



Certified Community Behavioral Health Clinic (CCBHC)

**Demonstration Year 4 (Fiscal Year 25)
Regional Summary of Activities**

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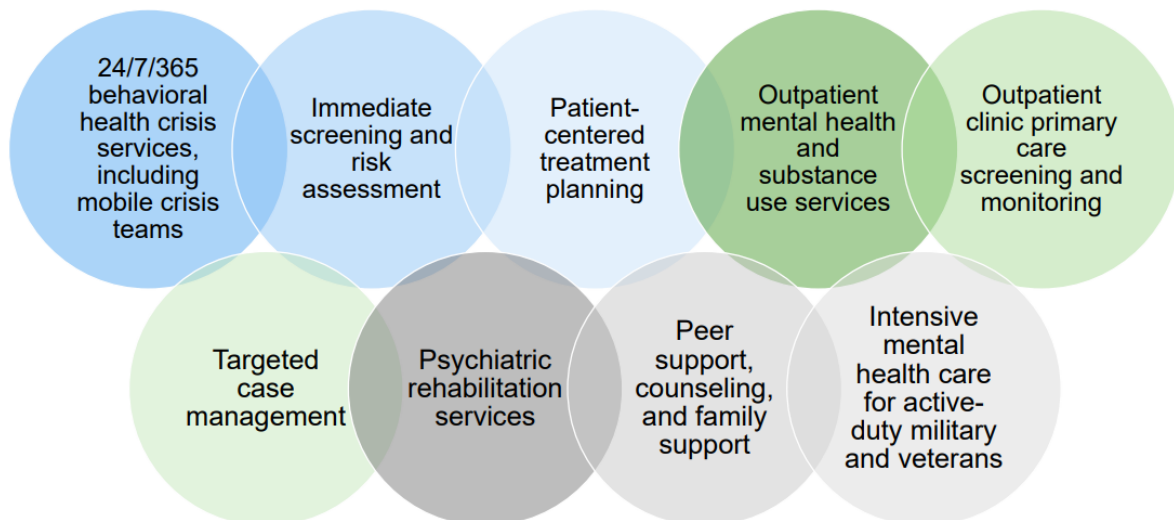
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What sets CCBHCs apart from Community Mental Health Centers

A CCBHC, or Certified Community Behavioral Health Clinic, is a type of mental health facility designed to provide comprehensive, community-based mental health and substance use services. These clinics aim to enhance access to care, improve quality, and ensure coordination among various health services. Throughout this report underlined text indicates a hyperlink to additional information. When viewing this report electronically, clicking on the underlined text will direct you to another portion of the report or an external resource for more information.

This summary is focused on how Lakeshore Regional Entity (LRE) performs in its obligations as a Pre-paid Inpatient Health Plan (PIHP), as defined by Michigan Department of Health and Human Services (MDHHS) in the CCBHC Handbook. MDHHS has retained responsibility for CCBHC site-level evaluations and certification activities.

9 Core CCBHC Services



The Key Elements along with the 9 Core CCBHC services help support the communities they touch by removing barriers to access; focusing on the needs of the client whether they be physical, emotional, or material needs; and coordinating with other community partners to improve efficiency.

CCBHCs Nationally

CCBHCs are a federally supported model designed to provide comprehensive, accessible, and integrated mental health and substance use disorder services across the United States. As of 2025, more than 500 CCBHCs operate in 46 states, the District of Columbia, and Puerto Rico, serving approximately 3 million people and covering 40% of U.S. counties. These clinics offer 24/7 crisis care, medication-assisted treatment (MAT) for opioid use disorder, and integrated physical health services, with 87% providing MAT and over 80% partnering with 988 crisis call centers. CCBHCs have significantly expanded access to care, with 79% reporting increased service capacity, and have added over 11,000 new positions in the past year. They also support veterans, youth, and underserved populations, with 42% reporting increased service to military members and 83% offering services in schools. The model has demonstrated cost savings by reducing emergency department usage by nearly 60% and improving chronic condition management. Legislative efforts, such as the Ensuring Excellence in Mental Health Act, aim to solidify CCBHCs within Medicaid and Medicare, establish national certification standards, and enhance data infrastructure. Funding for CCBHC expansion continues to grow, with \$552.5 million requested for FY2025, up from \$385 million in FY2024.

