-	
35											
36	Total Healthcare Cost	266,794,361	184,121,346	25,292,428	772,856	49,504,427	183,925	5,716,118	1,203,293	-	
37	Medical Loss Ratio (HCC % of Revenue)	98.1%	97.8%	100.4%	63.9%	100.5%	-	95.9%	76.0%	-	
38											
40	Purchased Professional Services	254,230	-	-	-	-	-	-	-	254,230	
41	Administrative and Other Cost	6,944,036	-	-	-	-	365,653	88,672	-	6,490,744	
43	Depreciation	5,447	-	-	-	-	-	-	-	5,447	
44	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	
45	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	(1,033)	
46	Delegated Managed Care Admin	18,244,812	16,366,152	1,878,661	-	-	-	-	-	-	
47	Apportioned Central Mgd Care Admin	(0)	4,621,058	568,394	19,996	1,269,725	14,219	158,419	-	(6,651,844)	
48											
49	Total Administrative Cost	25,448,526	20,987,209	2,447,055	19,996	1,269,725	379,872	247,090.37	-	97,545	
50	Admin Cost Ratio (MCA % of Total Cost)	8.7%	10.2%	8.8%	2.5%	2.5%	-	4.1%	0.0%	2.3%	
51											
52	Local Funds Contribution	652,976	-	-	-	-	-	-	-	652,976	
54											
55	TOTAL COST after apportionment	292,895,862	205,108,555	27,739,483	792,853	50,774,153	563,797	5,963,208	1,203,293	750,521	
56											
57	NET SURPLUS before settlement	(19,074,425)	(16,854,581)	(2,543,674)	415,763	(1,501,357)	(14,219)	-	379,905	1,043,738	
58	Net Surplus (Deficit) % of Revenue	-7.0%	-9.0%	-10.1%	34.4%	-3.0%	-2.6%	0.0%	24.0%	58.2%	
60	Prior Year Savings	-	-	-	-	-	-	-	-	-	
61	Change in PA2 Fund Balance	(379,905)	-	-	-	-	-	-	(379,905)	-	
62											
63	ISF Risk Reserve Abatement (Funding)	(224,547)	-	-	-	-	-	-	-	(224,547)	
64	ISF Risk Reserve Deficit (Funding)	16,683,350	16,683,350	-	-	-	-	-	-	-	
65	CCBHC Supplemental Receivable (Payable)	5,342,111	-	-	-	5,342,111	-	-	-	-	
66	Settlement Receivable / (Payable)	2,714,905	4,427,748	2,543,674	(415,763)	(3,840,754)	-	-	-	-	
67	NET SURPLUS (DEFICIT)	5,061,490	4,256,517	-	-	-	(14,219)	-	-	819,192	
68	<i>HMP & Autism is settled with Medicaid</i>										
69											
70	SUMMARY OF NET SURPLUS (DEFICIT)										
71	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	
72	Current Year Savings	-	-	-	-	-	-	-	-	-	
73	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	
74	Local and Other Funds Surplus/(Deficit)	5,061,490	4,256,517	-	-	-	(14,219)	-	-	819,192	
75											
76	NET SURPLUS (DEFICIT)	5,061,490	4,256,517	-	-	-	(14,219)	-	-	819,192	

	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 6/30/2024			9										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
6	Medicaid Specialty Services			HCC%			54.3%	73.2%	59.9%	64.3%	84.6%	86.8%	82.6%	84.0%
7	Subcontract Revenue	188,044,296	13,914,599	174,129,697	7,917,744	33,607,301	9,050,343	32,214,530	11,359,391	50,096,804	11,434,916	18,448,669		
8	Incentive Payment Revenue	209,679	12,938	196,740	10,590	-	186,150	-	-	-	-	-	-	-
9	Contract Revenue	188,253,974	13,927,537	174,326,437	7,928,333	33,607,301	9,236,494	32,214,530	11,359,391	50,096,804	11,434,916	18,448,669		
10														
11	External Provider Cost	160,825,606	3,020,717	157,804,889	4,499,887	30,681,410	7,743,281	28,368,649	9,847,830	51,017,196	12,654,465	12,992,171		
12	Internal Program Cost	18,702,581	-	18,702,581	1,524,606	2,370,450	366,622	2,333,143	3,840,182	1,565,805	601,403	6,100,369		
13	SSI Reimb, 1st/3rd Party Cost Offset	(606,035)	-	(606,035)	(5,264)	(428,382)	-	(75,071)	-	(2,443)	-	(94,875)		
14	Insurance Provider Assessment Withhold (IPA)	5,197,894	5,197,894	-	-	-	-	-	-	-	-	-		
16	Total Healthcare Cost	184,120,046	8,218,611	175,901,435	6,019,230	32,623,478	8,109,903	30,626,721	13,688,012	52,580,558	13,255,868	18,997,665		
17	Medical Loss Ratio (HCC % of Revenue)	97.8%	59.0%	100.9%	75.9%	97.1%	87.8%	95.1%	120.5%	105.0%	115.9%	103.0%		
18														
19	Managed Care Administration	20,987,209	4,621,058	16,366,151	617,459	3,293,203	589,136	3,407,013	1,091,983	4,598,921	1,160,782	1,607,653		
20	Admin Cost Ratio (MCA % of Total Cost)	10.2%	2.3%	8.0%	9.3%	9.2%	6.8%	10.0%	7.4%	8.0%	8.1%	7.8%		
21														
22	Contract Cost	205,107,255	12,839,668	192,267,587	6,636,690	35,916,681	8,699,040	34,033,734	14,779,995	57,179,479	14,416,650	20,605,318		
23	Net before Settlement	(16,853,281)	1,087,869	(17,941,150)	1,291,644	(2,309,380)	537,454	(1,819,204)	(3,420,604)	(7,082,675)	(2,981,735)	(2,156,649)		
24														
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
27	Contract Settlement / Redistribution	4,427,748	(13,513,402)	17,941,150	(1,291,644)	2,309,380	(537,454)	1,819,204	3,420,604	7,082,675	2,981,735	2,156,649		
28	Net after Settlement	(12,425,532)	(12,425,532)	0	-	-	-	-	-	-	-	-		
29														
30	Eligibles and PMPM													
31	Average Eligibles	163,202	163,202	163,202	8,863	30,720	9,623	31,859	9,485	43,130	13,220	16,302		
32	Revenue PMPM	\$ 128.17	\$ 94.48	\$ 118.68	\$ 99.39	\$ 121.55	\$ 106.65	\$ 112.35	\$ 133.07	\$ 129.06	\$ 96.11	\$ 125.74		
33	Expense PMPM	\$ 139.64	\$ 8.74	\$ 130.90	\$ 83.20	\$ 129.91	\$ 100.44	\$ 118.70	\$ 173.14	\$ 147.31	\$ 121.17	\$ 140.44		
34	Margin PMPM	\$ (11.47)	\$ 0.74	\$ (12.21)	\$ 16.19	\$ (8.35)	\$ 6.21	\$ (6.34)	\$ (40.07)	\$ (18.25)	\$ (25.06)	\$ (14.70)		
35														
36	Medicaid Specialty Services													
37	Budget v Actual													
38														
39	Eligible Lives (Average Eligibles)													
40	Actual	163,202	163,202	163,202	8,863	30,720	9,623	31,859	9,485	43,130	13,220	16,302		
41	Budget	182,355	182,355	182,355	10,091	34,298	10,758	35,395	10,670	47,729	15,030	18,384		
42	Variance - Favorable / (Unfavorable)	(19,153)	(19,153)	(19,153)	(1,228)	(3,578)	(1,135)	(3,536)	(1,185)	(4,599)	(1,810)	(2,082)		
43	% Variance - Fav / (Unfav)	-10.5%	-10.5%	-10.5%	-12.2%	-10.4%	-10.6%	-10.0%	-11.1%	-9.6%	-12.0%	-11.3%		
44														
45	Contract Revenue before settlement													
46	Actual	188,253,974	13,927,537	174,326,437	7,928,333	33,607,301	9,236,494	32,214,530	11,359,391	50,096,804	11,434,916	18,448,669		
47	Budget	177,869,681	20,308,410	157,561,271	6,435,109	30,819,039	7,848,975	28,208,473	10,647,677	45,834,332	9,632,044	18,135,621		
48	Variance - Favorable / (Unfavorable)	10,384,293	(6,380,873)	16,765,166	1,493,225	2,788,262	1,387,518	4,006,057	711,714	4,262,472	1,802,871	313,048		
49	% Variance - Fav / (Unfav)	5.8%	-31.4%	10.6%	23.2%	9.0%	17.7%	14.2%	6.7%	9.3%	18.7%	1.7%		
50														
51	Healthcare Cost													
52	Actual	184,120,046	8,218,611	175,901,435	6,019,230	32,623,478	8,109,903	30,626,721	13,688,012	52,580,558	13,255,868	18,997,665		
53	Budget	167,306,511	8,347,738	158,958,773	4,835,646	31,249,150	7,668,592	23,760,262	12,772,481	51,145,075	9,441,891	18,085,676		
54	Variance - Favorable / (Unfavorable)	(16,813,535)	129,127	(16,942,662)	(1,183,584)	(1,374,328)	(441,311)	(6,866,459)	(915,531)	(1,435,483)	(3,813,977)	(911,990)		
55	% Variance - Fav / (Unfav)	-10.0%	1.5%	-10.7%	-24.5%	-4.4%	-5.8%	-28.9%	-7.2%	-2.8%	-40.4%	-5.0%		
56														
57	Managed Care Administration													
58	Actual	20,987,209	4,621,058	16,366,151	617,459	3,293,203	589,136	3,407,013	1,091,983	4,598,921	1,160,782	1,607,653		
59	Budget	20,196,325	5,068,244	15,128,081	944,825	2,559,203	877,427	3,631,329	1,027,600	3,492,044	682,922	1,912,732		
60	Variance - Favorable / (Unfavorable)	(790,884)	447,186	(1,238,070)	327,365	(734,001)	288,291	224,316	(64,383)	(1,106,877)	(477,860)	305,079		
61	% Variance - Fav / (Unfav)	-3.9%	8.8%	-8.2%	34.6%	-28.7%	32.9%	6.2%	-6.3%	-31.7%	-70.0%	15.9%		
62														
63	Total Contract Cost													
64	Actual	205,107,255	12,839,668	192,267,587	6,636,690	35,916,681	8,699,040	34,033,734	14,779,995	57,179,479	14,416,650	20,605,318		
65	Budget	187,502,836	13,415,982	174,086,854	5,780,471	33,808,352	8,546,020	27,391,591	13,800,081	54,637,119	10,124,813	19,998,407		
66	Variance - Favorable / (Unfavorable)	(17,604,419)	576,314	(18,180,733)	(856,219)	(2,108,329)	(153,020)	(6,642,143)	(979,914)	(2,542,360)	(4,291,837)	(606,911)		
67	% Variance - Fav / (Unfav)	-9.4%	4.3%	-10.4%	-14.8%	-6.2%	-1.8%	-24.2%	-7.1%	-4.7%	-42.4%	-3.0%		
68														
69	Net before Settlement													
70	Actual	(16,853,281)	1,087,869	(17,941,150)	1,291,644	(2,309,380)	537,454	(1,819,204)	(3,420,604)	(7,082,675)	(2,981,735)	(2,156,649)		
71	Budget	(9,633,155)	6,892,429	(16,525,583)	654,638	(2,989,313)	(697,045)	816,882	(3,152,404)	(8,802,787)	(492,769)	(1,862,786)		
72	Variance - Favorable / (Unfavorable)	(7,220,126)	(5,804,559)	(1,415,567)	637,006	679,933	1,234,498	(2,636,086)	(268,200)	1,720,112	(2,488,966)	(293,863)		
73	% Variance - Fav / (Unfav)	-75.0%	-84.2%	-8.6%	97.3%	22.7%	177.1%	-322.7%	-8.5%	19.5%	-505.1%	-15.8%		
74														
75														

