

Meeting Agenda

BOARD OF DIRECTORS

Lakeshore Regional Entity

September 16, 2021 – 1:00 PM

Network180, 3310 Eagle Park Drive NE, Suite 100, Grand Rapids, MI 49525

Phone: 646-558-8656 Conference ID: 883 2283 3365

1. Welcome and Introductions – Mr. DeYoung
2. Roll Call/Conflict of Interest Question – Mr. DeYoung
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - September 16, 2021, Board of Directors meeting agenda (*Attachment 1*)
 - August 19, 2021, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. LRE Leadership (*Attachment 3, 4, 5, 6, 7, 8*)
6. Chairperson’s Report – Mr. DeYoung
 - a. September 8, 2021, Executive Committee (*Attachment 9*)
 - i. LRE Board Meetings - Future Location
7. Action Items –
 - i. FY 20/21 LRE/CMHSP Contracts Extension and Exhibit E, Amendment #1 – (*Attachment 10*)
Suggested Motion: To approve the LRE CEO to fully execute the Amendment #1, Contract Extension and Exhibit E change to the LRE/CMHSP FY20/21 Medicaid Managed Specialty Supports and Services 1115 Demonstration Waiver, 1915(c)/(i) Waiver Program(s), the Healthy Michigan Program, the Flint 1115 Waiver and Substance Use Disorder Community Grant Programs
 - ii. Lakeshore Regional Entity FY/22 Budget –
Suggested Motion: To approve the FY 2022 Lakeshore Regional Entity Annual Budget as presented
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 11*)
 - a. FY2021, August Funds Distribution (*Attachment 12*)
Suggested Motion: To approve the FY2021, August Funds Distribution as presented
 - b. LRE FY 2021 Budget Amendment #5 (*Attachment 13*)
Suggested Motion: To approve Budget Amendment #5 to the LRE FY21 budget
 - c. Statement of Activities as of 7/31/2021 and Variance Report (*Attachment 14*)

d. Bucket Report (*Attachment 15*)

9. CEO Report – Ms. Marlatt-Dumas

10. Board Member Comments

11. Public Comment

12. Upcoming LRE Meetings

- October 13, 2021 – Executive Committee, 3:00 PM
- October 14, 2021 – Consumer Advisory Panel, 1:00 PM
- October 21, 2021 – LRE Executive Board Meeting, 1:00 PM
[HealthWest, 376 E. Apple Avenue, Muskegon, MI 49442](#)

13. Adjourn

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
Mason County Airport, 5300 W. US-10, Ludington 4943149424
August 19, 2021 – 1:00 PM

WELCOME AND INTRODUCTIONS – Mr. DeYoung

Mr. DeYoung called the August 19, 2021, LRE Board meeting to order at 1:20 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

In Attendance: Mark DeYoung, Peg Driesenga, Patricia Gardner, Steven Gilbert, Jack Greenfield, Jacque Johnson, Ron Sanders, John Snider, Jane Verduin

Online: Stan Stek

Absent: Matt Fenske, Shaun Raleigh, Stevie Riel, Jay Roberts-Eveland

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 21-28 Motion: To approve by consent the following items.

- August 19, 2021, Board of Directors meeting agenda
- July 15, 2021, Board of Directors meeting minutes

Moved: Jane Verduin Support: Ron Sanders

MOTION CARRIED

CONSUMER ADVISORY PANEL

Ms. VanDerKooi would like to thank Ms. SaRah Eley for participating in the Consumer Advisory Group. Ms. Eley is moving and will no longer attend. She has been a valued member of this group.

WRITTEN BOARD REPORTS

LRE Leadership reports are included in packet for information.

Mr. Greenfield appreciates all the work that is put into the information given to the Board.

CHAIRPERSON'S REPORT

Minutes from the August 11, 2021, Executive Committee meeting are included in the packet.

ACTION ITEMS

None.

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2021 July Funds Distribution

LRE 21-29 Motion: To approve the FY2021, July Funds Distribution as presented

Moved: Steven Gilbert Support: Jane Verduin

ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

LRE FY 2021 Budget Amendment #4 –

LRE 21-30 Motion: To approve Budget Amendment #4 to the LRE FY21 budget

Moved: Ron Sanders Support: John Snider

ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

Statement of Activities as of 6/30/2021 and Variance Report-

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

Member Bucket Reports-

Included in the Board packet for information.

Ms. Chick updates the Board:

Ms. Chick added calculations for the maximum amount of funds that a PIHP is allowed to put into the ISF and MC savings accounts. We will not know for sure the amount that can be put into the ISF/MC savings until February. We also do not know how the surplus will be impacted by the settlement with the State.

Finance ROAT is discussing regional allocation methodologies. A recommendation from Finance ROAT will be brought for discussion to the CMH CEOs.

Mr. Greenfield asked if we would use the Milliman (Wisconsin) model that LRE had previously hired them to complete. Mr. Riley comments that the previous model has outdated information, but we could discuss contracting with them. again

Ms. Chick reports that CCBHC sites funding will be a taken out separately. The draft rates that LRE received will be the final rates. How Milliman calculates rates for CCBHC is very important for the demonstration sites. The PIHP is not allowed to use MC funds to help support the demonstration sites because CCBHC is considered non-MC. The State will reconcile at the end of the year but that may cause cash flow issues for CMHs that do not have surplus funds to carry them until that time.