CCBHCs in Michigan

CCBHCs launched in Michigan on October 1, 2021, following federal approval through the CARES Act and the Protecting Access to Medicare Act (PAMA). These clinics have expanded access to behavioral health services for individuals with mental health and substance use needs, including those who are uninsured or underinsured.

The Certified Community Behavioral Health Clinics (CCBHCs) in Michigan have significantly expanded access to mental health and substance use services, with Screening, Assessment, and Diagnosis being the most utilized core service. Outpatient Substance Use Services and Crisis Services saw notable growth, including a sixfold increase in individuals served and an eightfold rise in services provided. By removing barriers related to insurance and severity of need, and adopting a “no wrong door” approach, the percentage of eligible individuals receiving core services rose from 78% in FY2021 to 85% in FY2024. While the demonstration led to a modest 2.4% reduction in all-cause Emergency Department visits, other impacts remain mixed and require ongoing evaluation. Center for Health and Research Transformation (CHRT). *CCBHC Evaluation Results: Michigan*. September 2024. Retrieved from <https://chrt.org/publication/ccbhc-evaluation-results-michigan>

CCBHCs in LRE

PIHPs, like LRE, provide oversight and support for CCBHC sites and are responsible for reconciling funding for each site. LRE is currently the only PIHP in the state to claim all member CMHSPs as CCBHCs. This allows LRE to be a prominent actor in the State's efforts to expand and develop the CCBHC model. As partner demonstration sites, the member CMHSPs can better coordinate service delivery, support model development, and advocate for state policy that maximizes the effectiveness of integrated, whole-person healthcare across the state.

The mission of LRE is to strengthen the public behavioral health system and ensure excellence in services through regional support and leadership for collaboration and innovation. LRE serves 7 counties: Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties. There are 5 CMHSP's in total that are all CCBHCS. West Michigan Community Mental Health (WMCMH) serving, Lake, Mason, and Oceana counties were part of the initial demonstration application in FY21. HealthWest (Muskegon) was also part of the initial demonstration that began October 1, 2021. The preliminary demonstration period of two years has since been extended through 2026. In February 2023, the Centers for Medicare and Medicaid (CMS) announced the opportunity for states participating in Section 223 of PAMA to expand demonstration sites. The remaining three community mental health services programs—Community Mental Health of Ottawa County (CMHOC), Network180, and OnPoint (Allegan County)—all completed the application and certification process and became Demonstration CCBHCs effective October 1, 2023. Up to this point, LRE assisted the additional all of its five SAMHSA grantees with technical assistance (TA) for certification and have aided them along the way.

PIHP Requirements, Cost and Quality Metric Reporting, and Oversight

CCBHC general requirements utilize MDHHS contracts and policy as well as Medicaid statutes, policies, procedures, rules, and regulations to dictate PIHP involvement and oversight. LRE also uses policy and contracts to ensure access and compensation meet requirements. LRE holds contracts with each of the CMHSPs, and therefore CCBHCs. MDHHS manages the certification and start-up training processes for all CCBHCs, however, LRE is notified of their results and will assume responsibilities for training when necessary.

Supporting CCBHCs through information-gathering and sharing is a primary function of LRE using Power-BI and Zenith IDCP data platforms. LRE tracks encounters and daily visits and facilitates regular regional and internal CCBHC meetings, to provide opportunities to share trainings, outcomes, and technical assistance that supports effective delivery of services. The Waiver Supports Application (WSA) is currently being used to identify CCBHC

utilizers and facilitate transfers to and from CCHBCs. The WSA is maintained by LRE and is used for the purposes of reporting and payment structures; however, it is being discontinued on October 1, 2025.

