

Meeting Agenda
BOARD OF DIRECTORS

Lakeshore Regional Entity
August 19, 2021 – 1:00 PM
Mason County Airport, 5300 W. US-10, Ludington 49431
Phone: 646-558-8656 Conference ID: 93669076687#

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.
 - August 19, 2021, Board of Directors meeting agenda (*Attachment 1*)
 - July 15, 2021, Board of Directors meeting minutes (*Attachment 2*)
5. Consumer Advisory Panel (*Attachment 3*)
6. Reports –
 - a. LRE Leadership (*Attachment 4, 5, 6, 7, 8*)
7. Chairperson's Report – Mr. DeYoung
 - a. August 11, 2021, Executive Committee (*Attachment 9*)
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 10*)
 - a. FY2021, July Funds Distribution (*Attachment 11*)
Suggested Motion: To approve the FY2021, July Funds Distribution as presented
 - b. LRE FY 2021 Budget Amendment #4 (*Attachment 12*)
Suggested Motion: To approve Budget Amendment #4 to the LRE FY21 budget
 - c. Statement of Activities as of 6/30/2021 and Variance Report (*Attachment 13*)
 - d. Bucket Report (*Attachment 14*)
9. CEO Report – Ms. Marlatt-Dumas
10. Board Member Comments
11. Public Comment
12. Upcoming LRE Meetings
 - September 8, 2021 – Executive Committee, 3:00 PM
 - September 16, 2021 – LRE Executive Board Meeting, 1:00 PM
Network180, 3310 Eagle Park Dr. NE, Suite 100, Grand Rapids, MI 49525
13. Adjourn

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
CMH of Ottawa County, 12265 James Street, Holland 49424
July 15, 2021 – 1:00 PM

WELCOME AND INTRODUCTIONS – Mr. DeYoung

Mr. DeYoung called the July 15, 2021, LRE Board meeting to order at 1:02 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

In Attendance: Mark DeYoung, Peg Driesenga, Steven Gilbert, Shaun Raleigh, Jay Roberts-Eveland, Ron Sanders, John Snider, Stan Stek, Jane Verduin

Online: Jacquie Johnson

Absent: Matt Fenske, Patricia Gardner, Jack Greenfield, Stevie Riel

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 21-26 Motion: To approve by consent the following items.

- July 15, 2021, Board of Directors meeting agenda
- June 17, 2021, Board of Directors meeting minutes

Moved: John Snider Support: Ron Sanders

MOTION CARRIED

WRITTEN BOARD REPORTS

LRE Leadership reports are included in packet for information.

CHAIRPERSON'S REPORT

Minutes from the July 7, 2021, Executive Committee meeting are included in the packet.

ACTION ITEMS

None.

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2021 June Funds Distribution

LRE 21-27 Motion: To approve the FY2021, June Funds Distribution as presented

Moved: Stan Stek Support: Jay Roberts-Eveland

ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

Statement of Activities as of 5/31/2021 and Variance Report-

Included in the Board packet for information. An amendment to the FY21 LRE budget will be brought to the August Board meeting.

Member Bucket Reports-

Included in the Board packet for information.

Ms. Chick updates the Board:

- MDHHS has identified an issue with DABS enrollments, they have assured the PIHPs that this will be fixed and will even out.
- LRE will meet with the CMHs to review the new rates.

CEO REPORT

Included in the Board packet for information. Ms. Marlatt-Dumas highlights:

- Stephanie VanDerKooi is the new LRE COO. Ms. VanDerKooi's previous position will be split into 2 positions covering SUD prevention and treatment.
- There has been a slight barrier in moving the Quality staff from Beacon to LRE. LRE will continue to work with Beacon for a smooth transition.
- MDHHS stated to the ALJ that there was an agreement regarding the LRE/MDHHS settlement. Greg Moore will work with MDHHS to finalize this document. As more information is received, the Board will be informed. If the historical deficit can be settled, so will all lawsuits.
 - We are allowed up to 7.5% in the ISF and 7.5% into MC savings. We would prefer to put most of the funds into the MC savings because it is less restrictive than the ISF.
 - There continue to be efforts to assist the provider network. The CMHs will submit proposals to utilize the surplus funds to LRE for review. There are issues across the state because of staffing shortages. LRE is reviewing more creative methods and/or offering incentives other than money to attract and retain staff, from direct care workers to master level clinicians.
 - CCBHC will be implemented on October 1, 2021. There is much work that still need to be completed. The staffing shortage is affecting the implementation, as well.
- The LRE region is the only region that will be completely CCBHC.
- The LRE will update the OA and Bylaws. We will work with the CMH CEOs and bring back to the Board.
- During the August board we will have a work session to review the tactical plan.

BOARD MEMBER COMMENTS

None.

PUBLIC COMMENT

None.

UPCOMING LRE MEETINGS

- August 11, 2021 – Executive Committee, 3:00 PM
- August 12, 2021 – LRE Consumer Advisory Panel, 1:00 PM
- August 19, 2021 – LRE Executive Board Meeting, 1:00 PM

ADJOURN

Mr. DeYoung adjourned the June 17, 2021, LRE Board of Directors meeting at 1:59 PM.

Mark DeYoung, Board Chair

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant



CONSUMER ADVISORY PANEL MEETING SUMMARY

Thursday, August 12, 2021 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call in

Present: Lynette B., Sharon H., John W., SaRah E.

LRE: Stephanie VanDerKooi, Marion Dyga

CMH: Devon Hernandez (WM CMH), Anna Bednarek (Ottawa CMH), Cathy Haas (Allegan CMH)

1. Welcome and Introductions.
 - a. Review of the August 12, 2021, Agenda
 - b. Review of the February 11, 2021, Meeting Minutes

August 12, 2021, agenda is accepted as presented and February 11, 2021, meeting minutes accepted with the change to the date February 11, 2021.

2. Member Stories – Limit 5 minutes
 - a. Member Experiences
 - SaRah E. will no longer attend the Consumer Advisory Panel as she will be moving to New York.
 - John W. comments that he began working as a caretaker in an adult AFC home.
 - Sharon H. comments that there should be more peer supports in the communities and businesses. She also comments that caregivers should be screened and have background checks prior to hire. She discusses an experience of a caretaker that did not do her job properly and the person in her care passed away.
 - John W. comments that the pay for caregivers is very low and he could work at a fast-food chain for more than he makes as a caregiver. Sharon H. informs the group that there are individuals that are advocating for higher pay for these individuals.
3. Regional/State Updates – Stephanie VanDerKooi
 - a. LRE Office Expansion

5000 Hakes Drive – Suite 250, Norton Shores, MI 49441-5574

The Lakeshore Regional Entity will provide necessary reasonable auxiliary aides and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities who want to attend the meeting upon 24-hour notice to the Lakeshore Regional Entity. Individuals with disabilities requiring auxiliary aids, or services should contact the Lakeshore Regional Entity by writing or calling Customer Services, Lakeshore Regional Entity, 5000 Hakes Drive, Norton Shores, MI 49441, 1-800-897-3301.

- Because the LRE is staffing back up we are expanding the LRE offices. We have leased additional office space and will be adding cubicles and offices.

b. LRE New Staff

- LRE has hired a credentialing officer, Pam Bronson, Stephanie VanDerKooi is now COO, to replace Stephanie there were 2 individuals that were hired in her place for SUD treatment and prevention, Amanda Tarantowski and Amy Embry. The LRE is also hiring an administrative assistant, provider network managers and site review staff.

c. Public Mental Health System Redesign Bill

i. Shirkey – Senate Bill 597 and 598

<https://cmham.org/public-policy/advocacy-center/>

- There are legislators submitting proposals to redesign the mental health system. Senator Shirkey has submitted 2 bills (above). Above is the link to a Board Association page that allows individuals to send a pre-written email to legislators advocating to remove these bills and not move forward with them. The LRE, the Board Association and the CMH system are not in favor of the changes from these bills. Within this the email there is an area for individuals to add a personalized message if you would like, but do not have to. Stephanie will update the group during the next meeting.

d. LRE Contract Sanctions

- The LRE continues to be on sanctions with the State. We are working with MDHHS to come to a settlement and are hoping to have news by next week. We can send out an email prior to the next meeting to update this group.

4. Consumer Advisory Guidelines –

- This is a document that we would like the group to review that discusses the guidelines for CAP.
 - Sharon H. comments that she is glad that we are reviewing this. The CMH consumer group that she is part of does not have a document like this and they do not know what the charge of that group is. The LRE can share this with the consumer groups at the CMHs and they can use if they would like.

- Sharon H. comments that if there are separate groups that meet such as DD or SED then there should be communication and collaboration between all the groups for information sharing.
- John W. comments that there should be a maximum number of terms/years. That would give new people a chance to be on the group with new ideas. Lynette B. shares that she does not believe there should be a set number of years that a member is allowed to serve and does not support having a term limit. Sharon H. comments that this Panel is more helpful to her than the CMH group. She feels that she would be a much better advocate continuing as a member of CAP and agrees with Lynette that there should not be term limits.
- Cathy H. suggests putting language in that if a person would like to continue on CAP then they should contact the CMH customer service person to have their names on a list.
- There is not a maximum number of members set forth in the guidelines. Sharon recommends that there be 3 members per county, per CMH and up to 15 members' total.
- We will add a standing agenda item to have a report from each CMH member or staff regarding information from their CMH. Cathy comments that she does give an update to their Board of Directors, and she will send those Board reports to Marion to send out to the group.

Action:

- Stephanie will share the guidelines document with the Board of Directors.
- Marion/Stephanie will review start dates of members and discuss how members will move off this group as we bring new members on.

5. LRE Board Meeting

August 19, 2021 – 1:00pm

Mason County Airport, Conference Room, 5300 W. US-10, Ludington 49431

Call-in information will be posted on the LRE website

6. Upcoming CAP Meetings for **2021** (2nd Thursdays of alternate months - 1:00 pm to 3:00 pm)

October 14, December 9

7. Other:

- Peer support specialist training – John W. comments that to be a peer support person, you have to have training prior to being hired and this is very difficult for a person to get. He would like to know if there is a way to help him get the training. Sharon suggests going through a church. Stephanie will check into this and send information back to John.
- Lynette would like Mary to attend a meeting and would like to know if she is going to attend regularly. The group agrees and would like Stephanie to speak with Mary and report back to the group.

FUTURE AGENDA ITEMS

1. Consumer Advisory Guidelines

Lakeshore Regional Entity (LRE)

Consumer Advisory Panel (CAP)

Guidelines

Mission: Our mission is to advocate for others by sitting on committees and providing input and information based on our experiences. We work to improve communications, legislation, opportunities, services, education, and supports for all consumers.

LRE Board of Directors Bylaws, Purpose of Consumer Advisory Panel:

Article 7.7.2 The purpose of the Consumer Advisory Panel is to advance the purposes of the Entity by providing input, analysis, and advice to the Board of Directors concerning matters related to the Entity's purposes.

Committee Charge~ The purpose of the LRE Consumer Advisory Panel, is to:

1. Update consumer members on regional and state information
2. Provide an opportunity for the Consumer Advisory Panel to give input on services and experiences.
3. Have consumer members review and provide comment and suggestions on various issues including, but not limited to, legislative issues, consumer statewide and local events.
4. Connect and link the five Community Mental Health (CMH) boards and their various local CMH consumer councils and committees; by receiving information and taking it back to members' local CMH, to share the information with other consumers and stakeholders as applicable.

Membership

- Members shall be recommended by CMHSP Members. Those recommendations will then be approved by the CAP and then final approval given by the LRE Board.
- Shall consist of primary consumers as defined in the Medicaid manual. (Individuals currently in services or have used services previously).
- Shall represent all four populations: 1) Adults with a Mental Illness (MI); 2) Children with a Serious Emotional Disturbance (SED) and/or their advocate; 3) Children and Adults with an Intellectual and/or Developmental Disability (IDD) and/or their advocate. 4) Adults with Substance Use Disorders
- Representation within each CMH should include geographic representation (various counties across the CMH board) if possible.
- Each of the five CMH Members may have up to 3 representatives from at least one of the above populations for a total of up to 15 members.

Terms

- Members shall sit for 3-year terms.
- Officers (Chair and Co-Chair) will be elected annually (January).

- CMH Directors will be notified 6 months prior to a member's term ending in order to facilitate recruitment of new members.
- Current members will be able to continue to serve on the committee if a new qualified member cannot be found as a replacement, dependent on the CMH Director's decision.
- CMH Directors or members will notify LRE when other members from their CMH leave the group.

Compensation

- Members will receive a meeting stipend and mileage as determined in the LRE policy.

Membership Guidelines

- If a member misses 3 meetings within the year, CMH directors will be notified to determine if any action should be taken including replacement. Attendance is important to ensure proper representation of consumers.
- Members may belong to other consumer advocacy groups, clubs, or drop-ins. Cross communication is important between groups at the various CMH's in order to encourage information sharing.

Meetings

- LRE staff will coordinate the meeting dates, location, work assignments, distribute agendas, meeting minutes and other hand-outs and serve as a liaison to the affiliation. LRE Staff will chair meetings in conjunction with the CAP Chairperson.
- Meetings will take place quarterly (January, April, July, October).
- Staff from the LRE will attend periodically to provide information on their area of expertise.
- Outside speakers may also be invited occasionally to provide additional information.
- Information and assistance will be provided to support members' participation in the committee.
- Members will be prepared to participate at the meetings by reviewing meeting packets and bringing information from their respective CMH organization and consumer committees.

Guidelines will be reviewed annually during the January meeting.

Reviewed and approved by the LRE Board of Directors date

Chief Operating Officer August Board of Directors Report

Staffing update (Stephanie VanDerKooi):

- 1. Substance Use Disorder (SUD):** Two individuals have been hired in SUD. Amy Embury has been hired (started August 4th) to fill the role of Prevention Manager (1.0 FTE) and she comes to the LRE with over 20 years of prevention experience. August 30th the SUD Treatment Manager (.6 FTE) will start, LRE is pleased to announce that we hired Amanda Tarantowski who has several years of treatment experience.
- 2. Provider Network Managers:** LRE is pleased to announce that two individuals have been hired to fill this role. Don Avery will start September 7th and Jim McCormick will start October 5th. Both come to the LRE with significant CMH experience, and we are excited to welcome them to the team.
- 3. Administrative Assistant:** LRE staff are currently interviewing for an additional administrative assistant. It is the hope to offer the position during the middle of August and have the individual start in early September.

Substance Use Disorder Update (Amy Embury/Stephanie VanDerKooi):

- 1. TalkSooner Marketing Update:** from Karen Kirchenbauer, Principal Seyferth PR is attached for your review, and it outlines a look at what was accomplished this FY and a start to planning for FY22.
- 2. Gambling Disorder Grant Update:** from Kelly Kondrat, Gambling Disorder Coordinator with KWB Strategies is attached for your review. The annual meeting is scheduled for August 16th 9am–12pm.

Credentialing Specialist Update (Pam Bronson):

- 1.** In July, we successfully transitioned credentialing from Beacon back to the LRE. We established a Credentialing Committee and had our first meeting. MDHHS has a new requirement for a credentialing report to be submitted twice a year and the first one was submitted. We researched and purchased a sanction checking software and have implemented Valenz/EpStaff to start running reports mid-July.

We are currently using the spreadsheet that had been created by Beacon as our source of truth for credentialing, and this is being updated and sent weekly to our Contract Managers. In addition, we are pursuing options to use the PCE system for tracking in the future. We have a meeting scheduled with Mid-State Health Network to discuss how they are utilizing the credentialing module in PCE.

Veteran Navigator Update (Eric Miller):

1. As the Veteran Navigator, I connect Veterans who are struggling with mental health and substance abuse issues. I work with the community mental health agencies within the region by referring Veterans to them or helping the CMHSP's by helping guide them to resources that are available within the region. A key component of my position is to help guide Veterans and those who advocate for Veterans as they work through the VA healthcare system. I also help to advocate for veterans who are having issues getting the care they need through the VA healthcare system.

When working with Veterans there are some areas that are very important to ensuring the success of a veteran both short and long term, these areas include education, employment, healthcare, housing and monetary help. Each of these issues touch on the basic needs of Veterans and each of them plays a key part into the mental health of a Veteran. I work with non-profit organizations, as well as to help when a program or money is not available for what is needed. In order to get to know what resources are available in the region, I attend different events such as the West Michigan Veterans Coalition to connect with other organizations and to grow the resources that I have available for Veterans. I also attend different outreach events throughout the state to help promote the Veteran Navigator Program to Veterans and Organizations that help Veterans.

Quality (Kristi Drooger):**1. Autism/Behavioral Health:**

There are currently 1,390 individuals enrolled in the Applied Behavioral Health Autism Benefit (Allegan – 114, HealthWest – 112, Network 180 – 916, Ottawa – 202, and West Michigan – 46) This is an increase of 3 since the beginning of July. There were 44 individuals approved for ABA services in July and 29 individuals disenrolled.

Braintrust, ACORN, Centria, Wedgwood, Autism Spectrum Therapies, Positive Behavior Supports, Pioneer Resources, Hope Discovery, Developmental Enhancement, The Center for Autism and Related Disorders (CARD), Hope Network, West Michigan CMH ABA program, HGA Support Services – North, Healthwest ABA program, and Merakey have completed ABA provider reviews. MOKA is scheduled for review in August.

With the support of Dr. Mira Krishnan, the LRE created a regional think tank to address the need for increased capacity and efficiencies for initial autism testing. The purpose of the group is to determine recommendations for improvement to decrease wait times for initial autism evaluations. The group is co-facilitated by Dr. Mira Krishnan and Kristi Drooger. There is representation from each CMHSP as well as three ABA provider agencies. Recommendations for further exploration thus far include reviewing the screening for autism process at the access departments across the region, workforce development including additional training, financial management including contracts and rates, and technical support such as scheduling and reminders for appointments to reduce no shows and cancellations.

MDHHS distributed a bulletin on July 16, 2021, for MSA 21-20. MSA 21-20 is effective September 1, 2021, and states that comprehensive diagnostic re-evaluations are required no more than once every three years unless determined medically necessary more frequently. MSA 21-20 also places a greater emphasis on the person center planning process and the individual plan of service.

2. Child's Waiver Program:

There are 55 children enrolled in the CWP (Allegan – 2, HealthWest – 10, Network180 – 37, Ottawa – 5, and West Michigan – 1). Three prescreens were submitted by Network 180 in June and all three children were issued invitations to apply by MDHHS in July. An additional prescreen was submitted by Network 180 at the end of July and that child was also invited to apply at the beginning of August. There are no children waiting for an invitation to the CWP. 21 children have been enrolled in the CWP since the start of the fiscal year. This includes 3 from HealthWest and 18 from Network180.