CEO REPORT

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

- Amy Embury has started as the new LRE Prevention Manager.
- All the C suite positions have been filled. LRE continues to hire new staff and while others are coming back from Beacon to the LRE.
- Greg Moore is working with the MDHHS to move the settlement forward.
- There has been mention of a third proposal for system redesign from the Democratic caucus.
- LRE will receive HSAG results in September and will be brought to the Board. Mr. VanDerKooi and Ms. Drooger will continue to work on.
- Ideas were submitted to the State to solve the staffing shortage, such as, payment and incentives that could help attract and/or retain staff. There was a suggestion to lessen the restrictions around the use of DCW funds.
- Work continues in the office to add space for staff coming in.

BOARD MEMBER COMMENTS

- Mr. Gilbert updates that there will be committee hearing the week of August 30 for the Shirkey redesign plan. He suggests that the LRE may want to consider putting together a proposal that focuses on the CCBHC. There has been discussion and both chambers agree that something needs to change in the system. We should have a document that directly advocates and a document that shows numbers and how much funding goes to individuals etc. Transparency at the PIHP level would be a good idea.
- Mr. Greenfield comments that he believes that the Board should have some input into a strategic plan. If we need to pay for extra resources, right now is the time. We have to continue to work together as a region.
- Ms. Verduin agrees with Mr. Gilbert and suggests appointing a committee with Mr. Gilberts help to move this forward. Mr. Stek comments that we should not get too far ahead of our Board Association, they are very competent with this type of situation. If LRE does decide to write a proposal it should be in conjunction with them for consistency. Mr. Gilbert agrees that letting the Board Association handle this is the best way to handle it.
- Ms. Driesenga comments that we should continue to move forward with the tactical plan
- Mr. Stek comments that this is a critical time with the state and our contract. Moving forward with the tactical plan is crucial and this is the time to demonstrate our capacity in handling previous concerns and to prove LRE's performance as the oversight organization.
- Mr. Sanders would like to reinforce that it should be a cooperative effort. We need to continue working together.
- Mr. DeYoung states that he appreciates the new staff and thanks Mr. Riley, the CEOs from the CMHs and WM for hosting this meeting. Next month will meet at Network 180.

PUBLIC COMMENT

None.

UPCOMING LRE MEETINGS

- September 8, 2021 – Executive Committee, 3:00 PM
- September 16, 2021 – LRE Executive Board Meeting, 1:00 PM
Network180, 3310 Eagle Park Dr. NE, Suite 100, Grand Rapids, MI 49525

ADJOURN

Mr. DeYoung adjourned the August 19, 2021, LRE Board of Directors meeting at 3:00 PM.

Mark DeYoung, Board Chair

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

Chief Operating Officer - Report to the Board of Directors
September 16, 2021

Staffing update (Stephanie VanDerKooi):

1. **Substance Use Disorder (SUD):** Amy Embury joined LRE staff on August 4 to fill the role of Prevention Manager (1.0 FTE). Amanda Tarantowski began serving as the SUD Treatment Manager (.6 FTE) on August 30.
2. **Provider Network Managers:** Two Provider Network Managers have been hired. Don Avery started September 9, and Jim McCormick will start October 5th.
3. **Administrative Assistant:** Greg Opsommer joined the team on September 9 as the administrative assistant.
4. **CCBHC (Certified Community Behavioral Health Clinic):** A CCBHC Manager position is posted, and we hope to fill that position soon.

CCBHC (Certified Community Behavioral Health Clinic) Rollout (Stephanie VanDerKooi):

This project is a heavy lift in Clinical, Finance, IT and Program Management. LRE has retained the services of Bill Riley to assist in planning and implementation of this project. Regular internal meetings have been occurring to create a process to ensure this project is up and running by October 1. The state has provided a manual and sample contract language which LRE Leadership Team members are reviewing to plan for a successful execution of this project. It has become evident that a CCBHC Project Manager is needed due to the robust scope of this project. Additional staff will be needed in the coming months as this project is rolled out.

Gambling Prevention Update (Amy Embury/Kelly Kondrat):

Staff Transition: Kelly Kondrat of KWB Strategies has been providing technical assistance to Amy Embury to facilitate a seamless transition of managing the Gambling Disorder funding for the LRE. As of October 1st, Amy Embury will serve as the LRE Gambling Disorder Prevention Coordinator for the region. KWB Strategies will continue to provide evaluation efforts for this project.

A Gambling Disorder Prevention update is attached to this report

Substance Use Disorder Prevention Update (Amy Embury):

1. **Annual Plans:** SUD Prevention Agencies have received guidance for submission of their annual plans and budgets (due September 10). This includes additional guidance for requesting Covid Supplement for FY 22 (proposals/budgets).
2. **Site Visits:** The Annual Site Visits are nearly complete for the fiscal year. Reviews have been completed virtually and include supervisor/staff members (if scheduling allows). The purpose of the annual quality improvement audit/site visit is to evaluate each agency's records and procedures for compliance with key performance indicators included in their contract. Following the review, feedback containing compliance ratings and requirements

for a plan of correction (if any) are provided. We have appreciated the time, preparation and organization that has been put into the preparation for these reviews.

