



FISCAL YEAR

2021 Impact Report

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FROM THE CHIEF EXECUTIVE OFFICER



May 2022

Dear Friends and Colleagues:

We are pleased to share our Fiscal Year 2021 Impact Report with you. Several changes occurred in 2021 at Lakeshore Regional Entity, including my acceptance as the new chief executive officer in March. Another change we made was to continue offering telehealth services throughout the region to allow all persons served to have access to treatment.

We look forward to continued progress and improvements in 2022 while building upon and maximizing the unique strengths of the individual community mental health service provider (CMHSP) member boards serving each county.

Sincerely,

Mary Malatt Dumas

Mary Malatt-Dumas

Chief Executive Officer
Lakeshore Regional Entity

VISION STATEMENT

The vision of the LRE is to promote the efficiency and effectiveness of the CMHSP members by jointly serving as the PIHP for Medicaid Specialty Behavioral Health and Substance Use Disorder services for the Region.

VALUES



PERSONS SERVED

Commitment to ensuring that the voice of Persons Served, families and the supporters of Persons Served is heard, honored, and reflected in the work of LRE in a meaningful and substantive manner;



PERSON-CENTERED

Commitment to a person-centered, family centered approach, with emphasis upon self-determination, the rights of the persons served and the opportunity to engage in community living that has meaning and value for the person;



PUBLIC DOLLARS

Responsibility for the appropriate use of public dollars and accountability to the Members for the use of those dollars;



SUCCESSES

Accountability for the successes and/or failures of the Entity;



MENTAL HEALTH SYSTEM

Commitment to trust, honesty, openness, and commitment concerning the public mental health system in Michigan with the understanding that respect and transparency informs relationships and our dealings with and amongst Members;



COMMUNITIES/MEMBERS

Commitment to keeping the promises made to Region 3 communities and the promises made to Members;



GROWTH

Commitment to resolving conflicts that may arise as part of the Entity's growth;



INTEGRITY

Commitment to achieving performance, ethically, effectively and professionally, in accordance with the Partner's Conflict of Interest Policy.

ACCOMPLISHMENTS

GRANTS

STATE OPIOID RESPONSE (SOR)

- Implemented evidence-based prevention programming in schools and juvenile justice settings in five counties.
- Made significant progress in implementing jail-based MAT in Lake, Mason, Oceana, and Muskegon counties.
- A mobile care unit was outfitted, operationalized, and is now serving areas of need within Kent and Allegan counties.

GAMBLING DISORDERS

- Amy Embury (LRE SUD Prevention Manager) provided coordination for this grant (effective 10/1/21), while a contracted entity will continue working to support strategic planning and evaluation efforts. The Problem Gambling Needs Assessment for the LRE was completed in August 2021 by the same contracted entity.
- Provided five clinician training scholarships to increase Gambling Treatment services in the region.
- Four Prevention Service Providers provided strategies to prevent problem gambling in youth and adults while improving identification and referral to treatment for gambling disorders.
- Media efforts through a contracted entity helped to promote education and community awareness of resources such as [Gambling Disorder — Lakeshore Regional Entity \(lsre.org\)](https://www.lakeshore.org/gambling-disorder) and The Michigan Problem Gambling Helpline, 1-800-270-7117.

SMOKING CESSATION

- Grant funds continue to be distributed to Region 3 PIHP Member CMHSPs. The funds pay for staff time, indirect costs, supplies, and materials to develop and maintain trainers to provide training in the DIMENSIONS smoking cessation curriculum. Many peers have been trained in the DIMENSIONS curriculum and provide cessation groups in their communities.

NATIVE AMERICAN

- In Fiscal Year 2021, 58 Native American individuals received various culturally-relevant behavioral health services.

COVID-19 SUPPLEMENTAL FUNDING

- Many innovative projects have been approved and are in the planning phase for funding, beginning in August 2021. All contracted SUD Prevention, Treatment, and Women's Specialty Services Providers received the opportunity to submit proposals and receive funding.

EXECUTIVE BOARD MEMBERS

ALLEGAN COUNTY

Mark DeYoung, Commissioner

KENT COUNTY

Stan Stek, Vice Chairperson

Patricia Gardner

Jack Greenfield

Steven Gilbert

Jacqui Johnson

LAKE, MASON, & OCEANA COUNTIES

Ron Sanders

Jane Verduin, Secretary

MUSKEGON COUNTY

Linda Garzelloni

John Snider

Shaun Raleigh

OTTAWA COUNTY

Pat Driesenga, Treasurer

Matthew Fenske

SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

ALLEGAN COUNTY

Mark DeYoung, Commissioner

James Storey, Commissioner

KENT COUNTY

Shelly Cole-Mickens

Stan Ponstein

Molly Reid

Sarah Sobel

Patrick Sweeney, Chair

MASON COUNTY

Rebecca Lange

MUSKEGON COUNTY

Marcia Hovey-Wright, Commissioner

OTTAWA COUNTY

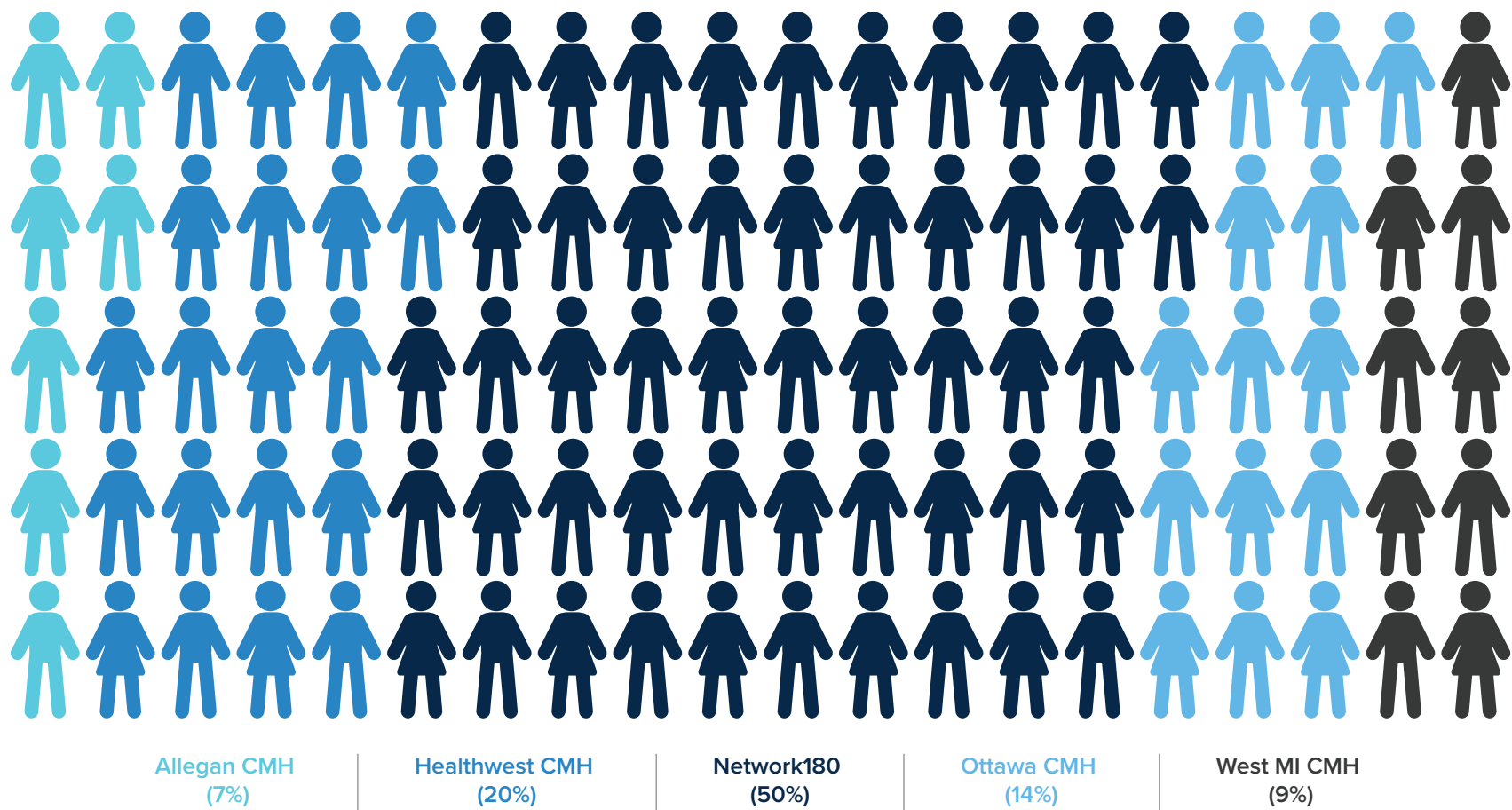
Dave Parnin

Richard Kanten

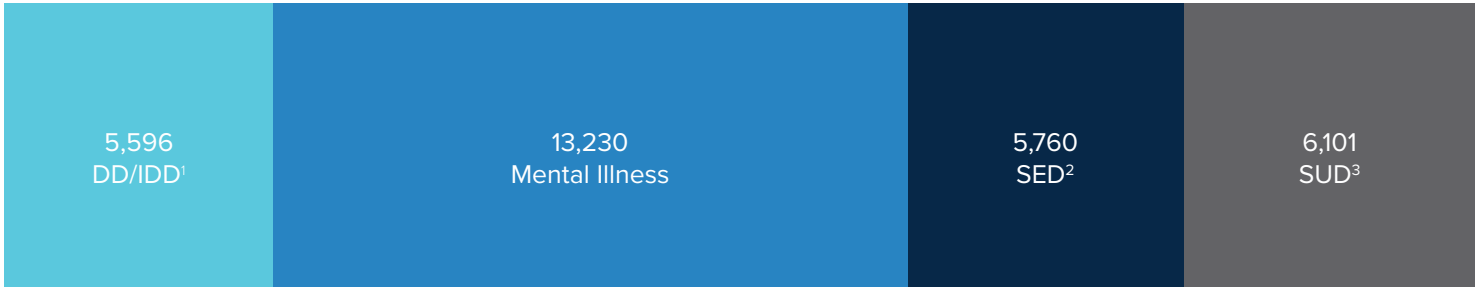
Doug Zylstra, Commissioner

BEHAVIORAL HEALTH TREATMENT SERVICE STATISTICS

[Percent Served by CMH]



[Count of Unique Persons Served by Population]



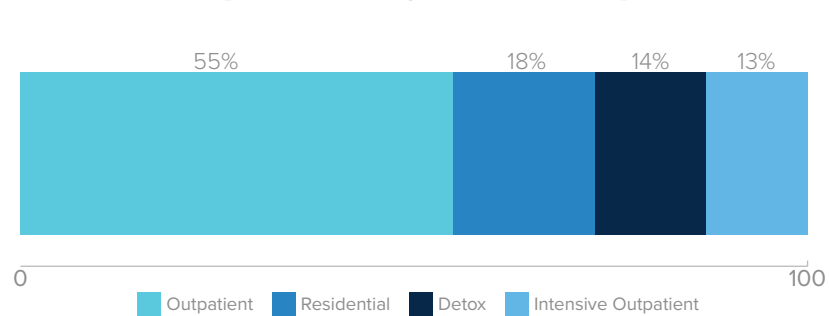
¹Developmental Disabilities/Intellectual Developmental Disabilities

