



LAKESHORE
REGIONAL ENTITY

Annual Impact Report 2025

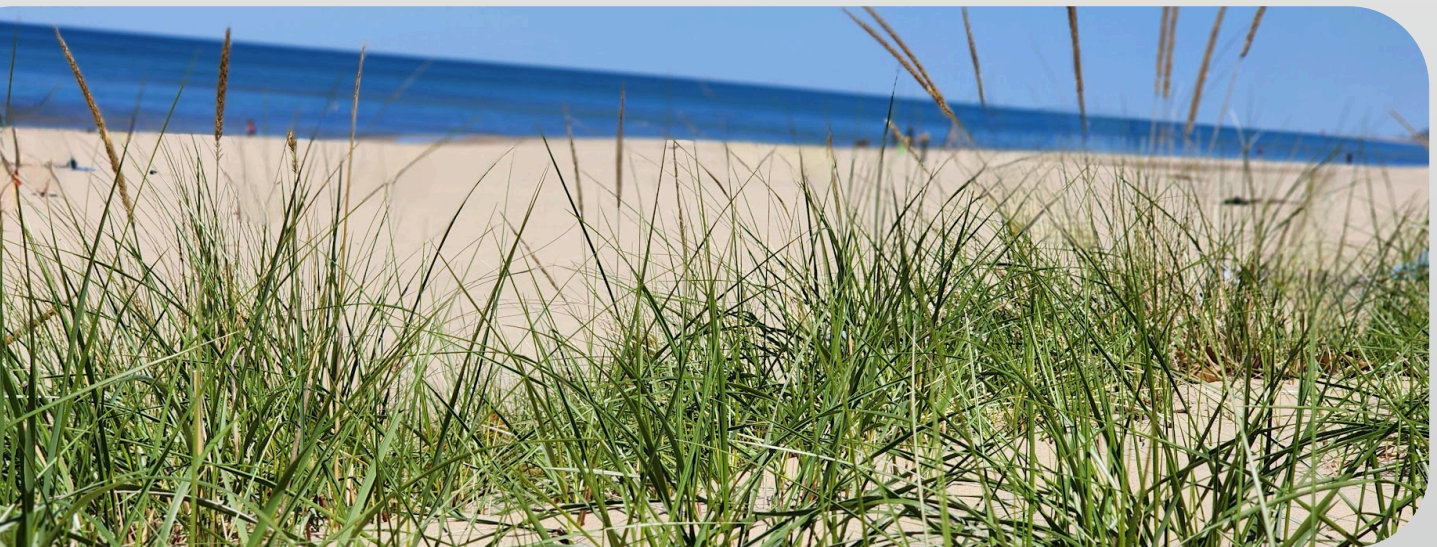




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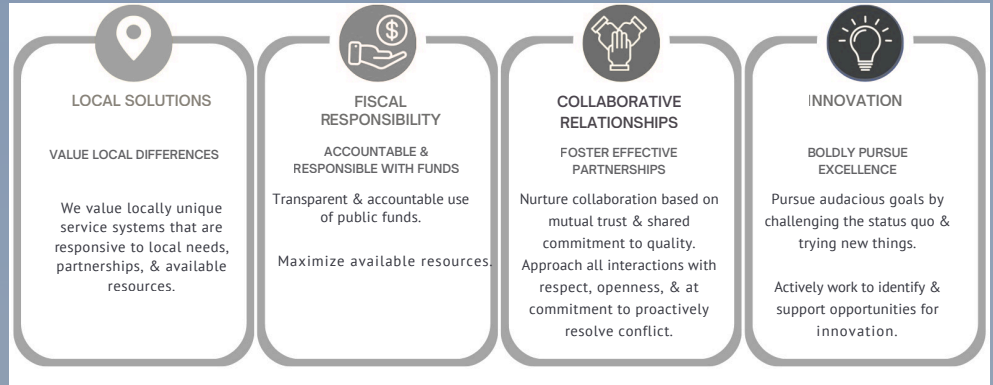
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Our Mission *Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services.*

INTRODUCTION



I am pleased to share this Annual Impact Report, which reflects a year of continued progress and strong performance for Lakeshore Regional Entity (LRE). Throughout the year, LRE remained focused on strengthening the public behavioral health system across our seven-county region while maintaining fiscal responsibility, service quality, and collaboration with our partners.

As the region's Prepaid Inpatient Health Plan (PIHP), LRE plays a critical role in managing Medicaid-funded behavioral health services for individuals with mental illness, developmental disabilities, and substance use disorders. This responsibility requires clarity, accountability, and a long-term commitment to system sustainability. Over the past year, we continued to provide timely data, analytics, and regional leadership to support informed decision-making and efficient service delivery across our network.

Our success is driven by people. I am deeply grateful for the talent, dedication, and professionalism of LRE staff, whose work consistently reflects our shared values of Local Solutions, Fiscal Responsibility, Collaborative Relationships, and Innovation. Continued investment in our workforce and organizational culture has strengthened engagement and reinforced pride in the important work we do every day.

Collaboration also remains a cornerstone of our work. I want to thank our Executive Board of Directors for their leadership and stewardship, as well as our member organizations, providers, and state partners for their continued partnership. Together, we are addressing challenges, advancing innovation, and improving outcomes for the individuals and communities we serve.

The public behavioral health system continues to operate in an environment of uncertainty and change. LRE remains focused on supporting regional stability, strengthening partnerships, and ensuring continuity of care for the individuals and families who depend on these essential services.

Thank you for your continued support of Lakeshore Regional Entity.

Sincerely,
Mary Marlatt-Dumas, Chief Executive Officer

EXECUTIVE BOARD

Lakeshore Regional Entity Executive Board of Directors is comprised of 15 community and business leaders serving throughout LRE's seven-county geographical footprint. The LRE values and appreciates the Board's commitment to upholding the LRE's mission and vision.



Patricia Gardner



Alice Kelsey



Janice Hilleary



Ron Bacon



Stan Stek



James Storey



Richard Kanten



Dave Parnin



Janet Thomas



Bob Davis



O'Nealya Gronstal



Andy Sebolt



Craig Van Beek



Jon Campbell



Linda Dunmore

MEMBER COMMUNITY MENTAL HEALTH SERVICE PROGRAMS (CMHSPs)

Lakeshore Regional Entity is the Prepaid Inpatient Health Plan (PIHP) contracted with the Michigan Department of Health and Human Services (MDHHS) to manage Medicaid-funded behavioral health services to individuals with mental illness, developmental disabilities, and substance use disorders within Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa Counties. Behavioral Health and Substance Use Disorders Services are provided by the five member Community Mental Health Services Programs (CMHSPs) and their contracted network providers.



Serving Residents of Allegan County



Serving Residents of Kent County



Serving Residents of Muskegon County

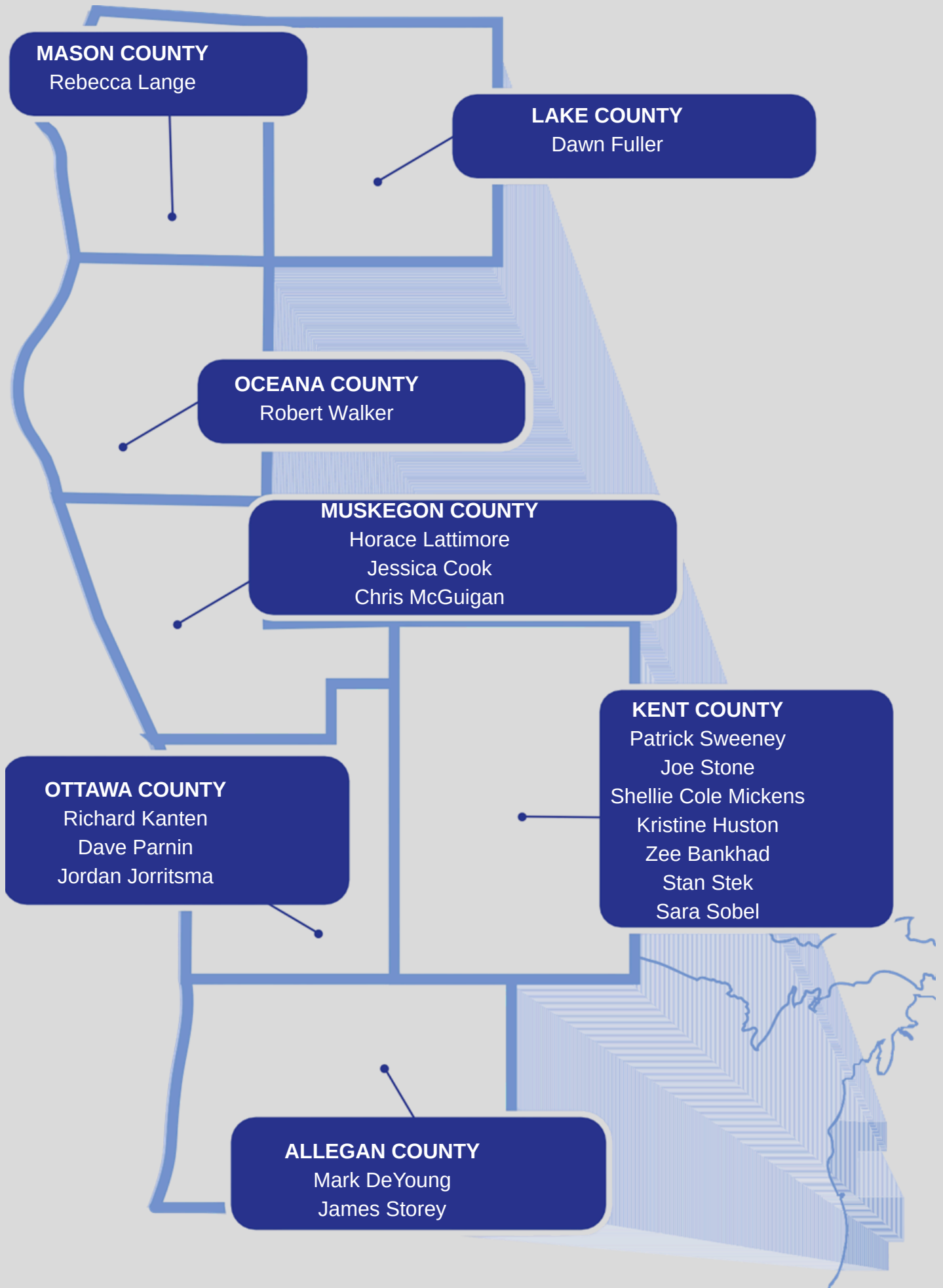


Serving Residents of Ottawa County



*Serving Residents of Lake, Mason, &
Oceana Counties*

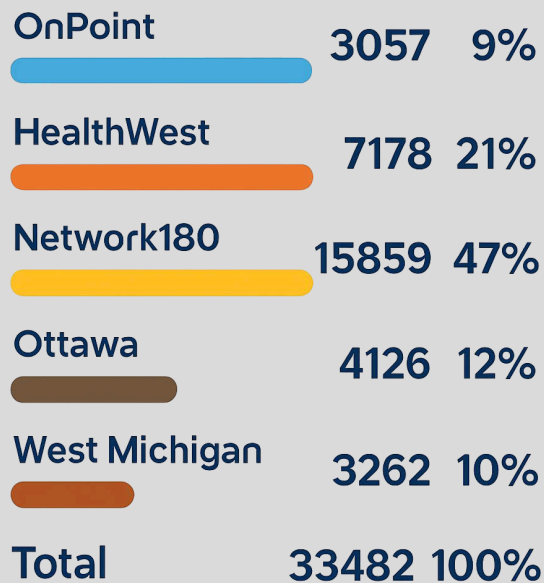
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD



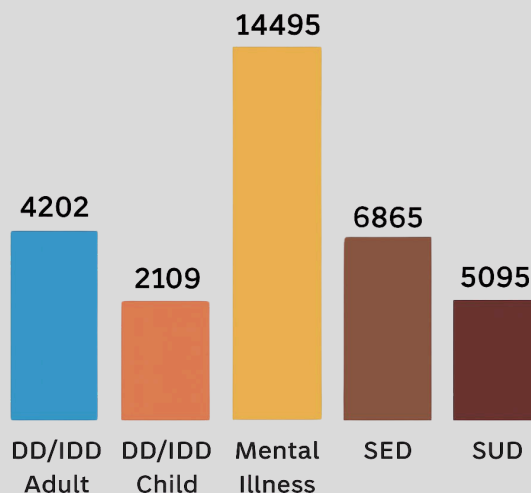
BEHAVIORAL HEALTH SERVICE STATISTICS



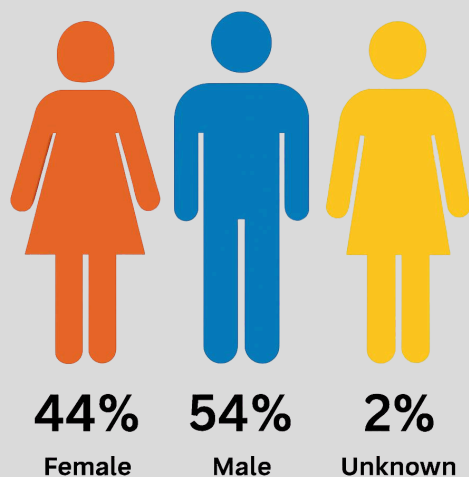
Percentage Served by CMHSP



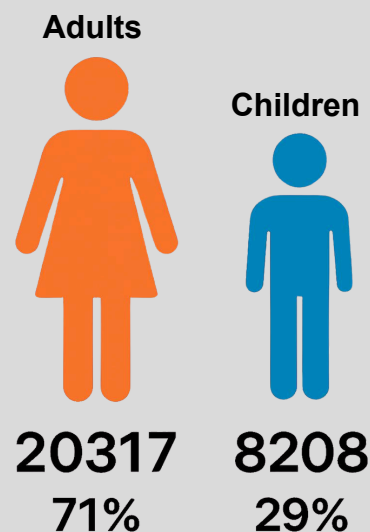
Unique Persons Served by Population



Percentage Served by Gender

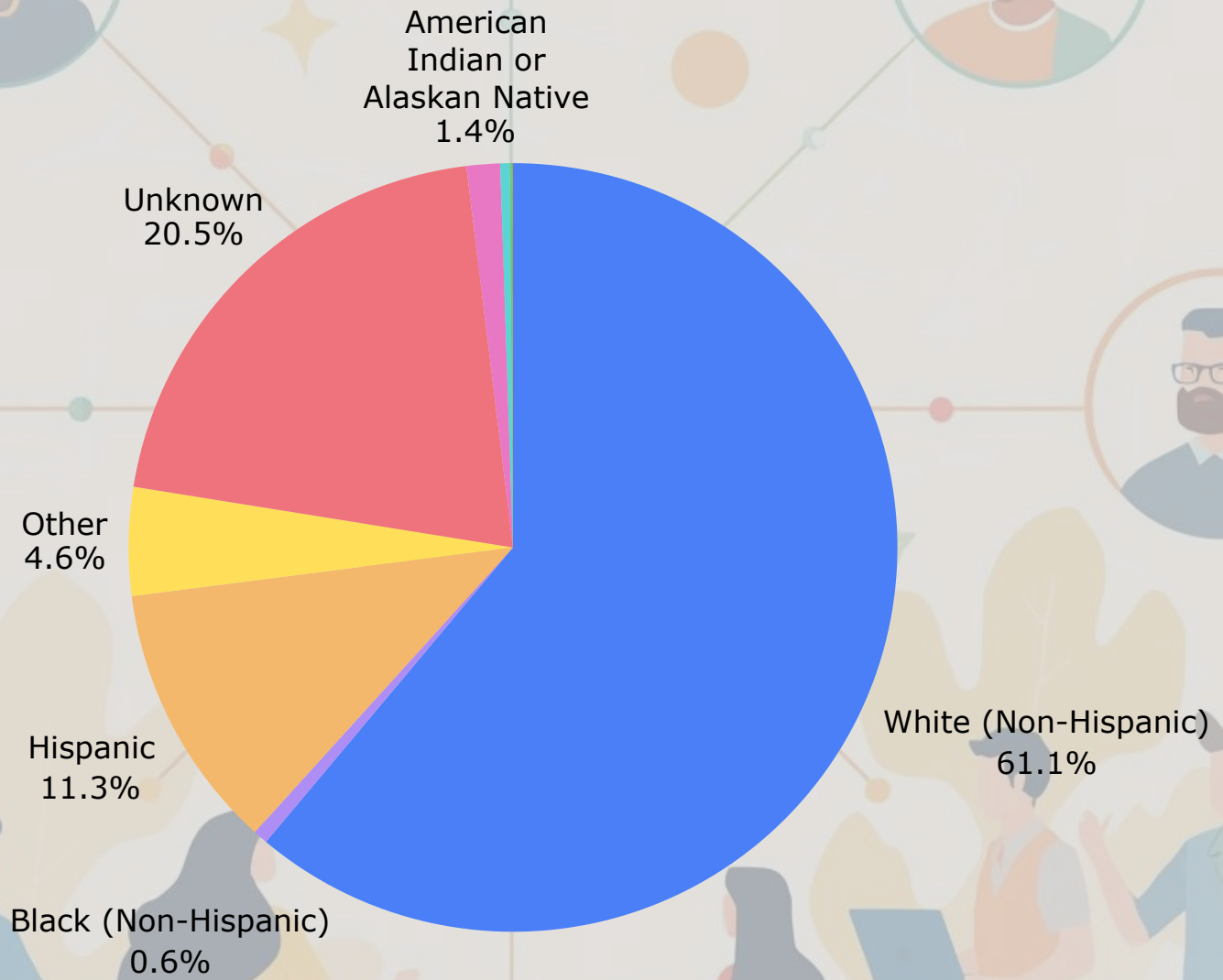


Percentage Served by Age



SERVICE STATISTICS (cont.)

Percentage Served by Race



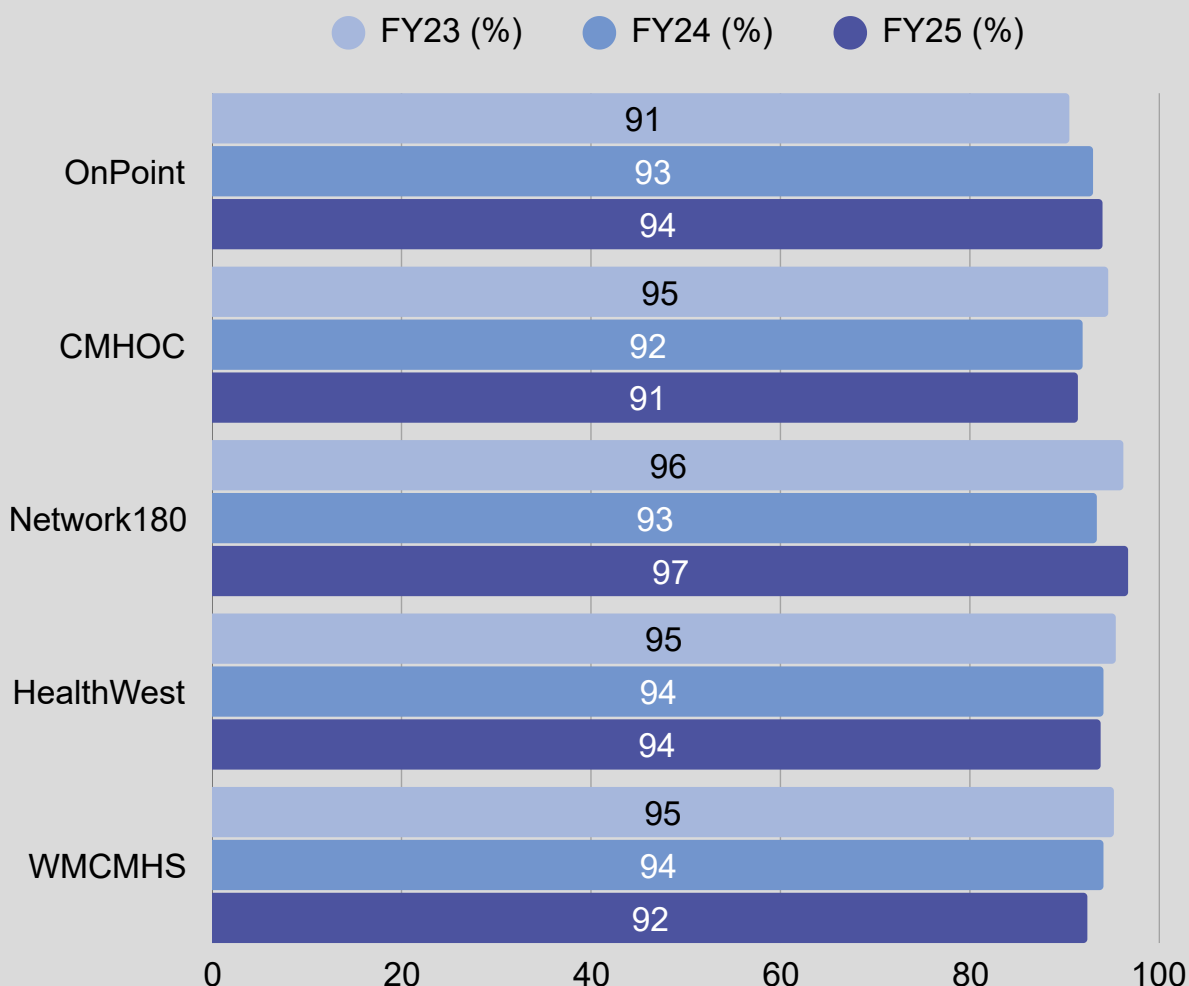
PROGRAM HIGHLIGHTS

QUALITY ASSURANCE

CMHSP SITE REVIEW

- The Site Review team revised and created new site review tools to ensure full alignment with contractual, statutory, and policy requirements. In addition, LRE introduced a Partial Hospitalization Program tool to address specific needs within the provider network.
- Five inpatient hospitals within the region were assessed by the Site Review Team in FY25, resulting in an average audit score of 99.5%.
- CMHSP Members demonstrated stable progress in Site Review performance scores, with notable improvement trends observed at OnPoint and Network180.

3-Year CMHSP Site Review Comparison



A Corrective Action Plan (CAP) is required any time a standard is incomplete or falls below a score of 95%. CAPs are reviewed and validated by LRE Quality Team.

SUBSTANCE USE DISORDER (SUD) PROVIDER SITE REVIEW

The Site Review team evaluated 28 SUD providers, consistently finding network compliance above 80% across most domains. Clinical documentation and staff training emerged as particular strengths, while recipient rights documentation, peer recovery training, and certain credentialing components—especially for unlicensed staff—were identified as areas requiring focused improvement.

DOMAIN AUDITED	FY25%
Training	92.3%
Recipient Rights	73.1%
Facility Review	82.9%
Clinical Review	91.5%
Credentialing (Unlicensed)	73.1%
Credentialing (Licensed)	83.7%
Overall %	88.3%

HOME AND COMMUNITY BASED SETTINGS (HCBS) REVIEW



In 2025, LRE conducted 315 Facility and HCBS Physical Assessments, reviewing environments, procedures, policies, and HCBS compliance. LRE also ensured all Individual Plans of Service (IPOS) and Behavior Treatment Plans (BTP) met HCBS Final Rule standards.

- Reviewed all facility Individual Plans of Service for HCBS compliance; all amendments to plans have been completed.
- Completed 69 HCBS Provisional Approval Reviews.
- Completed 22 Provisional Consultation/ Secure Setting Applications.
- Completed a Corrective Action Plan issued by the Center for Medicaid/Medicare Services following their site review of LRE

COMPLIANCE

Lakeshore Regional Entity delivers services in accordance with the highest standards of accountability across administration, programs, services, business operations, marketing, human services, and financial management, thus ensuring full compliance with regulatory requirements. The organization is dedicated to preventing and detecting fraud, waste, and abuse, while strictly adhering to all applicable federal and state laws, rules, and regulations. LRE oversees a Compliance Program that incorporates all elements required by the Department of Health and Human Services/Office of Inspector General for effective compliance.

LRE regularly reviews a random sample of Medicaid and Healthy Michigan Plan claims to ensure compliance with state and federal regulations.

- Medicaid Event Verification reviewed 17,456 mental health and SUD claims totaling \$6,286,874.80; over 99% met audit standards, with \$2,456.38 being recouped from non-compliant claims.
- Eleven fraud, waste, and abuse investigations were completed in 2025; ten showed no issues, while one resulted in a Corrective Action Plan for waste.
- Ten State Fair Hearings concluded: four dismissed, five affirmed, and one reversed.
- The Compliance Department rolled out a Risk Assessment procedure to be used across managed care, supporting LRE in identifying and improving concerns.



PROVIDER NETWORK

Implementation of Universal Credentialing - In FY25, the MDHHS Universal Credentialing CRM system was implemented for Region 3 providers. This initiative encompassed data clean-up, user access management, workflow optimization, and comprehensive training, resulting in a more standardized and electronic credentialing process. The system now serves as the primary record for provider credentialing activities within the region.

- 53 Organizational Providers Credentialed/Re-credentialed
- 305 Individual Practitioners Credentialed/Re-credentialed

Implementation of a Streamlined Regional DOO Collection Process - A secure, regionalized process for electronic collection of Disclosure of Ownership (DOO) forms was developed and launched for Region 3 providers. Utilizing standardized templates and secure digital submission methods, this process successfully captured over 300 DOO forms, significantly reducing manual tracking, improving accuracy and timeliness, and enhancing compliance with federal and state disclosure requirements.

Updated Regional Common Provider Boilerplate Contract (Effective 10/1/2025) -

The regional common provider boilerplate contract was reviewed, updated, and implemented for all CMHSPs and their contracted providers, effective October 1, 2025. These updates aligned contract language with current federal and state requirements and provided greater clarity regarding roles and responsibilities.

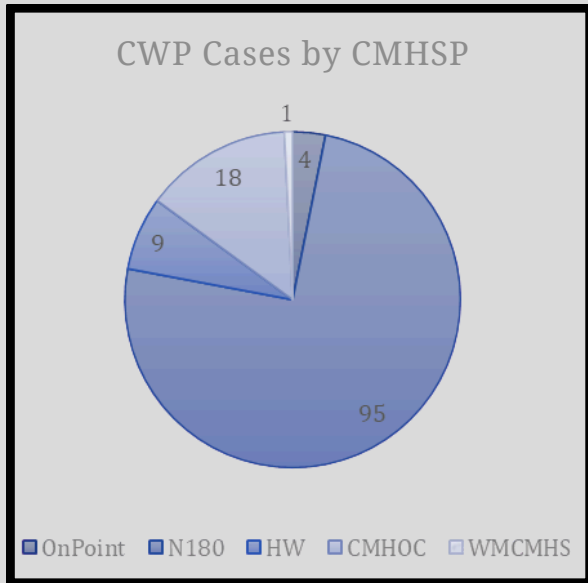
Development and Implementation of a New Contract Monitoring System -

A new contract monitoring system was designed and deployed to standardize the process by which LRE tracks contracts and associated documentation. Automation within the system has significantly reduced administrative burdens and nearly eliminated contracting errors for FY26 agreements.

Successful Report Tracking System - LRE's report tracking system was enhanced in advance of FY25 and employed to monitor required submissions, resulting in the successful tracking of 427 reports during the fiscal year with a 99% on-time submission rate. This system serves as a key accountability tool, bolstering compliance with reporting standards, providing leadership with clear oversight, and minimizing missed or delayed submissions.

WAIVERS

CHILD WAIVER PROGRAM: FY25 enrollment in the Children’s Waiver Program (CWP) grew by about 8% compared to FY24, marking the second consecutive year of increased participation and a new record for the number of children served.

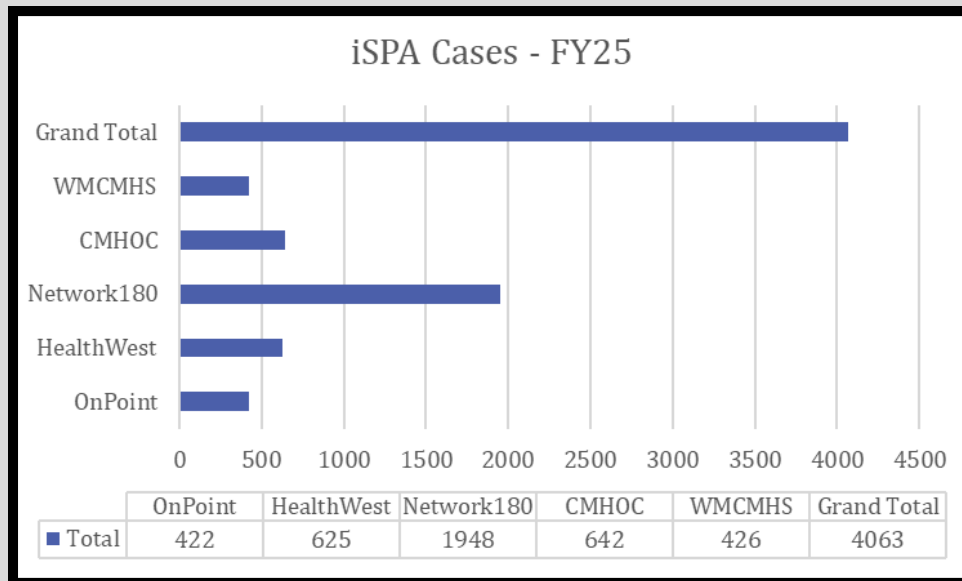


Services Provided to CWP Enrollees include:

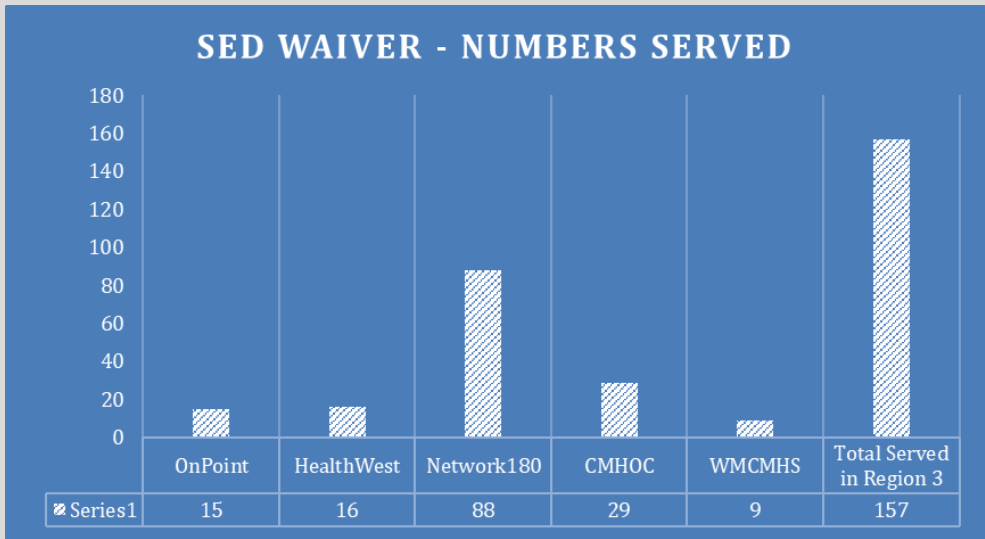
- Targeted Case Management
- Community Living Supports Respite
- Music Therapy Art Therapy
- Massage Therapy Recreational Therapy
- Enhanced Transportation Family Training
- Fencing Non-Family Training
- Applied Behavior Analysis Speech Therapy
- Occupational Therapy Physical Therapy
- Environmental Accessibility Adaptations
- Overnight Health and Safety Supports
- Financial Management Services
- Specialized Medical Equipment and Supplies

In FY25, LRE approved 13 CWP projects via the Prior Review Authorization Request (PRAR) Committee, including environmental adaptations (ramps, bathroom remodels), specialized medical equipment (vehicle lifts, shower chair), and fencing.

1915i STATE PLAN AMENDMENT (iSPA): An iSPA Overview & Training is available virtually or in person for CMHSPs and Providers upon request. Following is the number of iSPA cases (regional total and by CMHSP):

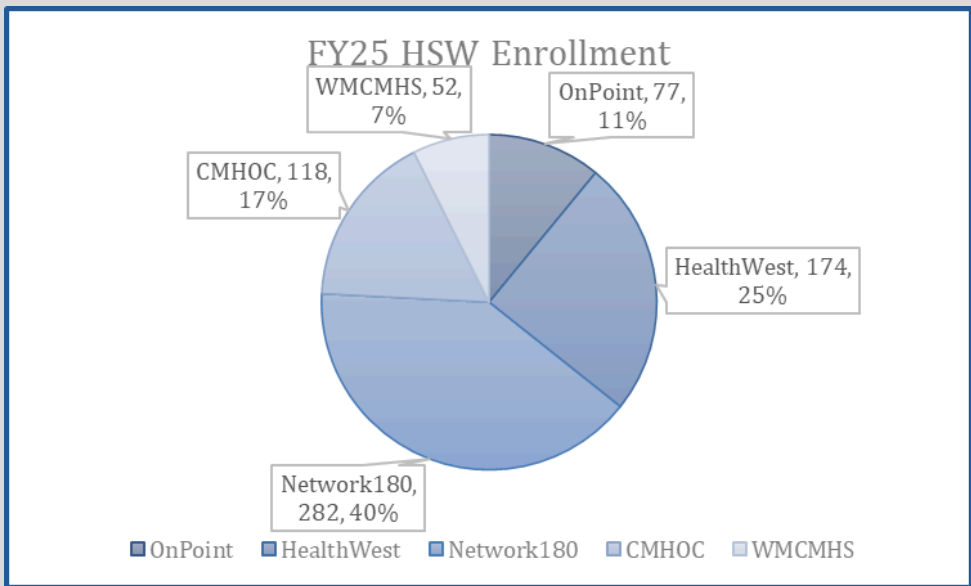


SERIOUS EMOTIONAL DISTURBANCE WAIVER (SEDW): In 2025, the SEDW Programs shifted from conventional Wraparound services to Intensive Care Coordination complemented by Wraparound Services. Additionally, Targeted Case Management services were introduced. Following is the number of SED cases (regional total and by CMHSP).



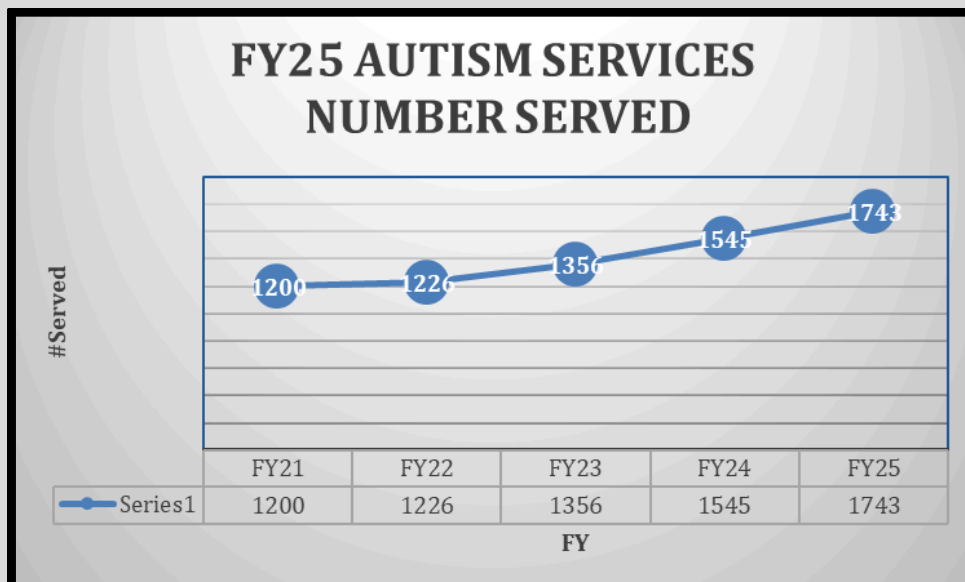
HABILITATION SUPPORTS WAIVER (HSW): The Habilitation Supports Waiver is a Medicaid program that provides services that are enhancements or additions to the Medicaid State Plan coverage for individuals that live with intellectual or developmental disabilities of all ages who live in their own homes or in another community setting rather than in institutions.

Region 3 received 17 additional HSW slots in FY25 bringing the region total to 676



AUTISM SERVICES

- Successfully reintroduced quarterly meetings for Applied Behavioral Analysis (ABA) providers, attracting an average of over 50 participants per session. These gatherings are designed to enhance the quality of ABA services in the region and share important state and regional updates. They promote strong connections among PIHP, CMHSPs, and ABA providers, ensuring clear and effective communication.
- Developed and executed a thorough training program aimed at standardizing person-centered goal development throughout the region. This initiative was presented to regional ABA providers, with the LRE Autism Team facilitating a live virtual training session focused on person-centered goal writing for both ABA and CMHSP staff.
- Collaborated with LRE’s IT department to create an ABA encounter-based utilization management tracking system. This system provides visual analysis of ABA service hours utilized across the region, categorized by age group and CMHSP.
- Created documentation to guide Community Mental Health Service Programs (CMHSPs) and ABA providers on Current Procedural Terminology (CPT) codes. This resource aims to help stakeholders navigate CPT codes and understand their applications, thereby enhancing regional operational effectiveness.
- Established a framework for CMHSPs that includes a Board-Certified Behavior Analyst (BCBA) consultation form to aid in case reviews. This tool supports CMHSPs in managing complex cases for those without internal utilization management teams, identifies high-utilization cases, assesses care quality, and facilitates external BCBA evaluations for clients receiving services for more than two years without a reduction in service hours.



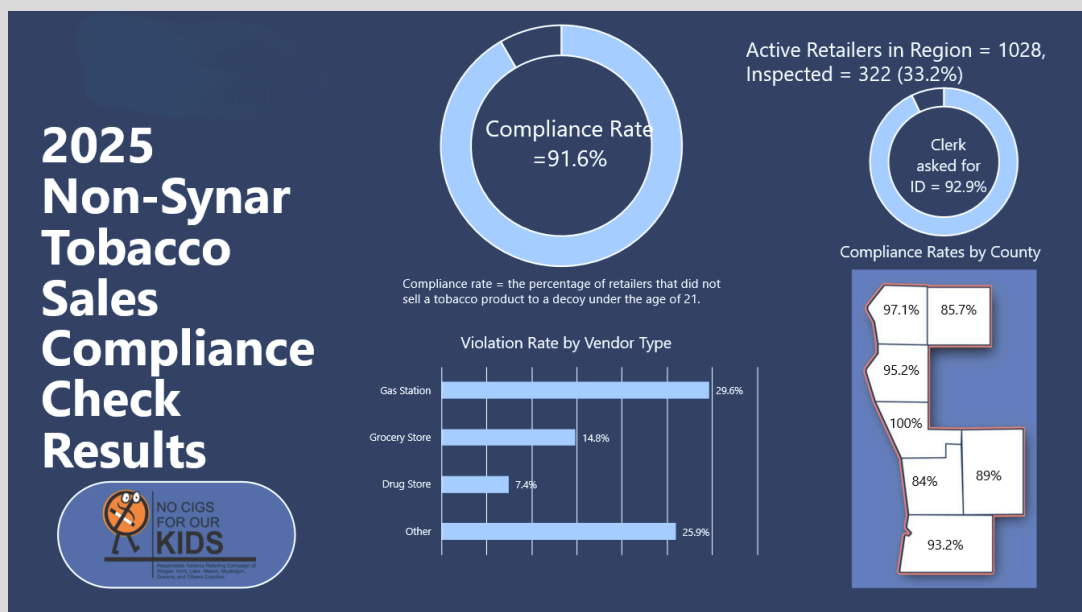
SUBSTANCE USE DISORDERS (SUD)

SUD/PREVENTION

Talk Sooner: In September 2025, Talksooner.org promoted Family Meals Month with the “Any Way You Slice It, Prevention Matters” campaign. The team partnered with seven local pizza shops and Craig’s Cruisers to spread prevention messages. WZZM13 featured the campaign in a live interview, and over 5,000 flyers and pizza cutters with Talksooner messaging were distributed at participating pizza shops. The campaign also included gas toppers that were strategically placed around the LRE region during the month of September.

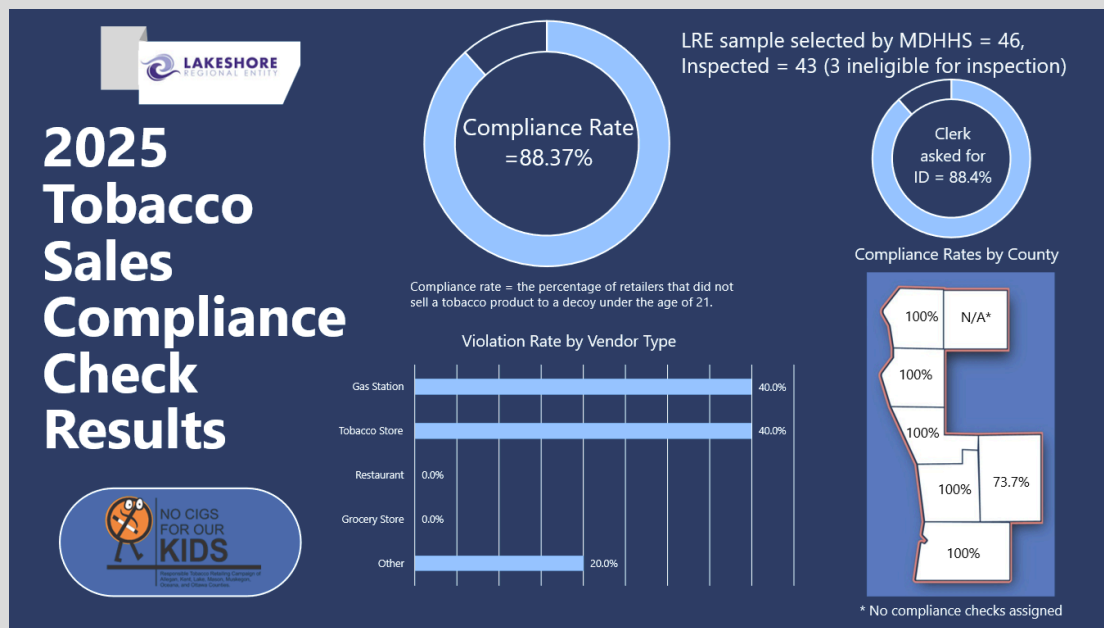


No Cigs For Our Kids: As a part of its mission, LRE supports county-level substance abuse prevention coalitions in each constituent county. A part of this support is provided through the “No Cigs For Our Kids” campaign, which focuses on educating tobacco vendors in the region regarding the importance of compliance with the Youth Tobacco Act. Funding enables substance abuse prevention coalitions in the region to work with local law enforcement agencies to ensure that tobacco sales establishments do not sell tobacco products to persons under age 21.



Synar Compliance Checks Results: Federal Synar Regulations require that states conduct annual, unannounced inspections of tobacco retailers which provides a valid sample of tobacco sales outlets accessible to minors. The non-compliance rate must not exceed twenty percent (20%). Failure to meet this threshold may result in a reduction of federal funding for both prevention and treatment services.

Annually, Michigan Department of Health and Human Services (MDHHS) provides LRE with the list of tobacco retailers across the region to be inspected to ensure compliance with tobacco sales laws. MDHHS develops the compliance check procedures as well as the period of time in which the checks are to be completed.



Youth Leadership – 415 students received various training and then presented to more than 4,000 peers. 981 students received 1:1 peer support through youth leadership programming. Examples include:

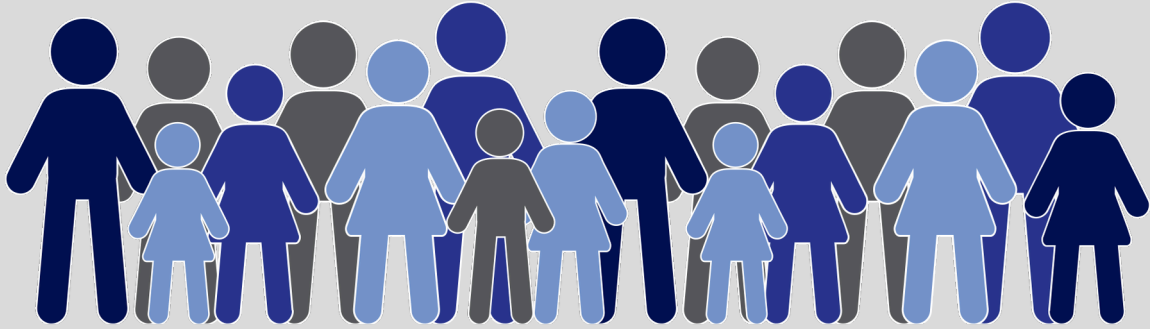
- PALS (OnPoint) is a school-based youth mentoring program. Students complete a selection process then are trained in communication and decision-making skills, as well as teen social issues and available services during a 1-2 trimester class for high school credit. Following training, PALS are available to provide listening, support and mentoring to any students in the school district.
- Raise your Voice (Arbor Circle) program teaches high school students peer refusal skills and engages them in teaching middle school students those same skills.

Outcomes: Prevention providers in the region delivered 258 events, presentations, or trainings tailored to community needs identified in each county’s strategic plan. Examples include Emerging Drug Trends presentations, Signs of Suicide programs in schools, Prime for Life, Vape Education Classes, and resource outreach at community events.

SUD PREVENTION NUMBERS SERVED

HOURS OF SERVICE

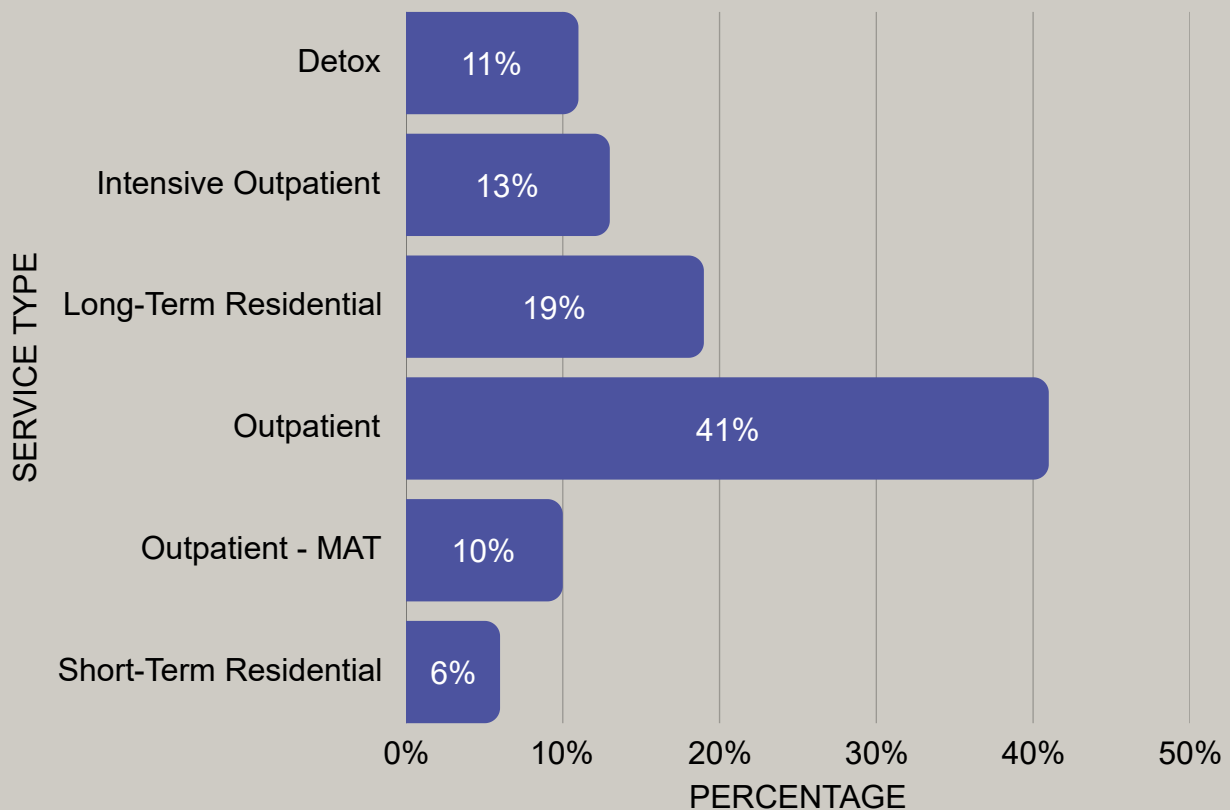
9,356.25 hours of direct service were provided in the strategies of Information Dissemination, Education, Student Assistance, Alternative, Environmental, and Community Based.



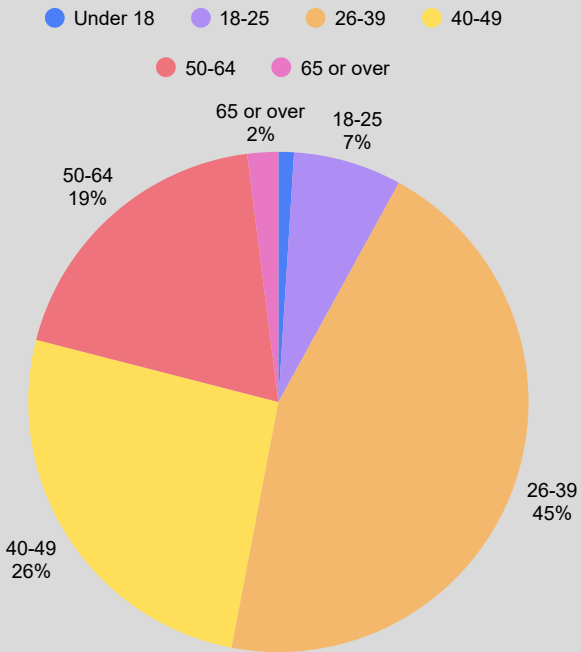
SUD TREATMENT - NUMBERS SERVED

- LRE achieved 100% compliance in the State Opioid Response (SOR) grant audit.
- 62% of clients transitioned from short-term residential care to the next level within 7 days - up from 28% last year—supporting continuity for sobriety and wellness.
- The Kent County Engagement Center (a SOR funded program provided in partnership between Network180 and Mel Trotter Ministries) admitted 201 new admissions, helping divert these individuals from a more expensive level of care (withdrawal management, inpatient psychiatric, Emergency Department) and guiding them to more suitable treatment.
- The SOR-funded Harm Reduction and Mobile Health Unit grant served 444 people, provided 2,662 test strips, distributed 1,507 naloxone doses, and helped reverse 50 overdoses.
- Between FY24 and FY25, time to service (TTS) improved for non-intensive outpatient by almost 2 full days. (FY25 - 7.5 days, FY24 -9.4 days, FY23 - 8.4 days)
- In FY25, 50% of residential clients transitioned to their next level of care within 7 days, up from 27% in FY24.

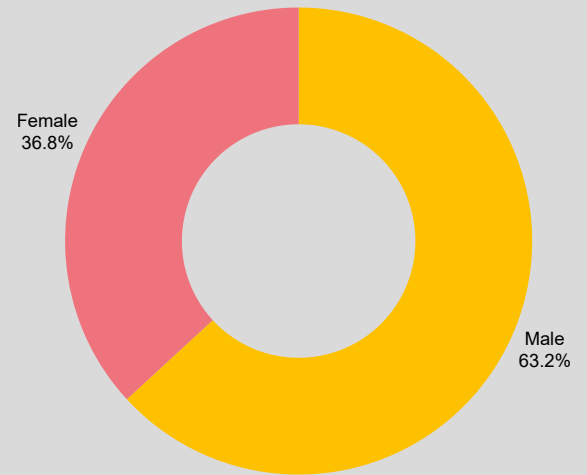
SUD TREATMENT Percentage by Treatment Type



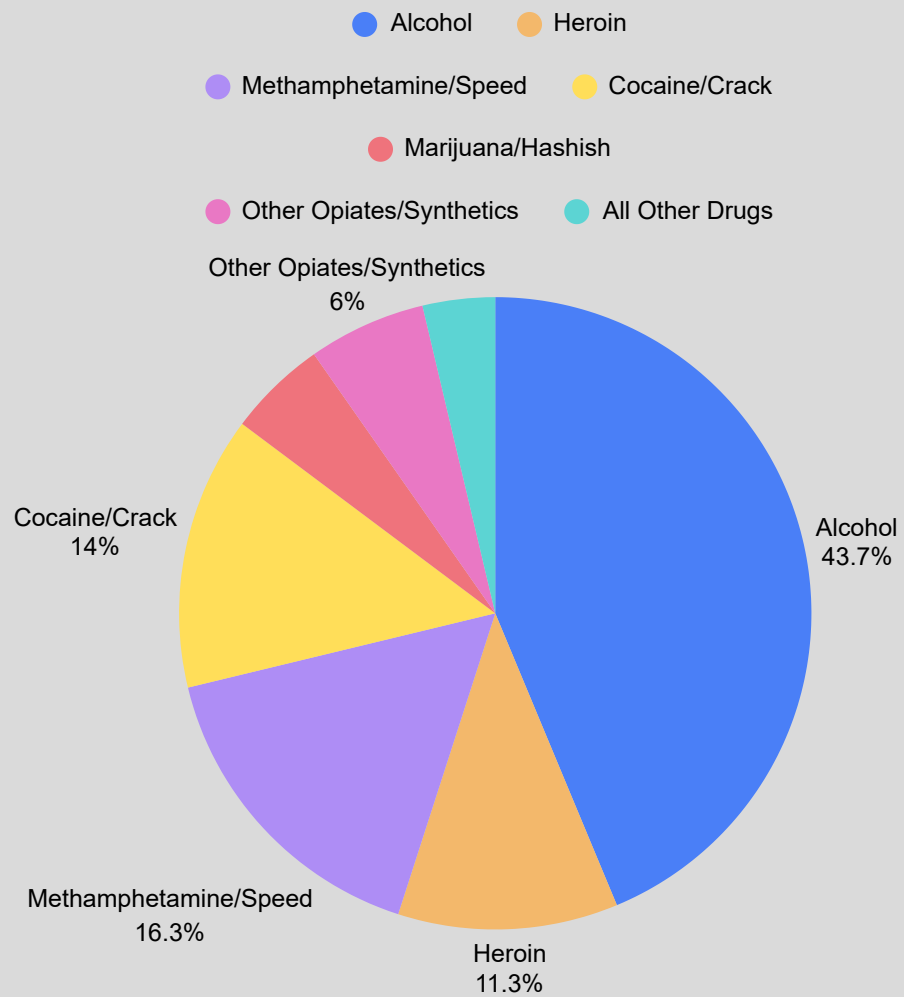
SUD TREATMENT Admissions by Age



SUD TREATMENT Admissions by Gender



SUD TREATMENT By Primary Substance

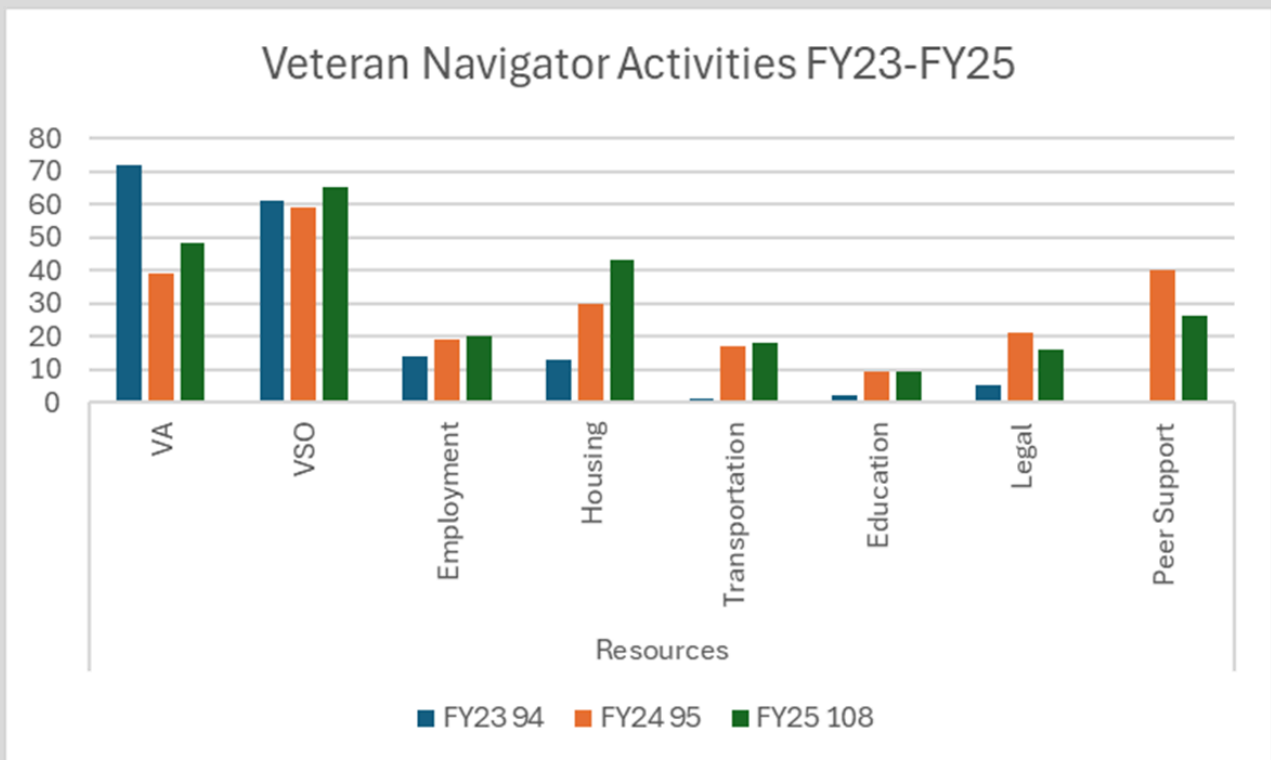


VETERAN NAVIGATOR

The Veteran Navigator (VN) works with individual veterans and military families to assess their needs, assist them in connecting to services, and help them address challenges that negatively affect their health and well-being.

During FY25, the VN provided services to 108 veterans from every county in the region.

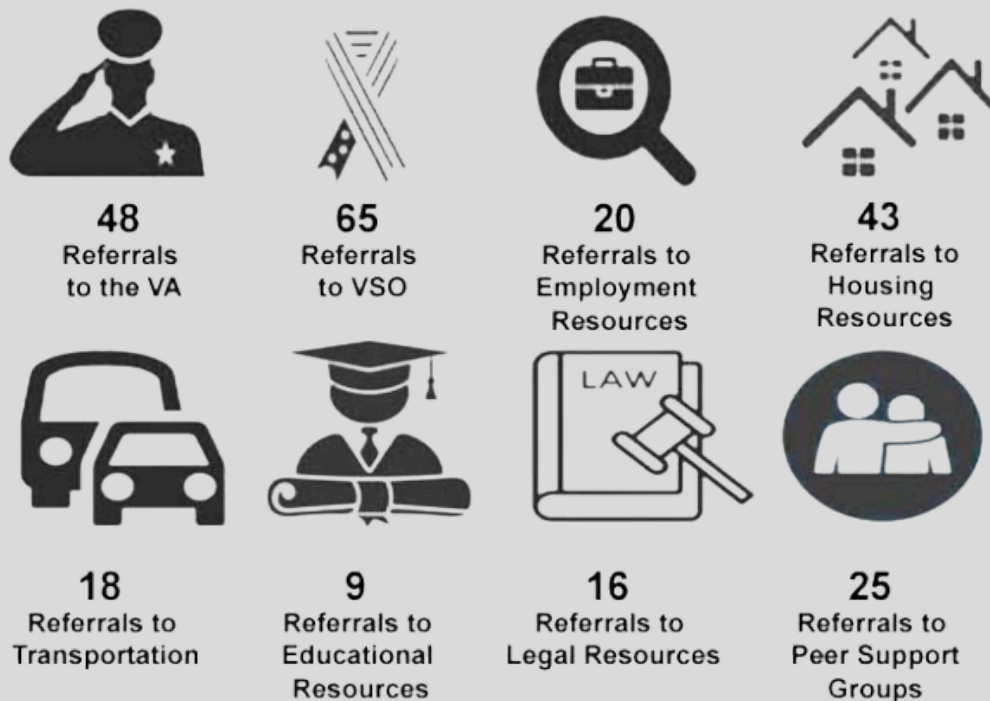
County	#Served	Male	Female	MH Concerns	SUD Concerns	Un-employed	Homeless	Suicidal Ideation
Allegan	14	13	1	11	0	3	1	1
Kent	57	45	12	42	12	20	11	21
Muskegon	10	6	4	10	3	7	3	4
Ottawa	22	21	1	15	3	5	5	5
Lake	2	1	1	2	0	1	0	1
Mason	2	2	0	1	2	0	0	1
Oceana	1	1	0	1	0	0	0	0
Total:	108	89	19	82	20	36	20	33



VETERAN NAVIGATOR REFERRAL NETWORK

To support veterans and their families in accessing support and resources, the VN works to identify, review, and build relationships with organizations that can support the needs of veterans and military families. This includes establishing strong working relationships with publicly funded systems for behavioral health services, other local providers of services such as housing and transportation, and developing partnerships with volunteer groups that support veterans. These relationships allow the VN to coordinate warm-handoff referrals to services and increase the referrals to the VN for additional support from these organizations.

During FY25, 61% of individuals served were self-referred to the VN Program. Top referrals made by the VN during FY25 included:



The VN participates in community events and collaborative groups that allow them to connect with veterans in the community. This outreach aims to raise awareness through the VN and to interact with veterans to increase their comfort level by contacting the VN for support. These events often raise funds to support veteran needs. Throughout FY25, the VN participated in 106 community outreach events for veterans.

UTILIZATION MANAGEMENT/CLINICAL SERVICES

Integrated Care Coordination unites physical health, behavioral health, and substance use disorder providers to offer comprehensive, person-centered care. This approach hinges on shared responsibility, timely communication, and coordinated services to enhance outcomes and eliminate system inefficiencies. Key Components of Effective Care Coordination include:

- **Collaboration:** Successful care coordination relies on consistent teamwork among MDHHS, LRE, and Medicaid Health Plans.
- **Information Sharing:** These partners prioritize the sharing of timely, relevant information, particularly during critical care events such as ER visits and hospitalizations.
- **Data Analytics:** By utilizing statewide data analytics and fostering cross-system collaboration, LRE provides access to integrated healthcare data, supporting quality improvement initiatives across physical health, behavioral health, and SUD services.

Region-Wide efforts focus on reducing avoidable emergency department visits through:

- Enhanced communication
- Coordinated care planning
- Adherence to MDHHS standards

Medicaid Health Plans are required to deliver comprehensive care management for individuals with a foster care indicator, including conducting medical and mental health screenings within 30 days of entering care. LRE aids in meeting these requirements through regular engagement with MHPs to ensure compliance, prioritize individuals for discussion, and encourage person-centered care planning.

In 2025, LRE and Medicaid Health Plans met or exceeded all MDHHS Integrated Health goals.

Clinical Practice Guidelines (CPGs). By implementing ASAM and MDHHS guidelines the region has demonstrated that adoption of CPGs is data-driven and responsive to member needs. LRE regularly reviews regionally adopted Clinical Practice Guidelines to ensure effective practices are relevant and applied regionally.

Quarterly Pre-admission Screen/Continued Stay Review Audit Overview and Compliance Performance: Quarterly audits of Higher Level of Care (HLOC) consumer charts (using Milliman Care Guidelines) are conducted. At least 10 randomly selected charts are reviewed per audit. Results are documented and shared with Utilization Management (UM) Regional Operations Advisory Team (ROAT), with feedback given to CMHSP leads for improvement.

422 audits were completed in FY25 and a near-perfect compliance rate of 99.3% was achieved regionally.

IRR (Interrater Reliability) Exam: Lakeshore Regional Entity held its third annual IRR exam for Region 3 on the Milliman Care Guidelines. Enrollment was managed by CMHSP UM administrators with support materials provided. The exam runs yearly from March 4 to April 3. Pass rates improved steadily: 95.7% in 2025, up from 93.6% in 2024 and 90.8% in 2023; fail rates fell from 9.2% (2023) to 4.3% (2025).



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

The region received over \$56 million in CCBHC supplemental revenue for fiscal year 2025, exclusive of possible cost settlements with MDHHS for that period. Additionally, an award of \$469,987 was allocated to support expenses related to providing care to nearly 5,000 individuals not enrolled in Medicaid. The CCBHC program guarantees service provision to all individuals, regardless of insurance status.

In 2025, a total of 5,402 individuals with mild to moderate mental health needs received care at CCBHCs. Of those served, 2,589 faced challenges related to social determinants of health such as housing, food, or financial instability. By engaging with these individuals, the aim is to make a positive difference in their circumstances.

CUSTOMER SERVICES

Community Advisory Panel

The LRE Community Advisory Panel distributed a quarterly Community Newsletter focusing on “Healing and Helping.” Highlights included:

- Articles on topics like Autumn Anxiety and Seasonal Affective Disorder (SAD)
- The new “Clinical Corner” by the Clinical Manager, clarifying common practice areas
- The “Let’s Talk About...” section featuring local service awareness
- New partnerships with providers sharing information on substance use disorders and I/DD services

The newsletter remains an important resource for educating, encouraging, and supporting LRE members and potential enrollees.



Customer Service Phone Line

LRE records all calls related to grievances, appeals, and care coordination in the PCE electronic system. During FY25, staff logged:

- 172 appeals
- 7 grievances
- 28 care coordination
- 27 NABD questions

The majority of unlogged calls were regarding billing/claims and SUD access requests.

DUE PROCESS

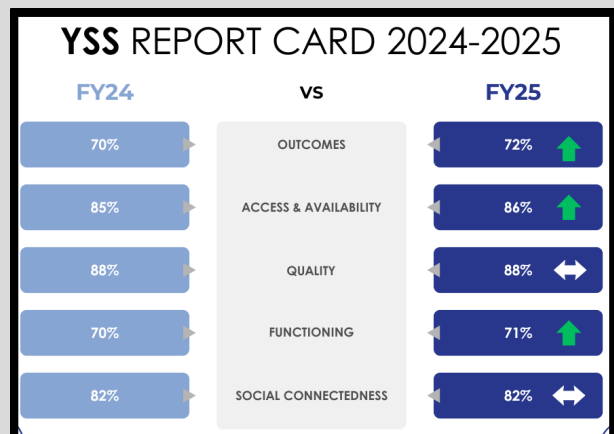
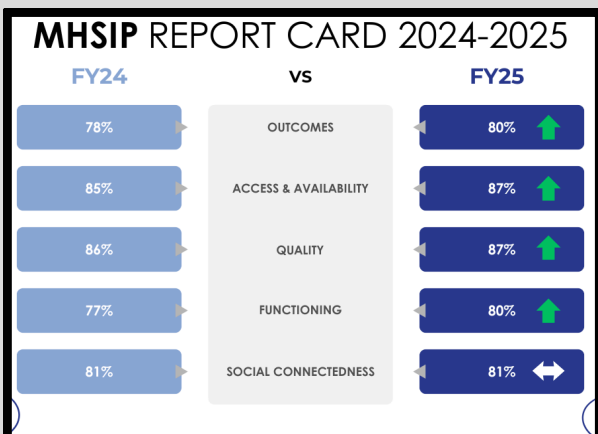
- **Grievance**—refers to a statement of dissatisfaction regarding any aspect of services, excluding a service determination (action). Potential topics for grievances include, but are not limited to:
 - The quality of care or services delivered
 - Interpersonal relationship dynamics between the service provider and the consumer
 - Concerns or inquiries about the management of Advance Directives
 - Issues surrounding perceived discriminatory treatment of the consumer
- **Appeal**—is a request to review a Service Determination action taken by the Authorizing Agency (CMHSP/PIHP) that limits a service request. An appeal is initiated when a customer or guardian disagrees with a decision affecting the services they seek, such as denial of service(s), limited service authorization, reduction in service(s), or termination of service(s). Customers have access to two types of appeals:
 - **Local** - filed with the agency (CMHSP/PIHP) that made the determination, often referred to as Local Dispute Resolution
 - **State** - filed with either the Michigan Office of Hearings and Rules (for Medicaid beneficiaries) or the Alternative Dispute Resolution Process (for individuals without Medicaid)





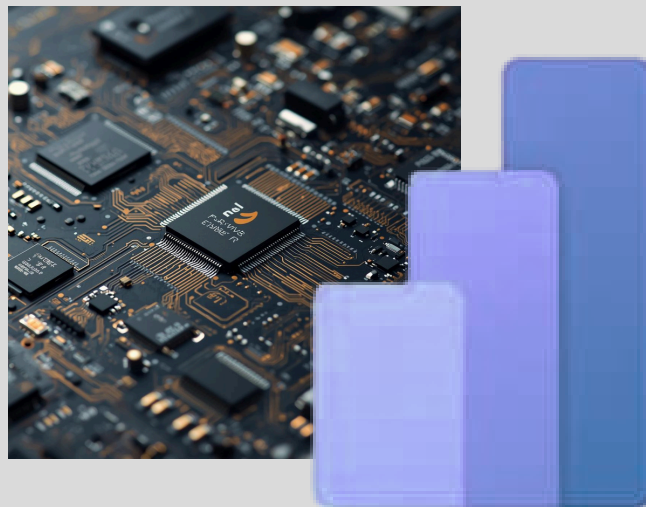
Customer Satisfaction Survey - The customer satisfaction survey is administered annually to adults/ families receiving Medicaid-funded mental health services in outpatient or residential settings. Feedback concerning their experience of care is an important part of the efforts to improve quality and health outcomes in populations experiencing mental health concerns.

Starting in 2024, The Mental Health Statistics Improvement Program (MHSIP) and Youth Services Survey (YSS) were administered as the customer satisfaction survey tool. The outcomes of the MHSIP and YSS function as a “report card” on how satisfied consumers are with community mental health services and provide insight for what is needed to enhance quality and continuity of care. The perspective of the consumer is valuable in that it provides a unique opportunity for the region to foster collaboration to determine what changes to service delivery may be needed.



INFORMATION TECHNOLOGY

- Provider data management received major enhancements: A region-wide provider cross-reference was introduced, alongside new encounter reporting requirements mandating regional provider IDs for every service encounter from 10/01/2025 onward. In fiscal year 2026, the LIDS system (LRE's Electronic Health Record system) will gain new functionality for tracking Credentialing and HCBS status, which will be linked to LRE's PowerBI dashboards.
- Provider directory data quality saw notable improvements, featuring more comprehensive ADA Accommodation Details, the inclusion of provider County information, LTSS designations for Long Term Supports and Services, authenticated provider website URLs, and verified phone numbers for accuracy.
- PowerBI Dashboarding capabilities were expanded and refined: The Data Warehouse now supports over 140 users across the region and powers 88 PowerBI Dashboards, consisting of 827 pages and more than 2,637 distinct visualizations.
- A regional metrics workgroup was established to encourage collaboration and uniformity in CMH/PIHP data analytics, including CCBHC metrics and other performance indicators for the region.
- AI initiatives gained momentum: The LRE AI Policy and Procedure was created, staff received AI awareness training, and both an LRE AI Committee and Regional AI Workgroup were launched. The first AI implementation—Microsoft CoPilot—was deployed to enhance staff productivity.
- LRE's cybersecurity posture was further strengthened through upgrades to Windows 11, adoption of Microsoft E5 licenses and Entra ID, and ongoing KnowBe4 security training for every staff member. All LRE staff completed their assigned KnowBe4 training in each quarter of FY25.



FINANCE

- Managed regional financial reporting for multiple programs, ensuring compliance and accurate FY25 Encounter Quality Initiative (EQI) analysis.
- Facilitated Regional Finance ROAT and groups to promote transparency and collaboration.
- Provided revenue forecasts and monthly financial reports to support decision-making.
- Improved efficiency and reporting accuracy by optimizing the accounting system.
- Created board reports and delivered training to enhance governance and oversight.

RESERVED FOR FINANCIAL DATA

EXECUTIVE SUMMARY

Over the course of the past three years, Lakeshore Regional Entity (LRE) has demonstrated consistent system growth, strong governance, and increasing operational maturity while maintaining high standards of quality, compliance, and fiscal stewardship. The organization has effectively balanced rising service demand with disciplined oversight, positioning the region for long-term stability and sustainability.

LRE has successfully scaled services while maintaining fiscal discipline and regulatory compliance. Data and technology investments deliver measurable returns, strengthening governance, oversight, and decision-making. Regional collaboration has deepened, improving alignment among CMHSPs, providers, health plans, and state partners. The system is well-positioned to manage future challenges, including policy changes, funding uncertainty, and continued growth in service demand.

Multi-year trends affirm that Lakeshore Regional Entity has built a resilient, accountable, and adaptable system. As the organization moves forward, its emphasis on quality, innovation, and collaboration provides a strong foundation to continue strengthening the public behavioral health system for the communities it serves.



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