The T2023 Children's Waiver Case Management CPT code has been retired and has been replaced by T1017.

3. Habilitation Supports Waiver:

The LRE has all 629 HSW waiver slots that remain full. The LRE had 5 disenrollment's in July and 5 individuals were enrolled for June to maintain maximum slot capacity. Two individual that were enrolled were aging off from the CWP and the remaining 3 slots were filled by individuals with the greatest needs from across the region.

The LRE and CMHSP HSW Leads meet regularly to maintain these slots and identify appropriate individuals for enrollment. CMHSP's are reporting increased difficulty since the onset of COVID-19 identifying appropriate HSW enrollees and preparing enrollment packets due to fewer face-to-face service contacts. The LRE has 17 enrollment packets from the CMHSP's ready to fill slots as they become available and 9 with missing information, the CMHSP's are working to update. There are 2 packets still pending for July enrollments. One is waiting to be reviewed by MDHHS and the CMHSP is working to update goals at MDHHS's request.

The Annual RLA project to update the RLA codes in the WSA is occurring. The request went out to the CMHSPs on July 29th and the completed spreadsheets are due back to the PIHP by August 25 for MDHHS submission.

4. Home and Community-Based Services:

MDHHS is planning to begin the next round of surveys in November 2021. All providers that received HCBS provisional approval since the last round of surveys will be included in this round. MDHHS has contracted with MI-DDI to distribute this next round of surveys.

The MDHHS HCBS Validation Project began in April. This impacts the HCBS providers that completed any of the HCBS surveys, except for the last round, and responded "yes" to all questions which resulted in being deemed "in compliance". The LRE is splitting this project into two rounds.

The first round includes Allegan, HealthWest, Ottawa, and West Michigan providers. The second round includes Network 180 providers.

Validation reports were sent on April 29th to providers needing validation from Allegan, HealthWest, Ottawa, and West Michigan. Documentation was due back from these providers May 28th. All but one Ottawa provider has complied. All submitted documentation is currently being reviewed.

Virtual “visits” and interviews were originally going to be conducted in June for the cases that required them however these were rescheduled to be completed over the coming months to address another project for MDHHS that was due the end of July. MDHHS has pushed out the proposed deadline for the validation project to July 2022. Providers from NW180 will now be sent their validation reports later this year.

The Out of Compliance Remediation Tracking/Validation Project began in June and requested data was due to MDHHS on July 30, 2021. The objective of this project is to confirm providers that were out of compliance but completed corrective action plans and went through LRE HCBS reviews are all still compliant. The LRE and CMHSP’s gathered requested information for this project and MDHHS and TBD Solutions are currently cleaning this data and communicating it to the Heightened Scrutiny Review Committee (HSRC) for review.

MDHHS and TBD Solutions is working to clean data collected by the MSU heightened scrutiny reviewers from providers in heightened scrutiny to provide to the Heightened Scrutiny Review Team (HSRC). If the HSRC determines a provider can come out of heightened scrutiny status, the provider may still be out of compliance status. The LRE can then begin working with the provider to remediate or address the areas that placed them in the out of compliance status.

Ongoing training needs are being discussed regionally and with MDHHS. We will be looking at best training opportunities in the coming months.

5. Serious Emotional Disturbance:

The LRE has 57 open individuals enrolled in the SEDW (Allegan – 3, HealthWest – 18, Network180 – 29, Ottawa – 5, and West Michigan – 2). Individuals continue to be enrolled and dis-enroll as appropriate.

6. MDHHS Waiver Audit:

MDHHS concluded the HCBS Waivers and Substance Use Disorder site review of the LRE on November 30th, 2020. MDHHS provided the final site review reports to the LRE on December 15th, 2020. On March 5th, 2021, MDHHS accepted the LRE Corrective Action Plan. MDHHS conducted the 90-day virtual follow-up review of the region from June 1st through the 7th. On June 28th, MDHHS requested additional information to address areas where remediation was not located during the 90-day review or additional information was needed. CMHSP’s had until the close of business on Wednesday, July 7th to provide updated corrective action plans to the LRE and upload updated proofs resolving these matters, in the form of documentation, uploaded to the MDHHS MI Login – File Transfer application. MDHHS again asked for clarifying documentation on July 21st, 2021, to be provided by July 30, 2021. This information was provided and the LRE is awaiting confirmation from MDHHS that they are satisfied with what was provided.

TalkSooner.org Updates August, 2021

OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Continued Hospital/Health Care Collaboration

- Collateral Materials, Webinar Learnings & Applications
- Testimonials
- Media Stories – Thank You, Vicki

"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
Cherry Health

TalkSooner.org

"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
METRO HEALTH
UNIVERSITY OF MICHIGAN HEALTH

TalkSooner.org



HEY, PARENTS!

Need help with the drug talk?



Check out www.talksooner.org (disponible en español!) or download the free app, today!

TalkSooner.org

Brought to you in partnership with: LAKESHORE, Cherry Health, MERCY HEALTH, METRO HEALTH, Spectrum Health

¡Hola, padres!

¿Necesitan ayuda para hablar con sus hijos sobre drogas?



¡Visite www.talksooner.org o descargue la aplicación gratis hoy mismo!

TalkSooner.org

Trabaja a unido en asociación con: LAKESHORE, Cherry Health, MERCY HEALTH, METRO HEALTH, Spectrum Health

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OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Priority Health Collaboration



“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

PriorityHealth

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13 ON YOUR
abc SIDE

TalkSooner.org

OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Community Endorsements/Testimonials

- Pediatricians, Principals, Parents & a Prosecutor

"Talksooner.org is a great resource for parents and educators. It is our 'go to' for everything related to drug trends in the county."



- Jeremy Wright,
Principal



TalkSooner.org


"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

TalkSooner.org

"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



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OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Momentum with MEIJER Pharmacies

- Eyeing Oct., 2021 Drug Take Back Day



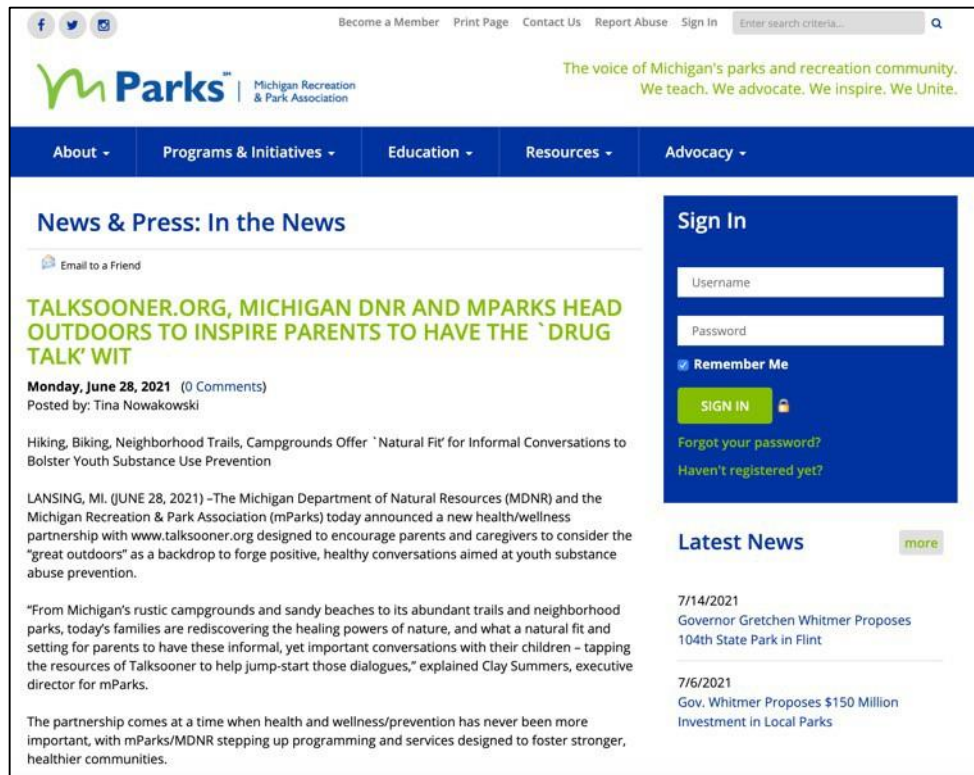
Momentum with WESCO



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OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Launch of MDNR, mParks collaboration - Seeded by Nikki!



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OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Collateral materials to the state's 10 largest parks in LRE footprint



[TalkSooner.org](http://www.talksooner.org)

OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

NEW Collaboration with MDOT!

- Inside 77 MDOT rest areas/welcome centers throughout the state and Labor Day timeline



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WHAT'S IMMEDIATELY AHEAD:

NEW National Family Meals Month

- Channel 13 PSA with TS, MDNR, mParks

NEW ask into Gerald R. Ford International Airport

- “Prevention Takes Flight!”



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PLANNING AHEAD

- Continued Subject Matter Expertise; lead the community conversation– Many more EYES on our site, resources
- REFRESH CONTENT for web, app & Social Media
 - SME expertise/topical areas of support
 - Enhanced publishing process for responsiveness, efficiencies
- Create digital tool kit: schools, business community, TS Partners, CMHDs/stakeholders
- Explore partnership/messaging with Cannabis retailers – community responsibility

PLANNING AHEAD

- Webinars with hospital providers
- Nurture, grow and build current partnerships
- Continued natural media opps, when/where appropriate

CONTENT CURATION

- Trending topics
- Real Parent Talk
 - "voice of customer"
- Relevancy of Quiz
- Other Features
- Use of Video
- Diverse Content





Lakeshore Regional Entity Gambling Disorder Prevention Project

Our Mission: Complete

To apply the Strategic Prevention Framework planning process to preventing Gambling Disorders in the LRE Region.

16 Professional hours of training completed by the coordinator while attending the National Council on Problem Gambling's (virtual) National Conference in July.

190 Youth have completed the Youth Gambling Disorder Lessons since its inception in December of 2019.

4,315 Page views for responsible gambling microsite, stayouttathedangerzone.com

- Geo Fencing campaign is complete. June numbers were a bit higher than July, but overall geo-fencing and retargeted out-performed the April/May app campaign. An impressive Click-through-rate of .42%.

Needs Assessment Update: KWB Strategies published an updated gambling needs assessment, including lottery spending data trends, COVID 19 impact, and legalization of online gambling in Michigan. Results of the recent Community Survey about gambling behaviors and attitudes in the LRE region are also included and will be shared at the Regional Meeting on August 16.

In Progress

Sponsored Videos and Articles via MLive: 3 montage videos were developed and will be promoted on the MLive website beginning August 10 and running until September 30. The videos will direct users to the microsite. 3 creative ads will also be running on MLive during that time frame, in addition to an informational article that warns readers of the risks of gambling disorders for adults and for parents.



Next Steps

Regional Project Meeting: A regional project meeting will be held on August 16, 2021 focusing on: results of the needs assessment, progress updates for the four local FY20 projects funded by LRE; input for re-focus of strategic plan, Request for Applications (RFA) for FY2022 GDP Projects.



Information Officer Report – August 2021

Summary:

1. MCIS Software:

LRE staff participated in a more in-depth demonstration of the PCE Systems Audit module presented by staff from Mid-State Health Network who have experience working with that software module. Mid-State uses the module for both provider audits and CMH site review audits. The LRE team is using this detail to evaluate the system capabilities and plan next steps as we look forward towards the re-onboarding of quality functions at the LRE.

2. Data Analytics and Reporting:

Data Sources: RUBIX Technology has defined and loaded the first few key data sources within the development environment of the LRE Data Analytics Data Warehouse (Encounters, BHTEDS and Patient Registry). A list of remaining data sources to be incorporated has been prepared and prioritized with higher priorities given to those which will support critical short-term data reporting needs that will be required in the initial go-live planned for later this year.

Report Development: Initial reports and dashboard visualizations are currently being created in the development environment, to test the initial data sources for completeness, to test the database environment for performance thresholds, and to provide “proof of concept” visualizations which will help to guide future dashboard design and development.

3. FY21 data reporting to MDHHS:

Encounters: FY21 encounter volumes are still on-track from Allegan CMH, Network180 and West Michigan CMH. For those 3 CMHSPs, June 2021 services are well represented in the PIHP data, which should normally be the case by mid-August, though they are certainly not complete yet due to claims lag. Volumes are lower than normal for HealthWest, particularly in the SUD area for May and June, and are notably lower for Ottawa in the Mental Health area, also for May and June. Both HealthWest and Ottawa are currently addressing the late reporting of encounters via Plans of Correction. Please see also the attached encounter graphs showing year to year comparisons.

BH-TEDS: BH-TEDS reporting volumes remain strong for all CMHSPs. Updated MDHHS BH-TEDS completeness stats from August 6th are shown on pages 3 and 4 below under “Additional Details”. I am very pleased to report that **our scores exceed the 95% required compliance threshold in all 3 measurement categories** (Mental Health, Mental Health Crisis Only, and Substance Use Disorder)! Our CMHs are to be congratulated for their sustained performance improvement efforts in this area which have brought about these great results!

4. **FY20 Financial Year End Reporting and FY22 Rate Setting – LOCUS Completeness:**

Last month we reported that MDHHS had requested that LRE review an analysis of FY20 LOCUS Completeness as prepared by Milliman because they were seeing our (LRE) LOCUS completeness rates as being notably lower than other regions. Our CMHSPs reviewed the client specific lists of missing LOCUS scores sent by Milliman/MDHHS and made updates to applicable BH-TEDS records where possible. In follow-up, an additional information sharing meeting with LRE/MDHHS/Milliman was held and helped to clarify how Milliman is utilizing the BHTEDS data to identify the most appropriate LOCUS score to use for a given fiscal year. Also, details were shared regarding how their LOCUS Completeness measure is calculated. Milliman agreed to re-run their completeness calculation using data as of August 3rd (vs their previous data state which was as of June 3rd). That re-calculated measure has not come out yet, but we are very interested to see that to help us determine whether we have more work to do in this area. Milliman also agreed that the more complete data set from August 3rd would be used for LRE in the final rate setting algorithm for FY22 rates.

5. **LRE BH-TEDS Training Event was well received!** LRE Hosted a (virtual) BHTEDS training event on August 3rd, with instructional sessions led by Phil Chvojka and Carol Hyso from MDHHS and a “Q & A” follow-up period as well. Well over 200 participants attended virtually via Microsoft Teams, including many CMH and Provider staff from both administrative and clinical positions. MDHHS presented not only details about specific BHTEDS related data, but also the reason and rationale for the BHTEDS record collection, and how the information is used at the state and federal level to support and guide federal block-grant funding levels. He presented and displayed some information from the SAMHSA “**WEBBGAS**” reporting system which shows that Michigan submits data that is meaningful and sensible and compares well alongside that from neighboring states in the Midwest region. For an example report from **WEBBGAS** please see the image included below under “Additional Details” (page 5).

MDHHS staff welcomed all questions. They had ready answers for most of them and then took some back for internal review and follow-up as well. They also permitted the virtual sessions to be recorded so that our region can continue to use those recordings going forward for training of new staff or for periodic refresher training.

Additional Details:

FY21 BHTEDS Completeness – per MDHHS (08/05/2021):

FY21 Mental Health BHTEDS (excludes “crisis only” episodes of care): *[91.56 % → 95.11 % over the last 3 months, + 3.55]*

FY21 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2020 - 06/30/2021*			BH-TEDS: 07/01/2019 - 08/05/2021	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation Encounters	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2019	
CMH Partnership of SE MI	00XT	9,035	183	97.97%
Detroit/Wayne	00XH	52,881	3,275	93.81%
Lakeshore Regional Entity	00ZI	17,028	832	95.11%
Macomb	00GX	10,360	244	97.64%
Mid-State Health Network	0107	36,418	1,735	95.24%
NorthCare Network	0101	5,433	35	99.36%
Northern MI Regional Entity	0108	11,440	183	98.40%
Oakland	0058	16,522	210	98.73%
Region 10	0109	15,890	42	99.74%
Southwest MI Behavioral Health	0102	18,140	739	95.93%
Statewide		193,147	7,478	96.13%

FY21 Mental Health Crisis Only BHTEDS: *[95.84 % → 96.84 % over the last 3 months, + 1.00]*

FY21 Crisis Encounters w/BH-TEDS records				
Encounters: 10/01/2020 - 06/30/2021**			BH-TEDS: 07/01/2019 - 08/05/2021	
Region Name	Submitter ID	Distinct Count of Individuals With		Completion Rate
		Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2019	
CMH Partnership of SE MI	00XT	1,900	108	94.32%
Detroit/Wayne	00XH	7,326	2,198	70.00%
Lakeshore Regional Entity	00ZI	5,317	168	96.84%
Macomb	00GX	1,313	8	99.39%
Mid-State Health Network	0107	8,926	298	96.66%
NorthCare Network	0101	1,533	53	96.54%
Northern MI Regional Entity	0108	3,328	72	97.84%
Oakland	0058	2,886	13	99.55%
Region 10	0109	1,547	35	97.74%
Southwest MI Behavioral Health	0102	2,697	100	96.29%
Statewide		36,773	3,053	91.70%

FY21 Substance Use Disorder BHTEDS: *[99.50 % → 99.36 % over the last 3 months, -.14]*

FY21 SUD Encounters w/BH-TEDS records				
SUD Encounters from 10/01/2020-06/30/2021***			Does Not Have Open Admission at Time of Encounter as of 08/05/2021	
		Distinct Count of Individuals With		
Region Name	Submitter ID	Non-Health Home Encounters	Non-Health Home Encounters But NO BH-TEDS Record	Completion Rate
CMH Partnership of SE MI	00XT	2,459	10	99.59%
Detroit/Wayne	00XH	6,665	0	100.00%
Lakeshore Regional Entity	00ZI	5,284	34	99.36%
Macomb	00GX	3,446	13	99.62%
Mid-State Health Network	0107	9,120	10	99.89%
NorthCare Network	0101	1,476	3	99.80%
Northern MI Regional Entity	0108	3,365	18	99.47%
Oakland	0058	3,192	1	99.97%
Region 10	0109	4,360	15	99.66%
Salvation Army	002Y	NO FY21 Encounters Submitted Yet at 08/05/2021		
Southwest MI Behavioral Health	0102	5,138	104	97.98%
Statewide		44,505	208	99.53%

WEBBGAS BHTEDS Sample Report – Drug Use Abstinence:

{ HHS Region 5: IL, IN, MI, MN, OH, WI }

bgas.samhsa.gov/Module/BGAS/Page/Reports.aspx

[Gmail](#) [YouTube](#) [Maps](#)

