

Meeting Agenda

SUD OVERSIGHT POLICY BOARD

Wednesday, September 1, 2021 4:00 PM

Board Room – CMH of Ottawa County

12265 James Street, Holland, MI 49424

[Zoom Meeting](#)

Meeting ID: 861 9515 7570

Passcode: 475365

1. Call to Order – Chair
2. Roll Call/Introductions – Chair
3. Public Comment – Chair
4. Conflict of Interest – Chair
Opportunity for declaration by any member to whom it may apply
5. Review/Approval of Agenda – Chair (*Attachment 1*)
Suggested Motion: To approve the September 1, 2021, LRE Oversight Policy Board meeting agenda as presented
6. Review/Approval of Minutes – Chair (*Attachment 2*)
Suggested Motion: To approve the March 1, 2020, LRE Oversight Policy Board meeting minutes as presented
7. Regional Updates – Stephanie VanDerKooi/Mark DeYoung
 - a. LRE Staffing Updates
 - b. State Contract Settlement Updates
8. Old Business
9. New Business
FY2022 Budget Proposal – Stacia Chick/Maxine Coleman (*Attachment 3*)
Suggested Motion: The Oversight Policy Board:
 - (a) Approves the allocation of PA2 funds for the LRE SUD Budget as summarized below.
 - (b) Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services
FY2021 Budget Amendment #2 (*Attachment 4*)
Suggested Motion: To approve FY2021 Budget Amendment #2 as presented
10. Regular Committee Business

- a. Budget Status Report – Maxine Coleman
 - i. Statement of Activities – July 2021 (*Attachment 5*)
- 11. SUD Director Update – Stephanie VanderKooi (*Attachment 6*)
 - a. Gambling Disorder Prevention Project (*Attachment 7*)
 - b. Talk Sooner Update (*Attachment 8*)
 - c. SUD Treatment Report (*Attachment 9,10*)
- 12. Roundtable Discussion – Chair
- 13. Next Meeting – June 3, 2021 (Virtual)
 - a. Upcoming meetings:
 - September 1, 2021 – venue TBD
 - December 2, 2021 – venue TBD
- 14. Adjournment – Chair

Meeting Minutes
SUD OVERSIGHT POLICY BOARD
 Wednesday, March 3, 2021 4:00 PM
 MICROSOFT TEAMS MEETING

CALL TO ORDER – Chair

Mr. Sweeney called the March 3, 2021 LRE Oversight Policy Board meeting at 4:02 p.m.

ROLL CALL/INTRODUCTION– Chair

Present at Roll Call:

Member	LOCATION	P	A
Shelly Cole-Mickens	Grand Rapids	x	
Mark DeYoung	Door Township	x	
Richard Kanten	Grand Rapids, MI	x	
Rebecca Lange	Ludington, MI	x	
David Parnin	Grand Haven Township	x	
Stan Ponstein	Grandville, MI	x	
Sarah Sobel	Grand rapids	x	
Patrick Sweeney	Grand Rapids	x	
Doug Zylstra	Holland, MI	x	

Absent: Tom Antor, Marcia Hovey-Wright, Dawn Martin, Molly Reid, James Storey, Robert Walker

PUBLIC COMMENT – Chair

No public comment

CONFLICT OF INTEREST – Chair

No Conflicts Declared

REVIEW/APPROVAL OF AGENDA – Chair

OPB 2021-01 Motion: To approve the March 1, 2021, LRE Oversight Policy Board meeting agenda as presented.

Moved by: Ponstein

Support: DeYoung

MOTION CARRIED

REVIEW/APPROVAL OF MINUTES – Chair

OPB 2021-02 Motion: To approve the December 2, 2020, LRE Oversight Policy Board meeting minutes as presented.

Moved by: Ponstein

Support: DeYoung

MOTION CARRIED

REGIONAL UPDATES – Bill Riley, Mark DeYoung

CEO Transition Status – Mary Marlatt-Dumas joined the LRE Team as Chief Executive Officer effective March 3, 2021. Bill Riley will continue to provide transition support

State Contract Settlement Updates – State of Michigan issued a letter in 2019 indicating cancellation of the LRE Contract due to material breach. Since that time LRE has been engaged in a month-to-month contract with MDHHS. Negotiations continue toward moving toward a full contract. Meetings with the state have occurred to develop an action plan for LRE to move into a full one-year contract and remove all sanctions. Also included in the discussions is the resolution of past deficits. The proposal includes assistance from the state in resolving those deficits.

Beacon Health Options Contract Negotiations – The amended contract with Beacon was approved during the February Boar meeting; the amended contract reduces the cost of the contract by nearly 50 percent and includes significant changes:

- Utilization Management for inpatient hospitalization will be delegated to the CMHSPs.
- Autism authorizations will also be completed by the CMHSPs.
- Quality Management and Credentialing functions will be returned to the LRE.
- Beacon will be involved in analytics and will conduct retrospective reviews. They will also be responsible for customer services, appeals and fair hearing.

Mr. Riley will be developing a tactical plan for the organization covering the next 18 months.

OLD BUSINESS

No Old Business

NEW BUSINESS

Election Officers – Patrick Sweeney

The nominating Committee was unable to meet. Mr. Sweeney opened the floor to nominations.

OPB 2021-03 Motion: To appoint Patrick Sweeney as Chair of the LRE Oversight Policy Board for a one-year term.

Moved by: Ponstein

Support: DeYoung

MOTION CARRIED

OPB 2021-04 Motion: To appoint James Storey as Vice-Chair of the LRE Oversight Policy Board for a one-year term.

Moved by: Ponstein

Support: Sweeney

MOTION CARRIED

OPB 2021-05 Motion: To appoint Sara Sobel as Secretary of the LRE Oversight Policy Board for a one-year term.

Moved by: Ponstein

Support: DeYoung

MOTION CARRIED

Intergovernmental Agreement – Status Update

This Agreement with all seven counties served by the region expired on December 31, 2020. Updated agreements were forwarded to County Commissions; all counties have signed except Ottawa, as Ottawa's Corporate Counsel has requested minor changes to the bylaws, stating concerns regarding assurances that LRE adheres to the Michigan UBAA. Ms. Coleman reported LRE adheres to Michigan UBAA requirements.

Ms. VanDerKooi noted the rationale for the request is that Ottawa County does not want to see the organization work at a deficit. Mr. Storey recommended that the Mr. Zylstra, as an OC Commissioner, speak with Ottawa County Corporation Counsel prior to this Board taking any action to better understand Ottawa County's concerns. Ms. VanDerKooi advised that if the proposed amendment to the bylaws is not adopted, Ottawa County will not sign the Intergovernmental agreement. This would result in Ottawa County no longer having representation on this Board.

OPB 2021-07 Motion: To adopt the LRE Oversight Policy Board bylaws as amended, striking the language added by Ottawa County Corporation Counsel *"including compliance with Michigan Uniform Budgeting and Accounting Act during budgetary development and implementation where applicable"*

Moved by: Ponstein

MOTION CARRIED

One abstention - Zylstra

REGULAR COMMITTEE BUSINESS

Budget Status Report – Maxine Coleman

i. Statement of Activities – January 2021

Statement reflects expenses through January 31. Report shared with the Board reflects an error in the Arbor Circle line; Maxine will distribute an accurate report. State has started reimbursing block grant expenses on a monthly basis; the presented report reflects a deficit as funds have not yet been reimbursed.

PA2 Revenue has not yet been received; expected in the month of March. Board approved the use of up to \$2 million in PA2 to support block grant reductions.

Region is projecting a Healthy Michigan surplus of \$6.6 million in FY2021. Budget will be amended to reflect most recent revenue projections. Medicaid is reflecting a surplus of \$2.2 million.

SUD DIRECTOR UPDATE – Stephanie VanderKooi

Talk Sooner Update – This program is aimed at teaching parents how to talk with their kids about drugs. The region has been partnering with local hospitals to have materials available in waiting rooms, exam rooms, and displayed on media. A pilot program in Grand Rapids public schools is being developed to have materials available to share with parents. A meeting is scheduled with Michigan Parks, DNR and the leadership team to discuss having materials available at the gates of all state parks. Working with Meijer to have Talk Sooner posters placed on the pharmacy take back receptacles.

Stimulant/Methamphetamine Regional Assessment – This study was conducted across the region; data reflects that use is rising significantly

Gambling Disorder Grant Summary of Activities – Youth Gambling Disorder Curriculum is now complete and available. Social marketing campaign starting the week of March 8. Billboards have been placed in Muskegon and Lake Counties. Webpage, digital media ads and geofencing. Community survey will be conducted to understand behavior and attitudes around gambling in adults.

Legislative Activity – update of current legislative activity.

SUD Evaluation – supports the three-year strategic plan.

Data Reports – prevention and treatment – numbers served

ROUNDTABLE DISCUSSION – Chair

Mr. Ponstein commented on the on-line gaming and sports betting advertisements that are being shown regularly. He recommended sharing data and reports to a wider audience so the community can better understand the challenges. Since the pandemic increase in alcohol abuse is evident.

Molly- Families Against Narcotics (Kent County) has inquired how they might partner with LRE to work with families. Molly will send Stephanie contact information.

NEXT MEETING – June 3, 2021 (Virtual)

Upcoming meetings:

September 1, 2021 – venue TBD

December 2, 2021 – venue TBD

ADJOURNMENT – Chair

OPB 2021-04 Motion: To adjourn the March 3, 2021 LRE Oversight Policy Board Meeting.

Moved by: Ponstein

Support: Reed

MOTION CARRIED

Mr. Sweeney adjourned the March 3, 2021 LRE Oversight Policy Board meeting at 6:00 p.m.

Lakeshore Regional Entity Oversight Policy Board

ACTION REQUEST**SUBJECT: FY2022 LRE SUD Budget**

- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: September 1, 2021**PREPARED BY:** Stacia Chick, LRE Chief Financial Officer**RECOMMENDED MOTION:****The Oversight Policy Board:**

- (a) Approves the allocation of PA2 funds for the LRE SUD Budget as summarized below.
- (b) Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as summarized below.

PROPOSED TO GO TO THE BOARD ON SEPTEMBER 16, 2021**SUMMARY OF REQUEST/INFORMATION:**

- Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities relative to substance abuse services.
- The Lakeshore Regional Entity Oversight Policy Board is the Oversight Policy Board for Region 3 PIHP.
- Among other functions, the Oversight Policy Board is responsible to approve budgets which contain local funds and to advise and recommend budgets containing non-local funds to the LRE board for services within the region.

STAFF: Stacia Chick, LRE Chief Financial Officer**DATE:** September 1, 2021**FY2022 LRE SUD Budget Summary:**

PREVENTION (direct by LRE)	PA2	Block Grant	SOR II	DFC	Gambling	MI Youth TX	Medicaid	Healthy Michigan	Total
<i>Allegan County</i>	\$ 90,039	\$ 214,811	\$ 25,000	\$ -	\$ -	\$ -	\$ -		\$ 329,850
<i>Kent County</i>	\$ 652,829	\$ 318,171	\$ 65,000	\$ -	\$ 43,542	\$ 32,335	\$ -	\$ -	\$ 1,111,877
<i>Lake County</i>	\$ 3,000	\$ 13,241	\$ 10,000	\$ -	\$ 8,100	\$ -	\$ -	\$ -	\$ 34,341
<i>Oceana County</i>	\$ 10,148	\$ 20,087	\$ 15,000	\$ 100,000	\$ 8,100	\$ -	\$ -	\$ -	\$ 153,335
<i>Mason County</i>	\$ 35,000	\$ 26,064	\$ 20,000	\$ -	\$ 8,100	\$ -	\$ -	\$ -	\$ 89,164
<i>Muskegon County</i>	\$ 64,793	\$ 342,364	\$ 15,000	\$ -	\$ 35,000	\$ -	\$ -	\$ -	\$ 457,157
<i>Ottawa County</i>	\$ 270,160	\$ 134,940	\$ 25,000	\$ -	\$ 20,000	\$ -	\$ -	\$ -	\$ 450,100
<i>LRE Regional Projects</i>	\$ -	\$ 44,120	\$ 151,181	\$ -	\$ 91,248	\$ -	\$ -	\$ -	\$ 286,549
<i>LRE Staffing</i>	\$ -	\$ 132,350	\$ 13,999	\$ 25,000	\$ 25,910	\$ -	\$ -	\$ -	\$ 197,259
PREVENTION TOTAL	\$ 1,125,969	\$ 1,246,148	\$ 340,180	\$ 125,000	\$ 240,000	\$ 32,335	\$ -	\$ -	\$ 3,109,632
TREATMENT(delegated to CMH members)	PA2	Block Grant	SOR II	SDA	Gambling	MI Youth TX	Medicaid	Healthy Michigan	Total
<i>Allegan</i>	\$ 114,013	\$ 436,821	\$ 205,000	\$ 17,574	\$ -	\$ -	\$ 609,605	\$ 1,082,951	\$ 2,465,964
<i>Healthwest</i>	\$ 358,554	\$ 830,001	\$ 548,368	\$ 34,936	\$ -	\$ -	\$ 1,635,223	\$ 3,015,134	\$ 6,422,216
<i>Network 180</i>	\$ 1,200,609	\$ 2,426,589	\$ 815,702	\$ 97,627	\$ -	\$ -	\$ 3,761,367	\$ 7,263,733	\$ 15,565,627
<i>Ottawa</i>	\$ 299,824	\$ 863,755	\$ 36,000	\$ 33,208	\$ -	\$ -	\$ 911,864	\$ 1,897,607	\$ 4,042,258
<i>West Michigan (Lake, Mason Oceana)</i>	\$ 100,581	\$ 344,961	\$ 118,805	\$ 13,878	\$ -	\$ -	\$ 573,252	\$ 1,039,052	\$ 2,190,529
<i>LRE Staffing</i>	\$ -	\$ 75,000	\$ -	\$ -	\$ -	\$ -	\$ 203,859	\$ 386,904	\$ 665,763
<i>Unallocated</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Beacon (SUD)</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 120,827	\$ 202,197	\$ 323,024
TREATMENT TOTAL	\$ 2,073,581	\$ 4,977,127	\$ 1,723,875	\$ 197,223	\$ -	\$ -	\$ 7,815,997	\$ 14,887,577	\$ 31,675,380
TOTAL PREVENTION & TREATMENT	\$ 3,199,550	\$ 6,223,275	\$ 2,064,055	\$ 322,223	\$ 240,000	\$ 32,335	\$ 7,815,997	\$ 14,887,577	\$ 34,785,012

Lakeshore Regional Entity FY 2022 SUD Budget

Prevention	Initial FY21 Allocation	Proposed FY22 Allocation	Block Grants	SOR II	DFC	PA2	Gambling	MI Youth Tx Improv & Enhnc
Allegan County								
Allegan County Community Mental Health	318,550	329,850	214,811	25,000	-	90,039	-	-
Total	318,550	329,850	214,811	25,000	-	90,039	-	-
Kent County								
Arbor Circle	157,400	111,000	45,950	-	-	65,050	-	-
Family Outreach	90,243	88,243	27,467	-	-	35,533	25,243	-
Kent County Health Department	447,000	387,000	101,101	65,000	-	220,899	-	-
Network 180	410,500	350,000	79,687	-	-	270,313	-	-
Salvation Army	-	18,299	-	-	-	-	18,299	-
Wedgwood	197,670	157,335	63,966	-	-	61,034	-	32,335
Total	1,302,813	1,111,877	318,171	65,000	-	652,829	43,542	32,335
Lake County								
District Health Department #10	14,562	34,341	13,241	10,000	-	3,000	8,100	-
Total	14,562	34,341	13,241	10,000	-	3,000	8,100	-
Oceana County								
District Health Department #10	119,068	153,335	20,087	15,000	100,000	10,148	8,100	-
Total	119,068	153,335	20,087	15,000	100,000	10,148	8,100	-
Mason County								
District Health Department #10	49,288	89,164	26,064	20,000	-	35,000	8,100	-
Total	49,288	89,164	26,064	20,000	-	35,000	8,100	-
Muskegon County								
Arbor Circle (Muskegon Co)	25,000	12,500	12,500	-	-	-	-	-
Public Health Muskegon County	460,000	385,000	294,025	15,000	-	40,975	35,000	-
Mercy Health	61,207	59,657	35,839	-	-	23,818	-	-
Total	546,207	457,157	342,364	15,000	-	64,793	35,000	-
Ottawa County								
Arbor Circle (Ottawa Co)	335,000	325,800	117,623	20,000	-	168,177	20,000	-
CMH of Ottawa County (Opiate) via PA2	51,000	51,000	-	-	-	51,000	-	-
Ottawa County Department of Public Health	75,400	73,300	17,317	5,000	-	50,983	-	-
Total	461,400	450,100	134,940	25,000	-	270,160	20,000	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	239,507	286,549	44,120	151,181	-	-	91,248	-
LRE Staffing	133,727	197,259	132,350	13,999	25,000	-	25,910	-
Total	373,234	483,808	176,470	165,180	25,000	-	117,158	-
Overall Prevention Total	3,185,122	3,109,632	1,246,148	340,180	125,000	1,125,969	240,000	32,335

Treatment	Initial FY21 Allocation	Proposed FY22 Allocation	Block Grants	SOR II	SDA	PA2	Medicaid	Healthy Michigan
Allegan County CMH	2,592,661	2,465,964	436,821	205,000	17,574	114,013	609,605	1,082,951
Healthwest	6,237,614	6,422,216	830,001	548,368	34,936	358,554	1,635,223	3,015,134
Network 180	16,071,250	15,565,627	2,426,589	815,702	97,627	1,200,609	3,761,367	7,263,733
CMH of Ottawa County	4,037,817	4,042,258	863,755	36,000	33,208	299,824	911,864	1,897,607
West Michigan CMH (Lake, Mason Oceana)	2,348,100	2,190,529	344,961	118,805	13,878	100,581	573,252	1,039,052
LRE Staffing	326,916	665,763	75,000	-	-	-	203,859	386,904
Unallocated	981,942	-	-	-	-	-	-	-
Beacon (SUD)	717,266	323,024	-	-	-	-	120,827	202,197
Overall Treatment Total	33,313,567	31,675,380	4,977,127	1,723,875	197,223	2,073,581	7,815,997	14,887,577

SUD Total Prevention + Treatment:	36,498,689	34,785,012	6,223,275	2,064,055	322,223	3,199,550	8,055,997	14,919,912
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Lakeshore Regional Entity Oversight Policy Board

ACTION REQUEST**SUBJECT: FY2021 LRE SUD Budget Amendment #2**

- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: September 1, 2021**PREPARED BY:** Stacia Chick, LRE Chief Financial Officer**RECOMMENDED MOTION:****The Oversight Policy Board:**

- (a) Approves the allocation of PA2 funds for the LRE SUD Budget Amendment #2 as summarized below.
- (b) Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as summarized below.

PROPOSED TO GO TO THE BOARD ON SEPTEMBER 16, 2021**SUMMARY OF REQUEST/INFORMATION:**

- Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities relative to substance abuse services.
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- Among other functions, the Oversight Policy Board is responsible to approve budgets which contain local funds and to advise and recommend budgets containing non-local funds to the LRE board for services within the region.

STAFF: Stacia Chick, LRE Chief Financial Officer**DATE:** September 1, 2021**FY2021 LRE SUD Budget Amendment #2 Summary:**

<u>PREVENTION (direct by LRE)</u>	<u>PA2</u>	<u>Block Grant</u>	<u>SOR & SOR II</u>	<u>PFS</u>	<u>Gambling</u>	<u>MI Youth TX</u>	<u>Medicaid</u>	<u>Healthy Michigan</u>	<u>Total</u>
<i>Allegan County</i>	\$ 90,039	\$ 214,011	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 329,050
<i>Kent County</i>	\$ 652,829	\$ 318,171	\$ 134,436	\$ -	\$ 45,243	\$ 32,335	\$ -	\$ -	\$ 1,183,014
<i>Lake County</i>	\$ 1,387	\$ 12,708	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,095
<i>Oceana County</i>	\$ 10,148	\$ 19,554	\$ 15,000	\$ 60,500	\$ 24,300	\$ -	\$ -	\$ -	\$ 129,502
<i>Mason County</i>	\$ 4,757	\$ 26,064	\$ 20,000	\$ 60,500	\$ -	\$ -	\$ -	\$ -	\$ 111,321
<i>Muskegon County</i>	\$ 64,793	\$ 342,364	\$ 15,000	\$ -	\$ 35,000	\$ -	\$ -	\$ -	\$ 457,157
<i>Ottawa County</i>	\$ 270,160	\$ 134,940	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 430,100
<i>LRE Regional Projects</i>	\$ -	\$ 98,800	\$ -	\$ -	\$ 150,457	\$ -	\$ -	\$ -	\$ 249,257
<i>LRE Staffing</i>	\$ -	\$ 77,872	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ 82,872
PREVENTION TOTAL	\$ 1,094,113	\$ 1,244,484	\$ 244,436	\$ 126,000	\$ 255,000	\$ 32,335	\$ -	\$ -	\$ 2,996,368
<u>TREATMENT (delegated to CMH members)</u>	<u>PA2</u>	<u>Block Grant</u>	<u>SOR & SOR II</u>	<u>SDA</u>	<u>Gambling</u>	<u>MI Youth TX</u>	<u>Medicaid</u>	<u>Healthy Michigan</u>	<u>Total</u>
<i>Allegan</i>	\$ 85,359	\$ 351,100	\$ 533,876	\$ 20,744	\$ -	\$ -	\$ 631,477	\$ 1,265,680	\$ 2,888,237
<i>Healthwest</i>	\$ 542,924	\$ 910,880	\$ 615,502	\$ 39,526	\$ -	\$ -	\$ 1,671,838	\$ 3,534,899	\$ 7,315,569
<i>Network 180</i>	\$ 1,666,014	\$ 2,555,255	\$ 1,059,700	\$ 164,696	\$ -	\$ -	\$ 3,865,598	\$ 8,529,315	\$ 17,840,578
<i>Ottawa</i>	\$ 257,174	\$ 831,390	\$ 206,421	\$ -	\$ -	\$ -	\$ 937,374	\$ 2,217,807	\$ 4,450,166
<i>West Michigan (Lake, Mason Oceana)</i>	\$ 90,564	\$ 270,700	\$ 232,778	\$ 14,687	\$ -	\$ -	\$ 589,440	\$ 1,222,508	\$ 2,420,677
<i>LRE Staffing</i>	\$ -	\$ 61,600	\$ 217,434	\$ -	\$ -	\$ -	\$ 116,650	\$ 256,088	\$ 651,772
<i>Unallocated</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Beacon (SUD)</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 208,791	\$ 423,385	\$ 632,176
TREATMENT TOTAL	\$ 2,642,035	\$ 4,980,925	\$ 2,865,711	\$ 239,653	\$ -	\$ -	\$ 8,021,169	\$ 17,449,682	\$ 36,199,175
TOTAL PREVENTION & TREATMENT	\$ 3,736,148	\$ 6,225,409	\$ 3,110,147	\$ 365,653	\$ 255,000	\$ 32,335	\$ 8,021,169	\$ 17,449,682	\$ 39,195,543

Lakeshore Regional Entity FY 2021 SUD Budget

Prevention	Budget Amendment #1	Propose Budget Amendment #2	Block Grants	SOR & SOR II	PFS	PA2	Gambling	MI Youth Tx Improv & Enhnc
Allegan County								
Allegan County Community Mental Health	329,050	329,050	214,011	25,000	-	90,039	-	-
Total	329,050	329,050	214,011	25,000	-	90,039	-	-
Kent County								
Arbor Circle	132,000	132,000	45,950	1,000	-	65,050	20,000	-
Cherry Health	-	-	-	-	-	-	-	-
Family Outreach	88,243	88,243	27,467	-	-	35,533	25,243	-
Kent County Health Department	464,000	455,436	101,101	133,436	-	220,899	-	-
Network 180	350,000	350,000	79,687	-	-	270,313	-	-
Pine Rest Christian MH	-	-	-	-	-	-	-	-
Wedgwood	189,670	157,335	63,966	-	-	61,034	-	32,335
Total	1,223,913	1,183,014	318,171	134,436	-	652,829	45,243	32,335
Lake County								
District Health Department #10	24,095	24,095	12,708	10,000	-	1,387	-	-
Total	24,095	24,095	12,708	10,000	-	1,387	-	-
Oceana County								
District Health Department #10	129,502	129,502	19,554	15,000	60,500	10,148	24,300	-
Total	129,502	129,502	19,554	15,000	60,500	10,148	24,300	-
Mason County								
District Health Department #10	111,321	111,321	26,064	20,000	60,500	4,757	-	-
Total	111,321	111,321	26,064	20,000	60,500	4,757	-	-
Muskegon County								
Arbor Circle (Muskegon Co)	12,500	12,500	12,500	-	-	-	-	-
Public Health Muskegon County	385,000	385,000	294,025	15,000	-	40,975	35,000	-
Mercy Health	59,657	59,657	35,839	-	-	23,818	-	-
Total	457,157	457,157	342,364	15,000	-	64,793	35,000	-
Ottawa County								
Arbor Circle (Ottawa Co)	305,800	305,800	117,623	20,000	-	168,177	-	-
CMH of Ottawa County (Opiate) via PA2	51,000	51,000	-	-	-	51,000	-	-
Ottawa County Department of Public Health	73,300	73,300	17,317	5,000	-	50,983	-	-
Total	430,100	430,100	134,940	25,000	-	270,160	-	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	234,257	249,257	98,800	-	-	-	150,457	-
LRE Staffing	82,872	82,872	77,872	-	5,000	-	-	-
Total	317,129	332,129	176,672	-	5,000	-	150,457	-
Overall Prevention Total	3,022,267	2,996,368	1,244,484	244,436	126,000	1,094,113	255,000	32,335

Treatment	Budget Amendment #1	Propose Budget Amendment #2	Block Grants	SOR & SOR II	SDA	PA2	Medicaid	Healthy Michigan
Allegan County CMH	1,748,475	2,888,237	351,100	533,876	20,744	85,359	631,477	1,265,680
Healthwest	4,463,280	7,315,569	910,880	615,502	39,526	542,924	1,671,838	3,534,899
Network 180	11,534,159	17,840,578	2,555,255	1,059,700	164,696	1,666,014	3,865,598	8,529,315
CMH of Ottawa County	3,023,324	4,450,166	831,390	206,421	-	257,174	937,374	2,217,807
West Michigan CMH (Lake, Mason Oceana)	1,660,253	2,420,677	270,700	232,778	14,687	90,564	589,440	1,222,508
LRE Staffing	270,841	651,772	61,600	217,434	-	-	116,650	256,088
Unallocated	-	-	-	-	-	-	-	-
Beacon (SUD)	-	632,176	-	-	-	-	208,791	423,385
Overall Treatment Total	22,700,332	36,199,175	4,980,925	2,865,711	239,653	2,642,035	8,021,169	17,449,682

SUD Total Prevention + Treatment:	25,722,599	39,195,543	6,225,409	3,110,147	365,653	3,736,148	8,276,169	17,482,017
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**Lakeshore Regional Entity
Substance Use Disorders
FY21 Block Grant Expenditures**

	Year Ending 9/30/2021	Year To Date 7/31/2021		
	FY21 Budget Amendment #1	FY21 Budget to Date	Actual	Budget to Actual Variance
Block Grant				
Operating Revenues				
SUD Block Grant (Inc. SOR, Gambling, PFS, MYTIE)	9,792,163	8,160,136	5,544,710	2,615,425
Total Operating Revenues	9,792,163	8,160,136	5,544,710	2,615,425
Expenditures - Prevention				
LRE Direct & Regional Administration - Prevention	312,129	260,108	240,372	19,736
LRE Direct Administration - Partnership for Success II	5,000	4,167	12,491	(8,325)
Allegan County CMH - Prevention	214,011	178,343	150,636	27,707
Allegan County CMH - Prevention SOR	25,000	20,833	19,214	1,619
Arbor Circle / Pathways - Prevention	196,073	163,394	196,073	(32,679)
Arbor Circle / Pathways - Prevention SOR	21,000	17,500	15,280	2,220
District 10 Health Department - Prevention	82,626	68,855	75,593	(6,738)
District 10 Health Department - Prevention SOR	45,000	37,500	15,881	21,619
District 10 Health Department - Prevention PFS	121,000	100,833	32,972	67,861
Family Outreach Center - Prevention	52,710	43,925	44,450	(525)
Kent County Health Department - Prevention	101,101	84,251	101,101	(16,850)
Kent County Health Department - Prevention SOR	142,000	118,333	41,992	76,342
Mercy Health - Prevention	35,839	29,866	18,861	11,005
Network 180 - Prevention	79,687	66,406	79,687	(13,281)
Ottawa County Health Department - Prevention	17,317	14,431	17,455	(3,024)
Ottawa County Health Department - Prevention SOR	5,000	4,167	973	3,194
Public Health Muskegon County - Prevention	329,025	274,188	293,831	(19,644)
Public Health Muskegon County - Prevention SOR	15,000	12,500	2,952	9,549
Wedgwood Christian Services - Prevention	128,636	107,197	80,052	27,145
Expenditures - Treatment				
LRE Indirect Administration - Treatment	111,600	93,000	18,833	74,167
LRE Indirect Administration - Treatment SOR	359,023	299,186	98,808	200,378
Treatment Payments to Members				
Allegan County CMH	440,902	367,418	149,070	218,348
Allegan County CMH SOR	575,124	479,270	110,904	368,366
Healthwest	887,487	739,573	751,414	(11,841)
Healthwest SOR	265,450	221,208	215,982	5,227
Network180	2,544,408	2,120,340	1,723,499	396,841
Network180 SOR	1,023,437	852,864	595,993	256,871
CMH of Ottawa County	831,390	692,825	517,192	175,633
CMH of Ottawa County SOR	231,669	193,058	51,572	141,485
West Michigan CMH	362,361	301,968	114,038	187,929
West Michigan CMH SOR	231,158	192,632	70,003	122,629
Total Expenditures	9,792,163	8,160,136	5,892,492	2,267,644
Total Change in Net Assets	0	0	(347,781)	347,781

As of 8-25-21

**Lakeshore Regional Entity
Substance Use Disorders
FY21 PA2 Expenditures**

	Year Ending 9/30/2021	Year To Date 7/31/2021		
	FY21 Budget Amendment #1	FY21 Budget to Date	Actual	Budget to Actual Variance
PA2				
Operating Revenues				
PA2 Liquor Tax - Current FY	3,169,898	2,641,582	1,935,825	705,757
PA2 Liquor Tax - Reserves	1,000,000	833,333	0	833,333
Total Operating Revenues	4,169,898	3,474,915	1,935,825	1,539,090
Expenditures - Prevention				
Allegan County CMH - Prevention	90,039	75,033	90,039	(15,006)
Arbor Circle / Pathways - Prevention	233,227	194,356	162,776	31,580
District 10 Health Department - Prevention	16,292	13,577	3,761	9,816
Family Outreach Center - Prevention	35,533	29,611	20,625	8,986
Kent County Health Department - Prevention	220,899	184,083	108,354	75,729
Mercy Health - Prevention	23,818	19,848	0	19,848
Network 180 - Prevention	270,313	225,261	125,282	99,979
Community Mental Health of Ottawa County	51,000	42,500	35,763	6,737
Ottawa County Health Department - Prevention	50,983	42,486	18,533	23,953
Public Health Muskegon County - Prevention	40,975	34,146	22,250	11,896
Wedgwood Christian Services - Prevention	61,034	50,862	32,238	18,624
Expenditures - Treatment				
Treatment Payments to Members				
Allegan County CMH	189,009	157,508	0	157,508
Healthwest	542,924	452,437	7,310	445,126
Network180	1,666,014	1,388,345	159,930	1,228,415
CMH of Ottawa County	476,574	397,145	52,890	344,255
West Michigan CMH	201,264	167,720	0	167,720
Total Expenditures	4,169,898	3,474,915	839,751	2,635,164
Total Change in Net Assets	0	0	1,096,074	(1,096,074)

As of 8-25-21

**Lakeshore Regional Entity
Substance Use Disorders
FY21 Healthy MI Plan Treatment Expenditures**

Year To Date Through 7/31/21

CATEGORY	CMHSP HMP YTD Totals	LRE/Beacon Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	\$ 6,854,186.20	\$ -	\$ 12,948,416.00	52.93%
Women's Specialty Services	\$ 333,889.36	\$ -	\$ 606,748.00	55.03%
Other Specialty Services		\$ -		0.00%
Access Management System	\$ 175,669.20	\$ -	\$ 264,135.00	66.51%
General Administration	\$ 169,568.30	\$ 304,219.19	\$ 815,384.00	58.11%
GRAND TOTAL OF SA EXPENDITURES	\$ 7,533,313.06	\$ 304,219.19	\$ 14,634,683.00	53.55%
SOURCE OF FUNDS				
Healthy MI Plan	\$ 7,533,313.06	\$ 304,219.19	\$ 14,634,683.00	53.55%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
TOTAL FUNDING	\$ 7,533,313.06	\$ 304,219.19	\$ 14,634,683.00	53.55%

As of 8-25-21

**Lakeshore Regional Entity
Substance Use Disorders
FY21 Medicaid Treatment Expenditures**

Year To Date Through 7/31/21

CATEGORY	CMHSP Medicaid YTD Totals	LRE/Beacon Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	\$ 4,096,115.67	\$ -	\$ 6,283,180.00	65.19%
Women's Specialty Services	\$ 474,800.39	\$ -	\$ 907,715.00	52.31%
Other Specialty Services		\$ -		0.00%
Access Management System	\$ 90,010.23	\$ -	\$ 186,987.00	48.14%
General Administration	\$ 92,471.41	\$ 187,179.28	\$ 524,177.00	53.35%
GRAND TOTAL OF SA EXPENDITURES	\$ 4,753,397.70	\$ 187,179.28	\$ 7,902,059.00	62.52%
SOURCE OF FUNDS				
Medicaid	\$ 4,753,397.70	\$ 187,179.28	\$ 7,902,059.00	62.52%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
TOTAL FUNDING	\$ 4,753,397.70	\$ 187,179.28	\$ 7,902,059.00	62.52%

As of 8-25-21

Substance Use Disorder Director's Report for Oversight Policy Board

1. New Grant Funds (COVID-19 Block Grant/American Funds): The COVID-19 Block Grant Supplemental funding was released to the PIHP's in early July. \$1.6 million has been allocated for this project for FY21, and \$2.3 million for FY22. Additionally, MDHHS has reported that Michigan will receive \$45 million in American Funds Block Grant. This grant will run FY22-FY25. The exact allocation for the Lakeshore region has not been determined. More information will be provided to this Board in the coming months on these grants and the associated activities.

2. Site Visits/Audits:

- MYTIE (Michigan Youth Treatment Improvement and Enhancement Grant) Audit was completed in early August; results are pending.
- SOR (State Opioid Response) Grant audit took place June 15th. LRE had three areas requiring additional documentation:
 - Proof that LRE ensures SUD Treatment providers are following Evidence Based Programs (EBP's) fidelity being used as their treatment modality
 - Include specific Notice of Award (NOA) grant language into our MOU's, and
 - Include SOR grant in the LRE's Charitable Choice report

These deficits were easily addressed by LRE and proof documentation has been submitted and final approval by OROSC has been received.

- SUD Prevention Provider site visits have been scheduled as follows:

Date	Agency	Time (Virtual)
June 21	Allegan CMH	12:30-2:30 pm
July 15	Family Outreach Center (FOC)	10:00-12:00 pm
July 21	Ottawa County CMH	9:30-11:00 am
July 22	Public Health Muskegon County	10:30-12:30
July 29	Arbor Circle (Includes all counties)	9:30-11:30
July 29	DHD10 (Lake, Mason and Oceana Counties)	1:00-3:00 pm
August 3	Wedgwood	11:30-1:30 pm
August 6	KCHD	9:00-11:00 am
August 18	Ottawa County Dept. of Public Health	9:00-11am
September 2	Network180	9:30-11:30
September 10	Mercy Health	10:00-12:00am

3. Synar Update: During the month of June, MDHHS requires each PIHP to complete tobacco compliance checks/Synar checks. Target retailers are randomly selected by the state to undergo a tobacco check. An underage youth decoy attempts to purchase tobacco products from tobacco retailers (gas stations, vape shops, etc.) and the adult chaperone (undercover) witnesses the

transaction. As this is a federal program, decoys in 2021 were as old as 20 years. Federal law prohibits purchase of tobacco by anyone under the age of 21. The state must meet a compliance rate of at least 80% to avoid negative impact on the state's block grant allocation from the federal government. Results for Region 3 are as follows:

County	# of checks	# Sold	Compliance Rate
Allegan	5	0	100%
Kent	25	5	80%
Lake	0	0	N/A
Mason	0	0	N/A
Muskegon	1	0	100%
Oceana	3	0	100%
Ottawa	11	2	82%
Regional Total	45	7	84%

***Last year's regional rate was 90% compliance**

- 4. TalkSooner Marketing Update:** from Karen Kirchenbauer, Principal, SeyferthPR is included in the meeting packet.
- 5. Gambling Disorder Grant Update:** from Kelly Kondrat, Gambling Disorder Coordinator with KWB Strategies, is included in the meeting packet.



Update August 2021

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.

Funding for the Gambling Disorder Prevention Project is provided by the Office of Recovery Oriented Systems of Care, MDHHS via the Michigan Compulsive Gaming Prevention Fund

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

TalkSooner.org

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

TalkSooner.org

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



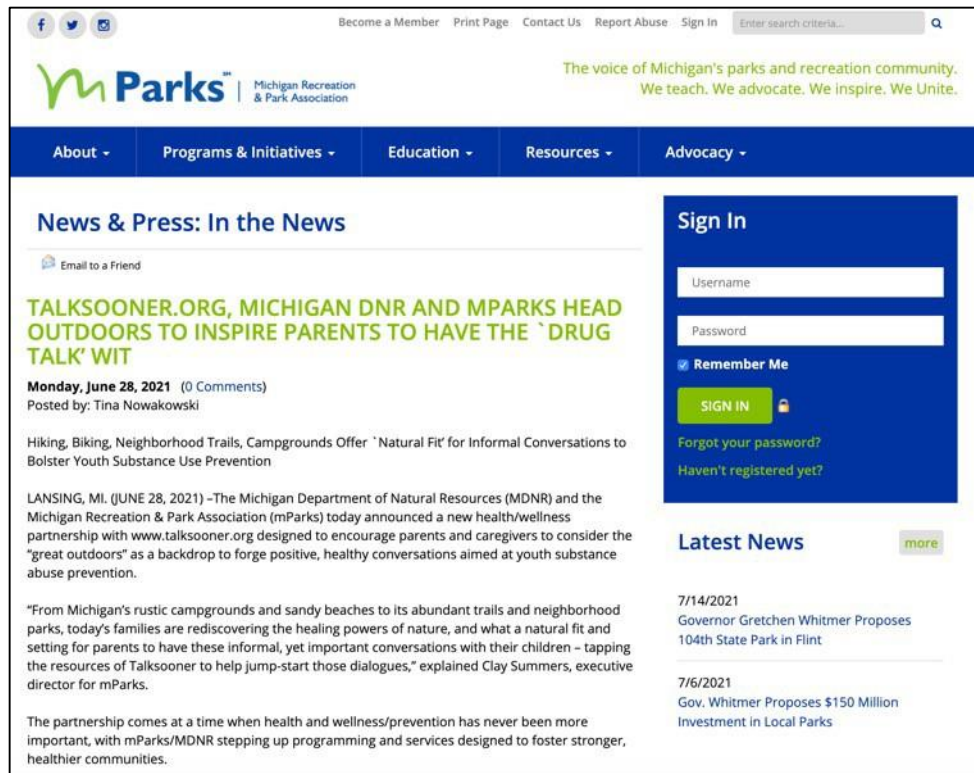
Momentum with WESCO



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OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

Launch of MDNR, mParks collaboration - Seeded by Nikki!



TalkSooner.org

OH WHAT A YEAR! BUILDING MOMENTUM & MILESTONES

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

HEY, PARENTS!

Need help with the drug talk?





Check out www.talksooner.org (¡disponible en español!)

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¡Hola, padres!

¿Necesitan ayuda para hablar con sus hijos sobre drogas?





¡Visite www.talksooner.org o descargue la aplicación en su dispositivo!

TalkSooner.org



Traido a usted en asociación con:



HEY, PARENTS!

Need help with the drug talk?

TalkSooner.org

Brought to you in partnership with:

No se utilizaron fondos de DNR o fondos en la creación de estos materiales.

¡Hola, padres!

¿Necesitan ayuda para hablar con sus hijos sobre drogas?

TalkSooner.org

Traido a usted en asociación con:

No se utilizaron fondos de DNR o fondos en la creación de estos materiales.

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



HEY, PARENTS!

Need help with the drug

talk?



Visit www.talksooner.org (¡disponible en español!)

TalkSooner.org


Brought to you in partnership with:



8

¡Hola, padres!


¿Necesitan ayuda para hablar con sus hijos sobre drogas?



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

TalkSooner.org

Trabajo a usted en asociación con:



TalkSooner.org

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!”



TalkSooner.org

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



August 2021



Substance Use Disorder Treatment Evaluation
Monitoring Report

Quarterly Update:
3rd Quarter FY 20/21



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INTRODUCTION

Purpose:

This report provides an overview of data indicators targeted for improvement through substance use disorder treatment and recovery services in the LRE region thru 3rd quarter of FY21.

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

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

Using this Report:

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

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



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



Areas with substantial improvement have been noted with this icon.

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

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

Commonly Used Acronyms and Abbreviations:

1Q - first quarter

2Q - 2nd quarter

3Q - 3rd quarter

4Q - 4th quarter

avg - average

IOP - Intensive Outpatient

LRE - Lakeshore Regional Entity

LOC - Level of care

MA - Methamphetamine




MAT- Medication Assisted Treatment

OP- Outpatient



OUD - Opioid Use Disorder

ST Res - Short term residential level of care



Criminal justice involved populations returning to communities

Metric	Page	Data Summary	Trend
#1. ↑ # admissions with legal status, on parole or probation	pg 6	Admissions for individuals with legal status 'on parole' or 'on probation' decreased slightly in 3Q (from 35% to 30%) but remained higher than FY20 rates.	
#2. ↑ # admissions with legal status as diversion pre or post booking	pg 6	Rate remains stable with less than 1% of admissions for legal status as pre or post booking diversion.	
#3. ↑ # admissions with legal status as 'in jail'	pg 6	Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.	

Persons with intravenous drug use (IVDU)

Metric	Page	Data Summary	Trend
#4. ↑ # of admissions for individuals age 55-69	pg 7	Relatively stable region-wide with small increase between 2Q and 3Q (8% to 10%)	
#5. ↓ avg days between request and 1st service for persons with OUD	pg 8	Improved from 17.1 in 2Q to 9.3 in 3Q. Remains higher than FY20 (6.4). Allegan and Muskegon counties improved in 3Q while Lake worsened. TTS for MAT improved from 31.8 in 2Q to 8.8 in 3Q	


Persons with intravenous drug use (IVDU)

Metric	Page	Data Summary	Trend
#6. Maintain an avg wait time of < 3 days for persons with IVDU for detox	pg 10	Detox: Among IVDU, region's wait time for detox was 3.6 days in 3Q, slightly above goal of <3 days. Improved from 2Q in Muskegon (9.2 to 2.4) and Allegan (4.7 to 2.3)	
#7. ↓ average time to service for clients w/IVDU entering outpatient w/ MAT	pg 10	Among IVDU, the region's wait time for MAT was 9.5 days in 3Q; much lower than 19.9 in 2Q but worse than FY20 (7.4). Muskegon improved from 40.4 in 2Q to 16.3 in 3Q.	






Rural Communities

Metric	Page	Data Summary	Trend
#8. ↓ avg time to service for OP and IOP levels of care (not inc. MAT)	pg 11	Relatively stable region-wide during FY21 but remains higher than FY20 for OP and IOP.	



Clients with co-occurring disorders receive integrated treatment.

Metric	Page	Data Summary	Trend
#9. ↑ % of clients w/ co-occurring diagnosis receiving integrated services	pg 12	Remained low at 7% in 3Q; lowest in Kent and Allegan County at 4%, and highest in Ottawa (11%) and West MI (14%)	

Increased Treatment Encounters

	Metric	Page	Data Summary	Trend
	#10. ↑ clients seen for a 2nd encounter w/in 14 days of 1st service	pg 13	Improved to 81% in 3Q, almost back to FY20 rate (85%). Lowest rates occurred in OP and IOP at 67% each.	
	#11. ↓ % of treatment episodes with no 2nd visit	pg 14	More than 1-in-5 (22%) of treatment episodes discharged 3Q had only one encounter, higher than in FY20 (15%) but improving since 2Q (28%) For 3Q, 88% of OP and 63% of IOP had only one encounter with Kent and Ottawa having the highest rates at 92 & 93% respectively.	 For OP & IOP
	#12. ↑ avg # of treatment encounters	pg 15	Has been declining since FY17 and achieved a low of 7.8 in 3Q. The lowest was for OP with an average of only 2 treatment encounters in 3Q.	

Decrease Discharge Reason as "Dropped Out"

Metric	Page	Data Summary	Trend
#13. ↓ % of discharges with reason as 'dropped out' for all LOC	pg 16	Worsened slightly in 3Q (from 34 to 37%), compared to 40% in FY20. Improvements were seen for OP and Detox while worsening for OP, MAT, and LT Res.	
#14. ↑ % of outpatient discharges w/ reason "completed treatment"	pg 18	Remained relatively stable but low for MAT (4%) and worsened in 3Q for OP at 34% but remained higher than FY20 at 26%.	


Continuity of Care Following Detox & ST Res

Data Highlights


Admitted to next level of care w/in 7 days

Analysis only includes clients re-admitted within 30 days.





Metric	Page	Data Summary	Trend
#15. ↑ % of discharged detox and ST Res clients transitioned to the next level of care (LOC) within 7 days	pg 19	Improved for discharges from ST Res (42%) in 3Q, compared to 26% in 2Q; Detox remained stable at 84%. Similar across CMHSPs for ST Res, with West MI having the highest rate (60%)	 For ST Res

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

Metric	Page	Data Summary	Trend
#16. ↓ avg # days between discharge and admission to next LOC following detox and for ST residential	pg 20	Improved in 3Q (10.0) to near FY20 levels (9.3). Among readmissions that took longer than 7 days, the average delay in 3Q was 18 days.	


Discharge Reason

Metric	Page	Data Summary	Trend
#17. ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	pg 21	Continues to be high, with slight improvements achieved in 2Q, and worsening slightly in 3Q to 29% for detox, compared to 30% in FY20 and 72% for ST residential in Q2 compared to 74% in FY20.	
#18. ↑ % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care'	pg 22	Improved slightly in 3Q to 49% for detox compared to 42% in FY20. The lowest rates were in Muskegon (15%) and Ottawa (13%). Rates for detox discharges remain extremely low for detox at 1% of discharges in 3Q.	


Connection to Community Supports

Data Highlights


Establish connections to community supports to assist them in maintaining recovery

Metric	Page	Data Summary	Trend
#19. ↑ % of clients at discharge reporting attendance at support group in past 30 days	pg 23	Rate decreased slightly thru-out FY21 to 16% in 3Q compared to 25% in FY20. Highest rates reported for Lake (71%) and Mason (38%) Counties.	

Women's specialty services for pregnant and parenting women

Metric	Page	Data Summary	Trend
#20. ↑ # of pregnant women served (annual metric)	pg 24	Has been decreasing in recent years. FY21 year-to-date 37 pregnant women have been served; 16 in Muskegon, 10 in Kent, 5 in Allegan, 3 in Ottawa, and 3 in West Mi.	

Other Data to Monitor

Metric	Page	Data Summary
Treatment Penetration (Priority Populations)	pg 25	The % of admissions for priority populations have remained relatively stable with a decrease in persons with an OUD to 21% in 2Q vs 30% in FY20. In 2Q there was an increase in admissions for African American individuals to 19% from 15% in FY20.
Admissions by Primary Drug	pg 29	Admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.
 Methamphetamine Involved Admissions	pg 32	MA involved admissions continue to increase at an alarming rate with more than 1-in-4 admissions (27%) in 3Q involving MA; highest in Lake (43%), Allegan (41%), and Mason (36%) counties. Region-wide, 9% of admissions involved both MA and an opioid.

TREATMENT ACCESS

Priority: CRIMINAL JUSTICE INVOLVED POPULATIONS

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

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

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

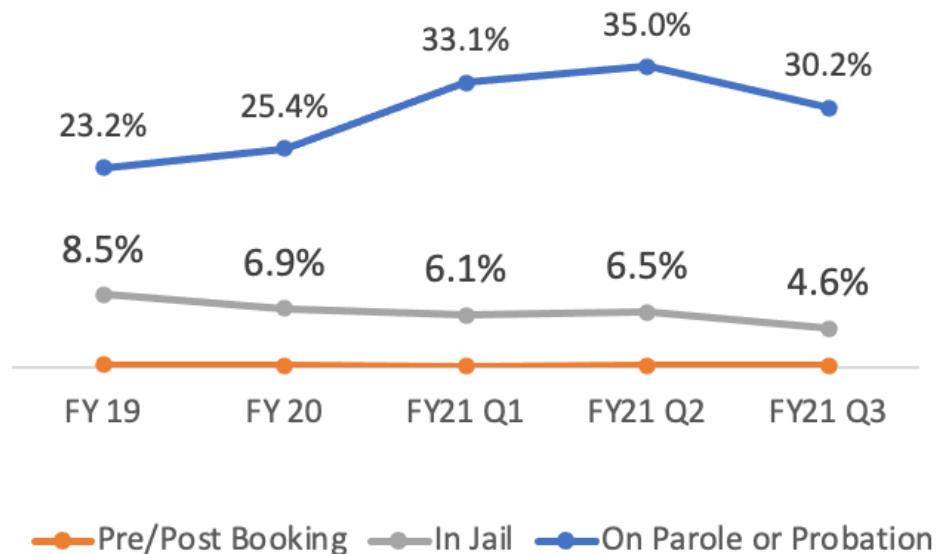
Data Highlights:

Admissions for individuals whose legal status was identified as 'on parole' or 'on probation' decreased slightly in 3Q (from 35% to 30%) but remained higher than FY20 rates.

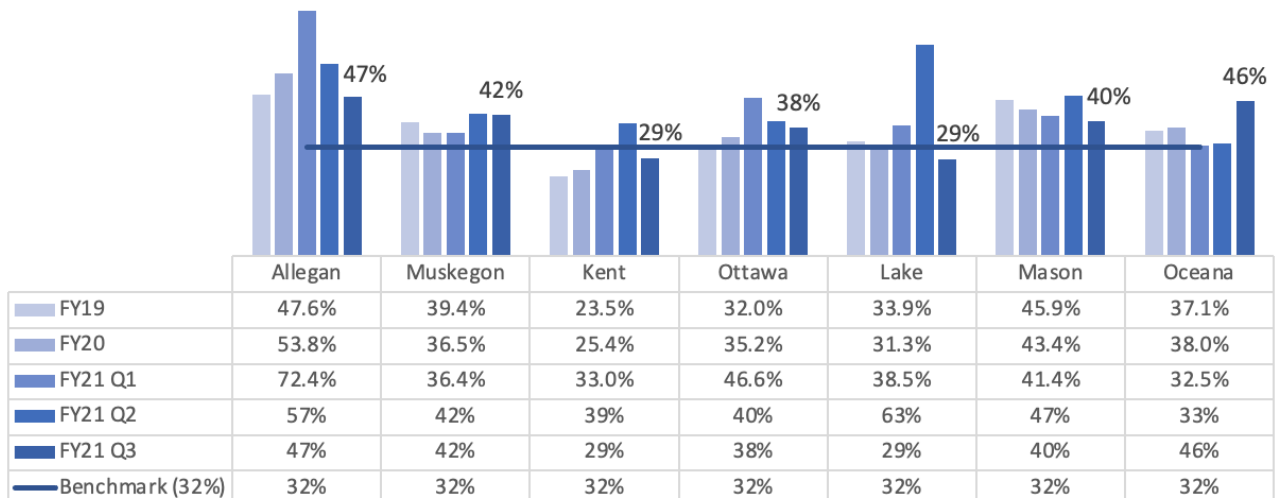
Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.

Rate remains stable with less than 1% of admissions for legal status as pre or post booking diversion.

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



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



TREATMENT ACCESS

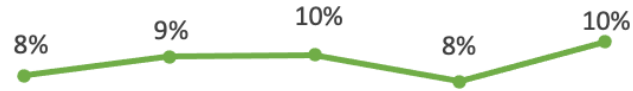
Priority: OLDER ADULTS (AGE 55-69)

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

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

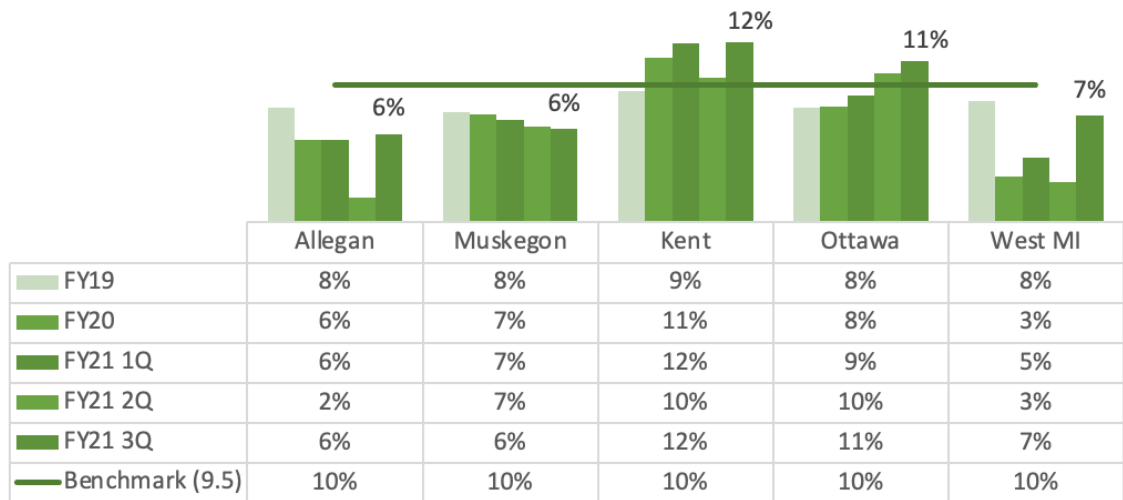
Data Highlights:

Admissions for individuals aged 55-69 have remained relatively stable throughout the region with a slight increase in 3Q.



FY19 FY20 FY21 1Q FY21 2Q FY21 3Q

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



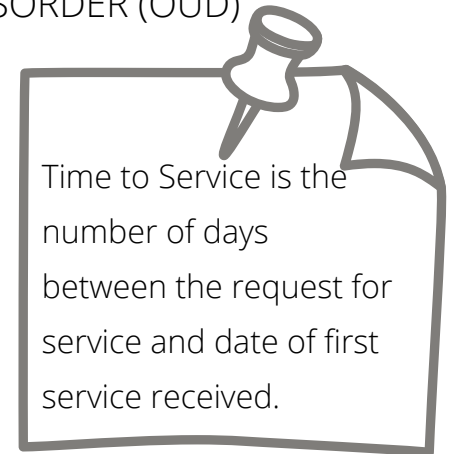
Number of Admissions for Individuals Age 55-69 by CMHSP (T.2)

CMHSP	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
Allegan	24	31	6	2	6	
Muskegon	162	85	18	15	16	
Kent	276	244	85	68	84	
Ottawa	83	77	22	25	26	
West MI	49	40	5	2	9	
Out of Region	0	2	0	0	0	
Region Total	594	479	136	112	141	

TREATMENT ACCESS

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

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



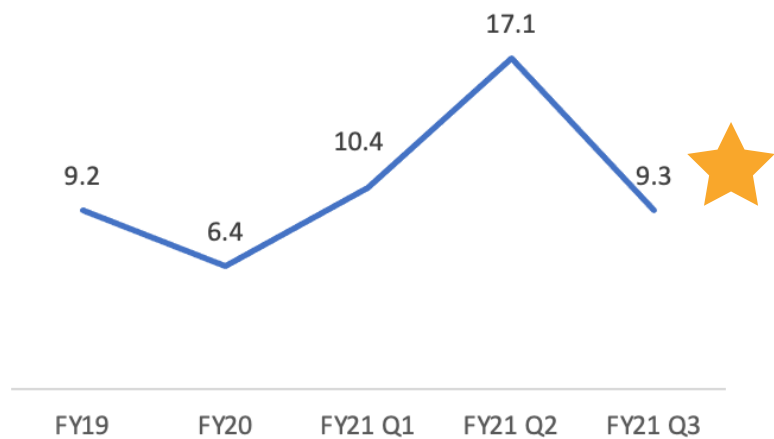
Data Highlights:

The average days to service for individuals with an OUD improved from 17.1 days in 2Q to 9.3 days in 3Q, compared to 6.4 days in FY20.

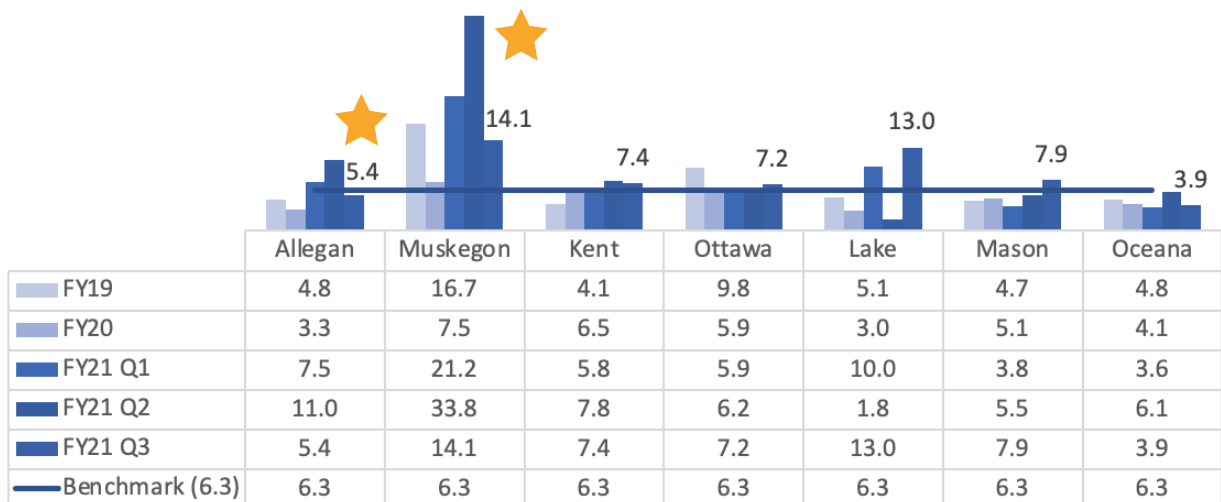
This improvement appears to be primarily caused by Muskegon county with a time to service of 34 days in 2Q decreasing to 14 in 3Q. Allegan county also showed an improvement from 11.0 in 2Q to 5.4 in 3Q. Rates in Lake county worsened from 2 in 2Q to 13 in 3Q.

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

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



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



TREATMENT ACCESS

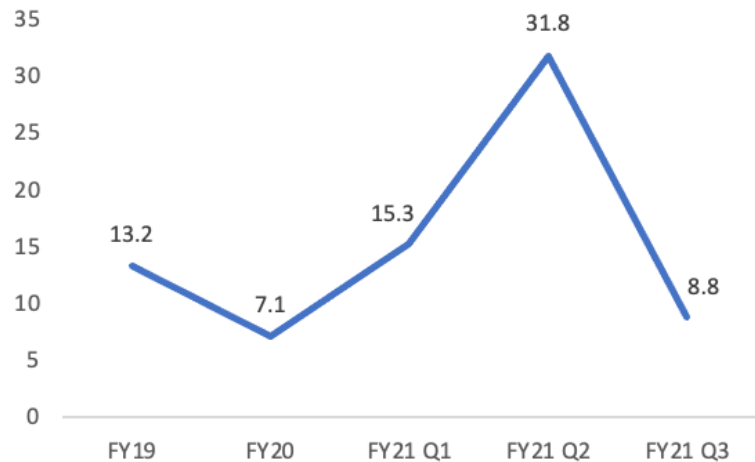
Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

Data Highlights:

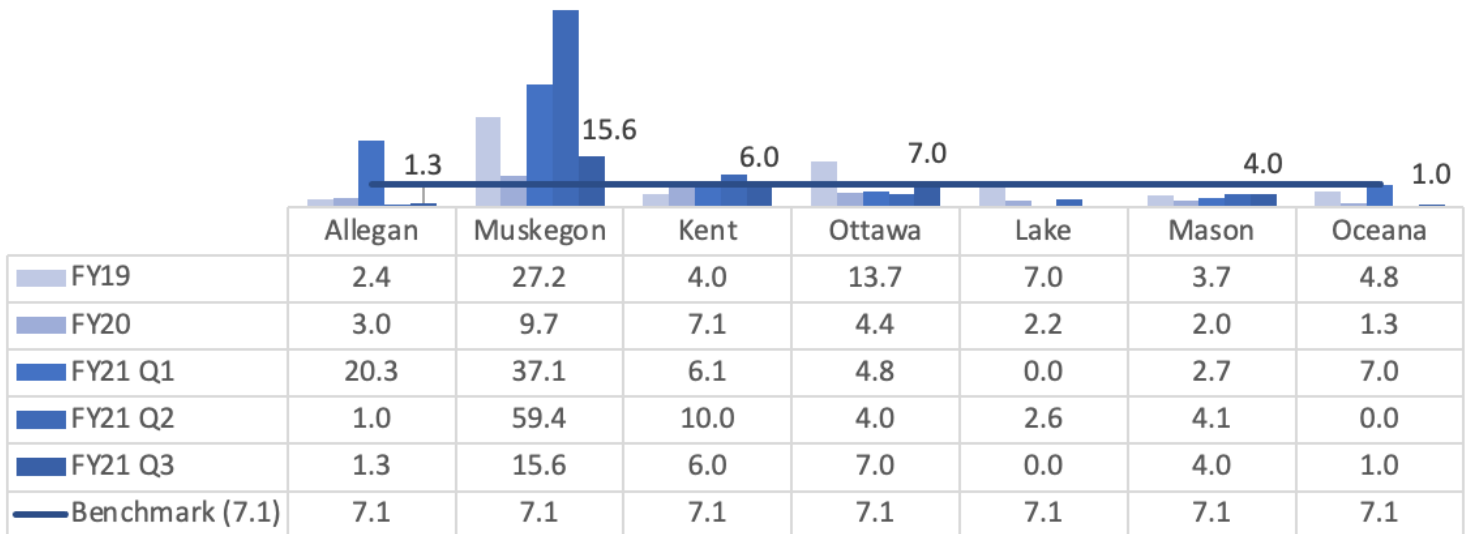
Time to Service for MAT also improved substantially in the region from 2Q to 3Q.

Muskegon County appears to account for this increase with a 59 day wait in 2Q decreasing to 16 in 3Q.

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



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



TREATMENT ACCESS

Priority: PERSONS WITH INTRAVENOUS DRUG USE (IVDU)

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

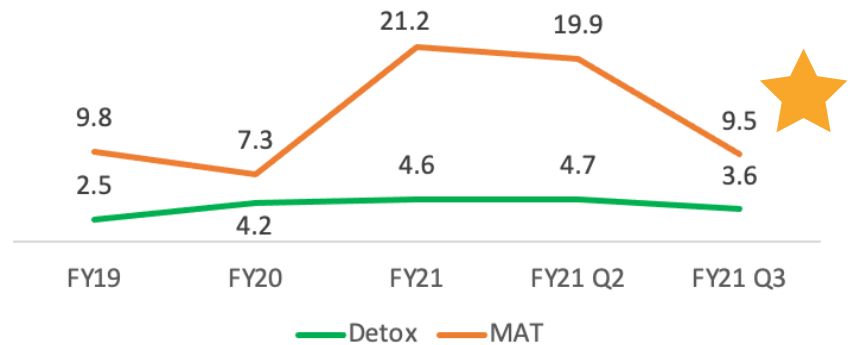
Metric #7. Decrease average time to service for clients w/IVDU entering outpatient with Medication Assisted Treatment (MAT)

Data Highlights:

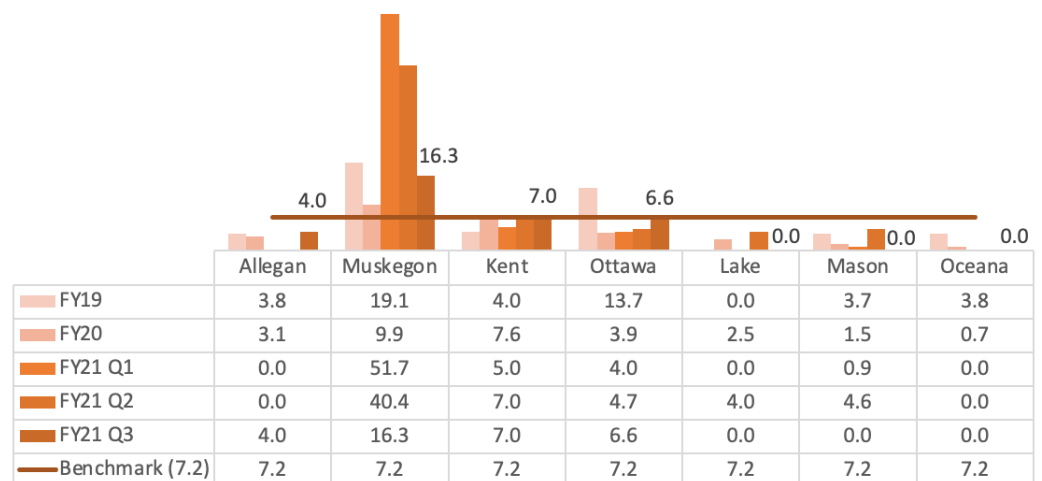
Detox: Among IVDU the region's wait time for detox was 3.6 days in 3Q; a slight improvement from 2Q at 4.7 days but higher than the goal of <3 days.

Detox: Among individuals with IVDU, the region's wait time for MAT was 9.5 days in 3Q, a substantial improvement from 2Q at 19.9 days. Muskegon achieved a substantial decrease in TTS for MAT from 40 in 2Q to 16 in 3Q but remains the longest TTS in the region.

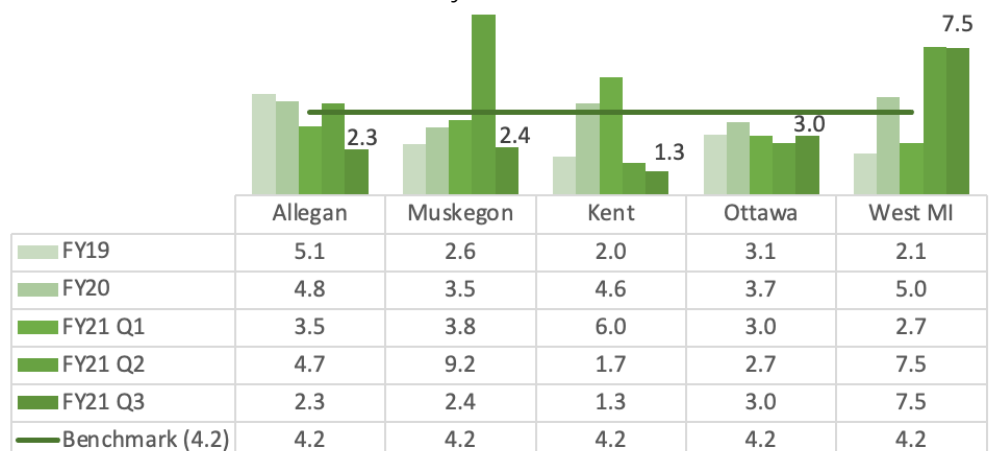
Average Time to Service for Detox and MAT for Clients w/IVDU (T.5-6)



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



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



TREATMENT ACCESS

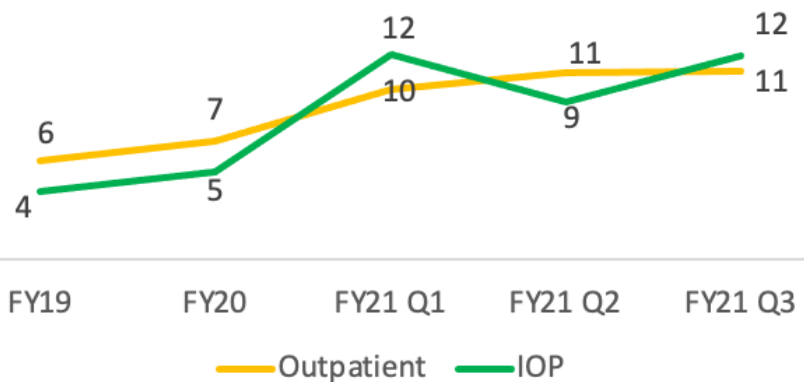
Priority: RURAL COMMUNITIES

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

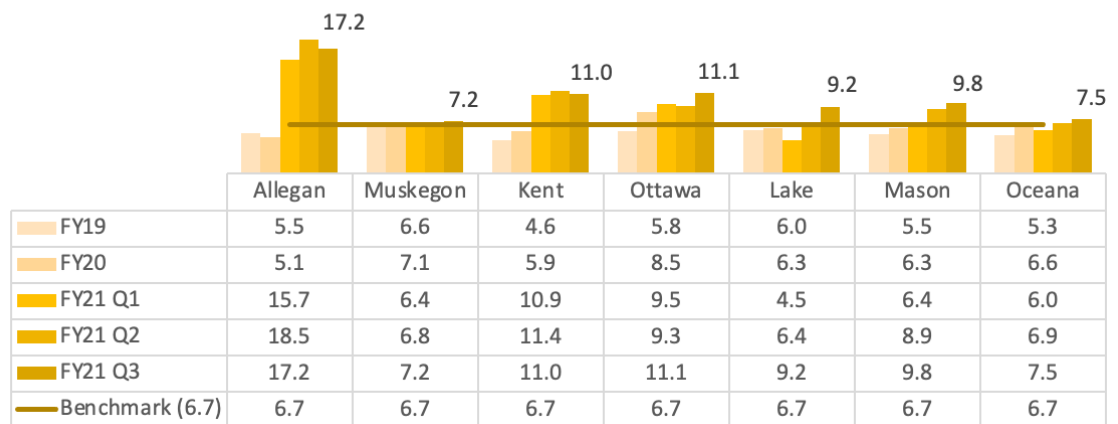
Data Highlights:

Average time to service was 11 days outpatient (OP) and 12 days for intensive outpatient (IOP). The longest time to service occurred in Allegan county at 17.2 for OP and Ottawa had the fastest TTS for IOP at 6.8 days.

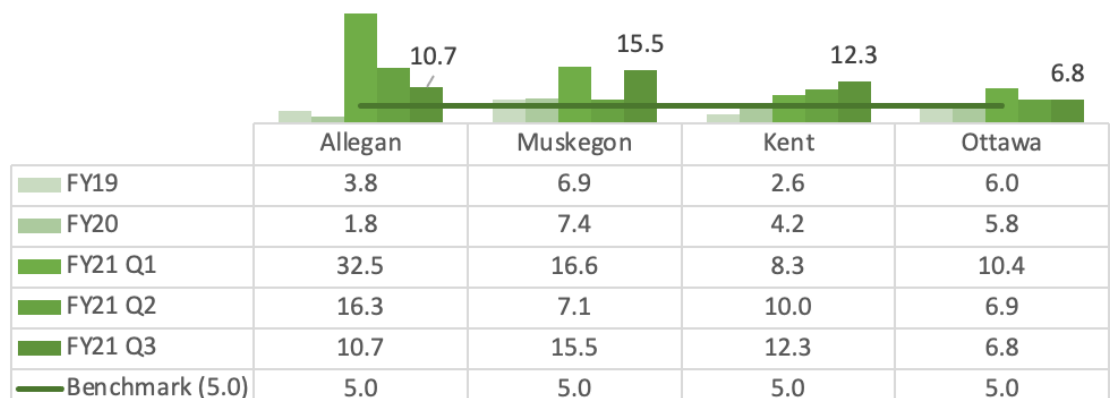
Average Time to Service to Outpatient and IOP (exc. MAT), LRE Region (T.7)



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



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



ENGAGEMENT AND RETENTION

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

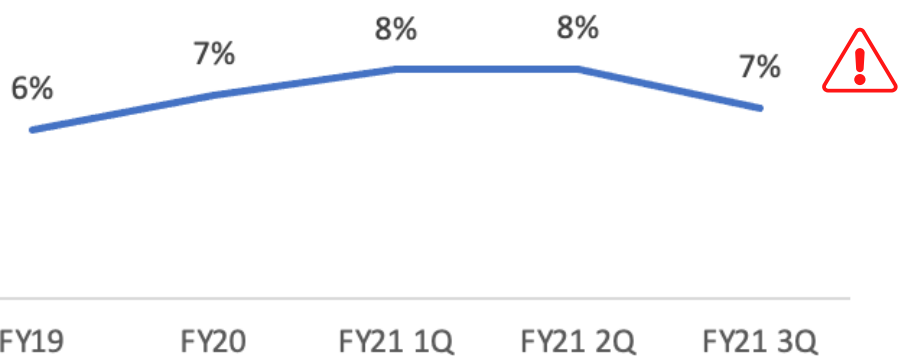
Metric #9. Increase % of clients w/ co-occurring diagnosis that received integrated services.

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

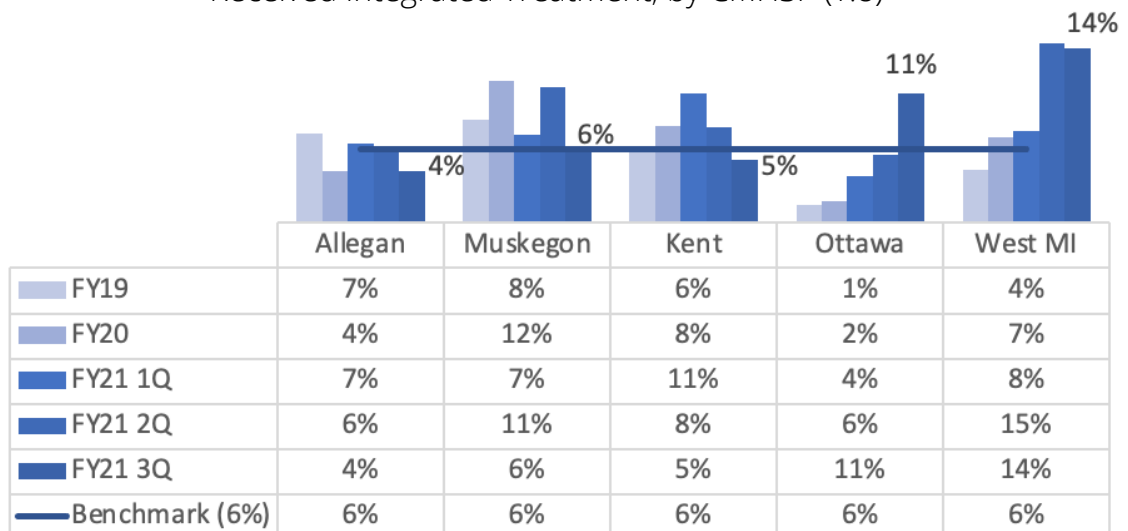
Data Highlights:

The percent of clients that received integrated treatment remains low at 7% in 3Q. The highest rates were achieved in West MI (14%) and Ottawa (11%).

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



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



ENGAGEMENT AND RETENTION

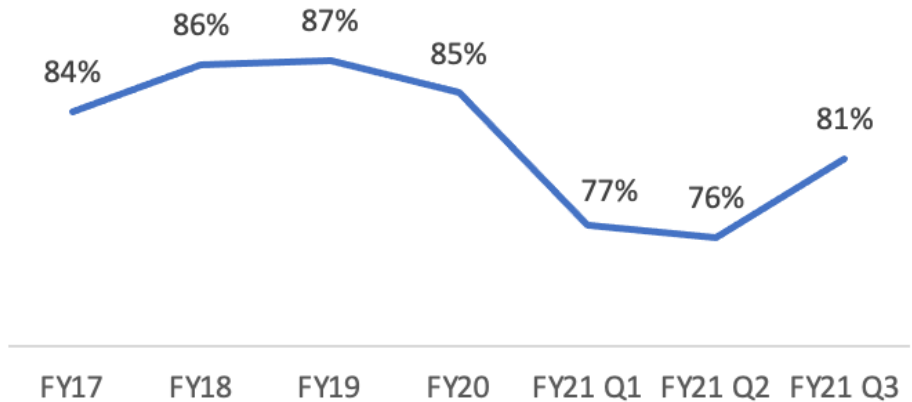
Priority: INCREASED TREATMENT ENCOUNTERS

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

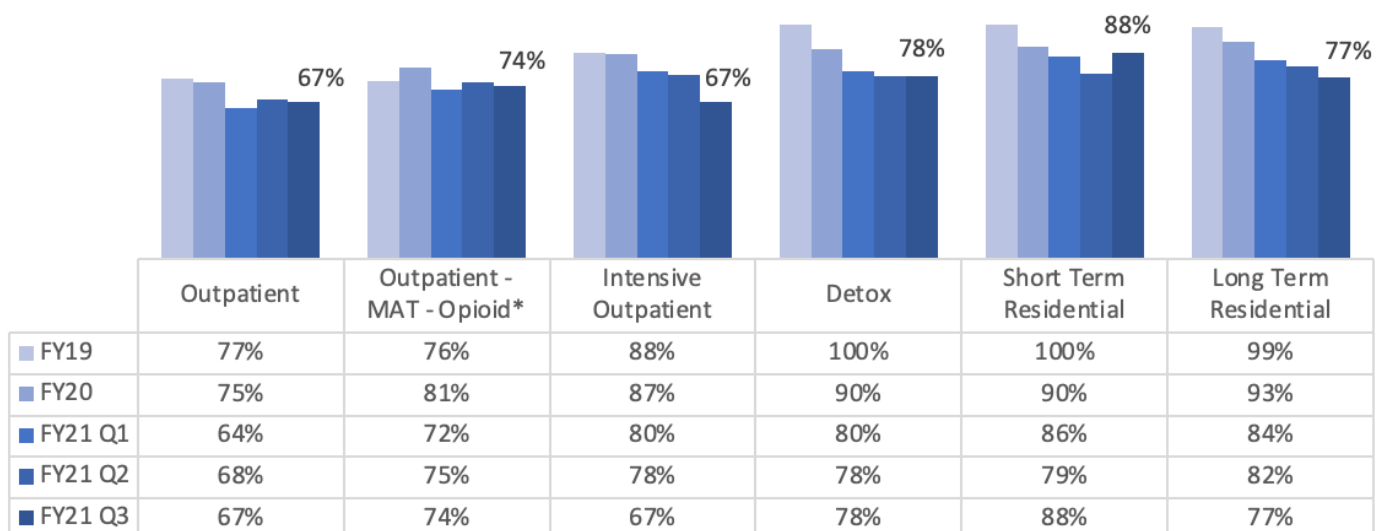
Data Highlights:

The percent of clients who were seen for a 2nd encounter within 14 days improved to 81% in 3Q, almost achieving FY20 levels. The lowest rates occurred in OP and IOP at 67% each.

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



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



ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

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

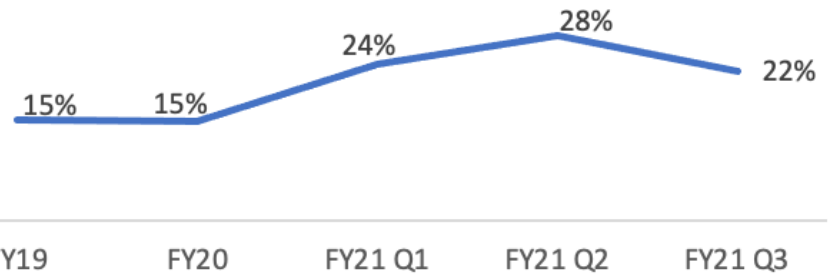
Data Highlights:

More than 1-in-5 (22%) of treatment episodes discharged 3Q had only one encounter, higher than in FY20 (15%) but improving since 2Q (28%)

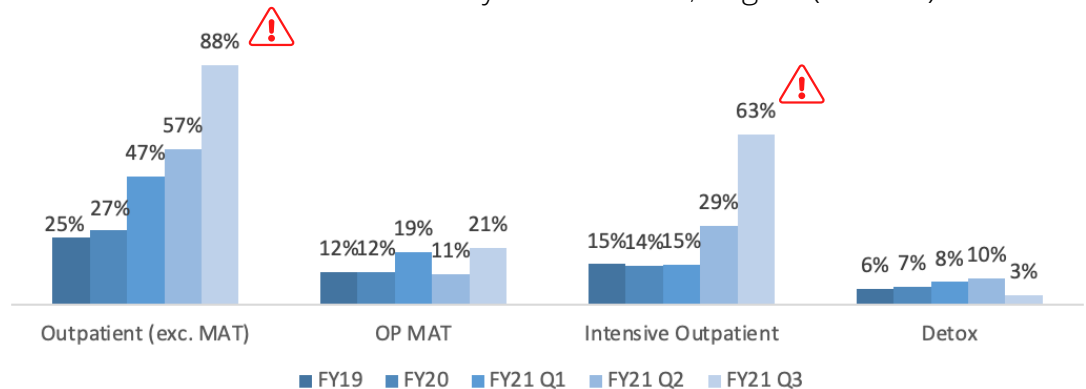
During 3Q, 88% of OP and 63% of IOP discharges had only one encounter.

Kent and Ottawa had the highest rates for outpatient at 92% and 93% respectively.

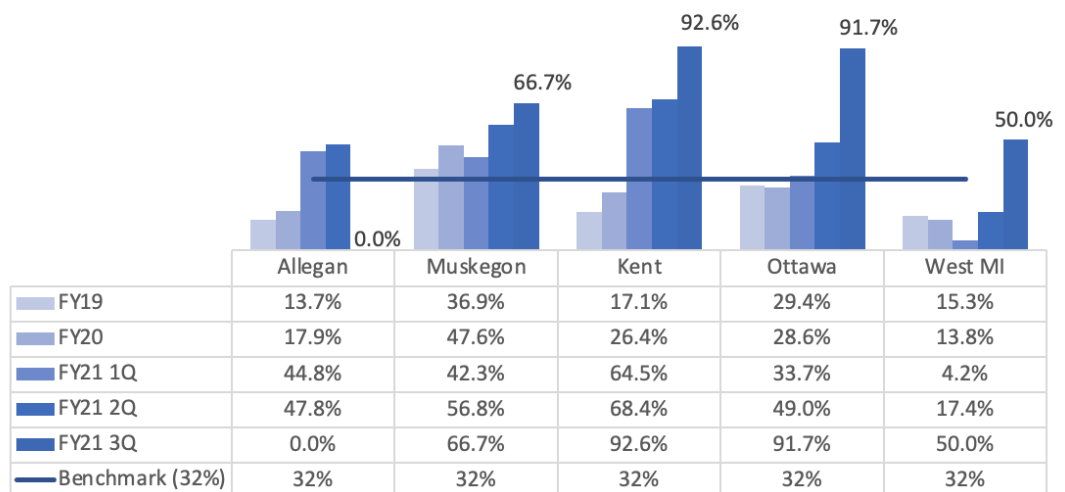
Percent of Treatment Episodes with Only One Encounter, LRE Region (T.13)



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



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



ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

Metric #12. Increase average # of treatment encounters.

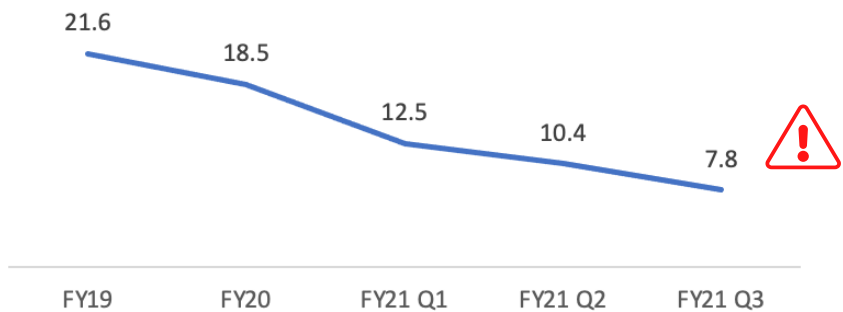
The average number of encounters provides an average of the number of treatment encounters provided during each treatment episode with a discharge record and at least one encounter reported during the period. Methadone dosing (H0020) and (Room and Board (S997) are excluded from analysis as they artificially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

Data Highlights:

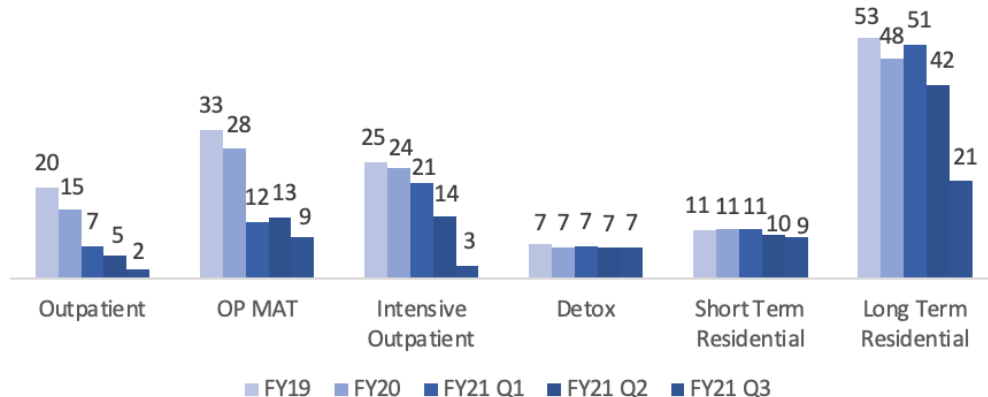
The average # of treatment encounters has been declining since FY17 and achieved a low of 7.8 in 3Q.

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

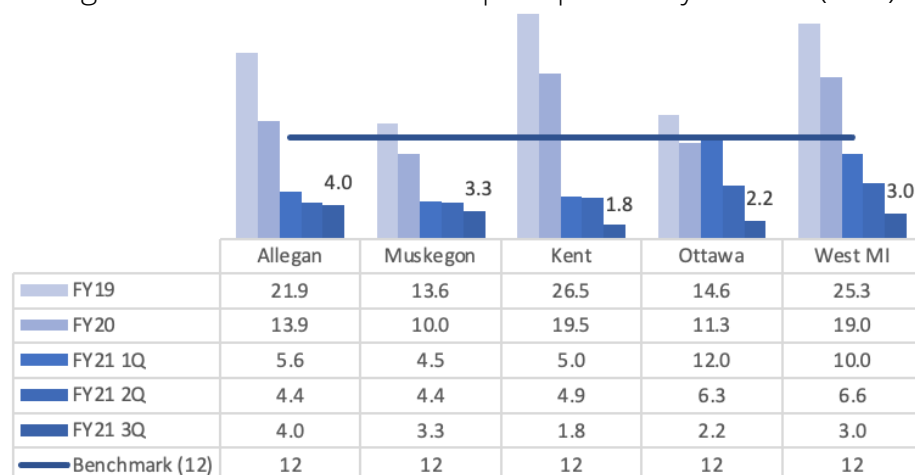
Average Number of Treatment Encounters per Episode, LRE Region (T.17)



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



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



ENGAGEMENT AND RETENTION

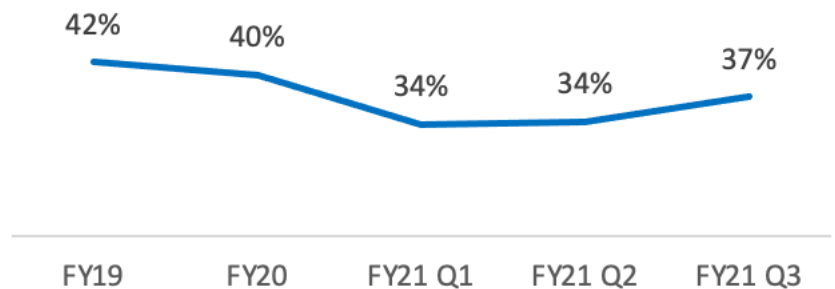
Priority: DECREASE DISCHARGE REASON, "DROPPED OUT"

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

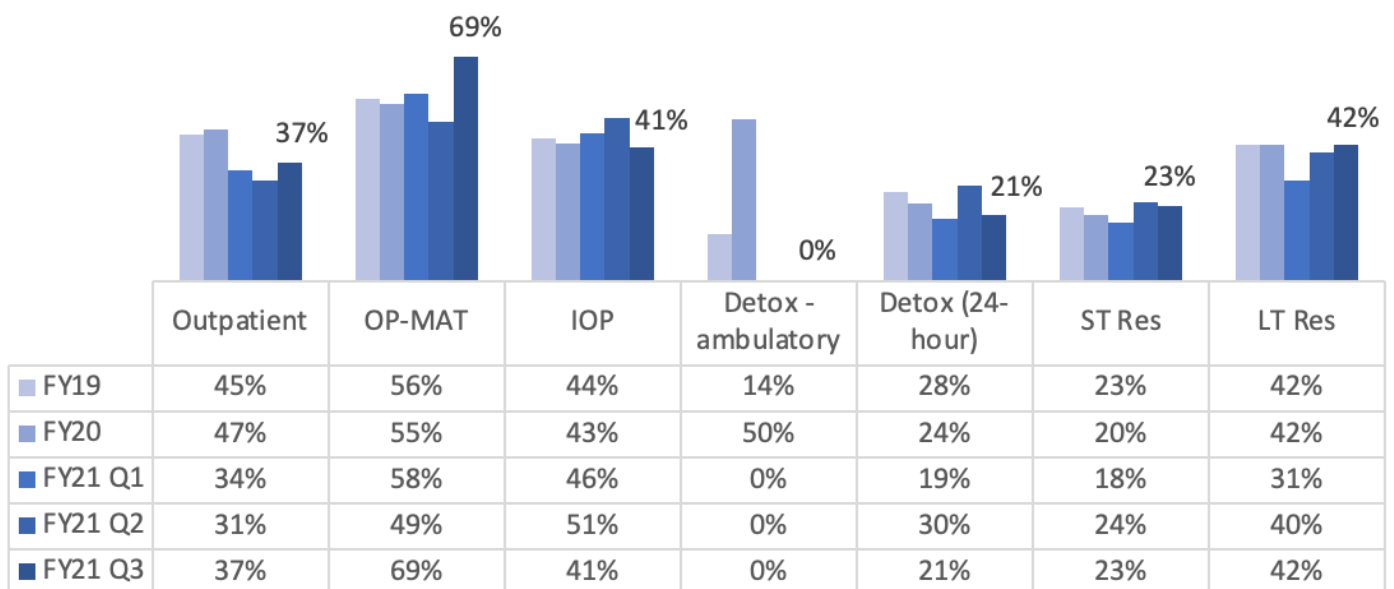
Data Highlights:

Discharges in the region with the reason 'dropped out' worsened slightly in 3Q (from 34% to 37%), compared to 40% in FY20. Improvements were seen for IOP and detox, while worsening for OP, MAT, and LT Res.

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

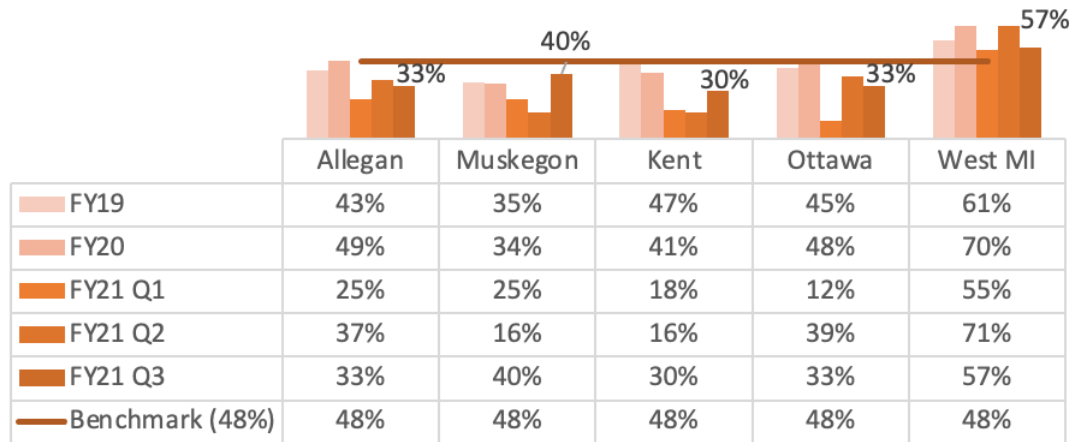


Dropped Out - Percent of Discharges by Level of Care, LRE Region (T.21)

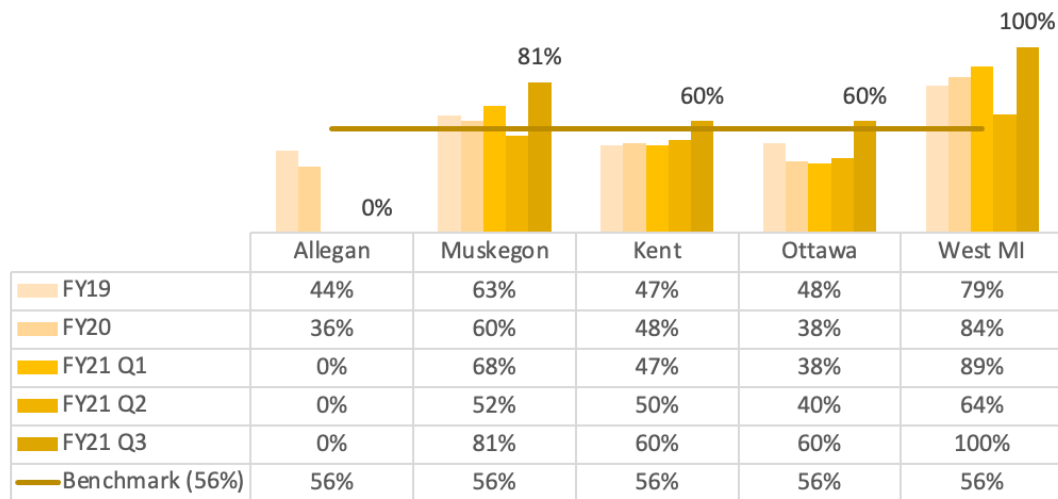


ENGAGEMENT AND RETENTION

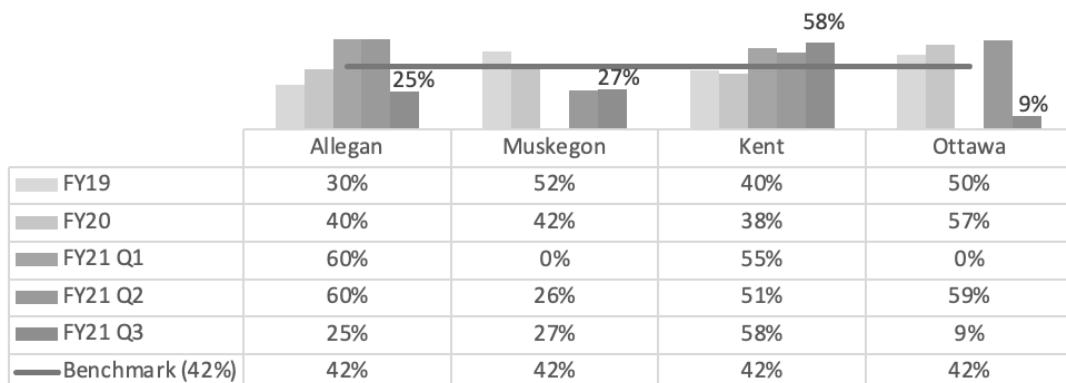
Dropped Out - Percent of Outpatient (exc. Mat) Discharges by CMHSP (T.22)



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



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



ENGAGEMENT AND RETENTION

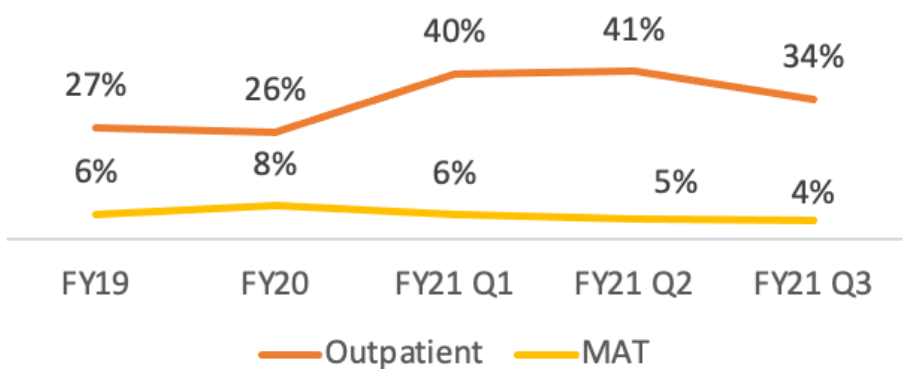
Priority: INCREASE OUTPATIENT DISCHARGES "COMPLETED TREATMENT"

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

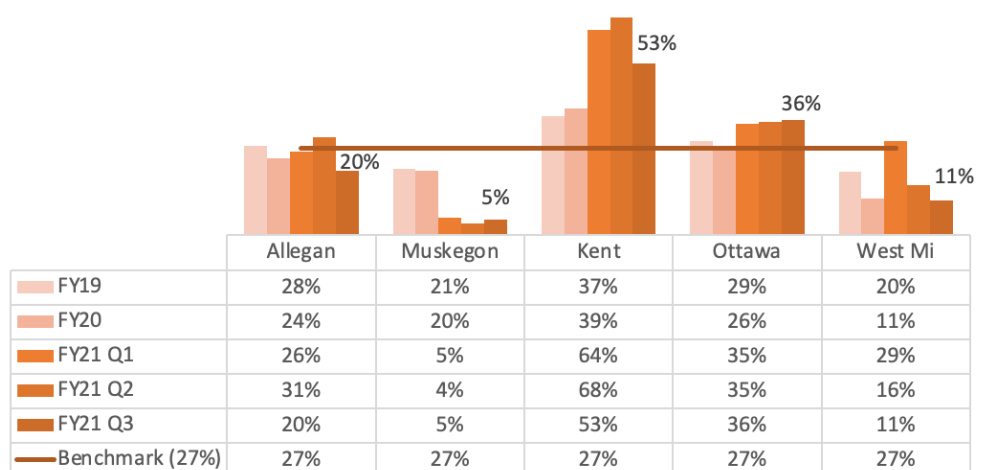
Data Highlights:

Discharges in the region with the reason 'completed treatment' remained relatively stable for MAT services and worsened in 3Q for OP to a low of 34%. Kent had the highest rate of treatment completion for OP at 53%.

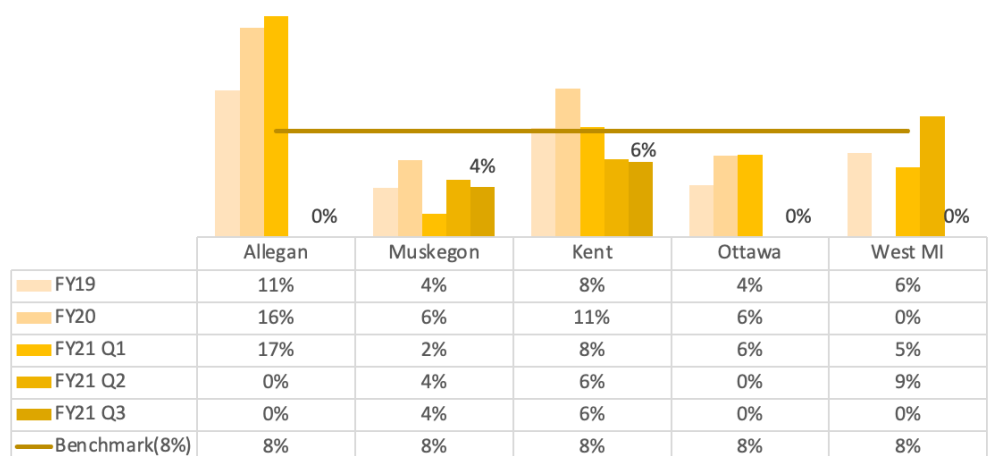
Percent of Outpatient and Outpatient MAT Discharges with Reason as "Completed Treatment", LRE Region (T.23)



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



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



CONTINUITY OF CARE AFTER DETOX AND ST RES

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

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

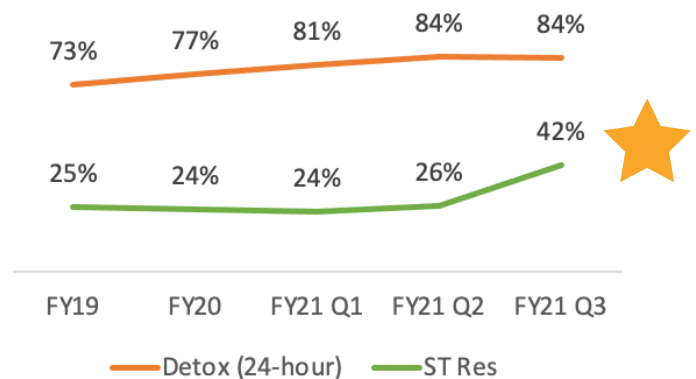
Data Highlights:

The percent of clients admitted to next level of care following detox remained relatively stable at 84% in 3Q, compared to 77% in FY20; ST Res improved to 26% in 2Q to 42% in 3Q, high when compared to 24% in FY20.

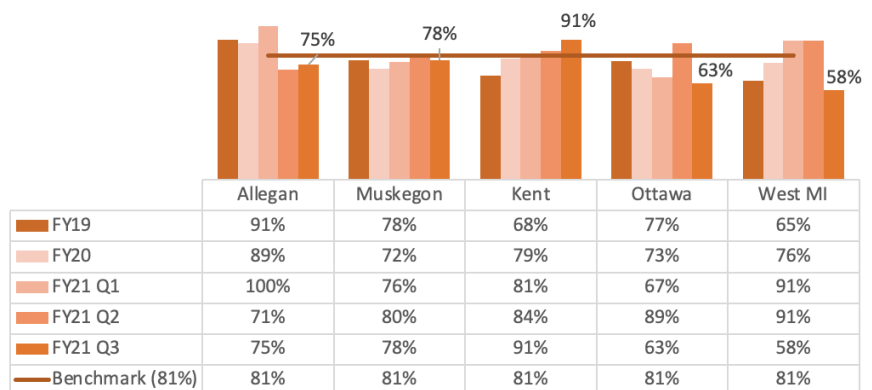
Rates were similar across CMHSPs with the lowest rate for detox in West MI (58%). For ST Res West MI had the highest rate at 60% followed by Kent (39%).

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

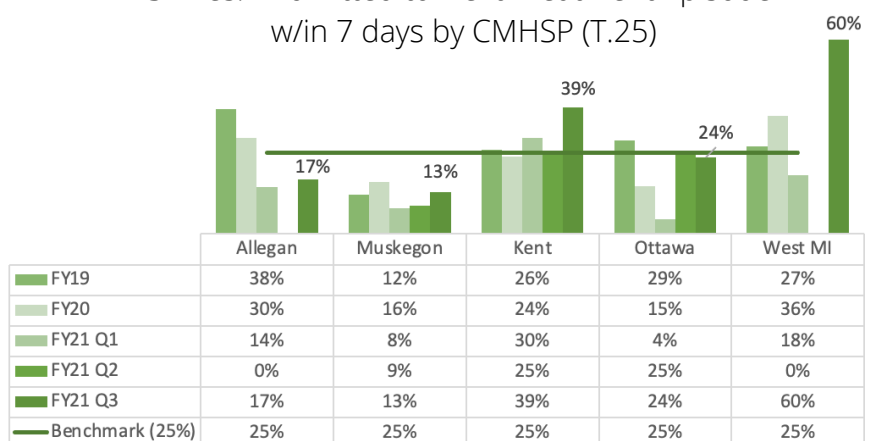
Percent of Discharges from Detox and ST Res Admitted to Next Treatment Episode w/in 7 days, Region (T.24-25)



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



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



CONTINUITY OF CARE AFTER DETOX AND ST RES

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

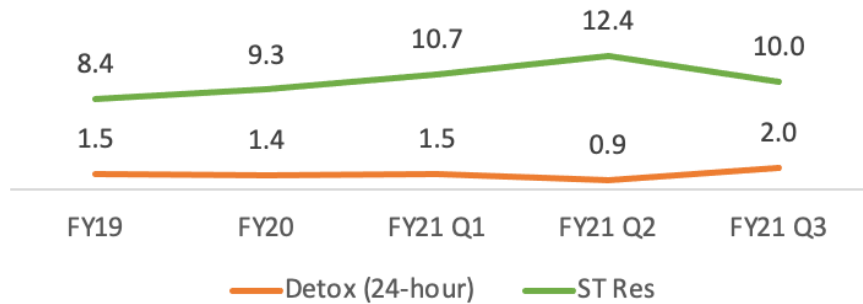
Metric #16. Decrease average # days between discharge and admission to next level of care for detox and for ST residential

Data Highlights:

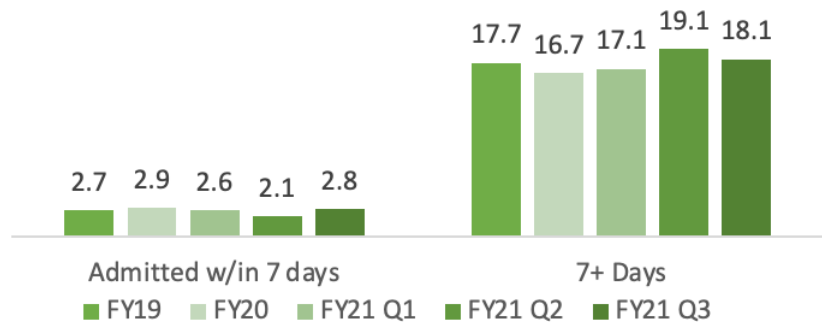
The average number of days between discharge to ST residential and the next level of care improved slightly in 3Q to near FY 20 levels.

Among readmissions that took longer than 7 days the average delay was 18 days in 3Q.

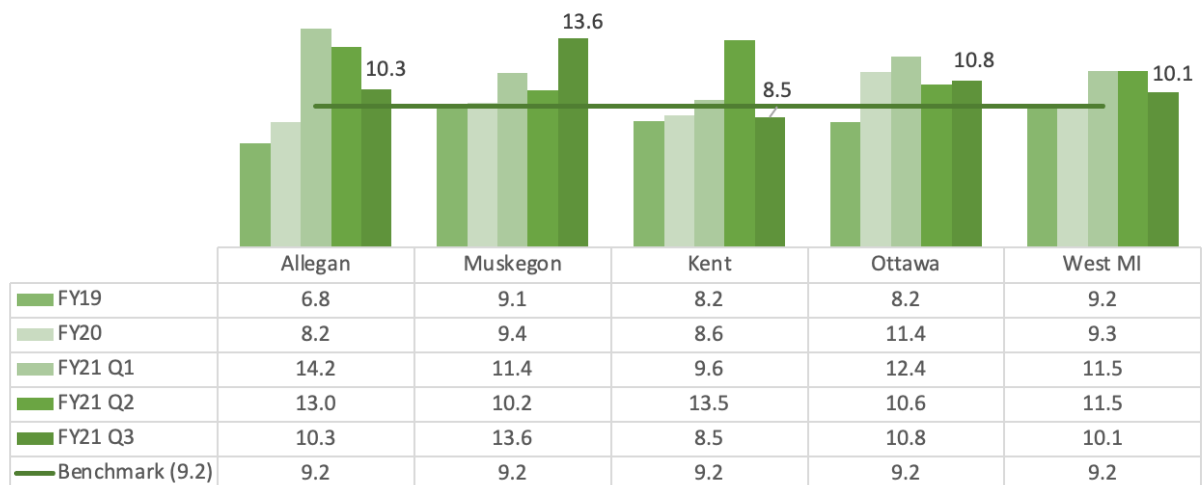
Average # Days Between Discharge and Admission to Next Level of Care, LRE Region (T.28-29)



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



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



CONTINUITY OF CARE AFTER DETOX AND ST RES

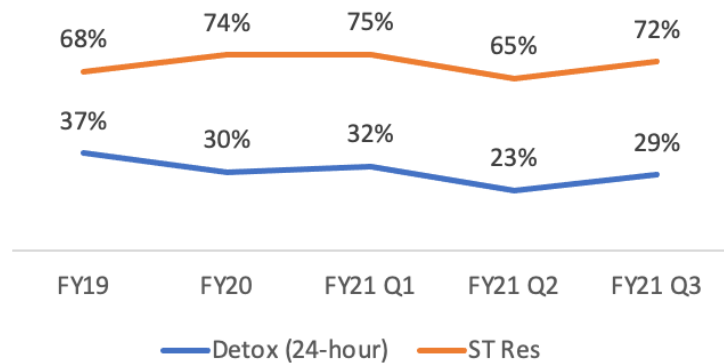
Priority: DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

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

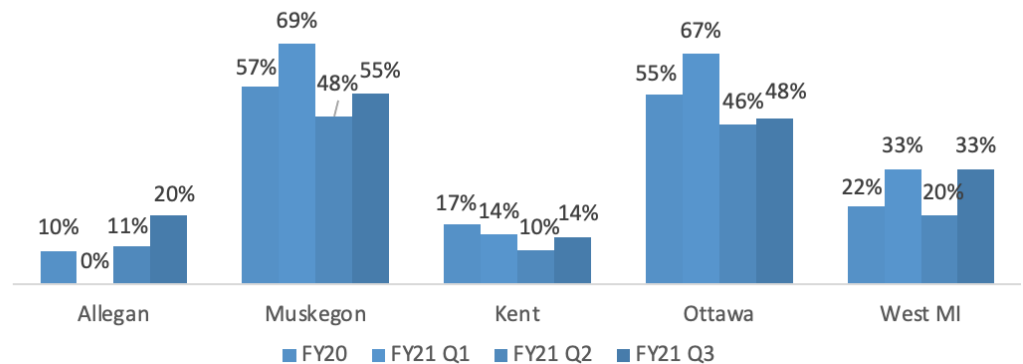
Data Highlights:

The percent of discharges from ST residential and detox with the reason 'completed treatment' continues to be high with both worsening slightly in 3Q.

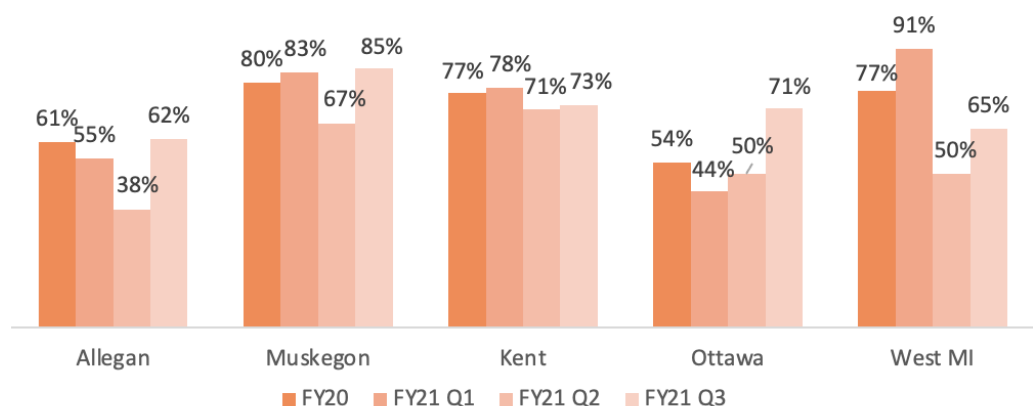
Discharges from Detox w/ Reason as "Completed Treatment" by CMHSP (T.30)



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



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



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

CONTINUITY OF CARE AFTER DETOX AND ST RES

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

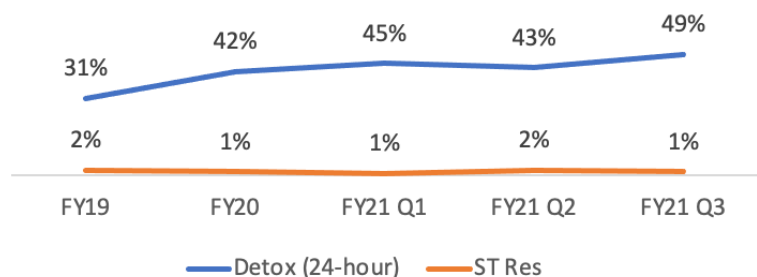
Background Info: When clients are discharged from a service setting who are to continue treatment at a lower level of care at another provider the discharge reason should be identified as 'Transferring/Completed Level of Care'. This is especially important for detox or residential service settings where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

Data Highlights:

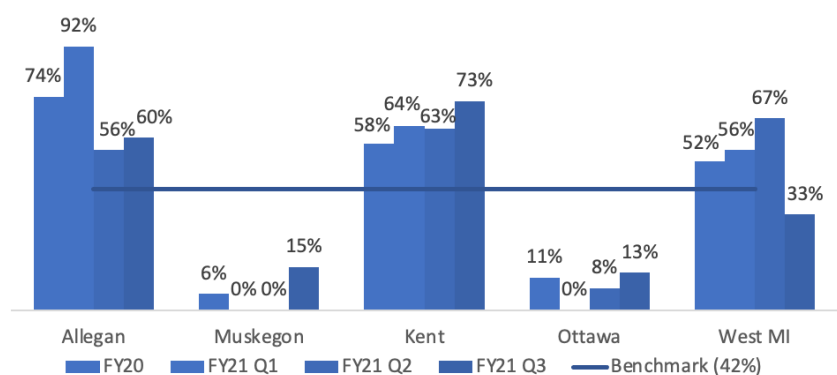
The percent of discharges from detox discharged with the reason as 'transferring/completed Level of Care' improved slightly in 3Q to 49% from, 43% in 2Q and remains extremely low for detox (1%).

The highest rate was achieved in Kent (73%) while the lowest rates were in Ottawa (13%) and Muskegon (15%).

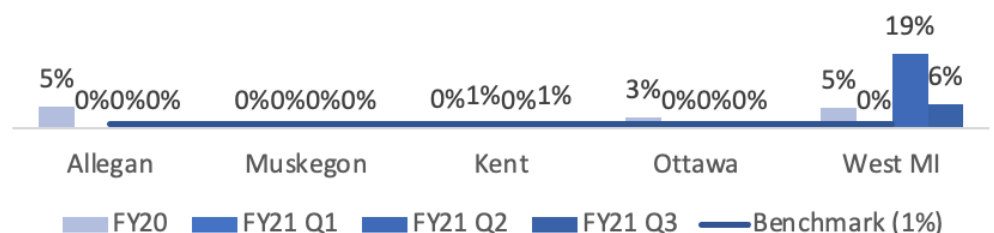
Clients Discharged from Detox & ST Residential with Reason as "Transferring/Completed Level of Care", LRE Region (T.31)



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



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



CONNECT TO COMMUNITY SUPPORTS

Priority: ATTENDANCE AT SUPPORT GROUP

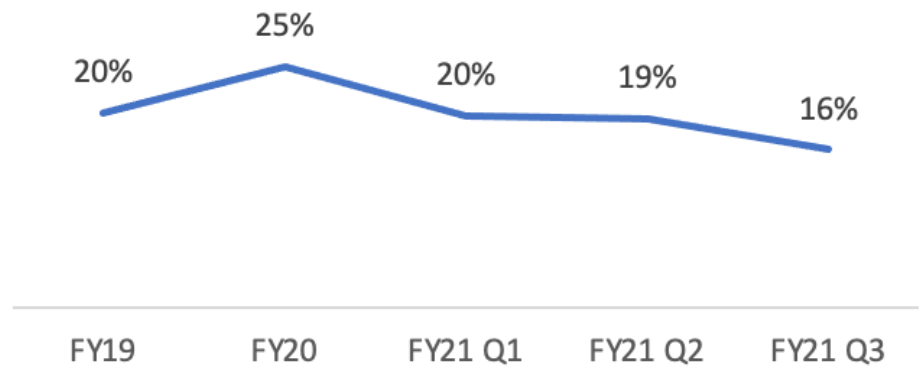
Metric #19. Increase % of clients at discharge reporting attendance at support group in past 30 days

Data Highlights:

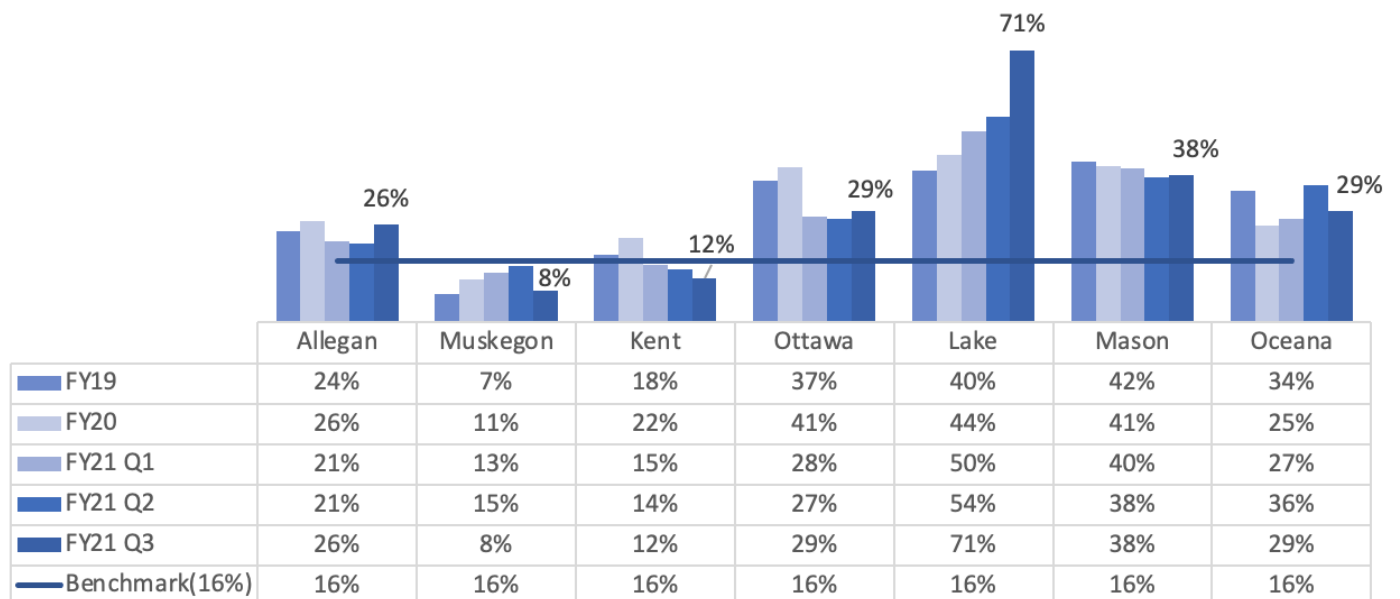
The percent of clients who report attending a self help group in the past month had increased in FY20 to a high of 25%. Rates decreased slightly thru FY21 to 16% in 3Q

The highest rates of support group participation were reported for Lake (71%) and Mason (38%) counties.

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



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



CONNECT TO COMMUNITY SUPPORTS

Priority: WOMEN'S SPECIALTY SERVICES

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

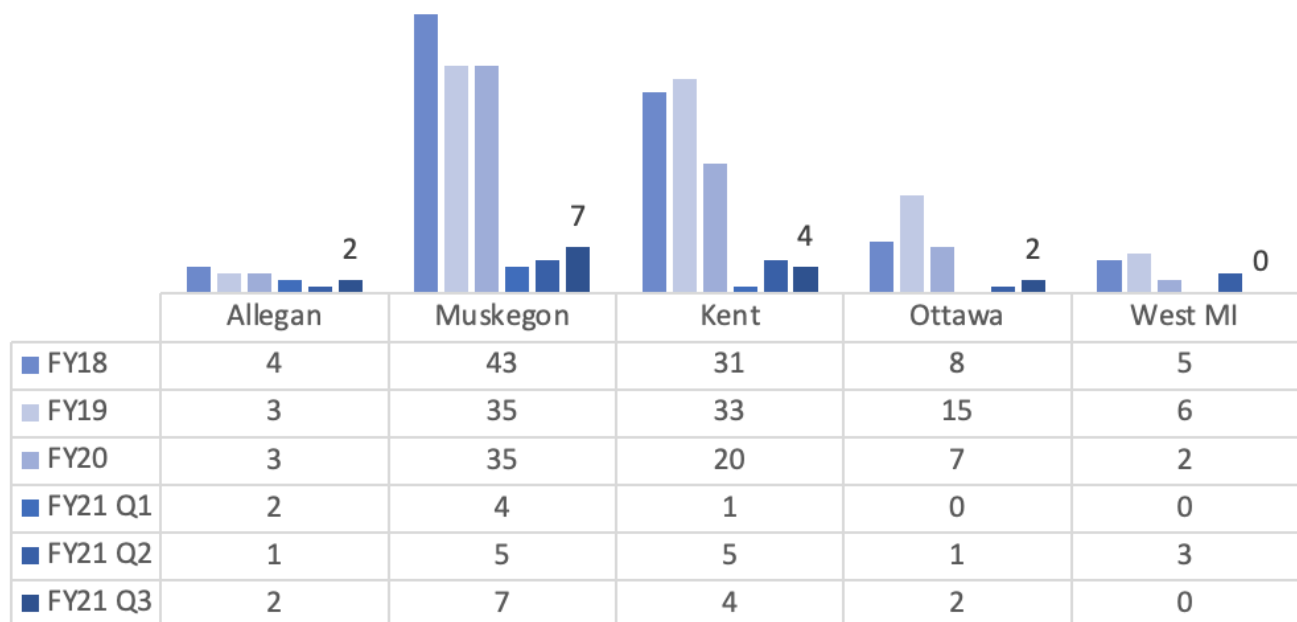
Data Highlights:

The number of pregnant women served in the LRE region has been decreasing in recent years. FY21 year-to-date 37 pregnant women have been served.

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

FY18	91
FY19	92
FY20	67
FY21 1Q	7
FY21 2Q	15
FY21 3Q	15

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



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

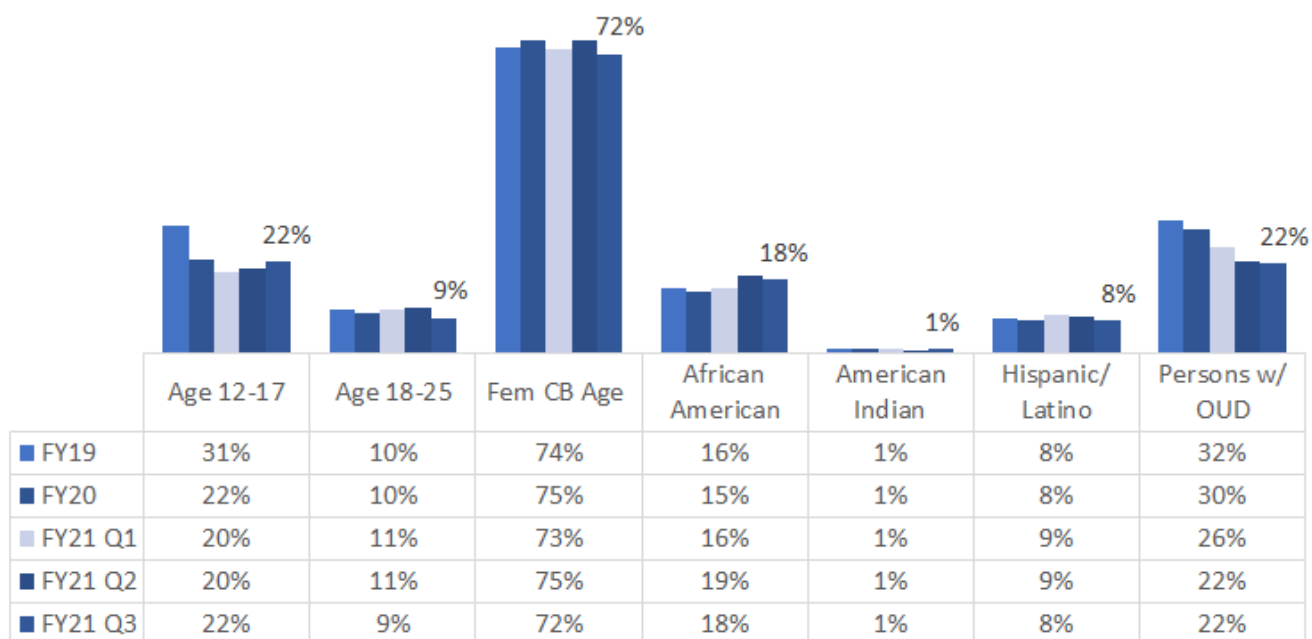
OTHER DATA TO MONITOR

Other Data: TREATMENT PENETRATION: (ANNUAL)

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

To monitor engagement of these populations we will track the number of individuals served in the region for each population annually. Quarterly rates for the region are calculated as the percent of total admissions during the time frame that each group represents.

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



By CMHSP:

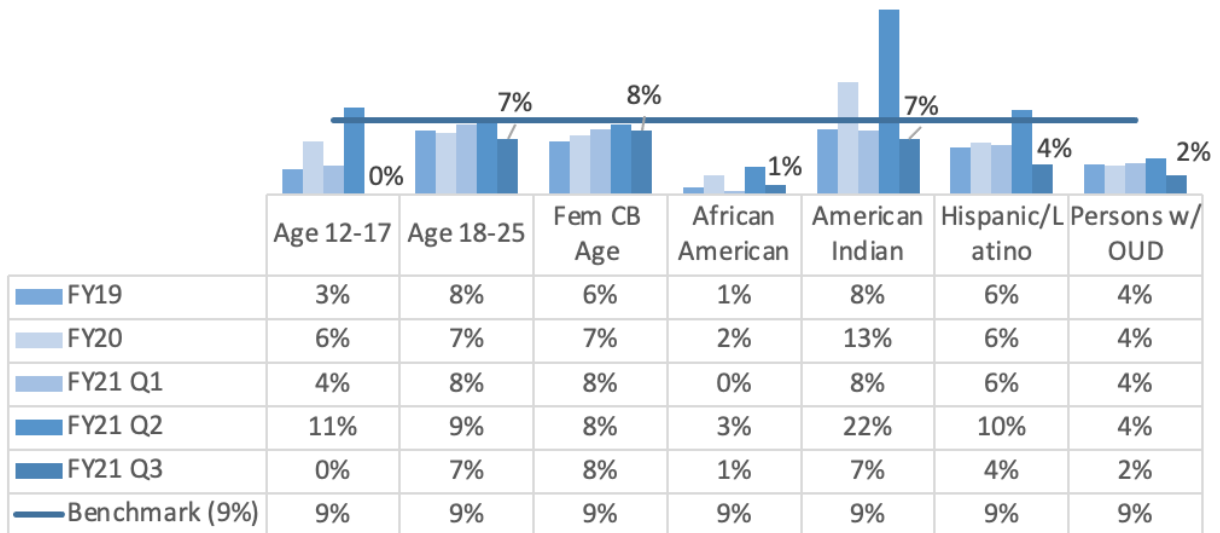
On the following pages, the percent of admissions in the LRE region that occurred in each CMHSP area is calculated with a 'benchmark' based on the proportion of the region's population that resides in the CMHSP area.

Quarterly rates for CMHSPs are calculated as the percent of region admissions for a population which occurred within the respective CMHSP.

By CMHSP:

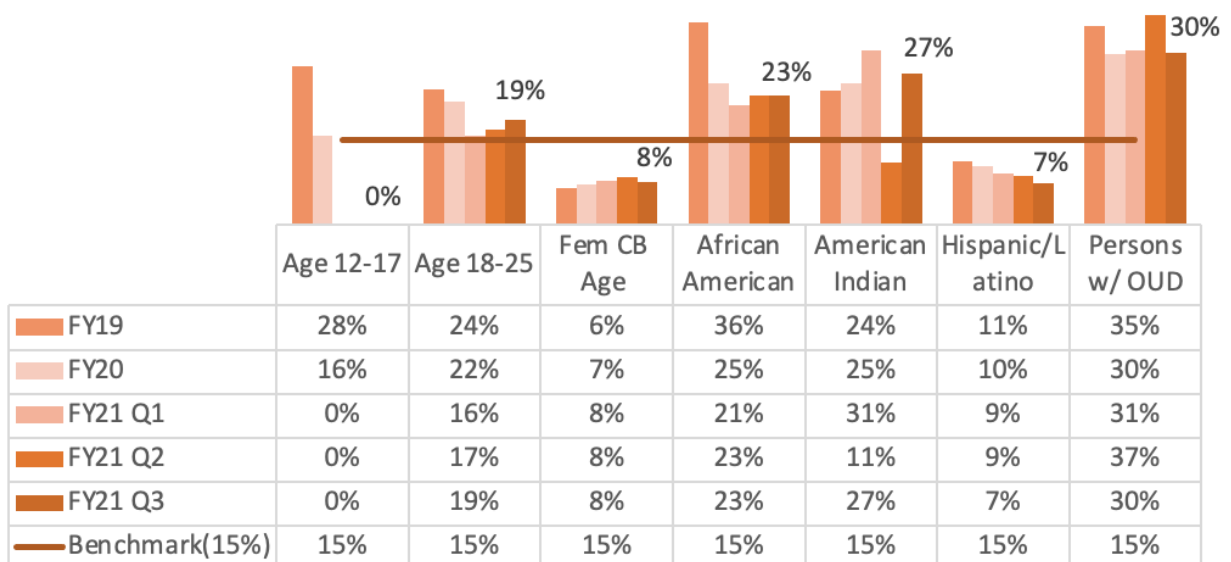
Allegan County: In 2020 Allegan County accounted for 9% of the region's population.

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



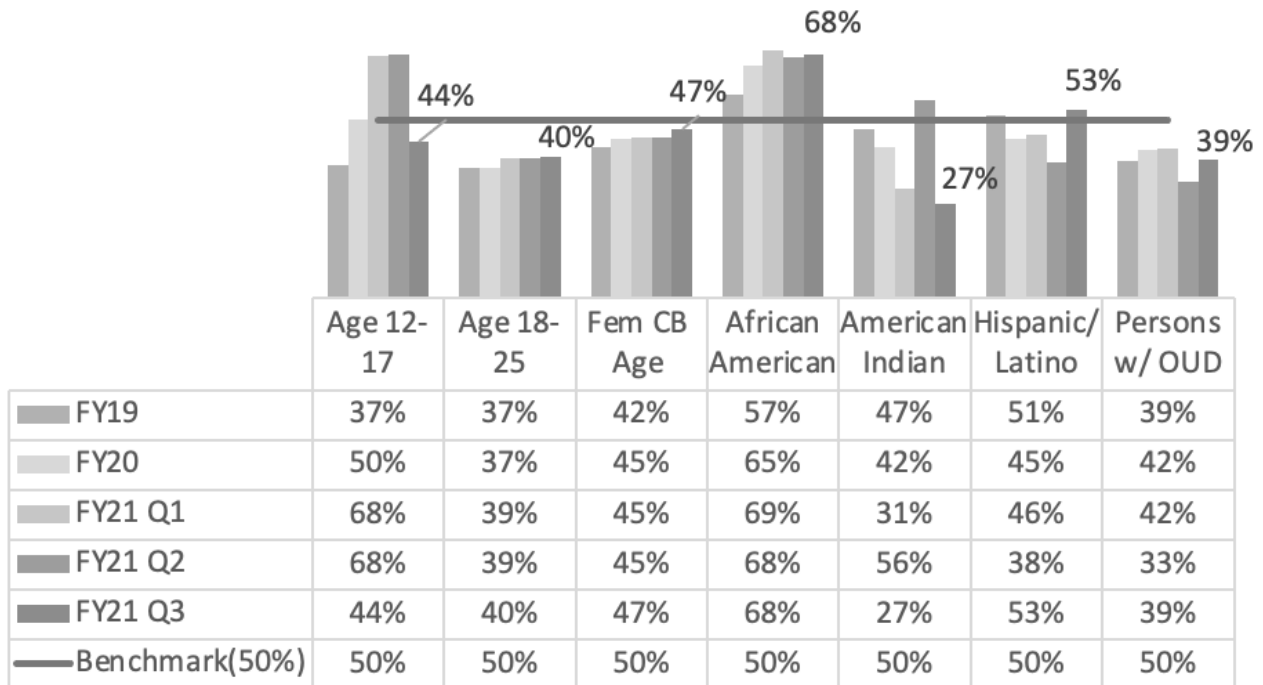
Muskegon County: In 2020 Muskegon County accounted for 15% of the region's population.

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



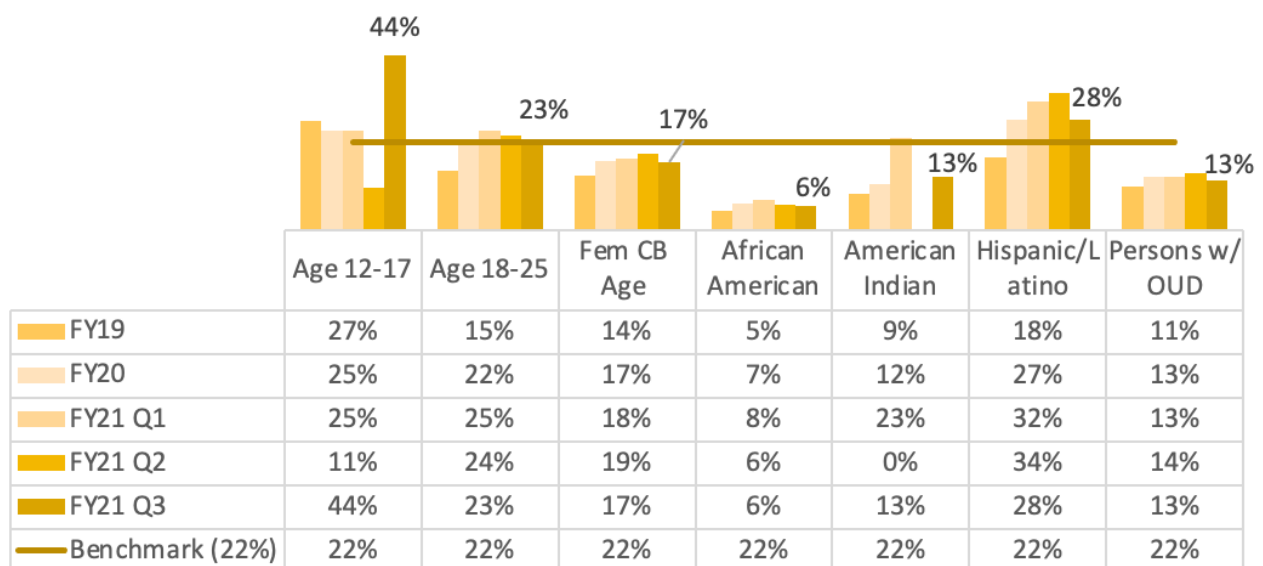
Kent County: In 2020 Kent County accounted for 50% of the region's population.

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



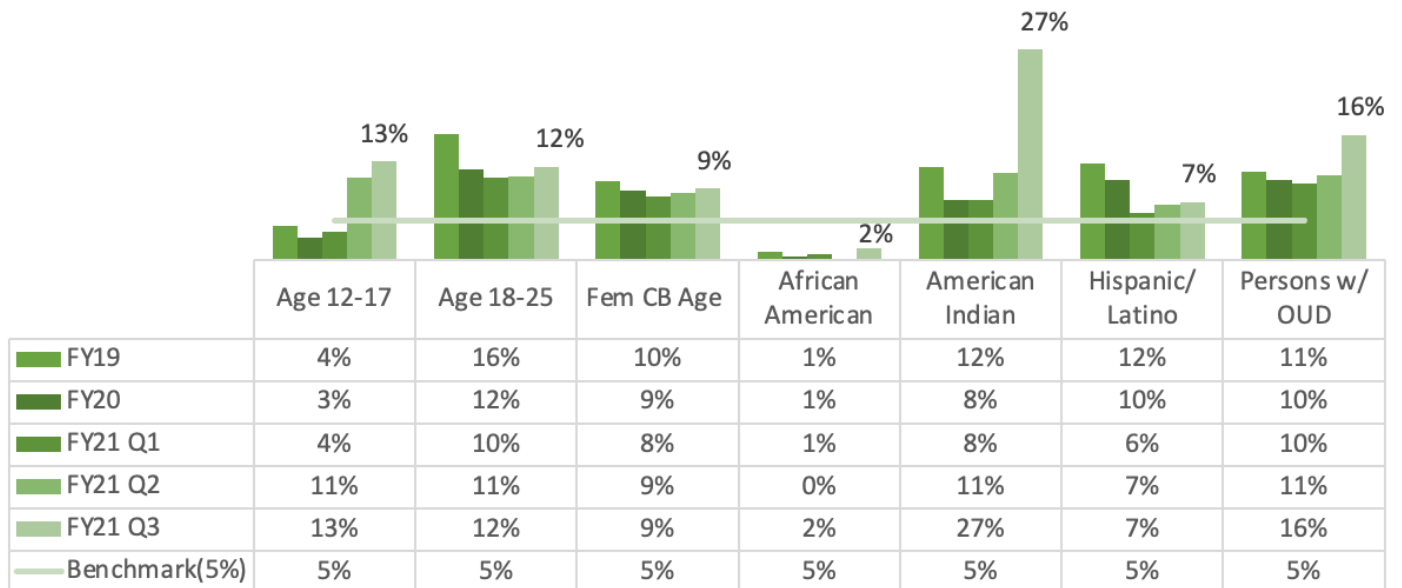
Ottawa County: In 2020 Ottawa County accounted for 22% of the region's population.

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



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

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

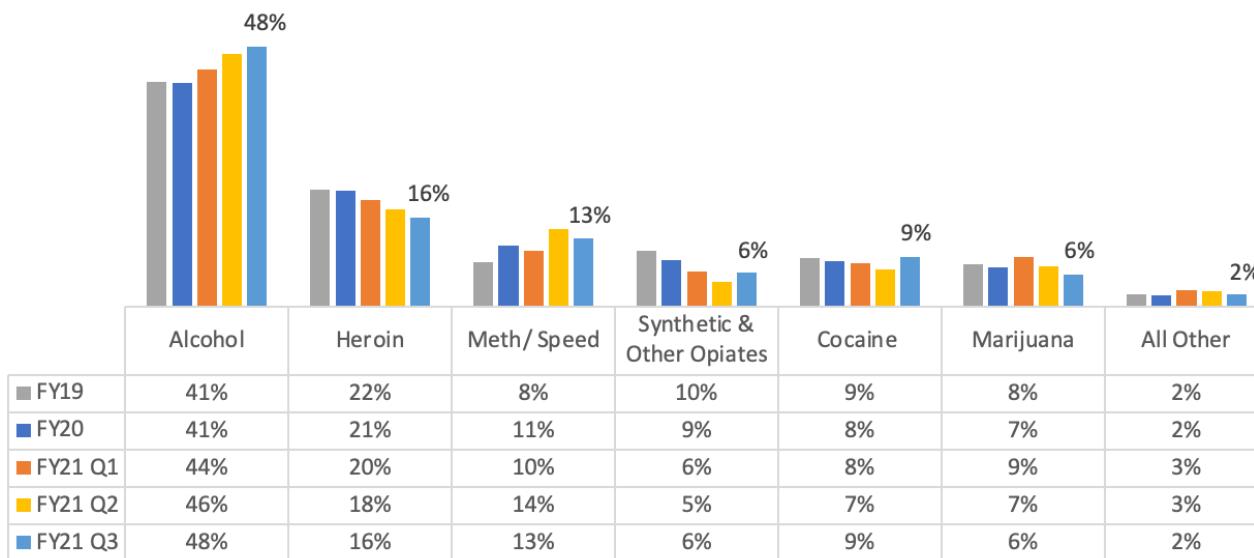


Other Data to Monitor : Primary Drug at Admission

Data Highlights:

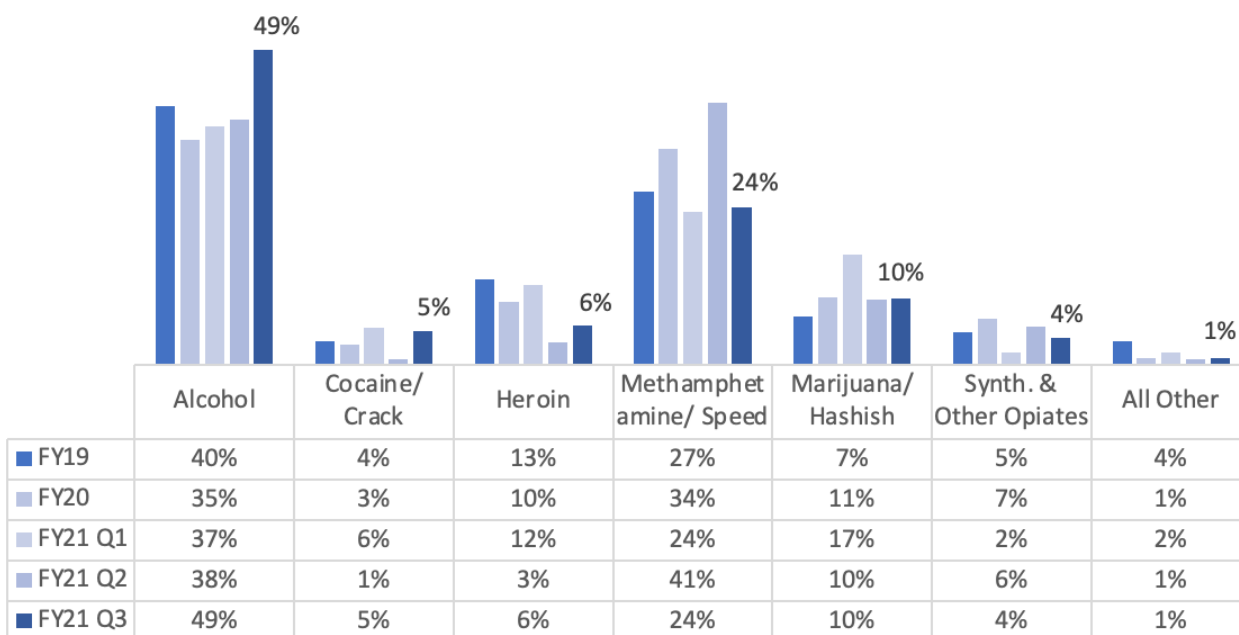
In the LRE region, admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.

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



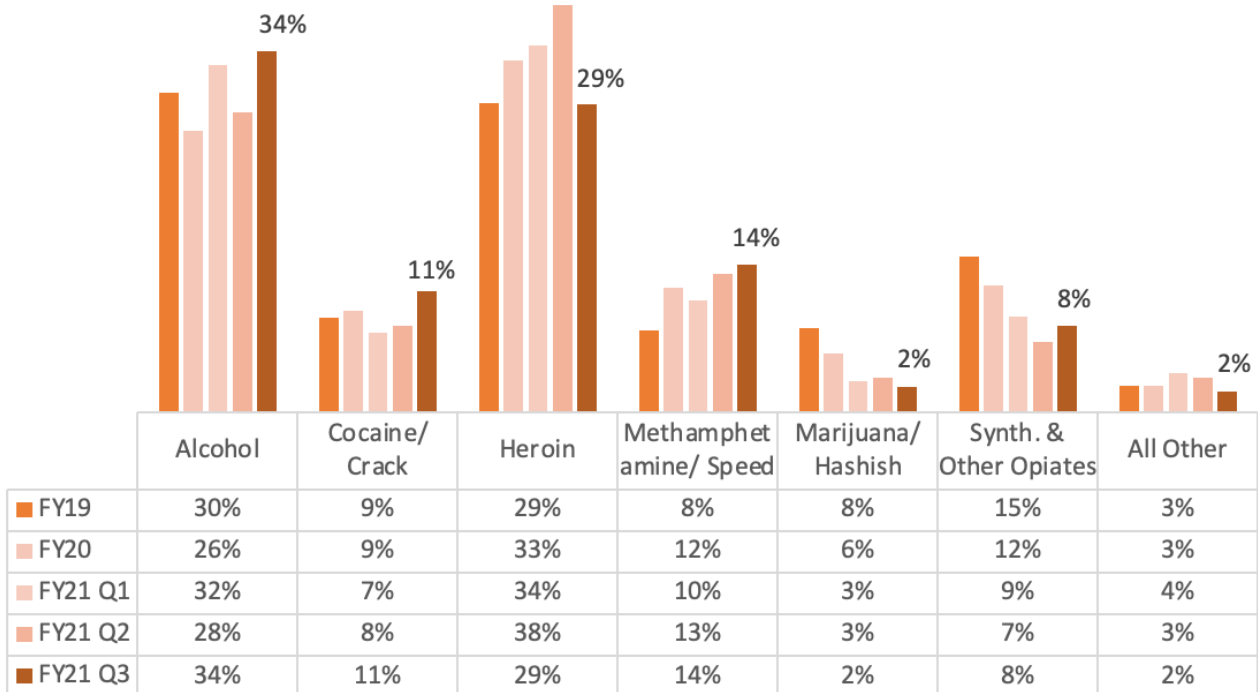
Allegan County

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



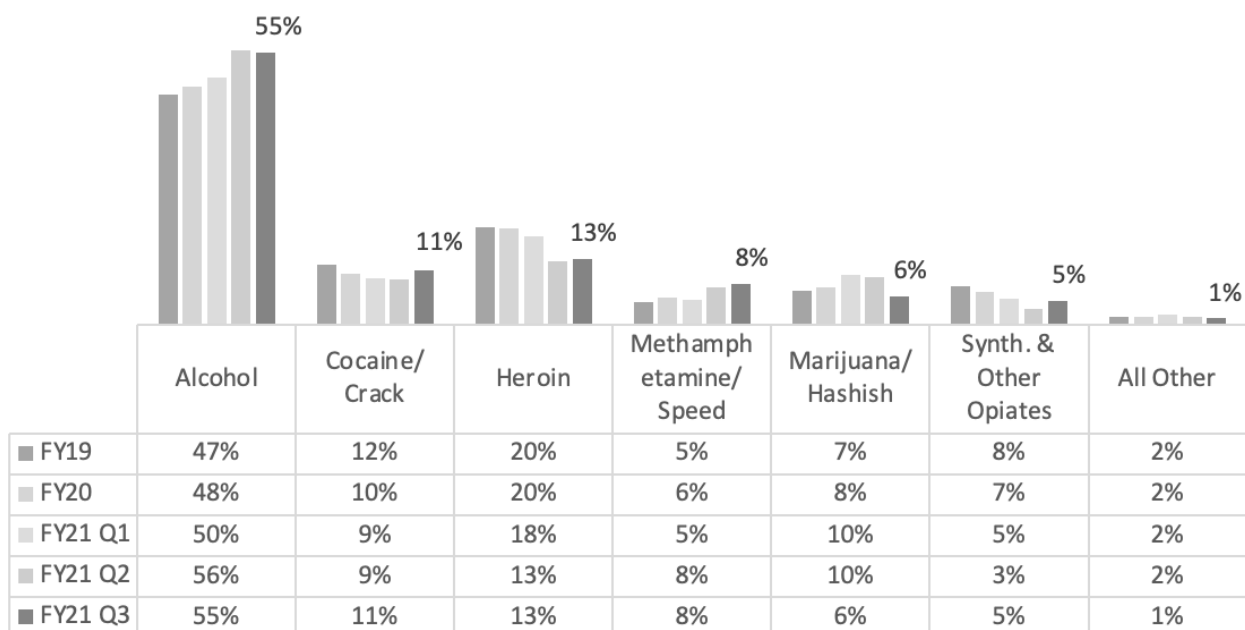
Muskegon County

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



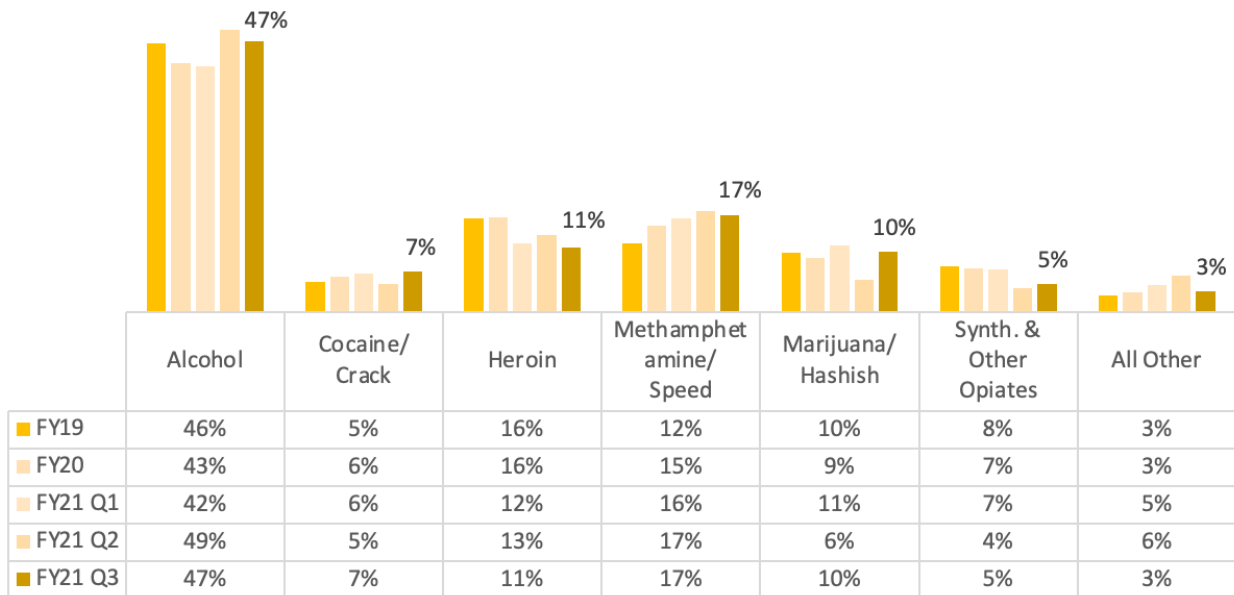
Kent County

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



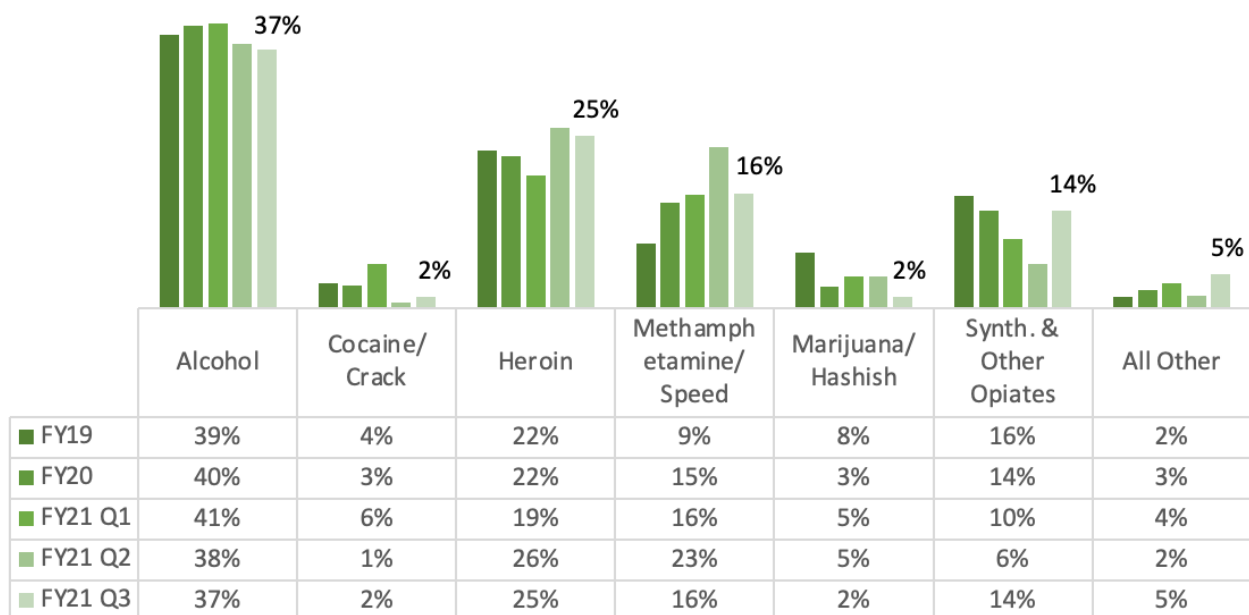
Ottawa County

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



West Michigan Counties

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



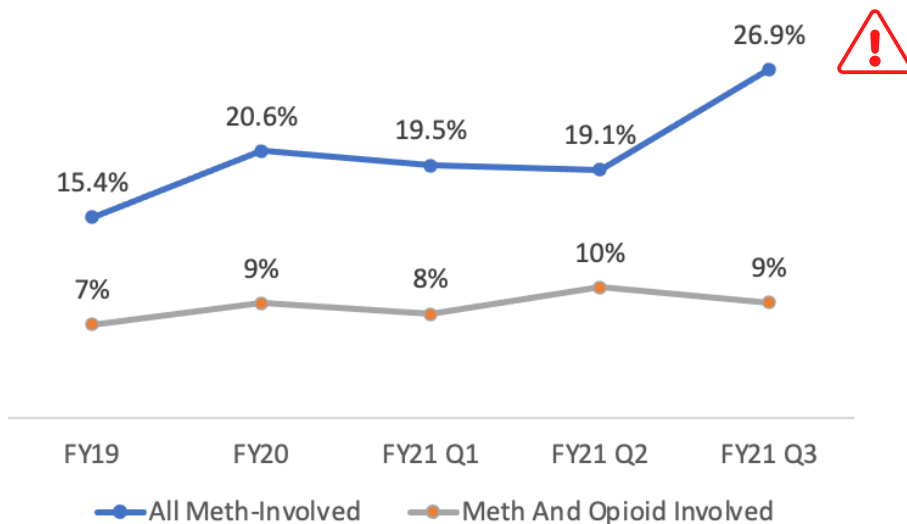
Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

Data Highlights:

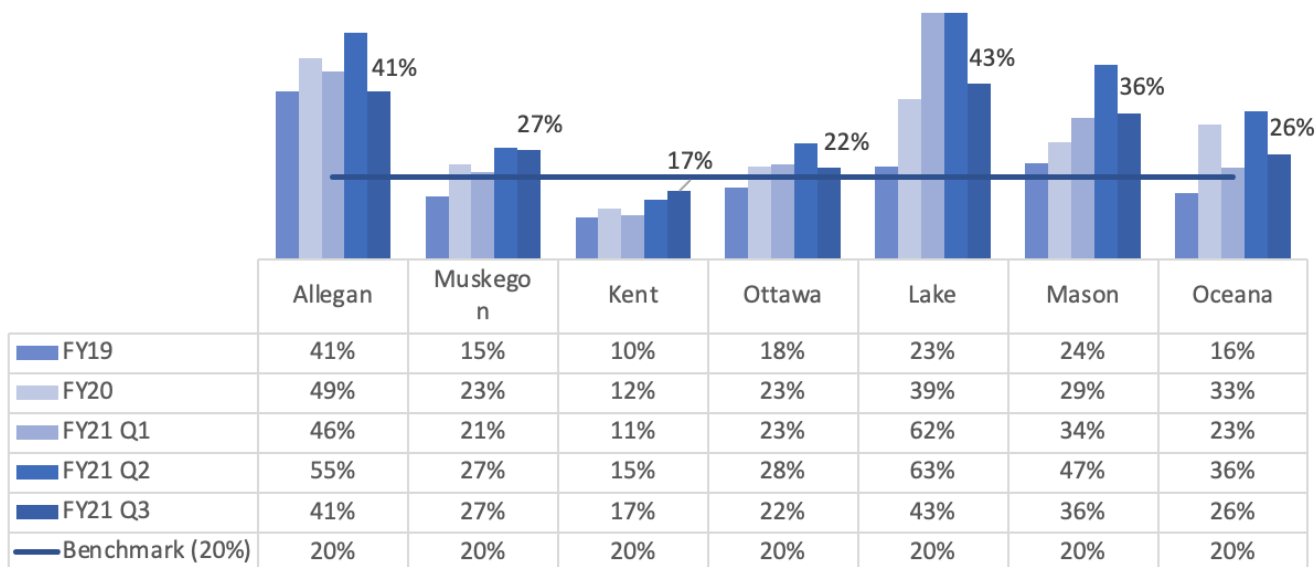
MA involved admissions continue to increase at an alarming rate with more than 1-in-4 admissions in 3Q involving MA (27%) and almost 1-in-10 involving both MA and an opioid (9%).

MA-involved admissions were highest in Lake (43%), Allegan (41%), and Mason (36%) counties.

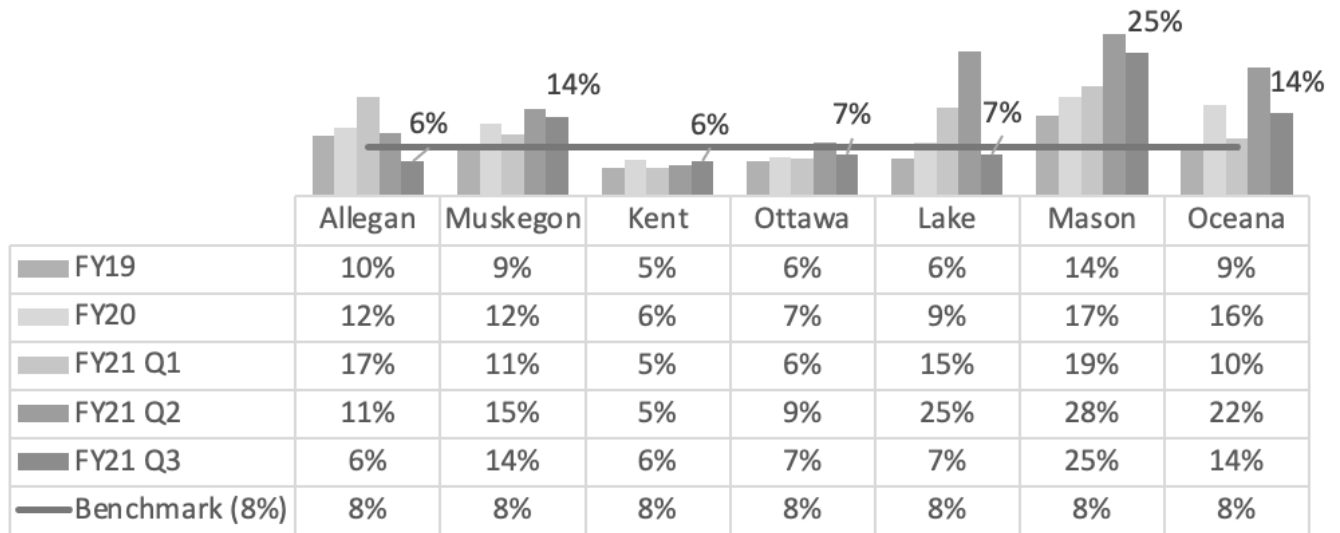
Percent of Admissions that were Methamphetamine (MA)-involved, LRE Region (T.47)



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



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



August 2021



Substance Use Disorder Treatment Evaluation
Monitoring Report

Quarterly Update:
3rd Quarter FY 20/21



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INTRODUCTION

Purpose:

This report provides an overview of data indicators targeted for improvement through substance use disorder treatment and recovery services in the LRE region thru 3rd quarter of FY21.

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

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

Using this Report:

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

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



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



Areas with substantial improvement have been noted with this icon.

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

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

Commonly Used Acronyms and Abbreviations:

1Q - first quarter

2Q - 2nd quarter

3Q - 3rd quarter

4Q - 4th quarter

avg - average

IOP - Intensive Outpatient

LRE - Lakeshore Regional Entity

LOC - Level of care

MA - Methamphetamine




MAT- Medication Assisted Treatment

OP- Outpatient



OD - Opioid Use Disorder

ST Res - Short term residential level of care



Criminal justice involved populations returning to communities

Metric	Page	Data Summary	Trend
#1. ↑ # admissions with legal status, on parole or probation	pg 6	Admissions for individuals with legal status 'on parole' or 'on probation' decreased slightly in 3Q (from 35% to 30%) but remained higher than FY20 rates.	
#2. ↑ # admissions with legal status as diversion pre or post booking	pg 6	Rate remains stable with less than 1% of admissions for legal status as pre or post booking diversion.	
#3. ↑ # admissions with legal status as 'in jail'	pg 6	Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.	

Persons with intravenous drug use (IVDU)

Metric	Page	Data Summary	Trend
#4. ↑ # of admissions for individuals age 55-69	pg 7	Relatively stable region-wide with small increase between 2Q and 3Q (8% to 10%)	
#5. ↓ avg days between request and 1st service for persons with OUD	pg 8	Improved from 17.1 in 2Q to 9.3 in 3Q. Remains higher than FY20 (6.4). Allegan and Muskegon counties improved in 3Q while Lake worsened. TTS for MAT improved from 31.8 in 2Q to 8.8 in 3Q	


Persons with intravenous drug use (IVDU)

Metric	Page	Data Summary	Trend
#6. Maintain an avg wait time of < 3 days for persons with IVDU for detox	pg 10	Detox: Among IVDU, region's wait time for detox was 3.6 days in 3Q, slightly above goal of <3 days. Improved from 2Q in Muskegon (9.2 to 2.4) and Allegan (4.7 to 2.3)	
#7. ↓ average time to service for clients w/IVDU entering outpatient w/ MAT	pg 10	Among IVDU, the region's wait time for MAT was 9.5 days in 3Q; much lower than 19.9 in 2Q but worse than FY20 (7.4). Muskegon improved from 40.4 in 2Q to 16.3 in 3Q.	






Rural Communities

Metric	Page	Data Summary	Trend
#8. ↓ avg time to service for OP and IOP levels of care (not inc. MAT)	pg 11	Relatively stable region-wide during FY21 but remains higher than FY20 for OP and IOP.	



Clients with co-occurring disorders receive integrated treatment.

Metric	Page	Data Summary	Trend
#9. ↑ % of clients w/ co-occurring diagnosis receiving integrated services	pg 12	Remained low at 7% in 3Q; lowest in Kent and Allegan County at 4%, and highest in Ottawa (11%) and West MI (14%)	

Increased Treatment Encounters

	Metric	Page	Data Summary	Trend
	#10. ↑ clients seen for a 2nd encounter w/in 14 days of 1st service	pg 13	Improved to 81% in 3Q, almost back to FY20 rate (85%). Lowest rates occurred in OP and IOP at 67% each.	
	#11. ↓ % of treatment episodes with no 2nd visit	pg 14	More than 1-in-5 (22%) of treatment episodes discharged 3Q had only one encounter, higher than in FY20 (15%) but improving since 2Q (28%) For 3Q, 88% of OP and 63% of IOP had only one encounter with Kent and Ottawa having the highest rates at 92 & 93% respectively.	 For OP & IOP
	#12. ↑ avg # of treatment encounters	pg 15	Has been declining since FY17 and achieved a low of 7.8 in 3Q. The lowest was for OP with an average of only 2 treatment encounters in 3Q.	

Decrease Discharge Reason as "Dropped Out"

Metric	Page	Data Summary	Trend
#13. ↓ % of discharges with reason as 'dropped out' for all LOC	pg 16	Worsened slightly in 3Q (from 34 to 37%), compared to 40% in FY20. Improvements were seen for OP and Detox while worsening for OP, MAT, and LT Res.	
#14. ↑ % of outpatient discharges w/ reason "completed treatment"	pg 18	Remained relatively stable but low for MAT (4%) and worsened in 3Q for OP at 34% but remained higher than FY20 at 26%.	


Continuity of Care Following Detox & ST Res

Data Highlights


Admitted to next level of care w/in 7 days

Analysis only includes clients re-admitted within 30 days.





Metric	Page	Data Summary	Trend
#15. ↑ % of discharged detox and ST Res clients transitioned to the next level of care (LOC) within 7 days	pg 19	Improved for discharges from ST Res (42%) in 3Q, compared to 26% in 2Q; Detox remained stable at 84%. Similar across CMHSPs for ST Res, with West MI having the highest rate (60%)	 For ST Res

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

Metric	Page	Data Summary	Trend
#16. ↓ avg # days between discharge and admission to next LOC following detox and for ST residential	pg 20	Improved in 3Q (10.0) to near FY20 levels (9.3). Among readmissions that took longer than 7 days, the average delay in 3Q was 18 days.	


Discharge Reason

Metric	Page	Data Summary	Trend
#17. ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	pg 21	Continues to be high, with slight improvements achieved in 2Q, and worsening slightly in 3Q to 29% for detox, compared to 30% in FY20 and 72% for ST residential in Q2 compared to 74% in FY20.	
#18. ↑ % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care'	pg 22	Improved slightly in 3Q to 49% for detox compared to 42% in FY20. The lowest rates were in Muskegon (15%) and Ottawa (13%). Rates for detox discharges remain extremely low for detox at 1% of discharges in 3Q.	


Connection to Community Supports

Data Highlights


Establish connections to community supports to assist them in maintaining recovery

Metric	Page	Data Summary	Trend
#19. ↑ % of clients at discharge reporting attendance at support group in past 30 days	pg 23	Rate decreased slightly thru-out FY21 to 16% in 3Q compared to 25% in FY20. Highest rates reported for Lake (71%) and Mason (38%) Counties.	

Women's specialty services for pregnant and parenting women

Metric	Page	Data Summary	Trend
#20. ↑ # of pregnant women served (annual metric)	pg 24	Has been decreasing in recent years. FY21 year-to-date 37 pregnant women have been served; 16 in Muskegon, 10 in Kent, 5 in Allegan, 3 in Ottawa, and 3 in West Mi.	

Other Data to Monitor

Metric	Page	Data Summary
Treatment Penetration (Priority Populations)	pg 25	The % of admissions for priority populations have remained relatively stable with a decrease in persons with an OUD to 21% in 2Q vs 30% in FY20. In 2Q there was an increase in admissions for African American individuals to 19% from 15% in FY20.
Admissions by Primary Drug	pg 29	Admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.
 Methamphetamine Involved Admissions	pg 32	MA involved admissions continue to increase at an alarming rate with more than 1-in-4 admissions (27%) in 3Q involving MA; highest in Lake (43%), Allegan (41%), and Mason (36%) counties. Region-wide, 9% of admissions involved both MA and an opioid.

TREATMENT ACCESS

Priority: CRIMINAL JUSTICE INVOLVED POPULATIONS

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

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

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

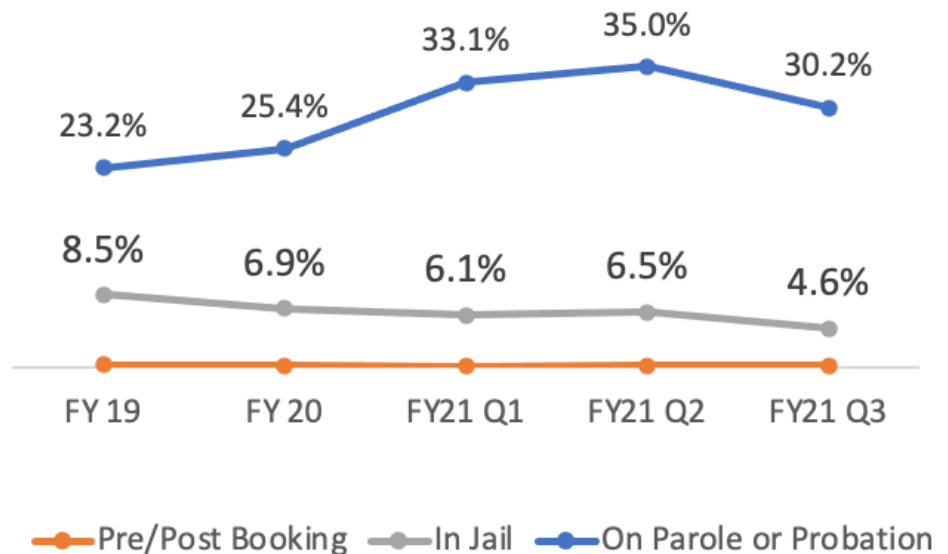
Data Highlights:

Admissions for individuals whose legal status was identified as 'on parole' or 'on probation' decreased slightly in 3Q (from 35% to 30%) but remained higher than FY20 rates.

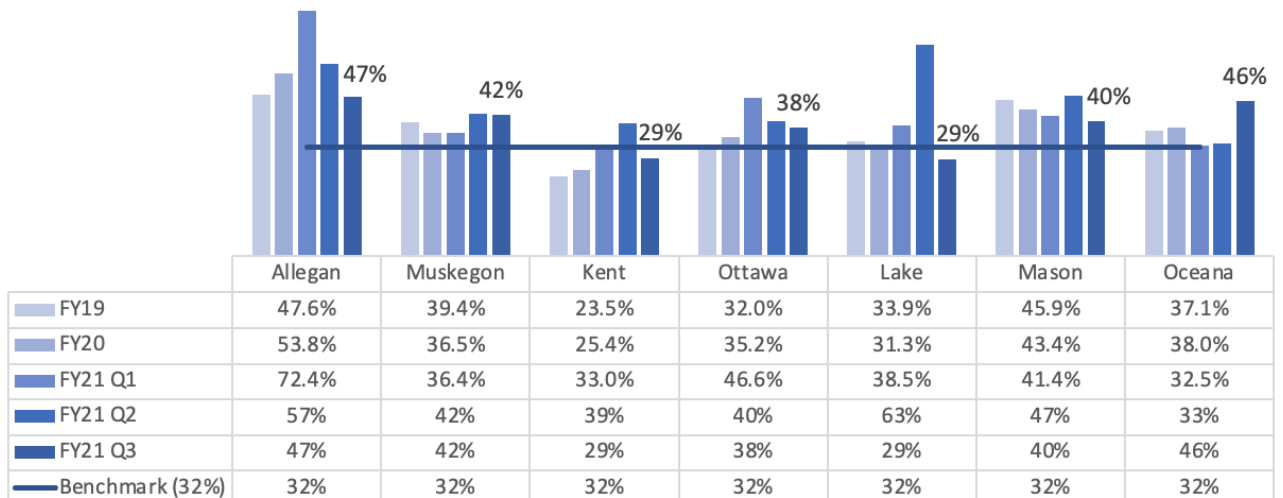
Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.

Rate remains stable with less than 1% of admissions for legal status as pre or post booking diversion.

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



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



TREATMENT ACCESS

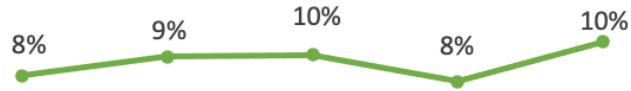
Priority: OLDER ADULTS (AGE 55-69)

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

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

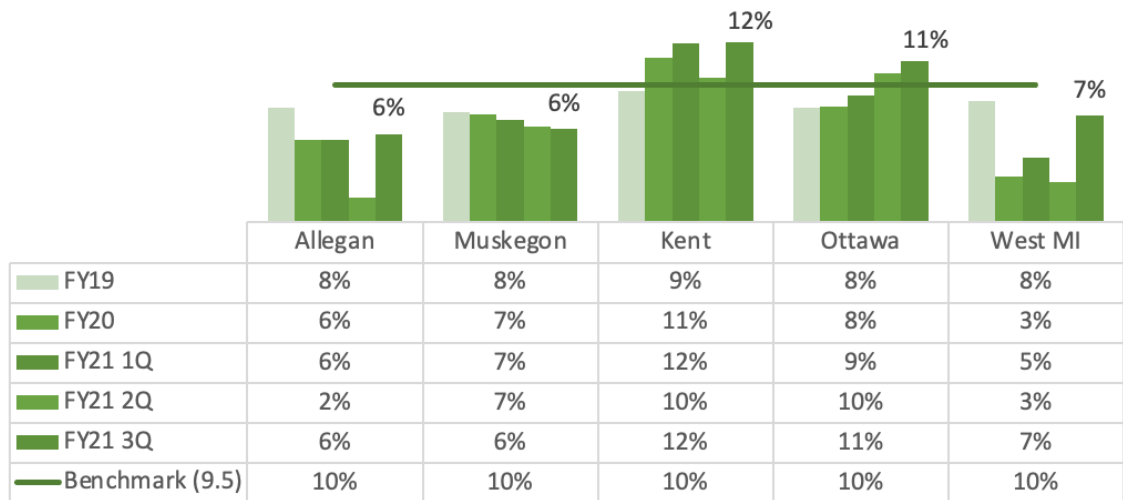
Data Highlights:

Admissions for individuals aged 55-69 have remained relatively stable throughout the region with a slight increase in 3Q.



FY19 FY20 FY21 1Q FY21 2Q FY21 3Q

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



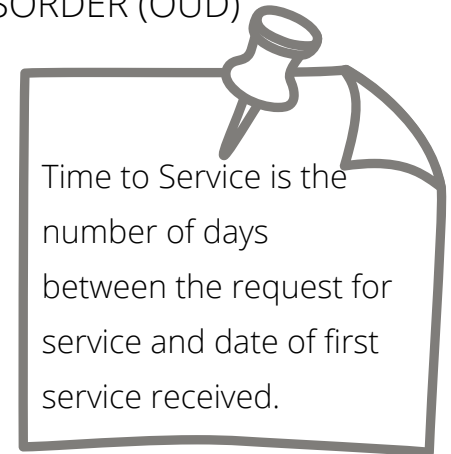
Number of Admissions for Individuals Age 55-69 by CMHSP (T.2)

CMHSP	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
Allegan	24	31	6	2	6	
Muskegon	162	85	18	15	16	
Kent	276	244	85	68	84	
Ottawa	83	77	22	25	26	
West MI	49	40	5	2	9	
Out of Region	0	2	0	0	0	
Region Total	594	479	136	112	141	

TREATMENT ACCESS

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

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



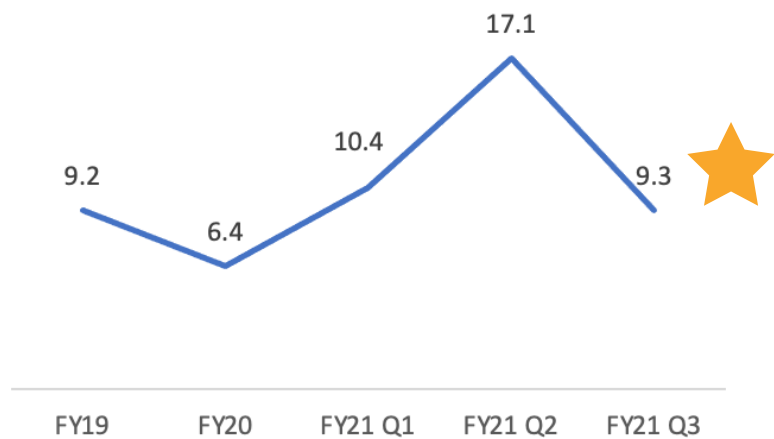
Data Highlights:

The average days to service for individuals with an OUD improved from 17.1 days in 2Q to 9.3 days in 3Q, compared to 6.4 days in FY20.

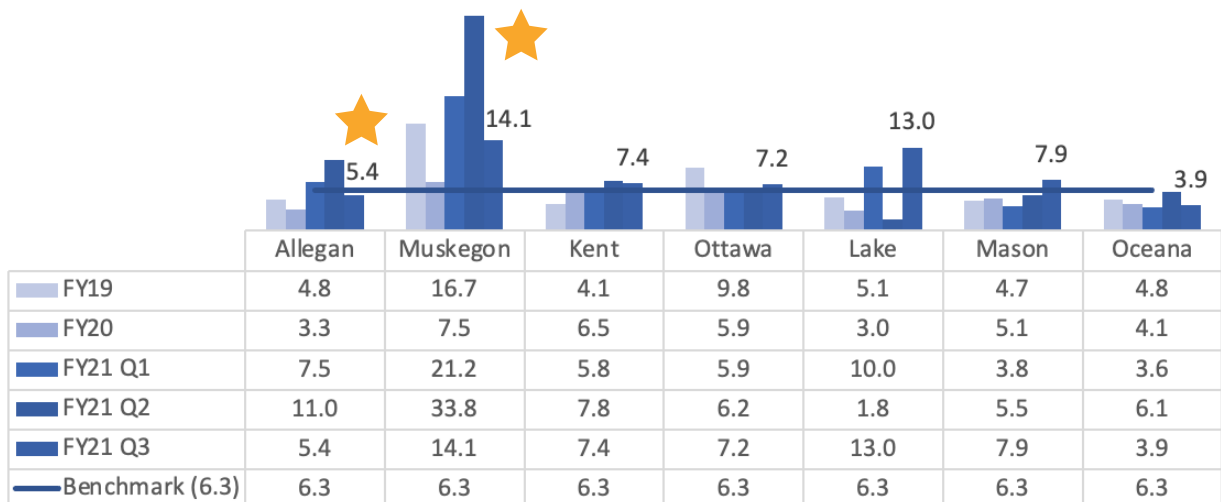
This improvement appears to be primarily caused by Muskegon county with a time to service of 34 days in 2Q decreasing to 14 in 3Q. Allegan county also showed an improvement from 11.0 in 2Q to 5.4 in 3Q. Rates in Lake county worsened from 2 in 2Q to 13 in 3Q.

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

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



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



TREATMENT ACCESS

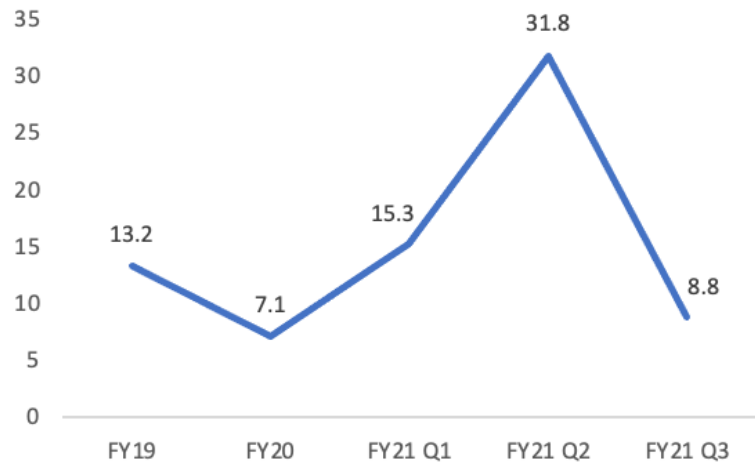
Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

Data Highlights:

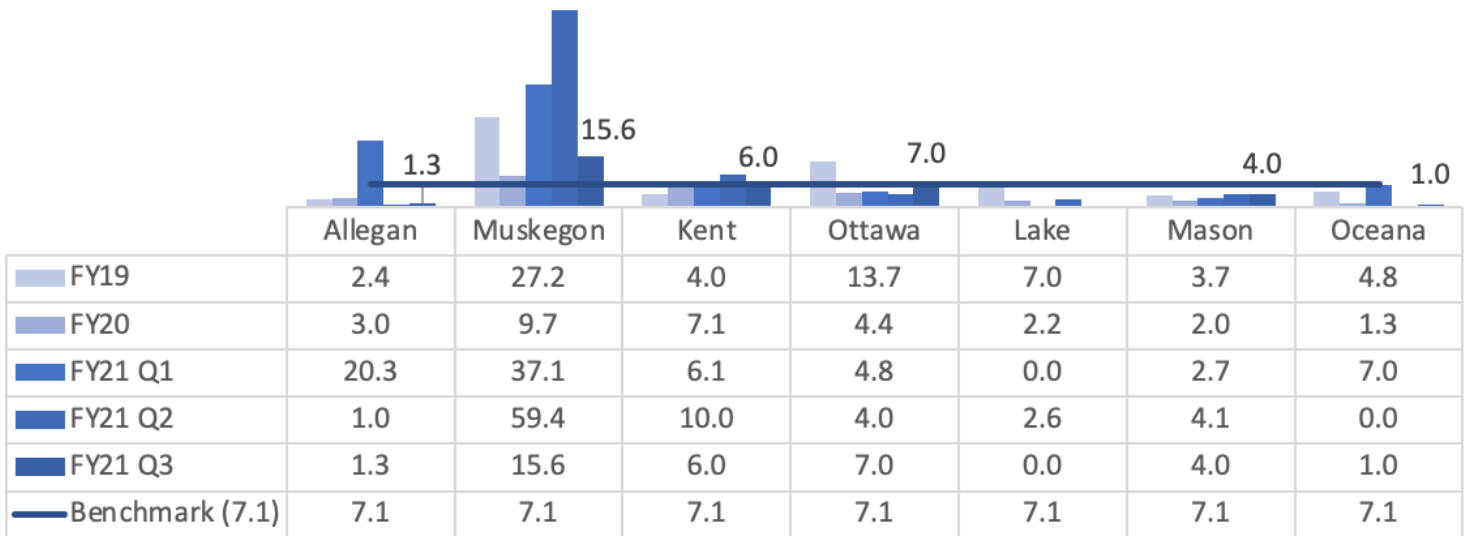
Time to Service for MAT also improved substantially in the region from 2Q to 3Q.

Muskegon County appears to account for this increase with a 59 day wait in 2Q decreasing to 16 in 3Q.

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



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



TREATMENT ACCESS

Priority: PERSONS WITH INTRAVENOUS DRUG USE (IVDU)

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

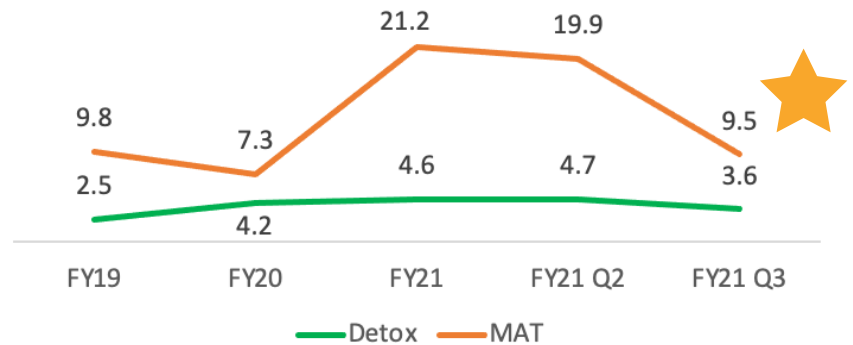
Metric #7. Decrease average time to service for clients w/IVDU entering outpatient with Medication Assisted Treatment (MAT)

Data Highlights:

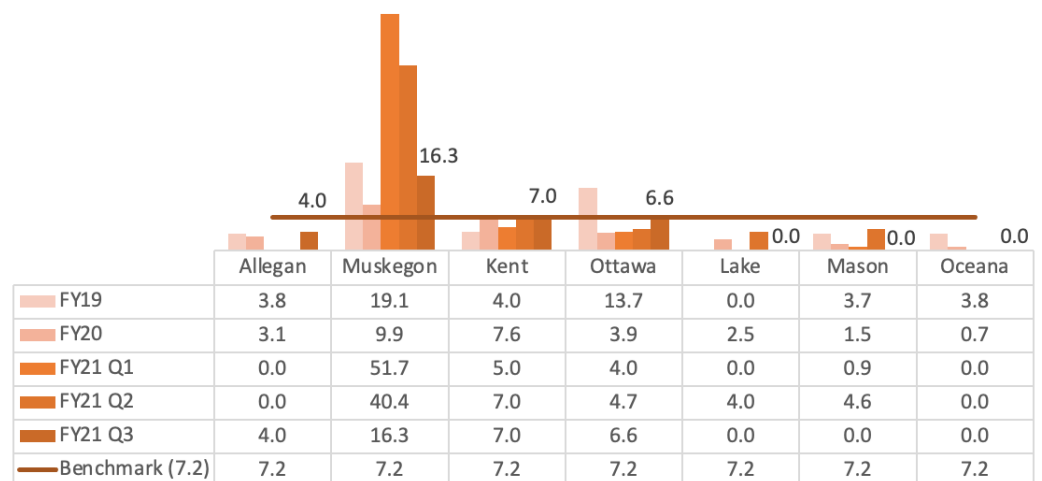
Detox: Among IVDU the region's wait time for detox was 3.6 days in 3Q; a slight improvement from 2Q at 4.7 days but higher than the goal of <3 days.

Detox: Among individuals with IVDU, the region's wait time for MAT was 9.5 days in 3Q, a substantial improvement from 2Q at 19.9 days. Muskegon achieved a substantial decrease in TTS for MAT from 40 in 2Q to 16 in 3Q but remains the longest TTS in the region.

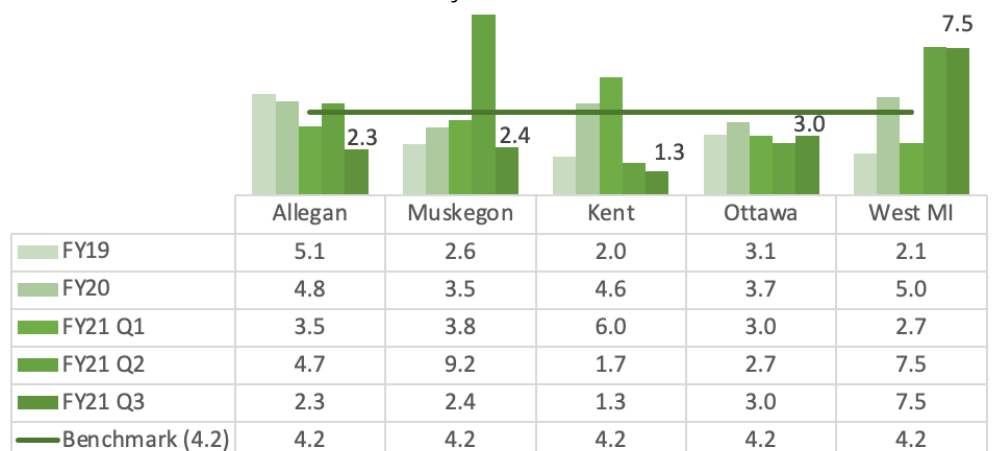
Average Time to Service for Detox and MAT for Clients w/IVDU (T.5-6)



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



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



TREATMENT ACCESS

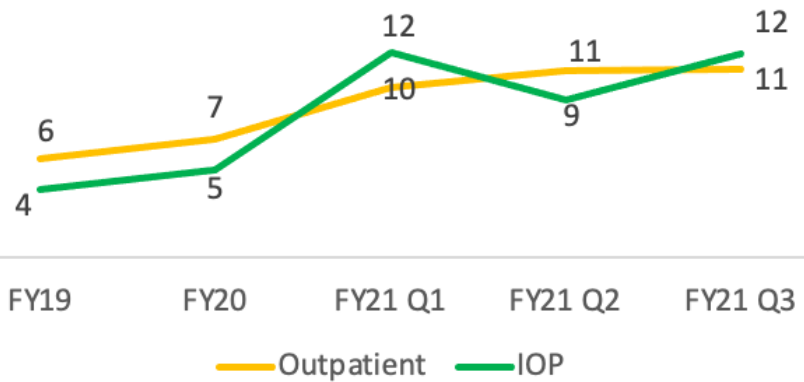
Priority: RURAL COMMUNITIES

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

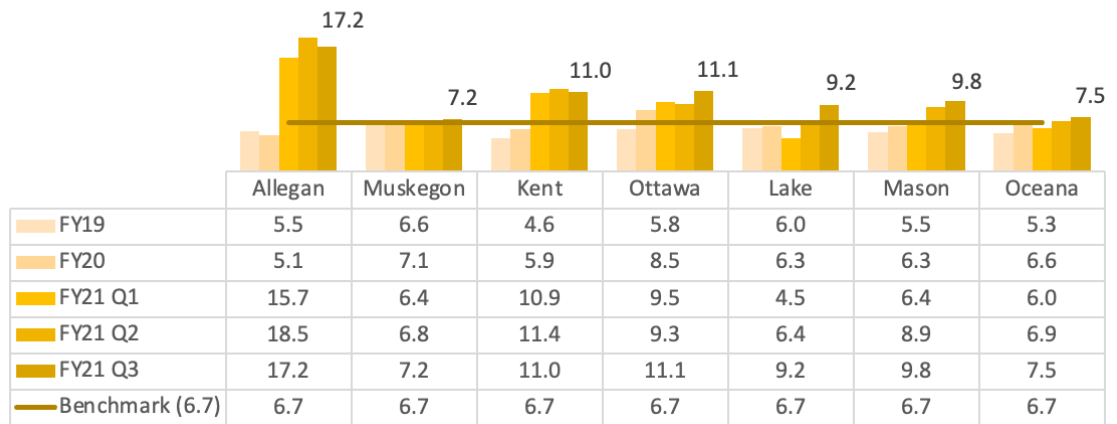
Data Highlights:

Average time to service was 11 days outpatient (OP) and 12 days for intensive outpatient (IOP). The longest time to service occurred in Allegan county at 17.2 for OP and Ottawa had the fastest TTS for IOP at 6.8 days.

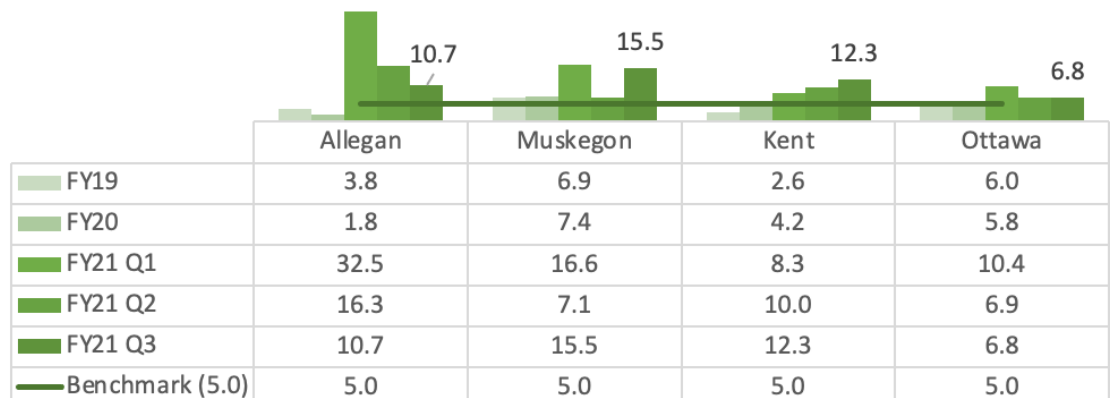
Average Time to Service to Outpatient and IOP (exc. MAT), LRE Region (T.7)



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



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



ENGAGEMENT AND RETENTION

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

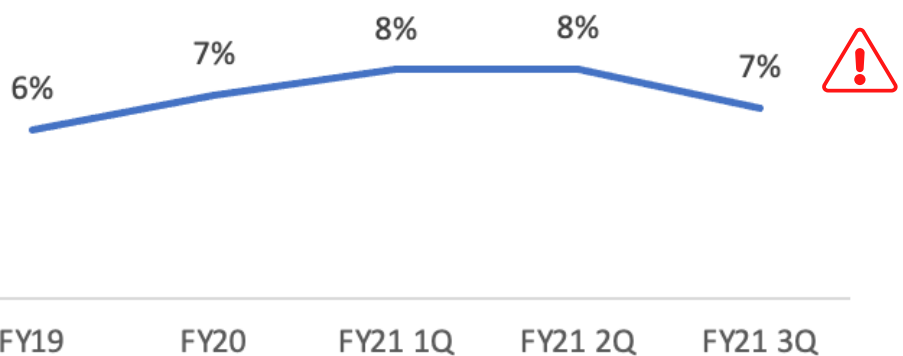
Metric #9. Increase % of clients w/ co-occurring diagnosis that received integrated services.

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

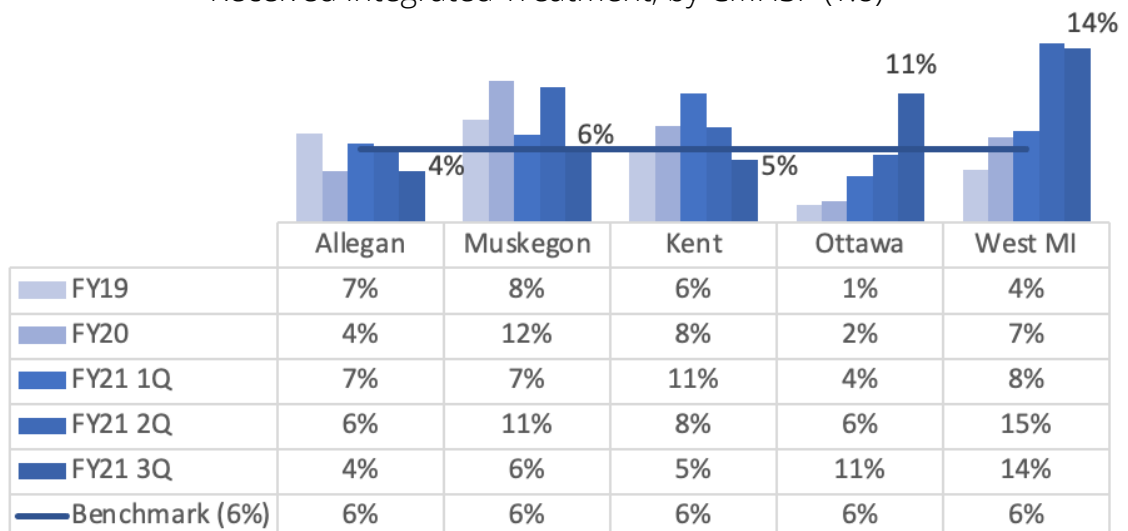
Data Highlights:

The percent of clients that received integrated treatment remains low at 7% in 3Q. The highest rates were achieved in West MI (14%) and Ottawa (11%).

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



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



ENGAGEMENT AND RETENTION

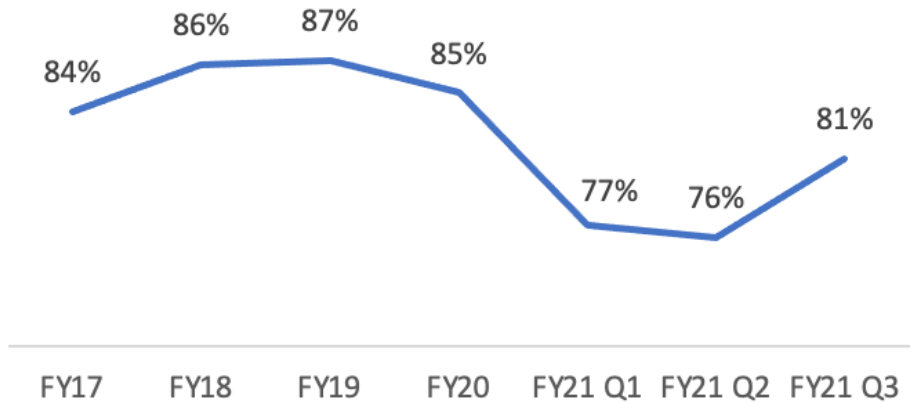
Priority: INCREASED TREATMENT ENCOUNTERS

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

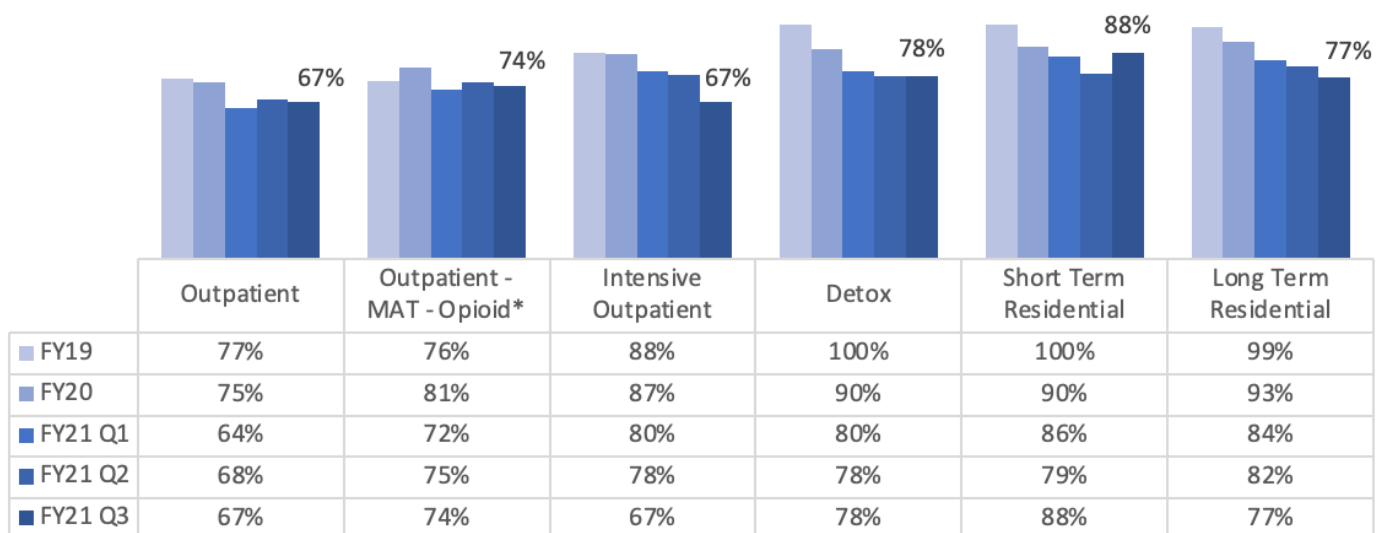
Data Highlights:

The percent of clients who were seen for a 2nd encounter within 14 days improved to 81% in 3Q, almost achieving FY20 levels. The lowest rates occurred in OP and IOP at 67% each.

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



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



ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

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

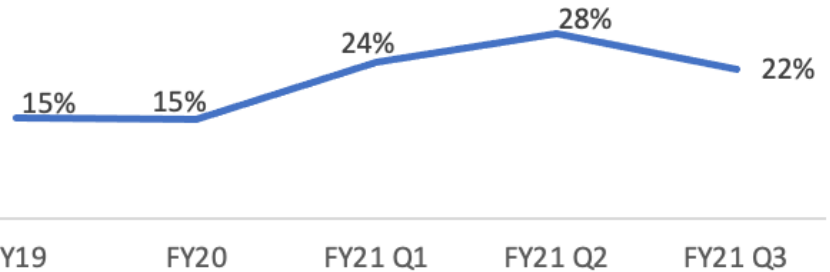
Data Highlights:

More than 1-in-5 (22%) of treatment episodes discharged 3Q had only one encounter, higher than in FY20 (15%) but improving since 2Q (28%)

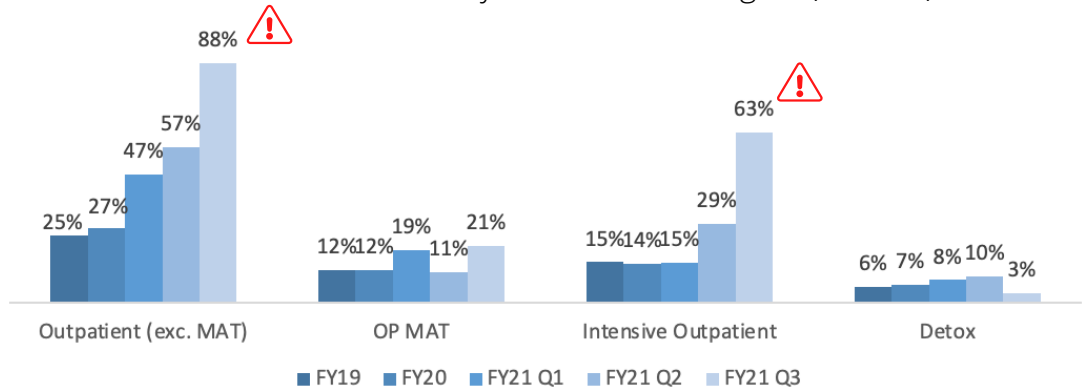
During 3Q, 88% of OP and 63% of IOP discharges had only one encounter.

Kent and Ottawa had the highest rates for outpatient at 92% and 93% respectively.

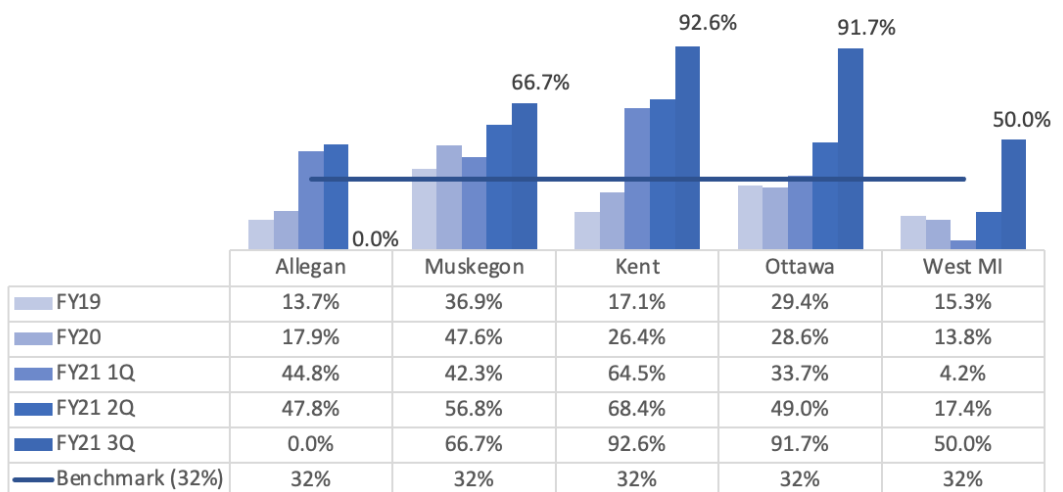
Percent of Treatment Episodes with Only One Encounter, LRE Region (T.13)



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



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



ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

Metric #12. Increase average # of treatment encounters.

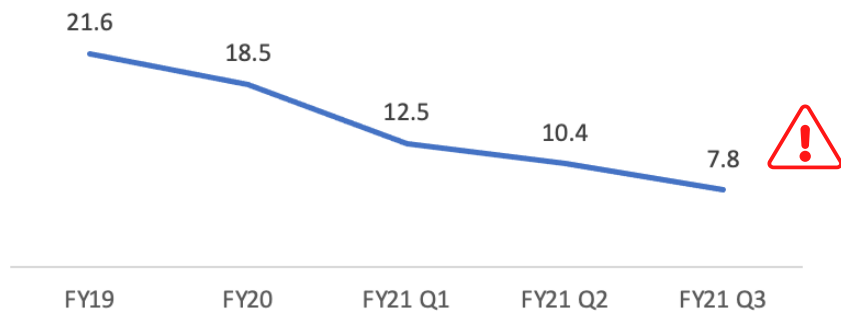
The average number of encounters provides an average of the number of treatment encounters provided during each treatment episode with a discharge record and at least one encounter reported during the period. Methadone dosing (H0020) and (Room and Board (S997) are excluded from analysis as they artificially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

Data Highlights:

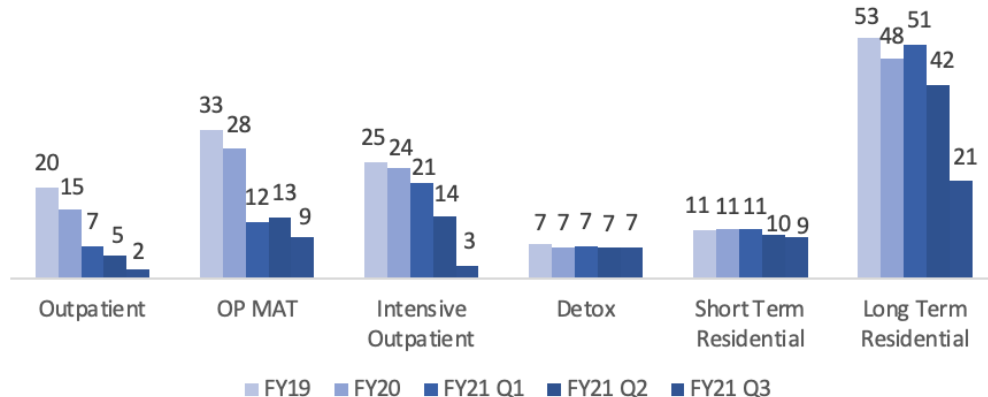
The average # of treatment encounters has been declining since FY17 and achieved a low of 7.8 in 3Q.

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

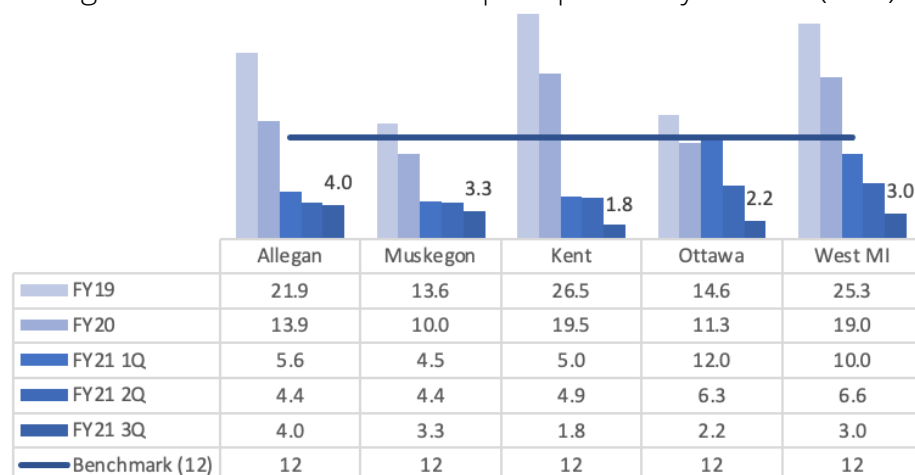
Average Number of Treatment Encounters per Episode, LRE Region (T.17)



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



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



ENGAGEMENT AND RETENTION

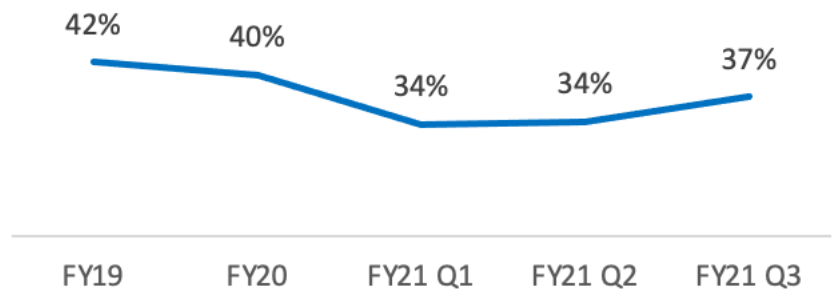
Priority: DECREASE DISCHARGE REASON, "DROPPED OUT"

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

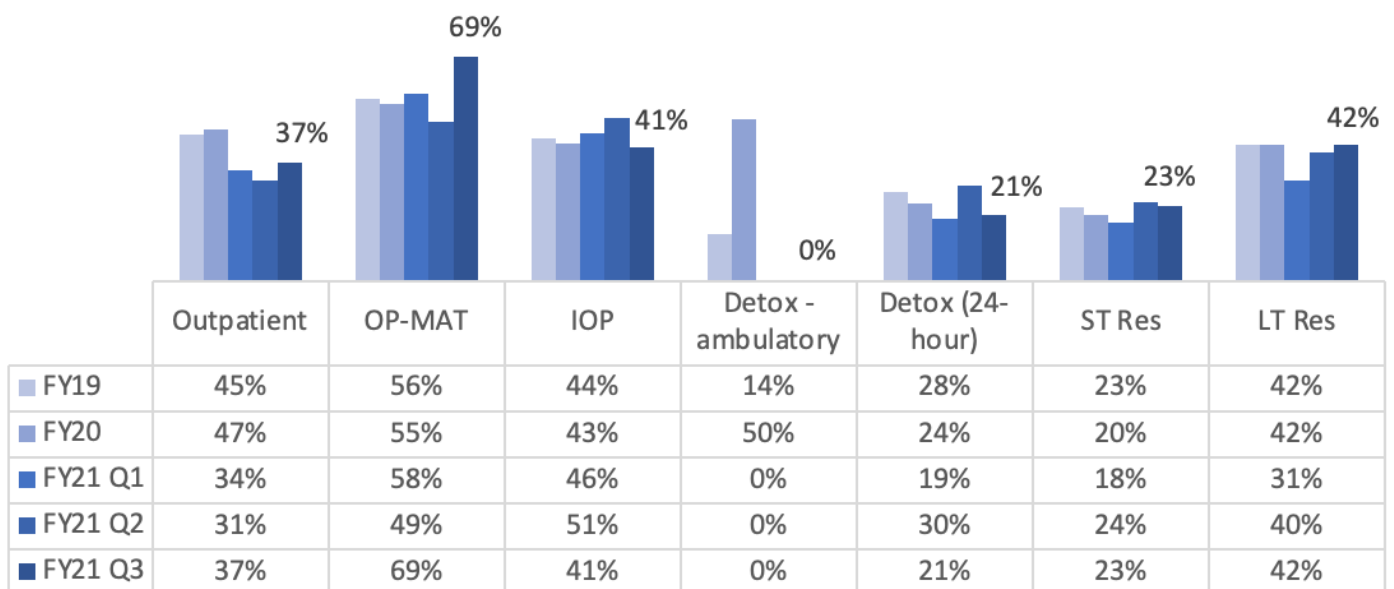
Data Highlights:

Discharges in the region with the reason 'dropped out' worsened slightly in 3Q (from 34% to 37%), compared to 40% in FY20. Improvements were seen for IOP and detox, while worsening for OP, MAT, and LT Res.

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

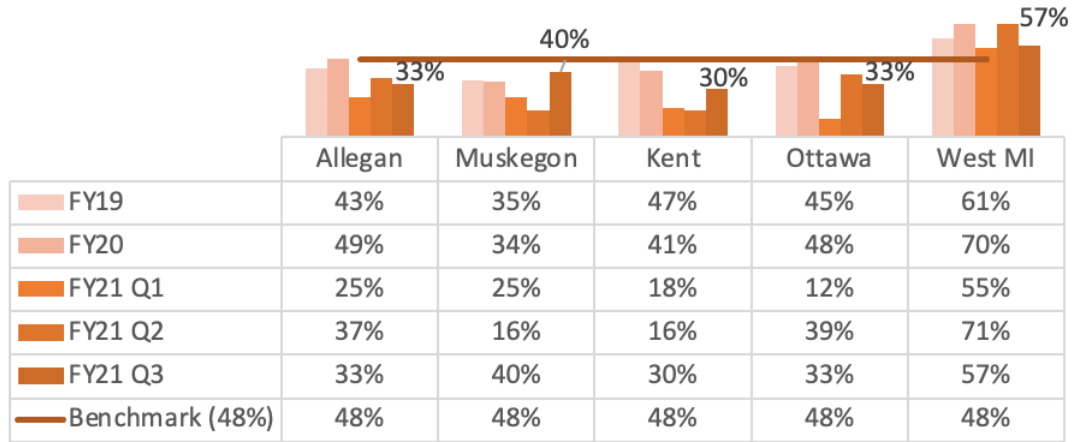


Dropped Out - Percent of Discharges by Level of Care, LRE Region (T.21)

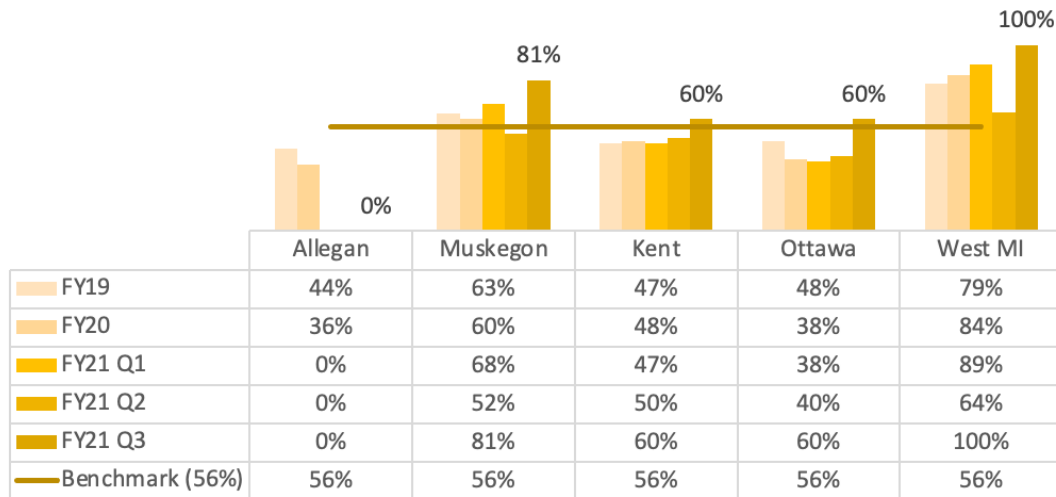


ENGAGEMENT AND RETENTION

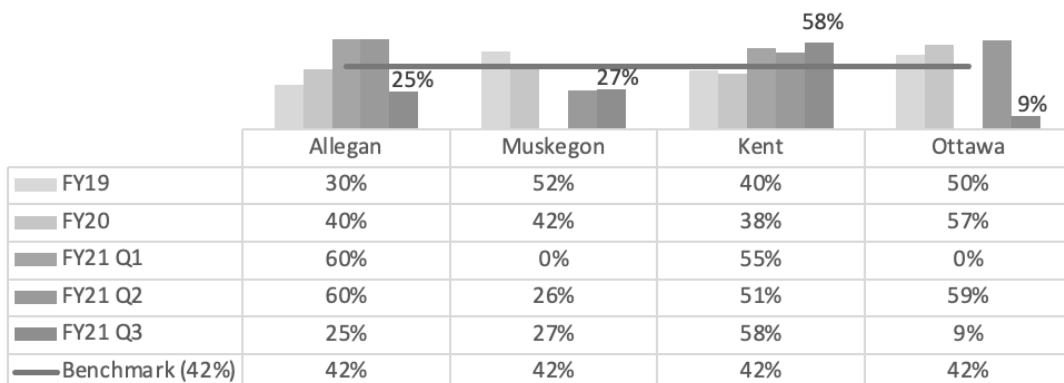
Dropped Out - Percent of Outpatient (exc. Mat) Discharges by CMHSP (T.22)



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



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



ENGAGEMENT AND RETENTION

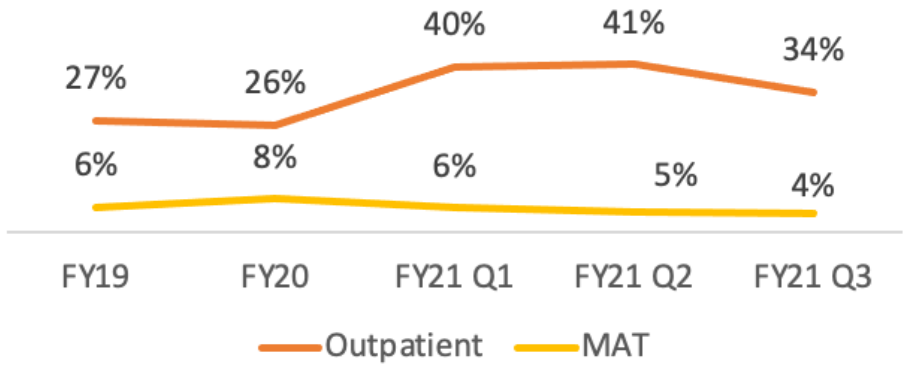
Priority: INCREASE OUTPATIENT DISCHARGES "COMPLETED TREATMENT"

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

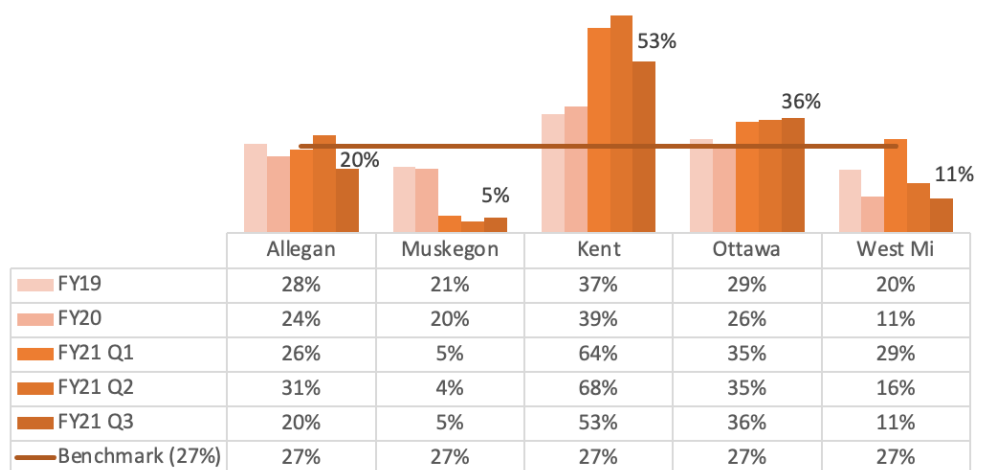
Data Highlights:

Discharges in the region with the reason 'completed treatment' remained relatively stable for MAT services and worsened in 3Q for OP to a low of 34%. Kent had the highest rate of treatment completion for OP at 53%.

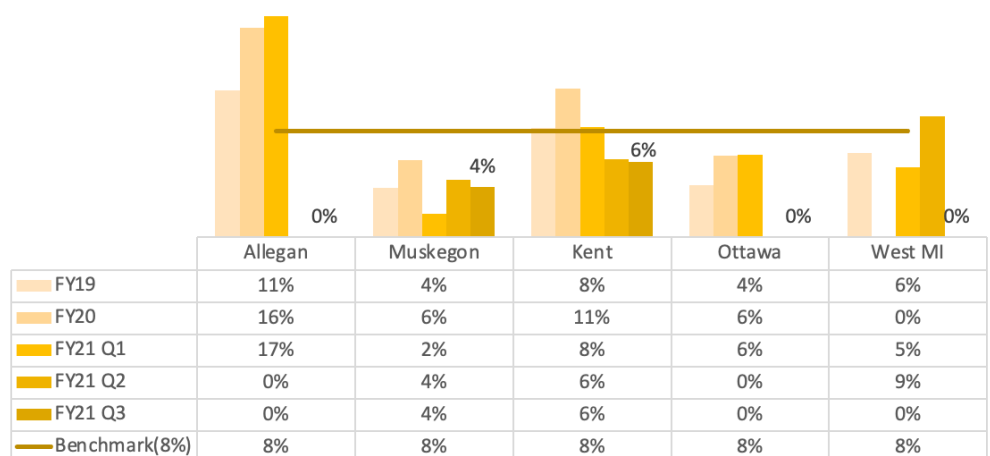
Percent of Outpatient and Outpatient MAT Discharges with Reason as "Completed Treatment", LRE Region (T.23)



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



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



CONTINUITY OF CARE AFTER DETOX AND ST RES

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

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

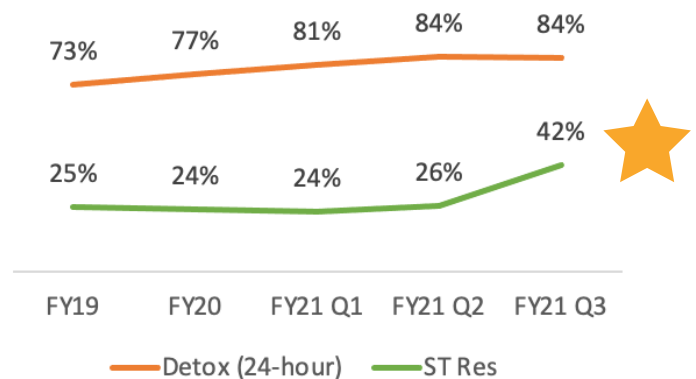
Data Highlights:

The percent of clients admitted to next level of care following detox remained relatively stable at 84% in 3Q, compared to 77% in FY20; ST Res improved to 26% in 2Q to 42% in 3Q, high when compared to 24% in FY20.

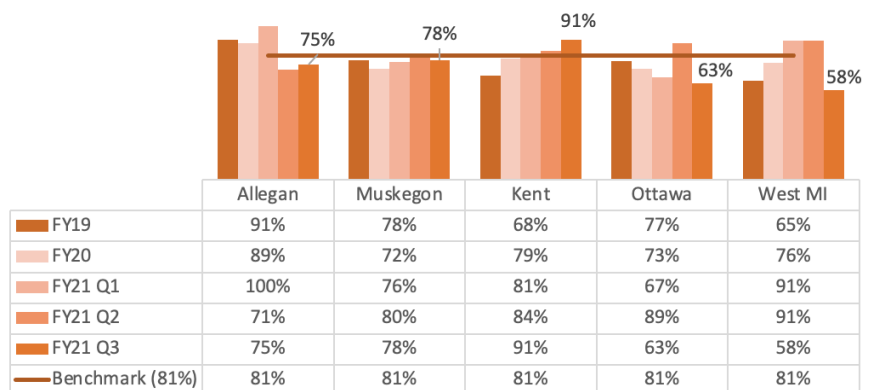
Rates were similar across CMHSPs with the lowest rate for detox in West MI (58%). For ST Res West MI had the highest rate at 60% followed by Kent (39%).

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

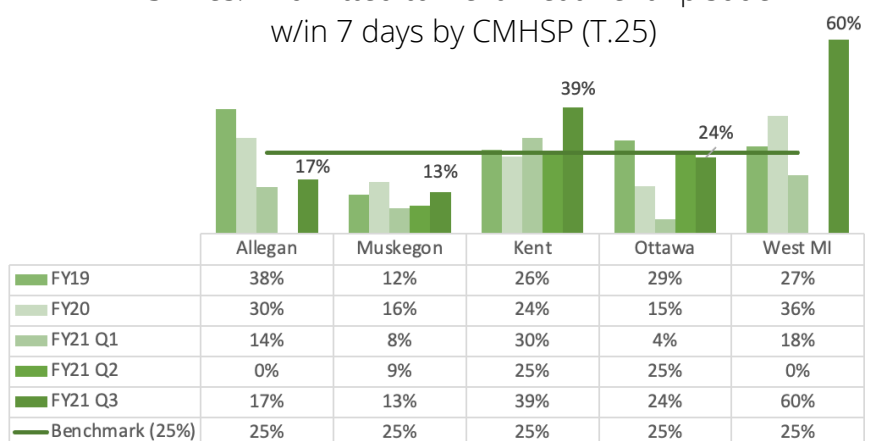
Percent of Discharges from Detox and ST Res Admitted to Next Treatment Episode w/in 7 days, Region (T.24-25)



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



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



CONTINUITY OF CARE AFTER DETOX AND ST RES

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

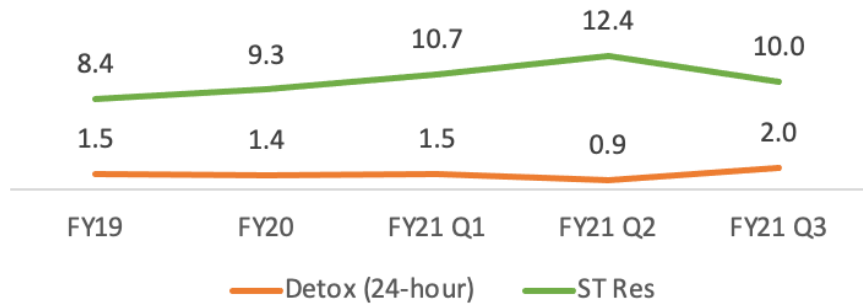
Metric #16. Decrease average # days between discharge and admission to next level of care for detox and for ST residential

Data Highlights:

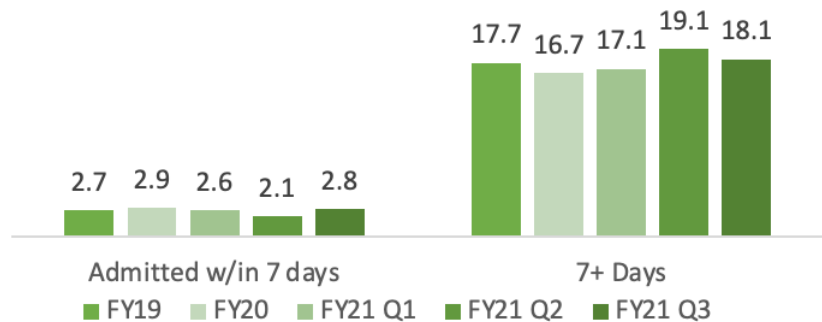
The average number of days between discharge to ST residential and the next level of care improved slightly in 3Q to near FY 20 levels.

Among readmissions that took longer than 7 days the average delay was 18 days in 3Q.

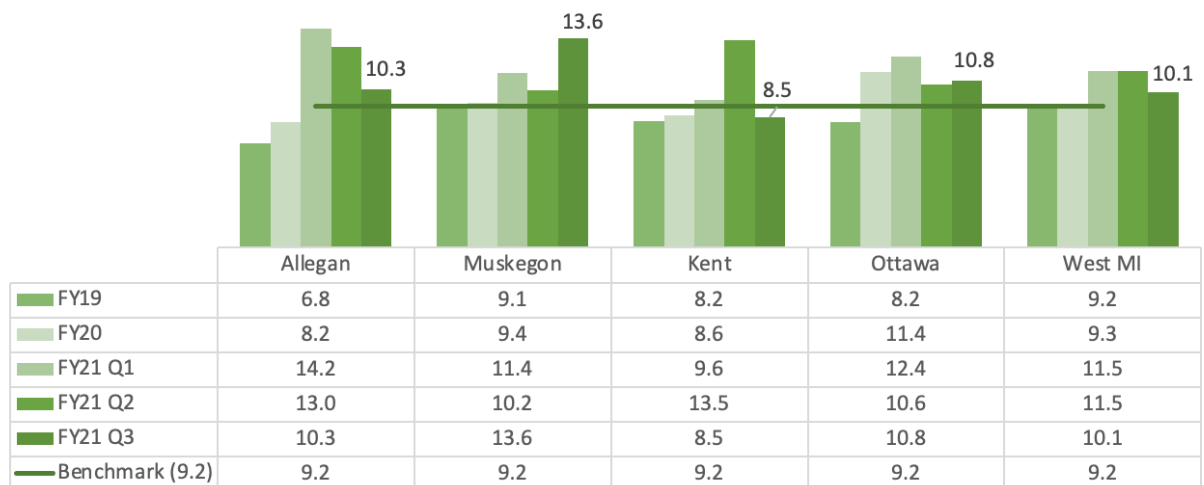
Average # Days Between Discharge and Admission to Next Level of Care, LRE Region (T.28-29)



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



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



CONTINUITY OF CARE AFTER DETOX AND ST RES

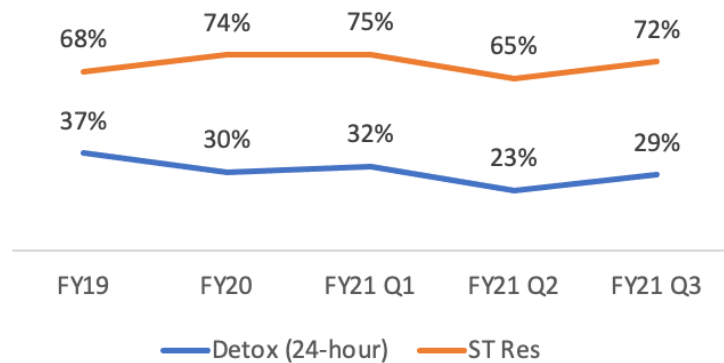
Priority: DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

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

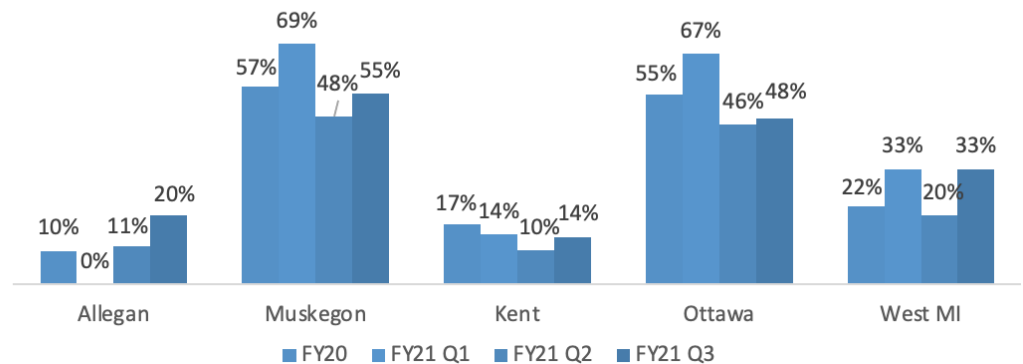
Data Highlights:

The percent of discharges from ST residential and detox with the reason 'completed treatment' continues to be high with both worsening slightly in 3Q.

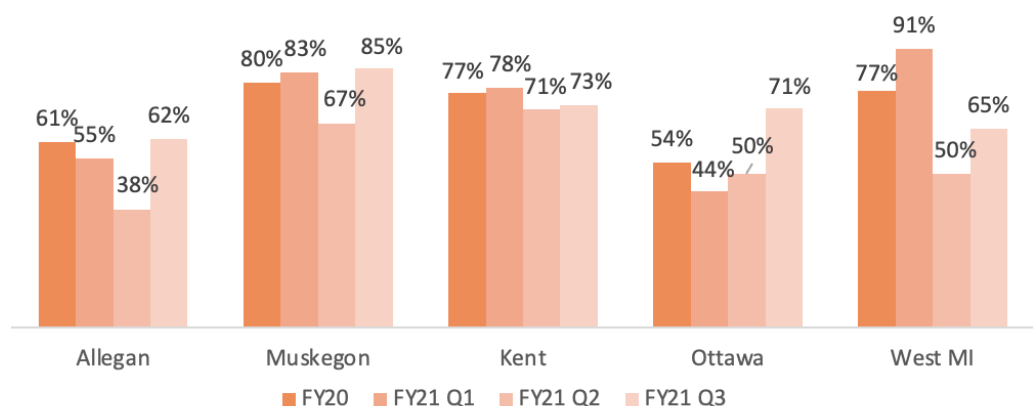
Discharges from Detox w/ Reason as "Completed Treatment" by CMHSP (T.30)



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



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



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

CONTINUITY OF CARE AFTER DETOX AND ST RES

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

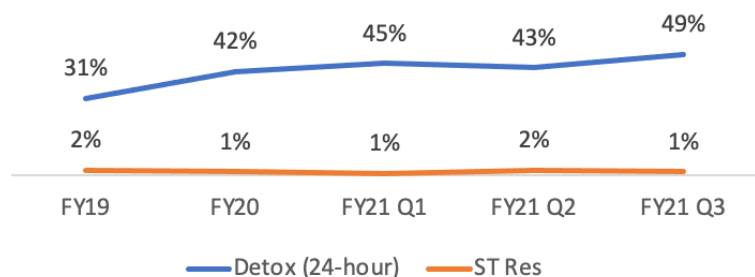
Background Info: When clients are discharged from a service setting who are to continue treatment at a lower level of care at another provider the discharge reason should be identified as 'Transferring/Completed Level of Care'. This is especially important for detox or residential service settings where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

Data Highlights:

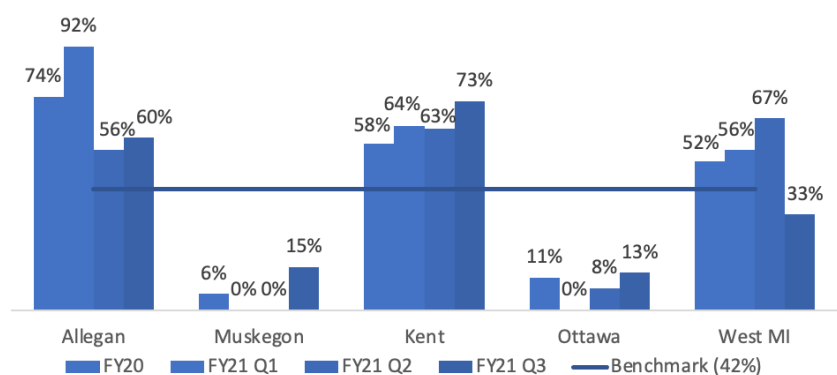
The percent of discharges from detox discharged with the reason as 'transferring/completed Level of Care' improved slightly in 3Q to 49% from, 43% in 2Q and remains extremely low for detox (1%).

The highest rate was achieved in Kent (73%) while the lowest rates were in Ottawa (13%) and Muskegon (15%).

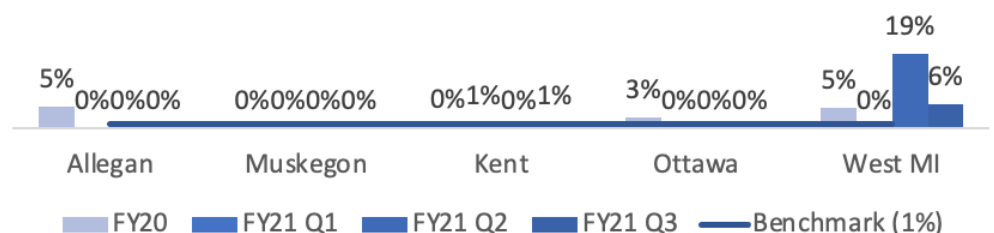
Clients Discharged from Detox & ST Residential with Reason as "Transferring/Completed Level of Care", LRE Region (T.31)



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



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



CONNECT TO COMMUNITY SUPPORTS

Priority: ATTENDANCE AT SUPPORT GROUP

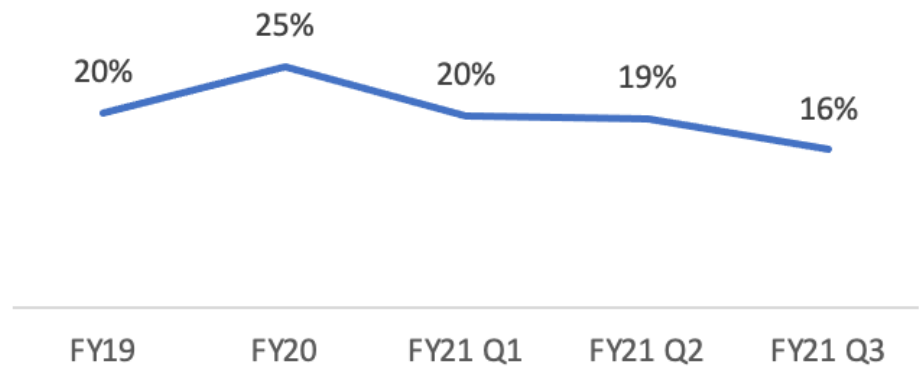
Metric #19. Increase % of clients at discharge reporting attendance at support group in past 30 days

Data Highlights:

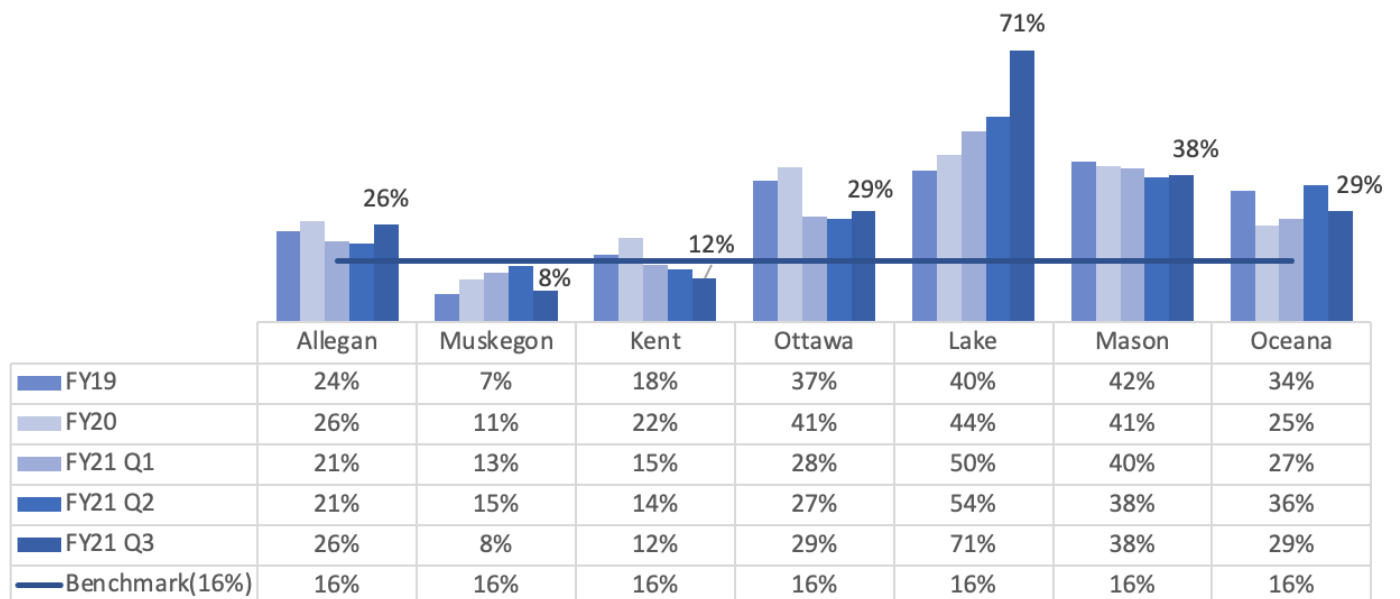
The percent of clients who report attending a self help group in the past month had increased in FY20 to a high of 25%. Rates decreased slightly thru FY21 to 16% in 3Q

The highest rates of support group participation were reported for Lake (71%) and Mason (38%) counties.

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



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



CONNECT TO COMMUNITY SUPPORTS

Priority: WOMEN'S SPECIALTY SERVICES

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

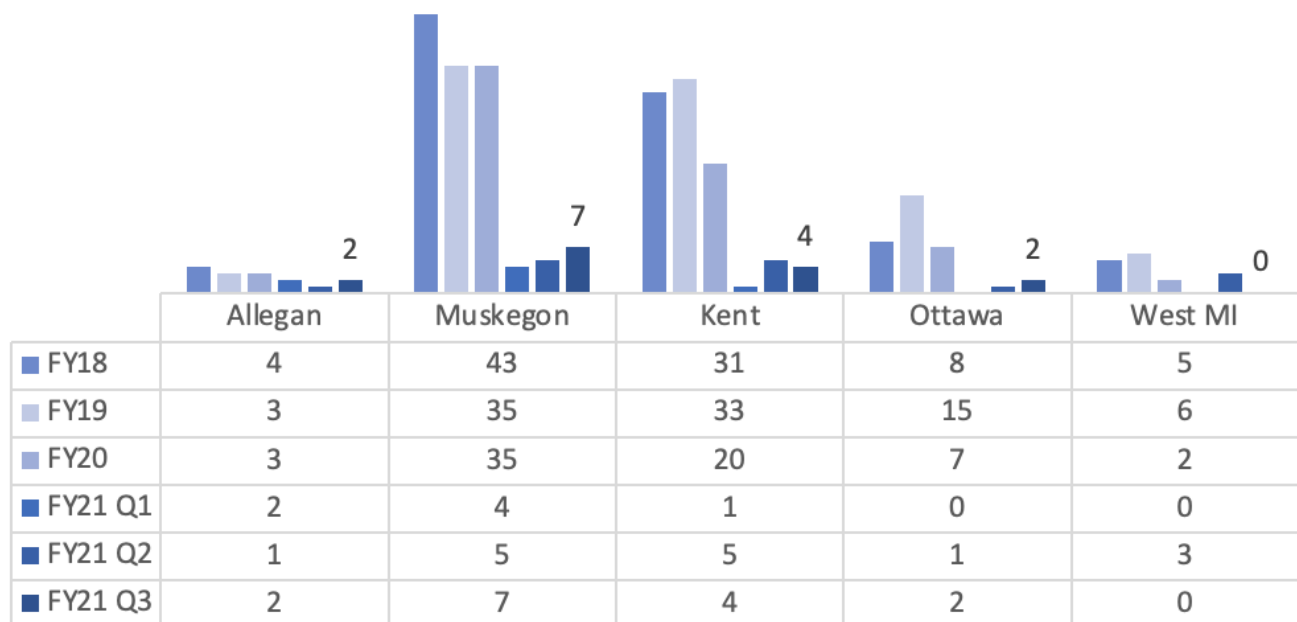
Data Highlights:

The number of pregnant women served in the LRE region has been decreasing in recent years. FY21 year-to-date 37 pregnant women have been served.

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

FY18	91
FY19	92
FY20	67
FY21 1Q	7
FY21 2Q	15
FY21 3Q	15

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



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

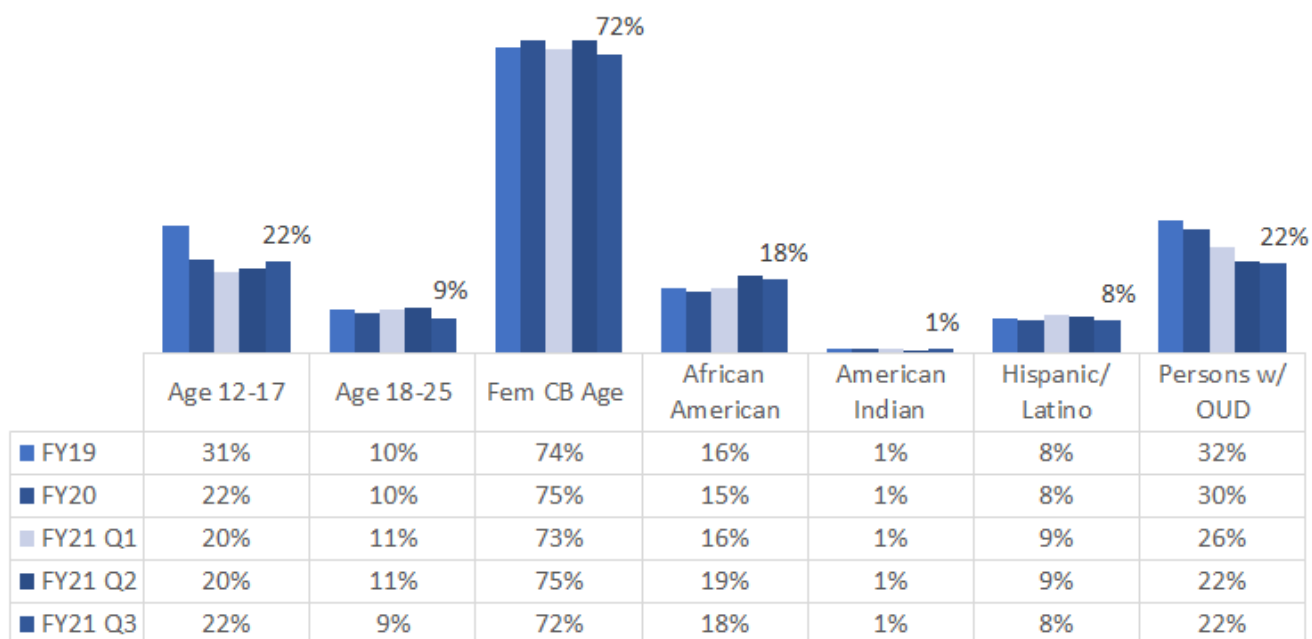
OTHER DATA TO MONITOR

Other Data: TREATMENT PENETRATION: (ANNUAL)

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

To monitor engagement of these populations we will track the number of individuals served in the region for each population annually. Quarterly rates for the region are calculated as the percent of total admissions during the time frame that each group represents.

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



By CMHSP:

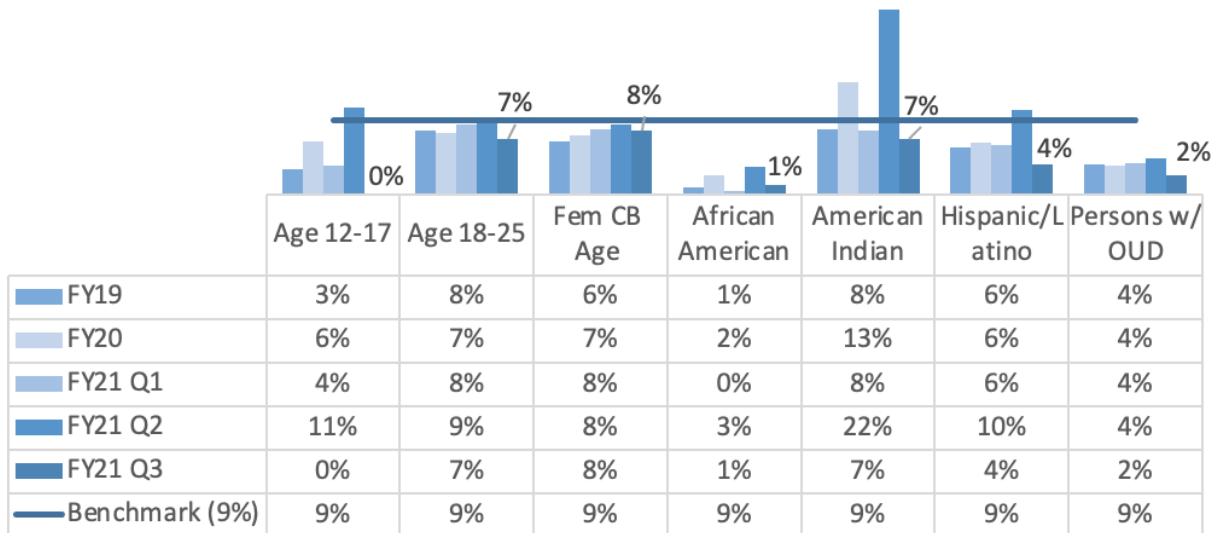
On the following pages, the percent of admissions in the LRE region that occurred in each CMHSP area is calculated with a 'benchmark' based on the proportion of the region's population that resides in the CMHSP area.

Quarterly rates for CMHSPs are calculated as the percent of region admissions for a population which occurred within the respective CMHSP.

By CMHSP:

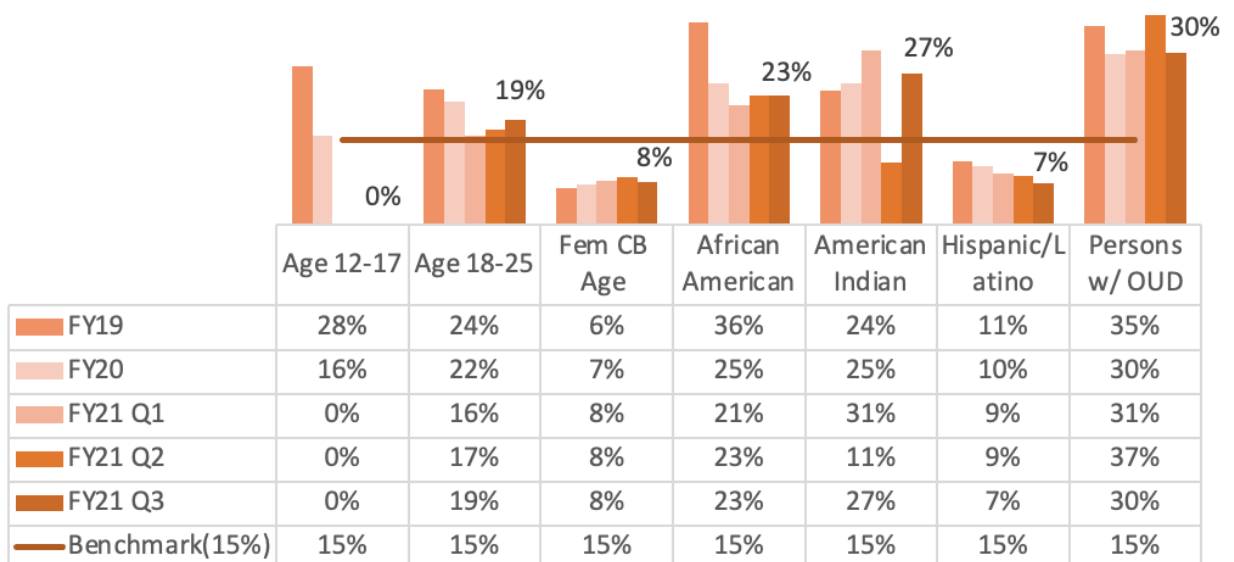
Allegan County: In 2020 Allegan County accounted for 9% of the region's population.

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



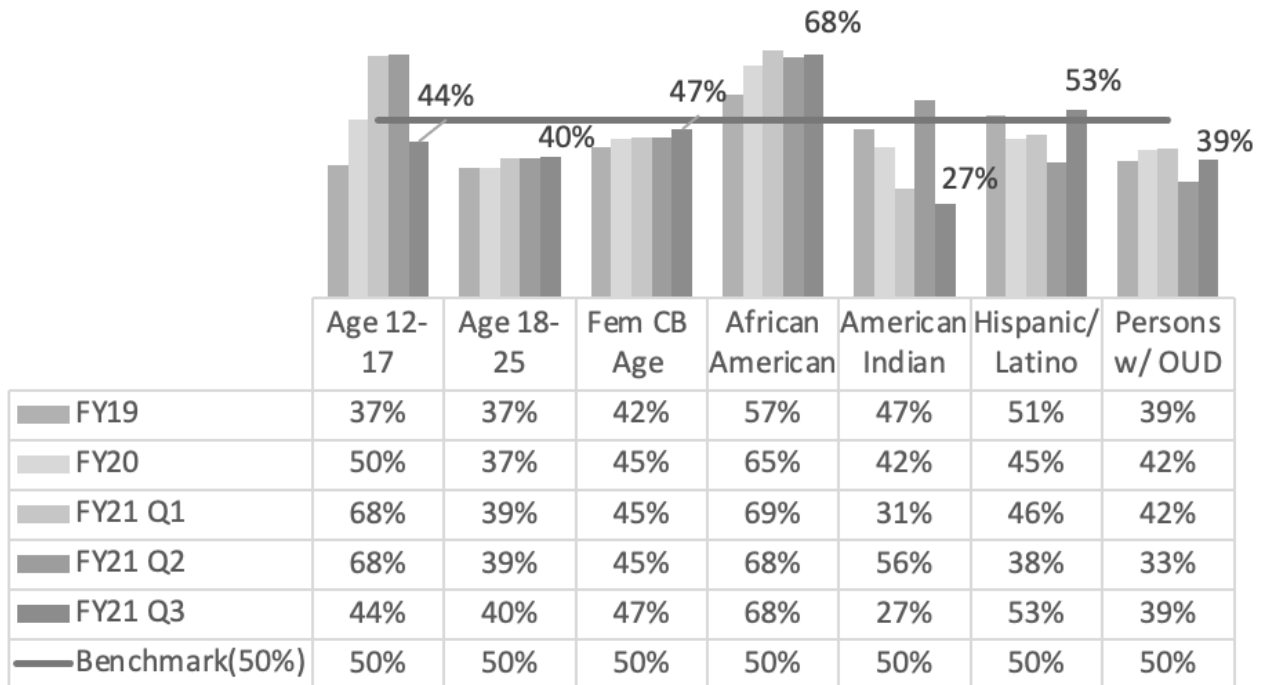
Muskegon County: In 2020 Muskegon County accounted for 15% of the region's population.

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



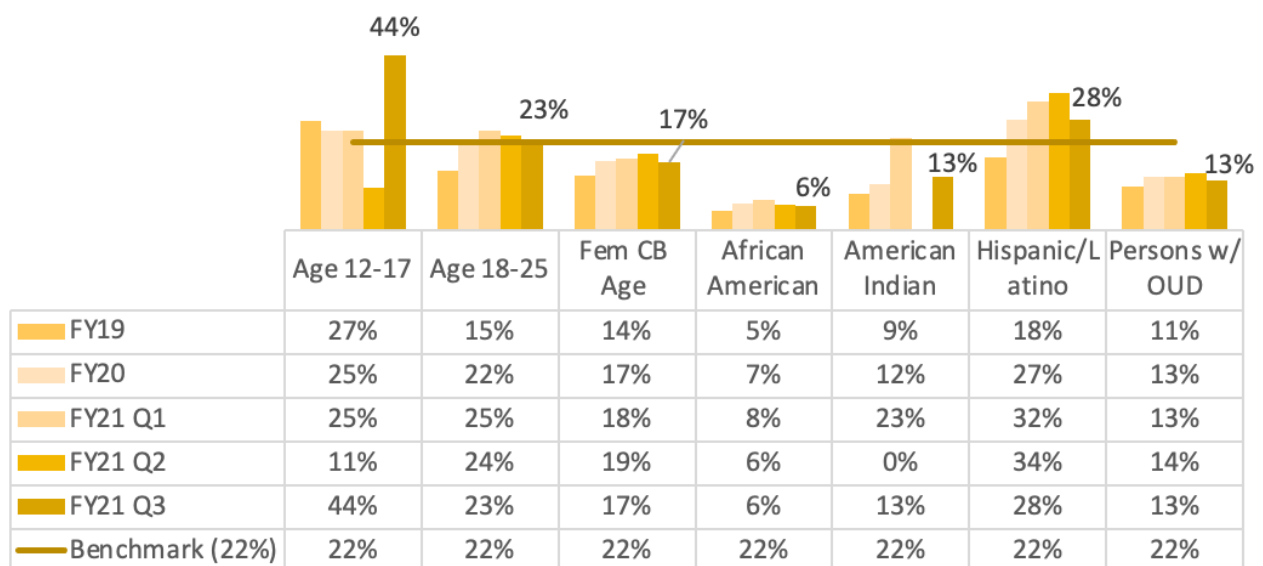
Kent County: In 2020 Kent County accounted for 50% of the region's population.

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



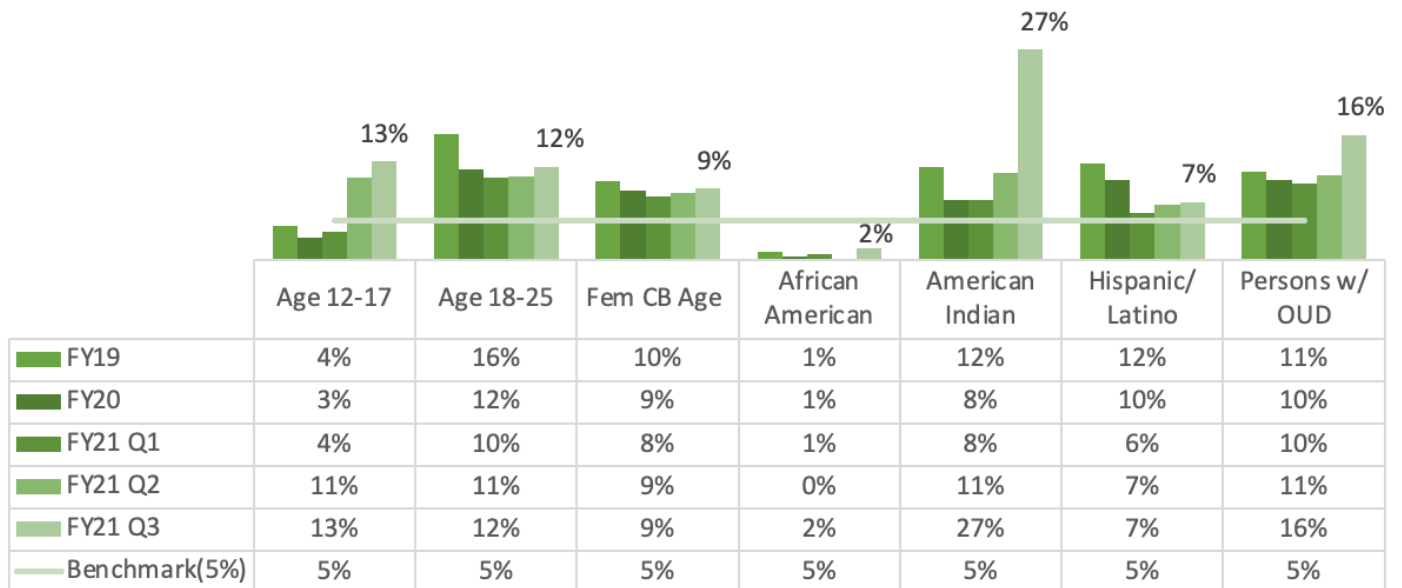
Ottawa County: In 2020 Ottawa County accounted for 22% of the region's population.

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



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

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

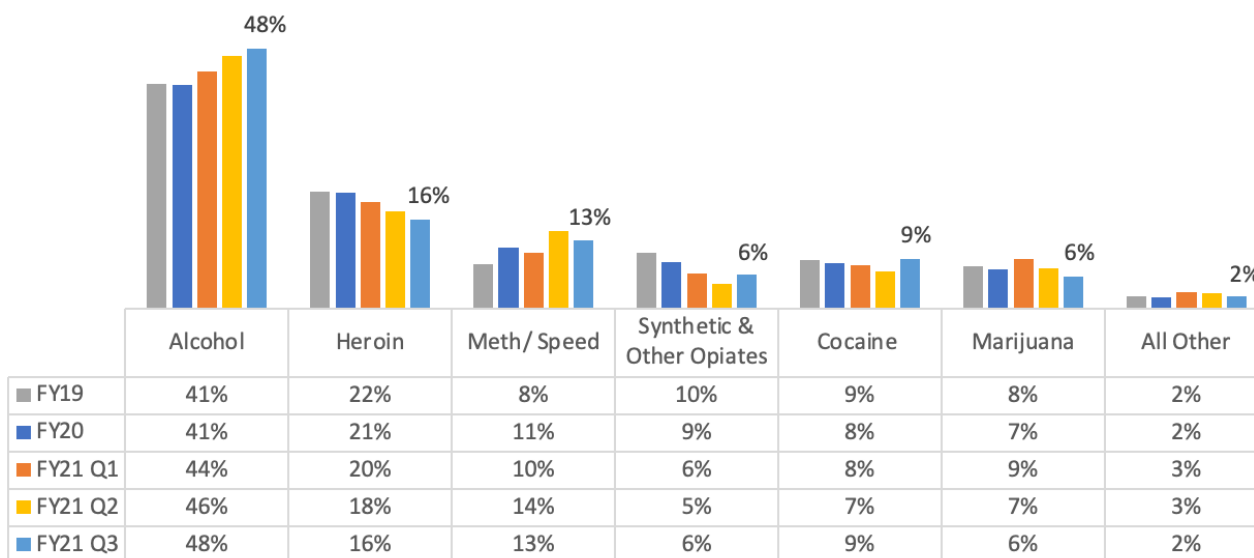


Other Data to Monitor : Primary Drug at Admission

Data Highlights:

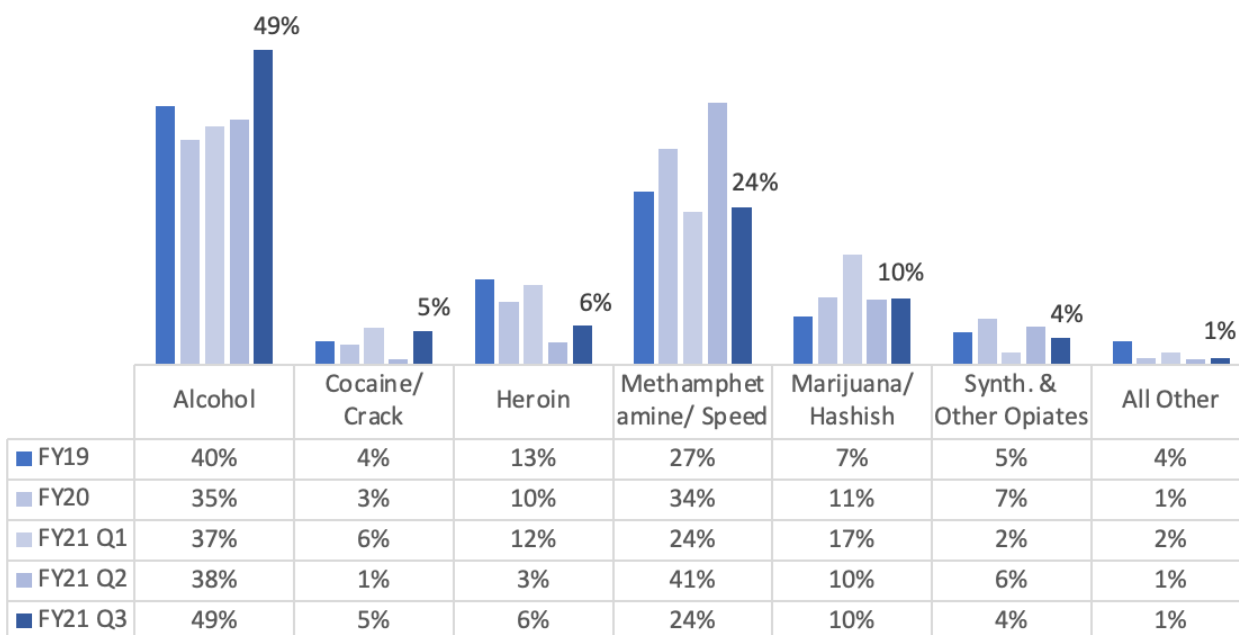
In the LRE region, admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.

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



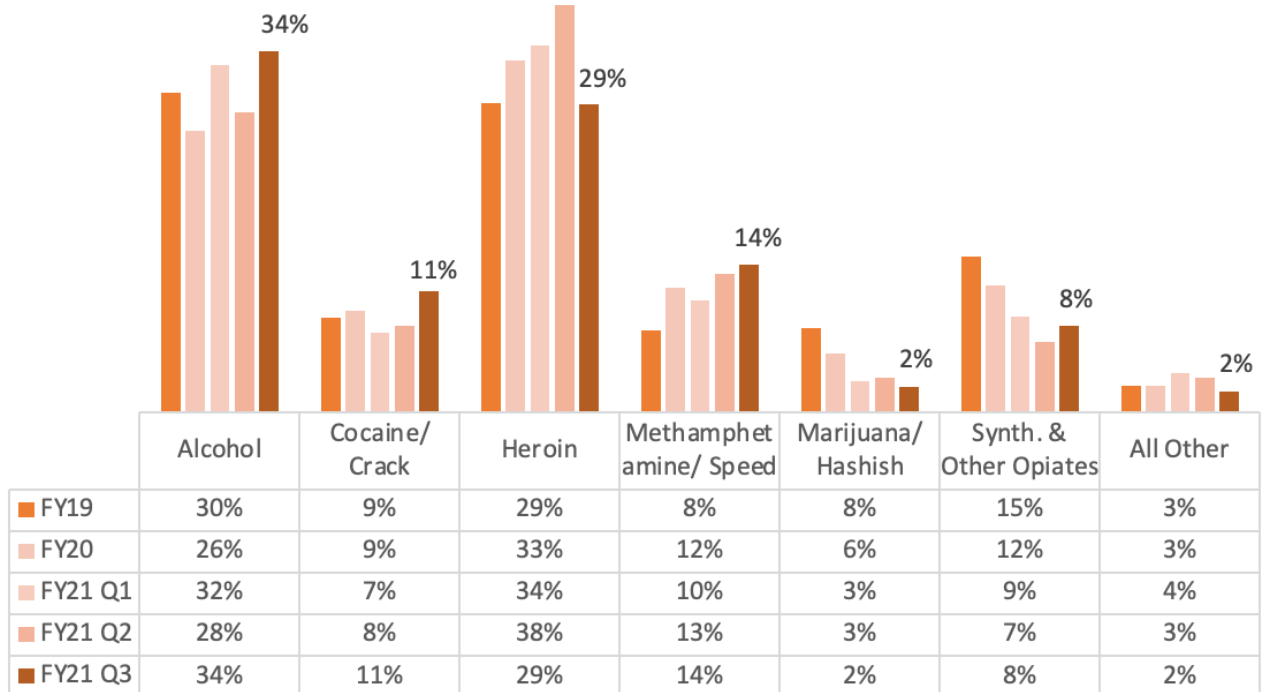
Allegan County

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



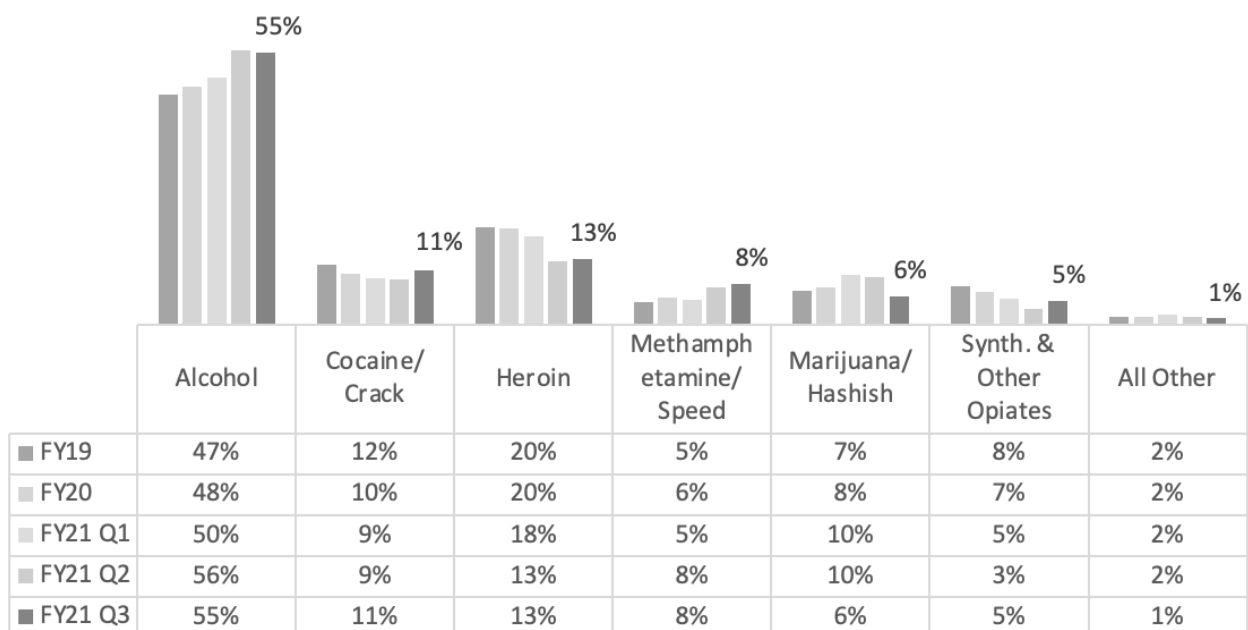
Muskegon County

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



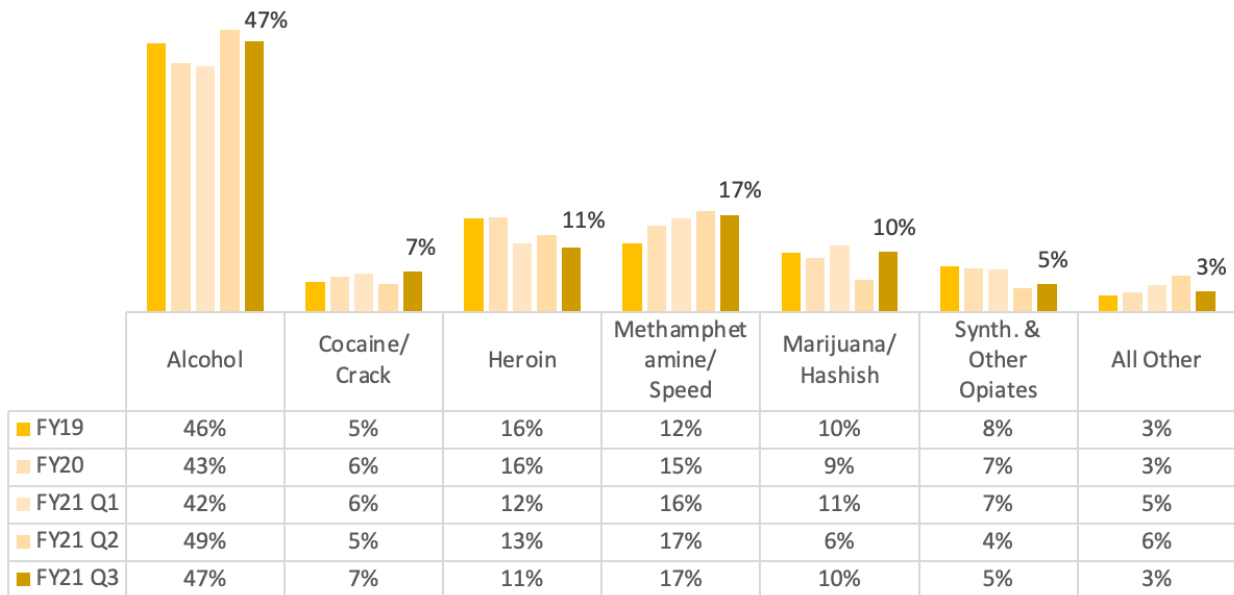
Kent County

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



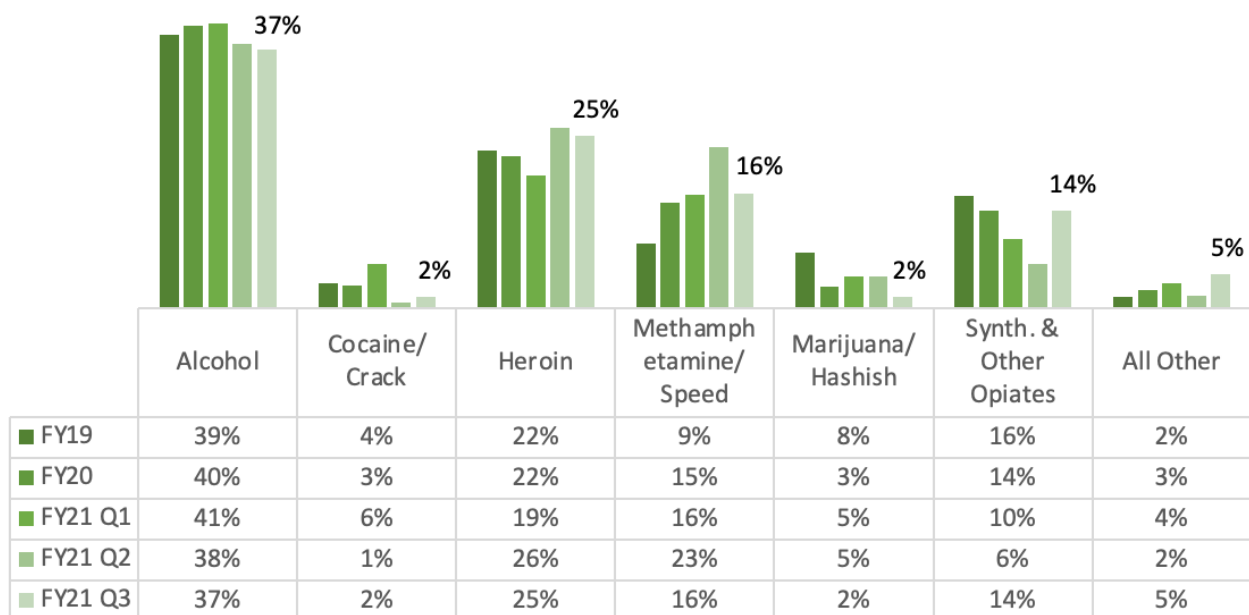
Ottawa County

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



West Michigan Counties

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



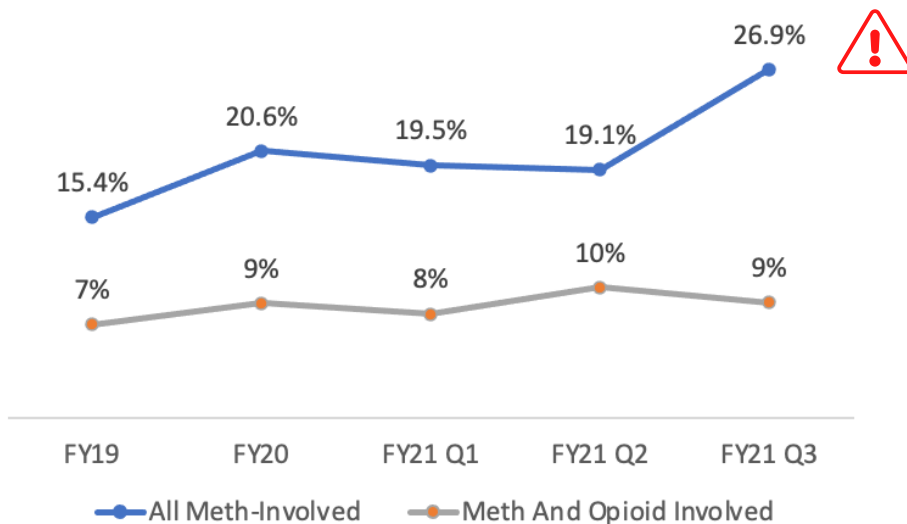
Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

Data Highlights:

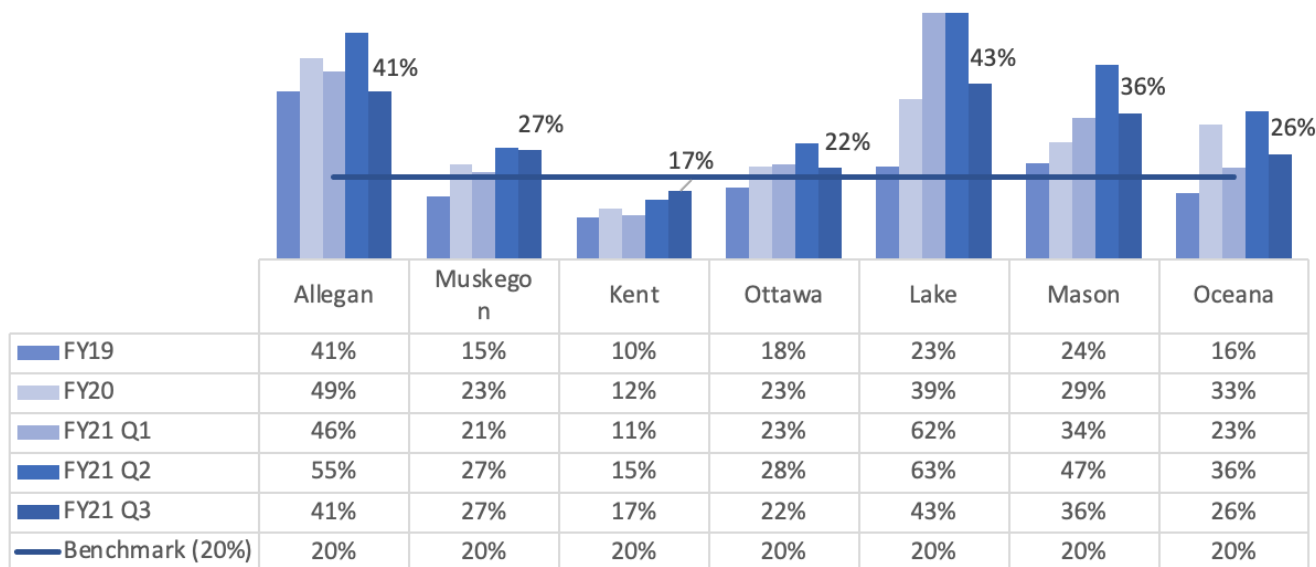
MA involved admissions continue to increase at an alarming rate with more than 1-in-4 admissions in 3Q involving MA (27%) and almost 1-in-10 involving both MA and an opioid (9%).

MA-involved admissions were highest in Lake (43%), Allegan (41%), and Mason (36%) counties.

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



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



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