	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 6/30/2024			9									
3	(For Internal Management Purposes Only)			ok									
4	INCOME STATEMENT												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
76	Healthy Michigan Plan												
77			HCC%		4.5%	5.2%	5.2%	9.3%	8.3%	9.8%	10.2%	8.5%	
79	External Provider Cost	18,825,555	6,029,529	12,796,026	447,802	1,930,923	654,677	3,954,631	361,269	3,417,623	1,126,362	902,739	
80	Internal Program Cost	3,142,895	-	3,142,895	48,241	412,741	48,576	492,486	979,583	73,586	51,999	1,035,683	
81	SSI Reimb, 1st/3rd Party Cost Offset	-	-	-	-	-	-	-	-	-	-	-	
82	Insurance Provider Assessment Withhold (IPA)	3,323,978	3,323,978	-	-	-	-	-	-	-	-	-	
83	Total Healthcare Cost	25,292,428	9,353,507	15,938,921	496,043	2,343,664	703,253	4,447,117	1,340,853	3,491,209	1,178,361	1,938,422	
84	Medical Loss Ratio (HCC % of Revenue)	100.4%	109.3%	95.8%	58.7%	75.9%	133.9%	127.8%	104.6%	85.8%	93.4%	92.8%	
85													
86	Managed Care Administration	2,447,055	568,394	1,878,661	50,885	386,200	89,553	597,009	117,025	305,342	154,713	177,934	
87	Admin Cost Ratio (MCA % of Total Cost)	8.8%	2.0%	6.8%	9.3%	14.1%	11.3%	11.8%	8.0%	8.0%	11.6%	8.4%	
88													
89	Contract Cost	27,739,483	9,921,901	17,817,582	546,928	2,729,864	792,806	5,044,126	1,457,877	3,796,551	1,333,075	2,116,357	
90	Net before Settlement	(2,543,674)	(1,366,922)	(1,176,752)	298,096	359,531	(267,462)	(1,564,748)	(175,426)	272,177	(71,588)	(27,333)	
91													
92	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
93	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
94	Contract Settlement / Redistribution	2,543,674	1,366,922	1,176,752	(298,096)	(359,531)	267,462	1,564,748	175,426	(272,177)	71,588	27,333	
95	Net after Settlement	0	0	0	-	-	-	-	-	-	-	-	
96													
97	Eligibles and PMPM												
98	Average Eligibles	66,175	66,175	66,175	3,411	13,229	3,209	12,205	3,854	18,971	5,038	6,258	
99	Revenue PMPM	\$ 42.31	\$ 14.36	\$ 27.94	\$ 27.52	\$ 25.95	\$ 18.19	\$ 31.67	\$ 36.97	\$ 23.83	\$ 27.82	\$ 37.09	
100	Expense PMPM	46.58	16.66	29.92	17.81	22.93	27.45	45.92	42.03	22.24	29.40	37.58	
101	Margin PMPM	\$ (4.27)	\$ (2.30)	\$ (1.98)	\$ 9.71	\$ 3.02	\$ (9.26)	\$ (14.24)	\$ (5.06)	\$ 1.59	\$ (1.58)	\$ (0.49)	
102													
103	Healthy Michigan Plan												
104	Budget v Actual												
105													
106	Eligible Lives (Average Eligibles)												
107	Actual	66,175	66,175	66,175	3,411	13,229	3,209	12,205	3,854	18,971	5,038	6,258	
108	Budget	80,899	80,899	80,899	4,135	15,777	3,853	14,800	4,923	23,446	6,225	7,740	
109	Variance - Favorable / (Unfavorable)	(14,724)	(14,724)	(14,724)	(723)	(2,548)	(644)	(2,595)	(1,069)	(4,476)	(1,188)	(1,482)	
110	% Variance - Fav / (Unfav)	-18.2%	-18.2%	-18.2%	-17.5%	-16.1%	-16.7%	-17.5%	-21.7%	-19.1%	-19.1%	-19.2%	
111													
112	Contract Revenue before settlement												
113	Actual	25,195,809	8,554,979	16,640,830	845,023	3,089,395	525,344	3,479,378	1,282,452	4,068,728	1,261,487	2,089,024	
114	Budget	36,455,178	2,862,309	33,592,869	1,584,749	6,864,729	1,366,183	6,269,510	2,458,200	9,586,841	2,187,849	3,274,808	
115	Variance - Favorable / (Unfavorable)	(11,259,369)	5,692,669	(16,952,039)	(739,726)	(3,775,334)	(840,839)	(2,790,132)	(1,175,748)	(5,518,113)	(926,362)	(1,185,784)	
116	% Variance - Fav / (Unfav)	-30.9%	198.9%	-50.5%	-46.7%	-55.0%	-61.5%	-44.5%	-47.8%	-57.6%	-42.3%	-36.2%	
117													
118	Healthcare Cost												
119	Actual	25,292,428	9,353,507	15,938,921	496,043	2,343,664	703,253	4,447,117	1,340,853	3,491,209	1,178,361	1,938,422	
120	Budget	26,138,567	10,363,448	15,775,120	771,617	2,037,356	643,042	4,173,982	791,790	3,001,394	2,073,407	2,282,531	
121	Variance - Favorable / (Unfavorable)	846,139	1,009,941	(163,802)	275,574	(306,309)	(60,211)	(273,134)	(549,063)	(489,815)	895,046	344,109	
122	% Variance - Fav / (Unfav)	3.2%	9.7%	-1.0%	35.7%	-15.0%	-9.4%	-6.5%	-69.3%	-16.3%	43.2%	15.1%	
123													
124	Managed Care Administration												
125	Actual	2,447,055	568,394	1,878,661	50,885	386,200	89,553	597,009	117,025	305,342	154,713	177,934	
126	Budget	2,422,733	728,899	1,693,834	162,210	115,943	140,095	575,225	120,725	204,927	119,750	254,959	
127	Variance - Favorable / (Unfavorable)	(24,322)	160,505	(184,827)	111,326	(270,257)	50,542	(21,784)	3,700	(100,415)	(34,963)	77,024	
128	% Variance - Fav / (Unfav)	-1.0%	22.0%	-10.9%	68.6%	-233.1%	36.1%	-3.8%	3.1%	-49.0%	-29.2%	30.2%	
129													
130	Total Contract Cost												
131	Actual	27,739,483	9,921,901	17,817,582	546,928	2,729,864	792,806	5,044,126	1,457,877	3,796,551	1,333,075	2,116,357	
132	Budget	28,561,301	11,092,347	17,468,954	933,828	2,153,299	783,136	4,749,208	912,515	3,206,321	2,193,158	2,537,490	
133	Variance - Favorable / (Unfavorable)	821,818	1,170,446	(348,829)	386,900	(576,565)	(9,669)	(294,918)	(545,363)	(590,230)	860,083	421,133	
134	% Variance - Fav / (Unfav)	2.9%	10.6%	-2.0%	41.4%	-26.8%	-1.2%	-6.2%	-59.8%	-18.4%	39.2%	16.6%	
135													
136	Net before Settlement												
137	Actual	(2,543,674)	(1,366,922)	(1,176,752)	298,096	359,531	(267,462)	(1,564,748)	(175,426)	272,177	(71,588)	(27,333)	
138	Budget	7,893,877	(8,230,038)	16,123,915	650,922	4,711,430	583,047	1,520,302	1,545,685	6,380,520	(5,309)	737,318	
139	Variance - Favorable / (Unfavorable)	(10,437,552)	6,863,115	(17,300,667)	(352,826)	(4,351,899)	(850,509)	(3,085,050)	(1,721,111)	(6,108,343)	(66,279)	(764,651)	
140	% Variance - Fav / (Unfav)	-132.2%	83.4%	-107.3%	-54.2%	-92.4%	-145.9%	-202.9%	-111.3%	-95.7%	-1248.5%	-103.7%	