LRE SUD Prevention Audit/Site Visit Schedule 2021

Date	Agency	Time (Virtual via Microsoft Teams)
June 21	Allegan CMH	12:30-2:30 pm
July 15	Family Outreach Center (FOC)	10:00-12:00 pm
July 29	Arbor Circle (Includes all counties)	9:30-11:30
August 18	Ottawa County Dept. of Public Health	9:00-11am
August 20	KCHD	10:30-12:30pm
August 31	DHD10 (Lake, Mason, and Oceana Counties)	1-3pm
September 2	Public Health Muskegon	1:30-3:30pm
September 8	Ottawa County CMH	9am -11am
September 9	Wedgewood	11-1pm
September 10	Mercy Health	10:00-12:00am
Need to reschedule	Network180	Was 9/2/21 at 9:30

3. **TalkSooner Update:** Over the Labor Day holiday weekend, you may have seen our TalkSooner posters displayed in one of the 77 Michigan Department of Transportation (MDOT) rest areas and welcome centers across the state! It’s another way our TalkSooner team is encouraging families to have the “drug talk” – using those family car rides as important conversation venues!

We cannot express enough gratitude to TalkSooner Core team members: Vicki Kavanaugh (Arbor Circle) and Heidi Denton (Allegan County Community Mental Health Services) for stepping up on a moment’s notice to participate in a multitude of media interviews. Those interviews can be watched here:

https://www.michigan.gov/mdot/0,4616,7-151-9620_11057-566916--y,00.html

<https://www.uppermichiganssource.com/2021/09/01/new-partnership-with-mdot-encourages-parents-discuss-substance-abuse/>

<https://nbc25news.com/news/local/posters-at-mdot-rest-areas-and-welcome-centers-encourage-drug-prevention-discussions>

TalkSooner has once again engaged with the team at Channel 13/WZZM during Family Meals Month (September), to encourage families to head out to their local park for a picnic – an ideal setting to have those important prevention conversations. The public service announcement, featuring Channel 13 co-anchor Meredith TerHaar, also gives a nod to TalkSooner’s wonderful

collaboration with the Michigan Department of Natural Resources and mPARKS (Michigan Recreation and Park Association).

<https://tegna-corporate.box.com/s/c7isouk4b6j2zertdf4g7cfec24wj297>

<https://www.wzzm13.com/article/entertainment/television/programs/the-exchange/use-michigans-great-outdoors-as-a-backdrop-for-critical-conversations/69-54818a4f-5a48-4aff-aead-44b40bd2401f>

Substance Use Disorder Treatment Update (Amanda Tarnowski):

Attached is the 3rd quarter data analysis for SUD Treatment report for your review.

Credentialing Specialist Update (Pam Bronson):

In August, the Credentialing Committee held its second meeting, where 10 providers for credentialing/re-credentialing were approved. Positive feedback from the CMH Contract Managers has been received and we have been working with them to continuously improve the credentialing process.

We previewed a credentialing module that Mid-State Health Network has developed and is using with their PCE system for their SUD providers. We were able to see how they use it for providers to upload expirable information, and then discussed how staff complete reviews with providers to verify the information that has been uploaded.

Veteran Navigator Update (Eric Miller):

Over the past month, Eric has been connecting Veterans to resources throughout the region toward improving their mental health. This past month there has been a lot of need for housing repairs. Eric has been working with organizations such as Habitat for Humanity and the Disability Advocates of Kent County to help Veterans with issues such as roof repairs or installation of a handicap shower in their house. With the recent storms in the area, there has been some damage from downed trees and Eric was successful in connecting veterans with resources to help with the repairs. He has assisted with connecting veterans to counseling resources such as the Grand Rapids Vet Center or the local CMH. There continues to be struggles related to getting the Veteran to attend scheduled appointments or accept help that is being offered.

There have been three outreach events in the region that benefit organizations who help Veterans in need. These outreach events raise funds for non-profits, such as 92for22, and directly impact Veterans with issues such as home repairs. Valuable contacts have been made with both organizations that directly impact Veterans in the region and across the state and Veterans who need assistance. The local Veteran Service Officer (VSO) is instrumental in helping to help connect Veterans to the VA for both financial help as well as healthcare needs. This is a vital piece of mental health care for Veterans as they have a better long-term outcome when they have financial stability and healthcare that they can rely on.

Clinical/Quality Board Report September 2021

1. Autism/Behavioral Health:

There are currently 1,408 individuals enrolled in the Applied Behavioral Health Autism Benefit (Allegan – 111, HealthWest – 117, Network 180 – 936, Ottawa – 200, and West Michigan – 44). This is an increase of 18 since the beginning of July. There were 75 individuals approved for ABA services in July and 9 individuals disenrolled. Note: Enrollments for September are currently on hold due to a WSA upgrade associated with the new 3-year requirement for annual reevaluations.

Braintrust, ACORN, Centria, Wedgwood, Autism Spectrum Therapies, Positive Behavior Supports, Pioneer Resources, Hope Discovery, Developmental Enhancement, The Center for Autism and Related Disorders (CARD), Hope Network, West Michigan CMH ABA program, HGA Support Services – North, HealthWest ABA program, Merakey, and MOKA have completed ABA provider reviews. TRAC, Applied Behavioral Science Institute, and Waypoints are scheduled for review in September.

MDHHS distributed a bulletin on July 16, 2021, for MSA 21-20. MSA 21-20 is effective September 1, 2021, and states that comprehensive diagnostic re-evaluations are required no more than once every three years unless determined medically necessary more frequently. The three-year cycle for reevaluations applies to the evaluations completed 9/1/2020 and after. MSA 21-20 also places a greater emphasis on the person center planning process and the individual plan of service.