Reports

TEDS Performance Measures - State Level With Admission/Discharge Numbers

[Back to Reports](#)

[Print Report](#)

[Export to Excel](#)

1 of 2 ? Find | Next

TEDS Performance Measures - State Level With Admission/Discharge Counts



WEBBGAS
Standard Reports

Report Year: 2020

Measure: Drug Use Abstinence

State/Jurisdiction Selection: IL, IN, MI, MN, OH, WI

State/Jurisdiction	HHS Region	Number of Admissions	% at Admission	Number of Discharges	% at Discharge	Relative Change	Absolute Change
Illinois ⁺	5	13,546	43.02%	16,965	53.88%	25.24%	10.86%
Indiana	5	8,913	46.79%	8,696	45.65%	-2.43%	-1.14%
Michigan	5	21,273	47.44%	24,310	54.21%	14.28%	6.77%
Minnesota	5	25,898	63.81%	25,645	63.19%	-0.98%	-0.62%
Ohio	5	9,487	50.27%	11,731	62.16%	23.65%	11.89%
Wisconsin	5	3,959	67.19%	4,555	77.31%	15.05%	10.12%
Selected States/Jurisdictions ⁺		83,076	51.69%	91,902	57.18%	10.62%	5.49%
All States/Jurisdictions Total ⁺⁺		465,715	47.20%	517,154	53.60%	13.57%	6.40%

Source: 2020 Substance Abuse Block Grant Report - Table 18 Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

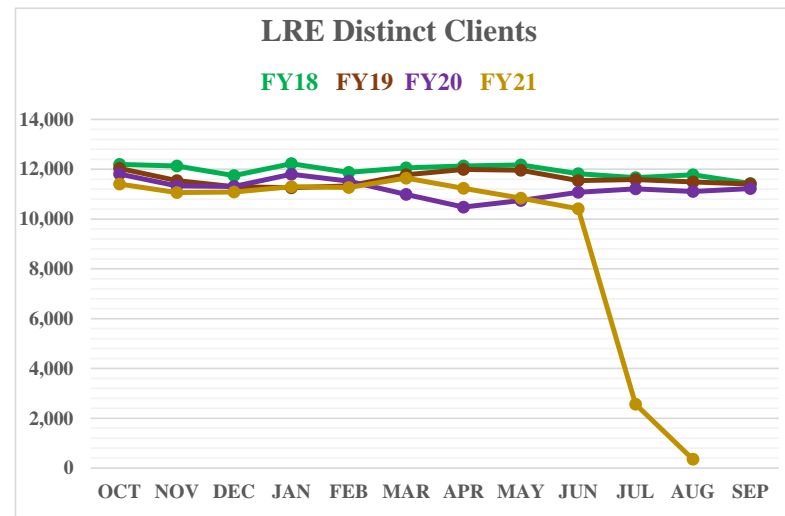
NOTE: To run and view other **WEBBGAS** reports visit: <https://bgas.samhsa.gov/Module/BGAS/Users>

(Log in using username **citizenmi** and pw **citizen**).

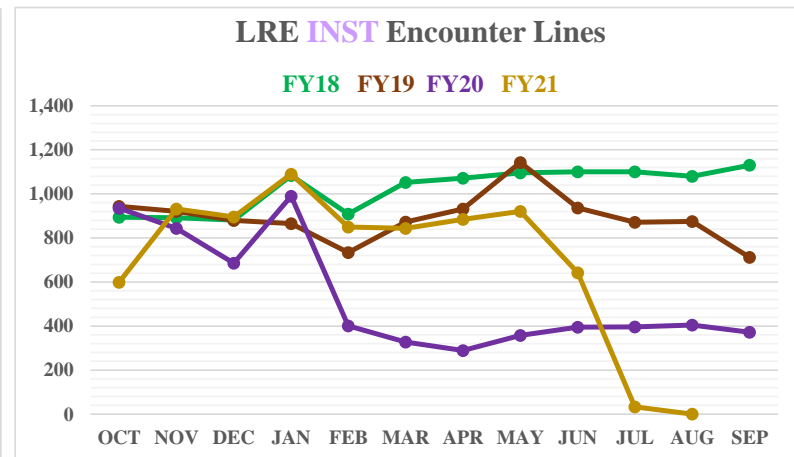
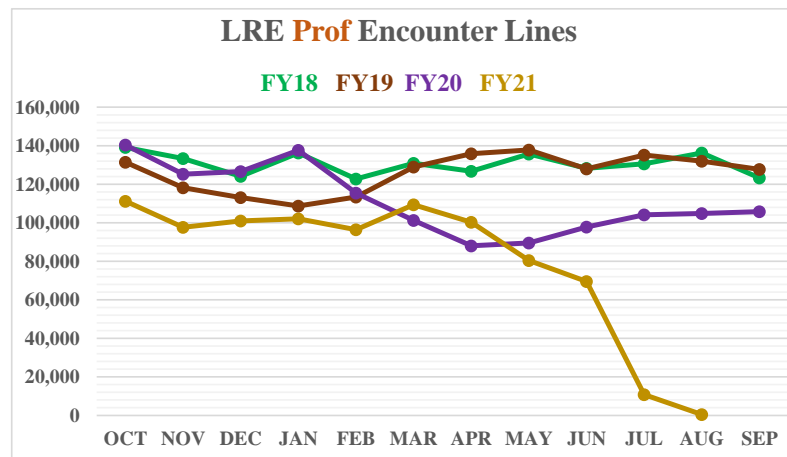
**LRE
Behavioral Health**

**Compares FY18
thru Current
FY21
Encounters**

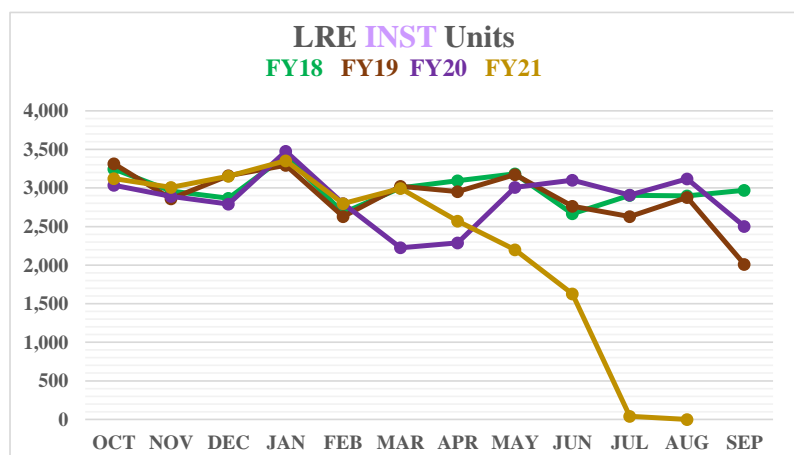
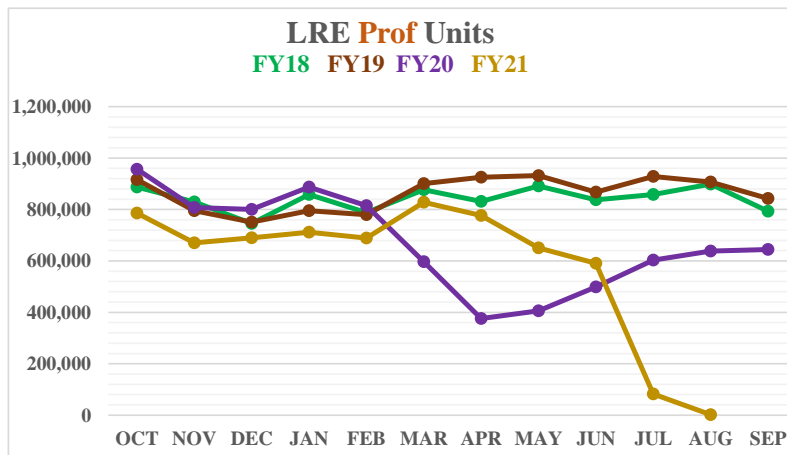
Distinct Client Count



of Encounter Lines



Total Units of Service

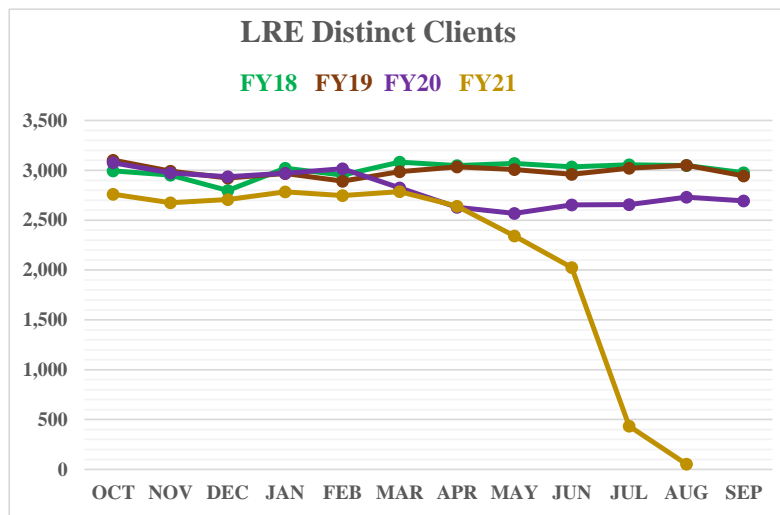


LRE
Substance Use Disorder

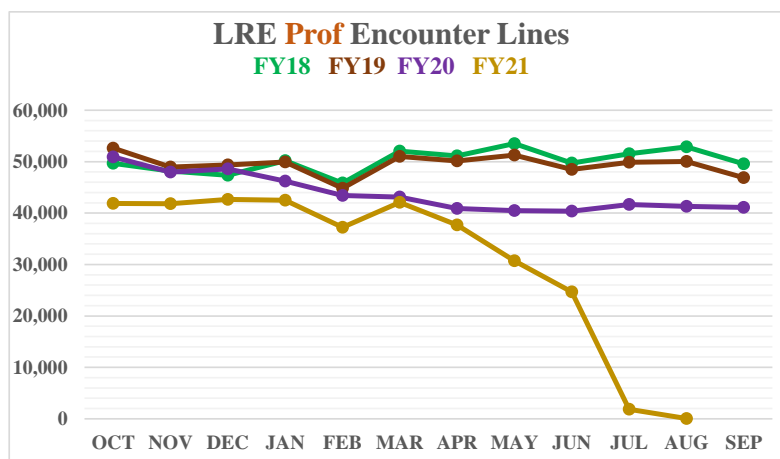
**Compares FY18
thru Current
FY21
Encounters**

8/13/2021

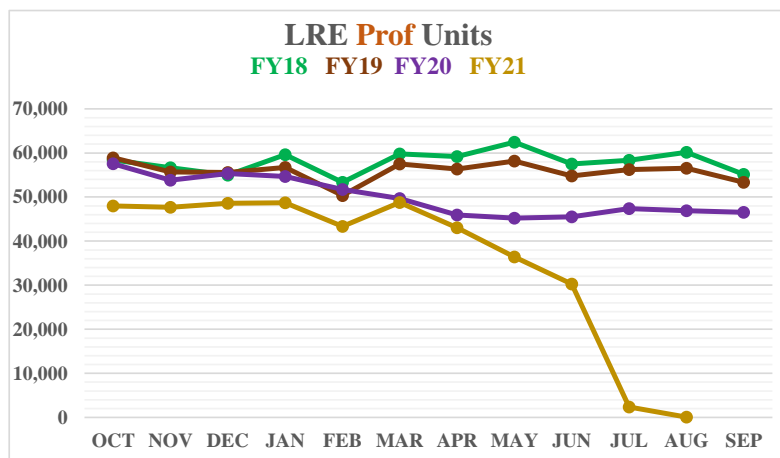
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of Encounter Lines



Total Units of Service

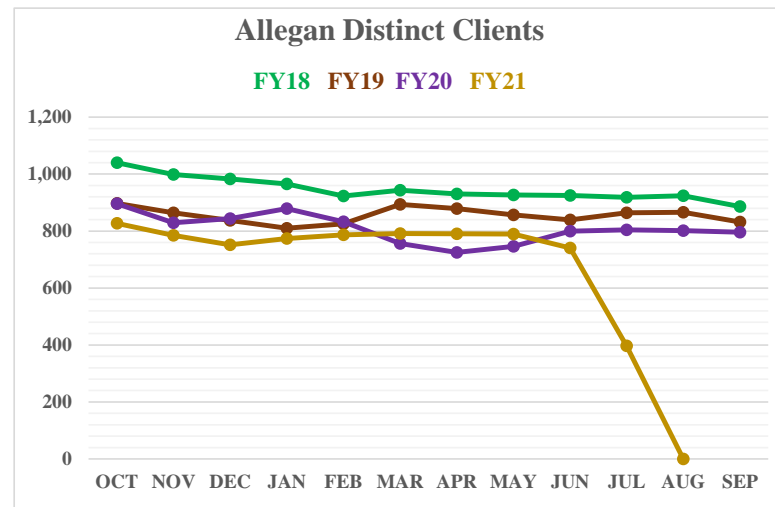


Allegan Behavioral Health

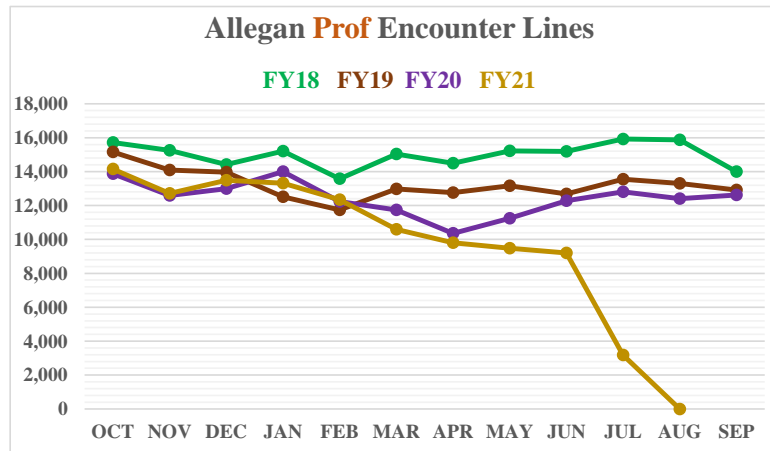
8/13/2021

**Compares FY18
thru Current
FY21
Encounters**

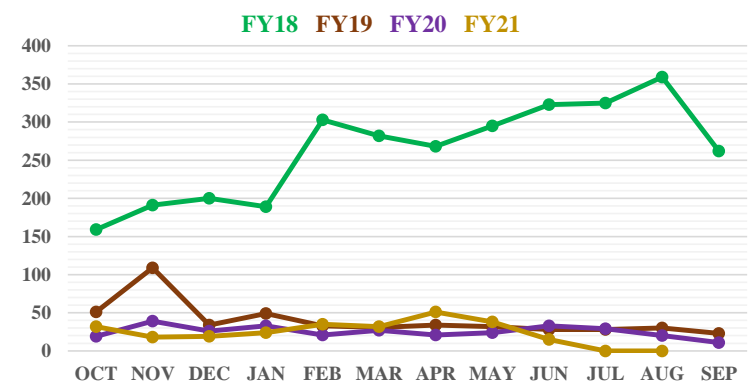
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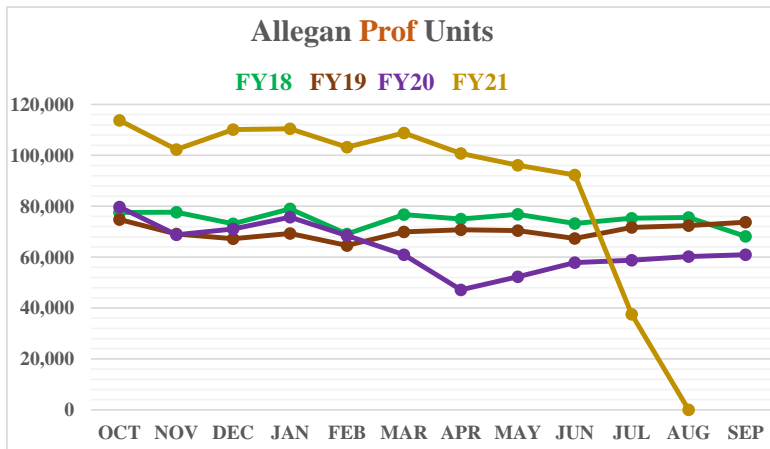
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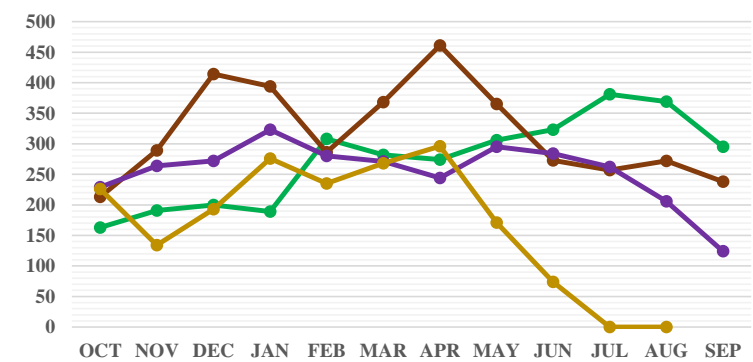
Allegan INST Encounter Lines



