

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
June 17, 2021 – 1:00 PM
Phone: 646-558-8656 **Conference ID:** 97246513793#

1. Welcome and Introductions – Mr. DeYoung
2. Roll Call/Conflict of Interest Question – Mr. DeYoung
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - June 17, 2021, Board of Directors meeting agenda (*Attachment 1*)
 - May 20, 2021, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. LRE Leadership (*Attachment 3, 4, 5, 6, 7, 8, 9*)
6. Chairperson's Report – Mr. DeYoung
 - a. June 9, 2021, Executive Committee (*Attachment 10*)
7. Action Items –
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 11*)
 - a. FY2021, May Funds Distribution (*Attachment 12*)
Suggested Motion: To approve the FY2021, May Funds Distribution as presented
 - b. Statement of Activities as of 4/30/2021 and Variance Report (*Attachment 13*)
 - c. Bucket Report (*Attachment 14*)
9. CEO Report – Ms. Marlatt-Dumas
10. Board Member Comments
11. Public Comment
12. Upcoming LRE Meetings
 - July 7, 2021 – Executive Committee, 3:00 PM
 - July 15, 2021 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
May 20, 2021 – 1:00 PM

WELCOME AND INTRODUCTIONS – Mr. DeYoung

Mr. DeYoung called the May 20, 2021, LRE Board meeting to order at 1:02 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

In Attendance: Mark DeYoung, Peg Driesenga, Matt Fenske, Patricia Gardner, Steven Gilbert, Jack Greenfield, Jacquie Johnson, Shaun Raleigh, Stevie Riel, Jay Roberts-Eveland, Ron Sanders, John Snider, Stan Stek, Jane Verduin

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 21-20 Motion: To approve by consent the following items.

- May 20, 2021, Board of Directors meeting agenda
- April 15, 2021, Board of Directors meeting minutes

Moved: Matt Fenske

Support: Peg Driesenga

ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

WRITTEN BOARD REPORTS

- a. LRE Leadership reports are included in packet for information.
Jay Roberts-Eveland – Ms. VanDerKooi will send the information that she has about Dr. Dudley (Racism is a Public Health Crisis). The PowerPoint is not available but the document with her bibliography and sourced information will be sent out.
Jack Greenfield – Attachment 5 – Mr. Greenfield would like to continue receiving information regarding diversity and appreciates the amount of effort that went into the baseline report.
- b. Beacon report is included in packet for information.

CHAIRPERSON'S REPORT

Minutes from the May 12, 2021, Executive Committee meeting are included in the packet.

LRE FINANCIAL AUDIT PRESENTATION

Presentation and full audit are included in packet for information.

PUBLIC MENTAL HEALTH CARE SYSTEM PORPOSALS – ALAN BOLTER

Presentation is included in packet for information.

Mr. Bolter gave a high overview of the Rep. Mary Whiteford and Sen. Mike Shirkey proposals:

- Mr. Bolter comments that the likelihood of either proposal taking root is uncertain at this point. The Michigan Senate is using the appropriations as a lever to trade on negotiations with the Governor. There are also many new legislators that were not involved in the trials and tribulations of Section 298. In Sen. Shirkey's proposal, PIHPs would be eliminated. This would also let the SIPs contract directly with providers, bypassing CMHs altogether. The main point of contact for individuals would be at the SIP, not the local level providers. CMHAM has been reaching out and talking with legislators and they will continue to advocate against Sen. Shirkey's proposal.
- Rep. Whiteford's proposal has two drafts. This proposal creates a single statewide ASO that would handle the MC benefit on the behavioral side. This will eliminate the PIHP structure and would change from a capitated funding methodology back to fee for service. It would also move the risk and oversight to the State. This plan seems to be more person focused and CMHAM is talking with her to make some changes such as keeping the capitated payment methodology.
 - If it is a single ASO, would this not give leeway to privatization? Yes, there may be ways around it, Priority Health is a non-profit organization.
- Michigan should see both proposals introduced by the beginning of June. CMHAM is putting together a paper that identifies gaps in the system.

ACTION ITEMS

LRE 21-21 Motion: To approve LRE office design and furniture in the amount of \$175,000.

Moved: John Snider Support: Jack Greenfield

ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2021 February Funds Distribution

Included in the Board packet for information.

LRE 21-22 Motion: To approve the FY2021, April Funds Distribution as presented

Moved: John Snider Support: Jay Roberts-Eveland

ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

LRE 21-23 Motion: To approve Budget Amendment #3 to the LRE FY21 Budget

- Changes are in revenue; we are projecting increase due to increase in enrollment.

Moved: Stan Stek Support: John Snider
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

Statement of Activities as of 3/31/2021 and Variance Report-
Included in the Board packet for information.

Member Bucket Reports-
Included in the Board packet for information.

CEO REPORT

Included in the Board packet for information.

- As of today, the Governor updated that if vaccinations and numbers continue the mask mandates may not be needed by July 1.
- Welcome to Stacia Chick, the LRE CFO. Ms. Coleman is working with Ms. Chick to transition the position. LRE is in process of interviewing for the COO position and posting for other positions as we continue to stand up operations at the LRE.
- There has been no new information regarding our contract with the MDHHS.
- Our entire region is moving toward becoming CCBHC. There is much excitement about the potential that it has for the health system.
- There has been a crisis in residential homes that MDHHS has been made aware of. The issue has been low wages causing an inability to hire and retain appropriate staff. We will keep the Board updated on this situation.

BOARD MEMBER COMMENTS

Peg Driesenga – As a region we do have to look at the costs of providers. The regional providers are will to share this information.

Stan Stek –

- There is a need to address the staffing crisis, it is a significant learning moment and how we tackle an issue as a region and not as 5 CMHs.
- Mr. Stek would like to recognize the existing LRE staff and the amount of work they have maintained during transitions.
- Mr. Stek welcomes Ms. Chick to the region.

Mark DeYoung –

- Mr. DeYoung and Mr. Stek continue to work with Ms. Marlatt-Dumas through the CEO transition.
- Mr. DeYoung would also like to recognize and appreciates the efforts of LRE staff and Board members.

PUBLIC COMMENT

Tracey Hamlet – MOKA

Ms. Hamlet discusses the crisis for specialized providers. There have been issues that they have been struggling with for many years.

- 2014 began seeing and planning for the staffing shortage.
- While other professions can increase wages, MH providers cannot. To adequately be able to compete with others an additional \$2 adjustment would need to be made, above the \$2.25 DCW increase.
- MH providers cannot reduce hours as other businesses can. MH providers are required to have 24 hours, 7 days a week staff available.
- The MH system is fragile, and something must be done to be able to compete before the system collapses. Ms. Hamlet comments that this issue puts lives in jeopardy.

UPCOMING LRE MEETINGS

- June 9, 2021 – Executive Committee, 3:00 PM
- June 10, 2021 – Consumer Advisory Panel, 1:00 PM
- June 17, 2021 – LRE Executive Board Meeting, 1:00 PM

ADJOURN

Mr. DeYoung adjourned the May 20, 2021, LRE Board of Directors meeting at 3:08 PM.

Mark DeYoung, Board Chair

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

Substance Use Disorder Director's Report June 2021

- 1. Evaluation of the Regional Strategic Plan:** Last month the baseline evaluation report for SUD Prevention was included in your packet and discussed during the meeting. In this month's packet, please find the treatment evaluation for 2nd quarter. Note that we update the treatment report quarterly. This report is shared and reviewed by the SUD ROAT and then the CMH's also review it internally and with providers as a tool to make continuous improvements.
- 2. New Grant Funds (Covid-19 Block Grant/American Funds):** Two new grants will be awarded to the LRE during FY21 and FY22, Covid-19 Supplemental Block Grant, and the American Funds Grant via Federal dollars. The Covid-19 Block Grant will be for: SUD Prevention, Treatment, Women's Specialty Services (WSS) and Administration. The \$1.6 million in awarded funds will be available during 4th quarter. We are still waiting on guidance from OROSC (Office of Recovery Oriented Systems of Care) as to grant requirements. Additionally, MDHHS has indicated that the state of Michigan will receive \$45 million in the American Funds (Block Grant) grant. This grant will run FY22-FY25, currently we do not know our region's allocation yet. More information will be provided to this group in the coming months on these grants and the activities associated with the grants.
- 3. Site Visits/Audits:** The state (OROSC Staff) will be conducting site visits in the region (virtually): June 15th for the SOR (State Opioid Response) Grants, and then the MYTIE Grant June 22. An update will be provided to the group next month on the results of the audits. There was significant information that MDHHS requested as proofs for these grants. This was an unexpected heavy lift for LRE staff and the funded providers as this protocol is new for this FY. Results of these audits will be provided to the board in a future meeting.
- 4. Training Series Update:**
 - **July 20:** MPHI will be offering a training on Health Disparities and how to review data with disparities in mind. This is a follow up to the Dr. Dudley, "Racism is a Public Health Crisis" training. There is only space for 35 individuals and currently registration is open with only a few spaces left.
 - **August 3:** BHTEDS training will be taking place in the region. This will be conducted by Carol Hyso and Phil Chvojka from MDHHS. In reviewing our quarterly treatment evaluation, there are some data entry errors that we feel can be cleared up via this training.
- 5. TalkSooner Marketing Update:** from Karen Kirchenbauer, Principal Seyferth PR is attached for your review.
- 6. Gambling Disorder Grant Update:** from Kelly Kondrat, Gambling Disorder Coordinator with KWB Strategies is attached for your review.

June 2021



Substance Use Disorder Treatment Evaluation
Monitoring Report

Quarterly Update:
2nd Quarter FY 20/21



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INTRODUCTION

Purpose:

This report provides an overview of data indicators targeted for improvement through substance use disorder treatment and recovery services in the LRE region thru 2nd quarter of FY21.

As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing services provided under contract with the Michigan Department of Health and Human Services (MDHHS) for substance use disorder. Funding to support services includes Block Grants, Medicaid, Public Act 2, and State Opioid Response grants.

Treatment and recovery services are managed by Community Mental Health Services Providers (CMHSP) throughout the region, which includes Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.

Using this Report:

Pages 2-5 of this report provide a snapshot for each metric, including a brief description of the findings, whether the trend is improving or worsening; and a page number to refer to for more detailed results.

In-depth results for each metric for the region and CMHSPs are provided on pages 6-24. Other data being monitored begins on page 25.



Throughout the report areas of concern have been identified with this icon.



Areas with substantial improvement have been noted with this icon.

When a benchmark rate is provided it represents the LRE regional rate for FY20 unless otherwise specified.

Data for this report was pulled on May 2, 2021. Any data for this time period entered after this date will be reflected in subsequent reports. For details on data parameters, refer to the corresponding detailed tables provided.

Commonly Used Acronyms and Abbreviations:

1Q - first quarter

2Q - 2nd quarter

avg - average

IOP - Intensive Outpatient

LRE - Lakeshore Regional Entity

LOC - Level of care

MA - Methamphetamine





MAT- Medication Assisted Treatment

OP- Outpatient




ODU - Opioid Use Disorder

ST Res - Short term residential level of care





Criminal justice involved populations returning to communities

	Metric	Page	Data Summary	Trend
	#1. ↑ # admissions with legal status, on parole or probation	pg 6	Admissions for individuals whose legal status was identified as 'on parole' or 'on probation' continued to increase to a high of 36.3% in 2nd quarter (2Q).	
	#2. ↑ # admissions with legal status as diversion pre or post booking	pg 6	Less than 1% of admissions had legal status as pre or post booking.	
	#3. ↑ # admissions with legal status as 'in jail'	pg 6	Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.	


Persons with intravenous drug use (IVDU)

	Metric	Page	Data Summary	Trend
	#4. ↑ # of admissions for individuals age 55-69	pg 7	Remained relatively stable region-wide; lower than normal for Allegan and West MI in 2Q.	
	#5. ↓ avg days between request and 1st service for persons with OUD	pg 8	Worsened to 11 days in 1Q and 17 days in 2Q, compared to 6 days in FY20 2Q. Primarily due to increase in Muskegon to 34 days in 2Q.	



Persons with intravenous drug use (IVDU)

	Metric	Page	Data Summary	Trend
	#6. Maintain an avg wait time of < 3 days for persons with IVDU for detox	pg 10	Detox: Among IVDU, the region's wait time for detox was 2.8 days in 2Q, achieving the goal of less than 3 days for the first time since FY19.	
	#7. ↓ average time to service for clients w/IVDU entering outpatient w/ MAT	pg 10	Among IVDU, the region's wait time for MAT was 21 days in 2Q; a slight improvement from 1Q (22.1) but much worse than FY20 (7.4).	






Rural Communities

	Metric	Page	Data Summary	Trend
	#8. ↓ avg time to service for OP and IOP levels of care (not inc. MAT)	pg 11	In 2Q the avg time to service was 11 days for OP and 9 days for IOP, worsening from FY20 at 7 and 5 respectively. The longest time to service occurred in Allegan county at 18.5 for OP and 18.4 for IOP.	




Clients with co-occurring disorders receive integrated treatment.

	Metric	Page	Data Summary	Trend
	#9. ↑ % of clients w/ co-occurring diagnosis receiving integrated services	pg 12	Remained low at 6% in 2Q; lowest in Kent and Ottawa Counties at 4%, and highest in Muskegon and West MI counties at 14%.	

Increased Treatment Encounters

	Metric	Page	Data Summary	Trend
	#10. ↑ clients seen for a 2nd encounter w/in 14 days of 1st service	pg 13	Declined slightly in 1Q to 79% then increasing slightly in 2Q to 81%, compared to 85% in FY20. The lowest rate occurred in OP level of care at 60%.	
	#11. ↓ % of treatment episodes with no 2nd visit	pg 14	One-third of treatment episodes discharged 2Q had only one encounter, higher than in FY20 (15%). For 2Q, 81% of OP and 63% of IOP had only one encounter. Kent has the highest OP episodes with only one encounter at 89%, while Muskegon and West MI has the lowest at 33% each.	
	#12. ↑ avg # of treatment encounters	pg 15	Has been declining since FY17 and achieved a low of 6.4 in 2nd quarter. The lowest was for OP with an average of only 2 treatment encounters in 2Q.	

Decrease Discharge Reason as "Dropped Out"



	Metric	Page	Data Summary	Trend
	#13. ↓ % of discharges with reason as 'dropped out' for all LOC	pg 16	Improved to 34% for both 1Q and 2Q, compared to 40% in FY20. Improvements were seen for OP and MAT, while worsening for other levels of care.	
	#14. ↑ % of outpatient discharges w/ reason "completed treatment"	pg 18	Remained relatively stable for OP with MAT and worsened in 2Q for OP (w/out MAT) to a low of 6%.	

Continuity of Care Following Detox & ST Res



Data Highlights

Admitted to next level of care w/in 7 days




Analysis only includes clients re-admitted within 30 days.

	Metric	Page	Data Summary	Trend
	#15. ↑ % of discharged detox and ST Res clients transitioned to the next level of care (LOC) within 7 days	pg 19	Improved for discharges from detox (86%) in 2Q, compared to 79% in FY20; ST Res also improved to 32%, compared to 25% in FY20. Similar across CMHSPs for detox, with the lowest rate in Allegan county (71%). For ST Res, Kent had the highest rate at 33% followed by Ottawa (19%).	

Average # days between discharge & admission to next level of care

	Metric	Page	Data Summary	Trend
	#16. ↓ avg # days between discharge and admission to next LOC following detox and for ST residential	pg 20	Increased to 10.8 days in 1Q and 12.6 in 2Q, compared to 9.4 days in FY20. Among readmissions that took longer than 7 days the average delay was 19 days in 2Q. Rates were similar across CMHSP regions.	


Discharge Reason

	Metric	Page	Data Summary	Trend
	#17. ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	pg 21	Continues to be high, however there was some improvement with a decrease to 24% for detox, compared to 30% in FY20 and 65% for ST residential in Q2 compared to 74% in FY20.	
	#18. ↑ % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care'	pg 22	Improved slightly in 1Q and 2Q at 45 and 44% respectively compared to 42% in FY20 for ST Res, The highest rate was in West MI at 71% for ST Res. Rates for detox discharges remain extremely low for detox at 2% of discharges in 2Q.	



Connection to Community Supports

Data Highlights


Establish connections to community supports to assist them in maintaining recovery

Metric	Page	Data Summary	Trend
#19. ↑ % of clients at discharge reporting attendance at support group in past 30 days	pg 23	Increased in FY20 to a high of 25%. Rates decreased slightly in 1Q to 20% and again in 2Q to 16%. The highest rates were reported for Lake (50%), Mason (39%) and Oceana (34%) Counties.	

Women's specialty services for pregnant and parenting women

Metric	Page	Data Summary	Trend
 #20. ↑ # of pregnant women served (annual metric)	pg 24	Has been decreasing in recent years. FY21 year-to-date only 16 pregnant women have been served; 8 of these individuals were served by Muskegon County.	

Other Data to Monitor

Metric	Page	Data Summary
Treatment Penetration (Priority Populations)	pg 25	The % of admissions for priority populations have remained relatively stable with a decrease in persons with an OUD to 21% in 2Q vs 30% in FY20. In 2Q there was an increase in admissions for African American individuals to 19% from 15% in FY20.
Admissions by Primary Drug	pg 29	Admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.
 Methamphetamine Involved Admissions	pg 32	MA involved admissions continue to increase at an alarming rate with 1-in-4 admissions in 2Q involving MA; highest in Lake(60%), Allegan (56%), and Mason (46%) counties. Region-wide, 9% of admissions involved both MA and an opioid.

TREATMENT ACCESS

Priority: CRIMINAL JUSTICE INVOLVED POPULATIONS

Metric #1. Increase # admissions with legal status, on parole or probation

Metric #2. Increase # admissions with legal status as diversion pre or post booking

Metric #3. Increase # admissions with legal status as 'in jail'

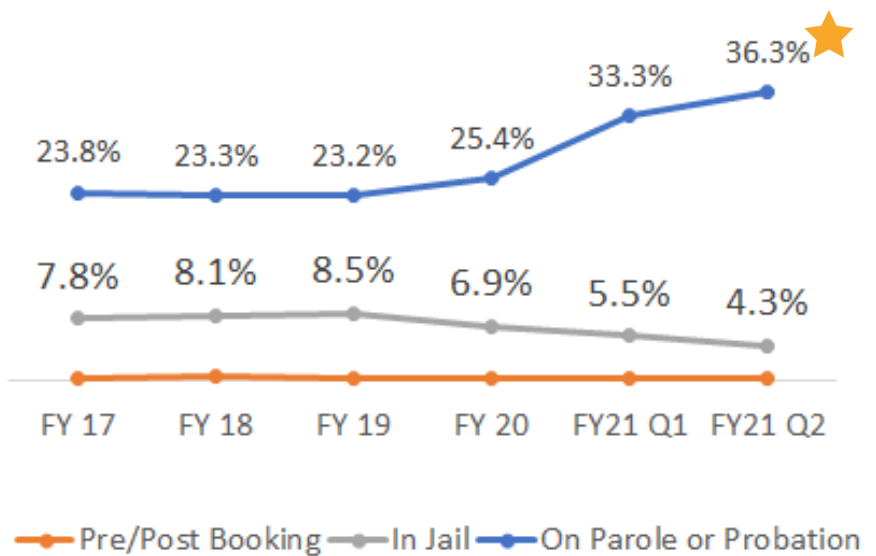
Data Highlights:

Admissions for individuals whose legal status was identified as 'on parole' or 'on probation' continued to increase to a high of 36.3% in 2nd quarter (2Q).

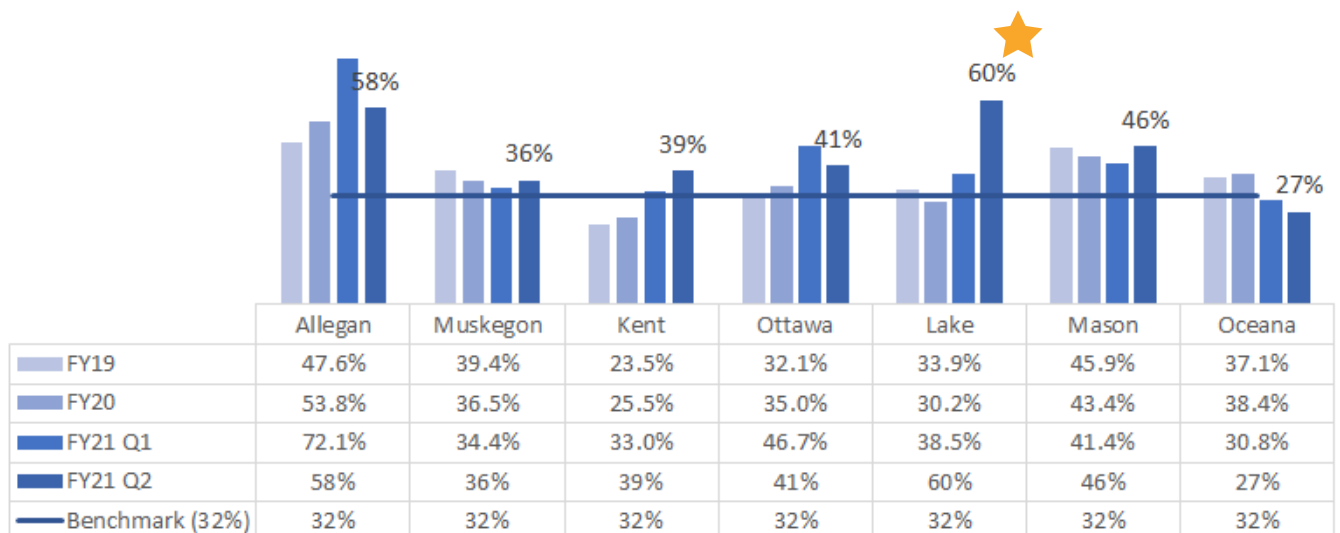
Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.

Admissions with criminal justice involvement have been increasing in Kent, Lake, and Mason counties while decreasing in Oceana county.

Percent of Admissions by Legal Status at Admissions, LRE Region (T.1)



Percent of Admissions with Criminal Justice Involvement at Admission by County (T.1)



TREATMENT ACCESS

Priority: OLDER ADULTS (AGE 55-69)

Metric #4. Increase in # of admissions for individuals age 55-69

Percentage of Admissions that were for Individuals Age 55-69, LRE Region (T.2)

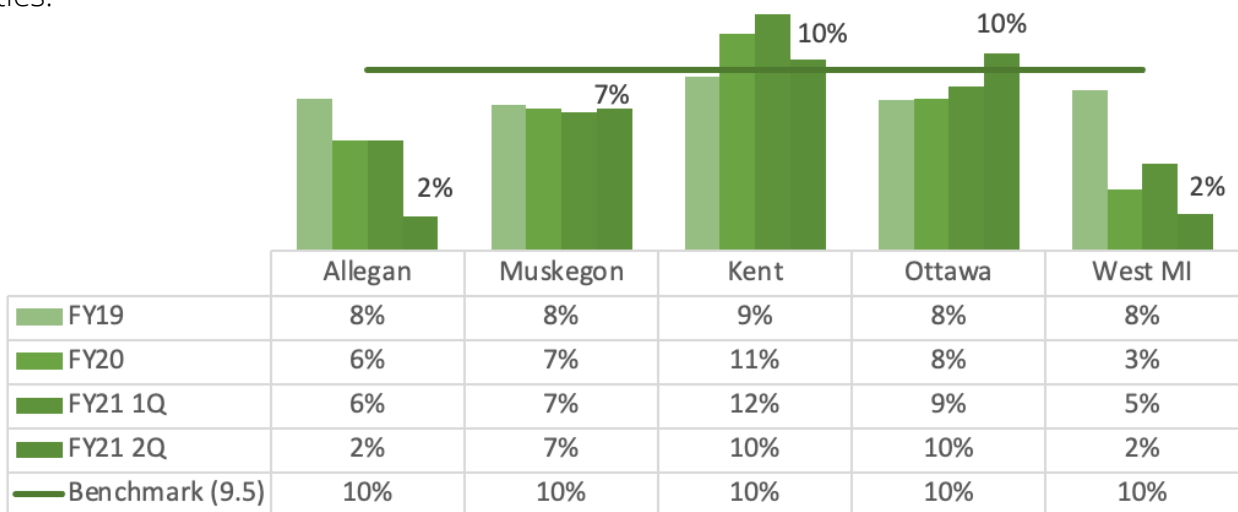
Data Highlights:

Admissions for individuals aged 55-69 have remained relatively stable throughout the region. The percent of admissions for these individuals in 2Q was lower than normal for Allegan and West MI counties.



FY17 FY18 FY19 FY20 FY21 1Q FY21 2Q

Percent of Total Admissions that were for Individuals Age 55-69 by CMHSP (T.2)



Number of Admissions for Individuals Age 55-69 by CMHSP (T.2)

CMHSP	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
Allegan	24	31	6	2		
Muskegon	162	85	18	15		
Kent	276	244	85	68		
Ottawa	83	77	22	25		
West MI	49	40	5	2		
Out of Region	0	2	0	0		
Region Total	594	479	136	112		

TREATMENT ACCESS

Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

Metric #5. Decrease average days between request for service and first service for persons living with OUD

Data Highlights:

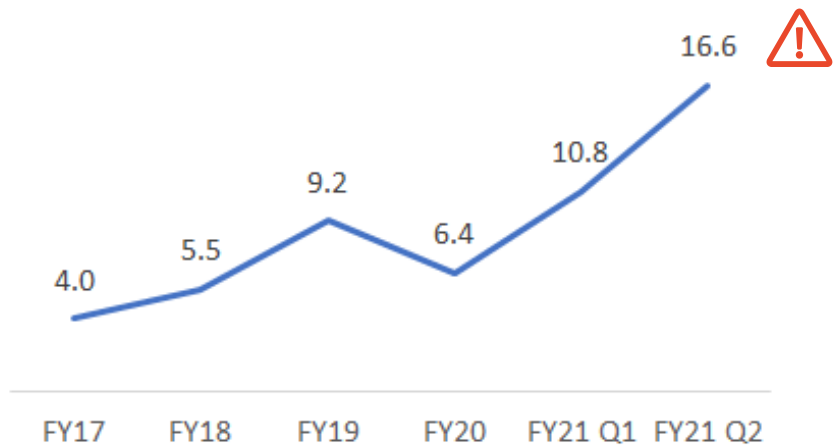
The average days to service for individuals with an OUD increased to 11 days in 1Q and 17 days in 2Q, compared to 6 days in FY20.

This increase appears to be primarily caused by Muskegon county with a time to service of 34 days in 2Q. However, time to service also worsened to a lesser extent in all counties, except Lake County, during 2Q.

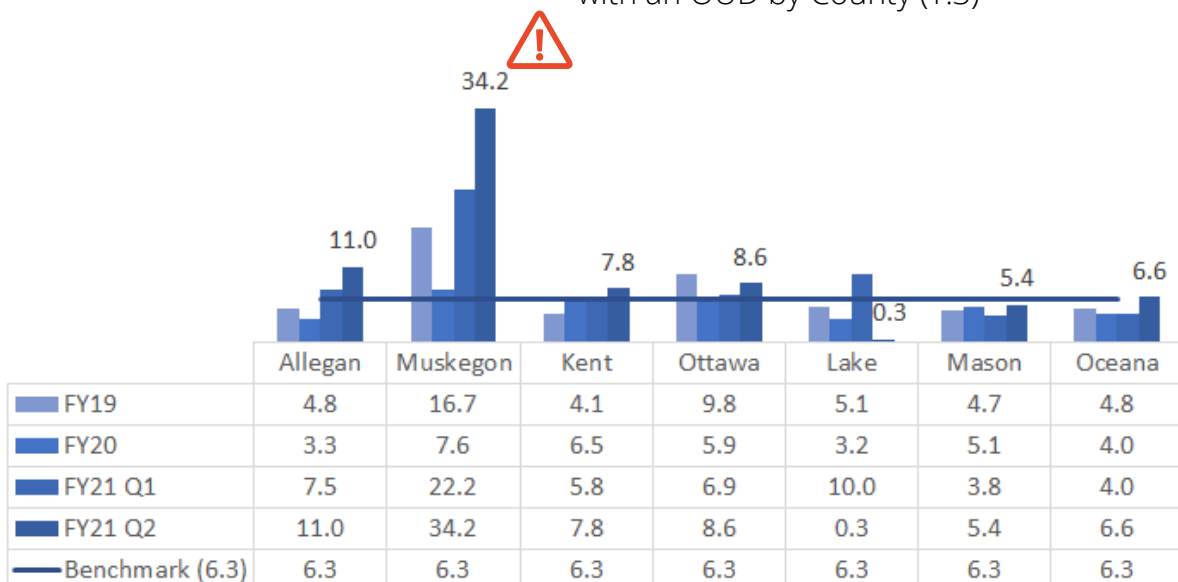
Note: Time to service for MAT is detailed on the following page.

Time to Service is the number of days between the request for service and date of first service received.

Average Time to Service (days) for Admissions with an OUD, LRE Region (T.3)



Average Time to Service (days) for Admissions with an OUD by County (T.3)



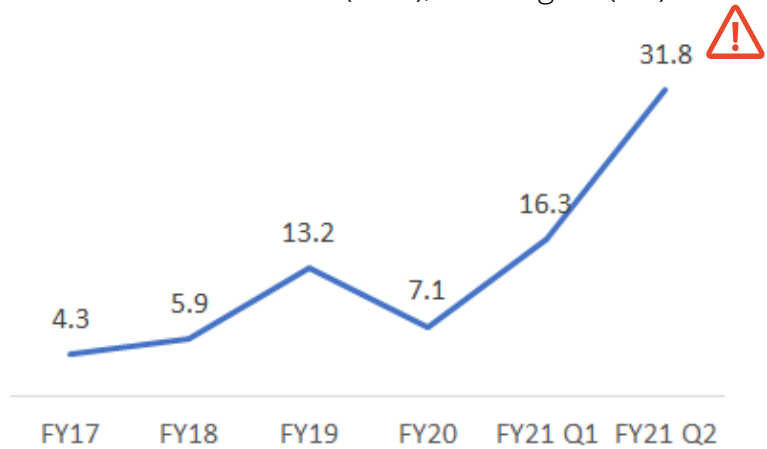
TREATMENT ACCESS

Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

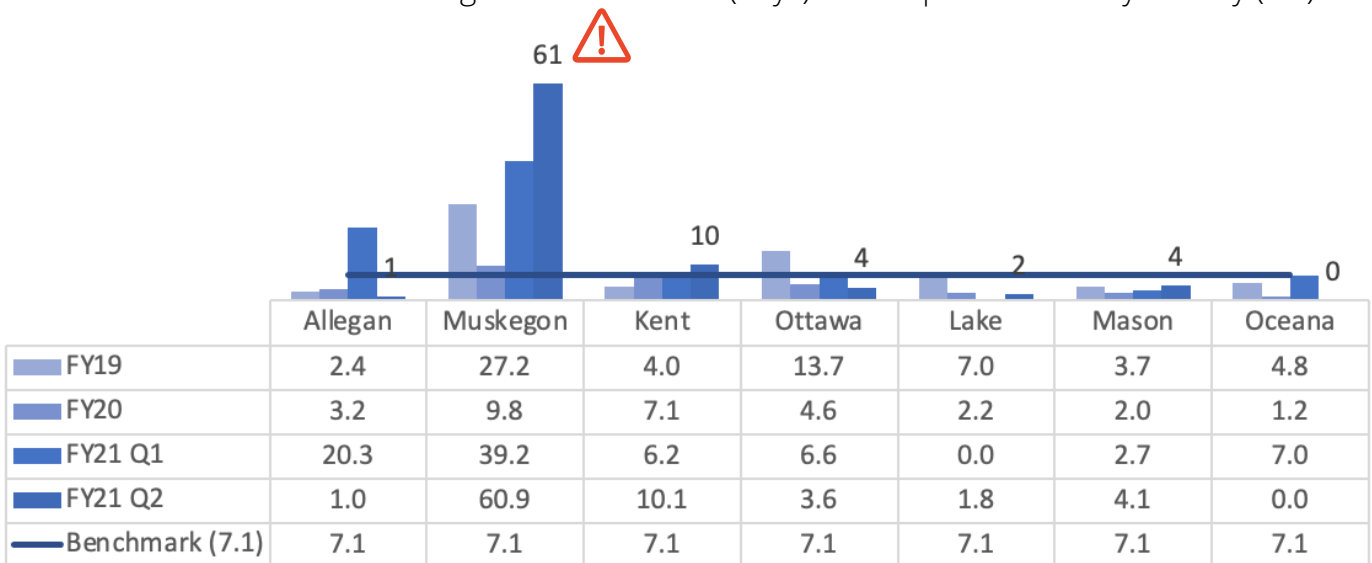
Data Highlights:

Time to Service for MAT also worsened substantially in the region in 1Q and 2Q; Muskegon County appears to account for this increase with a 61 day wait in 2Q for IVD

Average Time to Service (days) for Medication Assisted Treatment (MAT), LRE Region (T.4)



Average Time to Service (days) for Outpatient MAT by County (T.4)



TREATMENT ACCESS

Priority: PERSONS WITH INTRAVENOUS DRUG USE (IVDU)

Metric #6. Maintain an average wait time of < 3 days for persons with IVDU to detox

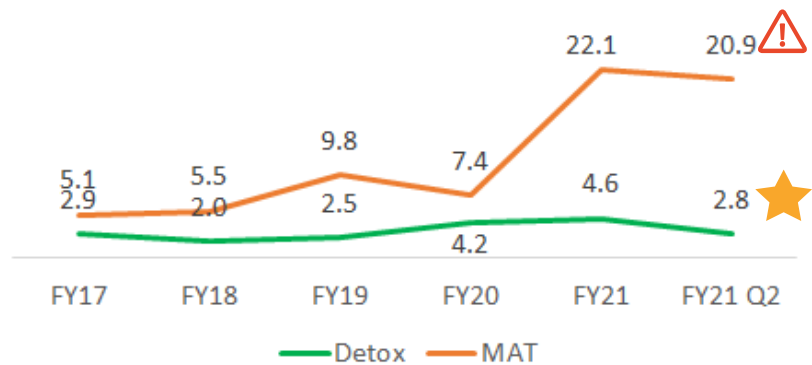
Metric #7. Decrease average time to service for clients w/IVDU entering outpatient with Medication Assisted Treatment (MAT)

Data Highlights:

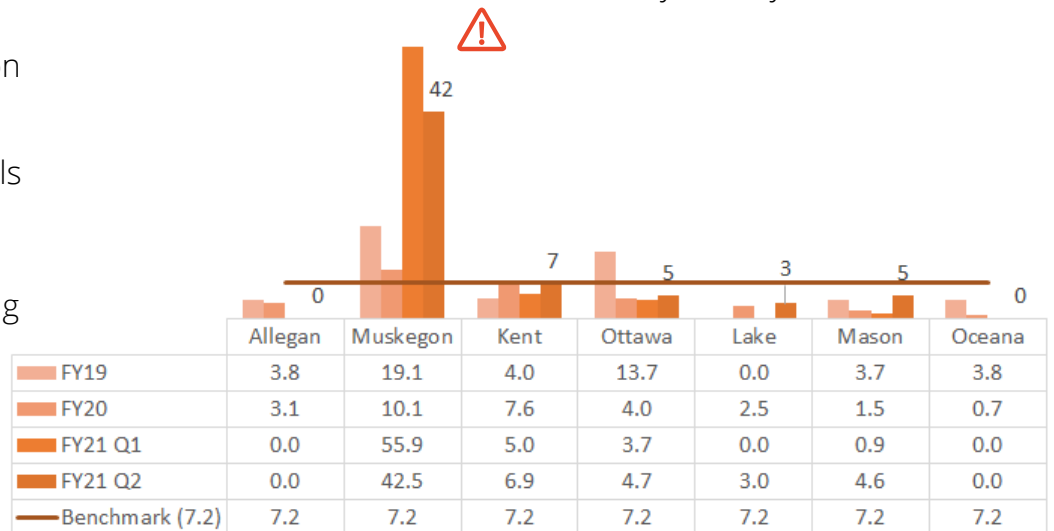
MAT: Among IVDU the region's wait time for MAT was 21 days in 2Q; a slight improvement from 1Q (22.1) but much worse than FY20 (7.4). The fastest time to service was in Lake, (3) Mason (4.6) and Ottawa (4.7) counties while the slowest was in Muskegon county (42.5).