LRE has worked with the CMHSPs initially in grant applications for CCBHC and then through Demonstration certification. At the state level, LRE has been advocating for policies to support the development of CCBHCs, including the inclusion of billing codes to enhance integrated practices. In October 2023, LRE began developing new customer satisfaction surveys to meet CCBHC requirements, collaborating with CMHSPs to finalize and implement these surveys. Additionally, LRE has been actively supporting prospective CCBHC sites during the Demonstration expansion application period, providing input and resources.

PIHP oversight and monitoring is being negated by MDHHS. The above responsibilities will be managed either by the CCBHCs or MDHHS going forward.

Noteworthy Accomplishments and Numbers

The region received over \$56 million in additional CCBHC supplemental revenue for FY25. This does not take into account any CCBHC Cost settlement for FY25 that may occur with MDHHS. CCBHC requires services to be provided regardless of insurance status. An additional \$469,987 in funding was received to offset the cost of services provided to nearly 5,000 individuals without Medicaid.

As of this writing, 3,780 individuals identified as having mild to moderate mental health needs received services through CCBHCs in FY25, while more than 2,100 individuals served through CCBHC had a social driver of health concern (housing, food, financial instability). By having contact with these individuals, it is hoped that an impact can be made to improve situations.

Detailed CCBHC Accomplishments

There are six quality metrics that are set by MDHHS as goals for the CCBHCs. Each of these goals has a financial incentive attached to it. WMCMH and CMHOC lead CCBHCs in the region and receive maximum compensation as they succeeded at reaching all measures. HealthWest and WMCMH earned a total of nearly \$3.5 million based on their performance in FY24 and meeting all or partial of the six behavioral healthcare quality measures. The bonus payment schedule is based on a 1-year look back.

Network180

Network180 continued its clinical and organizational growth throughout 2025. This year, the organization served 1,500 more individuals than in 2024, with increases seen across

nearly all service areas. Notably, there was a 13% rise in services provided to individuals in crisis, driven in part by the 24/7 availability of both the Mobile Crisis Response Team and the Urgent Care Center.

To expand access to care, two Designated Collaborating Organizations (DCOs) were added to the CCBHC service array. In spring, the Outpatient Therapy team doubled to better serve individuals with mild-to-moderate needs. Additionally, Network180 began offering same-day assessments, allowing individuals to engage in services more quickly.

On the organizational side, efforts to improve efficiency, data quality, and outcome tracking have continued, strengthening the system's ability to measure impact and drive improvement.

[HealthWest](#)

HealthWest continues to expand and enhance its healthcare and therapeutic services to meet the evolving needs of the community. A cornerstone of its offerings is the Medication Assisted Treatment (MAT) program, which includes education and screening for HIV and Hepatitis, as well as vaccinations when appropriate. Service delivery has been broadened through the integration of Telehealth, providing clients with flexible options alongside traditional in-person care. The outpatient therapy department has grown to support individuals with mild to moderate needs and now includes a specialized medication/injection clinic for those in recovery.

A key component of HealthWest's model is the Comprehensive Assessment Team, which conducts initial evaluations to determine client needs and connect them with appropriate services. The organization is also strengthening its multi-disciplinary care teams by redefining roles for case managers, nurses, clinicians, and recovery coaches. Registered nurses and medical assistants now have access to hospital records, improving care coordination, and client health management.

Health monitoring is a priority, with screenings conducted at intake and annually thereafter. Key health indicators are tracked regularly, and the newly developed Community Care Coordination Program supports individuals with acute symptoms by connecting them to necessary resources and ensuring follow-up care with other providers.

To better serve older adults, HealthWest has updated its Person-Centered Planning Policy and is rolling out staff training. A dedicated Veterans Navigator has also been appointed to provide tailored support for veterans.

Data collection and performance monitoring are central to HealthWest's operations. The organization tracks service delivery, client outcomes, and performance indicators in

alignment with Michigan's Mission-Based Performance Indicator System (MMBPIS), using this data to drive continuous quality improvement and accountability.