Total Units of Service



Allegan INST Units

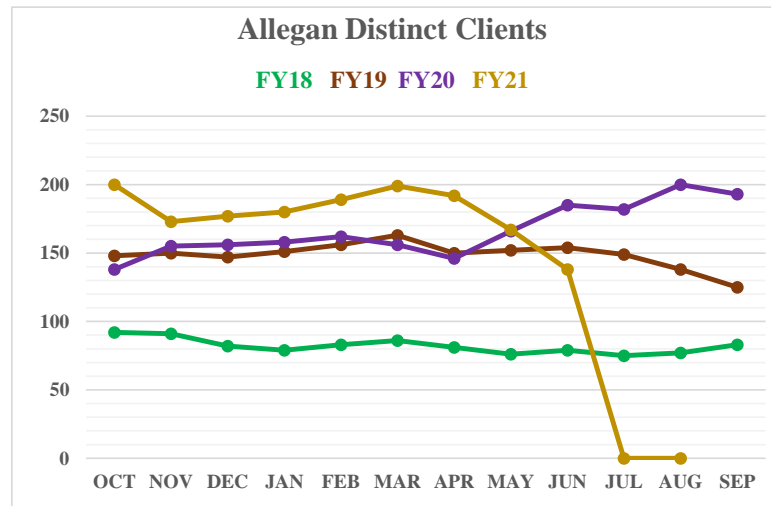


**Allegan
Substance Use Disorder**

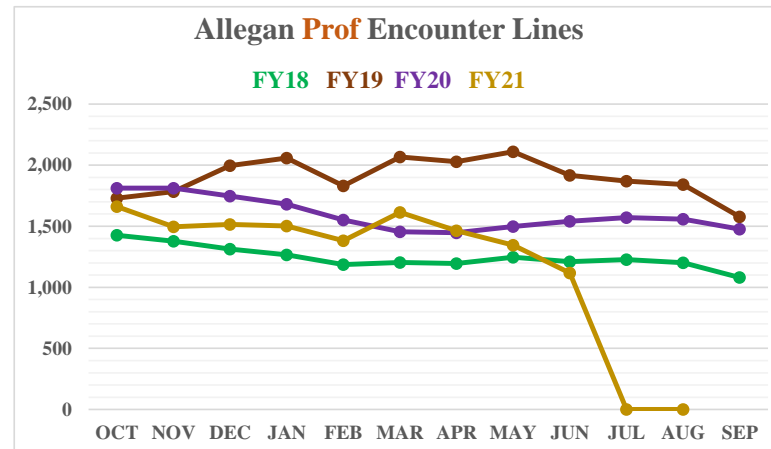
**Compares FY18
thru Current
FY21
Encounters**

8/13/2021

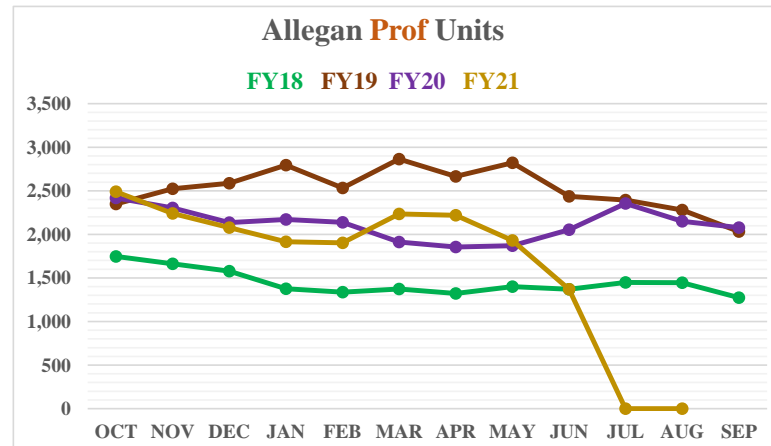
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of Encounter Lines



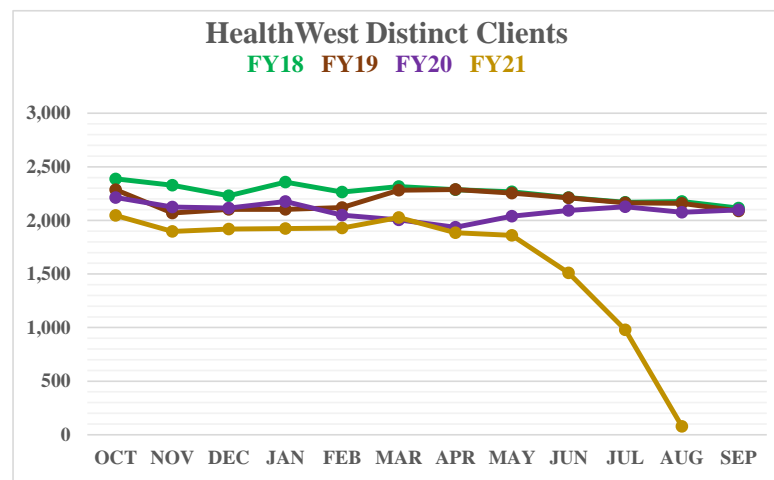
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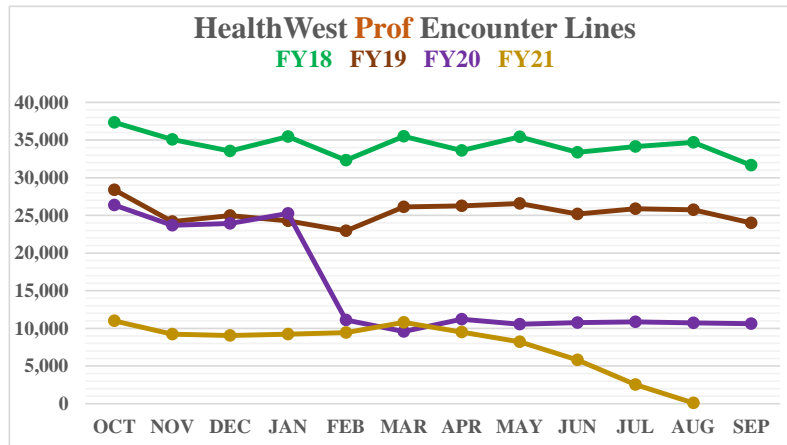
Compares FY18
thru Current FY21

Encounters

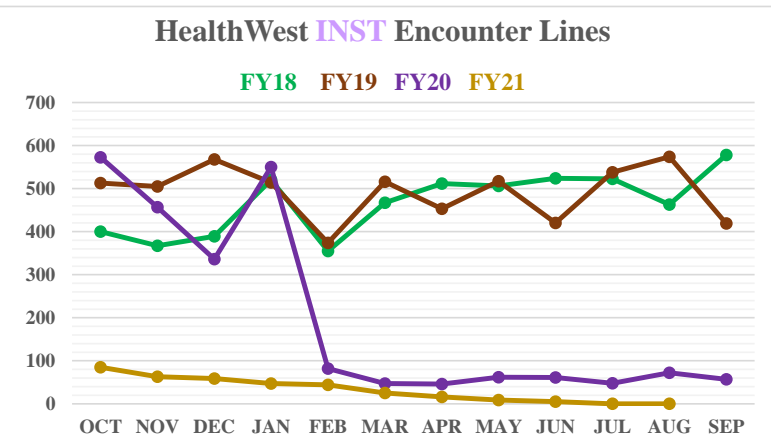
Distinct Client Count



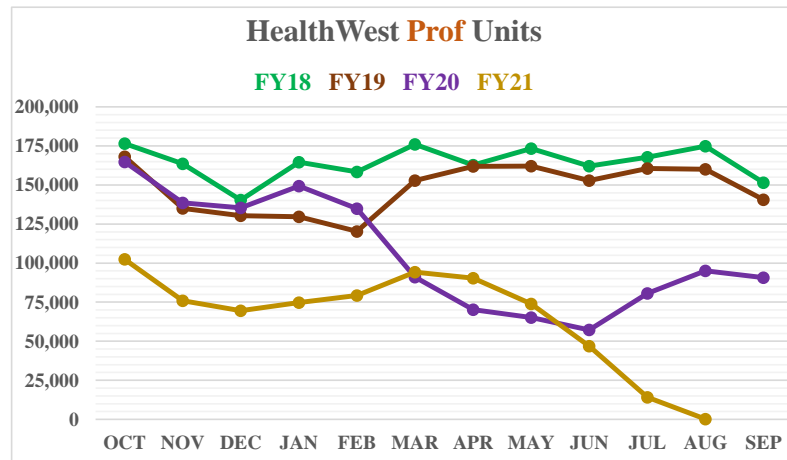
of Encounter Lines



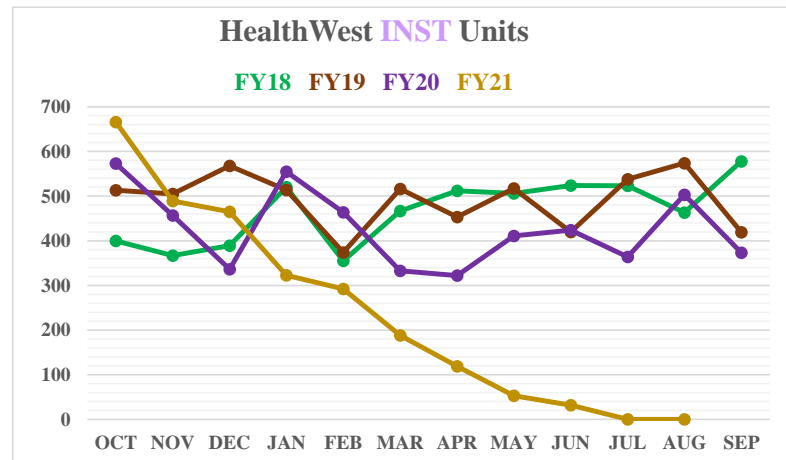
HealthWest INST Encounter Lines



Total Units of Service



HealthWest INST Units



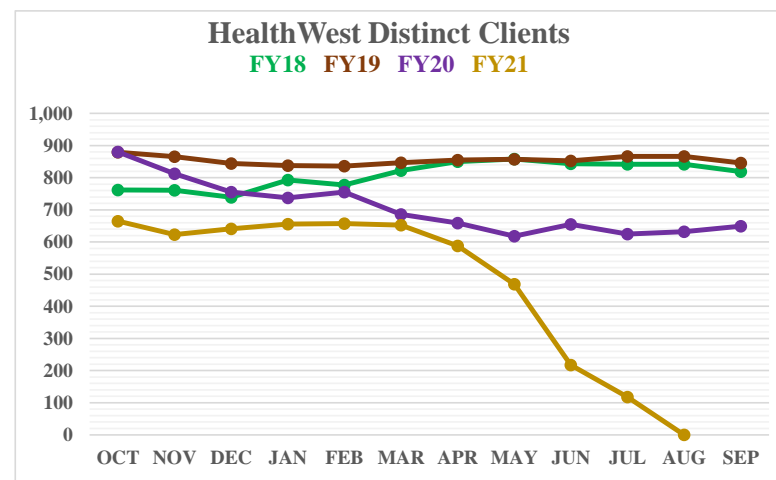
HealthWest Substance Use Disorder

8/13/2021

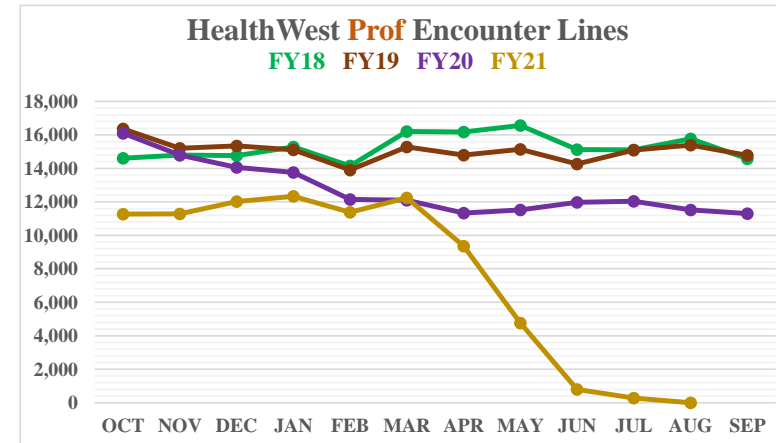
Compares FY18
thru Current
FY21

Encounters

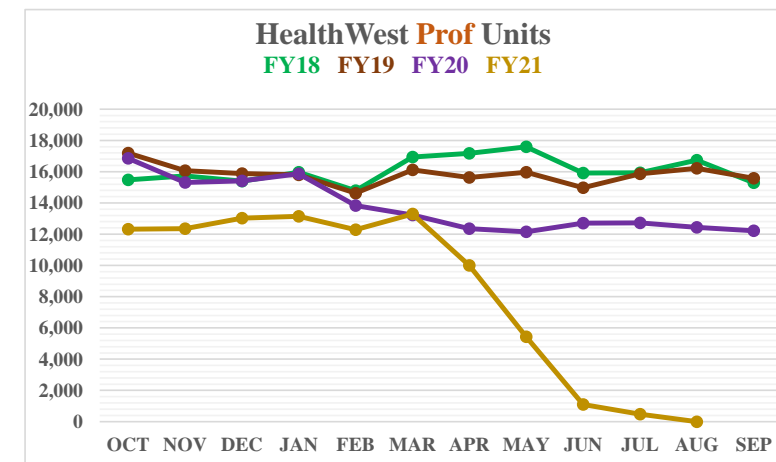
Distinct Client Count



of Encounter Lines



Total Units of Service



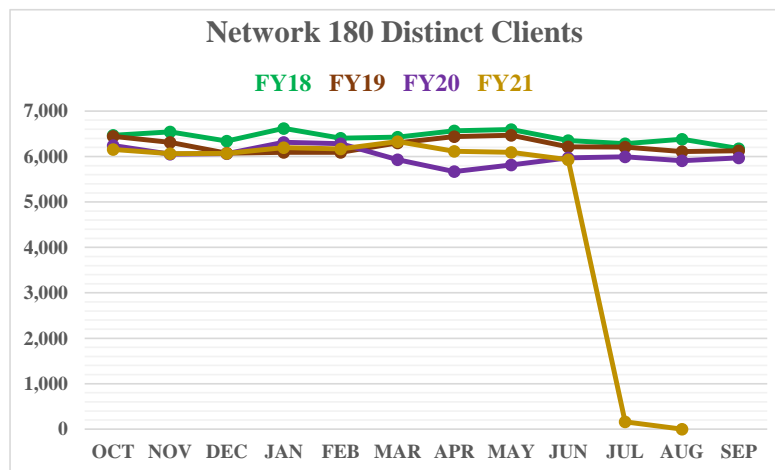
Network 180 Behavioral Health

8/13/2021

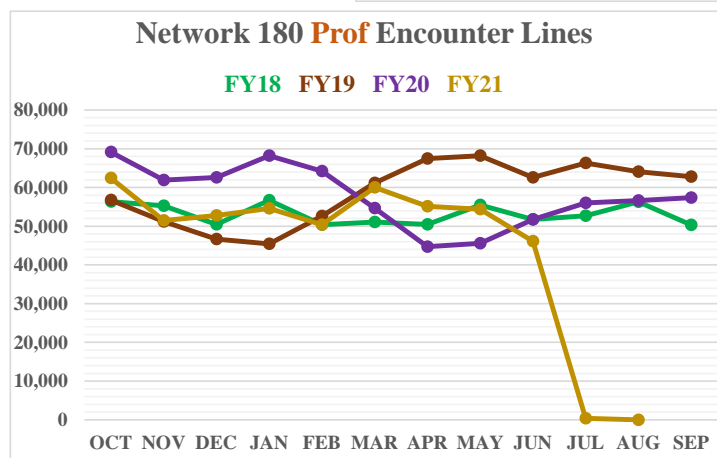
Compares FY18
thru Current
FY21

Encounters

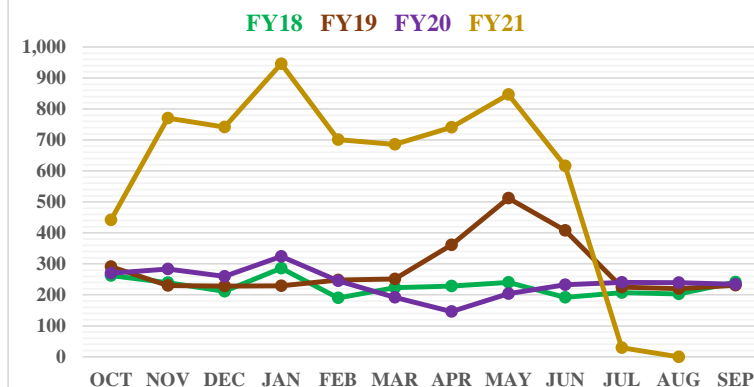
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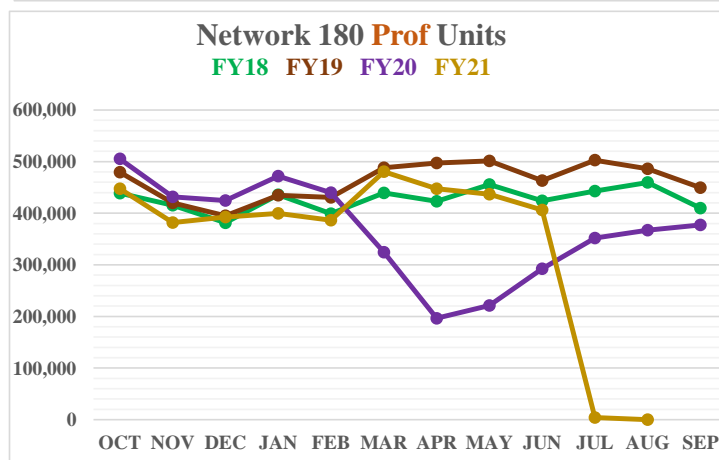
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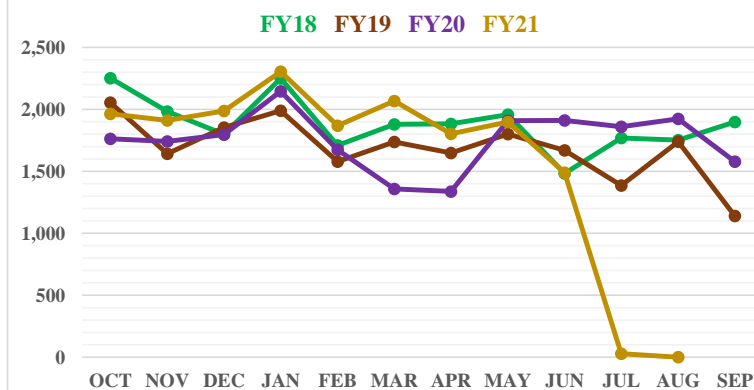
Network 180 INST Encounter Lines