²Serious Emotional Disturbance

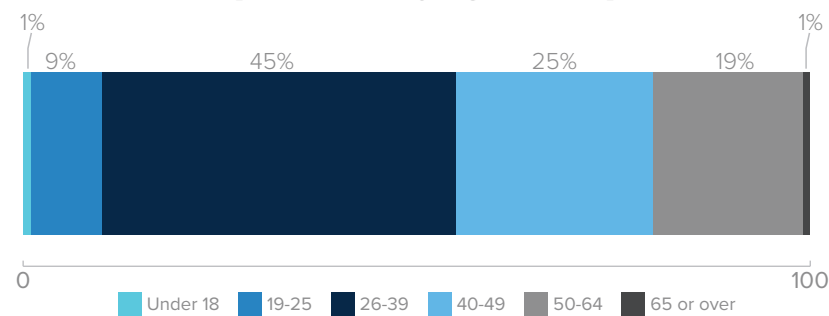
³Substance Use Disorder

SUBSTANCE USE DISORDER TREATMENT SERVICE STATISTICS

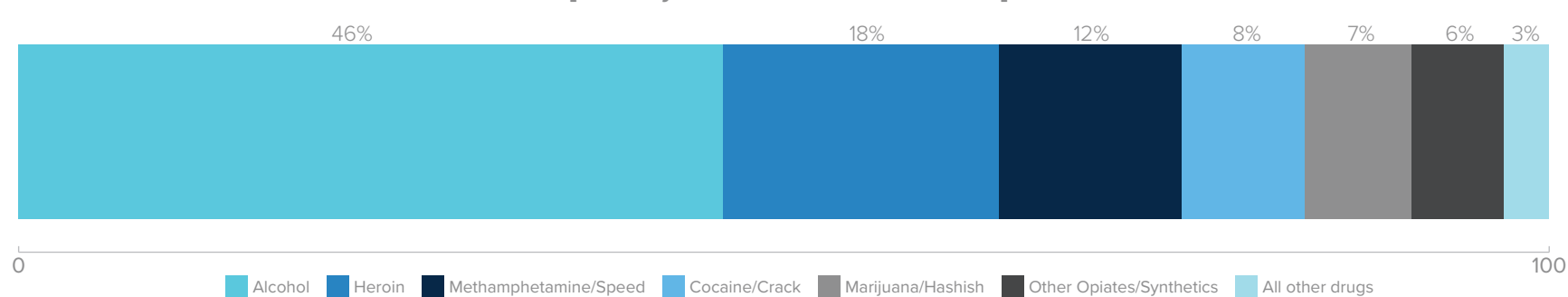
[Admission by Level of Care]



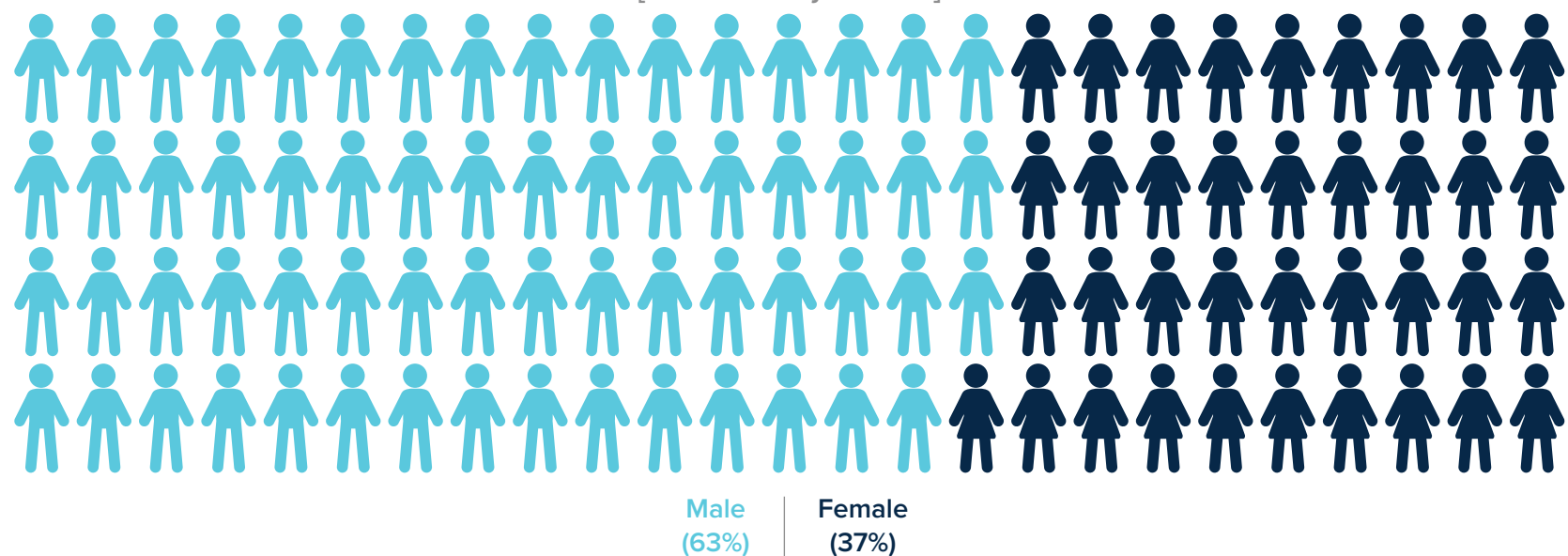
[Admission by Age Group]



[Primary Substance at Admission]



[Admission by Gender]



PERFORMANCE REPORT CARD

HEALTH SERVICES ADVISORY GROUP

In July 2021, the Health Services Advisory Group (HSAG) conducted its Annual Compliance Review of Standards I through VI, comprising 65 elements. LRE demonstrated compliance in 53 of 65 elements, or an 82% compliance rate. HSAG provided detailed findings, including recommendations, for program enhancement. In early December 2021, LRE submitted its Corrective Action Plan with action plans and interventions for all 12 elements to HSAG. HSAG accepted 4 out of the 12 action plans and interventions with no further recommendations. HSAG also accepted the remaining eight action plans/interventions with recommendations. The majority of HSAG's recommendations focused on the completion dates of September 30, 2022, which appeared excessive. LRE reiterated that September 30, 2022, completion date is appropriate.

PERFORMANCE IMPROVEMENT PROJECT

In 2018, LRE submitted to MDHHS, who accepted a Performance Improvement Project (PIP) titled "Diabetes Monitoring for People with Diabetes and Schizophrenia," to increase the percentage of members with schizophrenia and diabetes who had an HbA1C and LDL-C test during the measurement period. During the first and second remeasurement years, 2019 and 2020, LRE achieved statistically significant increases over the baseline and subsequent years, both of which HSAG validated. While the LRE was able to deliver an increase in the third remeasurement year, LRE did not sustain the statistically significant growth necessary to receive HSAG validation of the PIP results.

COMPLIANCE MONITORING

LRE conducts regular and ongoing activities to comply with its MDHHS contract and other applicable regulatory requirements. In FY21, HSAG completed its annual Compliance Review, focusing on six of 13 standards for Managed Care operations identified in 42 CFR 438 and the state contract. Areas in less than full compliance during the HSAG Compliance Review are being addressed through ongoing performance improvement efforts and tracked via a formal Corrective Action Plan. Remedial actions focus on addressing both the immediate compliance finding and the root cause that led to less than full compliance to ensure systemic mitigation. We will review LRE's CAP again to ensure progress toward full compliance with all standards.

MICHIGAN MISSION-BASED PERFORMANCE INDICATOR SYSTEM 2021

LRE met or exceeded the threshold for all MMBPIS metrics for the last six (6) quarters. In comparison to the State of Michigan.

☐ Meets or exceeds target for goal
 ☒ Does not meet target for goal

MMBPIS Indicator #	PIHP Quarterly Measures	Target	Oct-Dec 2020	Q1 State Avg.	Jan-Mar 2021	Q2 State Avg.	Apr-June 2021	Q3 State Avg.	July-Sept. 2021	Q4 State Avg.
Indicator #1	% of Pre-Admission Screening Dispositions 3 hrs or less - Children	95%	97.0%	99.0%	98.1%	98.7%	96.2%	99.0%	97.8%	98.8%
	% of Pre-Admission Screening Dispositions 3 hrs or less - Adults	95%	97.7%	98.3%	98.6%	98.1%	97.7%	97.7%	98.1%	98.2%
Indicator #2	F/F Assessment within 14 days –MIC	N/A	79.7%	68.2%	70.8%	65.4%	68.2%	64.4%	73.6%	62.9%
	F/F Assessment within 14 days –MIA	N/A	82.1%	66.4%	84.6%	65.5%	84.2%	64.6%	82.4%	59.9%
	F/F Assessment within 14 days –DDC	N/A	60.2%	74.3%	55.7%	68.0%	67.4%	67.4%	72.4%	61.9%
	F/F Assessment within 14 days –DDA	N/A	93.0%	75.1%	69.9%	67.2%	72.0%	67.3%	63.2%	63.3%
	F/F Assessment within 14 days—LRE Total	N/A	79.5%	67.9%	75.1%	66.0%	74.8%	64.5%	76.8%	62.0%
Indicator #3	Start of Service Within 14 Days –MIC	N/A	83.9%	76.6%	80.3%	80.0%	76.3%	76.3%	83.1%	75.0%
	Start of Service Within 14 Days –MIA	N/A	78.7%	79.0%	75.2%	80.5%	75.5%	79.9%	62.0%	76.2%
	Start of Service Within 14 Days –DDC	N/A	66.4%	81.0%	77.6%	84.2%	88.0%	83.8%	81.2%	83.9%
	Start of Service Within 14 Days –DDA	N/A	90.0%	84.3%	84.9%	82.9%	81.5%	84.2%	85.5%	81.4%
	Start of Service Within 14 Days—LRE Total	N/A	80.3%	79.2%	78.6%	80.9%	77.5%	79.4%	76.0%	79.1%
Indicator #4a	% Seen Within 7 Days of Inpatient Discharge - Children	95%	98.8%	96.6%	95.3%	96.0%	95.7%	93.9%	97.7%	92.7%
	% Seen Within 7 Days of Inpatient Discharge - Adults	95%	96.6%	95.6%	96.3%	95.6%	96.9%	95.4%	95.9%	94.1%
Indicator #4b	% Seen Within 7 Days of SA Detox Unit Discharge -SUD	95%	97.6%	94.1%	98.4%	96.6%	99.3%	94.1%	96.3%	86.1%
Indicator #10	Inpatient Recidivism Rate - Children	15% or less	7.6%	8.6%	11.2%	8.6%	8.6%	7.1%	3.7%	7.4%
	Inpatient Recidivism Rate - Adults	15% or less	14.1%	13%	13.5%	13.3%	9.7%	12.3%	7.8%	11.7%
MHDHHS collects and reports the following indicators										
Indicator #2e	F/F Service for Treatment Support within 14 days–SUD	MDHHS Info	71.52%	74.6%	69.50%	76.1%	68.72%	74.6%	73.15%	75.15%
Indicator #5	% of Area Medicaid Having Received PIHP Managed Services	MDHHS Info	5.33%	6.6%	5.53%	7.30%	5.45%	6.66%	5.36%	6.52%
Indicator #6	% of HSW Enrollees in Quarter who Received at Least 1 HSW Service each Month other than Support Coordination	MDHHS Info	88.7%	94.0%	93.7%	97.5%	95.7%	96.5%	95.41%	95.32%