In a major service expansion, HealthWest will open a Behavioral Health Urgent Care with a soft launch scheduled for September 25, 2025. A dedicated workflow has been developed to support this initiative. Upon arrival, individuals will meet with a registered nurse for an Urgent Care Nursing Assessment. Based on this assessment, they may be referred to a master's level clinician for an Initial Assessment and/or a psychiatrist for a Psychiatric Evaluation. All Pre-Admission Screenings will be shifted to Urgent Care and will be available to both new and existing clients. The workflow is designed to identify potential treatment needs without requiring all services for every individual. If a higher level of care is needed, staff will coordinate the appropriate next steps.

[West Michigan Community Mental Health](#)

WMCMH has demonstrated strong performance and continued innovation throughout the fiscal year. The organization met or exceeded all Quality Bonus Payment metrics for Demonstration Year 3 (DY3) and has fully implemented the core principles of the Zero Suicide framework. WMCMH hosted a community-wide Walk of Hope to promote suicide awareness and prevention and continues to offer Mental Health First Aid training to both staff and community partners, as well as QPR training for non-clinical team members.

Monthly integrated care "Munch and Learn" sessions remain available to all staff, supporting ongoing education and collaboration. Crisis response services continue to expand, including enhancements to mobile crisis and Behavioral Health Urgent Care. WMCMH is actively implementing new strategies to improve access for underserved populations through targeted outreach efforts such as social media, radio, TV commercials, billboards, document and website translation, and participation in numerous community events across its three-county service area.

Services for Veterans have increased, along with participation in community Veteran outreach activities. The number of individuals receiving Medication-Assisted Treatment (MAT), Intensive Outpatient Program (IOP) services, and those served through the CCBHC continues to grow. Collaboration with law enforcement has also strengthened, with Crisis Intervention Team (CIT) training provided to local officers.

To enhance consumer experience and improve organizational efficiency, WMCMH has implemented collaborative documentation and a new engagement policy. The organization is also in the process of launching Same Day Access and centralized scheduling. New communication methods, including secure texting and expanded use of the CEHR portal, are being pursued. Additionally, WMCMH is exploring the implementation of AI tools to further increase operational efficiency.

Community Mental Health of Ottawa County

CMHOC has made significant strides this fiscal year in expanding services and strengthening operations. Two new Designated Collaborating Organization (DCO) partnerships were established: Samaritas for ASAM 2.1 services and Preferred Employment for supported employment services.

In June 2025, CMHOC transitioned from Netsmart Avatar to the PCE electronic medical record (EMR) system. This upgrade enhances data reporting, care coordination, and overall client health management.

Additionally, CMHOC launched a standalone Crisis Department and is preparing to implement 24/7 Mobile Crisis services, scheduled to go live in early October. The organization remains committed to tracking service delivery, client outcomes, and performance indicators on a monthly basis—efforts that will be further streamlined with the new EMR system.

OnPoint

The organization is implementing several key service expansions and improvements. These include increasing adult outpatient capacity for mild to moderate individuals, launching a Psychiatric Services Only option, and introducing a 24/7 Urgent Care (Brief Crisis Intervention) service. The Targeted Case Management team was expanded to support 900 additional clients, and the Mobile Crisis Response team began operating 24/7 in September 2024. The organization also created eight new Care Coordinator positions and offered training to address social issues facing older adults. Additionally, the Dialectical Behavior Therapy (DBT) program was expanded, and there was an increased emphasis on data collection and reporting, including greater use of PowerBI dashboards to improve outcomes.

LRE Through the Sunset Process

Effective October 1, 2025, MDHHS will work directly with CCBHCs removing PIHPs from the process completely. Questions remain surrounding direct payment to CCBHCs as well as around reporting requirements. LRE data will likely be impacted due to Medicaid beneficiaries being served through CCBHCs. LRE has supported Demonstration and Implementation of CCBHCs in each of its CMHSPs and will continue to provide technical assistance when it is requested understanding this transition may produce some challenges.