Total Units of Service



Network 180 INST Units

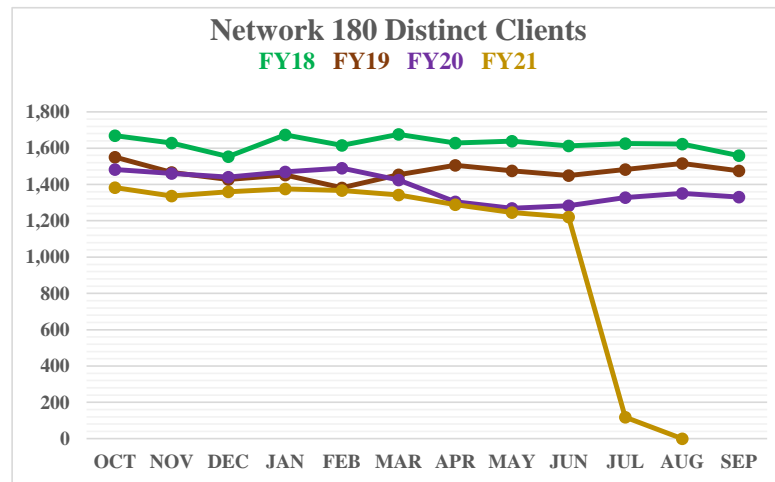


**Network 180
Substance Use Disorder**

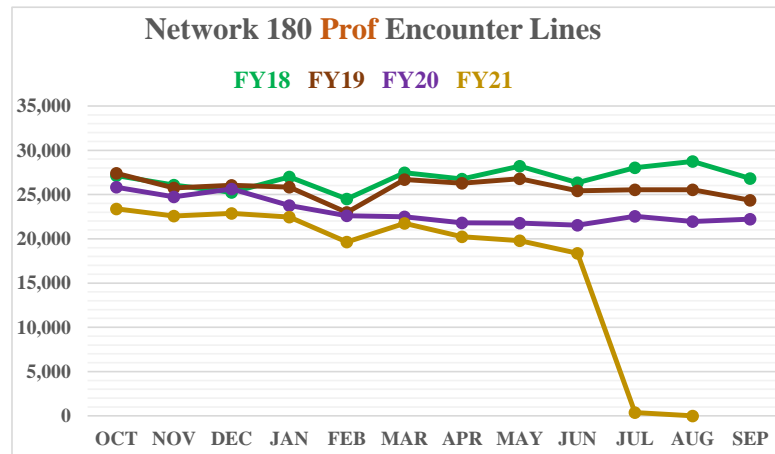
**Compares FY18
thru Current
FY21
Encounters**

8/13/2021

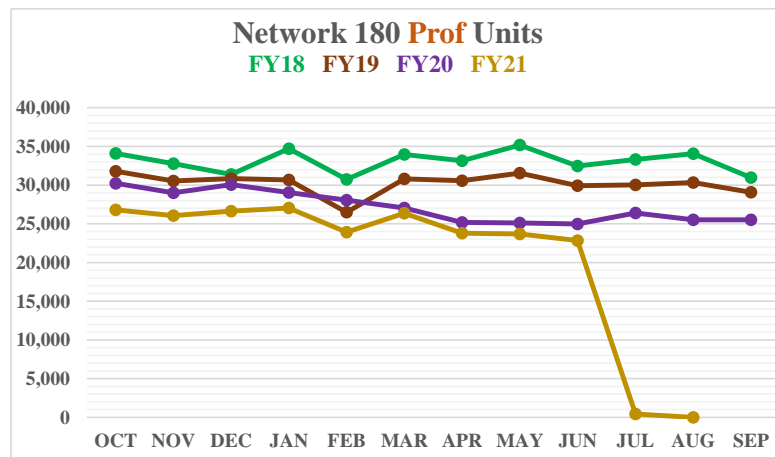
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of Encounter Lines



Total Units of Service

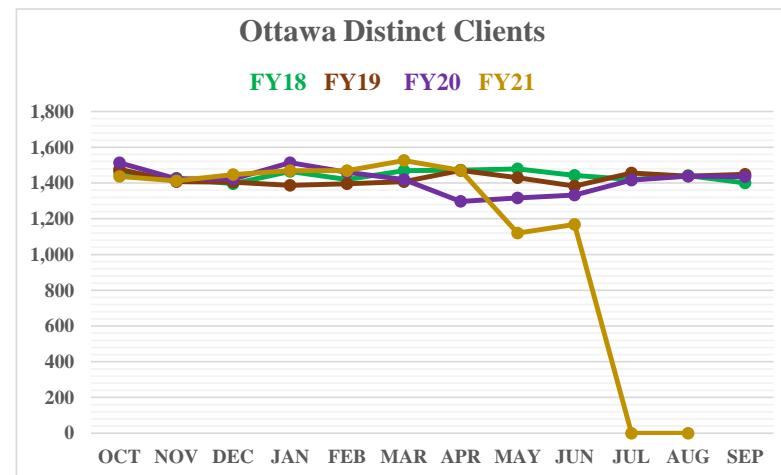


**Ottawa CMH
Behavioral Health**

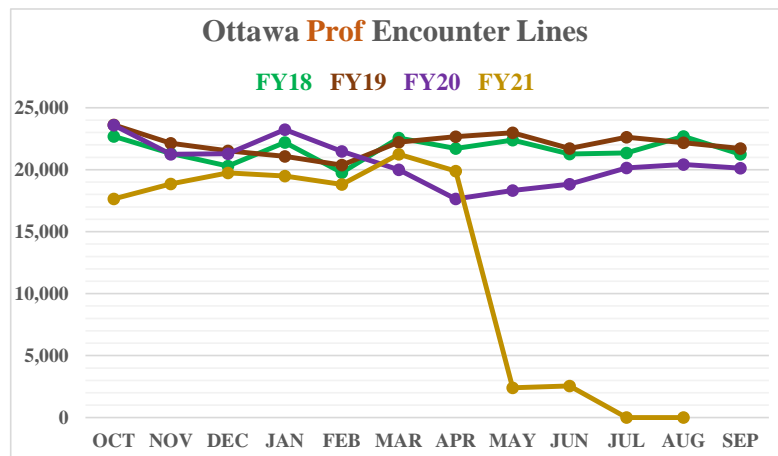
8/13/2021

**Compares FY18
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FY21
Encounters**

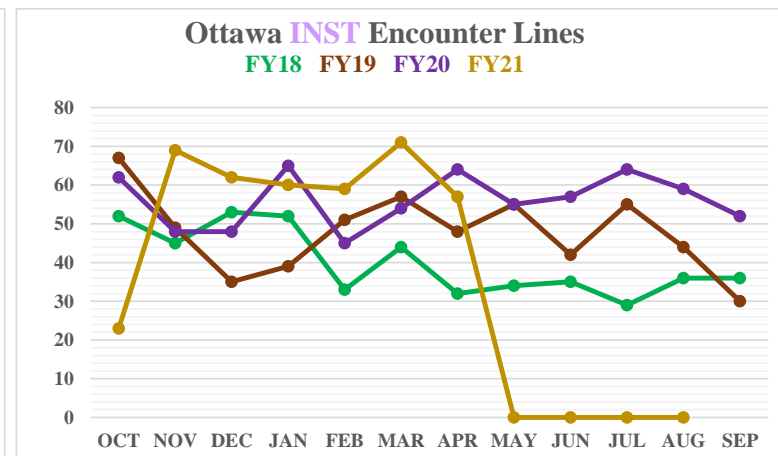
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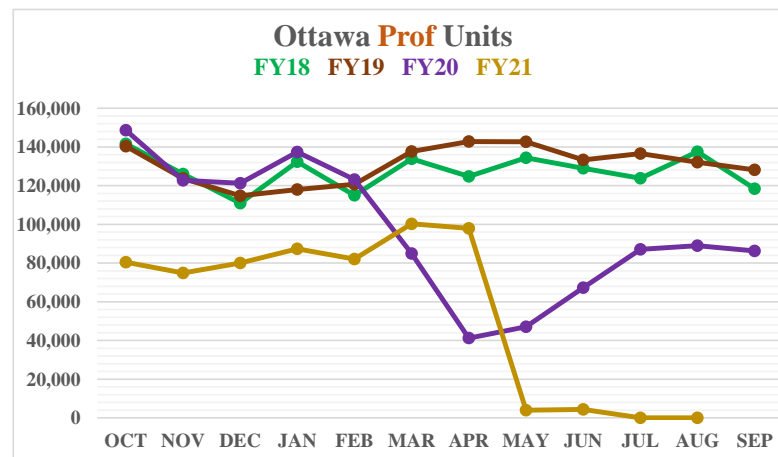
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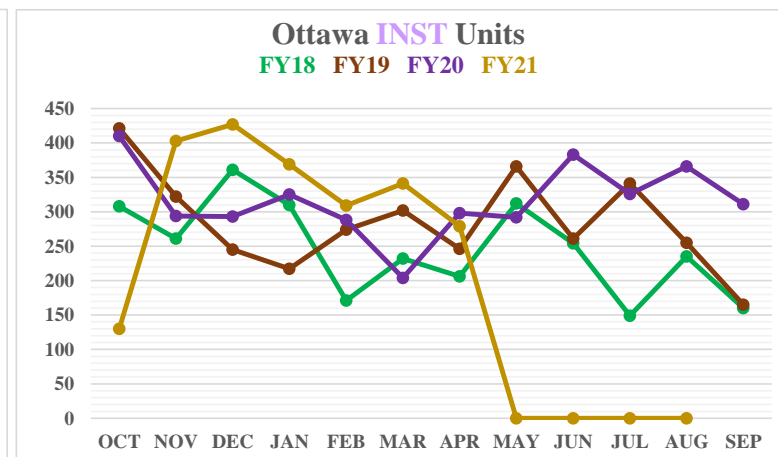
Ottawa INST Encounter Lines



Total Units of Service



Ottawa INST Units

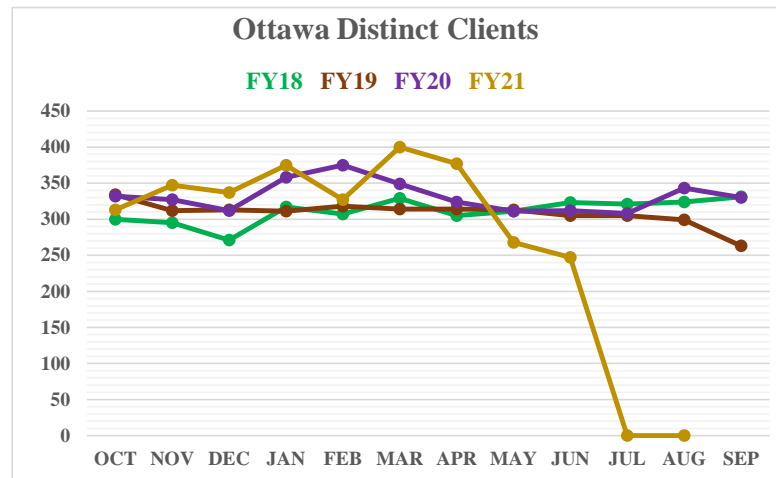


**Ottawa CMH
Substance Use Disorder**

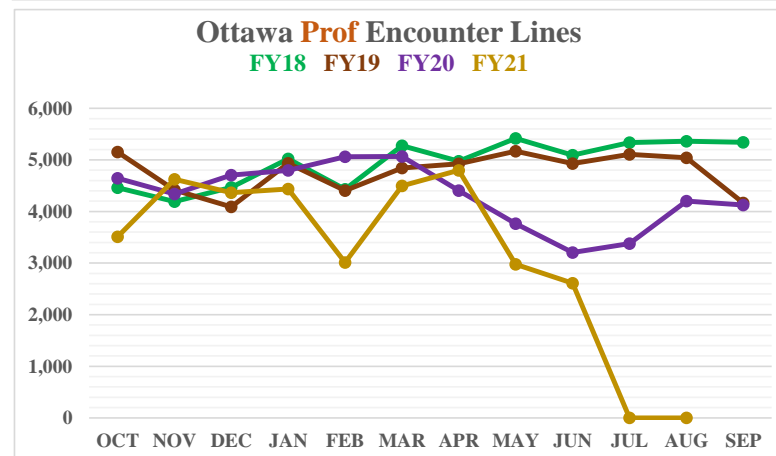
**Compares FY18
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FY21
Encounters**

8/13/2021

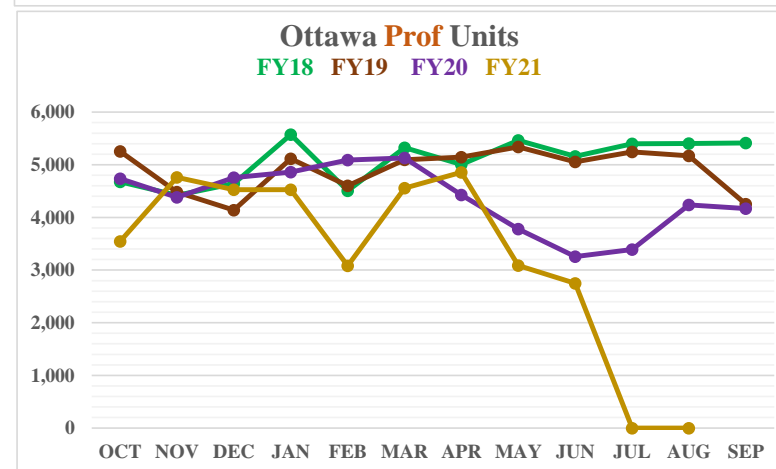
Distinct Client Count



of Encounter Lines



Total Units of Service



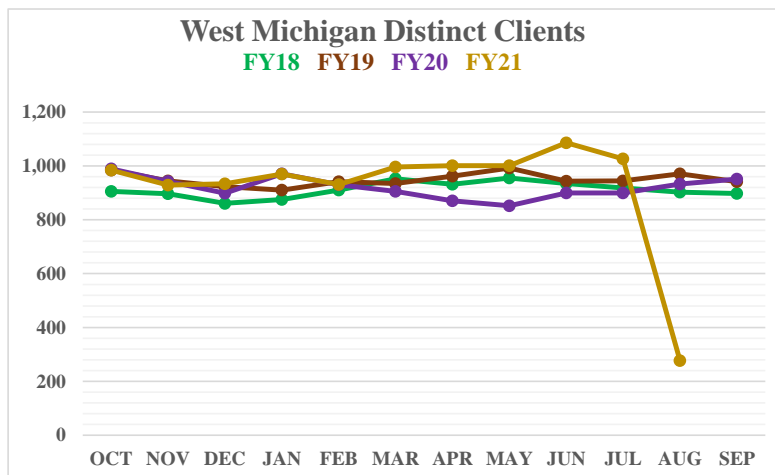
West Michigan CMH Behavioral Health

8/13/2021

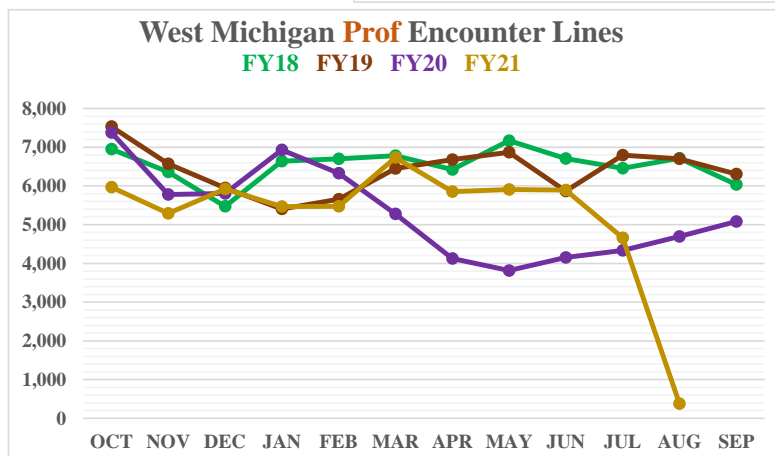
Compares FY18
thru Current
FY21

Encounters

Distinct Client Count

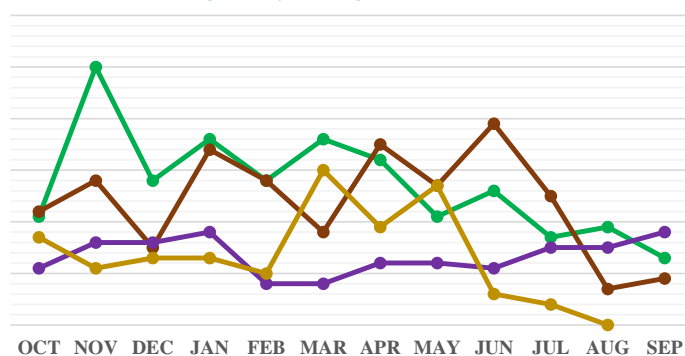


of Encounter Lines

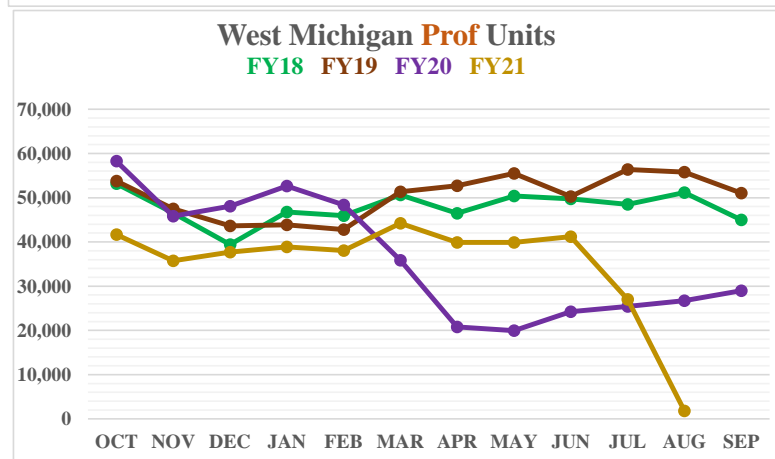


West Michigan INST Encounter Lines

FY18 FY19 FY20 FY21

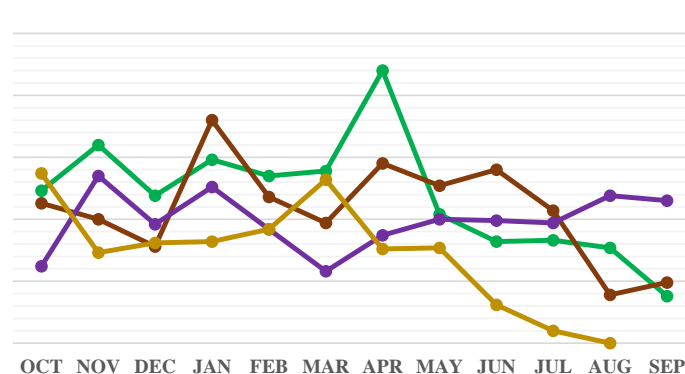


Total Units of Service



West Michigan INST Units

FY18 FY19 FY20 FY21

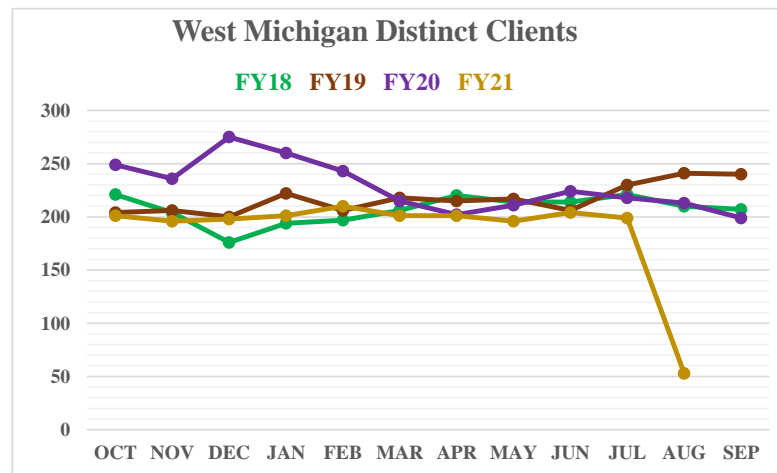


West Michigan CMH Substance Use Disorder

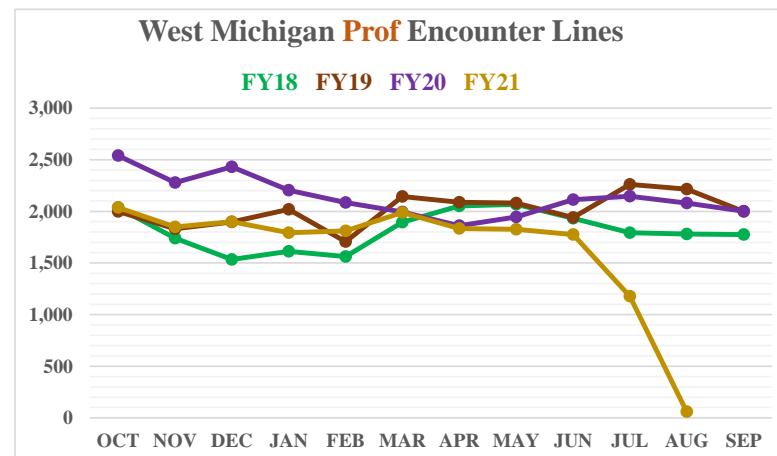
Compares FY18
thru Current
FY21
Encounters