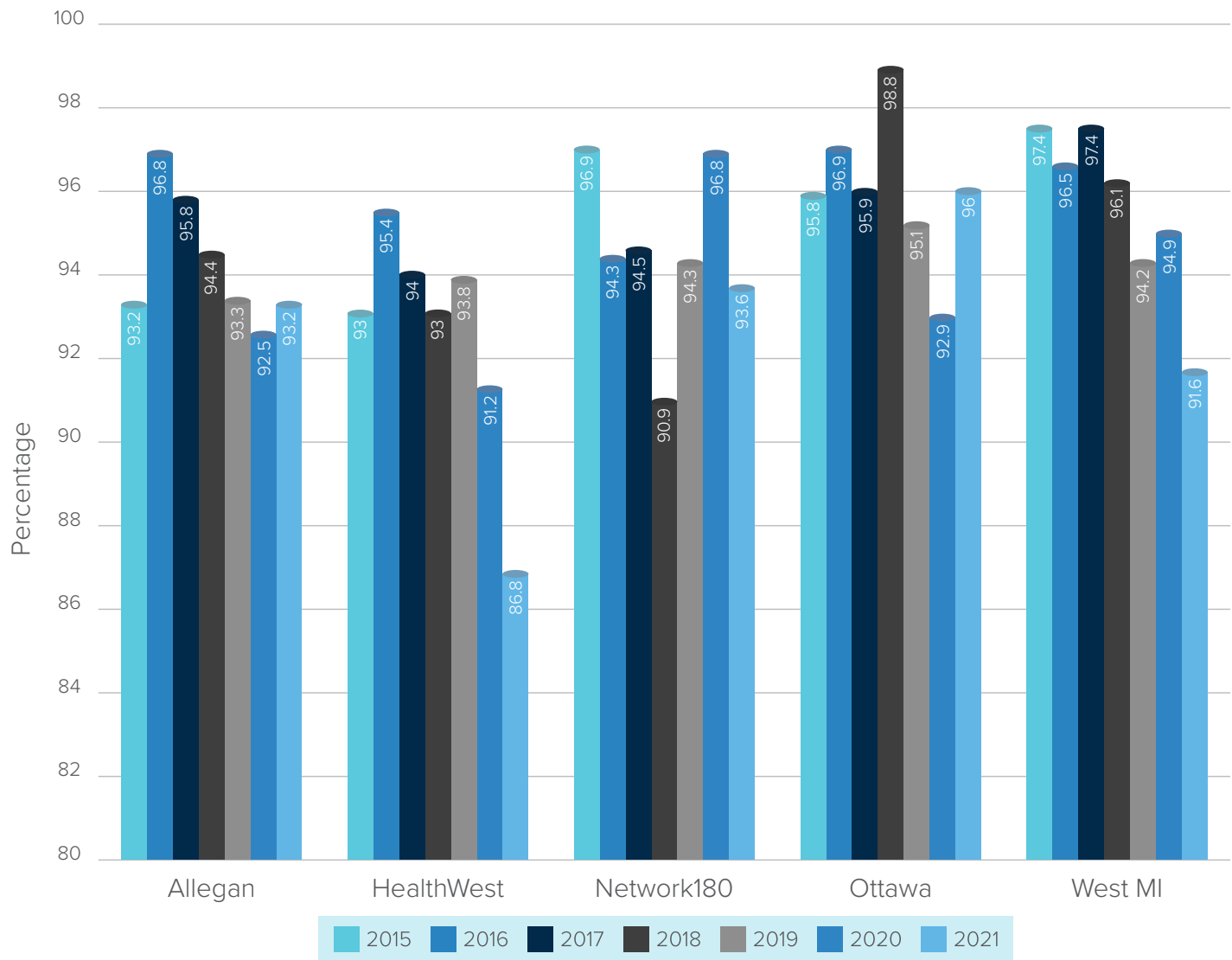
SITE REVIEW

MEMBER CMHSP

Annually the LRE is required to conduct site reviews of member CMHSPs. The following categories receive assessment:

- ☒ Administrative/managed care functions
- ☒ Program specific standards
- ☒ Information technology
- ☒ Wavier and non-waiver staff training and credentialing
- ☒ Wavier and non-wavier clinical chart reviews
- ☒ Member cmhsp sud outpatient charts
- ☒ MMBPIS source documentation
- ☒ Critical incident verification

The following displays overall scores for the Member CMHSPs for fiscal years 2015-2021:



PROVIDER NETWORK

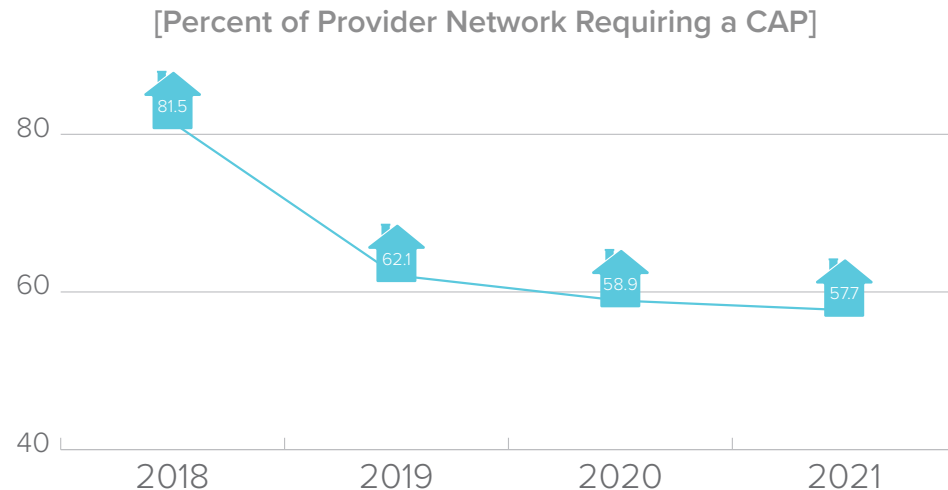
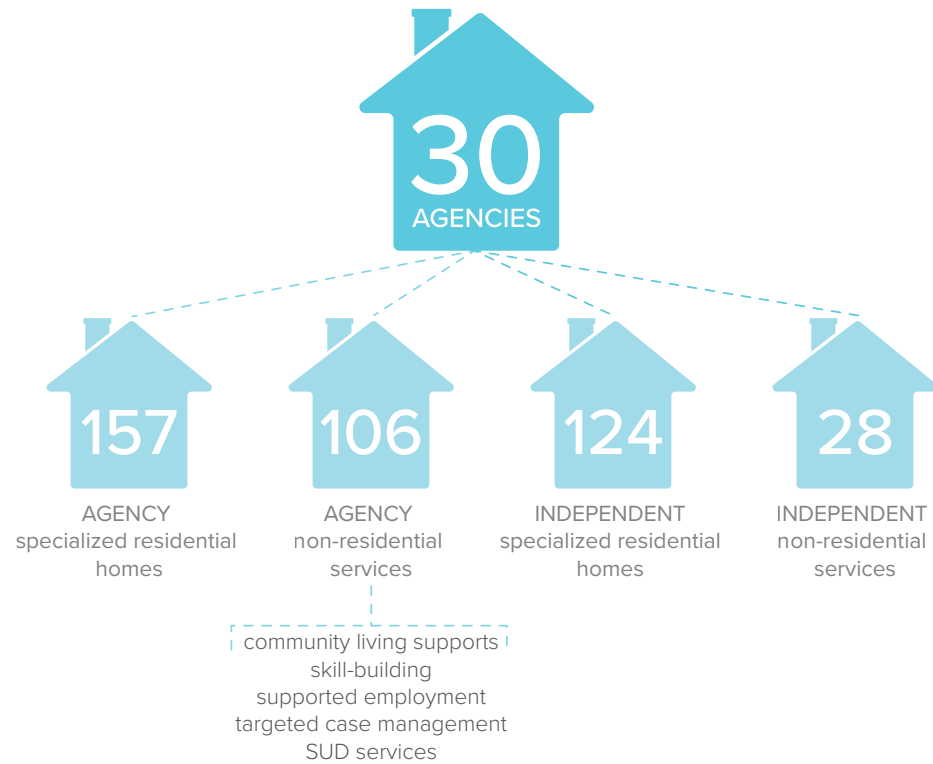
Annually the LRE conducts site reviews of the provider network covering the following main categories:



For this past fiscal year, 30 agencies were reviewed, consisting of 157 residential homes and 106 non-residential services. The non-residential services include community living supports, skill-building, supported employment, targeted case management, and SUD services. There are several smaller independent providers comprising the provider network. Reviews for the non-agency providers included 124 specialized residential homes and 28 non-residential services.

CORRECTIVE ACTION PLANS

A corrective action plan is required for participants in the provider network if items do not meet standards. Over the past four fiscal years, there has been a decrease in the number of corrective action plans required in the provider network.



PREVENTION SERVICES

TALKSOONER

Youth substance use prevention education and awareness expanded in 2021 with new partnerships with mParks and the Michigan Department of Natural Resources (MDNR) in June. Talksooner collateral materials, including posters, vinyl clings, and wallet cards were translated into Spanish and distributed at 10 State parks. In partnership with Michigan Department of Transportation (MDOT), collateral materials went to 77 Michigan rest stops, including 14 MDOT Welcome Centers in September.