2. Child's Waiver Program:

There are 58 children enrolled in the Children's Waiver Program (Allegan – 2, HealthWest – 10, Network180 – 40, Ottawa – 5, and West Michigan – 1). One prescreen was submitted by the Community Mental Health of Ottawa County in August and that child was issued invitation to apply by MDHHS in the beginning of September. There are no children waiting for an invitation to the CWP.

3. Habilitation Supports Waiver:

The LRE has all 629 HSW waiver slots that remain full pending 4 individuals awaiting MDHHS approval for August 1 enrollment and 2 for September 1 enrollment. The LRE had 2 disenrollment's in August and 2 individuals were submitted to MDHHS for September 1 enrollment to maintain maximum slot capacity.

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

The Annual RLA project to update the RLA codes in the WSA is occurring. The request went out to the CMHSPs on July 29th and the completed spreadsheets are due back to the PIHP by August 25 for MDHHS submission. The LRE has 14 complete and available packets for enrollment.

RLA codes are currently being updated in the WSA by MDHHS for FY2022 and should be completed by September 24.

MDHHS will be extending annual level of care recertification due dates that expire during the effective emergency period until 12 months after the original due date, regardless of the end date of the Appendix K. This currently applies to only HSW beneficiaries. MDHHS has not set a date for when CMHSP's and PIHP's will no longer be able to initiate recertifications in the WSA.

The Level of care extension will be exercised for recertifications for active cases that meet the following requirements:

- Missing or past due from 3/1/2020 to current date
- Currently pending in either CMH/PIHP/or MDHHS queue with recertification due date of 3/1/2020 to September 21, 2021
- Any recerts that are due now until April 18, 2022, if a previous Level of Care was not granted during the time frame of 3/1/2021-4/18/2021 for the case

The LRE is still deciding what documentation we will still require during this period and will consult with the field.

4. Home and Community-Based Services:

MDHHS is planning to begin the next round of surveys in November 2021. All providers that received HCBS provisional approval since the last round of surveys will be included in this round and will be a 2nd chance for those who did not respond to the most recent round of surveys to respond again. The LRE expects these surveys to go to fewer than 10 providers. MDHHS has contracted with MI-DDI to distribute this next round of surveys.

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

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

The HCBS provisional approval application process for new providers and programs was recently reviewed with CMHSP leads. The importance of these reviews occurring prior to completing the contracting process, and the provider beginning to provide services to a consumer was discussed. HCBS provisional approval reviews continue to occur as needed across the region.

An HCBS non-responder report was provided to the LRE from MDHHS identifying HCBS providers that have had multiple chances to respond to HCBS surveys and have not completed them. The LRE's initial list consisted of 60 cases from 26 providers. After an initial review, 32 cases can be removed from this list due to providers closing, new ownership, contracts ending, cases closing, etc. leaving 28 cases from

21 providers that will need to be reviewed. Most of these providers the LRE has previously worked with through the HCBS process with other cases. Upon further confirmation with the CMHSPs, this number may still be reduced due to changes in providers/services/case closures/etc. The HCBS non-responder provider lists were sent to the CMHSP Directors and HCBS leads on September 3, 2021.

The PIHPs were provided two options from MDHHS to resolve this matter with these providers:

- Option 1: Those settings who did not complete the HCBS survey despite two opportunities will be found non-compliant and will not be eligible for funding to provide services to HCBS waiver participants after March 17, 2023. No further efforts will be made to engage settings in the assessment process.
- Option 2: PIHP assume responsibility to facilitate an assessment with settings in their network who have been nonresponsive. Strict timelines are required to complete this process before the due date.

PIHPS must decide which option will be taken for each provider and submit that decision to MDHHS by 11/1/21. Note: A provider may be in compliance for one person, out of compliance for another, in HS for a third, and a non-responder for a 4th because these are based on individual surveys.

5. Serious Emotional Disturbance:

The LRE has 62 open or pending individuals on the Serious Emotional Disturbance Waiver (Allegan – 5, HealthWest – 18, Network180 – 31, Ottawa – 6, and West Michigan – 2). Individuals continue to be enrolled and dis-enroll as appropriate.

6. MDHHS Waiver Audit:

MDHHS concluded the HCBS Waivers and Substance Use Disorder site review of the LRE on November 30th, 2020. MDHHS provided the final site review reports to the LRE on December 15th, 2020. On March 5th, 2021, MDHHS accepted the LRE Corrective Action Plan. MDHHS conducted the 90-day virtual follow-up review of the region from June 1st through August 31, 2021. The MDHHS review team assessed the actions taken by the PIHP and CMHSP's during this time and although they note most of the action items described in the corrective action plan had been implemented, they identified 4 outstanding items they were unsuccessful finding evidence for. This matter is now being referred to MDHHS's Program Development, Consultation and Contracts Division, for evaluation, on-going monitoring, and appropriate follow up.



Lakeshore Regional Entity Gambling Disorder Prevention Project

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

Complete

5

Providers have submitted Requests for Applications (RFA) to be included in the Gambling Disorder Prevention Project in FY 2022.

30

Participants joined in virtually for our yearly regional gambling meeting on August 16 which focused on: results of the needs assessment, progress updates for the four local FY21 projects funded by LRE; input to update the strategic plan, and applications for FY2022 GDP Projects.

Strategic Plan

Participants of the regional meeting completed a survey which informed prioritization of initiatives for inclusion in the 2022-2026 Strategic Plan. A summary of planned objectives and related strategies is provided on the following pages.