	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 6/30/2024			9									
3	(For Internal Management Purposes Only)			ok									
4	INCOME STATEMENT												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
160	Certified Community Behavioral Health Clin												
161			HCC%		0.0%	0.0%	0.0%	0.0%	0.0%	25.6%	21.4%	0.0%	
162	Contract Revenue	49,272,796	(2,046,124)	51,318,919	4,194,587	9,474,254	3,585,749	9,176,484	-	20,279,769	4,608,077	-	
163	External Provider Cost	4,416,080	-	4,416,080	-	-	-	-	-	4,416,080	-	-	
165	Internal Program Cost	45,177,300	-	45,177,300	4,186,890	7,799,751	3,813,885	9,208,901	-	15,836,880	4,330,992	-	
166	SSI Reimb, 1st/3rd Party Cost Offset	(518,448)	-	(518,448)	-	-	(95,845)	-	-	(323,102)	(99,502)	-	
168	Total Healthcare Cost	49,504,427		49,504,427	4,616,386	7,799,751	3,718,040	9,208,901		19,929,858	4,231,491		
169	Medical Loss Ratio (HCC % of Revenue)	100.5%	0.0%	96.5%	110.1%	82.3%	103.7%	100.4%	0.0%	98.3%	91.8%	0.0%	
170	Managed Care Administration	1,269,725	1,269,725										
171	Admin Cost Ratio (MCA % of Total Cost)	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
172	Contract Cost	50,774,153	1,269,725	49,504,427	4,616,386	7,799,751	3,718,040	9,208,901	-	19,929,858	4,231,491	-	
173	Net before Settlement	(1,501,357)	(3,315,849)	1,814,492	(421,798)	1,674,503	(132,291)	(32,418)		349,911	376,586		
176	PPS-1 Supplemental Payment Difference	-	5,342,111	(5,342,111)	(421,798)	(1,286,256)	(991,272)	(1,521,695)	-	165,677	(1,286,766)	-	
177	Contract Settlement / Redistribution	-	(7,156,603)	7,156,603	-	2,960,758	858,981	1,489,277	-	184,234	1,663,353	-	
178	Net after Settlement	-	(7,156,603)	7,156,603	-	2,960,758	858,981	1,489,277		184,234	1,663,353		
179	SWMBH CMHP Subcontracts												
180													
199	Subcontract Revenue	262,512,900	20,423,454	242,089,446	12,957,354	46,170,949	13,161,436	44,870,391	12,641,842	74,445,301	17,304,479	20,537,693	
200	Incentive Payment Revenue	209,679	12,938	196,740	10,590	-	186,150	-	-	-	-	-	
201	Contract Revenue	262,722,579	20,436,393	242,286,186	12,967,944	46,170,949	13,347,587	44,870,391	12,641,842	74,445,301	17,304,479	20,537,693	
202	External Provider Cost	184,067,241	9,050,246	175,016,995	4,947,690	32,612,333	8,397,958	32,323,279	10,209,099	58,850,899	13,780,827	13,894,910	
203	Internal Program Cost	67,022,776	-	67,022,776	5,759,737	10,582,942	4,229,083	12,034,530	4,819,765	17,476,271	4,984,395	7,136,052	
204	SSI Reimb, 1st/3rd Party Cost Offset	(606,035)	-	(606,035)	(5,264)	(428,382)	(95,845)	(75,071)	-	(325,545)	(99,502)	(94,875)	
205	Insurance Provider Assessment Withhold (IPA)	8,521,871	8,521,871	-	-	-	-	-	-	-	-	-	
206	Total Healthcare Cost	259,005,854	17,572,117	241,433,736	10,702,163	42,766,893	12,531,196	44,282,739	15,028,864	76,001,625	18,665,720	20,936,087	
207	Medical Loss Ratio (HCC % of Revenue)	98.6%	86.0%	99.6%	82.5%	92.6%	93.9%	98.7%	118.9%	102.1%	107.9%	101.9%	
208	Managed Care Administration	24,703,989	6,459,177	18,244,812	668,344	3,679,403	678,689	4,004,022	1,209,008	4,904,263	1,315,496	1,785,588	
209	Admin Cost Ratio (MCA % of Total Cost)	8.7%	2.3%	6.4%	5.9%	7.9%	5.1%	8.3%	7.4%	6.1%	6.6%	7.9%	
210	Contract Cost	283,709,843	24,031,294	259,678,549	11,370,507	46,446,296	13,209,886	48,286,761	16,237,872	80,905,888	19,981,215	22,721,675	
211	Net before Settlement	(20,987,264)	(3,594,902)	(17,392,363)	1,597,437	(275,347)	137,701	(3,416,370)	(3,596,030)	(6,460,587)	(2,676,736)	(2,183,982)	
212	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
213	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
214	Contract Settlement	6,971,422	(17,488,591)	24,460,013	(1,167,941)	3,236,105	721,280	4,905,647	3,596,030	6,644,821	4,340,089	2,183,982	
215	Net after Settlement	(14,015,842)	(21,083,493)	7,067,651	429,496	2,960,758	858,981	1,489,277		184,234	1,663,353	0	

	E	F	I	J	K	L
1	Southwest Michigan Behavioral Health					
2	For the Fiscal YTD Period Ended 9/30/2024			FY24 Projection Medicaid and Healthy Michigan		
3	(For Internal Management Purposes Only)			<i>Revised - FY24 Rate Amendment</i>		
4						Change FY24B v
		FY24 Budget	FY24 Actual as P09	FY 24 Projection	FY24P Fav/(Unfav)	
6	REVENUE					
7	Contract Revenue					
8	Medicaid Capitation	211,146,980	169,354,881	224,959,733	13,812,753	
9	Healthy Michigan Plan Capitation	48,606,904	22,586,519	30,002,426	(18,604,478)	
10	Autism Services Capitation	19,546,840	15,254,109	20,338,812	791,972	
14	Medicaid Hospital Rate Adjustments	5,963,797	6,044,596	8,059,461	2,095,664	
19	DHHS Incentive Payments	501,957	209,679	279,571	(222,386)	
25						
26	TOTAL REVENUE	285,766,479	213,449,783	283,640,004	(2,126,475)	
27						
28	EXPENSE					
29	Healthcare Cost					
30	Provider Claims Cost	15,193,598	9,050,246	12,066,995	(3,126,603)	
31	CMHP Subcontracts, net of 1st & 3rd party	232,978,523	191,840,356	255,787,142	22,808,619	
32	Insurance Provider Assessment Withhold (IPA)	3,790,852	2,477,275	3,303,034	(487,819)	
33	Medicaid Hospital Rate Adjustments	5,963,797	6,044,596	8,059,461	2,095,664	
35						
36	Total Healthcare Cost	257,926,770	209,412,474	279,216,632	21,289,861	
37	Medical Loss Ratio (HCC % of Revenue)	90.4%	98.2%	98.5%		
38						
39	Administrative Cost					
41	Administrative and Other Cost	11,033,143	5,189,452	6,919,269	(4,113,874)	
46	Delegated Managed Care Admin	22,429,220	18,244,812	24,326,417	1,897,196	
47	Apportioned Central Mgd Care Admin	(0)	-	-	0	
48						
49	Total Administrative Cost	33,462,363	23,434,264	31,245,686	(2,216,678)	
50	Admin Cost Ratio (MCA % of Total Cost)	11.5%	10.1%	10.1%		
54						
55	TOTAL COST after apportionment	291,389,134	232,846,738	310,462,317	19,073,184	
56						
57	NET SURPLUS before settlement	(5,622,655)	(19,396,955)	(26,822,314)	(21,199,659)	
58	Net Surplus (Deficit) % of Revenue	-2.0%	-9.1%	-9.5%		
59						
60	Prior Year Savings Utilization	9,769,410	3,552,313	21,176,155	11,406,745	
63	ISF Risk Reserve Utilization	-	4,573,791	5,646,158	5,646,158	
64	MDHHS Shared Risk Utilization	-	-	-	-	
67	NET SURPLUS (DEFICIT)	4,146,755	(11,270,851)	(0)	(4,146,755)	
68	<i>HMP & Autism is settled with Medicaid</i>					