MIRECOVERY.ORG

MI Recovery is a comprehensive set of options for recovery from substance use disorder and addiction. This site is hosted via the LRE and a regional work team, added a resource page specifically for those concerned a loved one may need support: [Should I be concerned? - MI RECOVERY](#)



LRE FUNDED SUD PREVENTION NUMBERS SERVED

<u>TOTAL ATTENDEES</u>		<u>ESTIMATED REACH*</u>
ALLEGAN COUNTY CMH:	8,660	2,732,179
ARBOR CIRCLE:	7,797	172,419
Kent County:	666	802
Muskegon County:	1,837	150
Ottawa County:	5,294	171,467
DISTRICT HEALTH DEPT. #10:	4,219	4,234
FAMILY OUTREACH CENTER:	366	960
KENT COUNTY HEALTH DEPT.:	15,547	0
MERCY HEALTH:	421	300
NETWORK180:	111,993	100,041
OTTAWA COUNTY CMH:	1,014	202
OTTAWA COUNTY DEPT. of PUBLIC HEALTH:	765	0
PUBLIC HEALTH MUSKEGON COUNTY:	3,020	4,785
WEDGWOOD:	8,688	130
TOTAL YTD FOR THE REGION:	162,490	3,015,250
<u>BY COUNTY</u>		
<u>TOTAL ATTENDEES</u>	<u>ESTIMATED REACH</u>	
ALLEGAN:	8,660	2,732,179
KENT:	137,260	101,933
LAKE, MASON, & OCEANA:	4,219	4,234
MUSKEGON:	5,278	5,235
OTTAWA:	7,073	171,669
REGION TOTAL:	162,490	3,015,250

Due to virtual offerings of some prevention programming, these numbers per county may be outside the reach of each specific county.

*The estimated number of people who saw a prevention-focused marketing campaign.

SUBSTANCE USE DISORDER

We hoped that in 2021 COVID would be behind us, and we could return to business as usual. Unfortunately, that wasn't the case. Our providers had to continue to work hard to provide remote and in-person care to a population of individuals whose risk for overdose continued to increase. In 2021, it became more difficult to engage women in treatment, and we also saw an increase in methamphetamine use.

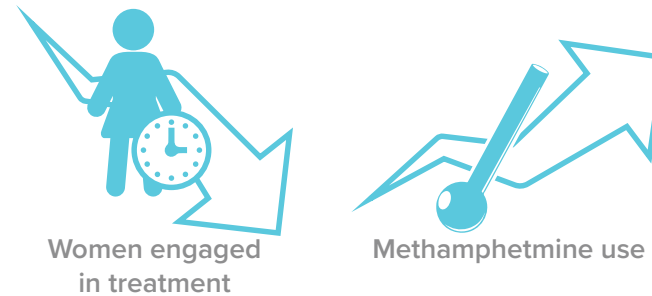
INNOVATIVE PA2 EXPENDITURES:

- Purchasing and distributing Naloxone
- Recovery coaches who follow up with individuals who have experienced an overdose
- Recovery coaches providing outreach and engagement at Community Action House and Mel Trotter Shelter
- A Seeking Safety group for African American males who have experienced trauma
- The Sapphires Program—an inpatient addiction program pilot with Spectrum Health

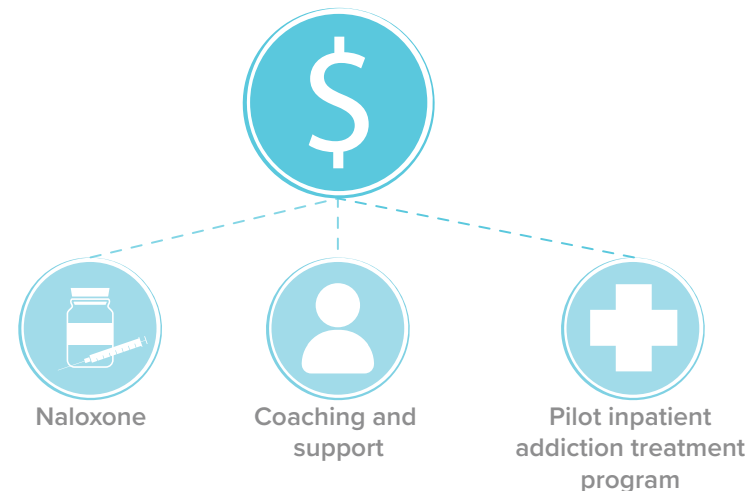
WOMEN'S SPECIALTY SERVICE HIGHLIGHTS:

- A residential provider added a swing and a sandbox on their grounds so that mothers who were in treatment would have safely distanced activities to engage in with their kids
- A provider began Contingency Management with child-based incentives. For example, if a mom made all of her appointments within a specific time or made progress on a goal, she would receive the choice of several incentives to make quarantine life easier. Incentives included activity books, subscription services, or memberships to community places like the nature center.
- A residential provider developed relationships with a local nursing program and a local physical therapy program, which gives them access to interns who can provide educational groups and activities related to holistic health and wellness.

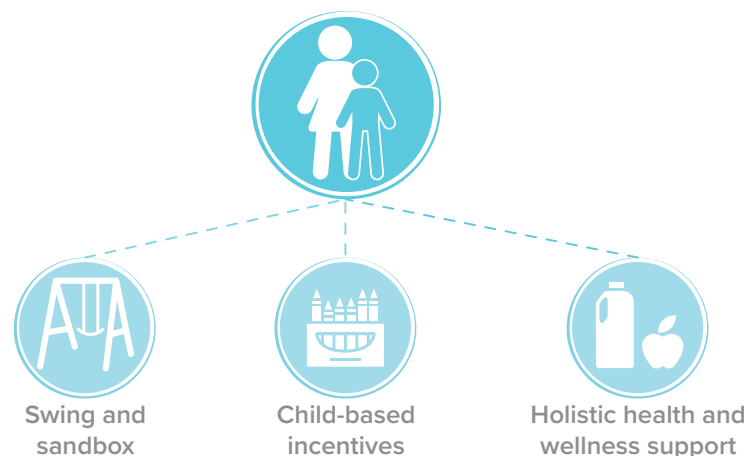
[Treatment Trends]



[Innovative Expenditures]

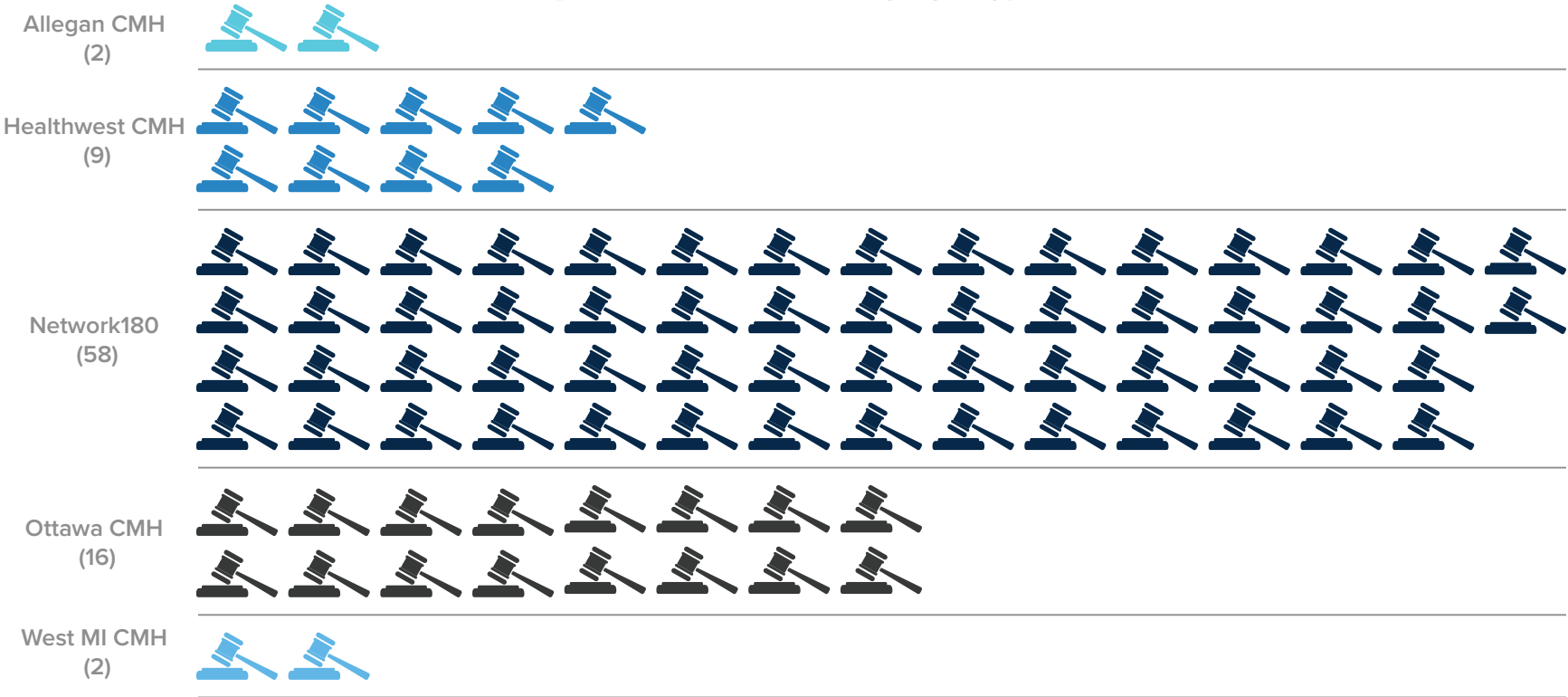


[Provider Treatment Incentives]

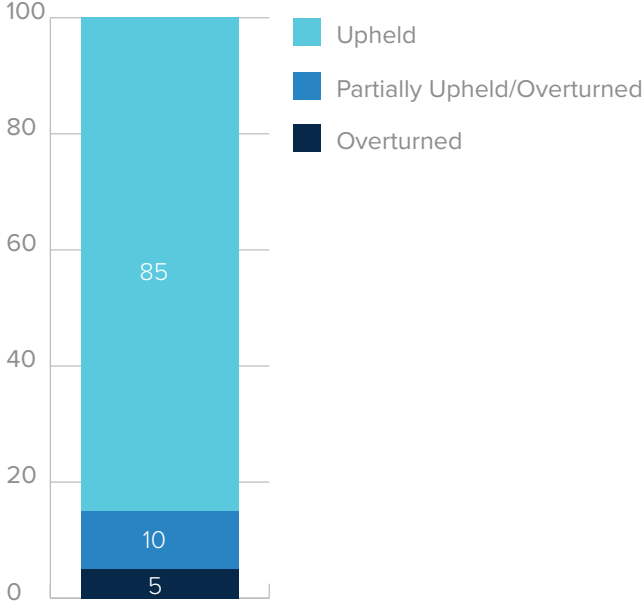


GRIEVANCES, APPEALS AND FAIR HEARINGS

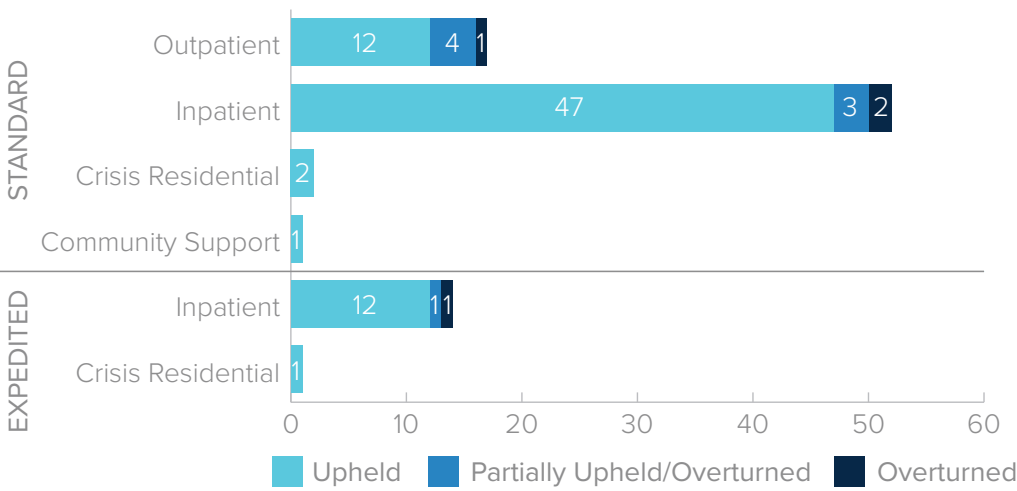
[Local Appeal Decisions by Agency]