In Progress

Request for Applications: A review of the 5 Requests for Applications is currently in process with anticipated budget of \$240,000 for fiscal year 2022. The LRE receives funds from the Office of Recovery Oriented Systems of Care (OROSC) to prevent and reduce problem gambling throughout the region. Funds provided by OROSC come from the Michigan Compulsive Gaming Prevention Fund for implementation of the MGDPP at the regional level

Sponsored Articles: 2 MLive articles that direct readers to the stayouttathdangerzone.com website will run in September and focus on the risks of youth and gambling. One can be found [here](#) and the second article [here](#).

Next Steps

The Social Marketing Campaign will refocus for FY 2022. The Campaign will consider lessons learned from the various ad approaches this year to focus efforts on what was most successful.

The LRE welcomes **Amy Embury** as the new Gambling Disorder Prevention Project Coordinator beginning October 1, 2021. Amy will assume all responsibilities with relations to the coordination of this project and it continued success moving forward. KWB Strategies will continue to provide evaluation support in years to come.



Gambling Disorder Prevention Project
STRATEGIC PLAN FY2022-2026

Updated August 2021

Gambling Disorder Prevention Project Prioritized Goal Areas

GOAL: Prevention and Reduction of <i>Gambling Disorders in the LRE region.</i>	
OBJECTIVES	STRATEGIES
1.1: Improve treatment availability for individuals with a gambling disorder.	<ul style="list-style-type: none"> • Increase gambling disorder training and qualifications among substance use disorder clinicians to address problem gambling including providing scholarships for time spent on training. • Advocate for integration of gambling disorder treatment with other behavioral health services to ensure coordination and integrated management of services. • Work to decrease stigma for problem gambling so individuals will seek help. • Assess reimbursement levels for provision of publicly funded gambling disorder treatment; advocate for parity with other behavioral health services. • Partner with substance use disorder treatment providers to identify problem gambling among the clients served and address within treatment plan. • Increase availability of self-help groups/support groups for individuals that have gambling disorder and their families. Explore possibility of online groups.
1.2 Promote advocacy for gambling related issues.	<ul style="list-style-type: none"> • Advocate for warnings to be required for gambling materials and on-line pop-ups (like the Surgeon General’s Warning for tobacco.) • Advocate for policies/legislation that would delay youth exposure and reduce access to gambling.
1.3 Improve identification and referral to treatment for gambling disorders.	<ul style="list-style-type: none"> • Increase public knowledge of warning signs and how to identify when someone may be developing a gambling problem. • Provide tools, resources and training to assist lottery retailers in identifying and providing resources to individuals demonstrating warning signs of problem gambling.

<p>1.4 Prevent problem gambling among adults.</p>	<ul style="list-style-type: none"> • Educate the community on potential risks for gambling and early signs of risk for development of a gambling problem. Support bystanders in identifying and supporting others. • Raise community awareness of the risks of gambling, strategies to reduce risk, and actual likelihood of ‘winning’. • Partner w/gambling venues (casinos and lottery retailers) to provide info to consumers on strategies to reduce risk and risk factors for gambling problem.
<p>1.5 Prevent problem gambling among youth.</p>	<ul style="list-style-type: none"> • Educate parents about the risks of on on-line gambling, how to support their youth in avoiding risky behavior. • Educate youth on gambling risks and to off-set ‘magical thinking’; Incorporate into other programming and curricula.
<p>1.6 Prevent problem gambling among the senior population.</p>	<ul style="list-style-type: none"> • Provide info to raise awareness among seniors of risk factors for developing a problem with gambling and strategies to reduce risk. • Promote availability of ‘day-trips’ for seniors for outings other than gambling.
<p>1.7 Support locally developed planning to identify culturally appropriate solutions.</p>	<ul style="list-style-type: none"> • Empower local communities and/or groups to develop and implement solutions specific to their culture and community; identify local informal leaders to engage the community. • Conduct research to understand deeply embedded beliefs surrounding gambling among specific cultural groups to guide development of effective messaging and strategies.

Attachment 5

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

Treatment Access

Data Highlights

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.	






Engagement and Retention

Data Highlights



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'

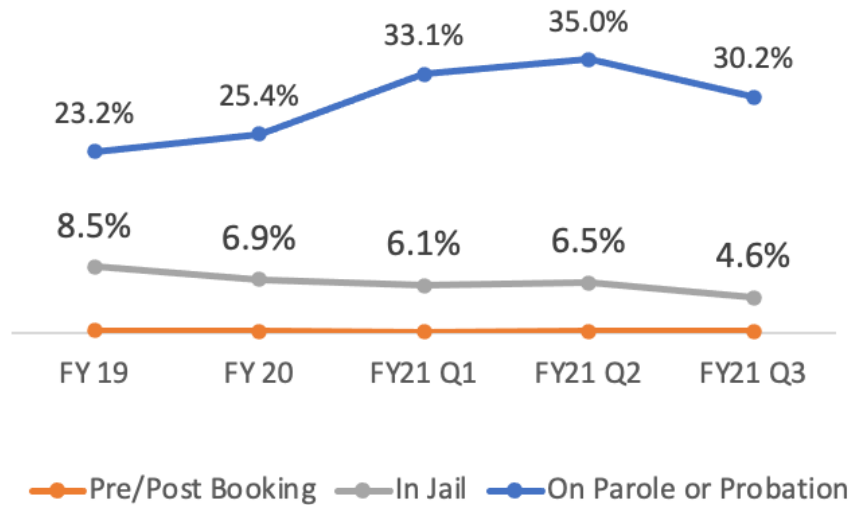
Data Highlights:

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.