8/13/2021

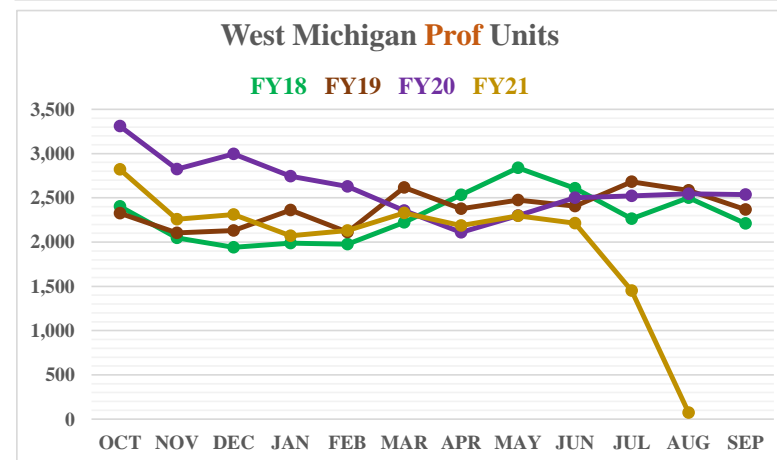
Distinct Client Count



of Encounter Lines



Total Units of Service



EXECUTIVE COMMITTEE SUMMARY

Wednesday, August 11, 2021, 3:00 PM

Present: Mark DeYoung, Peg Driesenga, Stan Stek, John Snider, Jane Verduin

WELCOME

- i. August 11, 2021, Meeting Agenda
- ii. Review of July 7, 2021, Meeting Minutes

Moved: John Snider Support: Peg Driesenga
MOTION CARRIED

The August 11, 2021, meeting agenda and the July 7, 2021, meeting minutes were accepted as presented.

BEACON CONTRACT TRANSITION UPDATE

- The LRE has identified staff that will transition back to the LRE from Beacon.
- Beacon will complete all FY21 site reviews prior to Quality staff moving back to LRE.
- Collaboration between the LRE and Beacon has had some difficulties, but these areas are being worked out and the transition is going well.
- Mr. Stek would like to know if there has been any feedback from MDHHS regarding moving MCO functions back to LRE. Ms. Marlatt-Dumas comments that they are being kept informed and there has been no feedback. She has spoke with Greg Moore to continue talking with the State to move toward an agreement.
- Marge Ackermann is still in charge at Beacon.

MDHHS SETTLEMENT UPDATE

- The attorney general will have 30 days to respond to a proposal from the Department. The Department has indicated that a proposal will be complete by August 16.
- HW has been working hard to supply the proofs that is needed for their lawsuit. When we have a settlement in place then HW will pull back their lawsuit.

Action: Greg Moore to attend the August Board meeting for closed session.

LRE EXPANSION UPDATE**Open Positions/New Hires**

- LRE is hiring Provider Network managers, Quality positions, administrative person, additional IT staff and SUD prevention/treatment staff.
- We are discussing moving to 100% PEPM with the CEOs. The CEOs are concerned because there is a large difference to the funding amounts now and previously when Milliman completed the study. There is no longer a large amount of funds being taken away from any of the CMHs because the funding has already been smoothed. This will

be reviewed by the Finance ROAT, after which will be discussed with the CEOs again. If there is agreement then the LRE will make changes to the Operating Agreement and Bylaws, which will be brought to the Board for approval. Changing the regional funding model will be important to put into place because of CCBHC demonstrations sites. CCBHC uses PEPM and will be difficult to separate out.

- The changes to the OA/Bylaws would not come to the Board until September.

Office Design

- The office design is moving forward with cubicles and offices beginning to be built out.

BOARD MEETING LOCATION

- Mason County Airport, 5300 W. US-10, Ludington 49431
- Mason County is a high-risk location for COVID – Masks are highly recommended. The County and CMH masking policy has moved back to 100% masking and would be recommended for the Board members.
- Send out a reminder that they are required to be there in person unless they ask for the medical exemption. Board members do not have to be ill; they can ask for the exemption if they feel attending is a danger to themselves. They will still be allowed to vote under the exemption.
 - Peg Driesenga will be exempted from in person attendance at the August meeting.
 - Staff is encouraged to attend only virtually, as well as the public.

BOARD MEETING AGENDA ITEMS

Add a closed session to the agenda.

BOARD WORK SESSION AGENDA

- i. Review of the LRE Tactical Plan.

OTHER

- Mr. Stek would like to plan a global review of the CCBHC function and how that will work in this region– Future Work Session (October)

UPCOMING MEETINGS

- August 19, 2021 – LRE Executive Board Meeting, 1:00 PM
Mason County Airport, 5300 W. US-10, Ludington 49431
- September 8, 2021 – Executive Committee, 3:00 PM
- September 16, 2021 – LRE Executive Board Meeting, 1:00 PM


ADJOURN

Lakeshore Regional Entity Board Financial Officer Report for August 2021

- ✚ **Disbursements Report** – A motion is requested to approve the July 2021 disbursements. A summary of those disbursements is included as an attachment.
- ✚ **Statement of Activities** – report through June is included as an attachment.
- ✚ **Bucket Report** - June 2021 Bucket Report is included as an attachment for today's meeting. Expense projections, as reported by each CMHSP, are noted. COVID has continued to impact spending, service demand, and staffing. An approximate surplus of \$13.6 million regionally (Medicaid and HMP) is shown on this month's report, which does not include \$35.7 million in surplus that is being withheld to put into the ISF/Medicaid Savings for FY21. The total regional surplus is projected to be \$64.8 million, which includes prior years' ISF and Medicaid Savings of \$13 million. This is down from \$68.9 million last month and includes the updated revenue projections reported below. The projected DCW lapse for the region is \$10.6 million which is up from \$9.6 million last month. Our region is projecting to receive approximately \$23 million in total for DCW in FY21. The ISF and Medicaid Savings budgeted amounts that are being withheld at the CMHSP level are shown in this month's report.
- ✚ **FY 2021 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are attached. This month's revenue projection includes an overall increase of approximately \$2 million. The increase in revenue is primarily due to the corrected enrollment in the DAB Un-enrolled members from June. This month's report also includes the adjustment for the full ISF/Medicaid Savings amount that was approved by the Board in May in the amount of \$35.7 million.
- ✚ **FY 2021 Budget Amendment** – A motion is requested to approve the FY21 budget amendment 4. The budget amendment is on the agenda and is included as an attachment.
- ✚ **FY 2022 Revenue Projections and Allocation Scenarios** – Finance ROAT is reviewing FY 2022 Revenue Projections and Allocation Scenarios. The scenarios being reviewed are:
 - Full Per Member Per Month (PMPM)
 - Full PMPM except Autism being allocated based on the current allocation model (based on individuals enrolled in the WSA, active IPOS, and currently being served)
 - Current Allocation ModelFull PMPM is being considered to insulate the region and the three CMHSPs that are not CCBHC Demonstration Sites. We do not yet have final FY22 rates from MDHHS/Milliman, so the projections are based on the draft rates previously received. We do not yet know if there will be any allocation for DCW, what the final CCBHC PPS-1 rates will be, or how the base capitation rates are going to be


impacted by CCBHC. Preliminarily, we have been informed that the base capitation rates will not be adjusted for CCBHC, but they may be adjusted retroactively.

Finance ROAT has been charged with making a funding allocation recommendation to Operations Committee along with any related proposed changes to the Financial section of the Operating Agreement.

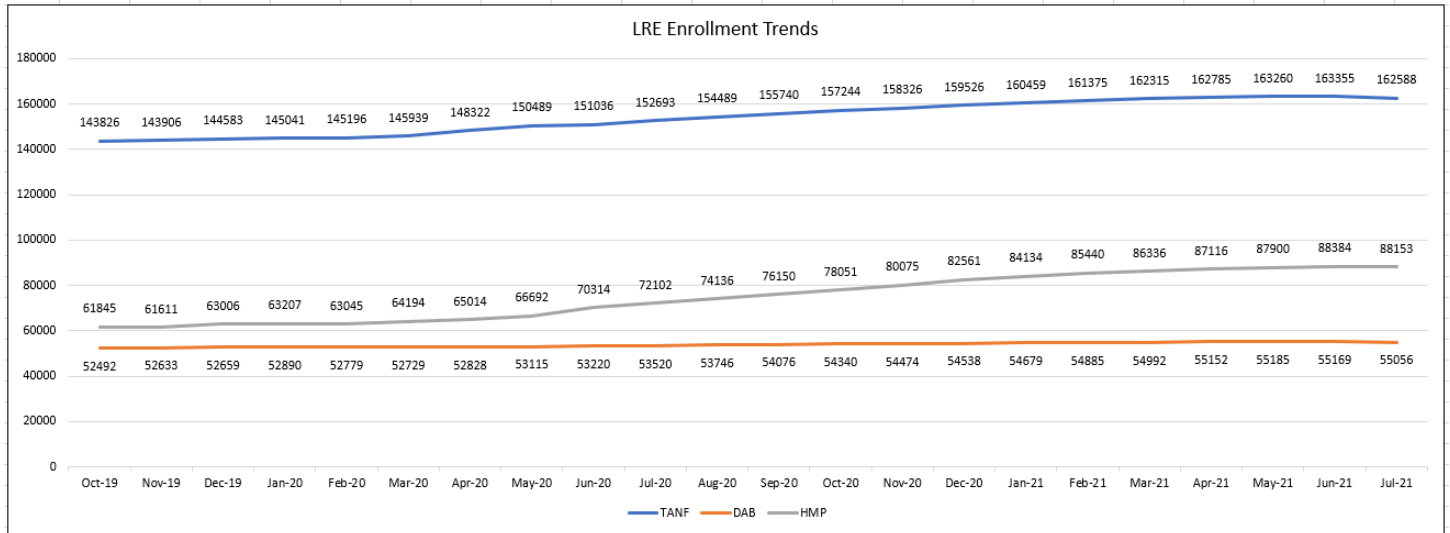
-  **FY 2022 Grant Funding** – We received initial summaries of our FY22 grant allocations. There is an overall net increase of \$363,923 in SUD grant funding. Additional SOR II funds of \$540,818 will be received. This includes projected carryforward dollars lapsed in FY21. SUD Women’s Specialty, Treatment, and Administration services: however, will go down by approximately \$215,930 next year.

Clubhouse spenddown grant funding will also be reduced in FY22. There has been lower utilization of these services during the pandemic, so \$130,000 was requested instead of \$250,000. The LRE will also receive an additional \$10,000 next year to support its regional veteran navigator services.

The overall allocation changes for FY22 are manageable. However, if needed, PIHPs have an opportunity to request budget amendments during the first quarter.

-  **CCBHC - Certified Community Behavioral Health Clinic** – We have participated in several meetings over the past several months with staff from MDHHS, Milliman, PIHP CFOs and CCBHC Demonstration Sites within our region. There are several financial concerns that we hope the State will be addressing such as how/if our base capitation rates will be impacted by CCBHC. The most recent information that was shared with us is that the State is proposing to leave the base capitation rates unadjusted for CCBHC to begin the fiscal year and then do a retroactive adjustment to the rates, if need be, after there is actual data available to analyze. As a regional PIHP, we are not at risk for CCBHC, but our member CMHSPs who are CCBHC Demonstration Sites are full risk for CCBHC. We are strongly advocating that the base capitation rates remain unadjusted to insulate our member CHHSPs who are not CCBHC Demonstration Sites and to protect our mandated population and the funding that is available to serve them. There is a separate Prospective Payment System (PPS-1) rate that is determined for each CCBHC Demonstration Site. The State will be paying the PIHPs a supplemental payment to make up the difference between the base capitation rate and the PPS-1 rate, plus an additional 15% for PIHP administration. That supplemental payment will then be paid monthly to the CCBHC. Reconciliation between the CCBHC and PIHP based on allowable daily services provided to CCBHC enrollees will take place quarterly. And reconciliation between the PIHP and MDHHS will take place annually. The PPS-1 rates were developed based on costing data provided by the CCBHC to MDHHS. There is a risk to the CCBHC if their actual costs exceed the PPS-1 rate, which cannot be adjusted for the first year. However, it can be adjusted in year two based on year one costing data. At this time, we do not yet have final FY 2022 base capitation rates or CCBHC PPS-1 rates.

Revenue Projection			
Total LRE			
	Prior Projection	Current Projection	Change
MCD - MH	\$ 201,632,953	\$ 204,509,943	\$ 2,876,990
MCD - SUD	\$ 7,604,791	\$ 7,695,728	\$ 90,936
HMP - MH	\$ 28,419,540	\$ 28,771,530	\$ 351,990
HMP - SUD	\$ 16,551,858	\$ 16,770,209	\$ 218,351
Autism (Net of Fund)	\$ 40,178,322	\$ 40,692,584	\$ 514,263
Autism Rate Adj. Fund	\$ 3,046,809	\$ 3,065,616	\$ 18,807
Waiver	\$ 41,395,073	\$ 38,998,820	\$ (2,396,253)
LRE / Beacon Admin	\$ 13,675,531	\$ 13,707,113	\$ 31,583
ISF	\$ 35,407,577	\$ 29,245,903	\$ (6,161,674)
Medicaid Savings	\$ -	\$ 6,487,923	\$ 6,487,923
IPA	\$ 4,358,178	\$ 4,376,041	\$ 17,864
Total Region	\$ 392,270,631	\$ 394,321,410	\$ 2,050,779
Total CMHSPs			
	Prior Projection	Current Projection	Change
Allegan	\$ 30,379,005	\$ 30,470,025	\$ 91,021
Healthwest	\$ 64,154,606	\$ 64,358,950	\$ 204,344
Network180	\$ 172,740,903	\$ 173,796,892	\$ 1,055,990
Ottawa	\$ 45,879,078	\$ 46,087,312	\$ 208,233
West Michigan	\$ 22,628,946	\$ 22,725,635	\$ 96,689
Total CMHSPs	\$ 335,782,537	\$ 337,438,814	\$ 1,656,277
CMHSPs Breakdown			
	Prior Projection	Current Projection	Change
MCD - MH			
Allegan	\$ 17,852,333	\$ 18,145,622	\$ 293,288
Healthwest	\$ 41,553,052	\$ 42,109,217	\$ 556,165
Network180	\$ 100,622,114	\$ 102,037,443	\$ 1,415,330
Ottawa	\$ 26,829,451	\$ 27,215,691	\$ 386,239
West Michigan	\$ 14,776,003	\$ 15,001,970	\$ 225,967
Total MCD - MH	\$ 201,632,953	\$ 204,509,943	\$ 2,876,990
MCD - SUD			
Allegan	\$ 623,229	\$ 631,477	\$ 8,248
Healthwest	\$ 1,655,506	\$ 1,671,838	\$ 16,332
Network180	\$ 3,818,457	\$ 3,865,598	\$ 47,142
Ottawa	\$ 925,163	\$ 937,374	\$ 12,211
West Michigan	\$ 582,437	\$ 589,440	\$ 7,003
Total MCD - SUD	\$ 7,604,791	\$ 7,695,728	\$ 90,936
HMP - MH			
Allegan	\$ 2,173,226	\$ 2,198,220	\$ 24,994
Healthwest	\$ 5,839,610	\$ 5,906,028	\$ 66,418
Network180	\$ 14,441,799	\$ 14,626,145	\$ 184,346
Ottawa	\$ 3,906,356	\$ 3,954,934	\$ 48,577
West Michigan	\$ 2,058,549	\$ 2,086,203	\$ 27,655
Total HMP - MH	\$ 28,419,540	\$ 28,771,530	\$ 351,990
HMP - SUD			
Allegan	\$ 1,251,023	\$ 1,265,680	\$ 14,657
Healthwest	\$ 3,491,536	\$ 3,534,899	\$ 43,364
Network180	\$ 8,415,626	\$ 8,529,315	\$ 113,688
Ottawa	\$ 2,188,778	\$ 2,217,807	\$ 29,029
West Michigan	\$ 1,204,894	\$ 1,222,508	\$ 17,614
Total HMP - SUD	\$ 16,551,858	\$ 16,770,209	\$ 218,351
Autism			
Allegan	\$ 3,331,803	\$ 3,374,443	\$ 42,640
Healthwest	\$ 2,342,357	\$ 2,375,823	\$ 33,467
Network180	\$ 27,461,230	\$ 27,808,589	\$ 347,359
Ottawa	\$ 5,978,150	\$ 6,055,194	\$ 77,043
West Michigan	\$ 1,064,781	\$ 1,078,535	\$ 13,754
Total Autism	\$ 40,178,322	\$ 40,692,584	\$ 514,263
Waiver			
Allegan	\$ 5,147,390	\$ 4,854,583	\$ (292,807)
Healthwest	\$ 9,272,546	\$ 8,761,145	\$ (511,401)
Network180	\$ 17,981,677	\$ 16,929,802	\$ (1,051,875)
Ottawa	\$ 6,051,179	\$ 5,706,313	\$ (344,867)
West Michigan	\$ 2,942,281	\$ 2,746,977	\$ (195,304)
Total Waiver	\$ 41,395,073	\$ 38,998,820	\$ (2,396,253)
Member Month Projection			
	Prior Projection	Current Projection	Change
Allegan	301,691	302,963	1,272
Healthwest	713,507	715,630	2,123
Network180	1,860,809	1,869,043	8,234
Ottawa	510,035	511,878	1,843
West Michigan	254,401	255,828	1,427
Total Member Month	3,640,444	3,655,343	14,899
FY 2021 LRE Board Approved Savings			
Total Savings		\$ 35,733,826.00	
ISF = 7.5% of Revenue		\$ 29,245,902.70	
Medicaid Savings	Total Savings - ISF	\$ 6,487,923.30	



BOARD ACTION REQUEST**Subject: July 2021 Disbursements**

Meeting Date: August 19, 2021

RECOMMENDED MOTION:

To approve the July 2021 disbursements of \$19,544,832.19 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$1,776,243.98
Healthwest	\$3,852,215.82
Network 180	\$8,811,844.08
Ottawa County CMH	\$2,535,798.31
West Michigan CMH	\$1,303,561.90
SUD Prevention Expenses	\$110,228.94
Local Match Payment	\$0.00
Hospital Reimbursement Adjuster (HRA)	\$0.00
SUD Public Act 2 (PA2)	\$350,604.71
Beacon Health Options	\$0.00
Administrative Expenses	\$804,334.45
Total:	\$19,544,832.19

95.81% of Disbursements were paid to Members and SUD Prevention Services.