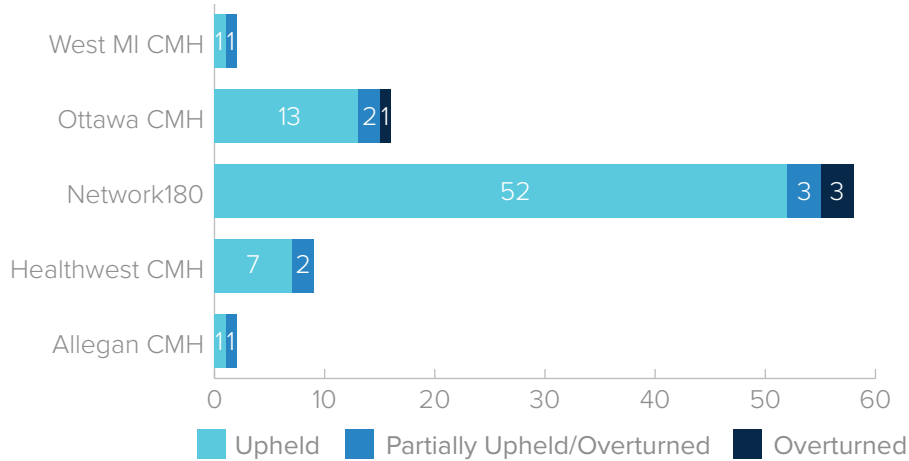
[Percent of Appeals by Decision]



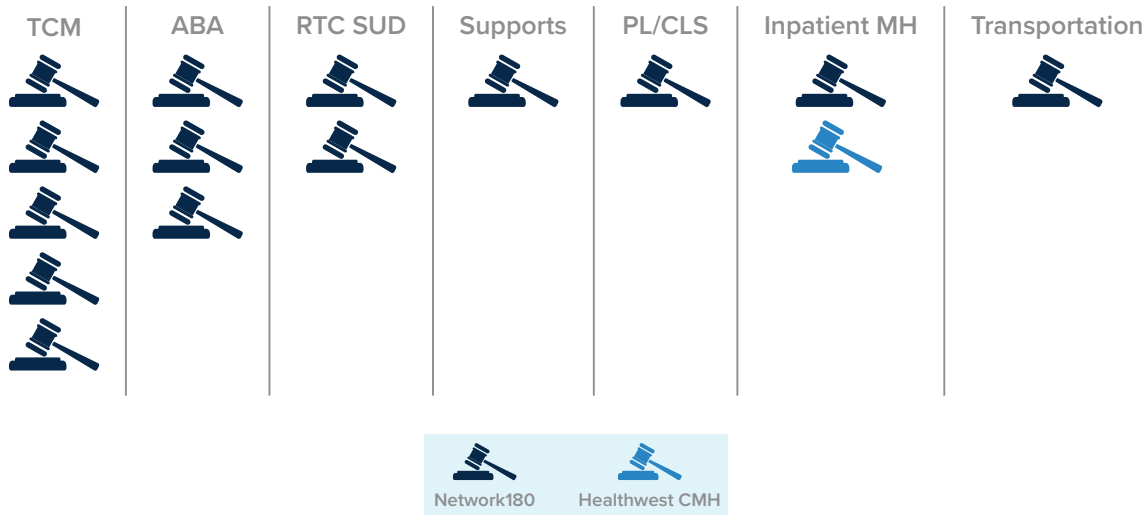
[Appeals by Type of Case]



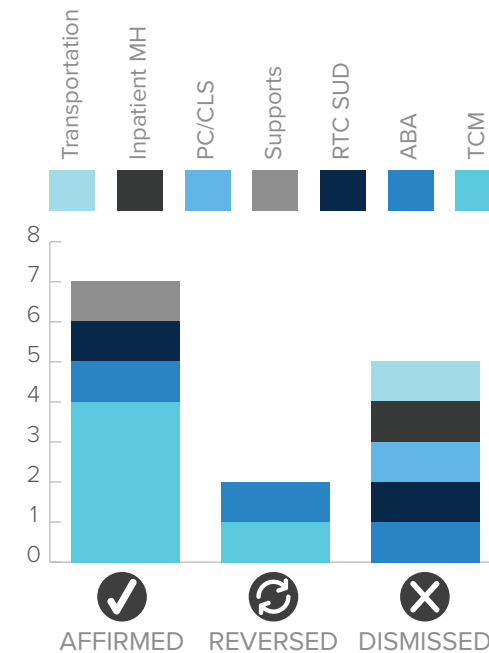
[Appeals by CMHSP/Decision]



[Fair Hearings by Level of Care and CMHSP]



[Fair Hearings by Outcome]



BEACON RECOMMENDATIONS FOR NETWORK

- ✓ Move to regional model for rate negotiations and contracting
- ✓ Implement standard rates across shared providers
- ✓ Collaborate with Network on assessment of Alternative Payment Methodology opportunities
- ✓ Implement standard rates across shared providers
- ✓ Compare provider rates to Market (PIHP's, CMH's, Medicare, Other States, etc.)
- ✓ Leverage Contract Manager Meeting to define areas for cost savings and approach
- ✓ Implement standard fee schedule
- ✓ Compare rates to other PIHP's/CMH's and other States

AUTISM AND WAIVERS

The LRE is responsible for administering medically necessary Behavioral Health Treatment (BHT) for individuals with an Autism Spectrum Disorder (ASD) aged 0-20. Behavioral Health Treatment is a comprehensive treatment including screening, diagnosis, applied behavior analysis (aba), parent training, and social skills group.

The goal of delivering ABA is to help the person served and their family achieve goals that will make meaningful changes in their lives. The ABA has seven dimensions of behavior analysis identified by Baer, Wolf, and Risley (1968) in their seminal article *Some Current Dimensions of Applied Behavior Analysis*. ABA services follow the clinical practice guidelines identified by the Behavior Analysis Certification Board (BACB), MDHHS guidelines, and Medicaid Provider Manual. A board certified behavior analyst (BCBA) directs all services by following industry standards and the BACB's code of ethics. A BCBA supervises all services in a ratio of at least 10 percent and includes collaboration with caregivers, schools, and other community members. Supports coordination services help reduce barriers to treatment and assist in ancillary treatments.

- ✓ The treatment focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior.
- ✓ ABA includes direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.
- ✓ Caregiver involvement is instrumental in ABA treatment to ensure the generalization of learned skills and maintain gains.

REFERENCE MATERIALS

<https://www.bacb.com/>

<https://www.nationalautismcenter.org/national-standards-project/>

<https://www.abainternational.org/welcome.aspx>

<http://wmuace.com/videos>

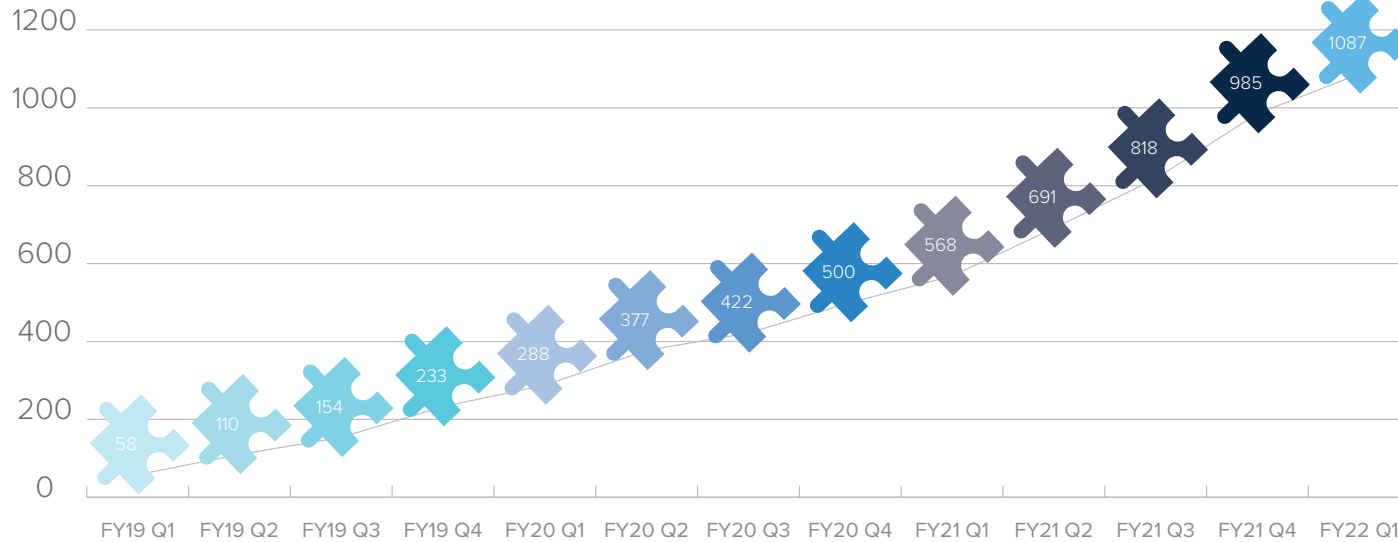
<https://www.michigan.gov/autism/>

<https://www.autismspeaks.org/>

<https://onlinelibrary.wiley.com/journal/19383703>

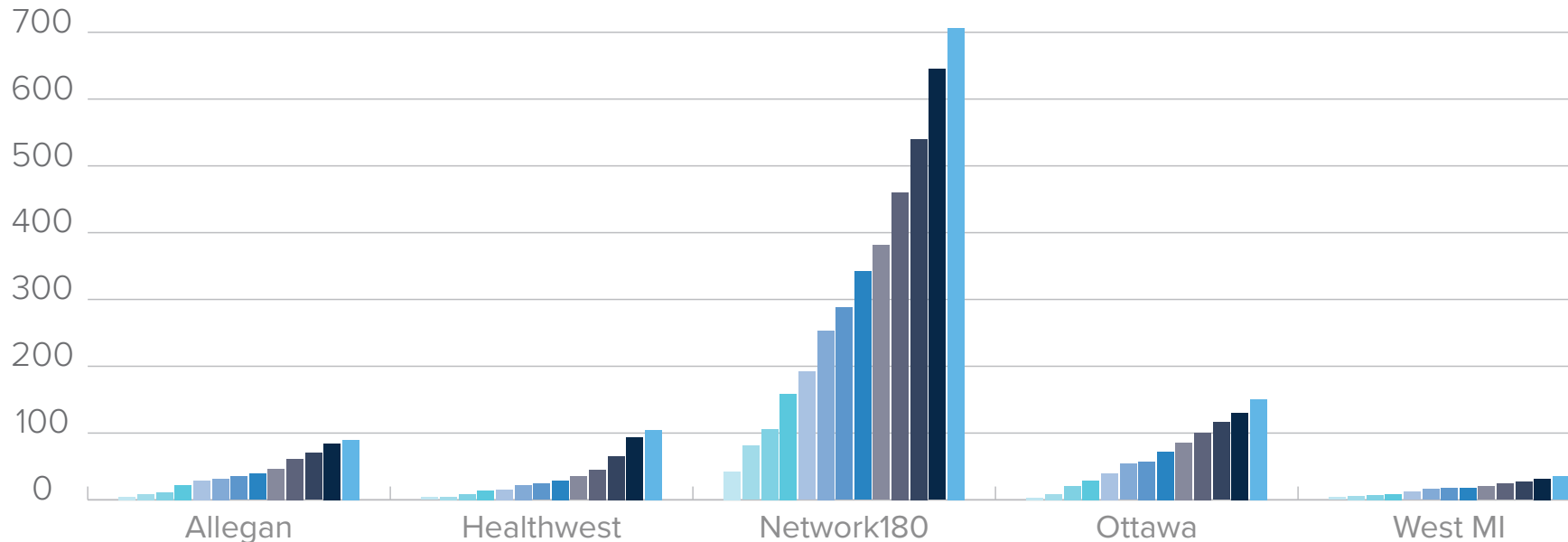
[Number of Open/Pending Cases Based on Eligibility - LRE Region Total]

FY19 FY20 FY21 FY22



BHT services continue to grow across the region. The capacity to keep up with this growth continues. The LRE is working with the CMHSP partners and provider network to meet this demand and ensure appropriate services are available.

{Number of Open/Pending Cases Based on Eligibility by CMHSP}



	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2	FY20 Q3	FY20 Q4	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4	FY22 Q1
Allegan	5	9	11	22	29	32	35	39	46	61	70	84	90
Healthwest	4	5	9	14	15	22	24	29	35	45	65	94	105
Network180	42	81	106	159	192	253	288	342	381	460	540	645	706
Ottawa	3	9	21	29	40	54	57	72	86	101	116	130	151
West MI	4	6	7	9	12	16	18	18	20	24	27	32	35

[Reason for Transition Out of Services]

ALLEGAN CMH	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
Age off		5				1	2	2	10
Met all treatment plan goals				1	5	8	7	4	25
Moved out of state		1				4	1	1	7
No longer eligible for Medicaid				1	4	3			8
No longer meets eligibility requirements			1						1
Re-evaluation did not meet medical necessity				1	3	2			6
Voluntarily dis-enrolled from services	1	3	7	11	13	21	10	15	81
Denied								1	1
Other					1	4	5	4	14
YEARLY TOTAL	1	9	8	14	26	43	25	27	153

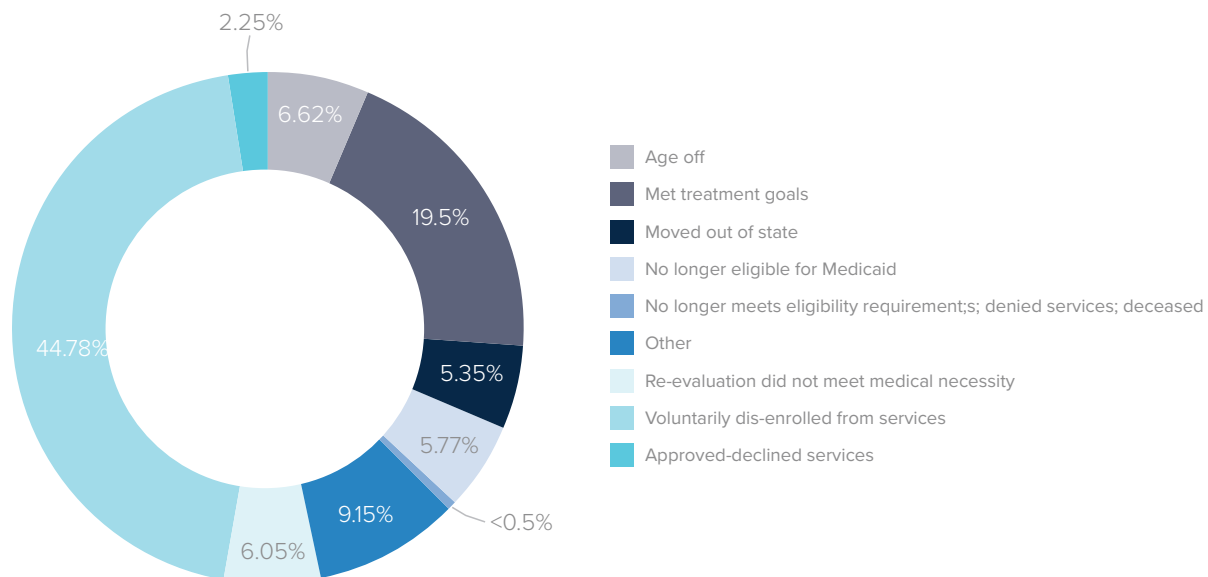
HEALTHWEST CMH	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
Age off	9	12		1					22
Met all treatment plan goals			7	22	29	26	26	25	135
Moved out of state				3	5	2	1	1	12
No longer eligible for Medicaid			1	1	2	2			6
Re-evaluation did not meet medical necessity			5	7	1	2		1	16
Voluntarily dis-enrolled from services	1	12	12	37	33	48	23	12	178
Approved–declined services	2	1	1				2	1	7
Deceased					1				1
Other			6	2	3		8	11	30
YEARLY TOTAL	12	25	32	73	74	80	60	51	407

NETWORK180	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
Age off	6	9		2	3	3	3	15	41
Met all treatment plan goals				9	4	11	17	22	63
Moved out of state			2	10	10	9	11	7	49
No longer eligible for Medicaid			4	5	14	19	6		48
No longer meets eligibility requirements	1	2							3
Re-evaluation did not meet medical necessity			1	10	13	15	11	5	55
Voluntarily dis-enrolled from services	8	10	24	43	63	67	32	32	279
Approved–declined services	1	2	2	3	3	9	4		24
Other	1	1		2	13	17	15	11	60
YEARLY TOTAL	17	24	33	84	123	150	99	92	622

OTTAWA CMH	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
Age off	1					2	4	8	15
Met all treatment plan goals				1	2	8	8	11	30
Moved out of state						2	4	2	8
No longer eligible for Medicaid			2	2	4	6	3	2	19
Re-evaluation did not meet medical necessity			1	3		1	3		8
Voluntarily dis-enrolled from services	2	3	6	5	9	17	15	16	73
Approved–declined services						1			1
Other				1	5	2	8	3	19
YEARLY TOTAL	3	3	9	12	20	39	45	42	173

WEST MI CMH	2014	2015	2016	2017	2018	2019	2020	2021	TOTAL
Age off	2	2	1			1			6
Met all treatment plan goals				3	3	8	2	8	24
No longer eligible for Medicaid			1						1
Re-evaluation did not meet medical necessity				1					1
Voluntarily dis-enrolled from services		2	3	9	3	4	2	2	25
Deceased								1	1
Other					3		1	3	7
YEARLY TOTAL	2	4	5	13	9	13	5	14	65

[2014-2021 Reason for Transition Out–Region Total]

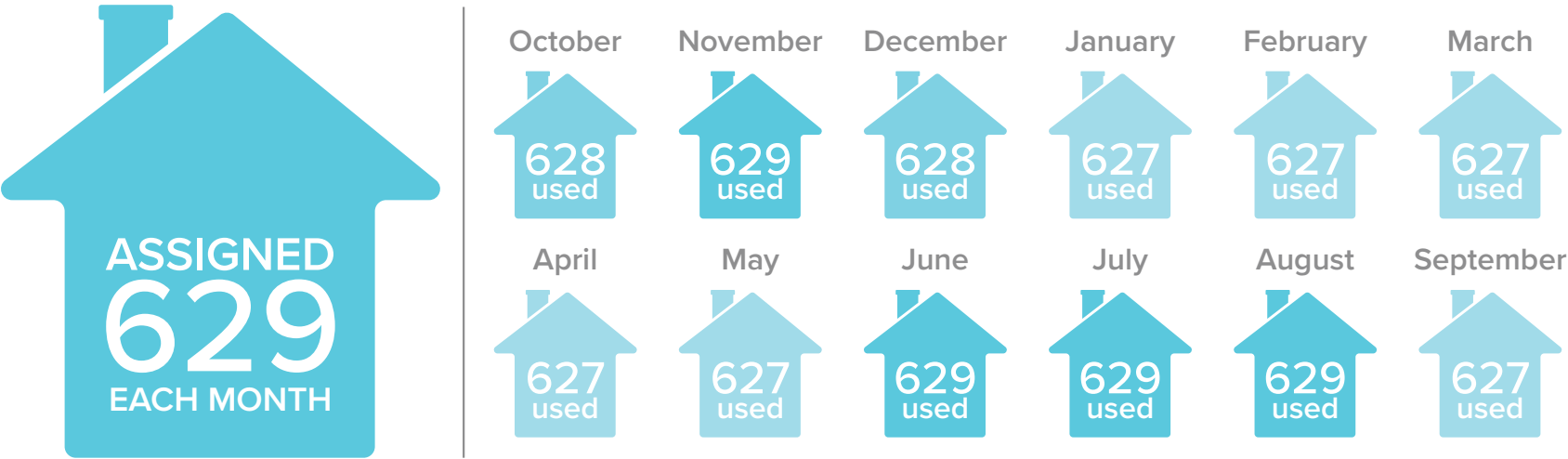


SUMMARY OF DATA

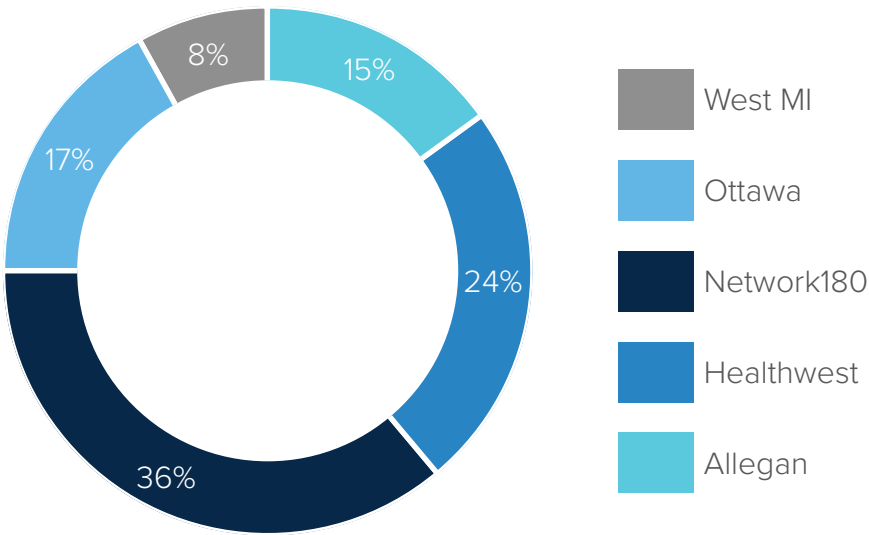
Since 2014, over 1400 individuals have transitioned out of BHT services. Of those, 367 (25.8%) met their treatment goals or improved functioning that they no longer required BHT treatment. The LRE is working with its partners and provider network to increase the percentage of individuals who meet their treatment goals.

HABILITATION SUPPORTS WAIVER

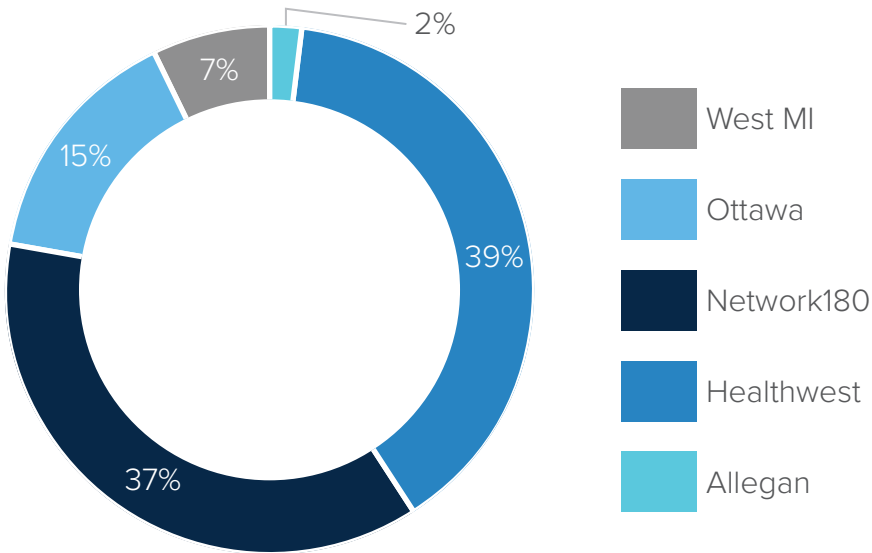
LRE currently holds 629 Habilitation Supports Waiver (HSW) slots. In fiscal year 2021, LRE averaged 99.81% use of assigned HSWs, and did not loan or borrow.



[Total Clients Enrolled by CMSHP]

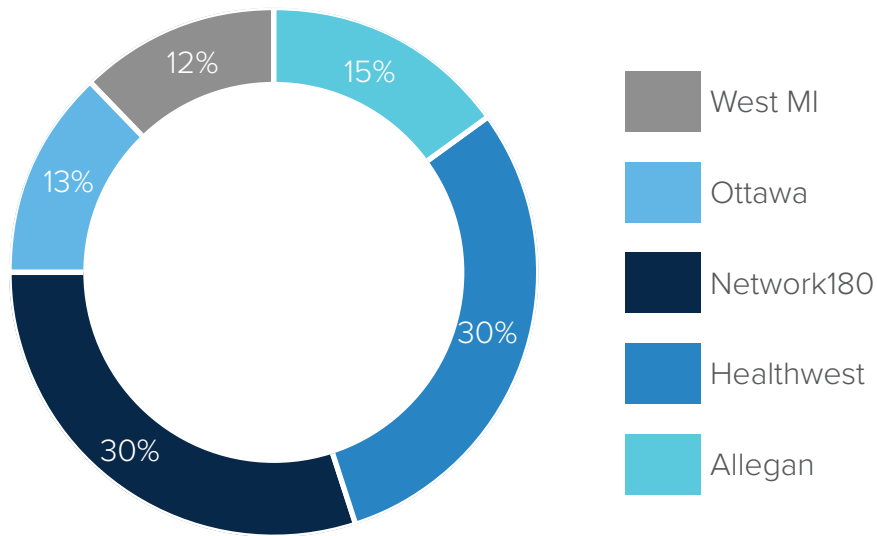


[New Enrollments by CMSHP]



Of those enrollments, seven from across the region were Children’s Waiver age offs. We also transferred in two cases, one of which went to West Michigan CMH and the other to CMH of Ottawa County.

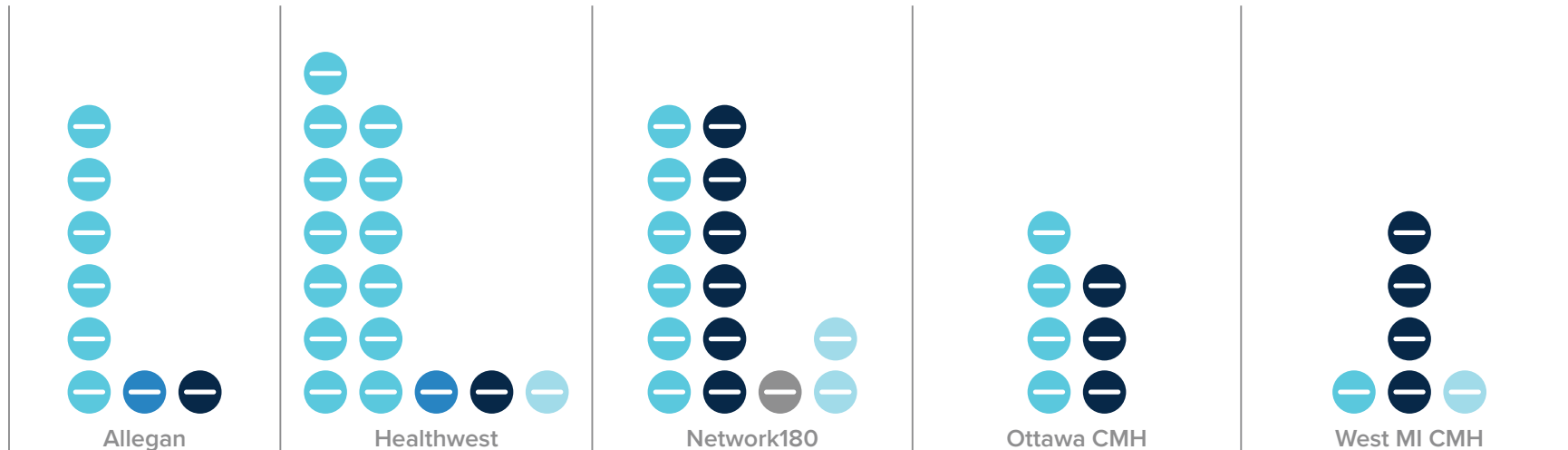
[Disenrollments by CMSHP]



Only one dis-enrollment was a client who also enrolled in the fiscal year 2021. We also had one transfer from West Michigan CMH to Region 5.

[Disenrollments by Reason]

Deceased Nursing facility Voluntary dis-enrollment Moved out of state Other



Voluntary dis-enrollment reasons include:

- ✓ Declining health but did not move into a facility
- ✓ No longer having any habilitative needs
- ✓ The client, family, guardian, or both have chosen to end CMHSP services or feel they can meet the needs of the client
- ✓ They have chosen to live in a licensed home with 12+ beds
- ✓ The reason other could be chosen if the client enrolled in a different program such as PACE or the MI-Choice Waiver.

HOME AND COMMUNITY BASED SERVICES

In FY2021, the Home and Community Based Services (HCBS) Program

- ✓ Conducted Provisional Approval Reviews of new providers
- ✓ Surveyed approved providers
- ✓ Began validation work for providers that have completed the HCBS Review process
- ✓ Identified providers that have not responded to or completed any HCBS surveys.

MDHHS and MI-DDI trained HCBS Staff on administering surveys so that the PIHP can take this over in the future.

PROVISIONAL REVIEWS COMPLETED in FY2021:

The LRE completed reviews for 32 new providers in FY2021. Of these, 30 received approval, and two denied provisional surveys. This number has doubled from FY2020, where 16 reviews were completed.

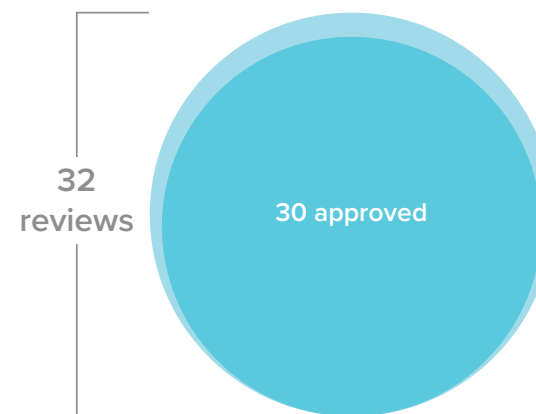
PROVISIONAL SURVEYS

Of the 30 new providers, 11 were a part of the most recent round of HCBS Provisional Surveys. The LRE surveyed 40 cases across these 11 providers. Provider participation in the surveys is mandatory per MDHHS, and participant (consumer) survey participation is voluntary but highly encouraged. We are pleased to report a 100% completion rate for the provider surveys.

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER

The Children with Serious Emotional Disturbance Waiver (SEDW) Program has continued to grow in our Region. In FY2021, we increased the number of children served by 27. The PIHPs took over the management of the SEDW in FY2019, and we have seen steady growth in this program.

[New Provider Reviews]



[Provisional Survey Completion Rate]



- ✓ HSW Provider Survey (100%)
- ✓ HSW Participant Survey (100%)
- ✓ iSPA Provider Survey (100%)
- ✓ iSPA Participant Survey (60%)

Participant surveys are not mandatory.
Non-Responders: will be re-surveying
17 cases across 13 providers.