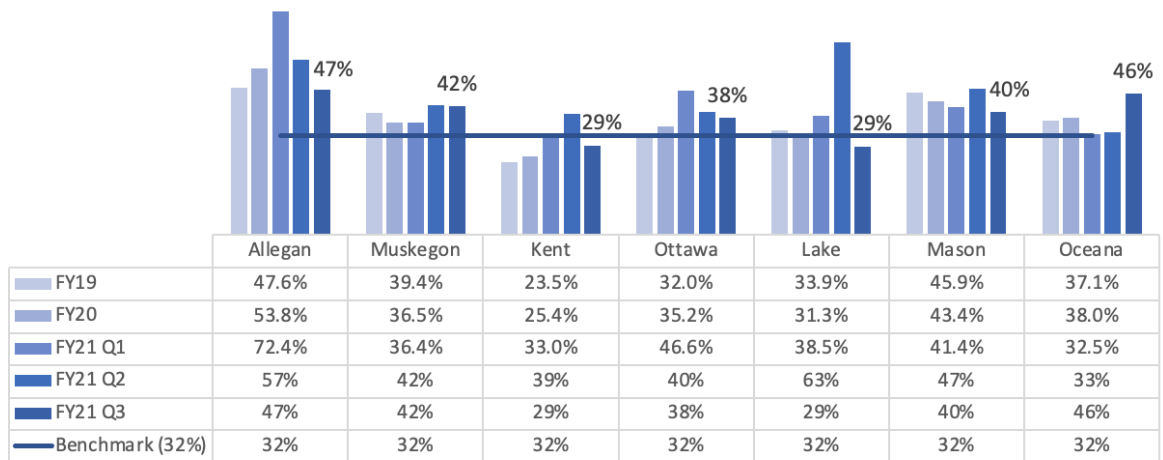
Admissions for individuals 'in jail' continued to decrease, which may be due to limitations on jail bookings.

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

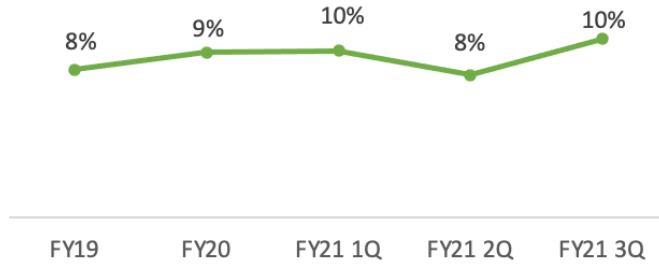
Priority: OLDER ADULTS (AGE 55-69)

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

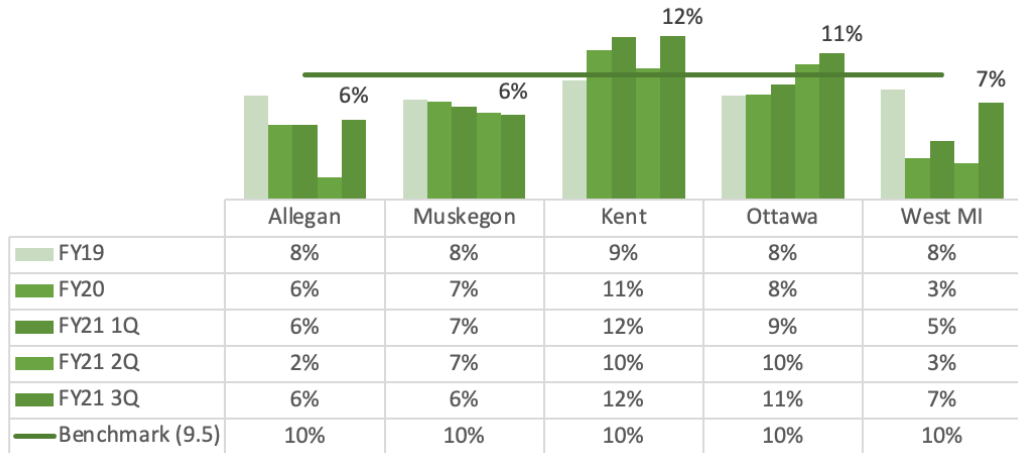
Percentage of Admissions that were for Individuals Age 55-69, LRE Region (T.2)

Data Highlights:

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



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



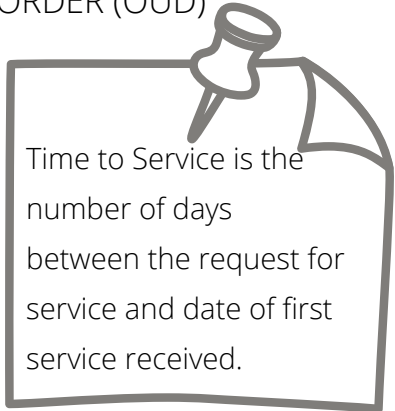
Number of Admissions for Individuals Age 55-69 by CMHSP (T.2)

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



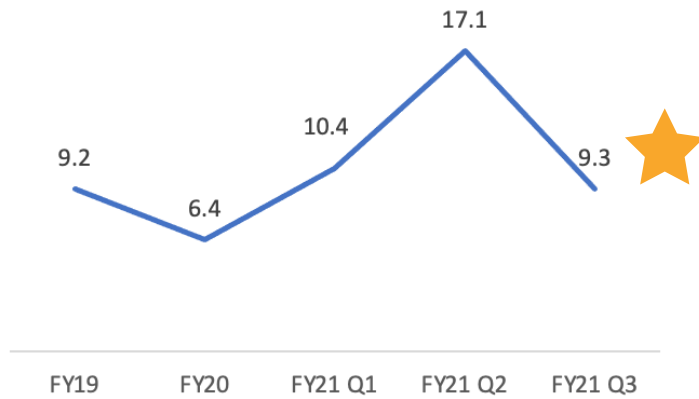
Data Highlights:

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.