Detox: Among individuals with IVDU, the region's wait time for detox was 2.8 days in 2Q, achieving the goal of less than 3 days for the first time since FY19. The fastest time to service was in Muskegon (1.8) and Kent (1.7); the slowest occurred in West MI (7.5).

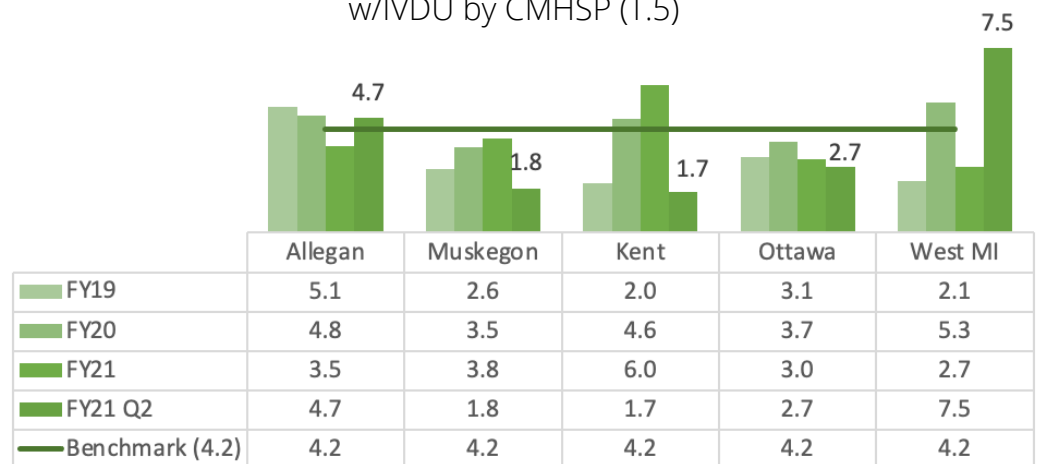
Average Time to Service for Detox and MAT for Clients w/IVDU (T.5-6)



Average Time to Service (days) for MAT for Clients with IVDU, by County (T.6)



Average Time to Service to Detox (24-hour) for Clients w/IVDU by CMHSP (T.5)



TREATMENT ACCESS

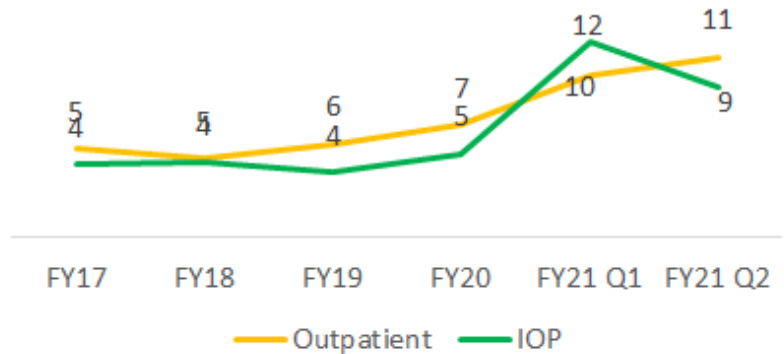
Priority: RURAL COMMUNITIES

Metric #8. Decrease average time to service for outpatient and intensive outpatient levels of care (not including MAT outpatient)

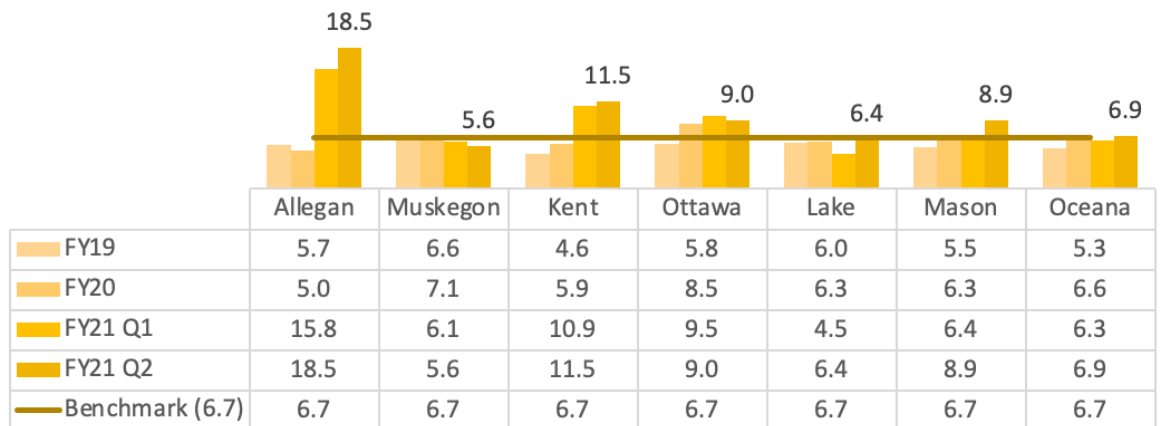
Data Highlights:

Average time to service was 11 days outpatient (OP) and 9 days for intensive outpatient (IOP). The longest time to service occurred in Allegan county at 18.5 for OP and 18.4 for IOP.

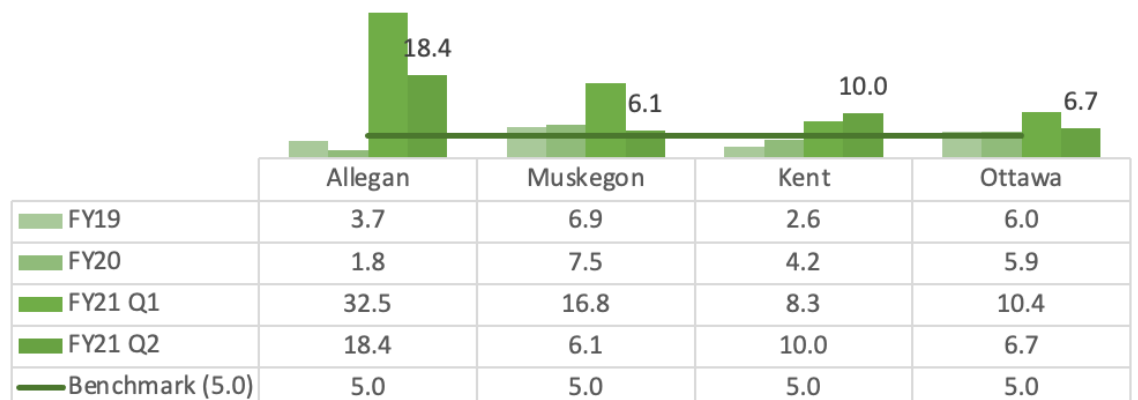
Average Time to Service to Outpatient and IOP (exc. MAT), LRE Region (T.5)



Average Time to Service (days) for Outpatient (exc. MAT), by County (T.7)



Average Time to Service (days) for Intensive Outpatient (IOP), by CMHSP (T.7)



ENGAGEMENT AND RETENTION

Priority: INCREASE CLIENTS WITH CO-OCCURRING DISORDERS THAT RECEIVE INTEGRATED TREATMENT.

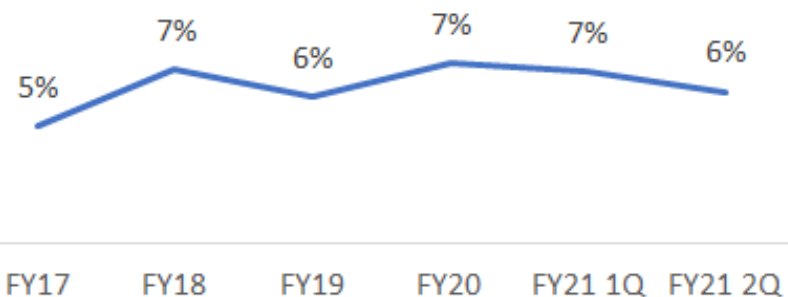
Metric #9. Increase % of clients w/ co-occurring diagnosis received integrated services.

The following provides information about treatment episodes with a co-occurring diagnosis. Integrated treatment is determined by the discharge record for clients and is defined as "Client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team." This data only includes those treatment episodes with a discharge occurring during the fiscal year.

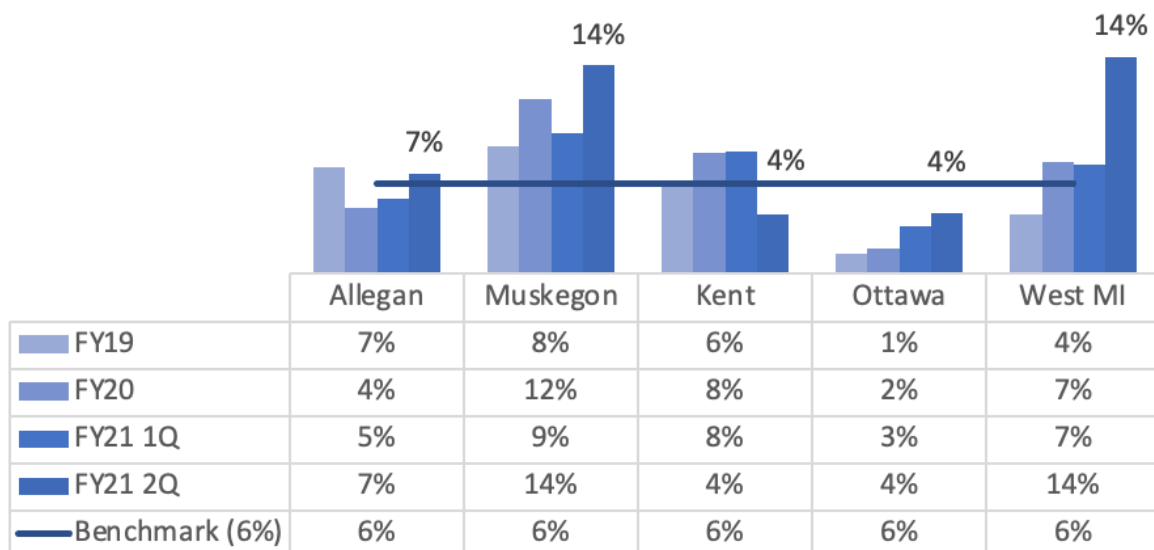
Data Highlights:

The percent of clients that received integrated treatment remains low at 6% in 2Q. The lowest rates were reported in Kent and Ottawa Counties at 4%, and the highest in Muskegon and West MI counties at 14%.

Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment, LRE Region (T.8)



Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment, by CMHSP (T.8)



ENGAGEMENT AND RETENTION

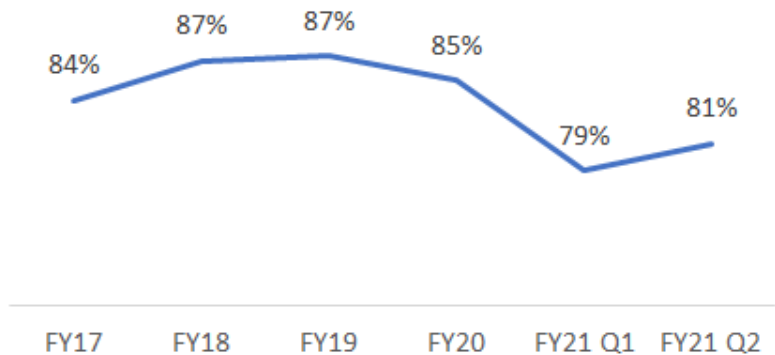
Priority: INCREASED TREATMENT ENCOUNTERS

Metric #10. Increase clients seen for a 2nd encounter w/in 14 days of 1st service.

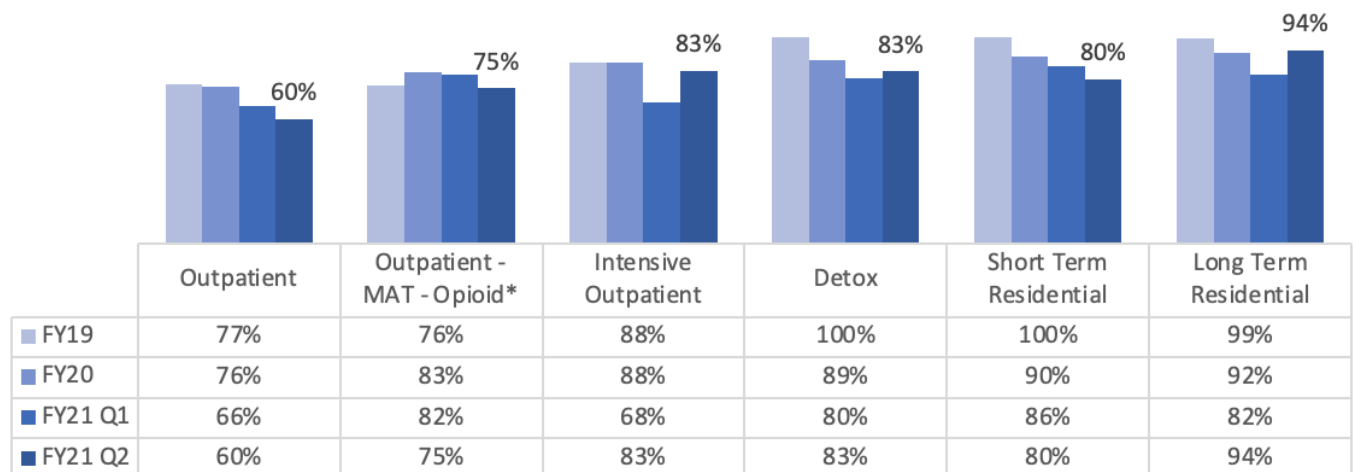
Data Highlights:

The percent of clients who were seen for a 2nd encounter within 14 days declined slightly in 1Q (79%) and 2Q (81%). The lowest rate occurred in Outpatient level of care (60%).

Percent of Clients with a 2nd Encounter w/in 14 Days of Initial Service, LRE Region (T.9)



Percent of Clients with 2nd Encounter w/in 14 Days of Initial Service by Level of Care, Region (T.9)



ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

Metric #11. Decrease % of treatment episodes with no 2nd visit.

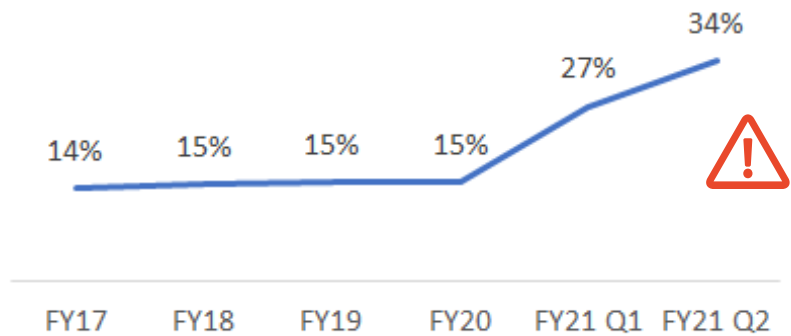
Data Highlights:

One-third of treatment episodes discharged in 2Q had only one encounter, slightly higher than in FY20 (15%).

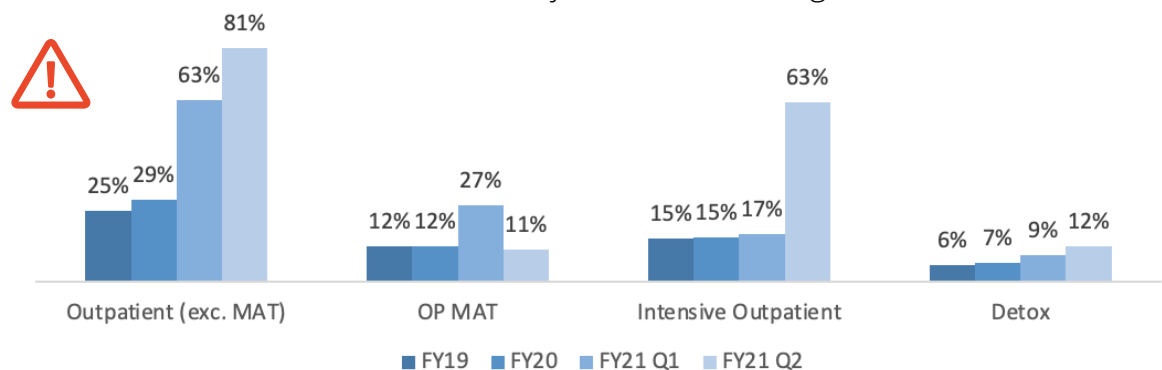
During 2Q, 81% of OP and 63% of IOP discharges had only one encounter.

Kent has the highest OP episodes with only one encounter at 89%, while Muskegon and West MI has the lowest at 33% each.

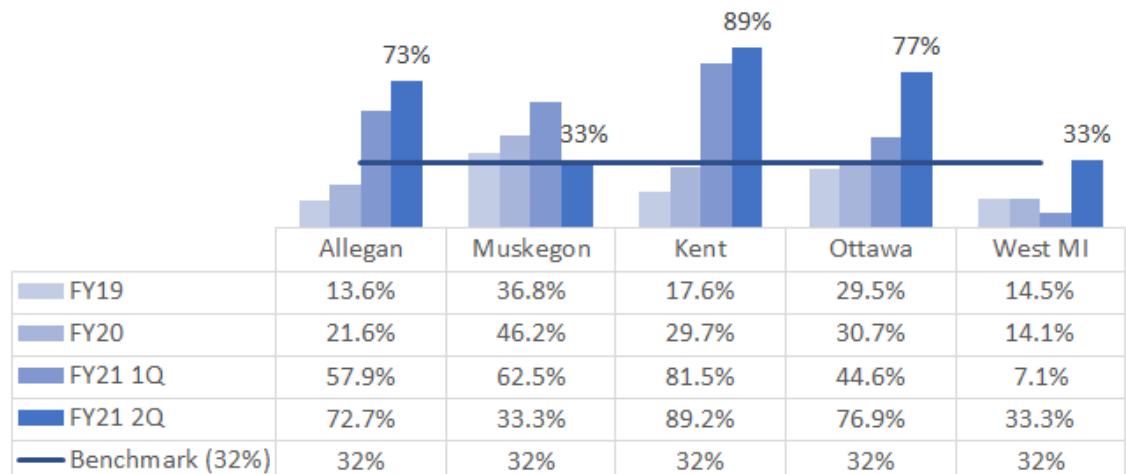
Percent of Treatment Episodes with Only One Encounter, LRE Region (T.13)



Percent of Treatment Episodes with One Encounter by Level of Care, Region (T.13-16)



Percent of Outpatient Treatment Episodes with Only One Encounter by CMHSP (exc. MAT) (T.14)



ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

Metric #12. Increase average # of treatment encounters.

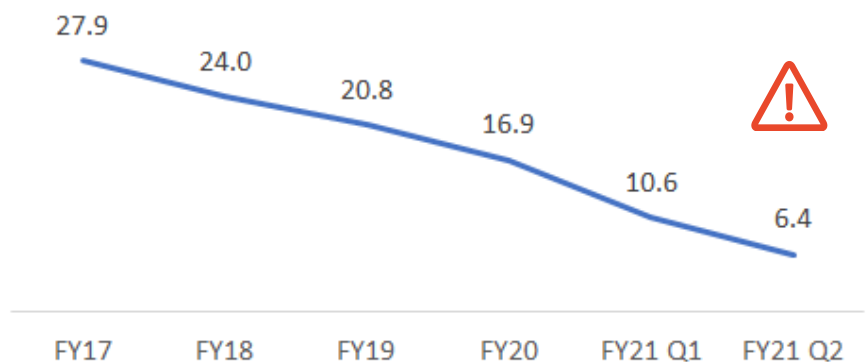
The average number of encounters provides an average of the number of treatment encounters provided during each treatment episode with a discharge record and at least one encounter reported during the period. Methadone dosing (H0020) and (Room and Board (S997) are excluded from analysis as they artificially inflate the average.

Data Highlights:

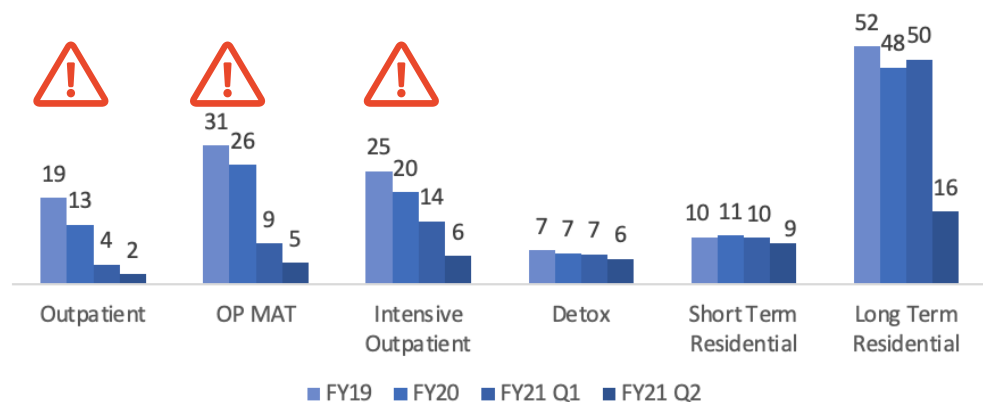
The average # of treatment encounters has been declining since FY17 and achieved a low of 6.4 in 2Q.

The lowest was for OP with an average of only 2 treatment encounters in 2Q.

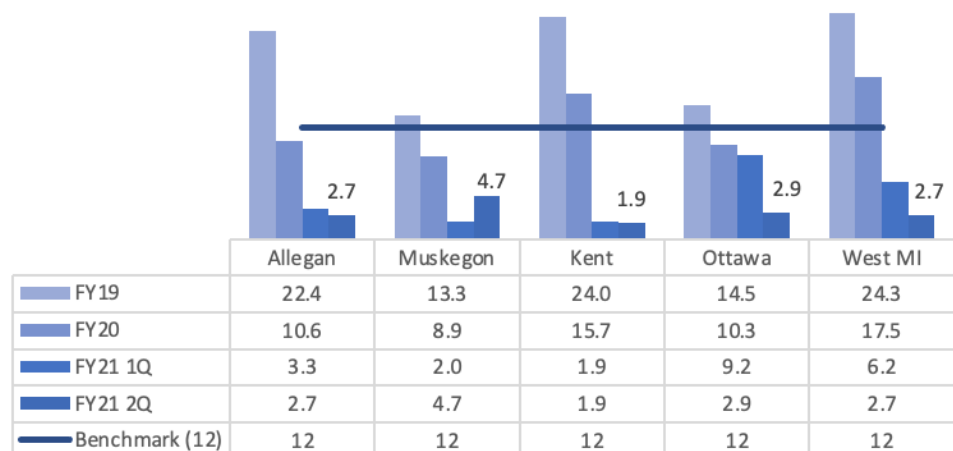
Average Number of Treatment Encounters per Episode, LRE Region (T.17)



Average # Treatment Encounters per Episode by Level of Care, LRE Region (T.17)



Outpatient - Average # Treatment Encounters per Episode by CMHSP (T.18)



ENGAGEMENT AND RETENTION

Priority: DECREASE DISCHARGE REASON, "DROPPED OUT"

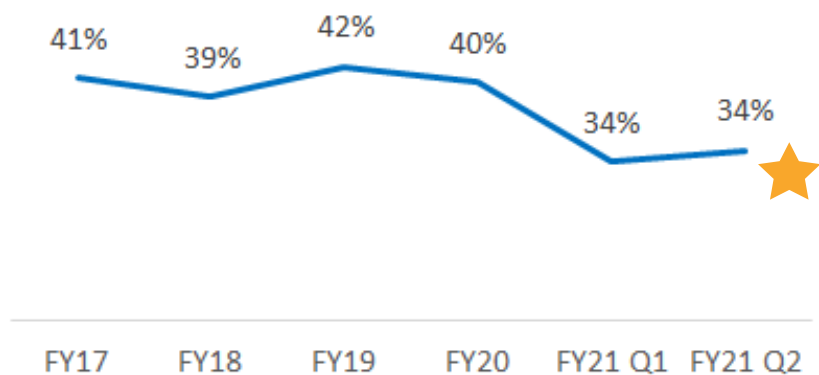
Metric #13. Reduce % of discharges with reason as 'dropped out' for all LOC.

Data Highlights:

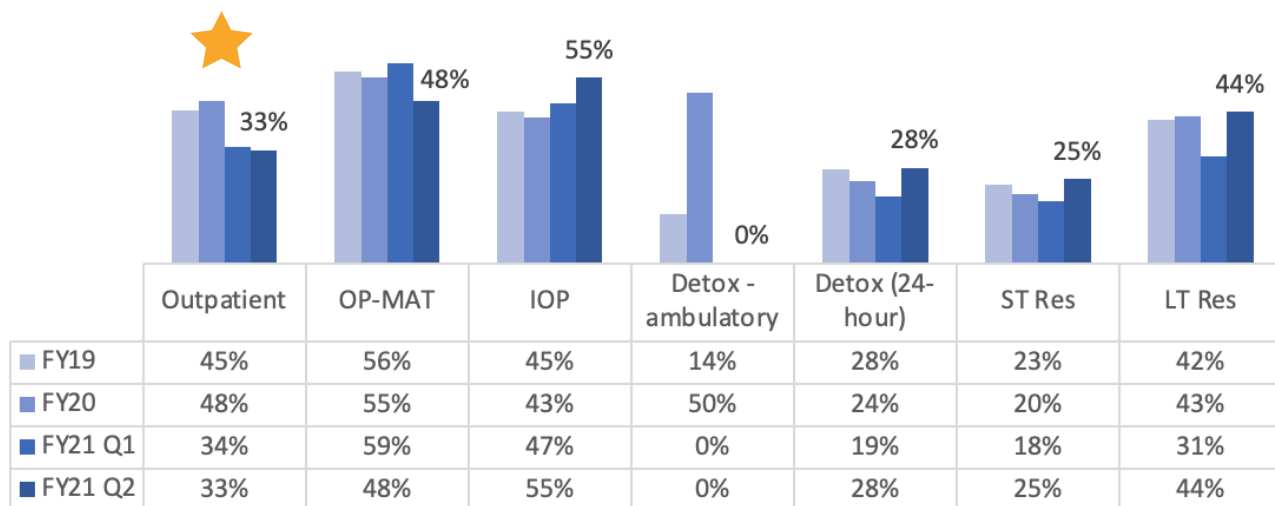
Discharges in the region with the reason 'dropped out' improved to 34% for both 1Q and 2Q, compared to 40% in FY20. Improvements were seen for OP and MAT, while worsening for other levels of care.

Discharges in the region with the reason 'completed treatment' remained relatively stable for MAT services and worsened in 2Q for OP to a low of 6%.

Percent of All Discharges with the Reason as "Dropped Out", LRE Region (T.21)

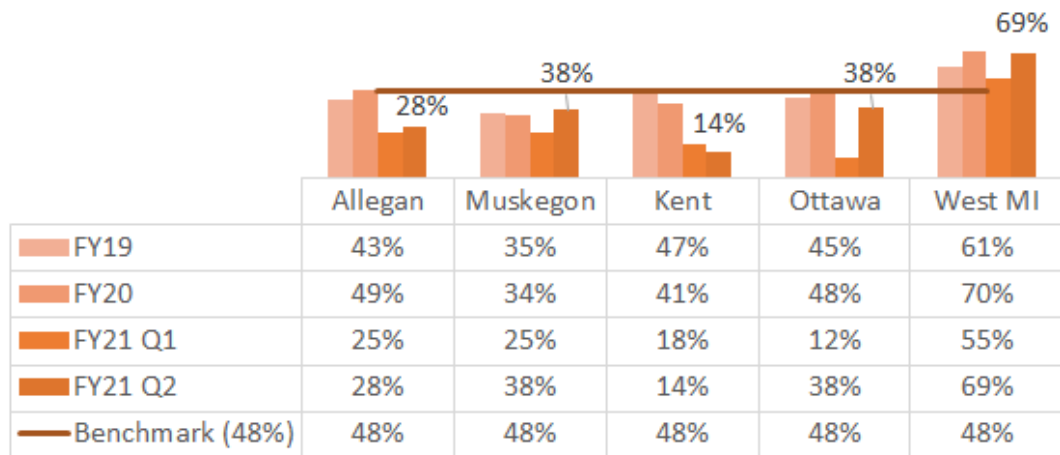


Dropped Out - Percent of Discharges by Level of Care, LRE Region (T.21)

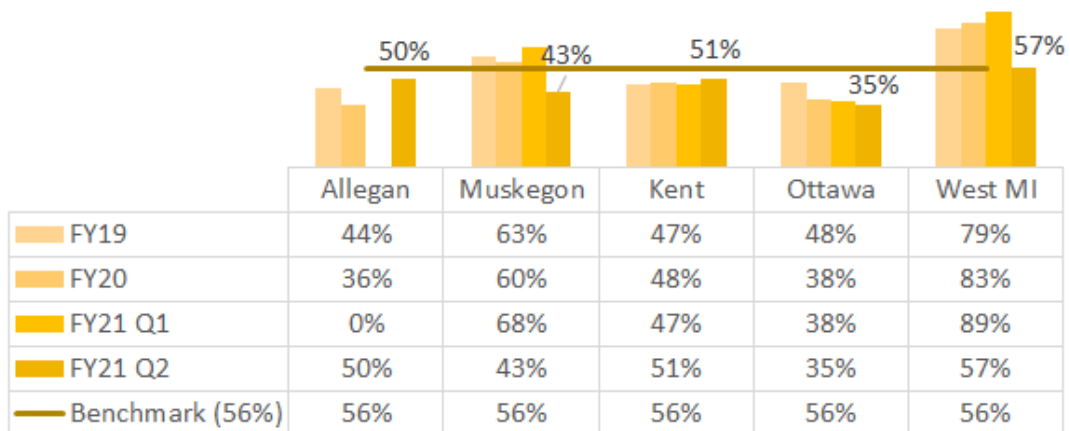


ENGAGEMENT AND RETENTION

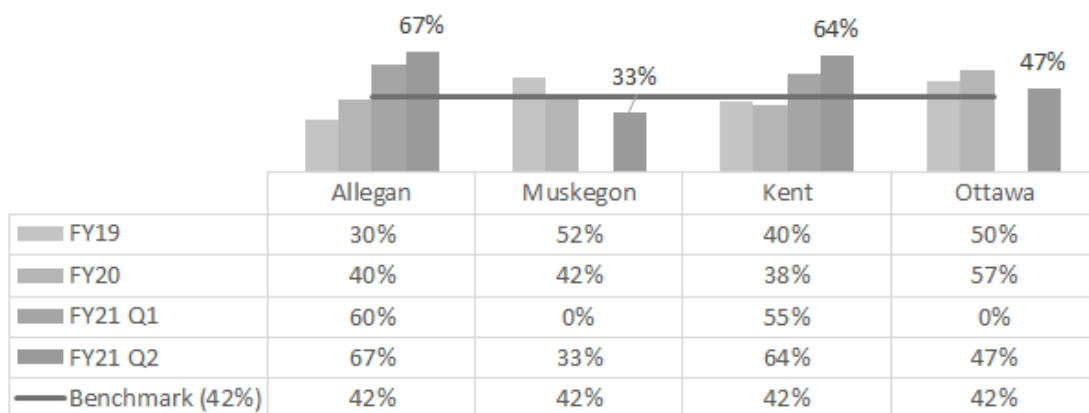
Dropped Out - Percent of Outpatient (exc. Mat) Discharges by CMHSP (T.22)



Dropped Out - Percent of Outpatient MAT Discharges by CMHSP (T.22)



Dropped Out - Percent of IOP Discharges by CMHSP (T.22)



ENGAGEMENT AND RETENTION

Priority: INCREASE OUTPATIENT DISCHARGES "COMPLETED TREATMENT"

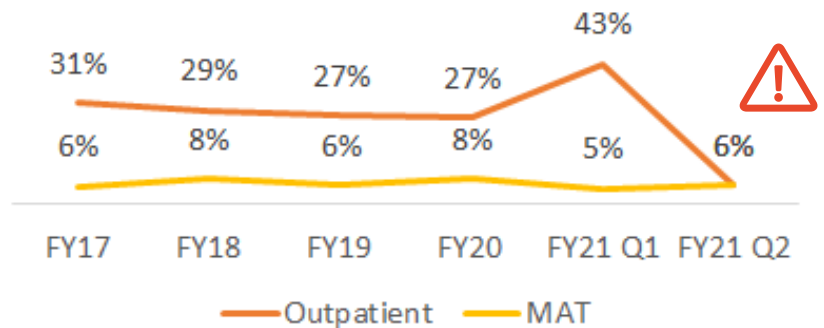
Metric #14. Increase % of outpatient discharges w/reason "completed treatment".

Data Highlights:

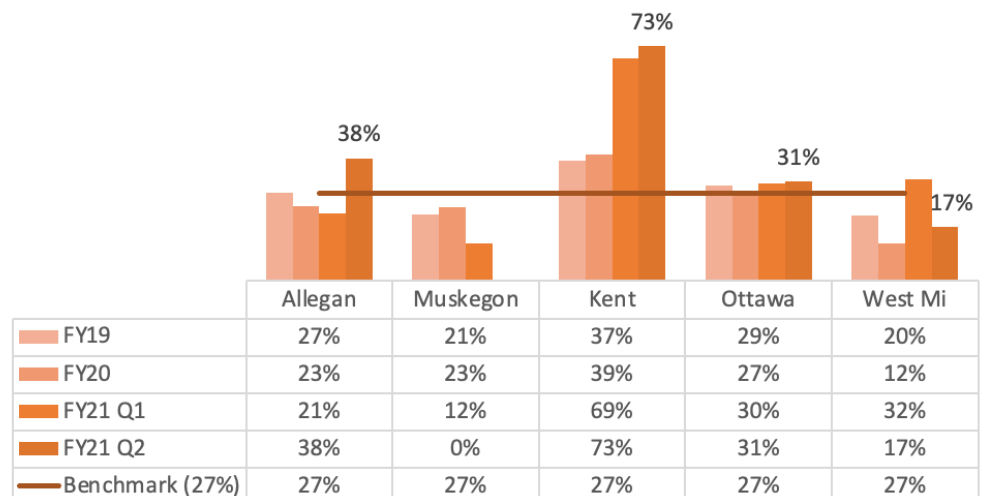
Discharges in the region with the reason 'completed treatment' remained relatively stable for MAT services and worsened in 2Q for OP to a low of 6%.

Kent had the highest rate of treatment completion in 2Q at 73%.