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

STAFF: Stacia Chick**DATE:** August 19, 2021



Proposed Statement of Revenues, Expenditures & Changes in Fund Balance
Fiscal Year Ending 9/30/2021

	FY 2020/2021 Amendment 3 Budget	FY 2020/2021 Amendment 4 Budget	Increase / (Decrease)
Revenue			
Regional Operating Revenue			
Mental Health State Plan & 1915(i)	\$ 239,088,193	\$ 235,140,909	\$ (3,947,284)
Habilitation Supports Waiver (HSW)	40,978,600	41,041,382	62,782
Children's & SED Waiver	3,178,738	3,453,582	274,844
DHS Incentive Payment	693,363	693,363	-
Autism Revenue	50,131,723	50,183,756	52,033
Mental Health Healthy Michigan	32,084,941	32,084,941	-
Mental Health Block Grant - Veteran Navigator	100,000	100,000	-
Block Grants - Hisp BH, Native Am, Tob, Clubhse	540,800	540,800	-
Substance Use Gambling, MI Youth Tx & DFC	397,335	397,335	-
Substance Use State Plan	8,833,032	9,471,191	638,159
Substance Use Healthy Michigan	18,569,608	18,569,608	-
Substance Use Block & State Opioid Response	9,487,493	9,487,493	-
Performance Bonus Incentive Pool	2,419,516	2,419,516	-
Substance Use PA2	5,169,898	5,169,898	-
Hospital Rate Adjuster (HRA)	9,500,000	9,500,000	-
Interest Earnings	17,320	19,000	1,680
Member Local Contribution to State Medicaid	2,040,096	2,040,096	-
Total Revenue	\$ 423,230,656	\$ 420,312,870	\$ (2,917,786)
Expense			
Regional Operating Expenses			
Administration expense	\$ 5,268,316	\$ 4,659,087	\$ (609,228)
Block Grants - Gambl/Veterans/Hisp/Tob/NatAm	\$ 1,005,800	\$ 1,005,800	\$ -
SUD Prevention Direct Expenses	2,656,267	2,656,267	-
Hospital Rate Adjustment / Taxes	13,575,173	13,575,173	-
Operating Expense - Member Payments	344,438,581	341,220,796	(3,217,785)
Beacon Health Options - MCO Contract	8,212,597	8,821,825	609,228
Contribution to ISF/Savings	35,733,826	35,733,826	-
Direct Care Wage Lapse	10,300,000	10,600,000	300,000
Local Contribution to State Medicaid	2,040,096	2,040,096	-
Total Expense	\$ 423,230,656	\$ 420,312,870	\$ (2,917,786)
Revenue Over/(Under) Expense	(0)	(0)	-



Statement of Activities - Actual vs. Budget

Fiscal Year 2020 / 2021

As of Date: 6/30/2021

	Year Ending 9/30/2021	6/30/2021		
Change in Net Assets	FY21 Budget <u>Amendment 3</u>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
SUD Block Grant & State Opioid, & STR	9,487,493	7,115,620	5,439,625	(1,675,994)
Autism Revenue	50,131,723	37,598,792	35,600,415	(1,998,377)
PA 2 Liquor Tax	5,169,898	3,877,424	1,144,753	(2,732,671)
Interest Revenue	17,320	12,990	14,260	1,270
Performance Bonus Incentive	2,419,516	1,814,637	-	(1,814,637)
Local Match Revenue (Members)	2,040,096	1,530,072	1,530,072	-
Hospital Rate Adjuster (HRA)	9,500,000	7,125,000	5,124,196	(2,000,804)
MH Block Grant - Veterans Navigator	100,000	75,000	74,519	(481)
Block Grants - HispBH/NatAm/TobCess/Clubhouse	540,800	405,600	93,140	(312,460)
Substance Use Gambling, MI Youth Tx &	397,335	298,001	140,412	(157,589)
DHS Incentive	693,363	520,022	202,795	(317,227)
Medicaid, HSW, SED, & Children's Waive	292,078,563	219,058,922	210,525,558	(8,533,364)
Healthy Michigan	50,654,549	37,990,912	38,321,026	330,114
Miscellaneous Revenue	-	-	3,300	3,300
Total Operating Revenues	423,230,656	317,422,992	298,214,070	(19,208,922)
Expenditures				
Salaries and Fringes	1,621,215	1,215,911	808,510	(407,401)
Office and Supplies Expense	225,090	168,818	162,313	(6,505)
Contractual and Consulting Expenses	795,695	596,771	522,627	(74,144)
MCIS	305,200	228,900	221,400	(7,500)
Data Analytics	173,750	130,313	31,250	(99,063)
Utilities/Conferences/Mileage/Misc Exps	2,147,366	1,610,525	155,548	(1,454,976)
Block Grants - Gambl/Veter/HispBH/NatAm/TobCes	1,005,800	754,350	287,897	(466,453)
Taxes, HRA, and Local Match	15,615,269	11,711,452	8,469,625	(3,241,827)
Prevention Expenses	2,656,267	1,992,200	1,796,862	(195,339)
Beacon Health Options - MCO Contract	8,212,597	6,159,448	7,336,526	1,177,078
Contribution to ISF/Savings	35,733,826	26,800,370	4,681,842	(22,118,527)
Direct Care Wage Lapse	10,300,000	7,725,000	-	(7,725,000)
Member Payments	344,438,581	258,328,936	259,996,692	1,667,756
Total Expenditures	423,230,656	317,422,992	284,471,092	(32,951,900)
Total Change in Net Assets	0	0	13,742,978	13,742,978



Statement of Activities
Budget to Actual Variance Report
For the Period ending June 30, 2021

Operating Revenues

SUD Block Grant	Some grant revenues are down due to a reduction in billings. COVID and delayed trainings and events are contributing factors. We plan to request carryforward of lapsing SOR funds to FY22.
Autism Revenue	Actual revenues do not reflect the full increase in Autism rates from April - September.
PA 2 Liquor Tax	PA2 revenues are received after the Department of Treasury issues payments to the counties. Initial payments were made to counties in April and counties began to make payments to the LRE in May.
Interest Revenue	N/A - Closely aligned with the current budget projections.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Local Match Revenue (Members)	N/A - Closely aligned with the current budget projections.
Hospital Rate Adjuster (HRA)	Revenue is received quarterly. Third quarter payment is expected in August.
MH Block Grant - Veterans Navigator	N/A - Closely aligned with the current budget projections.
Block Grants -HispBH/NatAm/TobCess/Clubhse	Clubhouse grant revenue is down due to COVID. However, there is opportunity to receive payments up to the approved budget if service activity changes.
Sub Use Gambling Prev & MYTIE	Gambling prevention campaign is ramping up. As expenditures increase, additional revenues will be received.
DHS Incentive	Receive this revenue quarterly beginning in April. Amounts are based on encounter data that supports services to Foster Care and CPS children.
Medicaid B, B3 and HSW	Actual revenues do not reflect the full increase in DCW rates from March - September.
Healthy Michigan	Budget amendment will be made during the next amendment.
Miscellaneous Revenue	Miscellaneous Revenue not yet budgeted. Budget amendment will be made during the next amendment.

Expenditures

Salaries and Fringes	A significant portion of the additional salary expenses will not likely occur until quarters three and four. Fringe expense adjustments were made during amendment 3.
Office and Supplies Expense	This line item is under but IT supplies and equipment purchases were made in quarter 3 & 4. This will be monitored for future adjustments.
Contractual & Consulting Expenses	Likely that expenses will not occur until quarter 4.
MCIS	N/A - Closely aligned with the current budget projections.
Data Analytics	New expense that started in April. It is expected that the final expenses will align with the budget projections.
Utilities/Conf/Mleage/Misc Exps	Significant portions of this line item (Audit, Travel, Miscellaneous) are not anticipated until quarters three and four. This line item also includes the Beacon contract savings amounts which will be detailed during quarter three.
Block Grants -Veterans/HispBH/NatAm/TobCess	Most of these payments are billed to the LRE and paid by MDHHS 30-60 days in arrears. Also, as noted in the corresponding revenue line item above, some expenses are low due to COVID, but may be paid up to the approved grant allocations.
Taxes, HRA and Local Match	IPA taxes and HRA are paid quarterly. This will be monitored for future adjustments.
Prevention Expenses	This reflects costs for SUD prevention services and is based on actual service demand, provider billings, and direct project management service costs.
Beacon Health Options	This reflects actual costs for MCO functions paid per enrollee. This line item will go down in quarters 3 and 4.
Contribution to ISF	This line item was increased in March and May. Catch up payments will be spread over the remainder of the year.
DCW Lapse	Actual lapse will be determined at year end. Projections from the May Bucket Report were \$9.6M. This will be monitored for future adjustments.
Member Payments	Member payments are based on actual revenues received from MDHHS. This closely aligns with current budget projections.

FY2021 Bucket Report - Full Year Projections

Net Position By Member, By Fund Source

Time Period	Mental Health (MH)							Substance Use Disorder (SUD)							MH & SUD
	Allegan	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	Allegan	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	Total
Oct - June															
Net Med: 1115/HSW/CW/SED	497,790	4,276,524	(3,439,064)	3,082,478	(1,595,044)	496,129	3,318,814	121,652	330,778	784,804	499,390	34,198	186,522	1,957,344	5,276,158
Net Med: HealthyMI	(134,990)	926,327	(943,702)	1,591,260	446,425	(297,210)	1,588,111	290,657	1,594,361	4,016,258	511,204	487,134	230,680	7,130,294	8,718,405
Net Autism	23,464	1,433,089	7,088,814	1,947,342	228,751	60,030	10,781,490	-	-	-	-	-	-	-	10,781,490
Net General Fund	487,259	980,943	1,240,428	1,154,858	164,780	-	4,028,267	-	-	-	-	-	-	-	4,028,267
Net Block Grant	-	-	-	-	-	-	-	-	(116,178)	-	(165,377)	-	96,447	(185,108)	(185,108)
Net PA2	-	-	-	-	-	-	-	-	(0)	-	(49,409)	-	-	(49,409)	(49,409)
Net Medicaid Savings Proj	448,154	1,048,406	2,472,308	685,287	359,789	-	5,013,944	30,465	83,682	198,919	50,514	29,079	-	392,658	5,406,603
Net ISF Projection	1,975,904	4,625,566	10,905,134	3,023,395	1,587,268	-	22,117,267	134,246	368,736	876,530	222,619	128,139	-	1,730,270	23,847,537
Subtotal	3,297,580	13,290,856	17,323,918	11,484,620	1,191,968	258,949	46,847,893	577,019	2,261,379	5,876,511	1,068,941	678,550	513,649	10,976,049	57,823,942
June															
Full Year Projection															
Net Med: 1115/HSW/CW/SED	(574,795)	5,362,203	(7,664,008)	552,996	(1,772,957)	-	(4,096,562)	155,626	366,594	921,917	517,761	26,393	-	1,988,291	(2,108,272)
Net Med: DCW Lapse	(741,909)	(2,124,178)	(5,187,696)	(1,396,779)	(1,008,097)	-	(10,458,660)	-	-	(138,755)	-	-	-	(138,755)	(10,597,415)
Net Med: HealthyMI	(133,500)	1,063,193	(1,623,125)	1,269,142	272,465	-	848,174	388,501	1,808,638	3,665,149	1,095,617	496,551	-	7,454,456	8,302,630
Net Autism	196,912	613,356	5,080,389	1,420,451	133,621	-	7,444,729	-	-	-	-	-	-	-	7,444,729
Net General Fund	649,678	132,828	635,144	-	-	-	1,417,650	-	-	-	-	-	-	-	1,417,650
Net Block Grant	-	-	-	-	-	-	-	-	102,026	-	-	69,968	-	171,994	171,994
Net PA2	-	-	-	-	-	-	-	-	181,633	-	-	80,564	-	262,197	262,197
Net Medicaid Savings Proj	557,304	1,252,162	2,958,531	759,472	431,726	-	5,959,195	36,222	99,382	236,557	121,976	34,591	-	528,728	6,487,923
Net ISF Projection	2,512,952	5,645,116	13,335,672	3,702,805	1,946,298	-	27,142,843	163,125	447,523	1,065,345	271,282	155,785	-	2,103,060	29,245,903
Total	2,466,642	11,944,678	7,534,907	6,308,086	3,056	-	28,257,369	743,474	3,005,796	5,750,212	2,006,636	863,853	-	12,369,970	40,627,340
Risk	(1,253,292)	4,914,573	(9,394,440)	1,845,809	(2,374,968)	-	(6,262,319)	544,128	2,175,232	4,448,310	1,613,378	522,944	-	9,303,991	3,041,672
%of Budget	-4.39%	7.70%	-5.82%	4.30%	-11.36%	0.00%	-2.08%	28.68%	41.78%	35.89%	51.13%	28.86%	0.00%	36.37%	PENDING

FY Changes in Projected Med/HMP Spending

	May 2021 MH	June 2021 MH	Difference	%of Budget	FY20 Spend
Allegan	27,467,321	26,879,932	(587,389)	-2.23%	24,939,541
Healthwest	46,344,804	47,325,175	980,371	1.80%	55,125,841
N180	151,588,430	154,417,750	2,829,319	1.88%	139,484,202
Ottawa	36,613,770	36,627,770	14,000	0.04%	36,006,249
West MI	20,527,178	20,519,552	(7,626)	-0.04%	17,637,237
LRE & Beacon	10,969,861	10,969,861	-	0.00%	11,809,258
	293,511,364	296,740,040	3,228,676		285,002,328

	May 2021 SUD	June 2021 SUD	Difference	%of Budget	FY20 Spend
Allegan	1,275,098	1,353,030	77,932	4.11%	899,734
Healthwest	2,990,667	3,031,505	40,839	0.78%	4,623,426
N180	8,166,007	7,807,848	(358,159)	-2.89%	6,248,337
Ottawa	1,541,803	1,541,803	-	0.00%	1,569,919
West MI	1,281,378	1,289,004	7,626	0.42%	1,614,656
LRE & Beacon	1,114,620	1,115,718	1,098	0.10%	774,553
	16,369,573	16,138,908	(230,665)		15,730,625

Total Medicaid Surplus/(Deficit) Projection (Med 1115/HSW/CW/SED + Autism), Excluding DCW 5,336,457

Actual FY20 ISF	2,420,925
Actual FY20 Medicaid Savings	10,625,499
Budgeted FY21 ISF/Medicaid Savings Contribution	35,733,826
Total Reserves:	48,780,250

Projected Medicaid ISF/Savings At Year End: 54,116,707

Healthy Michigan Plan Surplus/(Deficit) Projection 8,302,630

Projected MDHHS Performance Bonus 2,419,516

Projected Reserve Total At Year End: 64,838,854

ISF @ 7.5%	\$ 29,245,902.70
Savings @ 7.5%	\$ 29,245,902.70
Total Max Allowed	\$ 58,491,805.40
Difference	\$ (6,347,048.18)

CEO Report
August 19, 2021

Hello and Good afternoon. It is a Great Day to be a part of the Lakeshore Regional Entity!

1. **COVID-19** – Focus on vaccination and any concerns with vaccination disparities.

Vaccines – Charts and grid on the bottom of the report states the present percentages as well as a comparison of July 2021 to August 2021.

The race metrics provided by MDHHS are interesting informatics to look at regarding vaccination percentages. The highest and lowest percent of doses by initiation and completion by Ethnicity remains the same in comparison to last month. Overall, they are increasing at about 3% in each category except for the highest percentage group (Asian/Native Hawaiian/Other Pacific Islands) which is increasing by 2%. Females are vaccinated about 5-7% more over males, the largest age group is 65-74 years old, followed by 75+ years.

2. **CEO Transition** – It is five months into my contract, and I would say that things are beginning to take shape. The behavioral health environment continues to be tumultuous to say the least. Region 3 continues to be faced with challenges of others attacking the regional entity or its member partners to fulfill personal/political agendas. The Region continues to stay focused on the tasks at hand which include re-establishing the LRE operations and preparation for CCBHC and FY22.

3. **Re-establishing LRE Operations**

A. Leadership Positions – All leadership positions at the LRE have been filled. The LRE leadership team is working diligently to focus on the tasks at hand and the numerous initiatives that MDHHS is rolling out for October 1, 2021.

B. Quality Department - Transitioning of the quality staff back to the LRE is moving forward with the transition date established as November 1, 2021. This will allow the team to wrap up FY21 site reviews and Medicaid Event Verification as Beacon employees. The November 1, 2021, transition date will set us back 30 days on FY22 site reviews however it is the cleanest date to transition them and most cost effective method to complete the previous year's site reviews and still be able to get on track with FY22 reviews as quickly as possible. Staff have been identified and offers will be extended soon. CEO will notify Beacon 24 hours prior to positions being offered for their approval of identified staff.