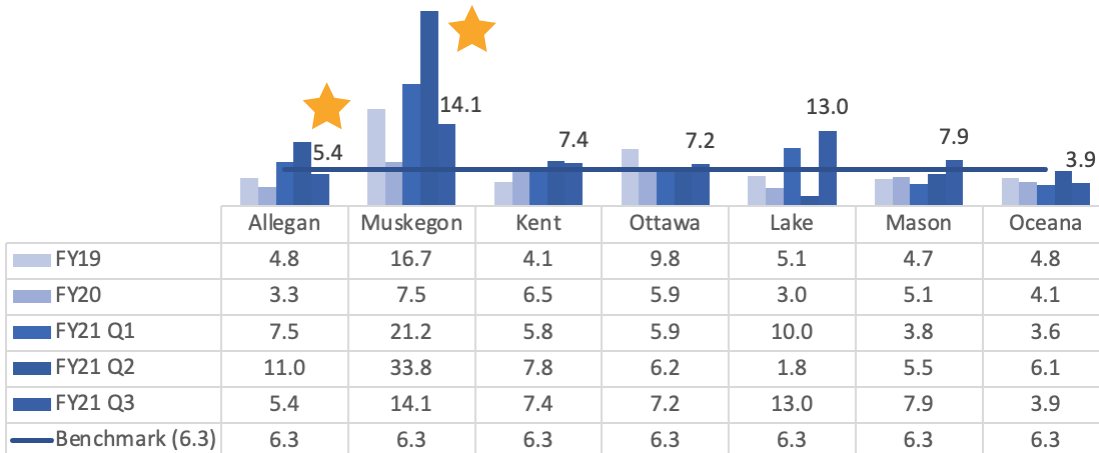
This improvement appears to be primarily caused by Muskegon county with a time to service of 34 days in 2Q decreasing to 14 in 3Q. Allegan county also showed an improvement from 11.0 in 2Q to 5.4 in 3Q. Rates in Lake county worsened from 2 in 2Q to 13 in 3Q.

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

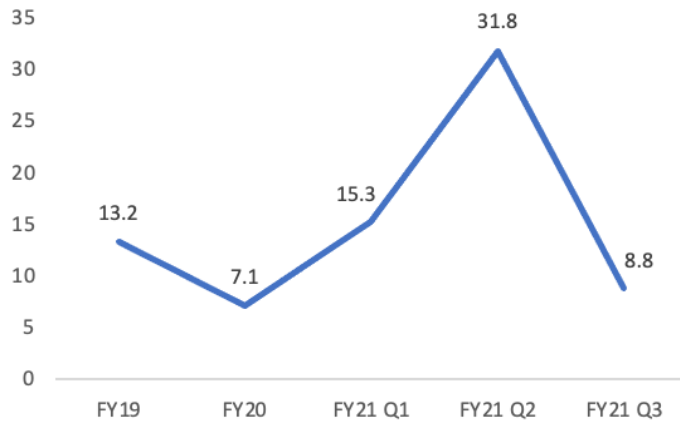
Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

Data Highlights:

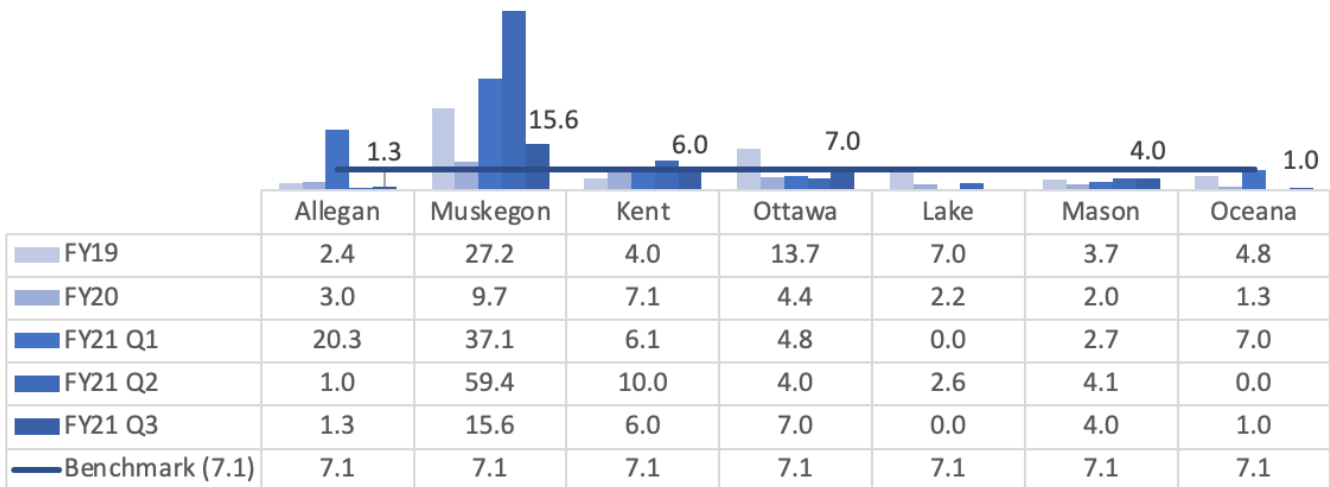
Time to Service for MAT also improved substantially in the region from 2Q to 3Q.