[SEDW Children Served]

CMSHP	Start of FY2021	End of FY2021
Allegan	3	5
Healthwest	13	18
Network180	20	34
Ottawa	1	6
West MI	1	2
TOTAL:	38	65

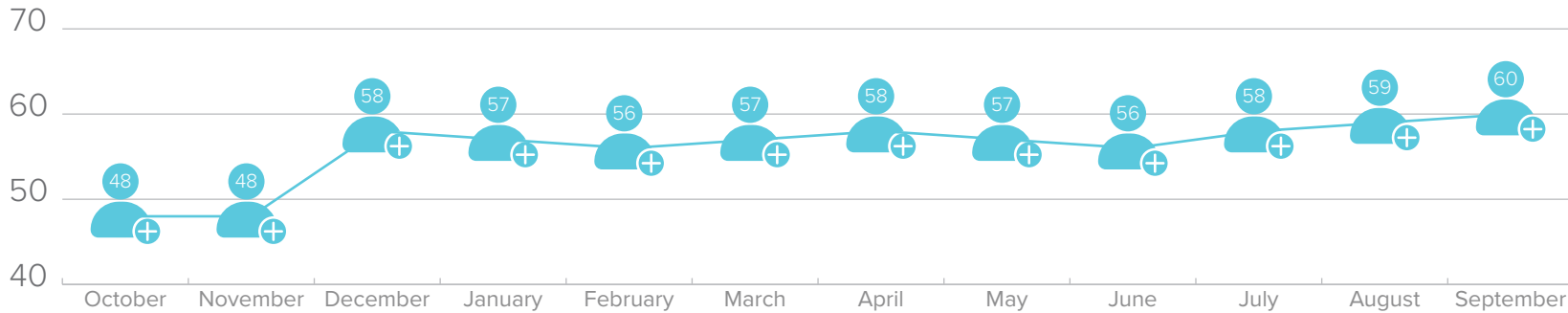
CHILDREN'S WAIVER PROGRAM

The LRE has seen an increase in children enrolled in the Children's Waiver Program (CWP) due to MDHHS increasing the number of available slots by 50, bringing the total to 519 within the state. Every child within Region 3 who completed an application for enrollment to the Children's Waiver Program in FY2021 received approval.

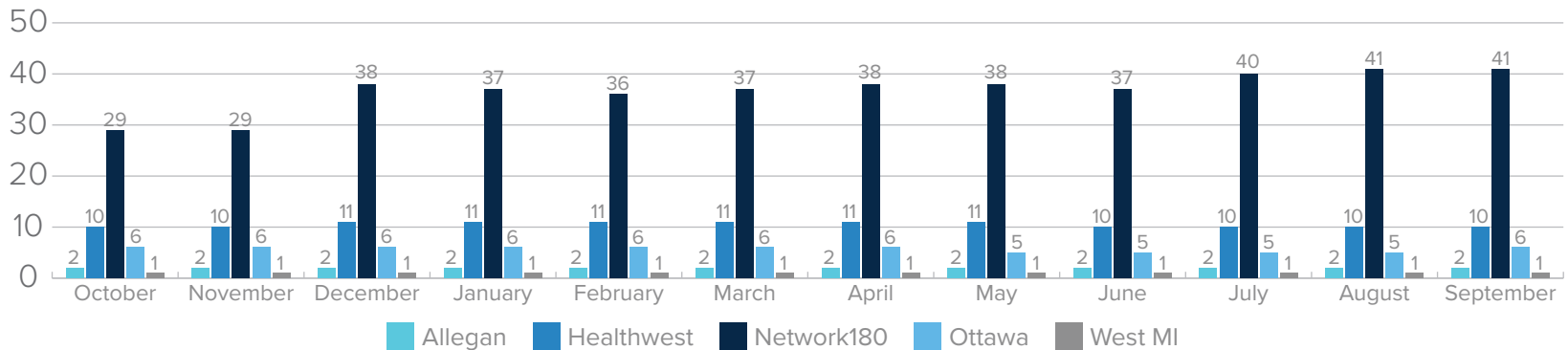
Services Provided to CWP Enrollees in FY2021

- ✓ Targeted Case Management
- ✓ Community Living Supports
- ✓ Respite
- ✓ Music Therapy
- ✓ Recreational Therapy
- ✓ Environmental Accessibility Adaptations
- ✓ Family Training
- ✓ Non-Family Training
- ✓ Specialized Medical Equipment and Supplies
- ✓ Applied Behavior Analysis
- ✓ Occupational Therapy

Total Enrollments by Month – FY2021



Enrollments by Month by CMSHP – FY2021



VETERAN NAVIGATOR

The Veteran Navigator (VN) participates in community events and collaborative groups that allow him to connect with veterans in the community. The purpose of this outreach is to raise awareness of the services available through the VN and to interact with veterans to increase their comfort level with reaching out to the VN for support.

OUTREACH HIGHLIGHTS

- ✓ The VN began working with Vet Sports, allowing the VN to build a relationship with many Veterans on the teams.
- ✓ The VN worked with two organizations to help them raise money through events while being able to network during the events to connect with veterans in the region.

SUPPORT HIGHLIGHTS

Served 105 Veterans, including:

- ✓ Assisted a veteran without running water to access a plumber and helped arrange automatic bill payments to prevent future delinquencies.
- ✓ Assisted a family with receiving benefits for a veteran who died from COVID.
- ✓ Helped 26 veterans connect to the Veteran Services Organization to pursue VA benefits.
- ✓ Helped a veteran with VA disability stay in the Navy Reserves and receive payment from both organizations without penalty.
- ✓ Helped two veterans move, with support for employment and housing.

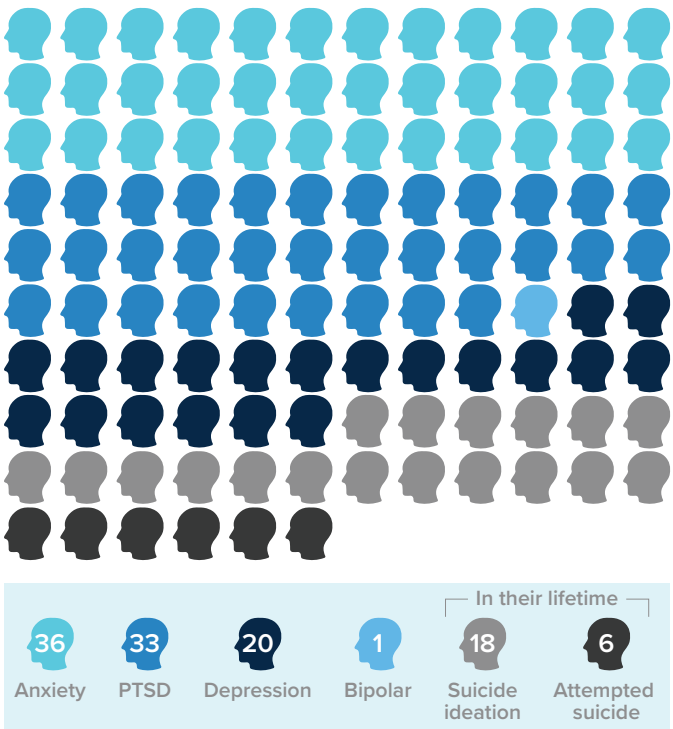
REFERRAL NETWORK

- ✓ Created relationships with key organizations in Ottawa County through the new Veteran’s Coalition.
- ✓ Networked with organizations across the state to expand the VN’s ability to assist veterans locally.
- ✓ Developed a relationship with the Kent County Police force to assist veterans with whom they interact and to engage the VN when a veteran is involved.

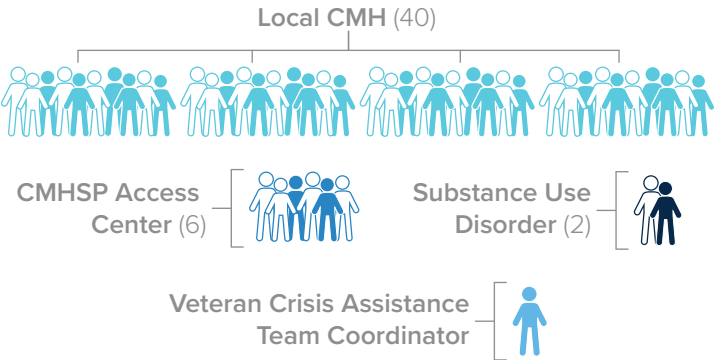
EXPERTISE

- ✓ Helped create a military cultural competency training for the Network180 team focusing on Vietnam and female veterans.
- ✓ Worked with Kent County Police force, offering training on interacting with and supporting veterans

[Among Individuals Served, the Number Reporting the Following at Critical Contact]



[Source of Referrals for Veteran Navigator]



INNOVATION/TECHNOLOGY

Over the past year, LRE has had the opportunity to enter a new equipment refresh cycle as more individuals were onboarded as LRE direct-hire staff. We've also improved our hybrid meeting environment by using newer technologies, including OWLs and tablets for our board meetings (which saves paper and ink, printing, and administrative time). Additionally, LRE has implemented a new Data Analytics system (built with Microsoft Power BI) to help bring our data analysis capabilities into the future with interactive "Dashboards" for our staff and key CMHSP stakeholders.

Thumbnail dashboard examples:



FINANCES

Due to a delay from our auditors, we will provide a separate financial report at a future date.

LRE's FUTURE

CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

CCBHC provides a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHCs are responsible for directly providing (or contracting with partner organizations to offer) a wide array of services, emphasizing 24-hour crisis care, utilization of evidence-based practices, care coordination, and integration with physical health care. The demonstration program represents the largest investment in mental health and addiction care in generations.

In 2016, MDHHS applied to CMS to become a CCBHC Demonstration state under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA). CMH approved that request on August 5, 2020, when the federal CARES Act of 2020 authorized two additional states, Michigan and Kentucky, to join the demonstration. As a result, MDHHS was approved for a two-year demonstration with an anticipated implementation start date of October 1, 2021.

Region 3's Healthwest and WCMCMH received the federal funding for CCBHC and, as of October 1, 2021, became two of the state of Michigan's CCBHC demonstration sites. While the other CMHSPs of Region 3 have received federal grant funding for CCBHC certification.

CMS CCBHC DEMONSTRATION

Effective October 1, 2021, contractors with certified CCBHC Demonstration Sites in their regions will execute the PIHP duties and responsibilities as cited and required by the MDHHS CCBHC Policy and the MDHHS MI CCBHC Demonstration Handbook to implement the CMS CCBHC Demonstration per Section 223 of the Protecting Access to Medicare Act of 2014.

Per the CCBHC Policy and MI CCBHC Demonstration Handbook, key PIHP responsibilities and duties include, but are not limited to, the following:

- ✓ CCBHC Oversight and Support
- ✓ CCBHC Enrollment and Assignment
- ✓ CCBHC Coordination and Outreach
- ✓ CCBHC Payment
- ✓ CCBHC Reporting
- ✓ CCBHC Grievance Monitoring

PIHPs are responsible for complying with all applicable provisions of the MDHHS CCBHC Policy and the MDHHS MI CCBHC Demonstration Handbook.