Southwest Michigan Behavioral Health**FY24 Projections as of Period 8****Region 4**

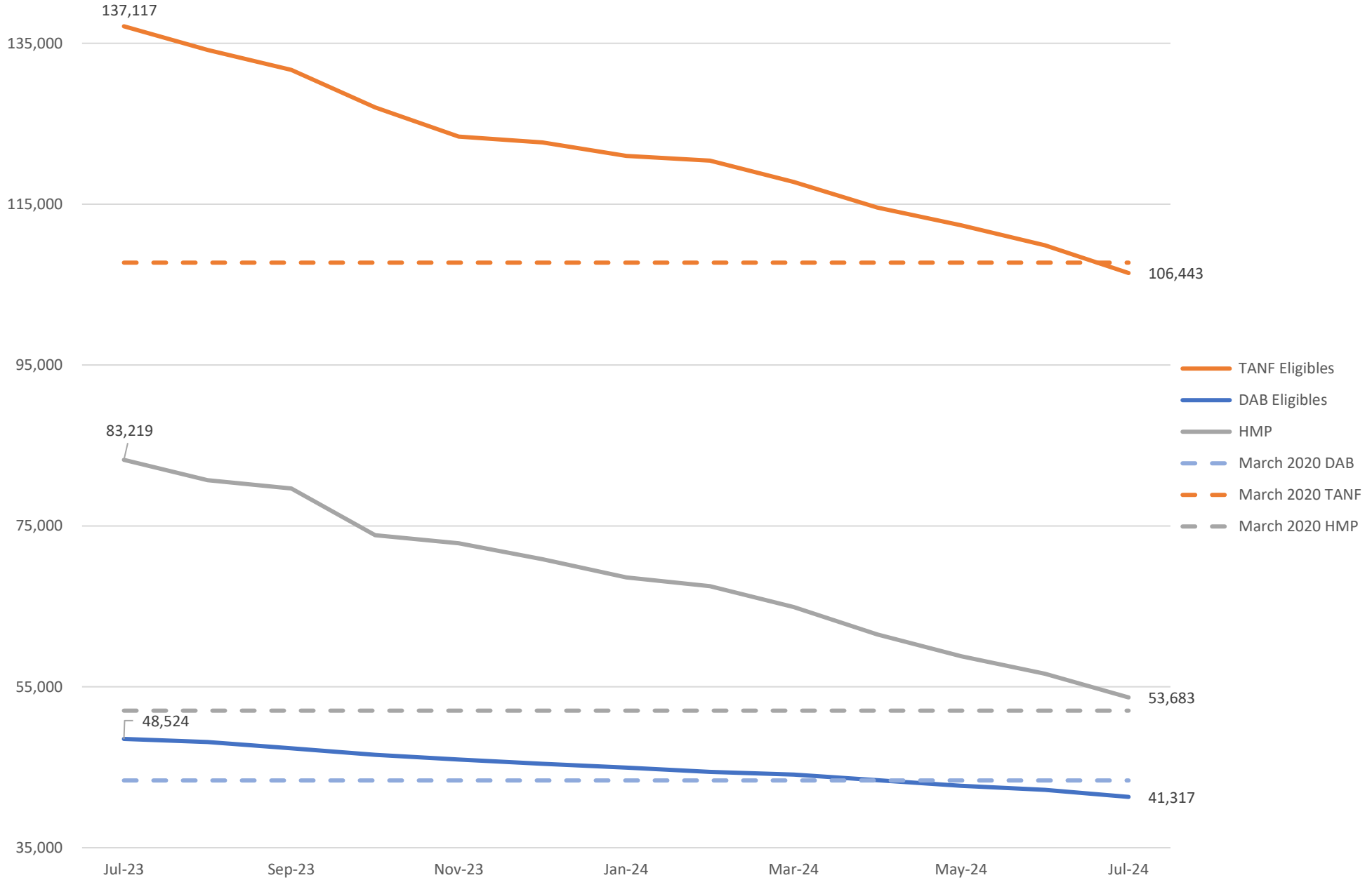
Category	FY24 Proj Inc
Traditional Medicaid	
Medicaid Revenues (After CCBHC Redirect)	\$ 253,637,578
Medicaid Expenses	(273,478,073)
Medicaid Surplus (Deficit)	<u>(19,840,495)</u>
Healthy MI Plan	
HMP Revenues (Before CCBHC Redirect)	30,002,426
HMP Expenses	(36,985,978)
HMP Surplus (Deficit)	<u>(6,983,552)</u>
Total Surplus/(Deficit)	<u>\$ (26,824,047)</u>
ISF Risk Reserve Utilization	21,176,155.19
MDHHS Shared Risk Utilization	5,647,892.02
NET SURPLUS (DEFICIT)	<u>\$ (0.00)</u>

Notes:

Southwest Michigan Behavioral Health

Total Eligibles July '23 - July '24

as of July 30th 2024





SWMBH Multi Year Financial Performance

Medicaid and HMP Margin

	FY22		FY23		FY24***		Total	
	Margin \$	Margin %	Margin \$	Margin %	Margin \$	Margin %	Margin \$	Margin %
Barry	\$ 969,640	7.3%	\$ 473,482	3.4%	\$ 2,212,990	18.8%	\$ 3,656,111	9.4%
Berrien	\$ 5,009,494	8.9%	\$ (1,990,016)	-3.5%	\$ (2,993,533)	-6.1%	\$ 25,945	0.0%
Branch	\$ 1,900,252	12.0%	\$ 296,307	1.9%	\$ (13,404)	-0.1%	\$ 2,183,155	4.9%
Calhoun	\$ 1,368,891	2.6%	\$ (6,575,064)	-12.1%	\$ (3,420,524)	-7.2%	\$ (8,626,697)	-5.6%
Cass	\$ 1,452,080	8.7%	\$ (3,229,283)	-18.6%	\$ (4,678,051)	-27.6%	\$ (6,455,254)	-12.7%
Kalamazoo	\$ 4,035,562	5.9%	\$ (288,502)	-0.4%	\$ (8,532,052)	-11.8%	\$ (4,784,991)	-2.2%
St. Joseph	\$ 284,278	1.7%	\$ (4,691,977)	-32.5%	\$ (3,902,898)	-23.0%	\$ (8,310,597)	-17.3%
Van Buren	\$ 277,370	1.0%	\$ (3,224,111)	-11.4%	\$ (2,945,121)	-10.5%	\$ (5,891,862)	-7.0%
CMH Total	\$ 15,297,567	5.7%	\$ (19,229,164)	-7.0%	\$ (24,272,593)	-9.5%	\$ (28,204,190)	-3.5%

***FY24 Projected from data through P8 FY24

Notes: Margins are Medicaid and Healthy Michigan Plan combined.

version 7/24/2024

Category	Region 1 FY24 Proj Inc	Region 2 FY24 Proj Inc	Region 3 FY24 Proj Inc	Region 4 FY24 Proj Inc	Region 5 FY24 Proj Inc	Region 6 FY24 Proj Inc	Region 7 FY24 Proj Inc	Region 8 FY24 Proj Inc	Region 9 FY24 Proj Inc	Region 10 FY24 Proj Inc	Total FY24 Proj Inc
Traditional Medicaid											
Medicaid Revenues (After CCBHC Redirect)	\$ 118,098,291	\$ 201,206,293	\$ 324,165,467	\$ 253,043,039	658,856,226	\$ 211,869,564	\$ 793,648,031	\$ 322,899,677	\$ 222,529,875	\$ 264,945,888	\$ 3,371,262,351
Medicaid Expenses	(118,612,046)	(203,543,999)	(333,198,533)	(276,330,448)	(665,717,787)	(208,500,000)	(784,244,756)	(331,046,835)	(212,409,570)	(220,954,126)	(3,354,558,100)
Medicaid Surplus (Deficit)	(513,755)	(2,337,706)	(9,033,066)	(23,287,409)	(6,861,561)	3,369,564	9,403,275	(8,147,158)	10,120,305	43,991,762	16,704,250
Healthy MI Plan											
HMP Revenues (Before CCBHC Redirect)	12,456,562	24,407,217	31,085,674	34,815,145	82,814,932	34,039,828	99,356,510	40,485,678	21,851,284	33,185,882	414,498,712
HMP Expenses	(14,683,699)	(32,929,633)	(40,960,288)	(37,360,603)	(95,369,466)	(36,200,000)	(104,419,850)	(42,878,846)	(29,987,262)	(33,844,841)	(468,634,489)
HMP Surplus (Deficit)	(2,227,137)	(8,522,416)	(9,874,614)	(2,545,459)	(12,554,534)	(2,160,172)	(5,063,340)	(2,393,168)	(8,135,978)	(658,959)	(54,135,777)
Total Surplus/(Deficit)	\$ (2,740,892)	\$ (10,860,122)	\$ (18,907,680)	\$ (25,832,868)	\$ (19,416,095)	\$ 1,209,392	\$ 4,339,935	\$ (10,540,326)	\$ 1,984,327	\$ 43,332,802	\$ (37,431,527)

Notes: _____



Southwest Michigan
BEHAVIORAL HEALTH

For SWMBH Board
Fiscal Year 2025 Budget
Assumptions and Targets
-DRAFT-

Budget Assumptions

- Managed Care Information System Transition Expenses – Amount TBD
- Conflict Free Access and Planning Installation Expenses
- State Opioid Settlement Grant Funds – Approximately \$1.8M
- Mild to Moderate Mental Health Services Costs – Avoid Expensing to Specialty Supports and Services
- Increased SUD Treatment Demand
- Statutory Rate Increases and Actuarial Medicaid Capitation – TBD
- Quality Withhold Earnings – Must Maximize

Financials

FY 2023 Actual Results

- FY 23 Internal Service Fund Balance (ISF): \$22,890,463
- FY 23 Medicaid Savings Funding: \$24,771
- FY 23 Risk Pool: \$22,915,234

FY2024 Yearend Projections

- Projected FY24 Deficit: \$25.8M
- Projected FY24 Savings: \$0
- Projected FY24 ISF Balance: \$2.2M
- Projected FY24 MDHHS Risk: \$5.8M



SWMBH Multi Year Financial Performance

Medicaid and HMP Margin

	FY22		FY23		FY24***		Total	
	Margin \$	Margin %	Margin \$	Margin %	Margin \$	Margin %	Margin \$	Margin %
Barry	\$ 969,640	7.3%	\$ 473,482	3.4%	\$ 2,212,990	18.8%	\$ 3,656,111	9.4%
Berrien	\$ 5,009,494	8.9%	\$ (1,990,016)	-3.5%	\$ (2,993,533)	-6.1%	\$ 25,945	0.0%
Branch	\$ 1,900,252	12.0%	\$ 296,307	1.9%	\$ (13,404)	-0.1%	\$ 2,183,155	4.9%
Calhoun	\$ 1,368,891	2.6%	\$ (6,575,064)	-12.1%	\$ (3,420,524)	-7.2%	\$ (8,626,697)	-5.6%
Cass	\$ 1,452,080	8.7%	\$ (3,229,283)	-18.6%	\$ (4,678,051)	-27.6%	\$ (6,455,254)	-12.7%
Kalamazoo	\$ 4,035,562	5.9%	\$ (288,502)	-0.4%	\$ (8,532,052)	-11.8%	\$ (4,784,991)	-2.2%
St. Joseph	\$ 284,278	1.7%	\$ (4,691,977)	-32.5%	\$ (3,902,898)	-23.0%	\$ (8,310,597)	-17.3%
Van Buren	\$ 277,370	1.0%	\$ (3,224,111)	-11.4%	\$ (2,945,121)	-10.5%	\$ (5,891,862)	-7.0%
CMH Total	\$ 15,297,567	5.7%	\$ (19,229,164)	-7.0%	\$ (24,272,593)	-9.5%	\$ (28,204,190)	-3.5%

***FY24 Projected from data through P8 FY24

Notes: Margins are Medicaid and Healthy Michigan Plan combined.

version 7/24/2024

Medicaid Cost per Member FY23 vs FY24 (8/24 YTD)

	<u>FY23YTD</u>	<u>FY24YTD</u>	<u>Chg \$</u>	<u>Chg%</u>
• *Barry	\$93.6	\$82.1	(\$11.5)	(14.0%)
• Berrien	\$128.8	\$129.9	\$1.1	0.9%
• Branch	\$104.9	\$103.4	(\$1.5)	(1.4%)
• Calhoun	\$123.6	\$116.5	(\$7.1)	(6.1%)
• *Cass	\$143.5	\$171.2	\$27.8	16.2%
• *Kalamazoo	\$119.2	\$145.5	\$26.2	8.0%
• *St. Joseph	\$95.5	\$119.1	\$23.5	19.8%
• *Van Buren	\$128.0	\$143.0	\$15.1	10.5%
• SWMBH Ctl	\$8.8	\$9.0	\$0.3	2.9%
• Regional	\$128.7	\$139.1	\$10.4	7.5%

Healthy Michigan Cost per Member FY23 vs FY24 (8/24 YTD)

	<u>FY23YTD</u>	<u>FY24YTD</u>	<u>Chg \$</u>	<u>Chg%</u>
• *Barry	\$38.9	\$17.3	(\$21.6)	(125.0%)
• *Berrien	\$32.1	\$23.3	(\$8.8)	(37.7%)
• *Branch	\$40.3	\$27.9	(\$12.4)	(44.5%)
• Calhoun	\$45.9	\$42.2	(\$3.7)	(8.8%)
• Cass	\$37.2	\$40.9	\$3.7	9.0%
• *Kalamazoo	\$15.4	\$22.1	\$6.6	30.1%
• *St. Joseph	\$24.9	\$29.5	\$4.7	15.8%
• Van Buren	\$34.6	\$34.7	\$0.1	0.4%
• SWMBH Ctl	\$15.6	\$16.8	\$1.2	7.2%
• Regional	\$46.1	\$45.7	(\$0.4)	(0.9%)

Drivers of Medicaid Expenditures

- Population Demographics
- Severity of Illness
- Intensity of Service
- Internal CMH vs. External Provider Service Expense
- Low Supply/High Demand for all Staff and Provider Types
- Type, Amount, Scope, and Duration of Care
- Effectiveness & Efficiency of Central Managed Care and Delegated Managed Care Functions
- Uniformity of Benefit (Medicaid Requirement)
- Population Demands for Services
- Aging I/DD population and aging natural supports

Expense Drivers

- Individual Customers' Budgets
 - Person Centered Plan
 - Medical Necessity Supported by Functional Assessment
 - Effective Service Delivery Model
 - Fidelity to Evidence Based Practices with Proper Client Matching
- Utilization Management Standards – Consistent Application
- Productivity Benchmarks
- Penetration Targets

FY 2025 Budget Targets

- Material expense reductions in administrative and program costs across the region
- Formal analyses of managed care function costs and expense reduction opportunities across the region
- Regional initiatives in capacity and competencies for high-cost service avoidance, delay, diminished utilization, and discharge
- Consideration of Alternative Payment Methods and Value Based Contracting

FY 2025 Budget Targets

- Aggregate Medical Loss Ratio continue to push to be to at the target of 90% or less
- Aggregate Administrative Cost Ratio 9.0% or less for Specialty Services
- Central Operations < 4.% of Gross Revenues
- Replenish Internal Service Fund to \$X at Y % of Medicaid revenue

FY 2025 Targets

- Implementation of Revised Board Ends, Ends Interpretations, Ends Metrics and Common CMH Board Asks
- Implementation of Strategic Plan Goals and Common CMH CEO Asks
- Development of regional local funds use plan for Board consideration

QUESTIONS?

DRAFT



Substance Use Disorder Oversight Policy Board Update

Date: August 9, 2024

FY24 Substance Use Disorder Oversight Policy Board Update

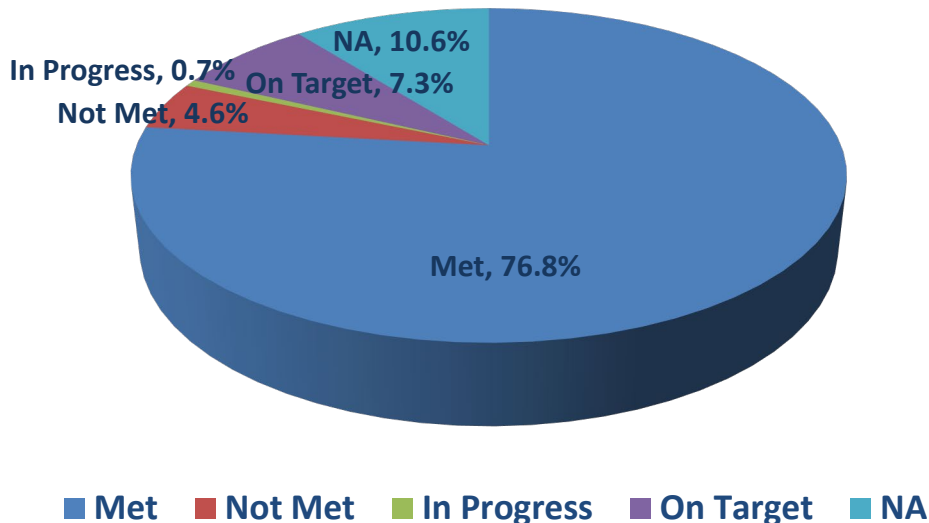
Substance Use Disorder Oversight Policy Board (SUDOPB):

This Board is comprised of at least one representative from each of the eight SWMBH counties. The primary role of the SUDOPB is to provide PA2 liquor tax budget approval, oversight, and monitoring of substance use disorder treatment and prevention services. Currently, the SUDOPB has 12 members. Any requests for new funding or budget amendments must be approved by this Board.

Fiscal Year 2024 Summary:

- \$ 2,585,740 Million Dollar Budget Approved for the Region
 - 23 Providers
 - 26 Programs
 - 151 Outcome Measures

Mid-Year (October 2023 – March 2024) Report for Provider Outcomes:



On Target: Program is either very close to meeting outcome or is on target to meeting the outcome at the end of the year (e.g.: within 10%).

In Progress: Longer term projects that involve more planning, delayed implementation, or data collection.

NA: No data due to no consumers fitting measurement requirements.



FY24 Substance Use Disorder Oversight Policy Board Update

County	Total measures	Met	Not Met	On Target	NA
Barry	6	67%	0%	17%	17%
Berrien	25	72%	12%	12%	4%
Branch	4	50%	0%	0%	50%
Cass	22	95%	0%	5%	0%
Calhoun	4	25%	25%	25%	25%
Kalamazoo	71	75%	4%	7%	14%
Saint Joe	8	88%	0%	0%	13%
Van Buren	11	91%	0%	0%	9%
Totals	151	77%	5%	7%	11%

Examples

Met:

Measure: 65% of residents will maintain a drug free lifestyle while at the recovery house:

Results: 10/12 83% of the residents remained drug free while at the house

Not Met:

Measure: 50% of In-Custody Stimulant Group participants will attend at least 10 sessions of group treatment.

Results: Of the 29 persons served, 10 individuals achieved the goal of attending 10 group sessions (34%).

On Target:

Measure: Increase abstinence from cigarette smoking among participants to 90%.

Results: 82.7% (167 out of 202) of program participants have abstained from smoking

NA:

Measure: Ninety-five (95%) of program participants will attend at least 6 group sessions during their length of stay in jail. 51

Results: Due to jail staffing, unable to provide services during this time.

2024 Overview of Synar Tobacco

Compliance Checks:

- The "Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act" of July 1992 includes the Synar Amendment (Section 1926), which requires states to create a Youth Tobacco legislation (MI- YTA), verify retailer compliance level annually, and report it to the Department of Health and Human Services.
- Minimum compliance rate expected from each state is **80%**.
- States that fail to demonstrate a minimum compliance rate of 80% stand to lose as much as 40% of their allocated block grant funding (penalty incurred in the following FY)
- Each year, the Michigan Department of Health and Human Services (MDHHS) randomly selects tobacco and vaping retailers of each county, and assigns PIHPs to conduct covert compliance inspections of these retailers during a specific time of the year (June 2024)
- In addition to the Synar Compliance Inspections, the PIHP conducts year-round compliance checks and education efforts of tobacco retailers, alcohol retailers and vaping devices retailers in each county. These efforts are focused on supporting retailers in maintaining compliance with legislation that restricts youth access to these substances.

2024 Results:

- SWMBH was tasked with conducting Synar inspections of 36 retailers.
- Compliance rate: 34/36 (94.4%), or Retailer Violation Rate (RVR): 5.6%
- NOTE: The compliance rate of our region has been above the 80% mark for the past 15 years. Synar Compliance rate of past eight inspection cycles:

- ○ **2024: 94.4%**
- ○ 2023: 98%
- 2022: 89%
- ○ 2021: 91%
- ○ 2020: 86%
- ○ 2019: 93%
- ○ 2018: 97%
- ○ 2017: 87%



Opioid Settlement Funds

Amy Dolinky, MPPA

Technical Advisor, Opioid
Settlement Funds

Michigan Association of Counties



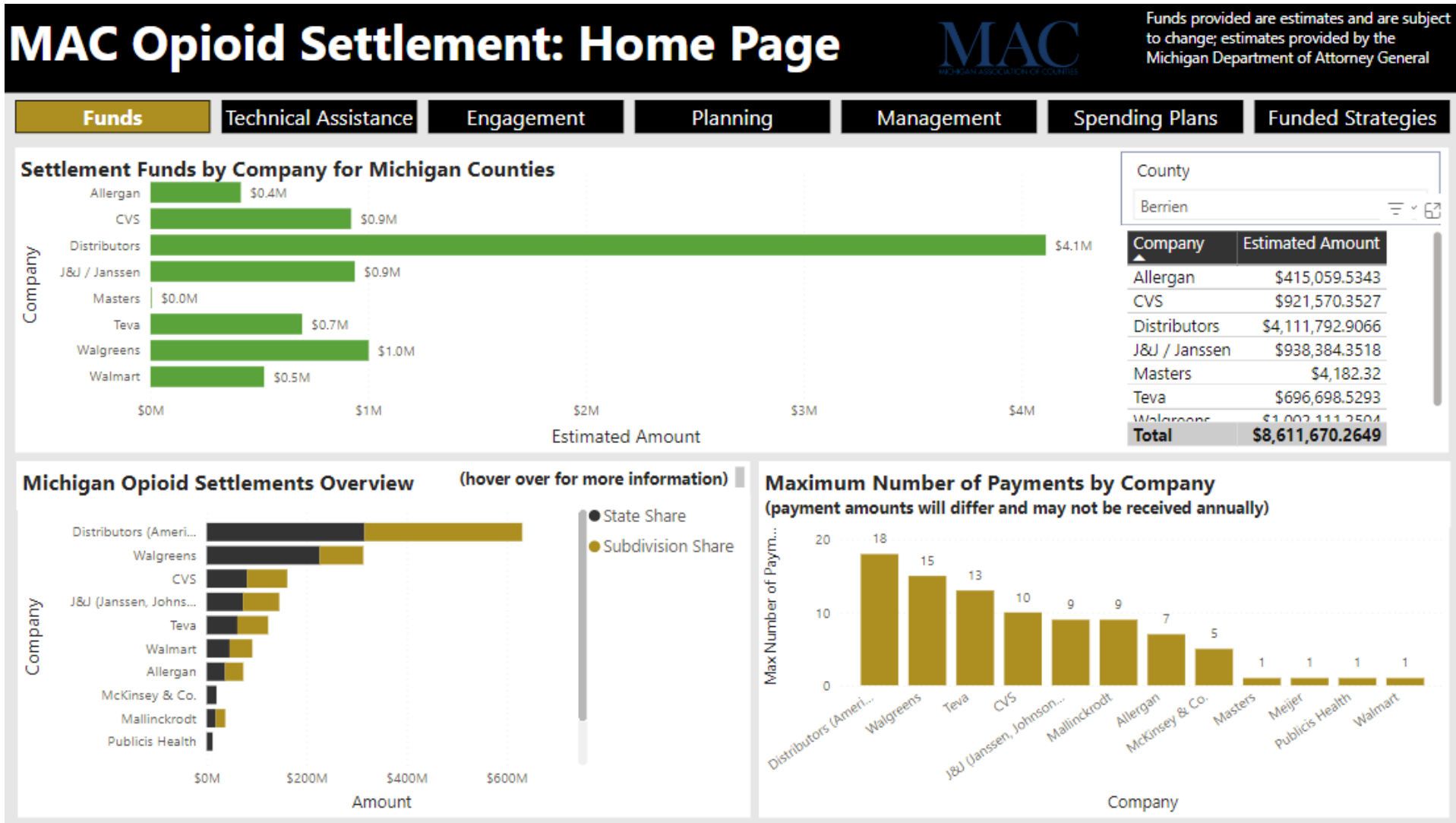
Opioid Settlements Overview

- Total estimated funds coming to Michigan - **\$1,612,178,156**
 - Total estimated state share - **\$887,138,261**
 - Total estimated subdivision share - **\$725,039,895**
 - Estimated totals from settlements with:
 - Distributors (McKesson, Cardinal Health, and AmerisourceBergen)
 - J&J
 - Walgreens
 - Walmart
 - CVS
 - Teva
 - Allergan
 - McKinsey & Co.
 - Mallinckrodt
 - Meijer
 - Publicis Health

Spending Requirements

- Applies to: J&J, Distributors, CVS, Allergan, Teva, Walmart, & Walgreens
- [Exhibit E](#) provides a non-exhaustive list of opioid remediation activities
- 15% of funds have no requirements for use
- **85% of funds must be used for opioid remediation**
 - 70% of the 85% must be used for future opioid remediation

MAC Settlement Dashboard



Barry County

- Expected Funds: \$1,499.034.03
- Ongoing engagement with MAC
- [Public-facing website](#)
- Steering committee in development
- Community assessment underway

Berrien County

- Expected Funds: \$8,611,670.26
- Ongoing engagement with MAC
- [Public-facing website](#)
- Steering committee developed
- Request for proposals (RFP) review committee developed
- RFP released
- Funds awarded

Calhoun County

- Expected Funds: \$11,424,126.52
- Meijer Settlement Received: Unrestricted with no reporting requirements
- Regular engagement with MAC
- [Public-facing website](#)
- Steering committee developed
- Request for proposals (RFP) review committee developed
- RFP developed

Kalamazoo County

- Expected Funds: \$14,602,234.39
- Meijer Settlement Received: Unrestricted with no reporting requirements
- Intermittent engagement with MAC
- Community assessment completed
- Steering committee developed
- Plans to monitor funds by using [Opioid Settlement Principles Resource and Indicators \(OSPRI\)](#)

Cass County

- Expected Funds: \$2,474,410.92
- Intermittent engagement with MAC
- [Public-facing website](#)
- Steering committee developed
- Funding plan and RFP released

Branch County

- Expected Funds: \$3,848,152.37
- Meijer Settlement Received: Unrestricted with no reporting requirements
- Intermittent engagement with MAC

St. Joseph County

- Expected Funds: \$1,476,872.13
- Intermittent engagement with MAC

Van Buren County

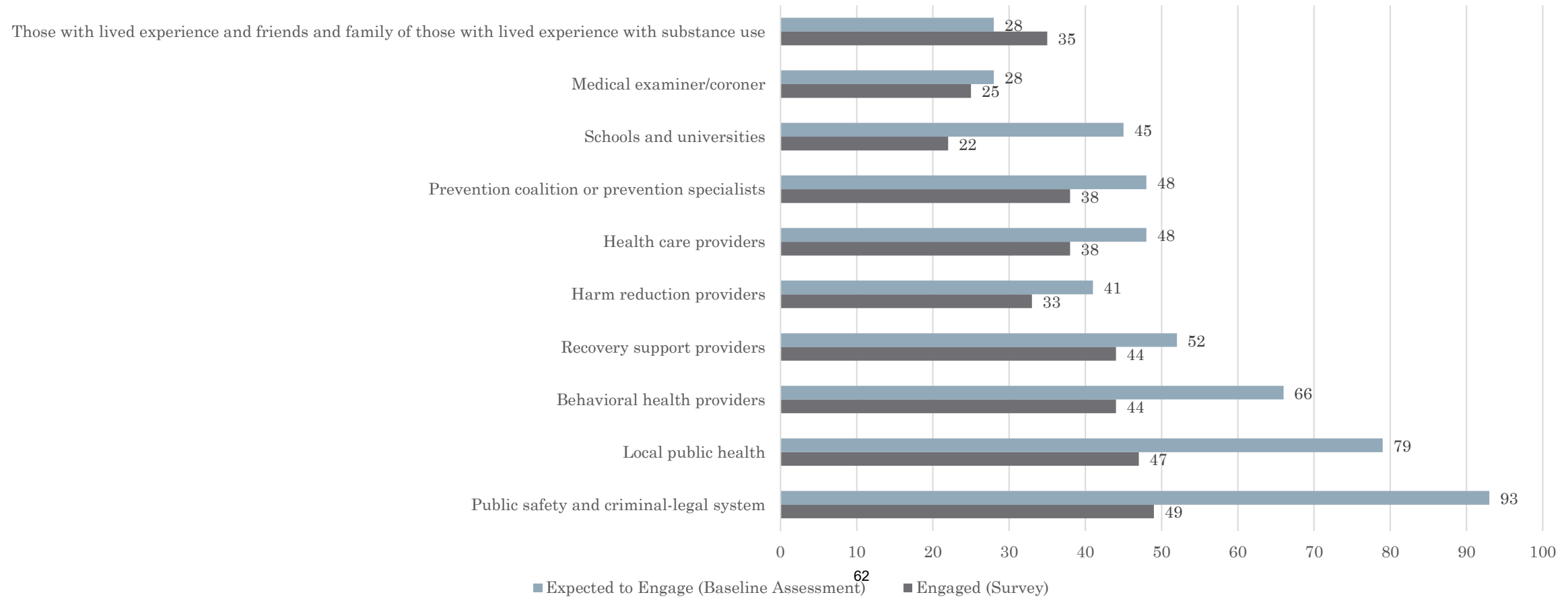
- Expected Funds: \$2,643,281.68
- Intermittent engagement with MAC

MAC Reporting Survey Data

- The purpose of the survey was to gauge:
 - Annual reporting information on county planning for, and utilization of, opioid settlement funds
 - Technical assistance needs
- Participation was voluntary and the potential for a financial incentive was offered
- The survey was open from April 8 – May 10
- 64 of the 83 counties completed the survey (77%)
- Responses from this survey have been used to develop:
 - [MAC Opioid Settlement Dashboard](#) updates
 - [Data report and recommendations](#)

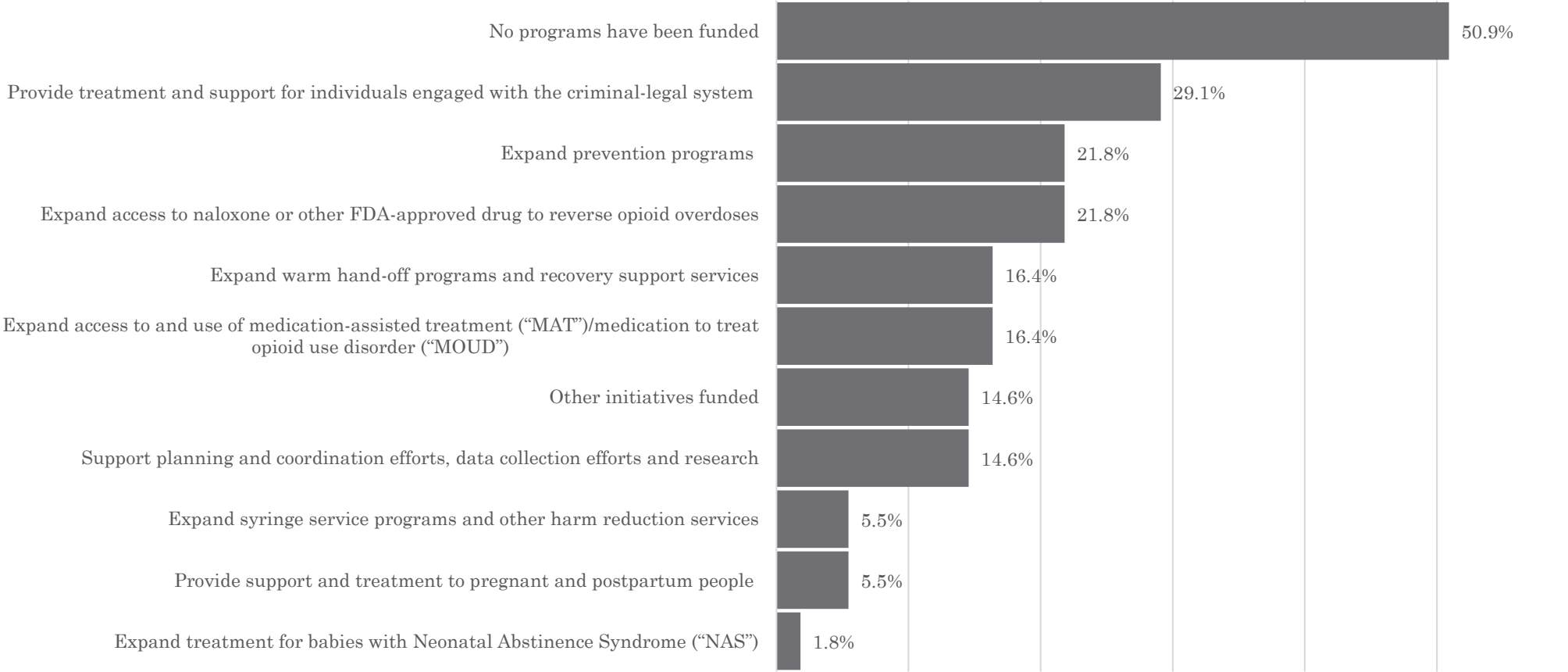
MAC Reporting Survey Data

Stakeholder Engagement



MAC Reporting Survey Data

Strategies Funded in 2023



Contact

Amy Dolinky, MPPA

Technical Advisor, Opioid
Settlement Funds Planning &
Capacity Building

Michigan Association of Counties

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847.309.4340

Michigan Association of Counties
Opioid Settlement Resource Center

[https://micounties.org/opioid-
settlement-resource-center/](https://micounties.org/opioid-settlement-resource-center/)

Southwest Michigan Behavioral Health

Coordinated Opioid Settlement Fund Deployment

Presentation to the Board

Morgan Osaer,
Graduate Administrative Intern

August 9, 2024





Overview

Goals of the Project, Purpose & Process

Overview

Objective: To support the coordinated deployment of opioid settlement funds, ensuring optimal resource utilization and community impact.

Key Points:

- Importance of deploying opioid settlement funds in a coordinated manner.
- Role of SWMBH in supporting counties/municipalities and ensuring coordinated service delivery.

Purpose

Importance of Coordinated Efforts in Fund Deployment:

- Maximize Impact
- Non-Duplicative Services
- Impactful, Evidence-Based Initiatives
- Align with Community Needs



Why does SWMBH care?

Table 1: Alignment of SWMBH Motivations with Michigan Mental Health Code

SWMBH Motivation for Involvement in Opioid Settlement Deployment	Michigan Mental Health Code Excerpt ⁸
Coordinate efforts to maximize the impact of opioid settlement funds	"A department-designated community mental health entity shall coordinate the provision of SUD services in its region [...]" (Sec. 210(2))
Provide support and/or technical assistance to planning efforts/initiatives	"Provide technical assistance for local substance use disorder service programs." (Sec. 274(c))
Ensure comprehensive and accessible SUD services in the community	"Develop comprehensive plans for SUD treatment and rehabilitation services and SUD prevention services consistent with guidelines established by the department." (Sec. 274(a))
Evaluate and improve SUD service delivery based on data and outcomes	"Annually evaluate and assess substance use disorder services in the department-designated community mental health entity in accordance with guidelines established by the department." (Sec. 274(g))

Process

Steps Taken to Approach this Project:

- 1 Data Collection** (reviewing relevant materials/resources, attending meetings, conferences, learning sessions, webinars, legislative hearings, and more).
- 2 Analysis of the Current SWMBH/Provider Services** (meetings with SWMBH SMEs and senior leaders, site visits, reviewing SUD Strategic Plan & other SWMBH resources, etc.)
- 3 Engagement with Stakeholders** (CAC, community groups, attending learning sessions, reviewing county/municipality planning efforts/current stages, etc.)
- 4 Continuous Draft Refinement** (drafting report, plan, supplemental materials and continuously updating drafts based on feedback and additional information).



Outcomes, Deliverables & Value Add

Coordination Report, Coordination Plan, Supplemental Materials & Value Add

Coordination Report

Objective: To highlight the importance of coordination in settlement fund deployment and SWMBH’s capacity to support local efforts.

Attachments:

- Exhibit E
- Settlement Allocations Specific to Region 4 Counties/Municipalities
- SUD Strategic Plan
- Provider maps
- Michigan Mental Health Code Excerpts

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Coordinated Service Delivery for Substance Use Disorder Prevention, Treatment and Co-Occurring Conditions:

SWMBH’s Role in Optimizing Our Region’s State, County, and Municipal Opioid Settlement Fund Deployment

August 9, 2024

Prepared by: Morgan Osaer

mosaer@umich.edu



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Coordination Plan

Objective: To provide actionable steps & strategies for SWMBH to coordinate with local governments

- Newsletters
- Personalized Outreach
- CHC CTC Conference
- ...And more

Attachments:

- Stakeholder Matrix
- Communication Materials (One-Pager)
- Resource Guide for Counties
- Engagement Tracker

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Southwest Michigan Behavioral Health Coordination Plan:

Opioid Settlement Fund Deployment

August 9, 2024
Prepared by: Morgan Osaer
mosaer@umich.edu

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Supplemental Materials

Resource Guide:

How Can I Utilize SWMBH in Opioid Settlement Fund Deployment?

This is an interactive document. Hover over your desired section then press "Ctrl" + Click to jump to it.

Funding Opportunities

Learn how SWMBH can support your county or municipality's opioid settlement fund initiatives through supplemental funding opportunities.

[Supplemental Funding >](#)

Looking for Services Near You?

Find local services available in your area through SWMBH.

[SUD Treatment Access Line >](#)

[Provider Network Directory >](#)

[Opioid Health Home >](#)

[Overdose Education and Naloxone Training >](#)

[Community Mental Health Service Providers >](#)

[Certified Community Behavioral Health Clinics >](#)

Looking for Support or Education in Opioid Settlement Fund Deployment?

Seek guidance and educational resources from SWMBH to effectively deploy your county/municipality opioid settlement funds.

[SUD Strategic Plan FY24-26 >](#)

[Data Analytics >](#)

[Subject Matter Expertise >](#)

[I want to attend the Coming Together Conference >](#)

[I want to get connected to stakeholders within my community >](#)

[External Resources >](#)

Want More Information?

[Contact Us >](#)

[FAQs >](#)

YOUR PARTNER IN COORDINATED OPIOID SETTLEMENT FUND DEPLOYMENT

» WHO WE ARE

Southwest Michigan Behavioral Health (SWMBH) is a Prepaid Inpatient Health Plan (PIHP) and a state-designated Community Mental Health Entity (CMHE), committed to providing comprehensive mental health and substance use disorder services across Southwest Michigan.

» WHO WE SERVE

8 Michigan Counties:

- Barry
- Berrien
- Branch
- Calhoun
- Cass
- Kalamazoo
- St. Joseph
- Van Buren

» CONTACT US

Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200
Portage, MI 49002
www.swmbh.org

Main Line: 800-676-0423

SUD Treatment Access
Line: 800-781-0353



» OUR STATUTORY ROLE

As defined by the Michigan Mental Health Code:

- Coordination: Coordinate the provision of SUD services & ensure that services are available (Sec. 210(2)).
- Contracting: Engage in prevention & treatment services through partnerships (Sec. 269, 274(f), 287(3)).
- Planning: Develop & review comprehensive plans for SUD prevention, treatment, & rehabilitation services (Sec. 274(a)).
- Oversight: Manage PIHP & CMHE funds, ensuring they are used for intended purposes (Sec. 269, 274(e), 287(2)).

» OUR IMPACT IN THE COMMUNITY

- Opioid Health Homes: Coordinated care for health & social needs, utilizing a multidisciplinary team model.
- Naloxone Distribution: Reducing overdose fatalities through naloxone distribution & training for law enforcement & community members.
- Opioid Health Clinics: Comprehensive services available regardless of an individual's ability to pay.
- Data Analytics: Informing decisions with performance monitoring.
- Community Initiatives: Community workgroups, education, safe prescribing, medication disposal & more.

» Join Us at the Coming Together Conference!

When? October 30, 2024

Where? Delta Hotels Kalamazoo Conference Center

Learn more: [Click here](#) or visit communityhealingcenter.org/coming-together-conference

Join us for a special panel featuring **Opioid Settlement Funds Deployment with SWMBH: Assuring Positive Impact.**

Why Partner with SWMBH?

While local governments manage opioid settlement funds, SWMBH can offer support and expertise to maximize value creation for our communities.

Bradley Casemore, MHA, LMSW, FACHE
Chief Executive Officer, SWMBH
Member, Michigan Opioids Task Force
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Brad.Casemore@swmbh.org



Joel Smith, LMSW
Director of Substance Use Disorder Prevention & Treatment, SWMBH
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Strategic Expertise | Leverage our 2024-2026 SUD strategic plan & expert support for effective SUD treatment, prevention, & recovery planning.

Trust & Compliance | Partner with a state-designated entity, ensuring compliance with best practices and evidence-based standards.

Resources & Funding | Unparalleled data, subject matter expertise & supplemental funding opportunities for your communities.

Strong Local Connections | Benefit from our established networks and strong connections with providers and local communities.

Eager Partnership | We are ready and willing to collaborate with your community, enhancing service delivery through existing systems.

Engage with SWMBH to maximize the impact of your opioid settlement funds, ensuring high-quality, comprehensive, and coordinated care for your community. 73

Your Decisions, Our Expertise: Collaborating for Opioid Settlement Success.

County	Kalamazoo		
Kalamazoo County Opioid Settlement Fund Task Force			
Dedicated Webpage		https://www.kalcounty.com/administrator/opioid_settlements.htm	
Members	Name	Position	Sector Represented
	1 April Anders	Active Recovery, Addiction, or a Family	lived experience
	2 Ken Bobo	Community Corrections Director	law enforcement
	3 Susan Davis	Mental Health Provider	healthcare
	4 Maureen Ford, M.D.	Treatment Center Provider	healthcare
	5 Richard Fuller	Sheriff	law enforcement
	6 Dominick Gladstone	Active Recovery, Addiction, or a Family	lived experience
	7 Alvin Gray	DEI Director	Local Govt
	8 Leroy Gray	Active Recovery, Addiction, or a Family	lived experience
	9 Sara Green	Problem-Solving Court Administrator	law enforcement
	10 Brenda Henry	Community Organization	CBO
	11 Jeff Heppler	Vice Chair Pro-Tem	local govt
	12 Monteze Morales	Commissioner	local govt
	13 William Nettleton, M.D.	Medical Director	local govt
	14 Tami Rey	Board Chair	local govt
	15 Jim Rutherford	Health Officer	healthcare
	16 Nicole Storteboom	Prevention Provider	healthcare
	17 Jen Strebs	Commissioner	local govt
KEY			
Local Govt	Individuals with Lived Experience	Law Enforcement	
Healthcare	CBOs	Other	

Stakeholder Matrix	Counties	Applicable to All Counties	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo
Community-Based Organizations (CBOs) Sector								
Healthcare								
			Barry County Health Department	Corewell Pop. Health	Branch County Health Department	Bronson	Cass Family Clinic (FQHC)	Bronson
			Corewell Health	InterCare FQHC	Pro-Medica	Oaklawn		Health Department
			Cherry Health		Coldwater Regional Hospital	Grace Health		35 additional org.
						Health Department		
						Albion HC Alliance		
School								
			TK Schools	Berrien RESA	Bronson Schools	Pennfield	Lewis Cass ISD	KRESA
			Hastings Schools		Branch Careers	Marshall		ISD
			Delton Kellogg		ISD	Harper Creek PS		Kazoo PS
			Maple Valley			Battle Creek		KVCC
			KCC			Lakeview		WMU
			ISD			Endeavor		Portage PS
						Albion College		
						KCC East		
						Retired Teachers		

Value Add of Deliverables

Strengthened Partnerships:



Collaboration:

Increased collaboration with counties and municipalities.

Resource Alignment:

Effective alignment of resources with current services and community needs.

Optimized Fund Deployment:

Ensures funds are deployed in a coordinated manner, maximizing impact and reducing duplication.

Sustainable Impact:

Promotes sustainable, long-term impact through coordinated efforts.

Coordinated Deployment:

Future Readiness:



Proactive Planning:

Preparedness for future funding opportunities and challenges.

Community Engagement:

Enhanced engagement with community stakeholders, fostering ongoing support and collaboration.

Key Takeaways and Next Steps

Summary

- Coordinated deployment of opioid settlement funds should be a priority.
- SWMBH should take a proactive role in coordinating deployment.
- Deliverables provide benefits for coordination and ultimately future initiatives.

Next Steps

- Distribute informational materials to counties and municipalities, including the Resource Guide and One-Pager.
- Implementation of the coordination plan.
- Ongoing monitoring and adjustments of coordination/engagement strategies.
- Continued coordination/engagement with stakeholders and communities.

Questions?

For follow-up questions: mosaer@umich.edu