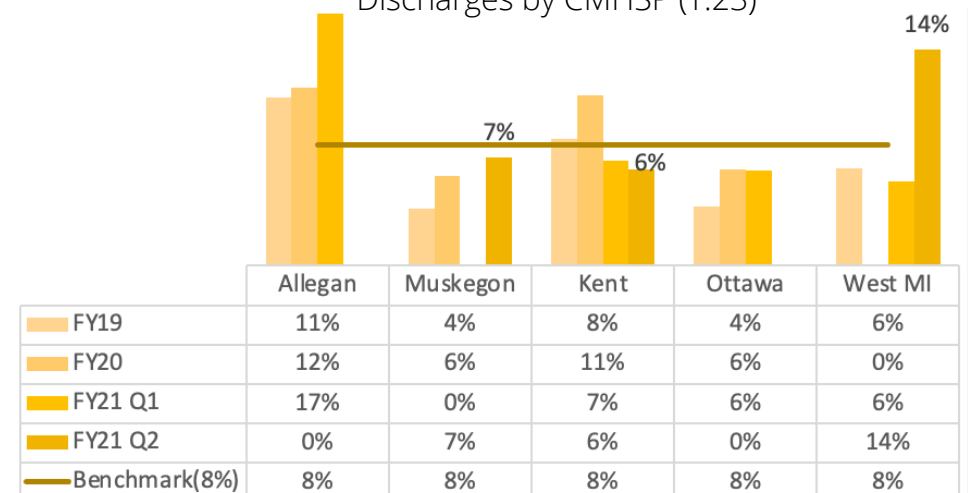
Percent of Outpatient and Outpatient MAT Discharges with Reason as "Completed Treatment", LRE Region (T.23)



Percent of Outpatient (exc. MAT) Discharges with the Reason as "Completed Treatment" by CMHSP (T.23)



Completed Treatment - Percent of Outpatient MAT Discharges by CMHSP (T.23)



CONTINUITY OF CARE AFTER DETOX AND ST RES

Priority: CONTINUATION OF CARE FOLLOWING DETOX/ST RESIDENTIAL W/IN 7 DAYS

Metric #15. Increase % of discharged detox and ST Res clients successfully transitioned to the next level of care (LOC) within 7 days.

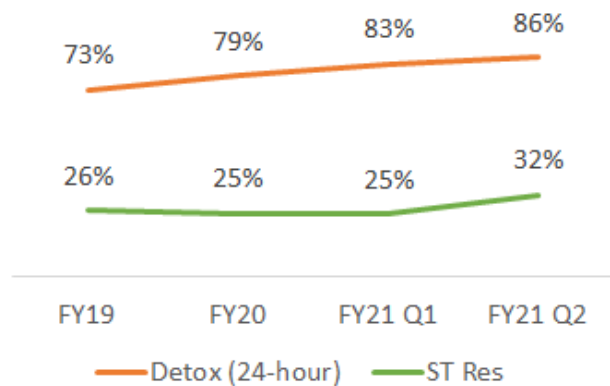
Data Highlights:

The percent of clients admitted to next level of care following detox improved to 86% in 2Q, compared to 79% in FY20; ST res also improved to 32% compared to 25% in FY20

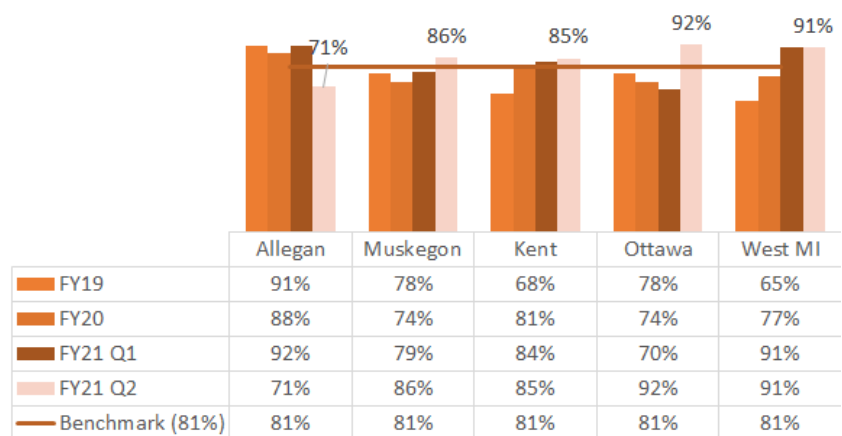
Rates were similar across CMHSPs with the lowest rate for detox in Allegan county (71%). For ST Res Kent had the highest rate at 33% followed by Ottawa (19%).

Note: Discharges from detox where the client will transition to ST Residential at the same provider should not be discharged, instead the level of care must change within the same treatment episode.

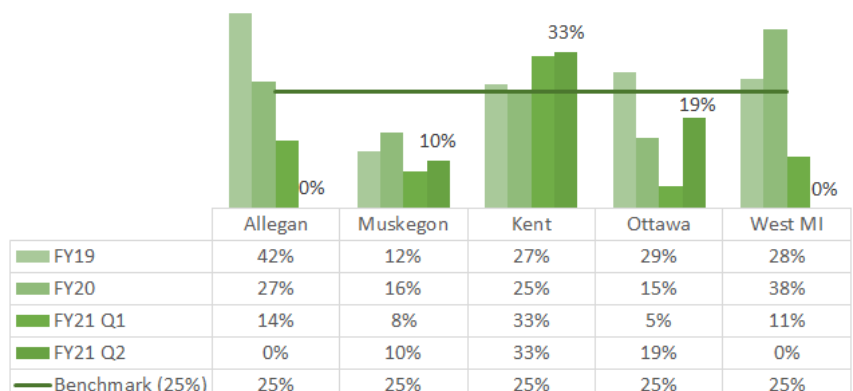
Percent of Discharges from Detox and ST Res Admitted to Next Treatment Episode w/in 7 days, Region (T.24-25)



Detox - Admitted to Next Treatment Episode w/in 7 days by CMHSP (T.24)



ST Res. - Admitted to Next Treatment Episode w/in 7 days by CMHSP (T.25)



CONTINUITY OF CARE AFTER DETOX AND ST RES

Priority: CONTINUATION OF CARE FOLLOWING DETOX/ST RESIDENTIAL, AVG # DAYS

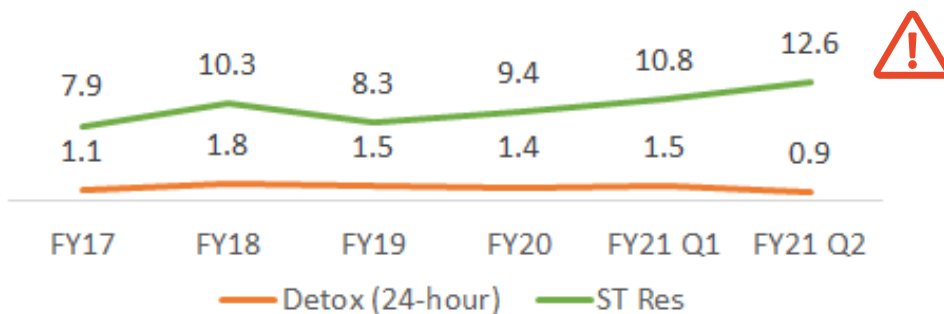
Metric #16. Decrease average # days between discharge and admission to next level of care for detox and for ST residential

Data Highlights:

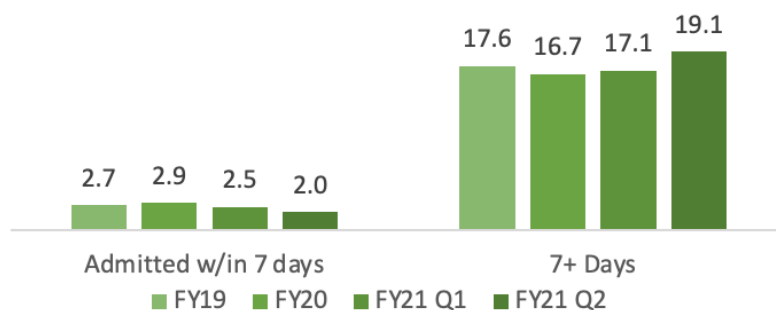
The average number of days between discharge to ST residential and the next level of care has been increasing during FY21 to 10.8 in 1Q and 12.6 in 2Q, compared to 9.4 in FY20.

Among readmissions that took longer than 7 days the average delay was 19 days in 2Q. Rates were similar across CMHSP regions.

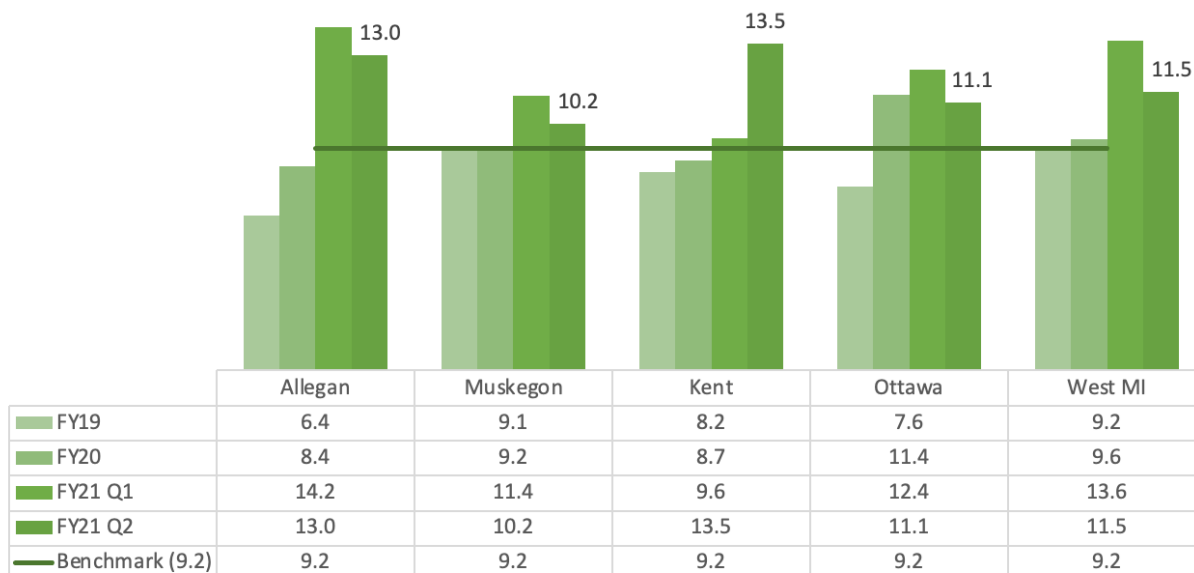
Average # Days Between Discharge and Admission to Next Level of Care, LRE Region (T.28-29)



Average # Days between Discharge from ST Residential and Admission to Next Level of Care (T.29)



Average # Days Between Discharge from ST Residential and Admission to Next Treatment Episode by CMHSP (T.29)



CONTINUITY OF CARE AFTER DETOX AND ST RES

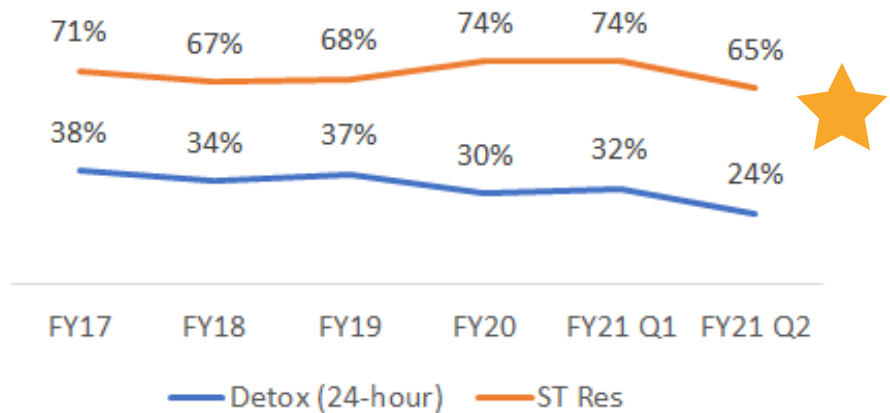
Priority: DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

Metric #17. Decrease discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'

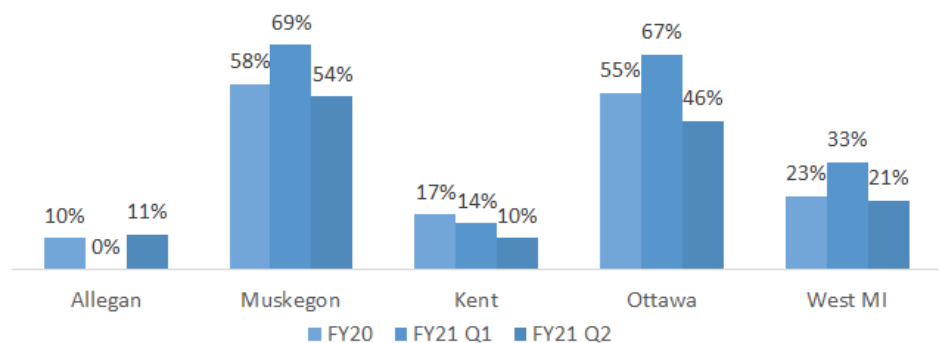
Data Highlights:

The percent of discharges from ST residential and detox with the reason 'completed treatment' continues to be high, however there was some improvement with a decrease to 24% for detox and 65% for ST residential in Q2.

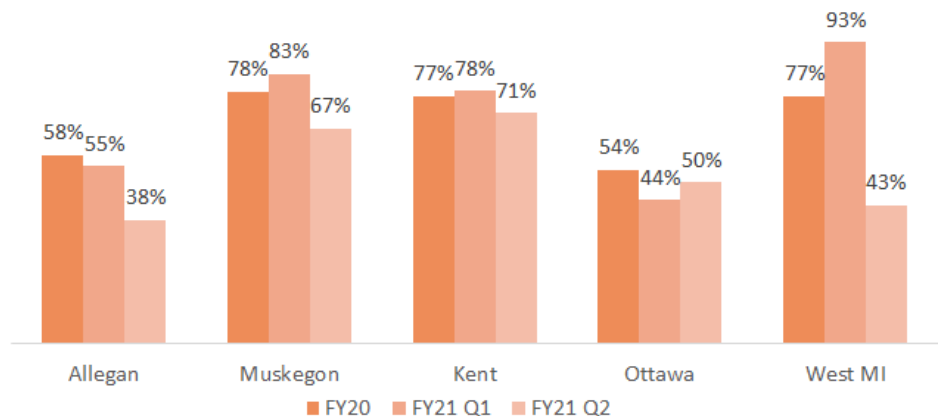
Discharges from Detox w/ Reason as
"Completed Treatment" by CMHSP (T.30)



Percent of Discharges from Detox w/ Discharge Reason as
"Completed Treatment" by CMHSP (T.30)



Percent of Discharges from ST Res w/ Reason as
"Completed Treatment" by CMHSP (T.30)



Note:
Discharge reason for
detox and ST Res
should never be
"Completed
Treatment"

CONTINUITY OF CARE AFTER DETOX AND ST RES

Metric #18. Increase % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care.

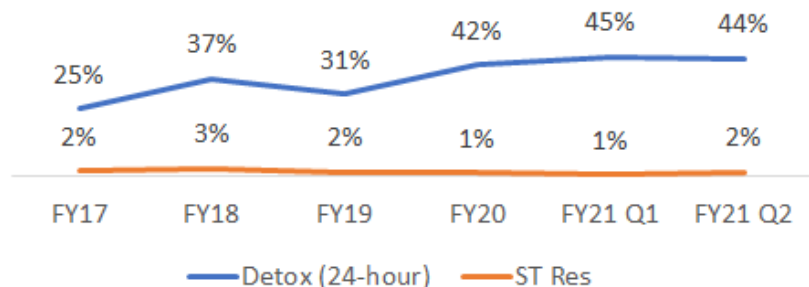
Background Info: When clients are discharged from a service setting who are to continue treatment at a lower level of care at another provider the discharge reason should be identified as 'Transferring/Completed Level of Care'. This is especially important for detox or residential service settings where there is always the expectation that they continue services at a lower level of care. When a client is transitioning between levels of care at the same provider a discharge should not be recorded. Instead, a change in level of care should be recorded in the client's records.

Data Highlights:

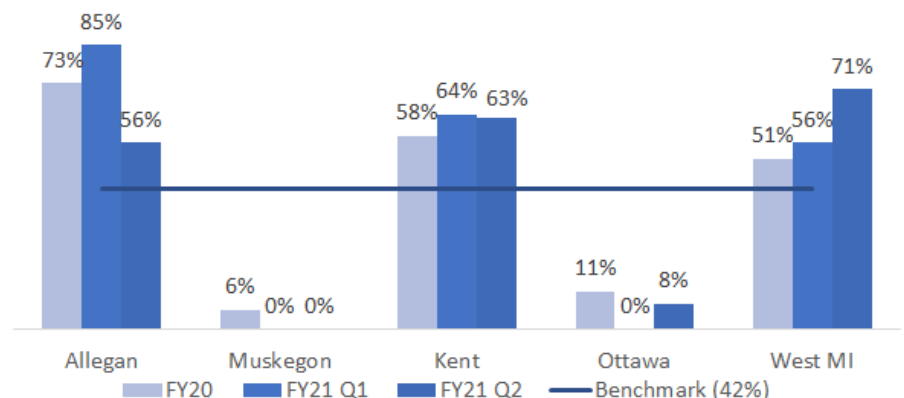
The percent of discharges from ST residential discharged with the reason as 'transferring/Completed Level of Care' has improved slightly in 1Q and 2Q but remains extremely low for detox (2%).

The greatest improvement, and highest rate, was achieved in West MI (71%).

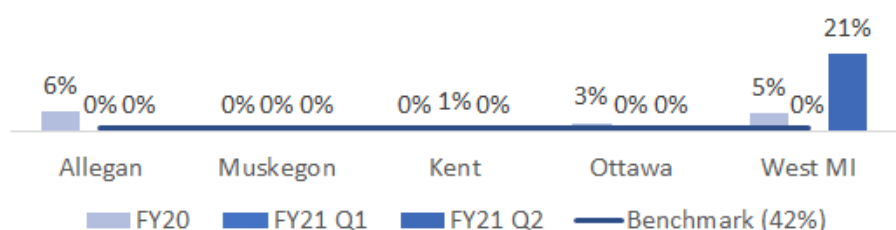
Clients Discharged from Detox & ST Residential with Reason as "Transferring/Completed Level of Care", LRE Region (T.31)



Clients Discharged from Detox with Reason "Transferring/Completed Level of Care" by CMHSP (T.31)



Clients Discharged from ST Res with Reason as "Transferring/Completed Level of Care" by CMHSP (T.31)



CONNECT TO COMMUNITY SUPPORTS

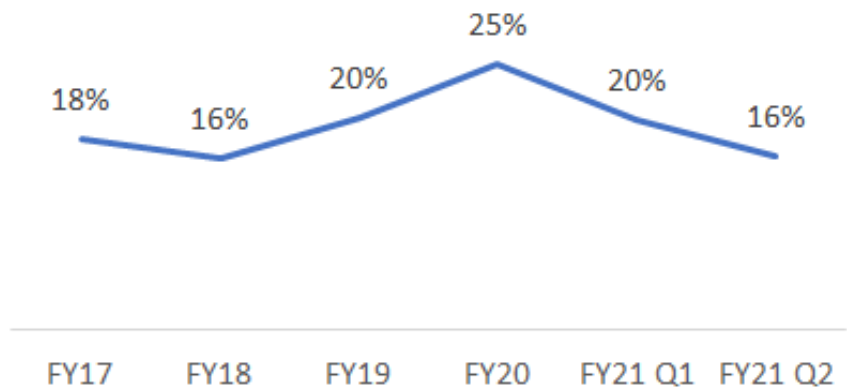
Priority: ATTENDANCE AT SUPPORT GROUP

Metric #19. Increase % of clients at discharge reporting attendance at support group in past 30 days

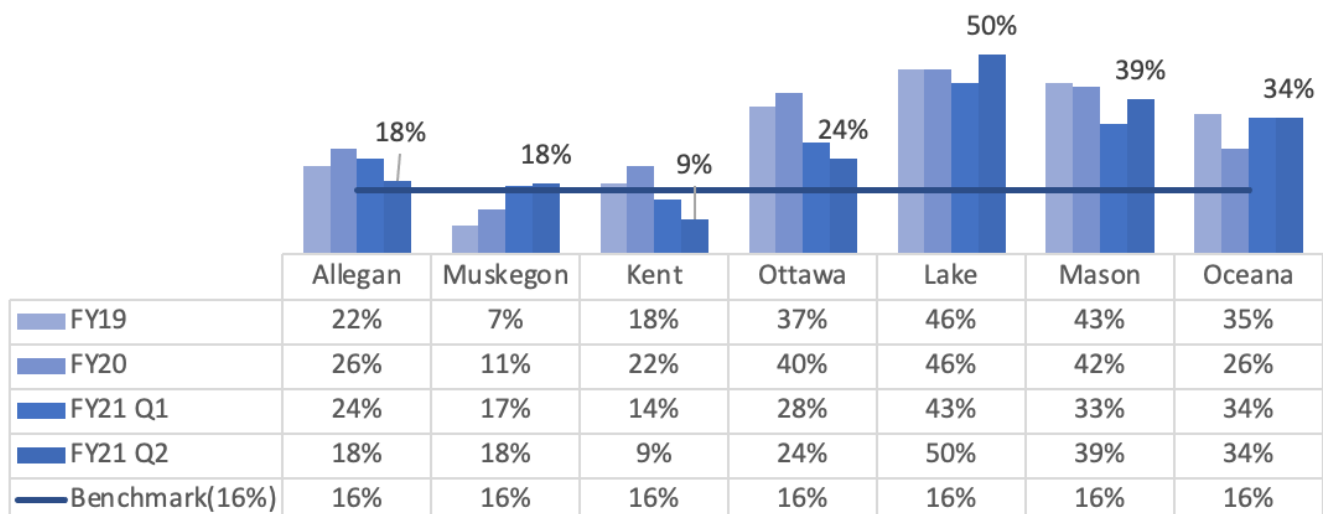
Data Highlights:

The percent of clients who report attending a self help group in the past month had increased in FY20 to a high of 25%. Rates decreased slightly in 1Q to 20% and again in 2Q to 16%. The highest rates of support group participation were reported for Lake (50%), Mason (39%) and Oceana (34%) Counties.

Percent of Discharges with Client Reporting they Had Attended a Support Group in Past 30 days , LRE Region (T.32)



Percent of Discharges with Client Reporting they Had Attended a Support Group in Past 30 Days (T.32)



CONNECT TO COMMUNITY SUPPORTS

Priority: WOMEN'S SPECIALTY SERVICES

Metric #20. Increase # of pregnant women served (annual metric)

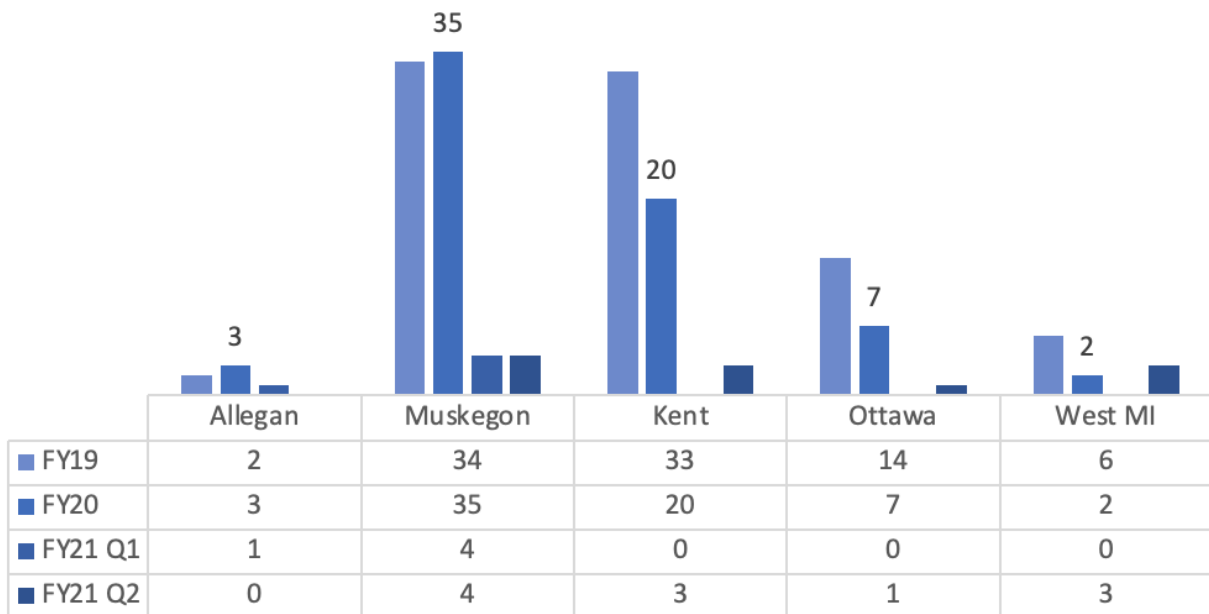
Data Highlights:

The number of pregnant women served in the LRE region has been decreasing in recent years. FY21 year-to-date only 16 pregnant women have been served; 8 of these individuals were served by Muskegon County.

Number of Pregnant Women Served, LRE Region (T.33)

FY17	103
FY18	91
FY19	89
FY20	68
FY21 1Q	5
FY21 2Q	11

Number of Pregnant Women Served by CMHSP (T.33)



Note: For this analysis, records include only those with a discharge during the reported FY. If Admit Setting did not equal Discharge Setting, assumption was made that pregnant status was same at first admission.

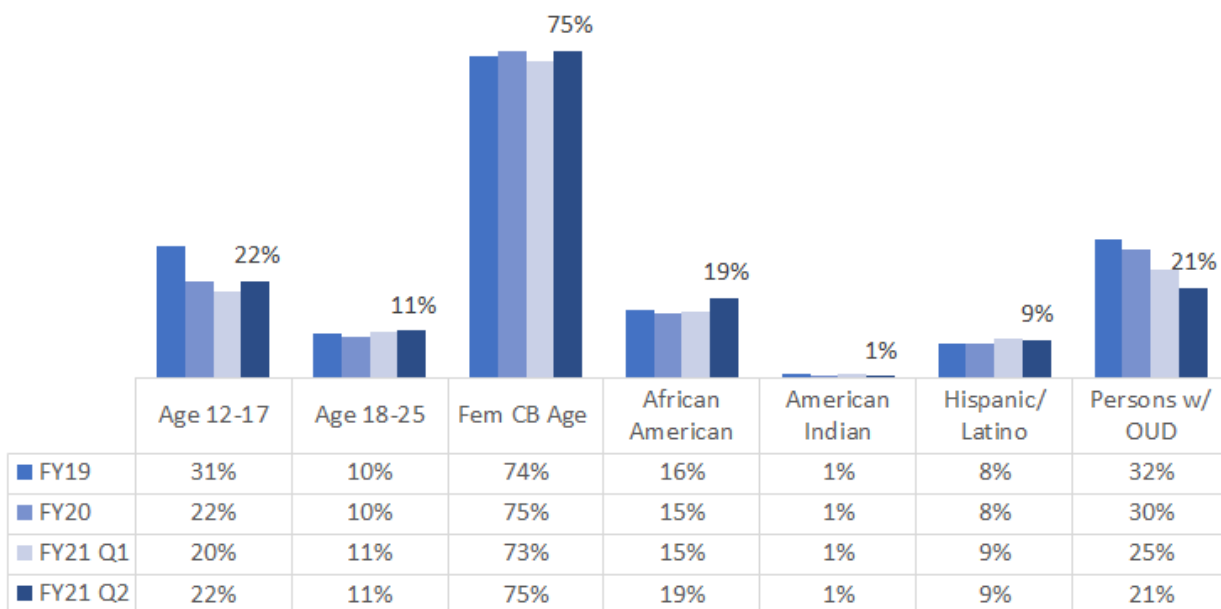
OTHER DATA TO MONITOR

Other Data: TREATMENT PENETRATION: (ANNUAL)

The following populations have been identified by MDHHS OROSC as populations that should be engaged in treatment. Penetration rates are not able to be calculated since there is no enrollment for the population not engaged in services for funding.

To monitor engagement of these populations we will track the number of individuals served in the region for each population annually. Quarterly updates will provide the percent of admissions.

Percent of Treatment Admissions by Population of Interest, Region (T.39)



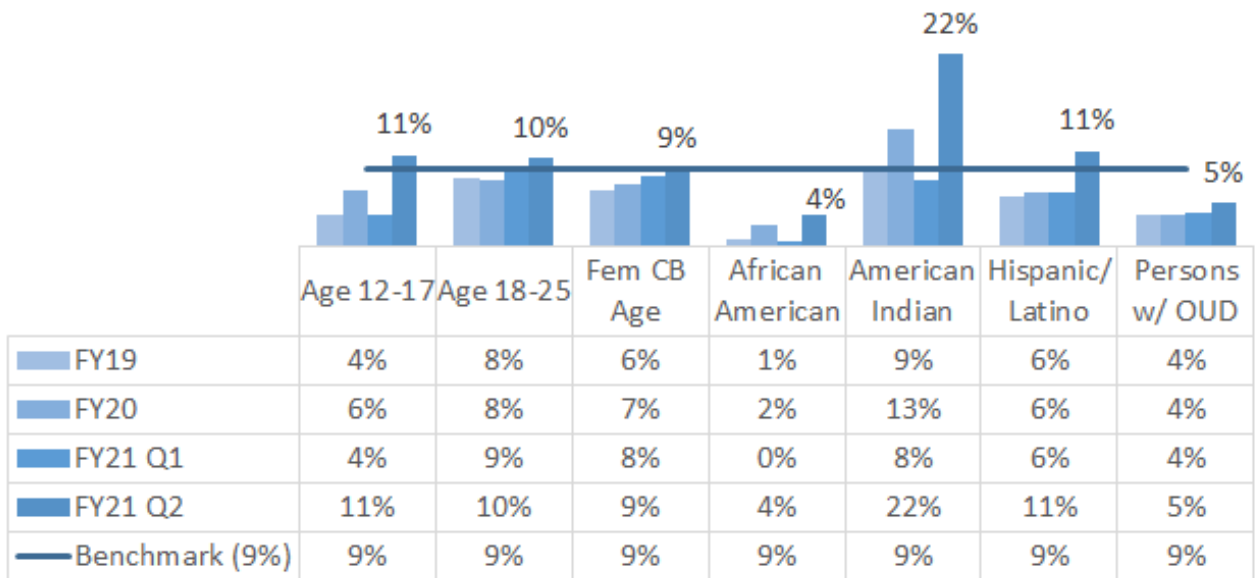
By CMHSP:

On the following pages, the percent of admissions in the LRE region that occurred in each CMHSP area is calculated with a 'benchmark' based on the proportion of the region's population that resides in the CMHSP area.

By CMHSP:

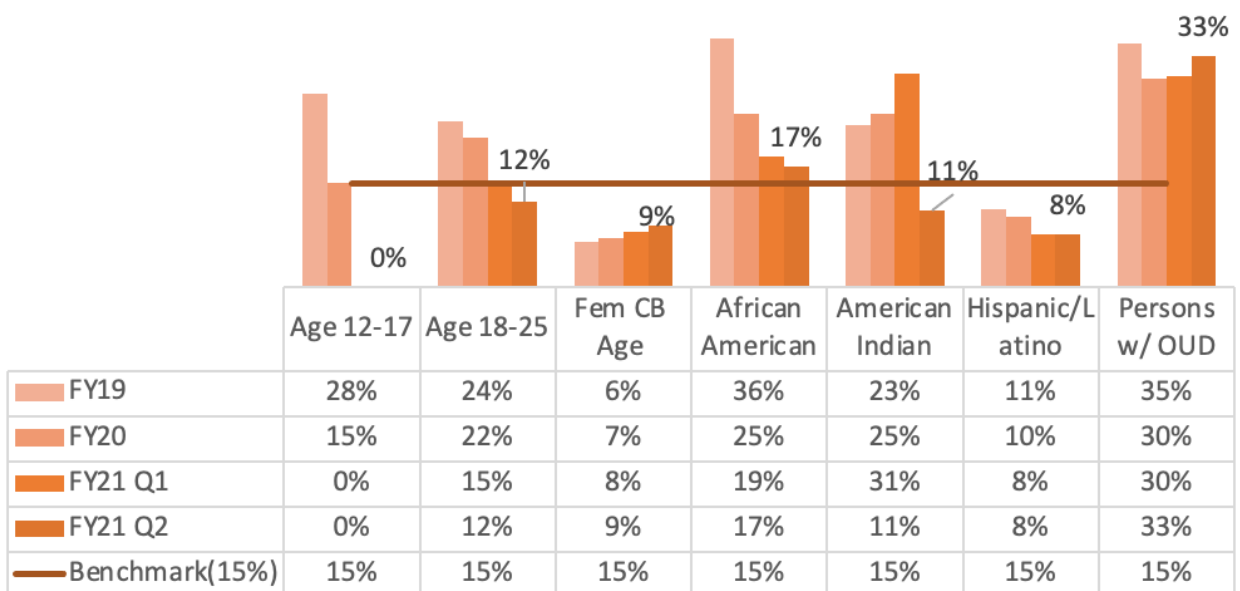
Allegan County: In 2020 Allegan County accounted for 9% of the region's population.

Percent of Region's Admissions Occurring in Allegan County for Populations of Interest (T39-45)



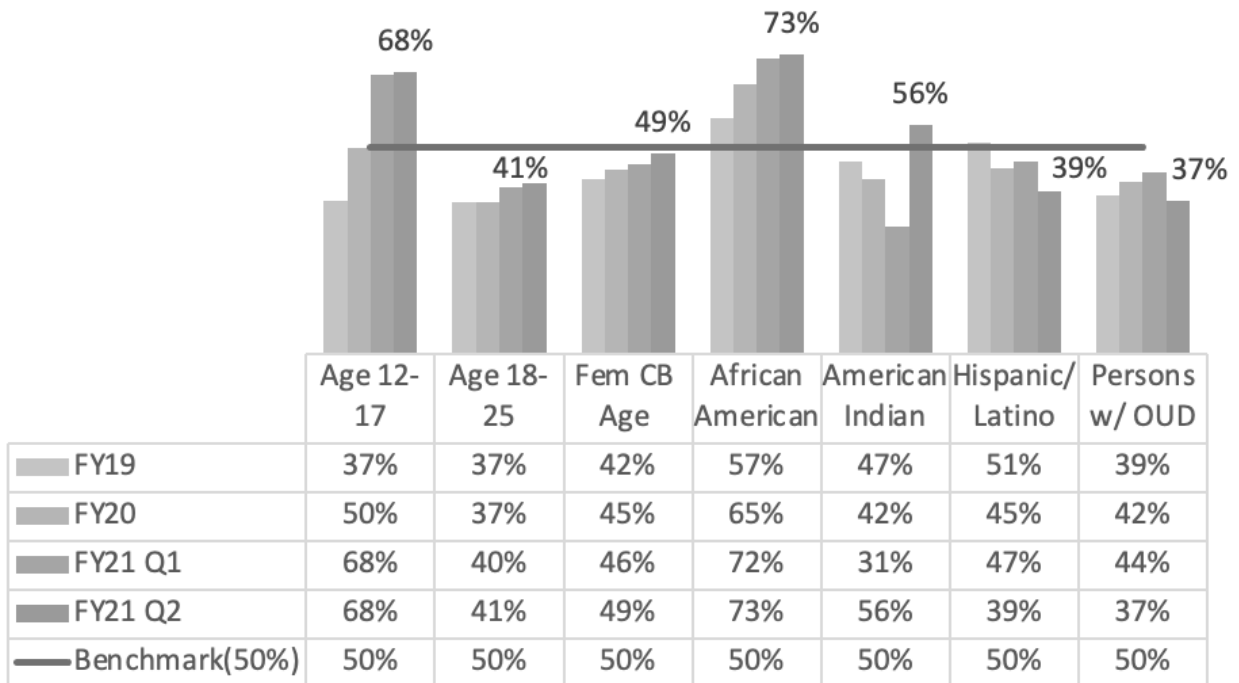
Muskegon County: In 2020 Muskegon County accounted for 15% of the region's population.

Percent of Region's Admissions Occurring in Muskegon County for Populations of Interest (T39-45)



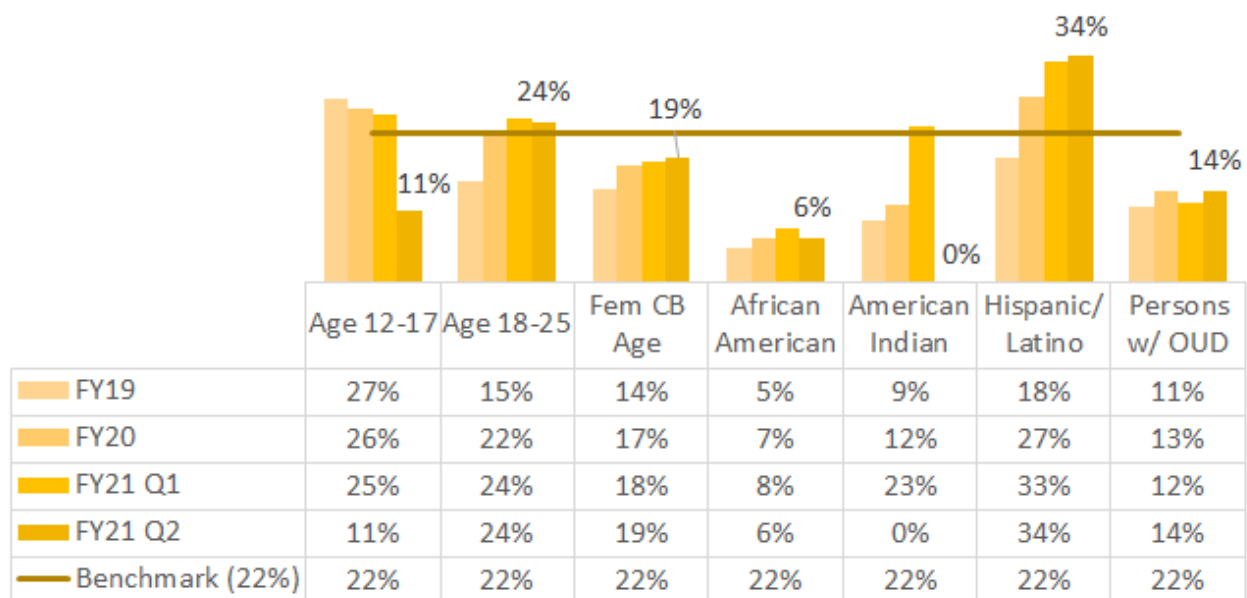
Kent County: In 2020 Kent County accounted for 50% of the region's population.

Percent of Region's Admissions Occurring in Kent County for Populations of Interest (T39-45)



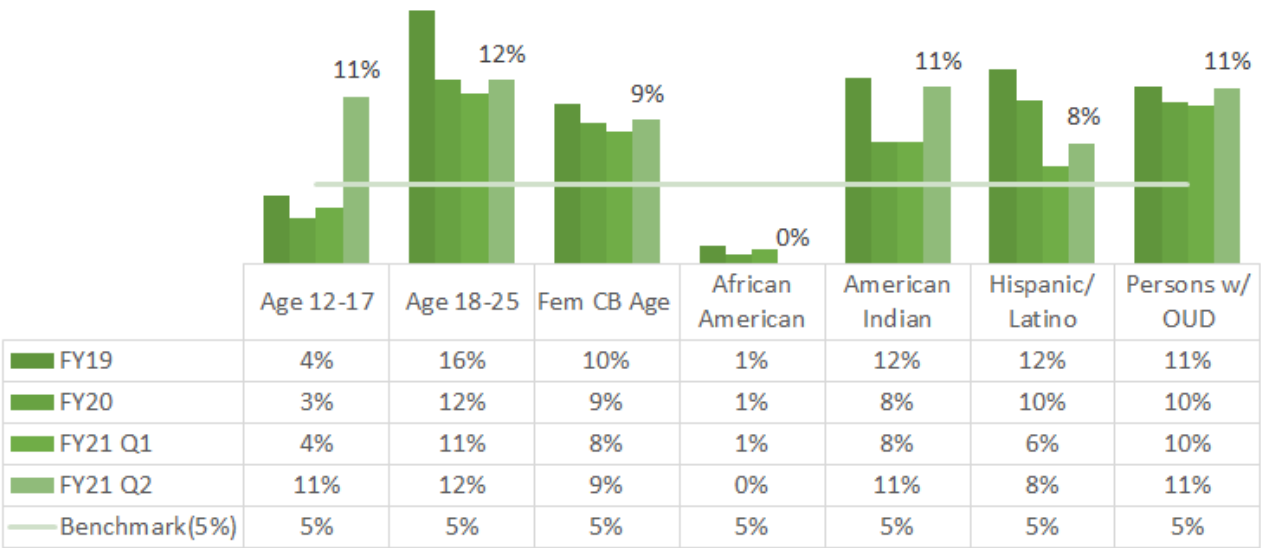
Ottawa County: In 2020 Ottawa County accounted for 22% of the region's population.

Percent of Region's Admissions Occurring in Ottawa County for Populations of Interest (T39-45)



West Michigan Counties: In 2020 Lake, Mason, and Oceana Counties accounted for 5% of the region's population.

Percent of Region's Admissions Occurring in West MI Counties for
Populations of Interest (T39-45)

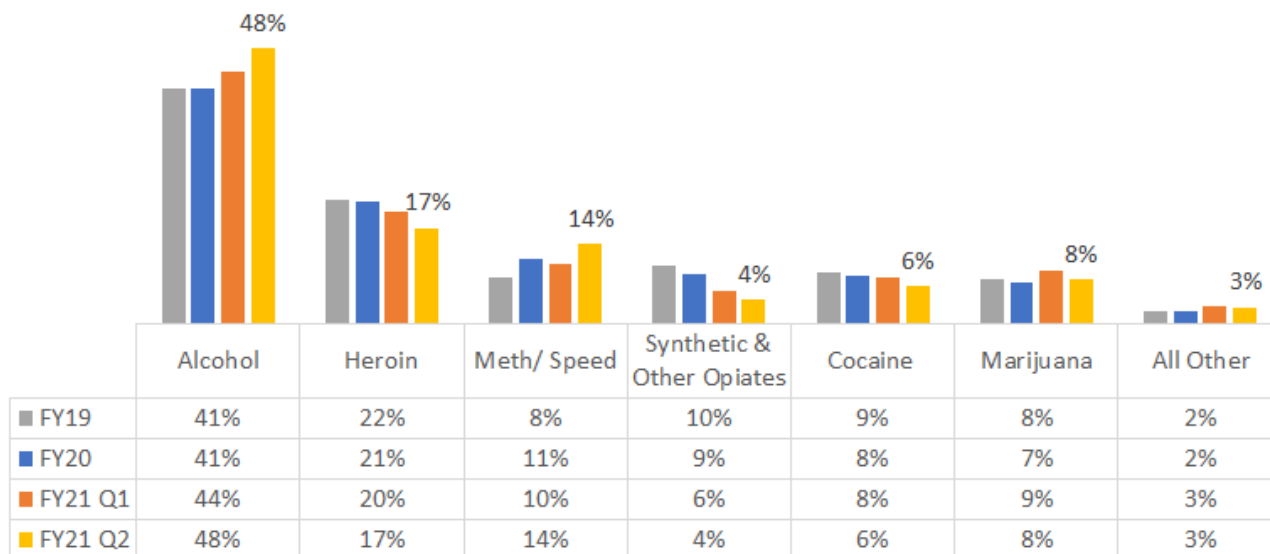


Other Data to Monitor : Primary Drug at Admission

Data Highlights:

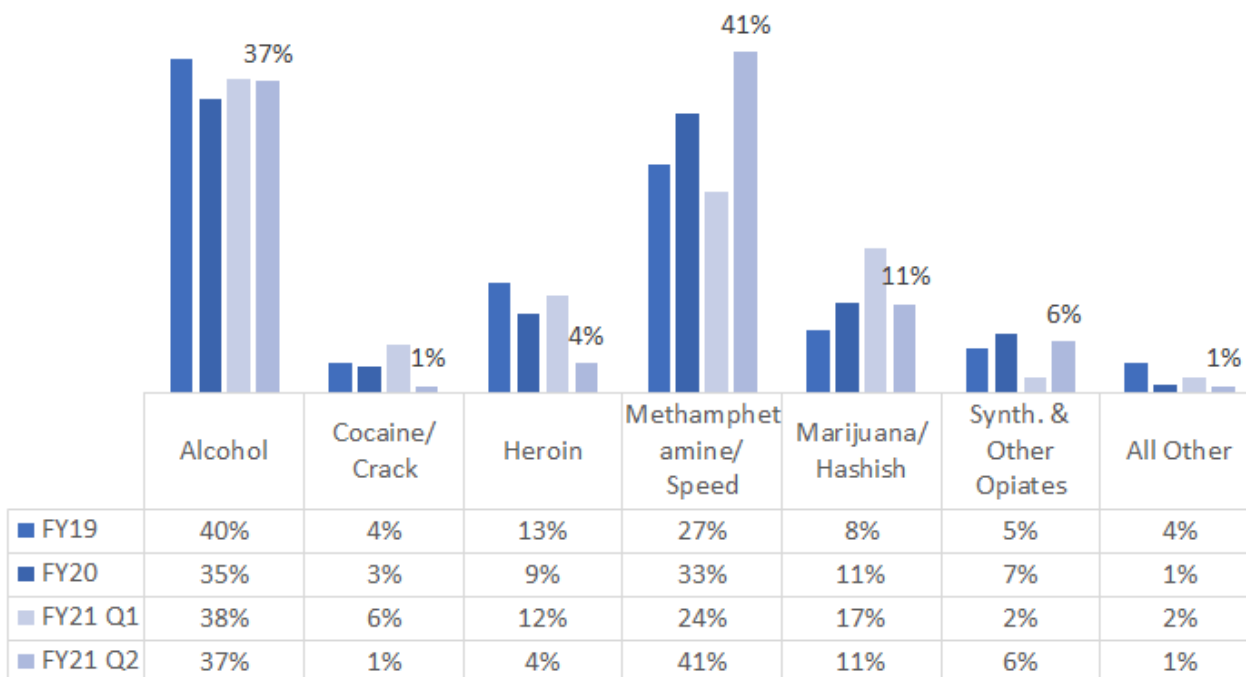
In the LRE region, admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.

Percent of Treatment Admissions by Primary Drug, LRE Region (T.46)



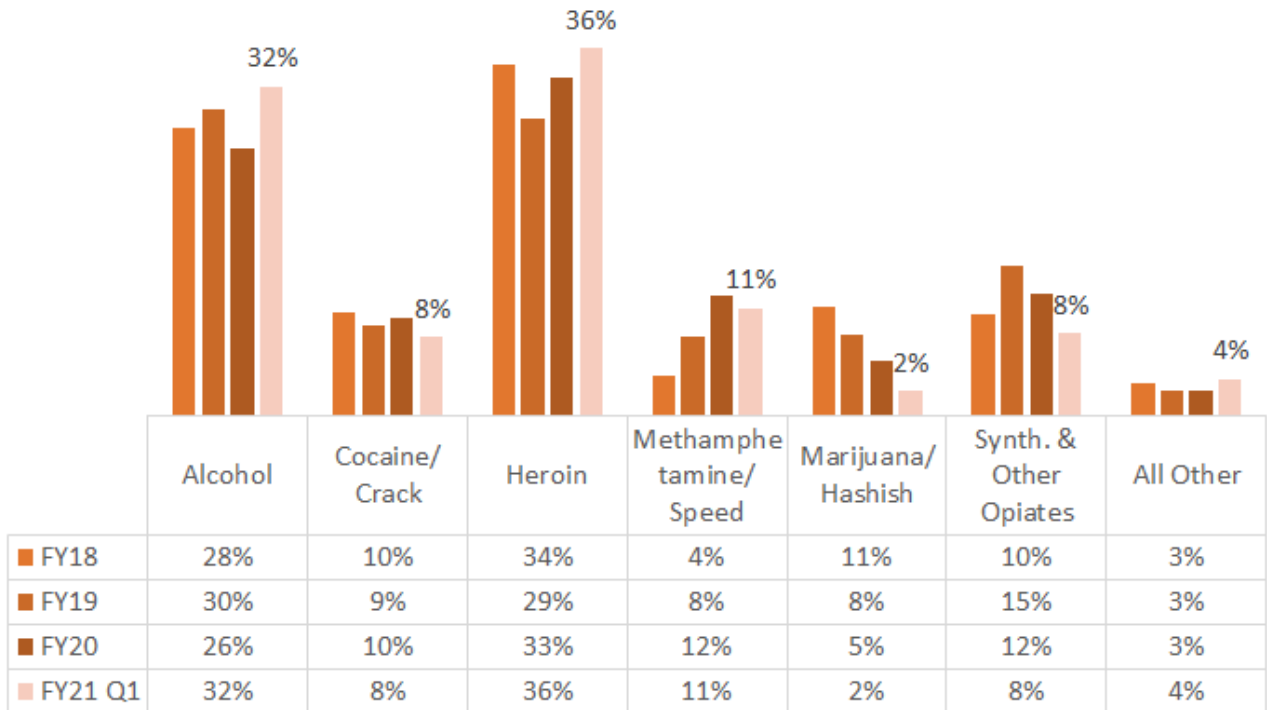
Allegan County

Allegan County - Percent of Admissions by Primary Drug (T.46)



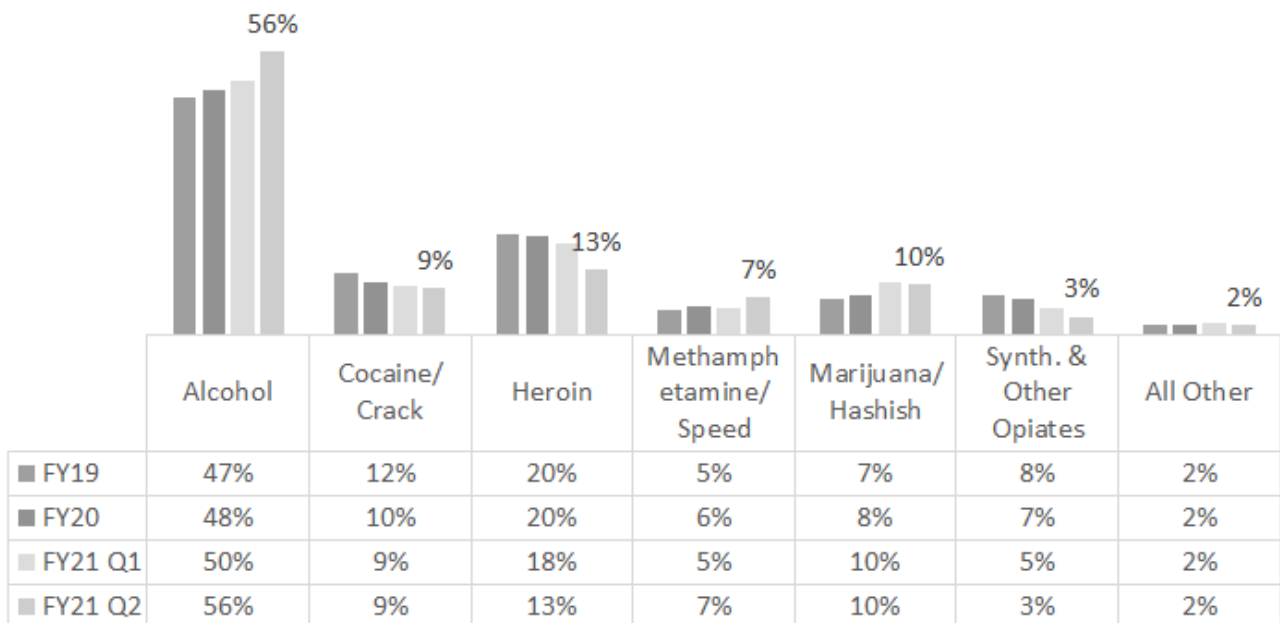
Muskegon County

Muskegon County - Percent of Admissions by Primary Drug (T.46)



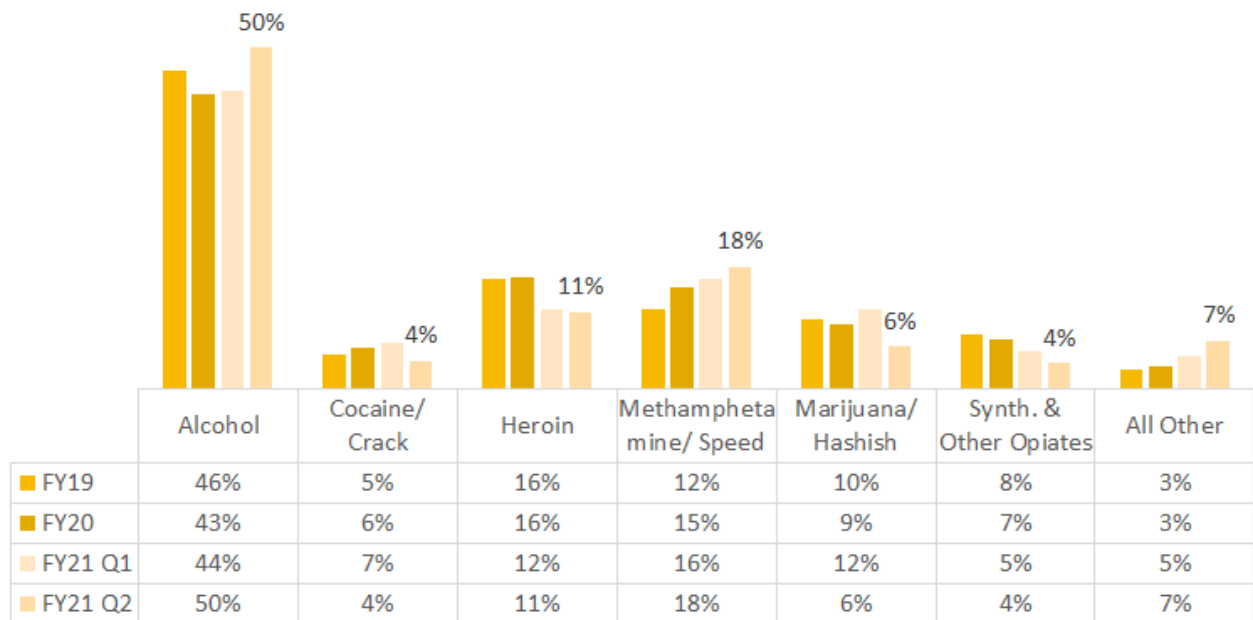
Kent County

Kent County - Percent of Admissions by Primary Drug (T.46)



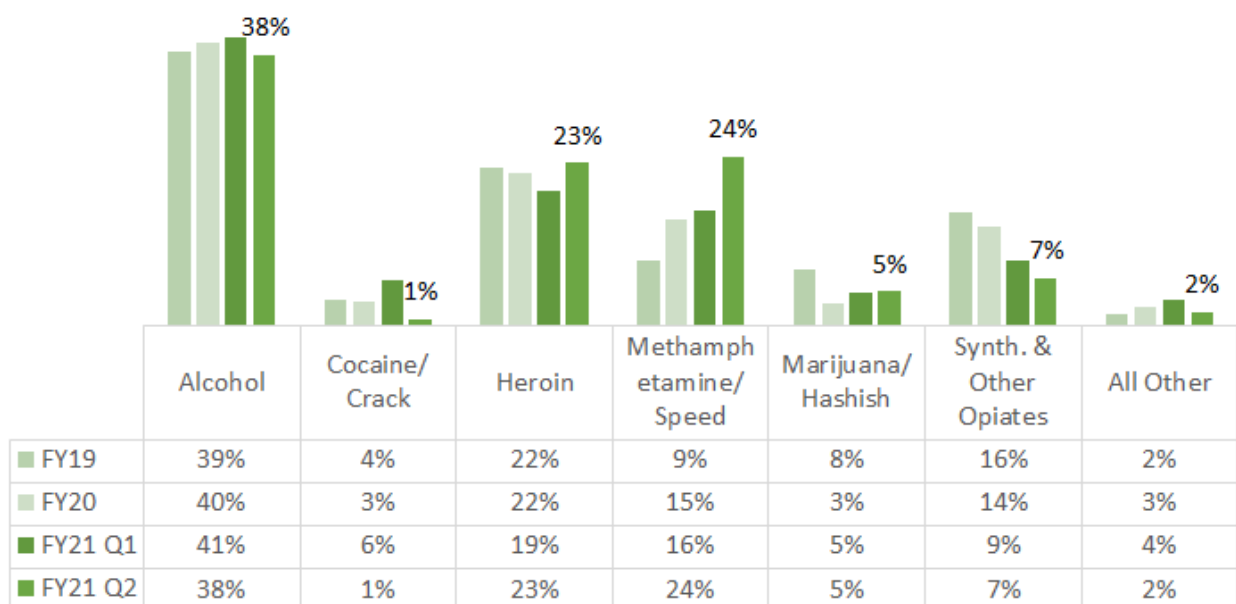
Ottawa County

Ottawa County - Percent of Admissions by Primary Drug (T.46)



West Michigan Counties

West MI (Lake, Mason, and Oceana) - Percent of Admissions by Primary Drug (T.46)



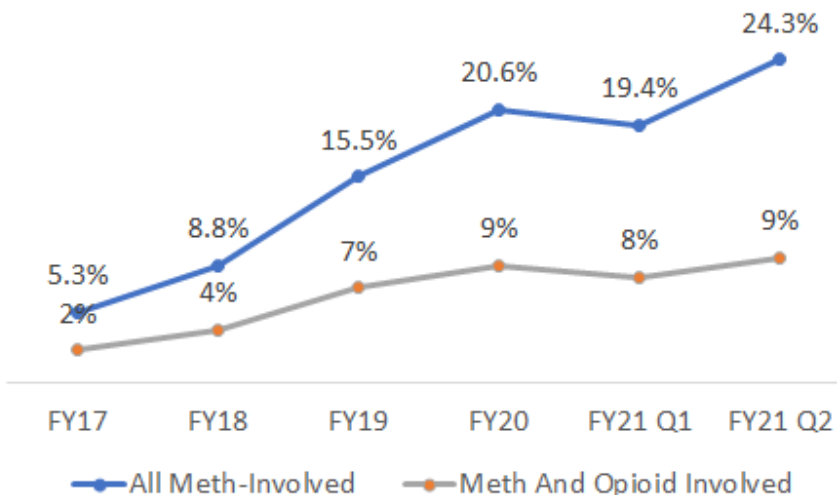
Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

Data Highlights:

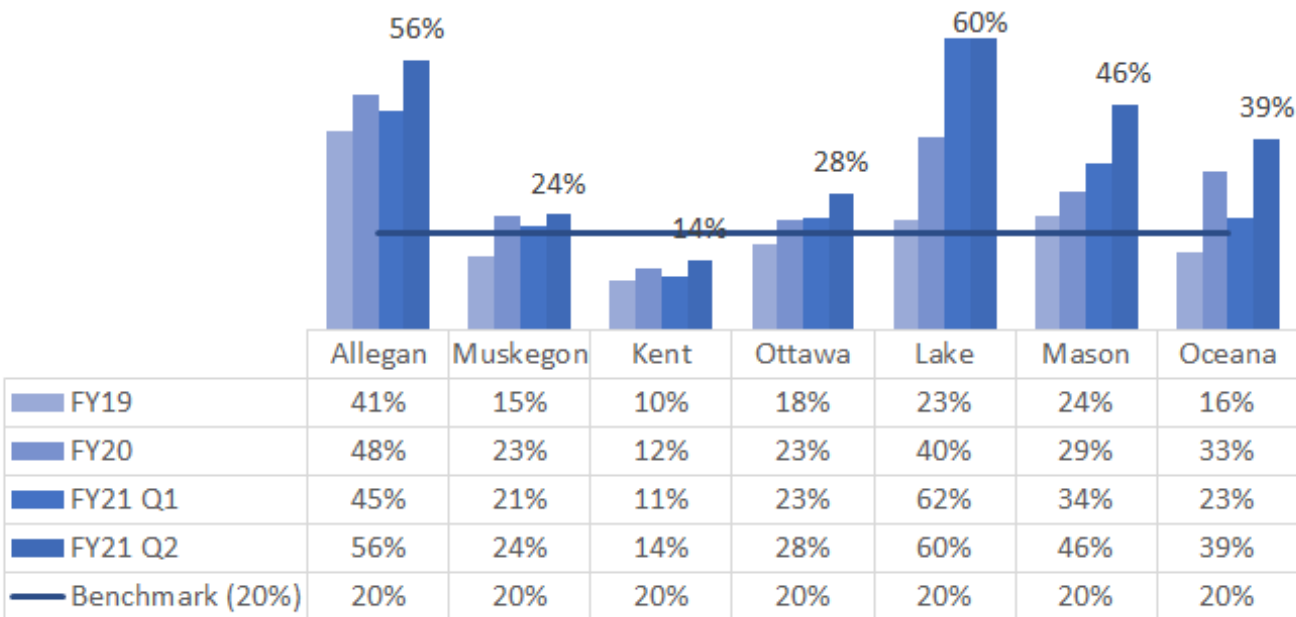
MA involved admissions continue to increase at an alarming rate with 1-in4 admissions in 2Q involving MA and 9% involving both MA and an opioid.

MA-involved admissions were highest in Lake, Allegan, and Mason counties.

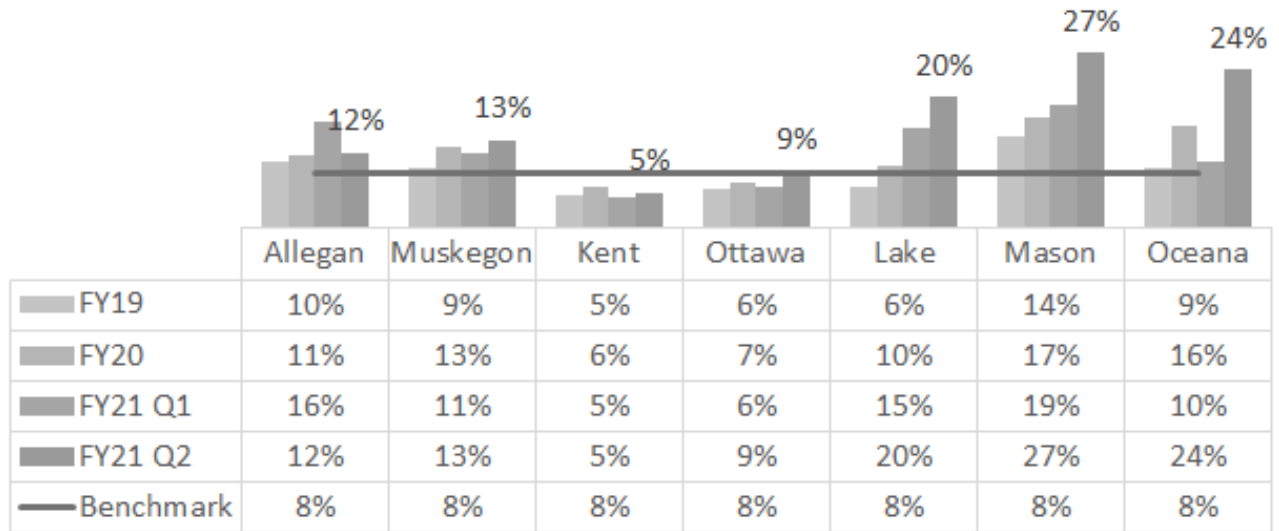
Percent of Admissions that were Methamphetamine (MA)-involved, LRE Region (T.47)



Percent of Admissions that were Methamphetamine-involved by County (T.47)



Percent of Admissions that involved Both an Opioid and Methamphetamine by County (T.48)



TalkSooner.org Updates June 2021

Hospital/Health Care Partnership

- Hosted a “Voice of the Customer” meeting with physicians from Cherry Health Metro Health/ University of Michigan Hospital to gain any new insights into serving patients via their practices.
- Created QR Code
- Working on reprints, per hospitals, and coordinating with MDNR needs for order efficiencies
- Outreach to Ascension Allegan Hospital via Mark Witte

HEY, PARENTS!

Need help with the drug talk?

TalkSooner.org



Michigan Department of Natural Resources and mParks: June 28 launch of multi-media campaign:

- Pilot program with 10 of Michigan's largest parks



CONTACTS: MDNR: Maia Turks: 989-225-8573
mParks: Tina Nowakowski: 517-485-9888
Talksooner: Karen Kirchenbauer: 616-450-8508

TalkSooner.org



mParks Michigan Recreation & Park Association

**TALKSOONER.ORG, MDNR and mParks HEAD OUTDOORS TO INSPIRE
PARENTS TO HAVE THE 'DRUG TALK' WITH THEIR KIDS**

*Hiking, Biking, Neighborhood Trails, Campgrounds Offer 'Natural Fit' for Informal
Conversations to Bolster Youth Substance Use Prevention*

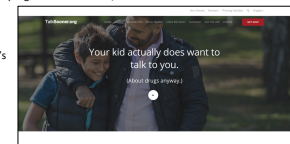
LANSING, MI. (JUNE 28, 2021) –The Michigan Department of Natural Resources (MDNR) and the Michigan Recreation & Park Association (mParks) today announced a new healthy/wellness partnership with www.talksooner.org designed to encourage parents and caregivers to consider the "great outdoors" as a backdrop to forge positive, healthy conversations aimed at youth substance abuse prevention.

"From Michigan's rustic campgrounds and sandy beaches to its abundant trails and neighborhood parks, today's families are rediscovering the healing powers of nature, and what a natural fit and setting for parents to have these informal, yet important conversations with their children – tapping the resources of Talksooner to help jump-start those dialogues," explained Clay Summers, executive director for mParks.

The partnership comes at a time when health and wellness/prevention has never been more important, with mParks/MDNR stepping up programming and services designed to foster stronger, healthier communities.

"Visits to our parks have skyrocketed during COVID and we see this trend continuing throughout 2021 as well as strong enrollment in our recreation programs and services, so want to be that health and wellness bridge for families, creating awareness about Talksooner's free prevention resources to anyone that may be interested," added Maia Turek, MDNR's Resource Development Specialist.

Added Stephanie VanDerKooi, Substance Use Disorder Director for the Lakeshore Regional Entity (LRE), which powers Talksooner:



"There's never a good time to have conversations about uncomfortable topics with our kids, but there's something very encouraging about nature that make these talks more open-ended and informal versus the formal lectures of generations past."

Michigan Department of Natural Resources and mParks: June 28 launch of multi-media campaign:

- mLive Geofencing ad campaign
- Bilingual wallet cards for camp stores/camper registration
- Bathroom mirror vinyl clings
- Social media



Michigan Department of Natural Resources and mParks: 2022 Planning

- Campground brochures
- Communications to all members



Invited to participate with PH's CMO, Dr. James Forshee, in media interviews related to Drug Take Back Day on 4/24. Stories appeared on Channel 8 and WGVU.

- Exploring regular content/blog opportunities



Created Community Testimonials for Website/Social Media, With Endorsements from Physicians, Community Leaders & Parents

"Throughout my career as a prosecutor, I have observed the frustration, pain, and desperation that families experience due to their child's use and abuse of drugs. Because of this experience and being a parent of children myself, I know how critical the role parents must play in educating our children about the dangers of drug use. Parents, talk to your kids – they need your guidance and talksooner.org can help. Together we can win this battle."



- DJ Hilson,
Muskegon County
Prosecutor



TalkSooner.org

"Prevention is truly the best medicine. I fully support parents having the 'drug talk' with their kids, with resources like www.talksooner.org for tips and guidance."

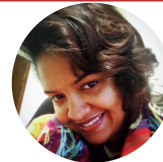


- Dr. James Forshee,
Chief Medical Officer



TalkSooner.org

"TalkSooner.org is hands down the best resource for parents to learn what drugs are trending among youth, and how to start uncomfortable, but necessary conversation on drugs."



- Qur'an Griffin,
Mother of 2 Teens,
Newaygo County, MI

TalkSooner.org

"It can be difficult have the 'drug talk' with our children, but Talksooner can help! Talksooner offers a free app and website, helping parents/caregivers navigate these important conversations."



- Dr. Jenny Bush,
Pediatrician,
Director of Pediatrics



TalkSooner.org

“As a grandfather, I know how vital it is to have resources like TalkSooner. These tools help families engage effectively in difficult but important conversations.”



– Jack Greenfield,
*LRE Board Member,
Retired President/CEO,
Arbor Circle*

TalkSooner.org

“I have spent my entire career guiding youth through social, emotional and developmental challenges. TalkSooner.org is a great resource for engaging parents, educators, counselors, etc. in working through these often tough conversations.”



– Jay Roberts-Eveland, MA,
*Retired, LRE Executive
Board & Watson Township
Planning Commission*

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“Communication is at the forefront of my relationship with my children. The Talksooner app has been an amazing tool to help me have intentional conversations with my children about substance use.”



– Shawn Washington,
*Mother of 2,
Baldwin, MI*

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“There has never been a more important time to have conversations about drugs and alcohol with our kids. As a Public Health physician, parent & grandparent, I have found TalkSooner to be the best toolkit to make prevention a reality.”



– Dr. Richard M Tooker,
*Medical Director,
Allegan County Health
Department*



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“I recognize the growing concerns parents have today with teen vaping and marijuana use. Talksooner.org helps guide important conversations with facts and understanding.”



– Dr. Dawn Rosser,
Pediatrician



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2020-2021 Budget

- Reserving funds for hospital reprints, any final statewide mParks/MDNR efforts (ie. Family Meals Day), collateral materials, digital ad campaign with mLive.com, and 2021-2022 planning



2021-2022 Ideation

- a. Continue nurturing and developing current collaborations (hospital/healthcare, MDNR/mParks & Priority Health)
- b. Revisit possible Wesco collaboration
- c. Continued school outreach
- d. West Michigan HR/Business “tool kits” for employees/employee benefit
- e. Website content, visual enhancements, refresh – photos, add of videos, etc., showcase collaborations
- f. Strategic social media campaign; content development, planning, Facebook lives/Q&A with community ambassadors/physicians
- g. Host possible virtual town hall with Daniel Ament; teen led/Allegan CMH example, broaden for teen’s two year anniversary of transplant
 - i. Parent to parent pre- or post virtual discussion
 - ii. Media or hospital partner(s) sponsored
 - iii. Tie to marijuana vaping trend



Thank you!