C. Substance Use Disorder Services/Provider Network Management/Administrative Support – please see the COO report for details on hiring of these positions and the stage of onboarding new staff to fulfill these duties.

4. **Beacon Contract** – The LRE continues to work with Beacon regarding the contracted services. Specific activity that Beacon has provided support in this month included the following:

- Finance:

- Updated the revenue projection model: Validate that DAB members missing payments from the June 2021 payment were paid in July 2021. Updated the ISF withhold percent and added Medicaid Saving into the model. Reviewed the revenue projection model to validate assumptions, links and formulas.
- Developed FY 2022 Revenue projections using preliminary rates using 2 scenarios (1) January 2022 eligibility re-determination date, (2) April 2022 eligibility re-determination date.

- Utilization Management

LRE UM Clinical Steering Committee did not meet in July. The LRE Clinical team completed their last concurrent reviews for higher levels of care on July 29, 2021. The clinical team has shifted their focus to completing the remainder of the discharge continued stay reviews, ensuring all authorizations in the Beacon system are accurate, and on completing pre-admission screen (PAS) audits. The UM team continues to complete retrospective reviews as they are received. The team also completed the Inter-Rater Reliability exam on MCG criteria, recently. The entire team scored about 90%. Weekly submission of the Follow-Up after Hospitalization report has continued to be submitted into CareConnect360 (CC360) in a timely manner.

- Integrated Healthcare

In July, monthly joint care coordination meetings were held with each of the Medicaid Health Plans that serve this region. During the July meetings, 39 consumers were discussed with their respective MHP related to their potential or ongoing benefit from having an interactive care plan and thus improving care and quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 11 consumers discussed with their MHPs, wherein an interactive care plan was not created, but collaboration took place.

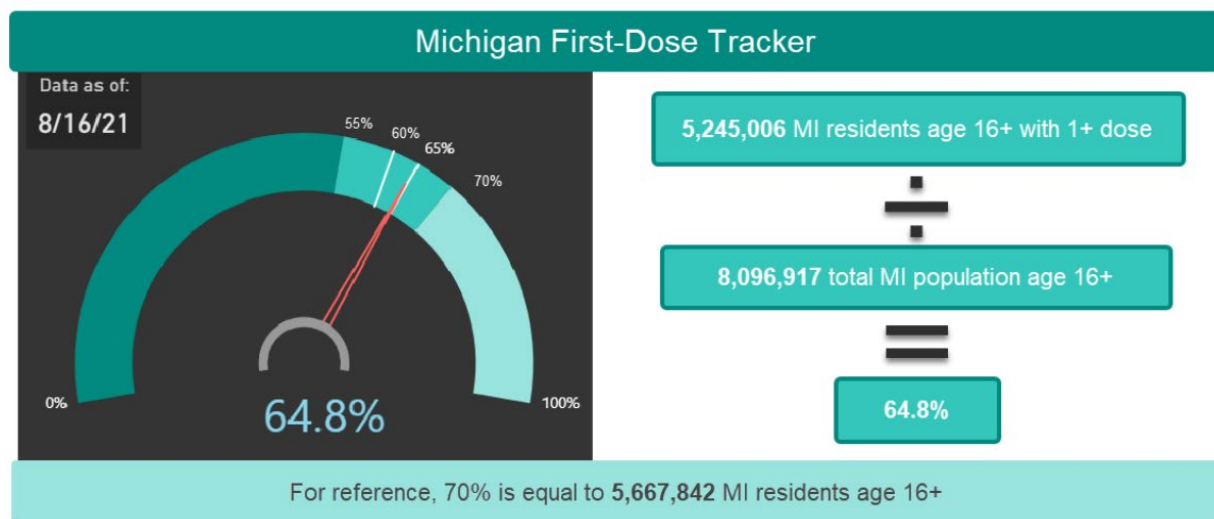
5. **State “Action Plan” Discussions** – Pleased to say that there is some movement in this area over the past week. There is presently communication occurring between MDHHS & Attorney General’s Office. A proposal has been drafted. MDHHS provided the Assistant Attorney General (AAG) with an outline of some settlement terms. Assistant Attorney

General has taken the outline and put it into a formatted stipulation with a few comments/questions for MDHHS. MDHHS is reviewing the AAG comments/questions internally and will get back to the AAG. Next week the LRE should hear back from the AG's office.

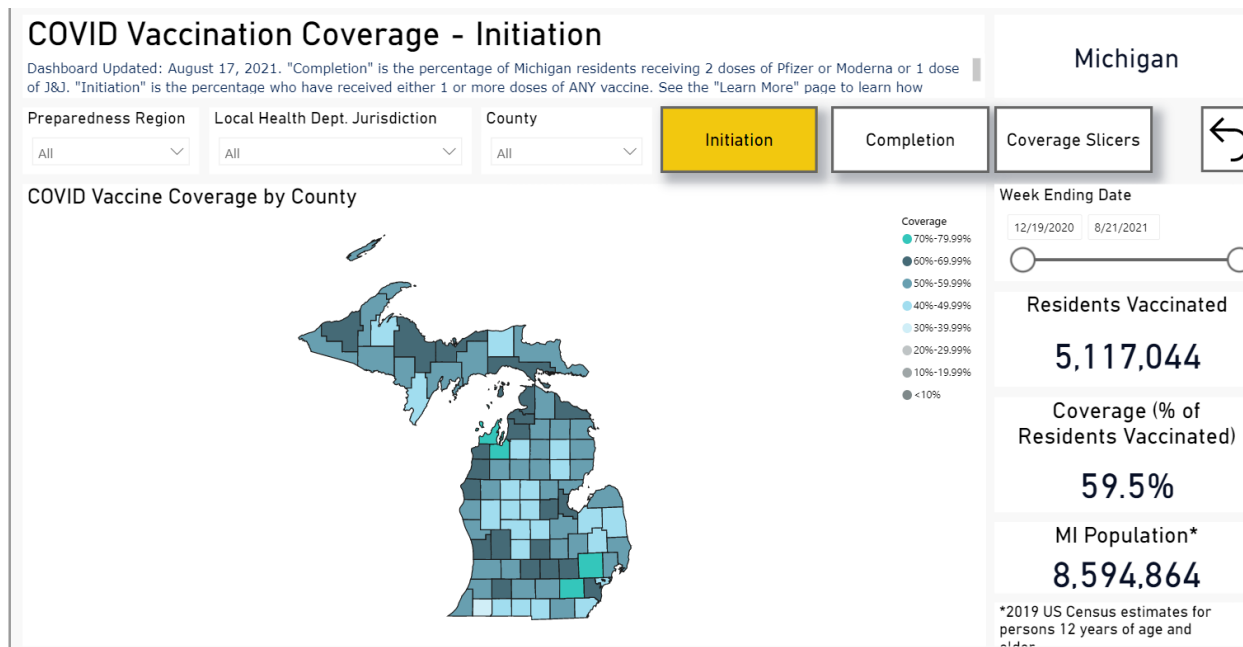
6. **Threats to the PIHP/CMH System** – Summer session is underway in Lansing, which slows the proposals from moving forward until fall.
 - Mary Whiteford has been paying visits to some of the regions across the state. She has been to regions 1, 2 and 9 that I am aware of. She has not contacted Region 3 at present time. The feedback seems to be the same, she says she is out there to gather input however other regions report that she is not listening to what they are telling her.
 - CMHA has identified the first priority of business is the Senate (Shirkey) Bill 597 & Bill 598 (Shirkey Bills) due to the threat of this solely based on his political position as the Senate Majority Leader.
7. **CCBHC** – Certified Community Behavioral Health Clinic – The CCBHC implementation is coming fast and furious. MDHHS has combined the PIHP and CMH meetings rather than keeping them separate. At the present time there are still more questions than answers and the kickoff is 6 weeks out. The LRE is convening regional meetings to assist the LRE in preparing for the role-out of the CCBHC. This continues to be a tremendous opportunity for our region, and therefore it remains critical that we succeed at this project.
8. **Health Service Advisory Group (HSAG)** – The HSAG site review took place July 21, 2021. Results will be presented in September. I was present for parts of the review and was disappointed to see how little had been done over the past 12-18 months to stay current on standards and to give LRE a greater opportunity to demonstrate success as a PIHP. The staff did the best job representing the LRE under the circumstances, however the outcomes of the review are based on the previous 12 months work. Example monitoring of federal requirements is often done thru policy, procedure, and monitoring of the provider network. Unfortunately, many of the items that needed monitoring were never added to the monitoring tool as it has not been updated in 2 years since this was contracted to Beacon, as well as the policy and procedures had not been reviewed and updated to align with the necessary changes. The LRE has already established an internal group that has met and will be working on all elements to correct deficient areas but also to begin preparing for next year's review of the other half of the managed care rules.
9. **Residential Crisis** – The regional crisis issues continue in residential staffing, provider's accruing a high amount of overtime, as well as a higher level of individuals in the ED departments without suitable placement being available. BHDDA recently held a statewide meeting with PIHP/CMH CEOs/directors. They asked for all short term and long-term

solutions. The LRE and the five CMHs continue to work together in the stabilization of the provider network in the area of residential. The LRE continues to recommend a regional approach for the long-term solutions and understands that the best option will not be a one size fits all, however a consistent regional approach will provide the most consistent analysis to the residential crisis. The LRE would like to thank the CMHs for keeping the LRE and the other CMHs in the region apprised of how this is impacting daily operations as well as finances, placements, etc.

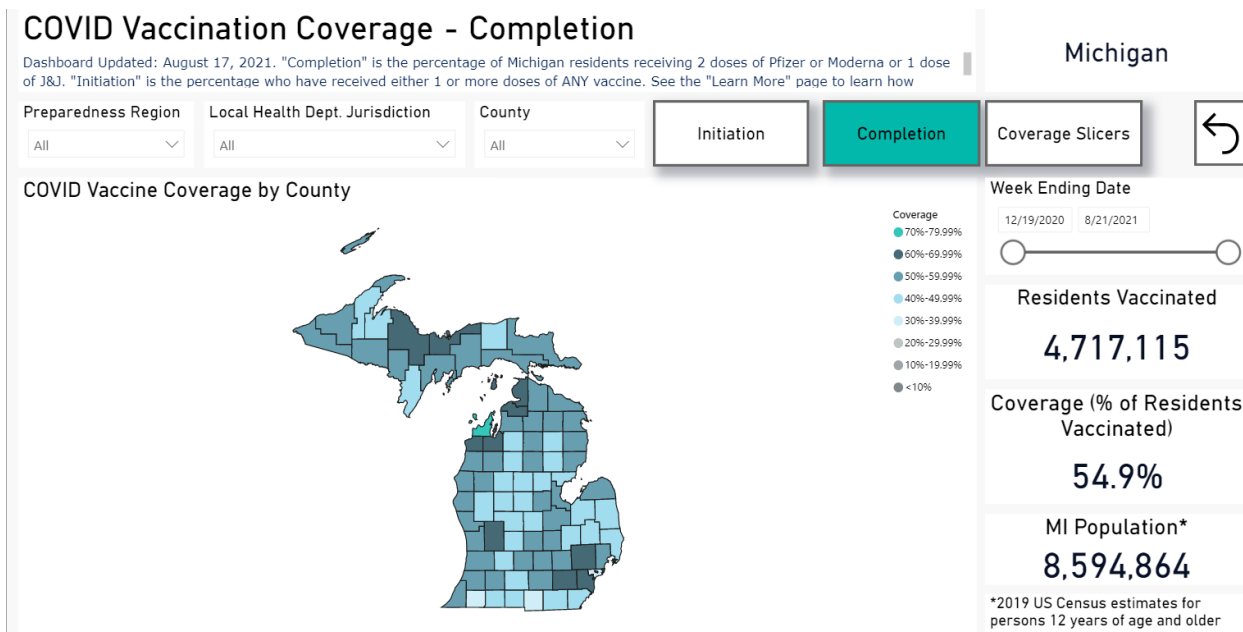
10. **LRE Operating Agreement/By-Laws** – LRE continues to make the operating agreement/by-laws a focus in the months to come. This will assist the LRE and region moving forward. Revisions to these documents will be drafted and recommendations for changes will be presented to the LRE Board for the September Board meeting. The plan is to provide recommendations to the LRE BOD. The CEO will be working with members to get support and buy-in on the need for these changes. The LRE is hoping to have full support on the recommendations however if full support cannot be gained then the LRE BOD will be given the member's concerns with recommended changes.
11. **Building Updates** – The LRE office looks like a work zone presently. Office furniture is shipping in increments, so Taylor Office Supply is building the office in this same fashion. Presently all cubicles have been built, and the next stage will be happening in the days to come. Some work by the landlord's contractor still needs to take place however overall, it is coming together nicely.
12. **Tactical Plan** – Pleased to have Bill working with us again on some special projects and available today to do the presentation for the Board work session covered the tactical plan. CEO and COO will provide updates as part of Board reports when appropriate to board governance.



This is a 2.4% increase over last month.



The 59.5% of covid vaccination coverage for individuals that received an initial dose is up by 2.4% since July 2021. This is representative of approximately 200,000 individuals.



Individuals that have received two doses or one of the J&J vaccines is up by 1.9% since July 2021, which represents an increase of approximately 164,000 people.

VACCINE INITIATION JULY AND AUGUST 2021

INITIATION July 2021				INITIATION August 2021	
<u>County</u>	<u>Percentage</u>	<u># Vaccinated</u>		<u>Percentage</u>	<u># Vaccinated</u>
Lake	57.25%	6,041		59.2%	6,248
Mason	61.33%	15,533		63.5%	16,070
Oceana	53.91%	12,239		57.0%	12,947
Muskegon	55.26%	81,512		57.9%	85,467
Ottawa	58.79%	145,014		61.3%	151,222
Kent	62.52%	345,499		65.5%	361,737
Allegan	52.69%	52,623		55.1%	55,050

VACCINE COMPLETION JULY AND AUGUST 2021

COMPLETION July 2021				COMPLETION August 2021	
<u>County</u>	<u>Percentage</u>	<u># Vaccinated</u>		<u>Percentage</u>	<u># Vaccinated</u>
Lake	54.89%	5,792		56.5%	5,959
Mason	58.16%	14,731		59.7%	15,114
Oceana	50.85%	11,543		53.2%	12,088
Muskegon	51.82%	76,437		53.9%	79,471
Ottawa	54.99%	135,644		56.9%	140,477
Kent	59.04%	326,295		61.4%	339,252
Allegan	52.69%	52,623		51.3%	51,237

COVID Vaccination - State Level Race Metrics

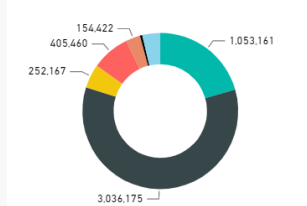
Dashboard Updated: August 17, 2021. "Completion" is the percentage of Michigan residents receiving 2 doses of Pfizer or Moderna or 1 dose of J&J. "Initiation" is the percentage who have received either 1 or more doses of ANY vaccine. See the "Learn More" page to learn how percentages are calculated.

Michigan

Data as of:
8/17/2021

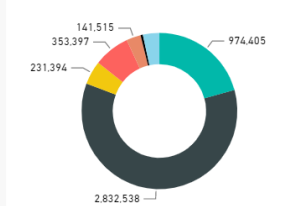
Dose Initiation by Ethnicity - Race

Unknown NH White NH Other ... NH Black



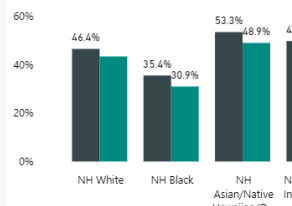
Dose Completion by Ethnicity - Race

Unknown NH White NH Other ... NH Black



Coverage by Race - State Level

Initiation Completion

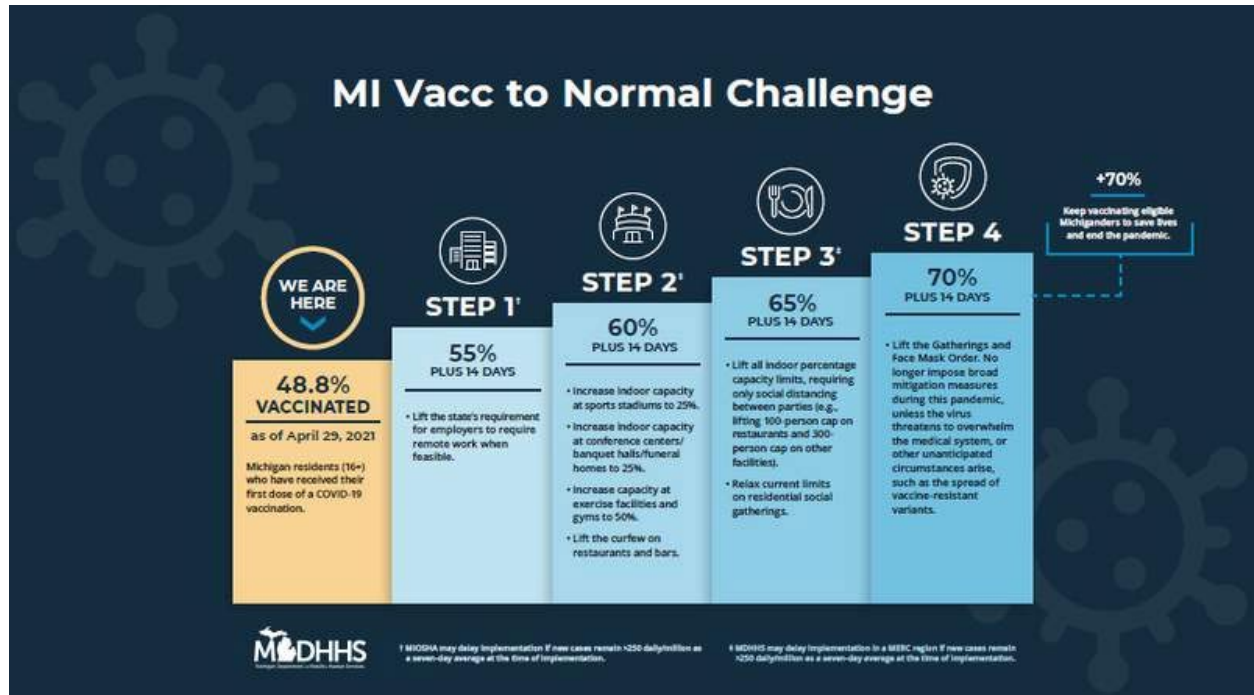


Week Ending Date

12/19/2020 8/21/2021

Sex

☐ F
☐ M



Report prepared by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity