FISCAL YEAR
2022 Impact Report

LAKESHORE
REGIONAL ENTITY

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FROM THE CHIEF EXECUTIVE OFFICER

Dear Friends and Colleagues:

As we see the emergency health order coming to an end, I would like to reflect on all the changes that have come about due to the COVID-19 pandemic. While COVID is still part of our everyday lives we have learned to adapt our way of thinking and what is the "norm" regarding serving individuals and changing the way we do business to make sure the people we serve have access to the services they need. In the face of adversity and the unknown, mental health professionals stood up and maintained a high level of service that continues as we are only beginning to see the aftermath of what the pandemic has inflicted.

As the mental health system continues to change and evolve LRE strives to pivot to implement state mandated requirements but more importantly to try and stay ahead of the changes by projecting where the highest needs are and meeting them. To accomplish this LRE has retained specialized professionals that maintain, review, and track regional trends while collaborating with member CMHSPs and the provider network in areas of finance, utilization management and credentialing.

LRE and member CMHSPs work with the regional network providers to support their growing needs, financially advocating for increased rates for hiring and retention of staff, hiring an actuarial firm to analyze risk factors, rate fluctuations and the ISF to ensure the region is maximizing funding. LRE collaborates with CMHSP members on new and innovative ways to bring services to all individuals such as developing a broader range of telehealth services and supporting our regional CCBHCs.

As we move forward, we will move forward as one region with our focus on the individuals we serve. We will do this by maintaining a holistic and integrated approach to care whether it be MI, I/DD or SUD services. We will continue to work with our CMHSP members and provider network to implement innovative paths to effective care for individuals including the most vulnerable.

Mary Marlatt Dumas

Mary Marlatt Dumas
Chief Executive Officer
Lakeshore Regional Entity

MISSION

Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services.

VALUES

LOCAL SOLUTIONS

VALUE LOCAL DIFFERENCES

We value locally unique service systems that are responsive to local needs, partnerships, and available resources.

FISCAL RESPONSIBILITY

ACCOUNTABLE & RESPONSIBLE WITH FUNDS

Transparent and accountable use of public funds.

Maximize available resources.

COLLABORATIVE RELATIONSHIPS

FOSTER EFFECTIVE PARTNERSHIPS

Nurture collaboration based on mutual trust & shared commitment to quality.

Approach all interactions with respect, openness, and a commitment to proactively resolve conflict.

INNOVATION

BOLDLY PURSUE EXCELLENCE

Pursue audacious goals by challenging the status quo and trying new things.

Actively work to identify and support opportunities for innovation.

ACCOMPLISHMENTS

GRANTS

STATE OPIOID RESPONSE (SOR)
- ☑ We served 229 people with Jail Medication Assisted Treatment (MAT) and Recovery Coaching and 862 people with harm reduction services and naloxone via the Mobile Health Unit.

STATE OPIOID RESPONSE 2 (SOR2)
- ☑ 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
- ☑ Supported five local provider projects to address prevention and treatment for gambling disorders in the LRE region with allocations totaling $193,148 in FY 2022.
- ☑ Conducted a regional marketing campaign with the goal of educating seniors, parents, and young men (18-25) on the warning signs of problem gambling. This campaign was designed to target audiences that interact with populations that are at high risk of gambling disorder.
- ☑ Maintained a regional youth gambling prevention curriculum used by local providers in Kent, Lake, Mason, and Oceana counties.
- ☑ Offered scholarships for clinicians to attend the National Conference on Problem Gambling.

SMOKING CESSATION
- ☑ Grant funds continue to be distributed to all 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 and staff have been trained in the DIMENSIONS curriculum and provide cessation groups in their communities.

NATIVE AMERICAN
- ☑ In FY 2022 we served 26 indigenous individuals with behavioral health services.

ARPA/COVID-19 SUPPLEMENTAL FUNDING
- ☑ Public Housing Support: Placing a therapist and a recovery coach at a public housing complex to provide services and support to residents.
- ☑ New OBOT Program: 119 clients were served with a 71% retention rate.
- ☑ Mother-Child Recovery Residence: The grant funds the employment of two part-time House Managers, on-site services provided by a Master's Level Clinician, and improvements to the living spaces through the purchase of needed supplies and furnishings. House Managers are individuals with lived experience navigating substance use disorders who are in recovery and are uniquely poised to support and connect with the residents.
- ☑ Engagement Center: Working with a local homeless shelter to interest people in treatment and recovery. Two Recovery Coaches have tracked relationships with 319 individuals thus far.
- ☑ Seeking Safety for African American Men: The therapist has held 42 group sessions, with 40 individuals attending the groups. The therapist is seeing 3 adults and 12 youth for one-on-one therapy who were group participants. The therapist

has also visited 59 community sites performing outreach and engagement for this program.

☑ During FY 2022, SUD Prevention funding has provided programming support for youth summits, public messaging campaigns and an adult use survey. There were also opportunities for speakers for coalitions, several providers were able to increase staffing while also enhancing staffing skills with educational opportunities such as conferences and summits.

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
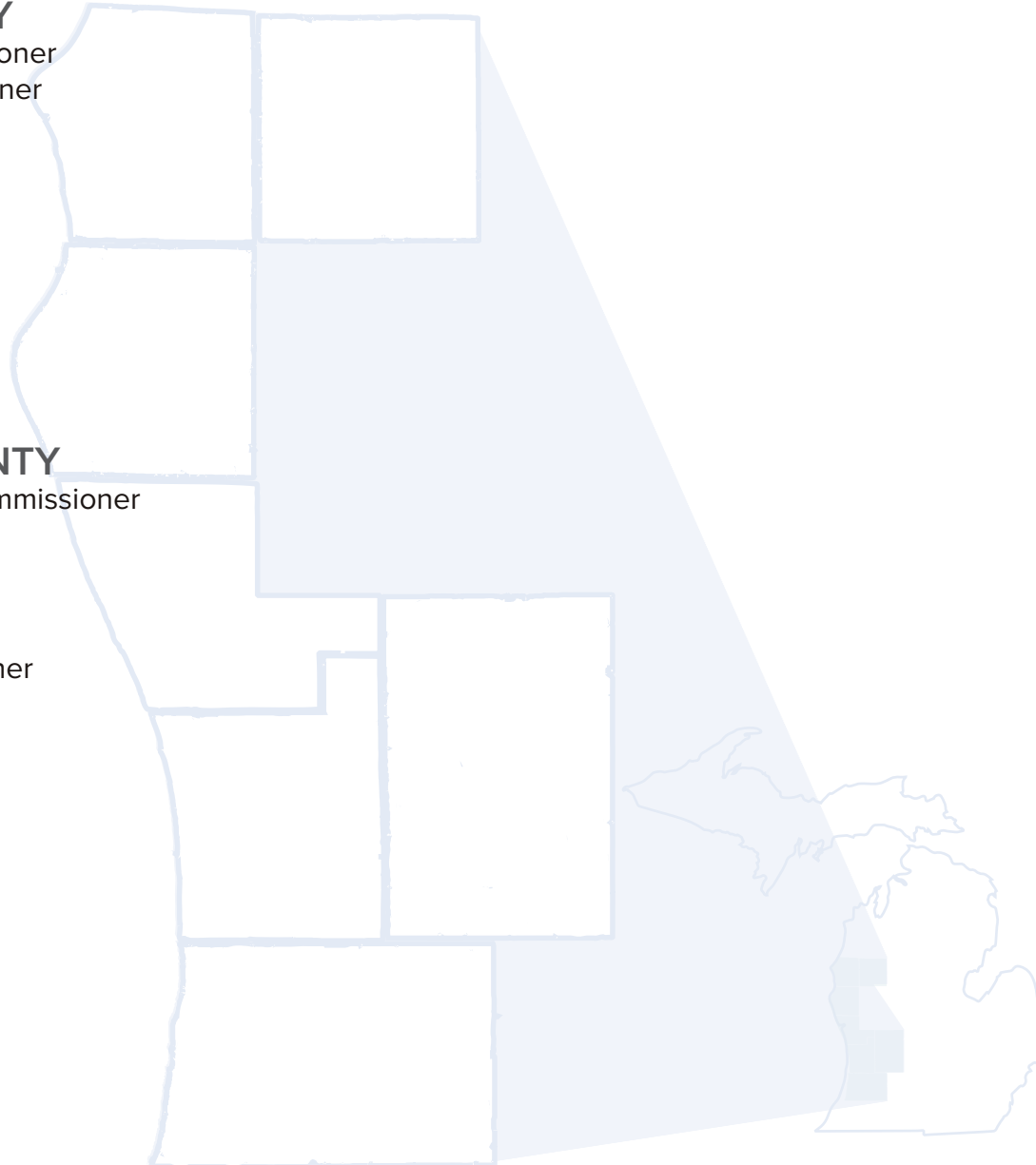
MUSKEGON COUNTY
Marcia Hovey-Wright, Commissioner

OTTAWA COUNTY
Dave Parnin
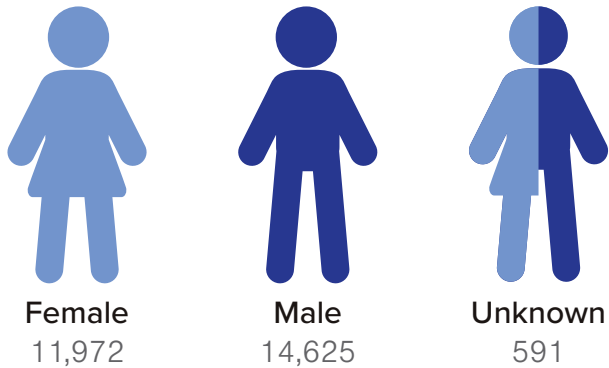Richard Kanten
Doug Zylstra, Commissioner

BEHAVIORAL HEALTH TREATMENT SERVICE STATISTICS

Lakeshore Regional Entity and its member Community Mental Health organizations continually strive to reach and serve individuals who reside within the Lakeshore region and are struggling with a significant behavioral health concern.
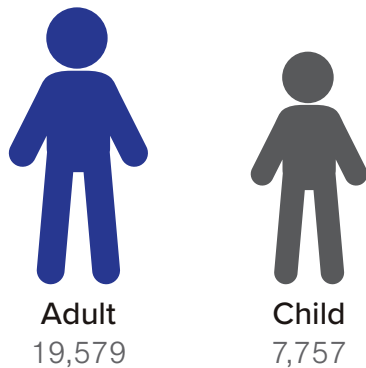
Lakeshore Region Community Mental Health organizations serve Medicaid, non- insured and under insured individuals diagnosed with a mental health, developmental disability, or substance use disorder. Over the last three years, service to our region's members has continued to grow incrementally, with our region serving the most individuals in 2022. This reflects not only increased needs of individuals within our region but the positive impact of regional and local outreach efforts by our community mental health organizations.

UNIQUE COUNT OF CONSUMERS SERVED

[By Gender]

Female
11,972

Male
14,625

Unknown
591

[By Age]

Adult
19,579

Child
7,757

[By Race/Ethnicity]

White (Non-Hispanic) [17,702]

Black (Non-Hispanic) [4,879]

Hispanic [2,003]

Other [1,246]

Blank [625]

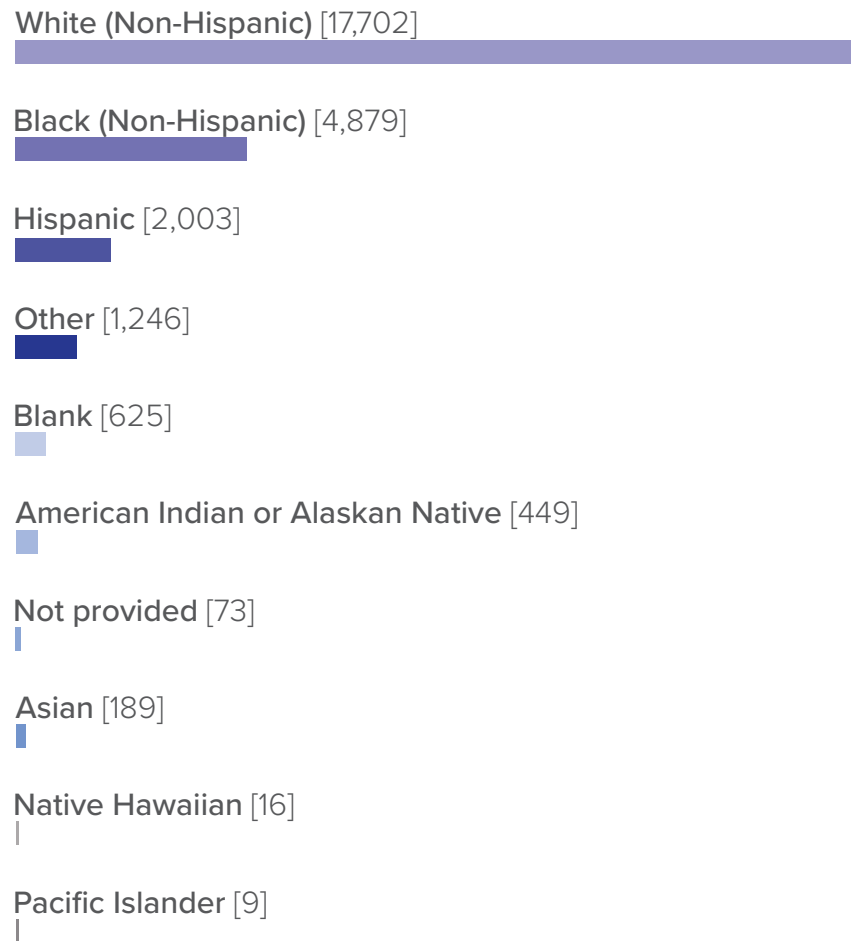American Indian or Alaskan Native [449]

Not provided [73]

Asian [189]

Native Hawaiian [16]

Pacific Islander [9]
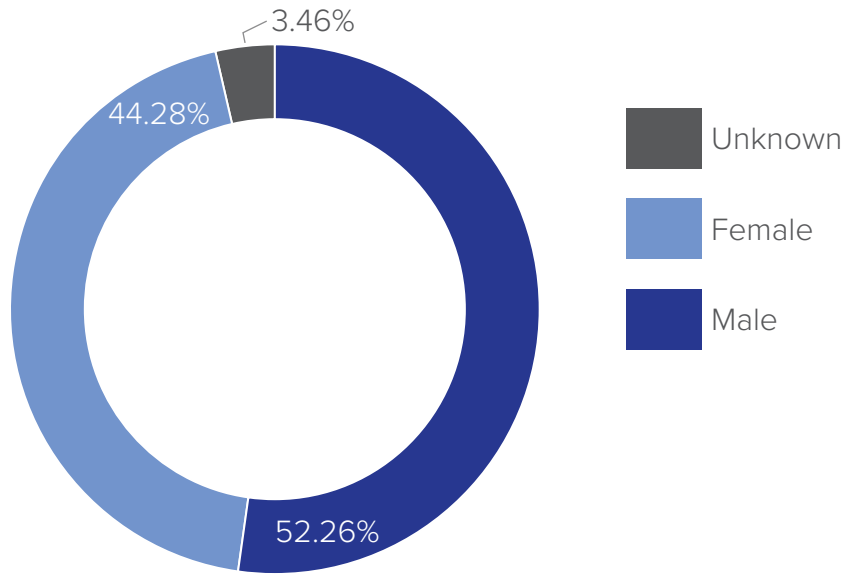
Data reflects that Lakeshore counties historically and currently serve a higher number of males than females. Our county Community Mental Health organizations serve more than twice as many adults as children. Data also reflects that 91% of ethnicities served by our region include White (Non-Hispanic), Black (Non-Hispanic) and Hispanic ethnic groups.

PERCENTAGES OF CONSUMERS SERVED by CMH by COUNTY

[By Gender]

3.46%
44.28%
52.26%

Unknown
Female
Male

[By Age]

30.32%
69.68%

Child
Adult

[By Race/Ethnicity]

White (Non-Hispanic   Black (Non-Hispanic)   Hispanic   Other   (Blank)   American Indian or Alaskan Native   Not provided   Asian   Native Hawaiian   Pacific Islander

<1.71%

62.86%   18.53%   7.9%   4.1%

3.72%   1.61%

0   20   40   60   80   100
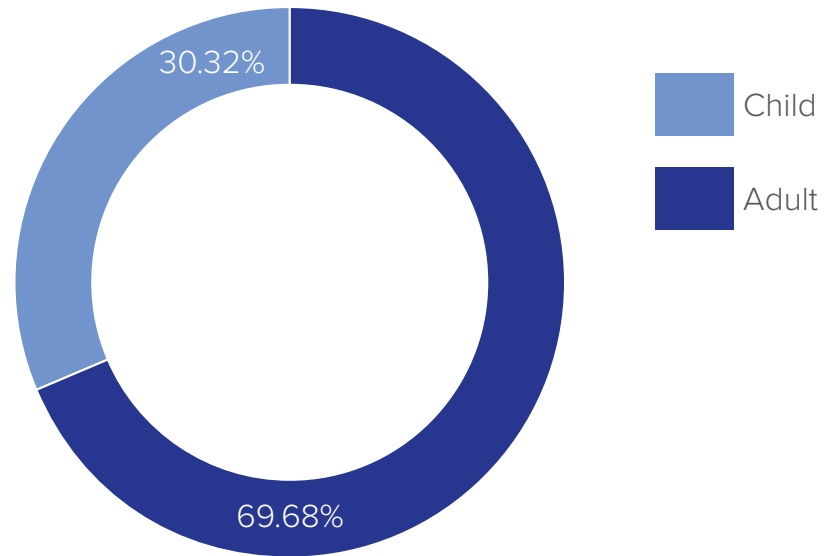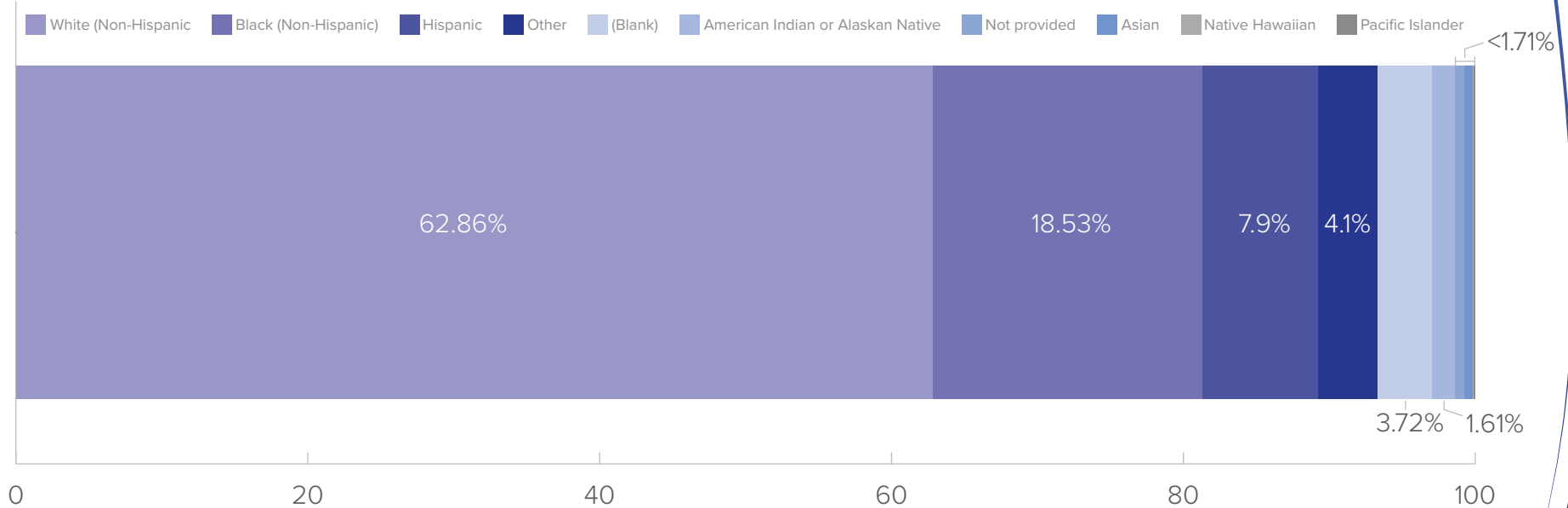
[Percent Served by CMH]

| Healthwest CMH (23%) | Network180 (47%) | OnPoint (6%) | Ottawa CMH (14%) | West MI CMH (10%) |

[Count of Unique Persons Served by Population]

119
⌐SED[2]

| 5,636 DD/IDD[1] | 18,049 Mental Illness | 6,184 SUD[3] |
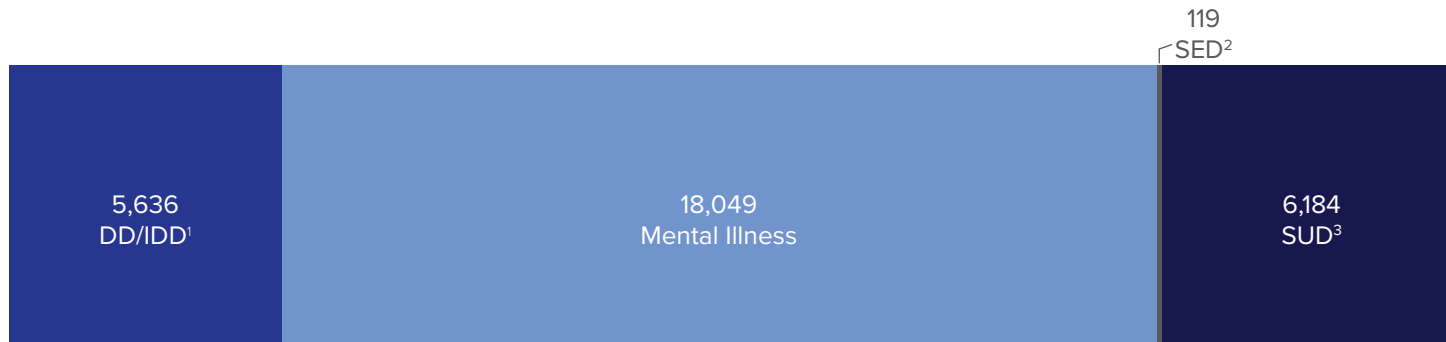
[1] Developmental Disabilities/Intellectual Developmental Disabilities
[2] Serious Emotional Disturbance
[3] Substance Use Disorder

SUBSTANCE USE DISORDER TREATMENT SERVICE STATISTICS

[Admission by Level of Care]

| 13% | 15% | 9% | 40% | 11% | 11% |

0 — 100

- Detox
- Intensive Outpatient
- Long-term Residential
- Outpatient
- Outpatient-MAT
- Short-term Residential

[Admission by Age Group]

| 2% | 5% | 47% | 35% | 20% | 1% |

0 — 100

- Under 18
- 19-25
- 26-39
- 40-49
- 50-64
- 65 or over
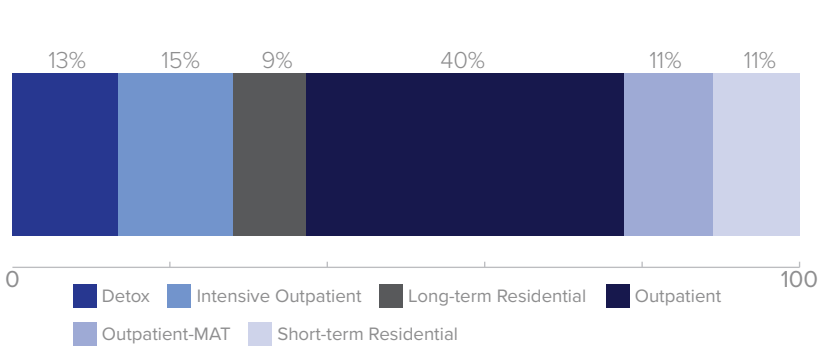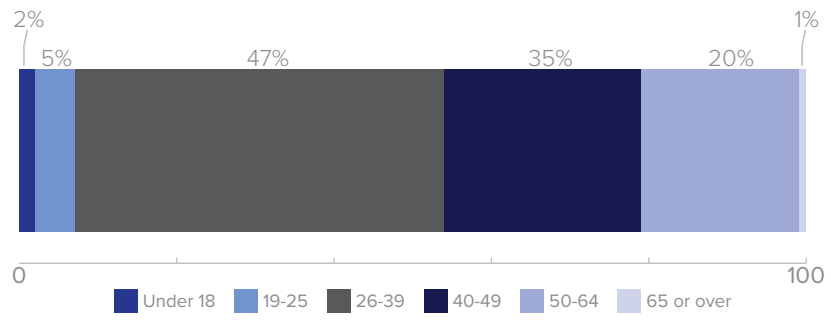
[Primary Substance at Admission]

| 45% | 18% | 13% | 10% | 6% | 5% | 3% |

0 — 100

- Alcohol
- Heroin
- Methamphetamine/Speed
- Cocaine/Crack
- Marijuana/Hashish
- Other Opiates/Synthetics
- All other drugs
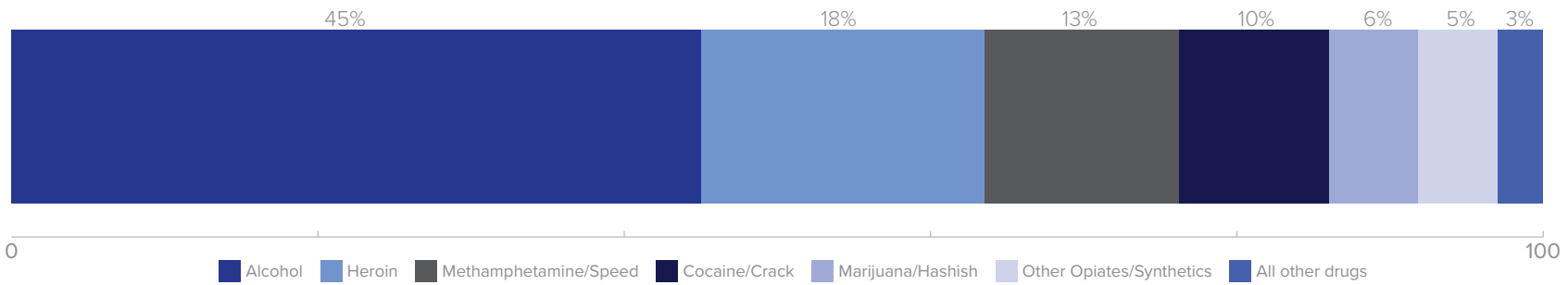
[Admission by Gender]

Male (64%) | **Female (36%)**
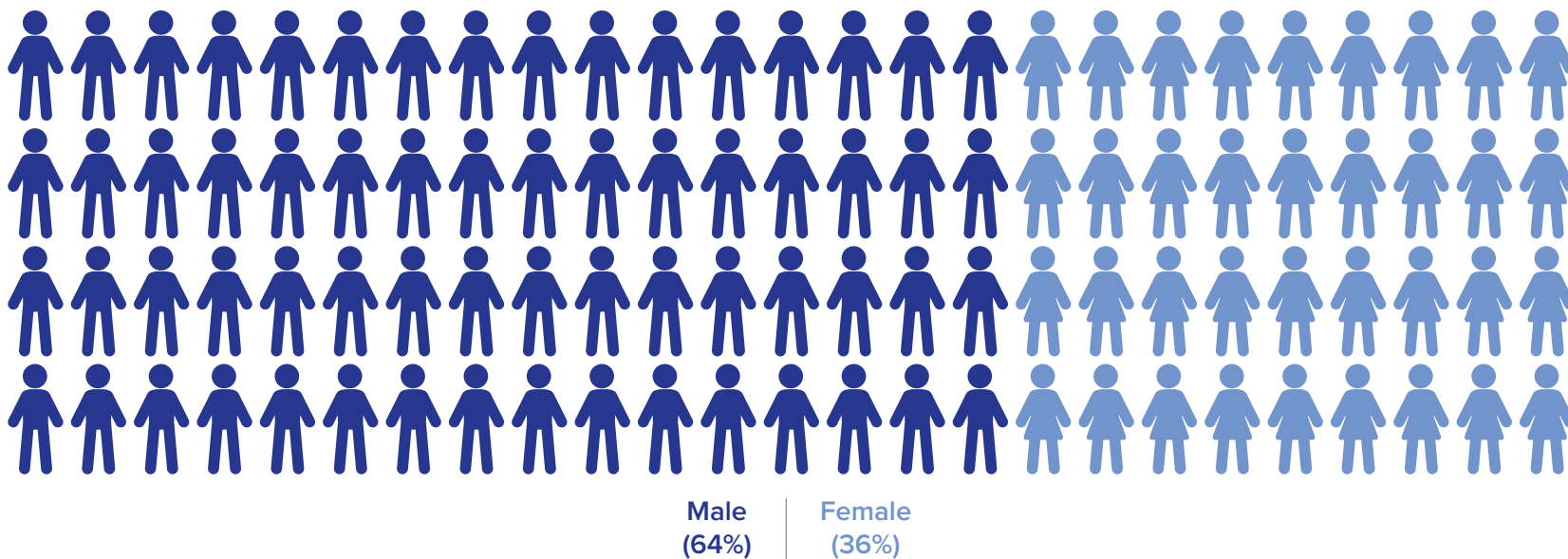
PERFORMANCE REPORT CARD

HEALTH SERVICES ADVISORY GROUP
EXTERNAL QUALITY REVIEWS

- ☑ LRE participates in External Quality Reviews ("EQRs"), which are conducted by Health Services Advisory Group ("HSAG") and required under The Balanced Budget Act of 1997 ("BBA").
- ☑ Generally, HSAG evaluates the quality and timeliness of, and access to, health care services provided to consumers by conducting its audit in three parts:
  1. Performance Measurements Validation: Validated
     a. HSAG fully validated LRE's and its CMHSPs' data processing protocols, stating that it had no concerns with LRE's receipt and processing of eligibility data or how LRE received and processed claim/encounter data for submission to MDHHS.
     b. HSAG applauded LRE's efforts in 2022 stating that LRE "deployed significant data quality improvement mechanisms throughout the prior year, investing in a data warehouse and more real-time monitoring of its data through Power BI technology. The PIHP demonstrated strength in its efforts to maintain closer oversight of its data, including CMHSP-reported data, through the use of the new Power BI dashboards, ensuring ongoing monitoring of data completeness and accuracy."
  2. Performance Improvement Project (PIP) Validation: Validated
     a. HSAG validated LRE's PIP, which required LRE to choose a PIP centered around race/ethnicity disparity, titled "FUH Metric: Decrease in Racial Disparity between African Americans/Blacks and Whites."
  3. Compliance Review:
     a. In 2022, HSAG audited LRE on seven Managed Care Standards. LRE performance surpassed that of the last three Standards audit years.

  FUH – follow up after hospitalization

PSYCHIATRIC REVIEW
INTENTIONAL FOLLOW-UP

Intentional Follow-Up Can Lead to Higher Rates of Successful Discharges from Psychiatric Units

LRE, and our provider partners, recognizes that individuals are vulnerable and in need of well-organized support immediately following a psychiatric inpatient admission. To address this, we prioritize outreach and engagement efforts on making contact with individuals following an inpatient stay. We connect with people and ensure that they are actively engaged in follow-up care, resulting in a pyschiatric readmission rate significantly better than statewide standards.

LRE has maintained impressive rates on readmission standards since its inception, performing consistently better than the statewide standard every year. Indivduals discharging from psychiatric units in the LRE region are less likely to require readmission.
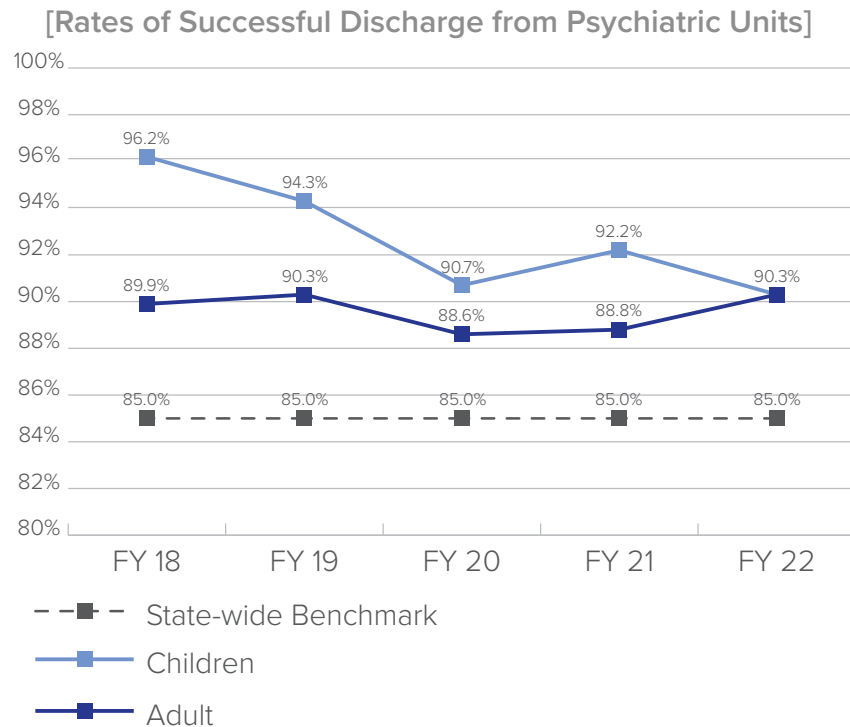
[Rates of Successful Discharge from Psychiatric Units (2022)]

Only 10% of 2022 adult discharges resulted in readmission within 30 days.

90 out of 100 discharges were without subsequent admission within 30 days.

☑ LRE has consistently met or exceeded the State-Wide Benchmark for Follow-Up Post Discharge for both SUD and non-SUD related admissions.

☑ Intentional Follow-Up can lead to higher rates of successful discharges from psychiatric units.

[Intentional Follow-Ups Post Discharge]

SUD ER Discharges Follow-Up: FY 18: 98.1%, FY 19: 97.0%, FY 20: 98.5%, FY 21: 97.8%, FY 22: 97.4%

Non-SUD Hospital Discharges Follow-up: FY 18: 96.8%, FY 19: 95.0%, FY 20: 97.6%, FY 21: 96.5%, FY 22: 95.5%

State-wide Benchmark: 95.0% across all years

- - ■ - - State-wide Benchmark
──■── SUD ER Discharges Follow-Up
──■── Non-SUD Hospital Discharges Follow-up

[Rates of Successful Discharge from Psychiatric Units]

Children: FY 18: 96.2%, FY 19: 94.3%, FY 20: 90.7%, FY 21: 92.2%, FY 22: 90.3%

Adult: FY 18: 89.9%, FY 19: 90.3%, FY 20: 88.6%, FY 21: 88.8%, FY 22: 90.3%

State-wide Benchmark: 85.0% across all years

- - ■ - - State-wide Benchmark
──■── Children
──■── Adult

COMPLIANCE MONITORING

On June 30, 2022, Compliance fully took control over all matters Compliance and State Fair Hearings (SFH) from Beacon Health Options. Since that time the LRE has conducted six State Fair Hearings, with the seventh scheduled. Of the six SFHs held, the administrative law judge (ALJ) reversed one LRE decision and has upheld the next three decisions by the LRE. One SFH was withdrawn by the Petitioner on the day of the SFH. We are awaiting a decision by the ALJ for one other hearing.

With respect to Fraud, Waste, and Abuse, the LRE has resolved five audits referred by the OIG. All five resulted in no findings of FWA. The LRE is working on one potential case of FWA. The investigation is ongoing. The LRE also received one new referral from the OIG regarding allegations that an entity falsified paperwork to obtain insurance payments. This investigation is in the preliminary stages at this time.

The LRE has completed five Quality Integrity Reports that are submitted to the OIG.

The LRE has conducted yearly Compliance Training for the Board of Directors in July of 2022. The LRE continues to conduct annual training of all employees and has 100% completion for 2022. The LRE has also devised and instituted a new plan for Compliance Training for 2023 for all employees. This new plan was created to keep all employees on the same schedule to make sure all employees are benefiting from yearly trainings together so that the compliance program is uniformly applied throughout the organization.

In this past year, the LRE spearheaded its first Compliance Regional Operations Advisory Team (ROAT). The Compliance ROAT is spearheaded by the LRE's Chief Compliance Officer and the other members are the Compliance Officers from the region's CMHs. The Compliance ROAT meets on the first Wednesday of each month to discuss various compliance matters that affect the region. The Chief Compliance Officer has fostered a great working relationship amongst all the Compliance Officers in the Region. The communication between the PIHP and the CMH has improved and will only be strengthened even more as time goes on.

Furthermore, the LRE participated in its first ever Corporate Compliance and Ethics Week recognition in November. This special training was tested at the LRE and the hopes are to institute this training regionwide next year.

SITE REVIEW

- ☑ In January 2022, LRE launched fully revised audit tools to ensure compliance with Federal regulations and State requirements.
- ☑ In total, LRE conducted 1,403 audits of its Member CMHSPs as well as Non-SUD, SUD, Residential, Inpatient, and Crisis Residential Providers.
- ☑ Despite the more comprehensive and rigorous tools, all CMHSPs and Providers performed well scoring an average of 95.7% in all audit areas.
- ☑ LRE also identified an opportunity for improvement in the area of credentialing and training.
- ☑ Looking ahead, LRE's Site Review Model will be more focused on remediation validation

Audit Type	Compliance Rate
Recipient Rights	99.5%
Facility	98.6%
Program Specific	96.8%
Desk	95.8%
Clinical	94.3%
Credentialing/Training	92.4%

MAINTAINING YOUR TRUST: MEDICAID SERVICES VERIFICATION

- ☑ LRE verifies proper stewardship of resources by ensuring accurate billing and documentation for medically necessary mental health and substance use disorder (SUD) services to prevent fraud, waste, and abuse of Medicaid dollars.
- ☑ For Mental Health/Non-SUD services, LRE audited 7,186 encounters totaling almost $1.5 million across 1,565 consumers, and five distinct population groups, and 80 unique providers. LRE determined that only 0.43% of encounters were subject to recoupment.
- ☑ For SUD services, LRE audited 159 encounters across 15 different service types, 69 consumers, and two distinct population groups for 23 unique providers. LRE recouped less than forty dollars for SUD services.

PREVENTION SERVICES

TALKSOONER

Youth substance use prevention education and awareness expanded in 2022 with new partnerships. TalkSooner.org partnered with Maranda from WOTV 4/ WOOD-TV/Channel 8 to bring an original streaming "series" of mini segments on the "Truth About Teen Vaping" to West Michigan. The series ran from April 18 through April 22, with a special all-day streaming on 4/20/22. Maranda canvassed all seven counties, interviewing more than twenty-five teens, parents, prevention specialists, principals, physicians, a prosecutor and more. Watch the program at WoodTV.com.

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. A regional work team added a resource page specifically for those concerned a loved one may need support: Should I be concerned? - MI RECOVERY

Watch: Talk Sooner antivaping program
Learn to Talk Sooner in this special program from Maranda Where You Live.

LRE FUNDED SUD PREVENTION NUMBERS SERVED

During FY 2022, 68,000 individuals received prevention services, primarily through a virtual format rather than in-person because of COVID-19.

ESTIMATED REACH

13.9M

Estimated reach is collected for activities where when an official count of persons is not possible. Providers estimate that they have achieved more than 13 million impressions through campaigns such as TalkSooner, Above the Influence, and others. In FY 2021, estimated reach for the LRE region totaled 3M, increasing to 10.9M in FY 2022. This increase may be due to additional time-limited specialty grants, many of which were supportive marketing campaigns.

HOURS OF SERVICE

More than 23,000 hours of service were provided in the following strategies:

	FY 2021	FY 2022
Education	2,969	3,822
Community-based	5,329	4,306
Environmental	3,664	705
Information Dissemination	561	212
Student Assistance/Prevention Assessment	632	664
Alternative	383	168
Total	13,537	9,877

SYNAR COMPLIANCE RATE

In FY 2021, 45 retailers in the region were selected for a Synar check. Of these, 38 refused to sell to an underage decoy, resulting in a compliance rate of 84.4%, meeting the requirement of acheiving 80% compliance. In FY 2022, rates improved with 58 of 63 selected retailers refusing to sell to an underage decoy, resulting in a compliance rate of 92.1%.

BY COUNTY

ALLEGAN:	10,356
KENT:	41,156
LAKE, MASON, & OCEANA:	4,860
MUSKEGON:	3,801
OTTAWA:	8,392
REGION TOTAL:	68,565

92%
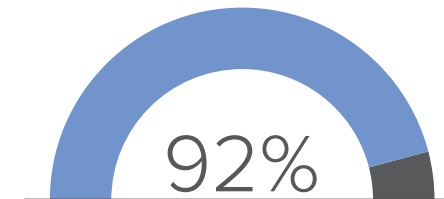
SUBSTANCE USE DISORDER

WOMEN'S SPECIALTY SERVICE HIGHLIGHTS:
- ☑ This year with women's specialty dollars we were able to take mothers and their children back to school shopping in the fall, and took the mothers shopping for Christmas presents for their children.
- ☑ We were able to provide onsite childcare, so that women can come to outpatient care and just focus on themselves for an hour.
- ☑ This year we piloted a teen mentor program for young sons of moms in SUD treatment. It has shown some promising outcomes, especially with respect to the dynamic of the father's involvement in the family unit.
- ☑ We've placed a staff person at the public defender's office, building relationships, educating them, and working on cases we have in common.

CUSTOMER SERVICES TRANSITION
The Lakeshore Regional Entity transitioned customer services from Beacon in April 2022. Since that time:
- ☑ CS ROAT has met monthly to enhance the regional connection with customer services staff.
- ☑ Customer Satisfaction Survey has created a workgroup to review the survey and the regional process.
- ☑ The LRE's Consumer Advisory Panel has doubled in size.

Q1	Q2	Q3	Q4
Oct - Feb	Feb - April	May - July	Aug - Sept
Beacon handling grievance and appeals through contract	Grievances were extremely low	LRE begins to oversee customer services	New provider dispute policy
	Contract with Beacon not renewed	Customer Service calls rise	Adding to the CS team
	Beacon in the process of training LRE staff	HSAG review	Begin creation of audits for grievance and appeals
	CS ROAT created		

GRIEVANCES

Quarter 1 (26)

Quarter 2 (6)

Quarter 3 (29)

Quarter 4 (34)

Substantiated
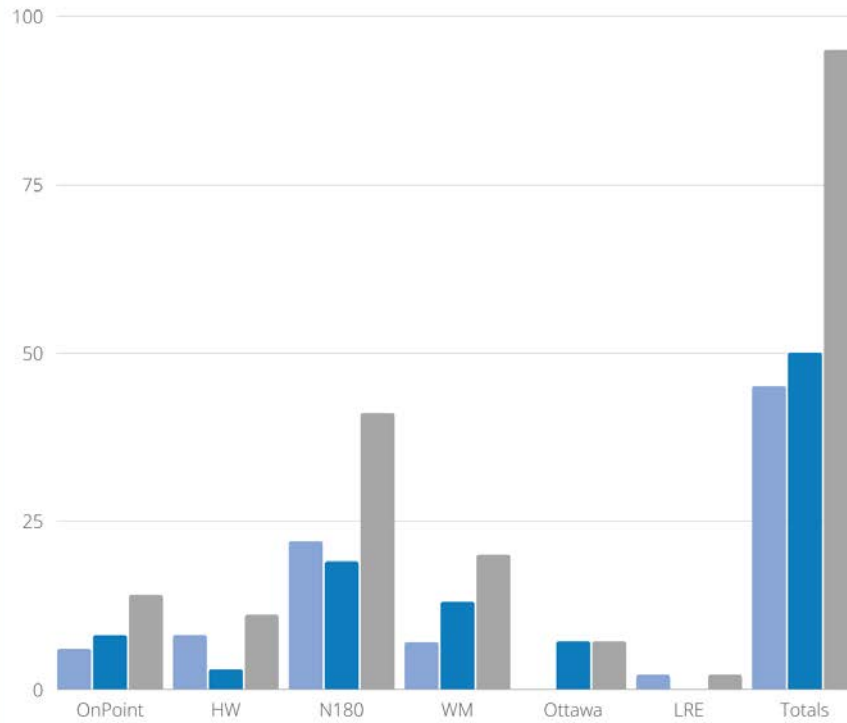The preponderance of evidence supports the complaint occurred.

Unsubstantiated
The preponderance of evidence does NOT support the complaint occurred.

Totals
Total number of Grievances at each CMHSP.

Bar chart: OnPoint, HW, N180, WM, Ottawa, LRE, Totals

[Percent of Appeals by Decision]

[Appeals]

Stacked bar:
- Upheld — 82
- Partially Upheld/Overturned — 2
- Overturned — 18

Quarter 1	48
Quarter 2	24
Quarter 3	18
Quarter 4	12
Total	102
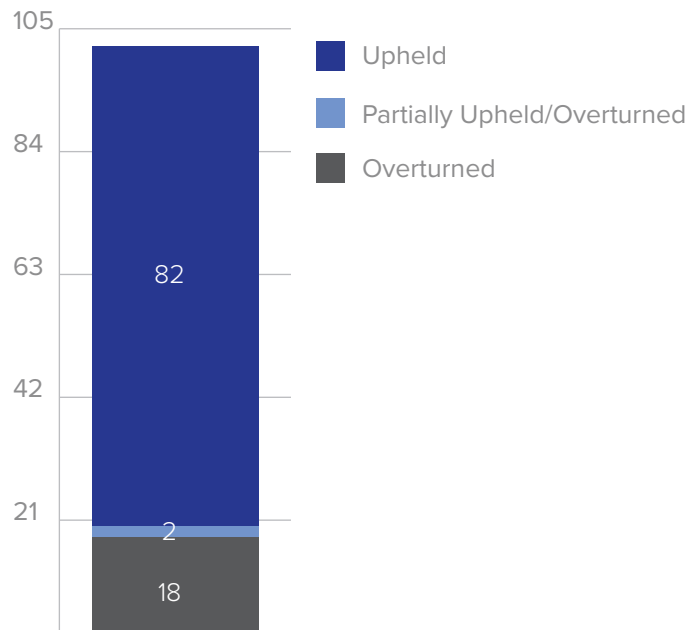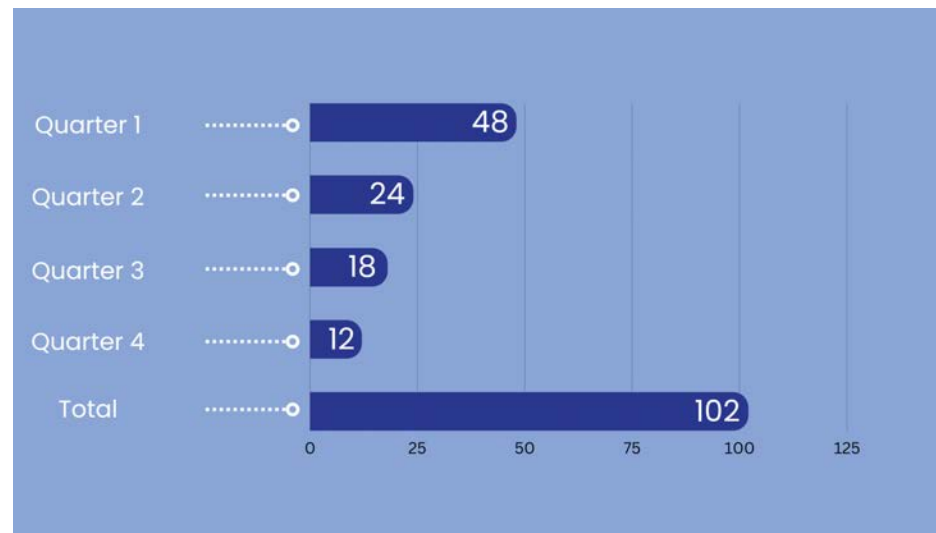
[Appeals by CMHSP]

OnPoint: 2

HW: 5

N180: 89

WM: 1

Ottawa: 5

Totals: 102
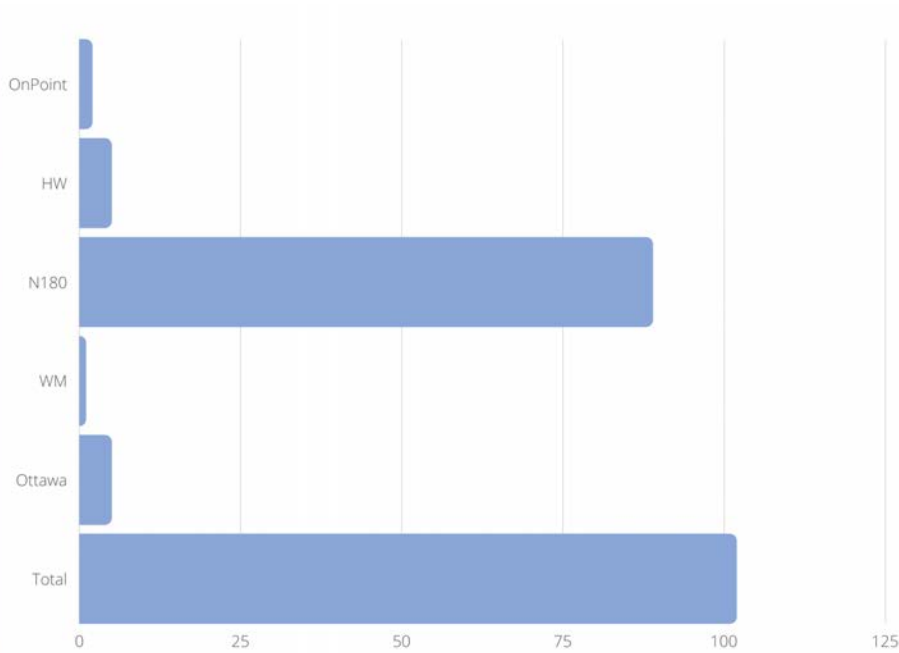
[Fair Hearings by Outcome]

AFFIRMED   REVERSED   DISMISSED
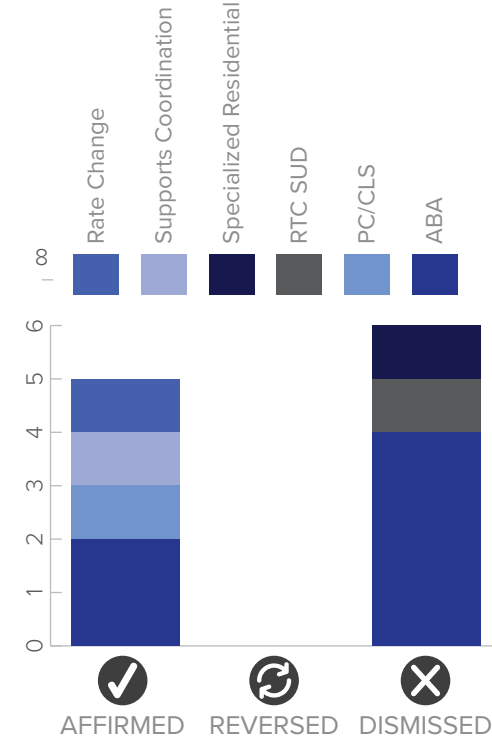
CUSTOMER SATISFACTION SURVEY
- ✅ CSS workgroup has been established
- ✅ Review of the survey and the format have taken place
- ✅ Review of the data has been provided to all CMHSPs

[Customer Service Phone Calls]

REASON FOR CONTACT
- 521 TOTAL CALLS
- 281 REFERRALS TO ACCESS FROM 999
- 99% RECEIVED VIA PHONE
- 1% RECEIVED ELECTRONICALLY

Case Consult 1%
Other 42%
Community Resources 3%
Seeking SUD Treatment 54%

SEEKING SUD TREATMENT
OTHER
COMMUNITY RESOURCES
CASE CONSULT

Access and Availability - Average Scores

CMHSP ▲	First Service	Other Svcs Choices	Staff Returned Calls	Services Times Good	Services Good Location
Allegan	4.9	2.8	4.3	5.2	5.1
HealthWest	2.6	2.6	5.0	5.1	5.0
Network 180	5.3	4.0	4.8	5.3	5.3
Ottawa	4.9	3.4	4.3	5.1	5.1
West Michigan	4.4	3.1	4.6	4.6	4.8
LRE	4.8	3.7	4.7	5.2	5.2

Quality - Average Scores

CMHSP	I Decided Goals	I Feel Included	Comfortable Asking Questions	Staff Helped with Questions	Staff Accepted Me
Allegan	5.1	5.2	5.1	4.9	5.4
HealthWest	4.9	5.1	5.3	5.1	5.0
Network 180	5.2	5.3	5.4	5.2	5.4
Ottawa	5.0	5.1	5.1	4.8	5.3
West Michigan	4.8	4.7	4.6	4.3	4.7
LRE	5.1	5.2	5.3	5.1	5.3

Long Term Services - Average Scores

CMHSP ▲	Satisfied with CSM	Satisfied with Housing	Team Works Well	Svcs Helped Relationships
Allegan	4.9	4.9	5.0	4.3
HealthWest	2.5	0.0	2.5	2.4
Network 180	4.7	4.2	4.6	4.4
Ottawa	5.1	5.0	5.1	4.8
West Michigan	4.6	4.3	4.3	4.3
LRE	4.5	3.9	4.4	4.3

Telehealth - Average Scores

CMHSP	How Many by Telehealth	Telehealth Frequency	Able to Use Telehealth	Staff Helped with Telehealth	Like to Use Telehealth	Satisfied with Telehealth
Allegan	4.0	Some	3.7	2.6	3.4	3.4
HealthWest	1.0	None	0.0	0.0	0.0	0.0
Network 180	3.4	Few	3.7	3.4	3.3	3.5
Ottawa	3.5	Some	3.4	2.9	2.9	3.2
West Michigan	4.0	Some	4.1	3.7	3.5	3.8
LRE	3.5	Few	3.2	2.9	2.8	3.0

Outcomes - Average Scores

CMHSP	Services Helped	Satisfied with Services
Allegan	4.9	5.1
HealthWest	5.0	5.1
Network 180	5.2	5.3
Ottawa	5.0	5.1
West Michigan	4.5	4.6
LRE	5.1	5.2

Overall - Average Scores

CMHSP	Access & Availability	Quality	Long Term Services	Telehealth	Outcomes	Overall
Allegan	4.8	5.3	5.3	4.6	5.2	5.1
HealthWest	5.1	5.2	5.2	NaN	5.2	5.2
Network 180	5.3	5.5	5.3	4.9	5.4	5.3
Ottawa	5.1	5.4	5.3	4.7	5.3	5.2
West Michigan	5.1	5.4	5.2	4.9	5.4	5.3
Total LRE	5.3	5.4	5.3	4.9	5.4	5.3

AUTISM AND WAIVERS

The LRE is responsible for administering medically necessary Behavioral Health Treatment (BHT) for individuals with an Autism Spectrum Disorder (ASD) ages 0-21. 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 identified consumer and their family achieve goals that will make meaningful change in their lives, by following the 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) along with the MDHHS guidelines and Medicaid Provider Manual. All services are directed by a Board Certified Behavior Analyist (BCBA) and done so in accordance with industry standards and within the BACB's code of ethics. All service is supervised by a BCBA in a ratio of at least 10%, and includes collaboration with caregivers, schools, and other community members. Supports Coordination services help to 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 the use of 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 in order to ensure generalization of learned skills and to 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/
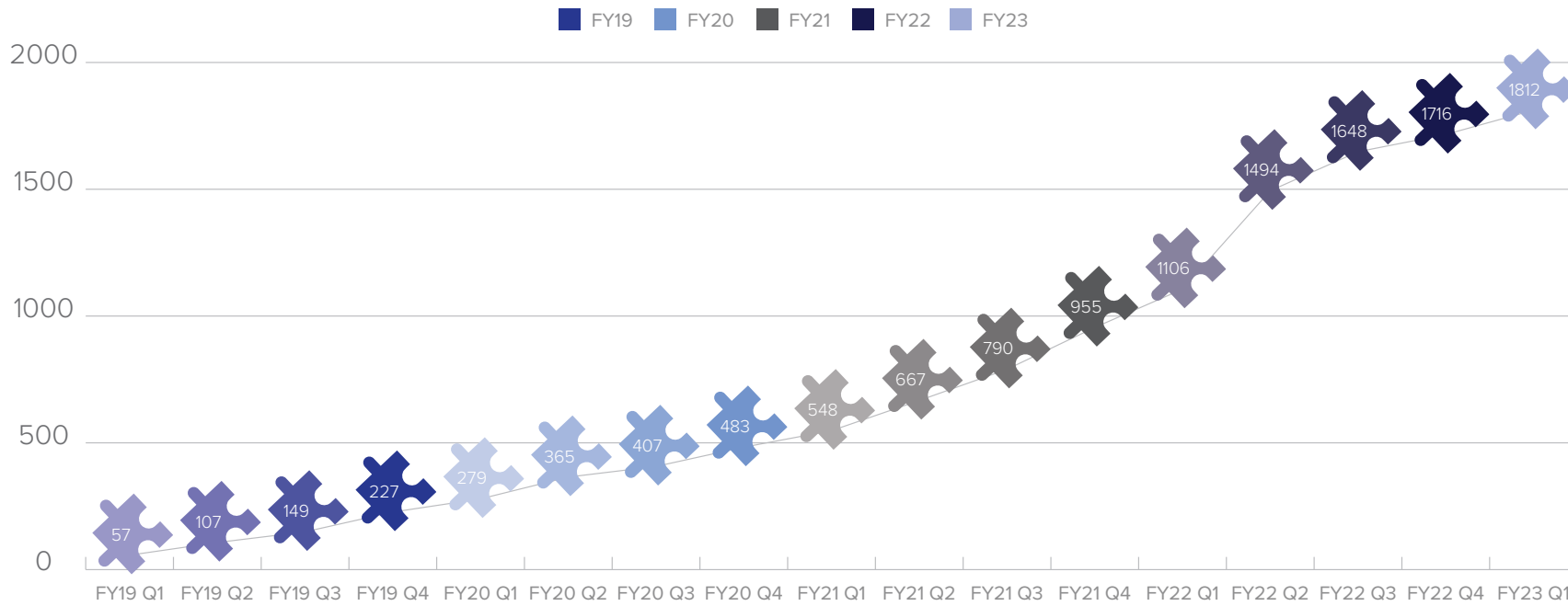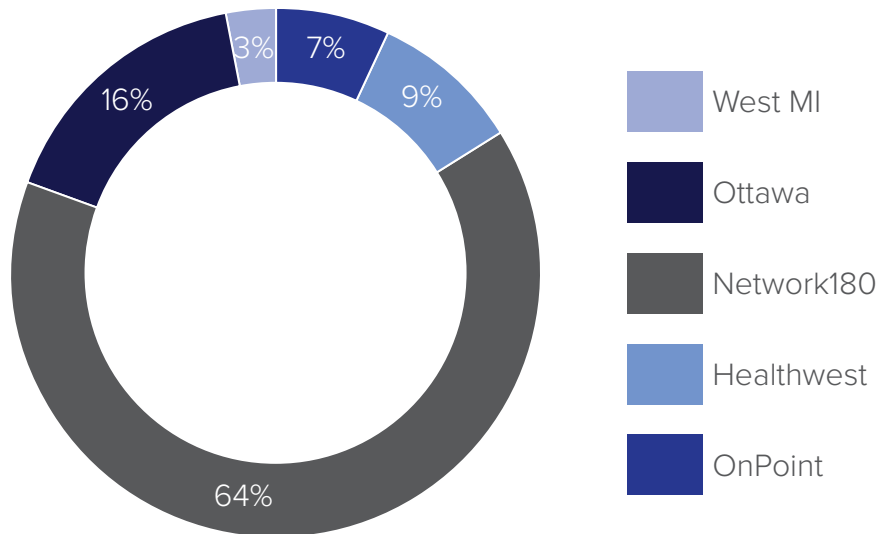https://onlinelibrary.wiley.com/journal/19383703

In 2022, the Lakeshore Regional Entity brought together a number of stakeholders to identify and provide recommendations to improve ABA service across the region. Out of these groups, we prioritized regional consistency and developed new regional clarifying and guiding documents. The new ABA Services Handbook; Transition and Discharge Guidelines; and Participation agreement, complement each other and provide structure, clarity, and consistency to beneficiaries, Community Mental Health agencies, and ABA providers. The Autism Services Handbook is a beneficiary-focused comprehensive guideline of what ABA services are, how they are provided, participation guidelines, and caregiver's role in treatment. The additional documents provide guidance and clarity for treatment providers and stakeholders. The LRE has trainings scheduled for regional ABA providers and Community Mental Health agencies in FY 2023.

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

Legend: FY19 ■ FY20 ■ FY21 ■ FY22 ■ FY23 ■

Quarter	Value
FY19 Q1	57
FY19 Q2	107
FY19 Q3	149
FY19 Q4	227
FY20 Q1	279
FY20 Q2	365
FY20 Q3	407
FY20 Q4	483
FY21 Q1	548
FY21 Q2	667
FY21 Q3	790
FY21 Q4	955
FY22 Q1	1106
FY22 Q2	1494
FY22 Q3	1648
FY22 Q4	1716
FY23 Q1	1812

[Number of Open Cases Based on Eligibility by CMHSP]

Donut chart:
- West MI: 3%
- OnPoint: 7%
- Healthwest: 9%
- Network180: 64%
- Ottawa: 16%

Legend:
- West MI
- Ottawa
- Network180
- Healthwest
- OnPoint

BHT services continue to grow across the region. This chart shows the growth of consumers by quarter FY19 through FY22. Capacity to keep up with this growth continues, and the LRE is working with the CMHSP partners and provider network to meet this demand and ensure appropriate services are provided.

ONPOINT	2014	2015	2016	2017	2018	2019	2020	2021	2022	TOTAL
Age off		5				1	2	2	1	11
Met all treatment plan goals				1	5	8	7	4	12	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	17	23	106
Denied								1		1
Other					1	4	5	4	5	14
YEARLY TOTAL		9	8	14	26	43	25	29	41	196

HEALTHWEST	2014	2015	2016	2017	2018	2019	2020	2021	2022	TOTAL
Age off	9	12		1					1	23
Met all treatment plan goals			7	22	29	26	26	26	43	178
Moved out of state				3	5	2	1	1	3	15
No longer eligible for Medicaid				1	1	2	2		1	7
Re-evaluation did not meet medical necessity			5	7	1	2		2	3	19
Voluntarily dis-enrolled from services	1	12	12	37	33	48	23	17	38	221
Approved–declined services	2	1	1				2	1	19	26
Deceased						1				1
Other			6	2	3		8	11	21	51
YEARLY TOTAL	12	25	32	73	74	80	60	58	129	543

NETWORK180	2014	2015	2016	2017	2018	2019	2020	2021	2022	TOTAL
Age off	6	9		2	3	3	3	16	27	69
Met all treatment plan goals				9	4	11	17	22	33	96
Moved out of state			2	10	10	9	11	7	23	72
No longer eligible for Medicaid			4	5	14	19	6		7	55
No longer meets eligibility requirements	1	2							1	4
Re-evaluation did not meet medical necessity			1	10	13	15	11	5	8	63
Voluntarily dis-enrolled from services	8	10	24	43	63	67	32	35	90	369
Approved–declined services	1	2	2	3	3	9	4		20	44
Other	1	1		2	13	17	16	12	21	81
YEARLY TOTAL	17	24	33	84	123	150	100	97	230	858

OTTAWA CMH	2014	2015	2016	2017	2018	2019	2020	2021	2022	TOTAL
Age off	1					2	4	10	7	22
Met all treatment plan goals				1	2	8	8	13	17	47
Moved out of state						2	4	3	4	12
No longer eligible for Medicaid			2	2	4	6	3	2	1	20
Re-evaluation did not meet medical necessity			1	3		1	3		3	11
Voluntarily dis-enrolled from services	2	3	6	5	9	17	15	19	39	115
Approved–declined services						1			8	9
Other				1	5	2	8	3	11	30
YEARLY TOTAL	3	3	9	12	20	39	45	50	90	271

WEST MI CMH	2014	2015	2016	2017	2018	2019	2020	2021	2022	TOTAL
Age off	2	2	1			1			3	9
Met all treatment plan goals				3	3	8	2	8	8	32
No longer eligible for Medicaid			1							1
Re-evaluation did not meet medical necessity				1					1	2
Voluntarily dis-enrolled from services		2	3	9	3	4	2	3	9	34
Deceased								1		1
Other						3	1	4	4	12
YEARLY TOTAL	2	4	5	13	9	13	5	16	25	92

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

4.03%
6.83%
19.28%
5.41%
4.64%
<0.5%
9.59%
5.15%
43.11%

- Age off
- Met treatment goals
- Moved out of state
- No longer eligible for Medicaid
- No longer meets eligibility requirement;s; denied services; deceased
- Other
- Re-evaluation did not meet medical necessity
- Voluntarily dis-enrolled from services
- Approved-declined services
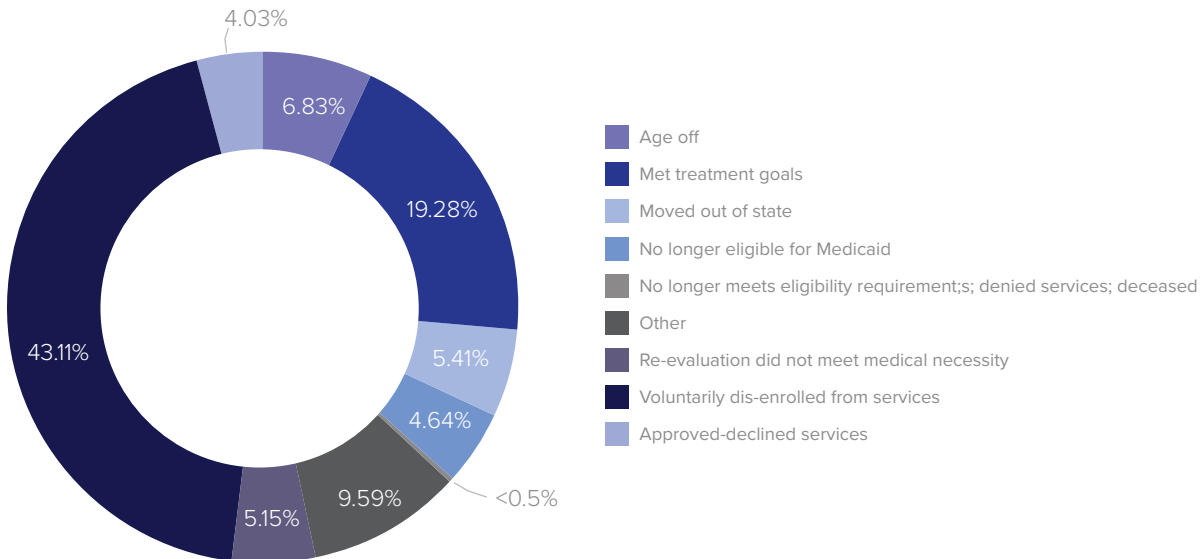
HABILITATION SUPPORTS WAIVER

LRE currently holds 629 Habilitation Supports Waiver (HSW) slots.

ASSIGNED 629 EACH MONTH

Month	Used
October	629 used
November	629 used
December	628 used
January	627 used
February	629 used
March	626 used
April	626 used
May	626 used
June	624 used
July	628 used
August	627 used
September	628 used
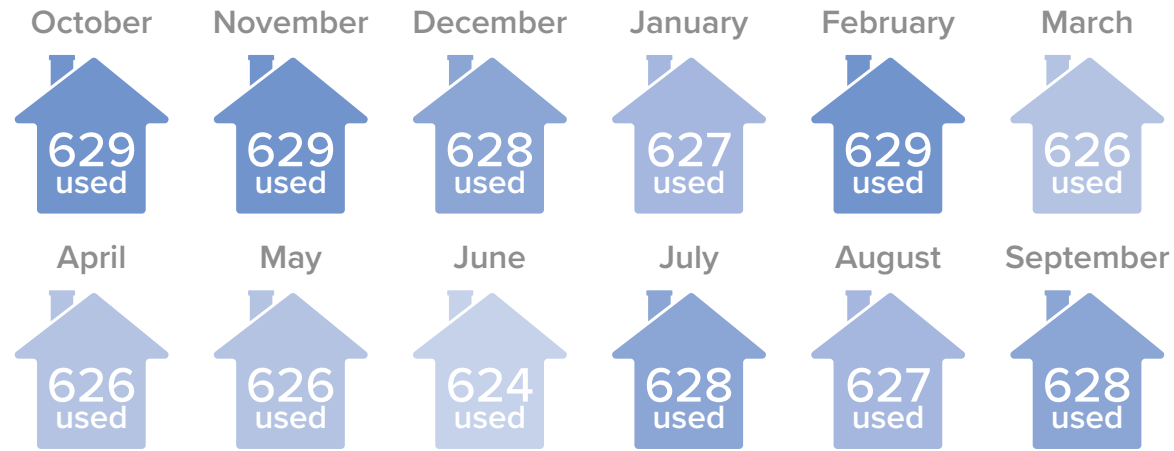
[Total Clients Enrolled by CMSHP]

- West MI — 7%
- Ottawa — 16%
- Network180 — 36%
- Healthwest — 26%
- OnPoint — 15%

[New Enrollments by CMSHP]

- Ottawa — 9%
- Network180 — 43%
- Healthwest — 39%
- OnPoint — 9%
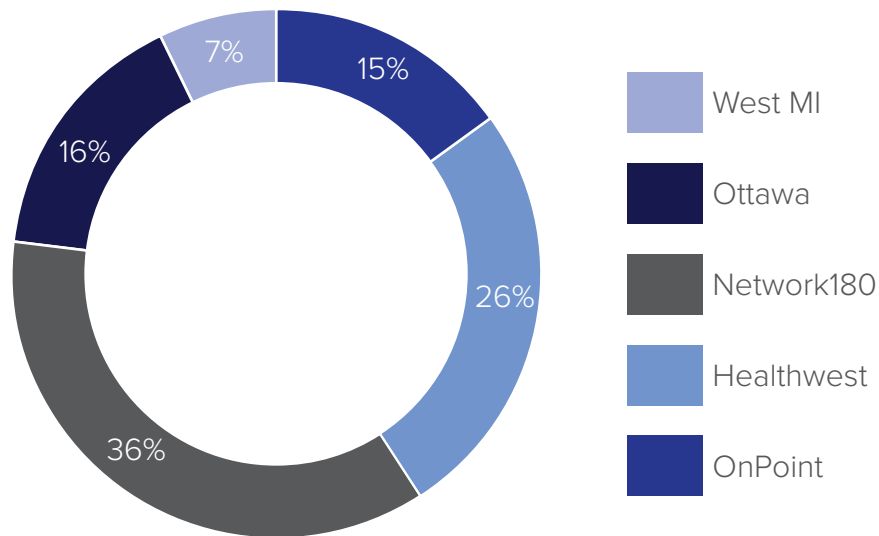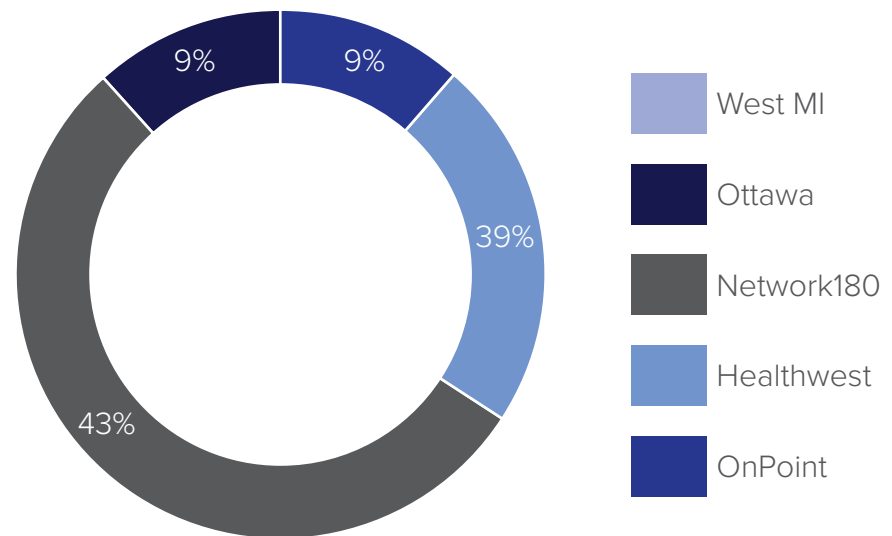
We took one transfer from Oakland to West Michigan CMH, and we did not transfer anyone out of the region this fiscal year. We did not have any Children's Waiver age-offs enroll in HSW for fiscal year 2022.

[Disenrollments by CMSHP and Month]

Legend: Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, July, Aug, Sep

(Bar chart with categories: OnPoint, Healthwest, Network180, Ottawa, West MI; y-axis 0 to 4)
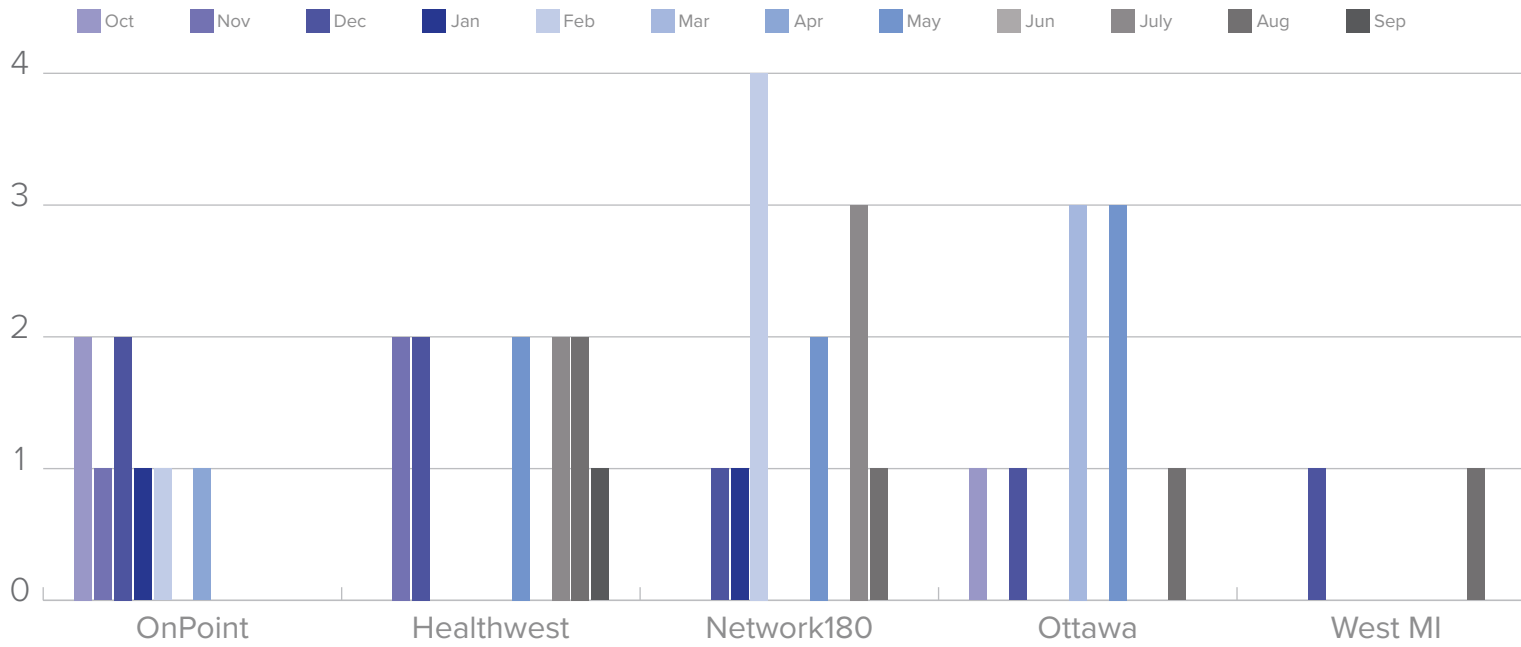
[Disenrollments by Reason]

Deceased (10)

Nursing facility (9)

Voluntary dis-enrollment (12)
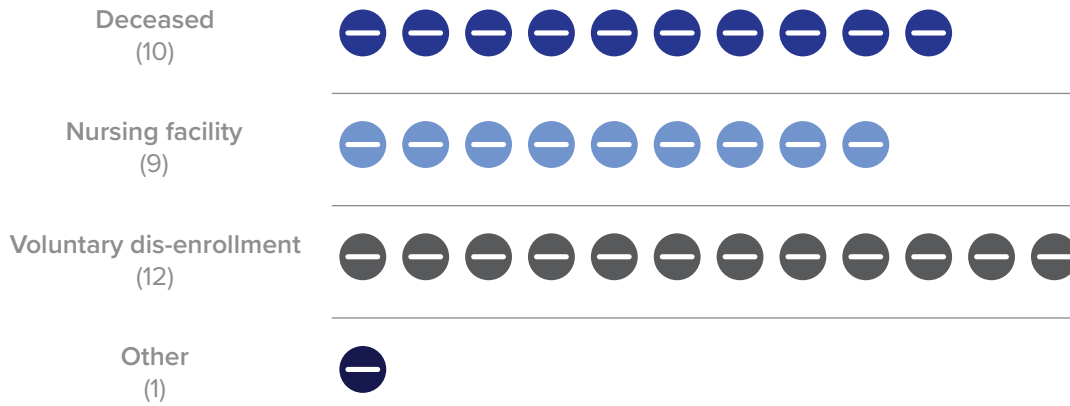
Other (1)

Voluntary dis-enrollment reasons include:
- ☑ Disengaged from CMH services
- ☑ Living/moving to 12+ bed home
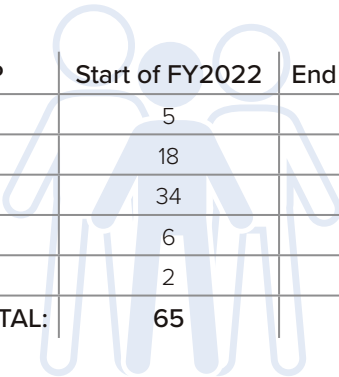- ☑ Choosing not to reengage in habilitative services
- ☑ (Other): Hospice

CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER

The Children with Serious Emotional Disturbance Waiver (SEDW) Program continued to see an upward trend in enrollments for the region. The waiver is being well utilized and serving more children and families than we have ever had in the past. We saw an overall 15% increase in enrollments in FY 2022.

1915(i)SPA

In FY 2022 the LRE implemented a Regional Workgroup to manage the rollout of the 1915(i)SPA Program. Members from each CMHSP joined and participated in the workgroup beginning in March 2022. The goal of the group was to prepare for the start of using the WSA to enroll 1915(i)SPA participants, and monitor existing and new cases as they came in. This group received training from MDHHS and Optum in June and July 2022, and began enrolling cases in the WSA in August. All eligible cases must be enrolled by 10/1/2023. This group has been working well together to identify issues, suggestions to help other CMHs, and providing great feedback to the Region and MDHHS.

[SEDW Children Served]

CMSHP	Start of FY2022	End of FY2022
OnPoint	5	3
Healthwest	18	17
Network180	34	34
Ottawa	6	18
West MI	2	3
TOTAL:	65	75

CHILDREN'S WAIVER PROGRAM

The LRE has continued to see an increase in children enrolled in the Children's Waiver Program (CWP) as MDHHS increased the number of available slots by 50, bringing the total to 569 within the state. Every child within Region 3 who completed an application for enrollment to the Children's Waiver Program in FY 2022 received approval. The Children's Waiver served a total of 88 children during FY 2022.
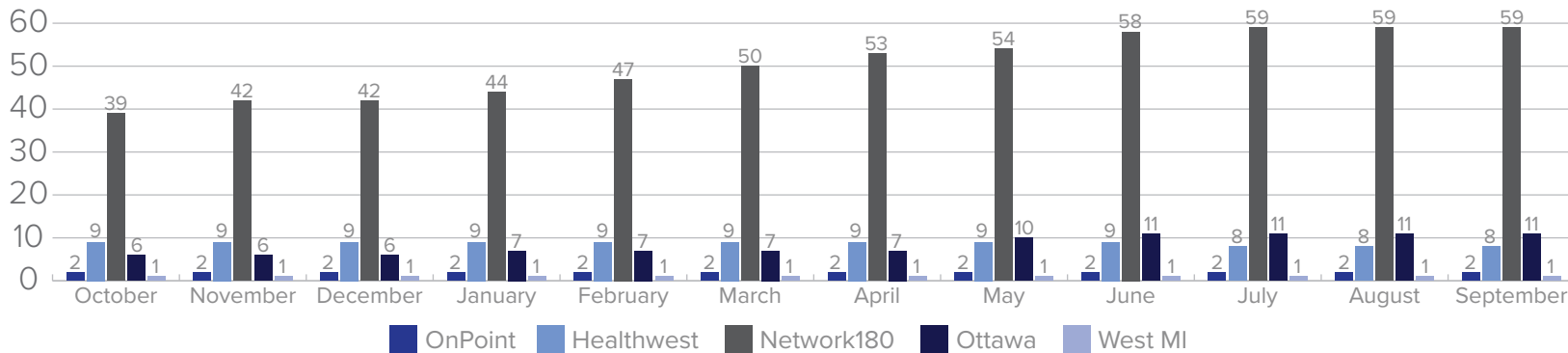
Services Provided to CWP Enrollees in FY 2022

- ☑ Targeted Case Management
- ☑ Community Living Supports
- ☑ Respite
- ☑ Music Therapy
- ☑ Art 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]

Month	Total
October	57
November	60
December	60
January	63
February	66
March	69
April	72
May	76
June	81
July	81
August	81
September	81
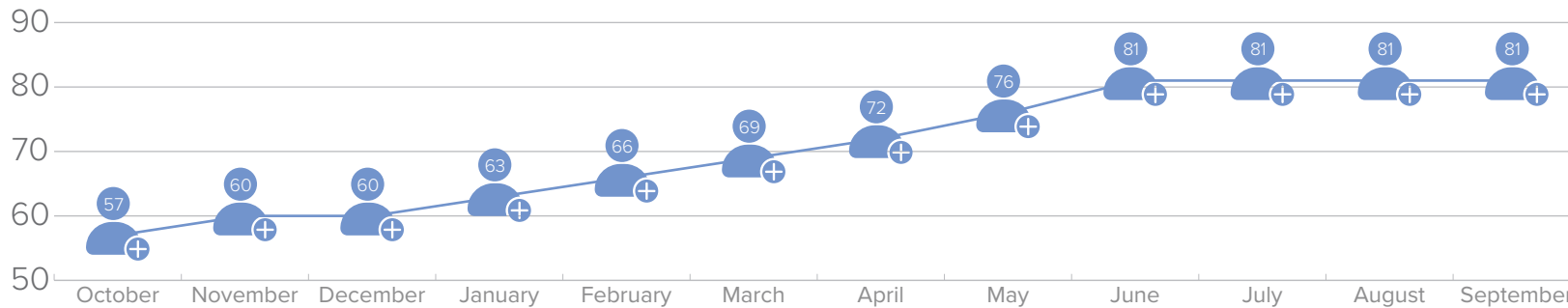
[Enrollments by Month by CMSHP]

Month	OnPoint	Healthwest	Network180	Ottawa	West MI
October	2	9	39	6	1
November	2	9	42	6	1
December	2	9	42	6	1
January	2	9	44	7	1
February	2	9	47	7	1
March	2	9	50	7	1
April	2	9	53	7	1
May	2	9	54	10	1
June	2	9	58	11	1
July	2	8	59	11	1
August	2	8	59	11	1
September	2	8	59	11	1

VETERAN NAVIGATOR

The purpose of the veteran navigator (VN) position is to coordinate resources of support for Veterans within Region 3. The VN does this through connecting with individual veterans, creating partnerships with organizations who provide resources to veterans, participating and leading coalitions to better serve Veterans, and acting as an expert for organizations within the region that are working to improve service delivery to Veterans.

ADVOCACY HIGHLIGHTS

- ☑ The VN participated in statewide effort to implement system changes to remove barriers making it difficult for Veterans to access services and to establish procedures that allow Veterans to receive community-based care which is reimbursed by the VA.
- ☑ Led Ottawa County Veterans Alliance to engage community partners in preventing Veteran suicide and improve connections to resources. This resulted in law enforcement increasing their referrals to the VN and established a program for Veterans to temporarily turn their guns into a local gun range during a crisis.

SUPPORT HIGHLIGHTS

The VN connected 81 veterans throughout the region with individualized services in FY 2022.

- ☑ Worked alongside 42 veterans to apply for income or healthcare support from the Veteran Service Organization (VSO).
- ☑ Connected 6 veterans at risk of eviction with organizations that provided financial assistance to allow them to remain housed.
- ☑ Connected 8 veterans to mental health services and 3 to substance use treatment services within their community.
- ☑ Nationally, the suicide rate for Veterans is 1.5 times higher than that of the general population. Among Veterans served in FY 2022, nine reported having experienced suicidal ideation in their lifetime, and three reported suicidal ideations within the last three months.

REFERRAL NETWORK

- ☑ During FY 2022, the VN prioritized development of referral relationships in Allegan, Lake, Mason and Oceana Counties resulting in 22 newly established referral agreements.

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

20 PTSD	7 Depression
5 Anxiety	1 Alcohol Dependence

[Referral Relationships]

Housing Agencies
1 new in FY 22
3 established

Employers
2 new in FY 22
4 established

Faith Based Communities
2 new in FY 22
4 established

Transportation
1 new in FY 22
0 established

Food & Basic Needs
5 new in FY 22
0 established

Healthcare Providers
4 new in FY 22
3 established

SUD TX & Recovery
5 new in FY 22
2 established

VA Affairs
2 new in FY 22
4 established

- ☑ Assisted the VN of a neighboring region to establish a local Military Cultural Competency Training course for their area. Provided support to the newly hired Veteran Navigator for West Michigan Community Mental Health Services who is supporting Veterans and improving local networks of resources.
- ☑ Delivered two Military Cultural Competency trainings for Ottawa County Community Mental Health's staff. The training supported staff in developing an understanding and compassion for Veterans who are leaving the service and skills to effectively assist Veterans when they present for services.

CREDENTIALING

Credentialing for the LRE focuses on ensuring highly qualified providers are serving our consumers and families to support them in achieving their wellness goals. The primary activity for the LRE is ensuring all provider organizations in the service delivery network are appropriately credentialed to perform their contracted services. In addition, the LRE provides oversight and coordination for individual practitioner credentialing completed by our CMHSP partners.

Twice per fiscal year, the LRE submits a summary of regional credentialing activities to MDHHS.

[LRE Regional Credentialing Stats]
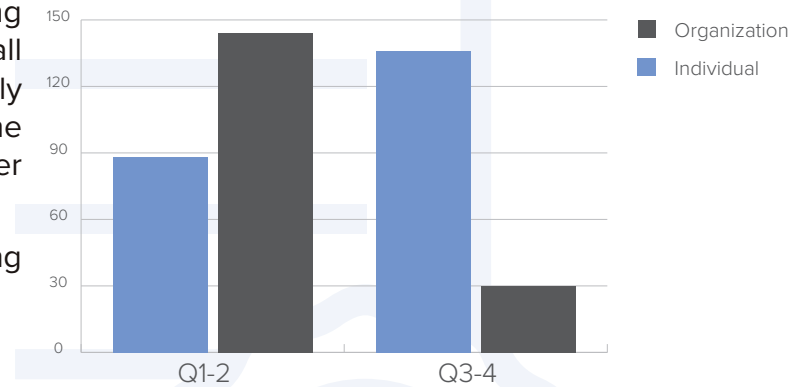
INNOVATION/TECHNOLOGY

HEALTH DATA EXCHANGE
As of summer 2022, all five CMHs in the Lakeshore Region are now contributing outbound Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) data pipeline. This will serve to enhance care coordination across all members of a patient's treatment team.

IMPROVEMENT IN BHTEDS (CLIENT DEMOGRAPHIC) COMPLETENESS AND DATA QUALITY
LRE improved its BHTEDS (Client Demographic) reporting completeness throughout FY 2022 (more clients reported of those served), while at the same time improving data quality by reducing the number of instances in which "not collected" or "not reported" were used in the individual responses within each record. LRE was able to reduce its "not collected / not reported" rate in half from FY 2021 to FY 2022.

WEBSITE
The LRE website received numerous visual and content updates to make it easier for persons served and providers to navigate to information they need.
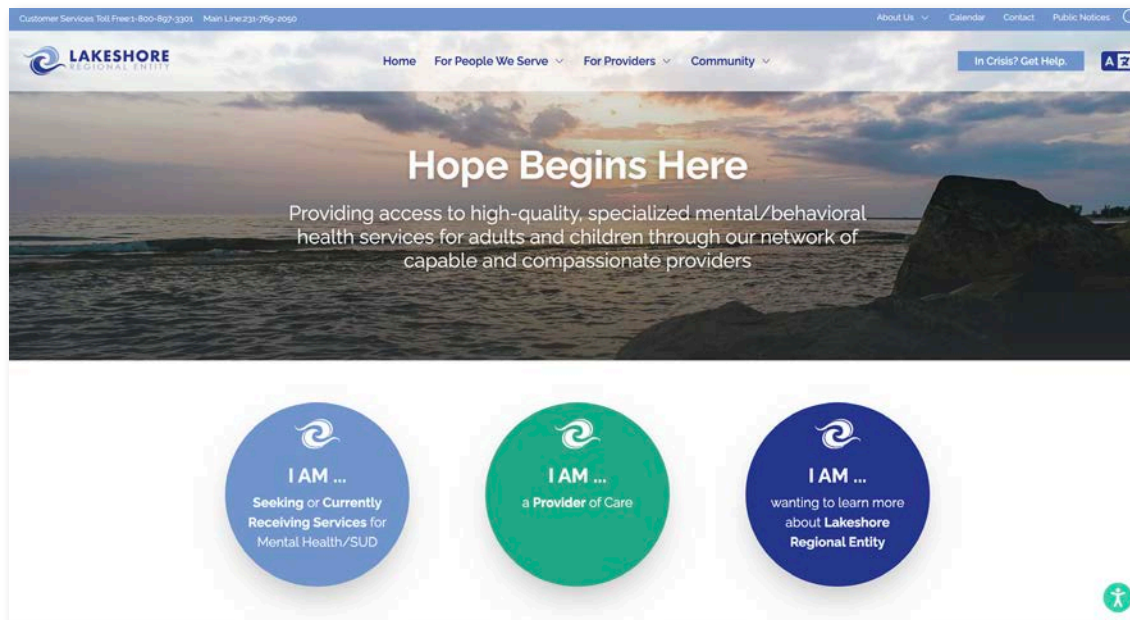
DATA ANALYTICS / DASHBOARDS - CCBHC

LRE has developed many additional dashboards into its Power BI Interactive Dashboarding system, including financial tracking tools and clinical performance measurements for the CCBHC Demonstration projects to help support and enable the work of the two CCBHC Demonstration sites in our region.
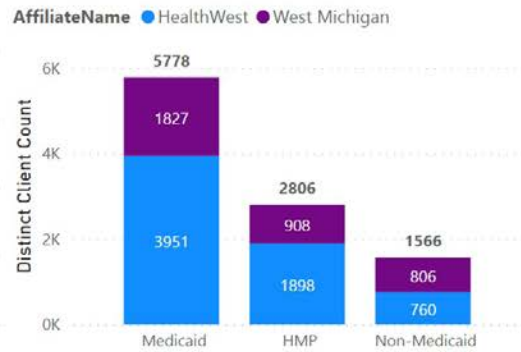
[CCBHC Enrollment]
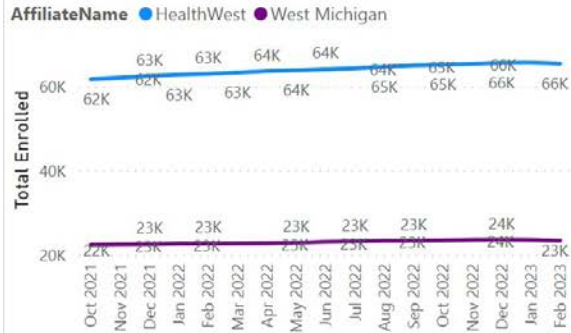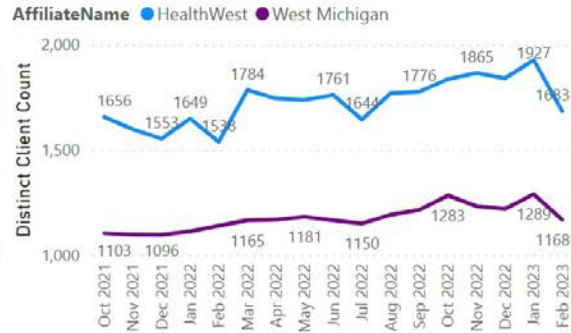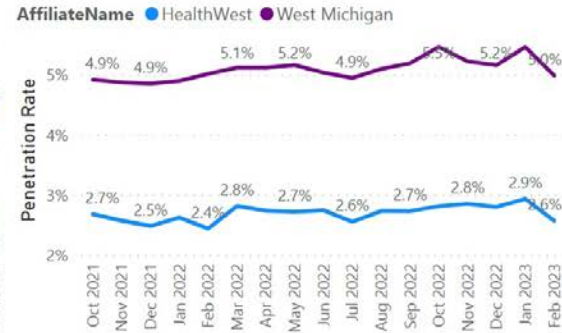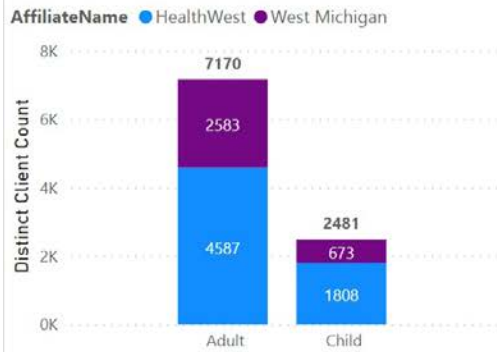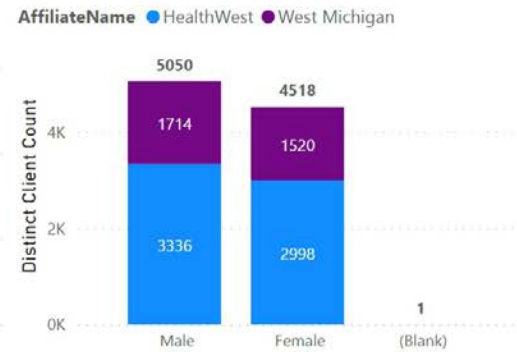
[CCBHC Initiation & Engagement for Treatment of SUD]
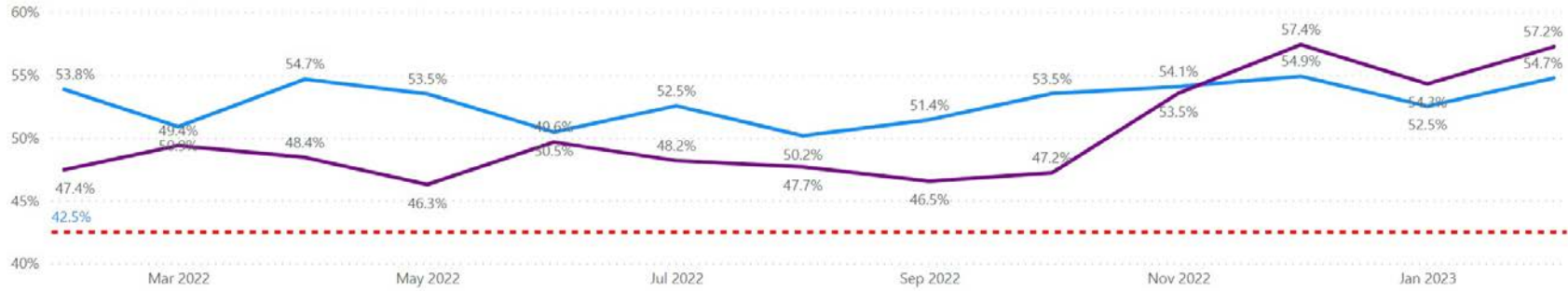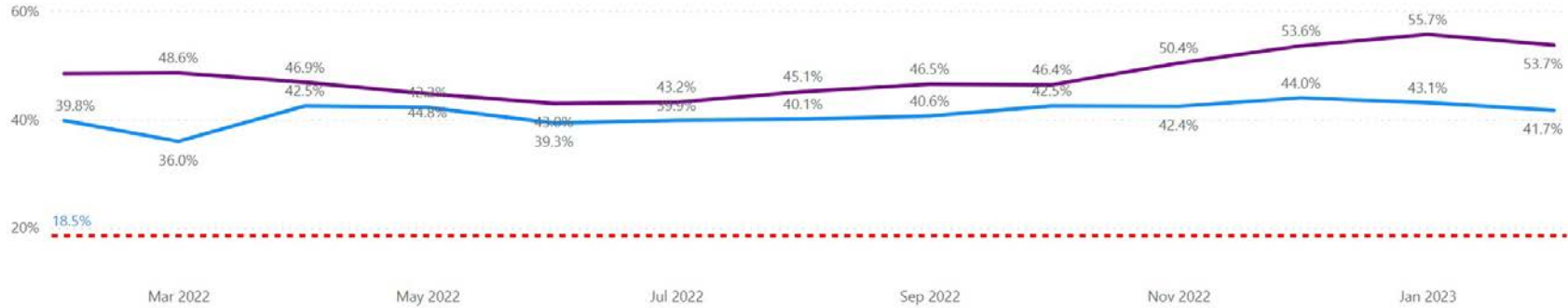
33

FINANCES

Figures have not been audited, and no assurance is provided.

Mental Health and Substance Use Disorder Expenditures

	Medicaid Expenditures Excluding Taxes and HRA, Including Austism Benefit	Healthy Michigan Expenditures Excluding Taxes
OnPoint	$ 26,263,982	$ 3,227,835
Healthwest	$ 54,716,105	$ 4,603,874
Network180	$ 160,136,446	$21,369,087
Ottawa County CMH	$ 42,284,669	$ 5,141,264
West Michigan CMH	$ 16,024,575	$ 1,248,983
Lakeshore Regional Entity	$ 7,844,109	$ 858,388
TOTAL	$ 307,269,886	$ 36,449,431

[Medicaid Expenditures]
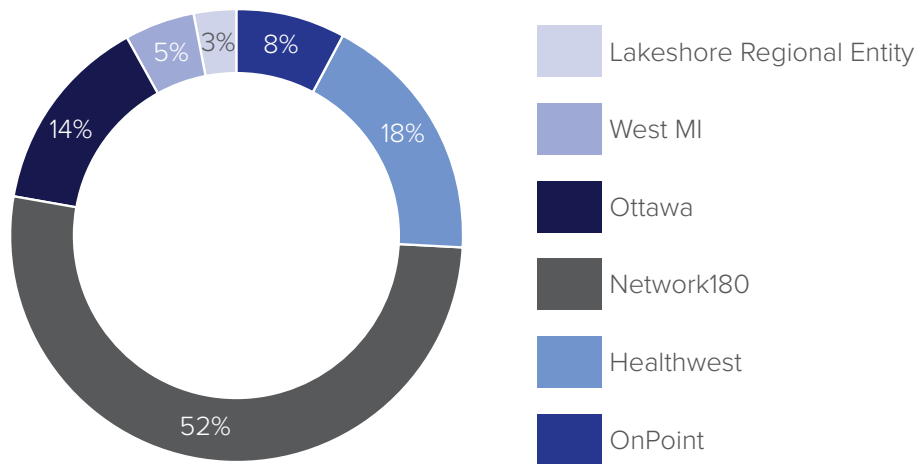
[Healthy Michigan Expenditures]
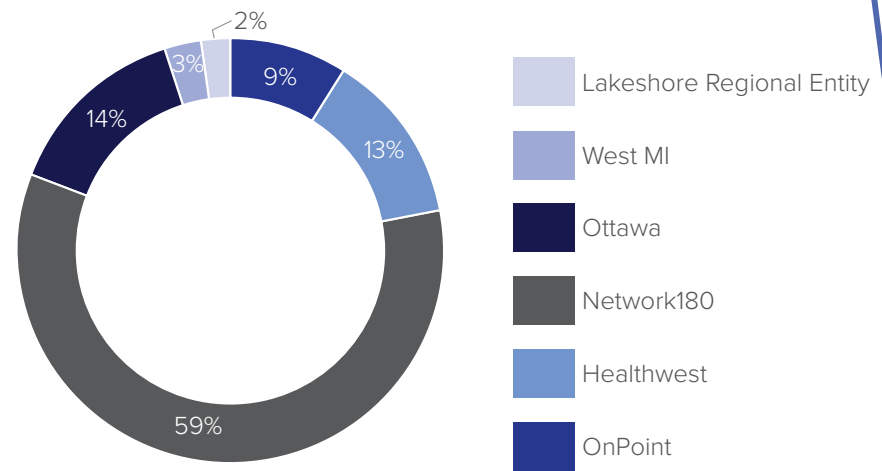
CCBHC Expenditures

Medicaid and Healthy Michigan Expenditures

Healthwest	$ 17,306,868
West Michigan CMH	$ 12,387,608
Lakeshore Regional Entity	$ 334,610
TOTAL	$ 30,029,086

[Medicaid and Healthy Michigan Expenditures]