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

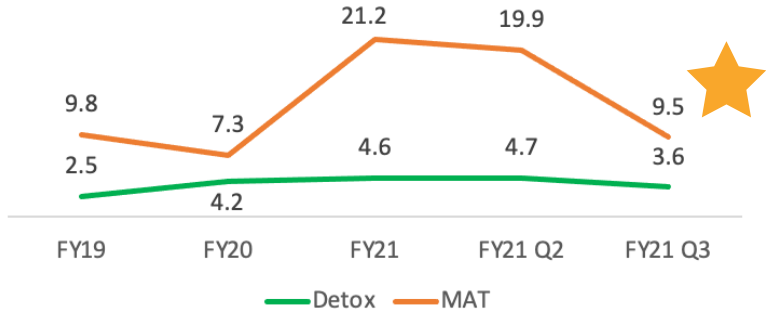
Metric #7. Decrease average time to service for clients w/IVDU entering outpatient with Medication Assisted Treatment (MAT)

Data Highlights:

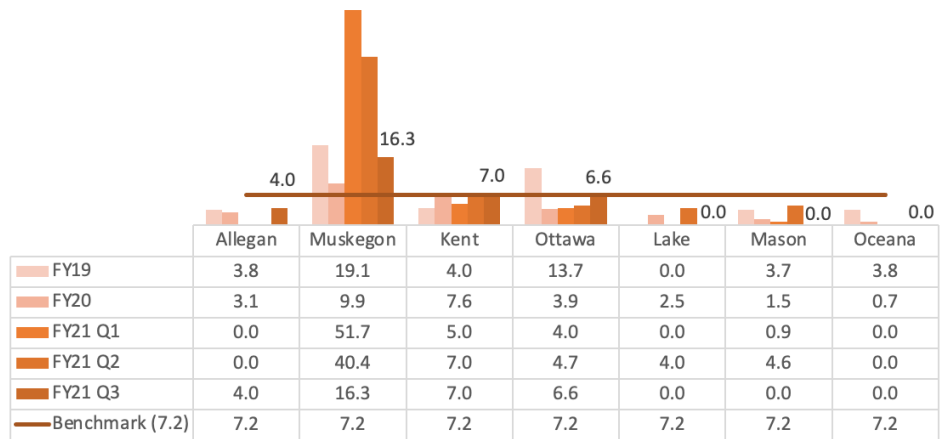
Detox: Among IVDU the region's wait time for detox was 3.6 days in 3Q; a slight improvement from 2Q at 4.7 days but higher than the goal of <3 days.

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.

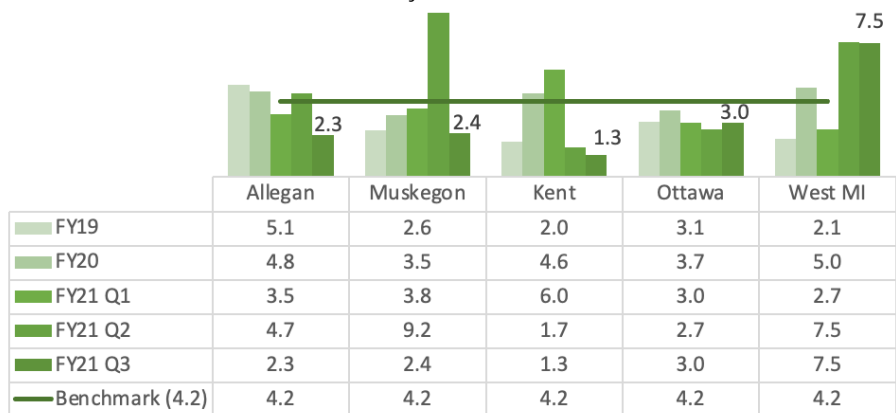
Average Time to Service for Detox and MAT for Clients w/IVDU (T.5-6)



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

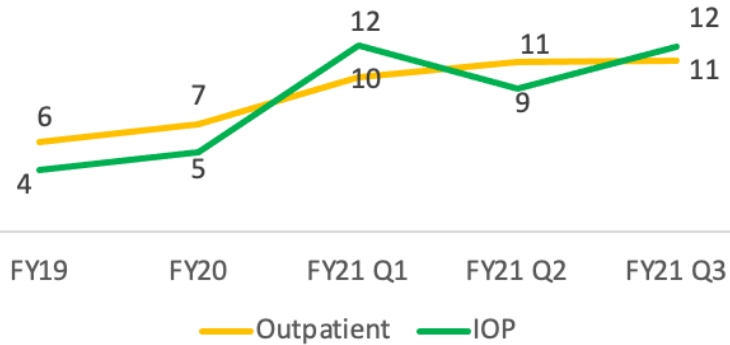
Priority: RURAL COMMUNITIES

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

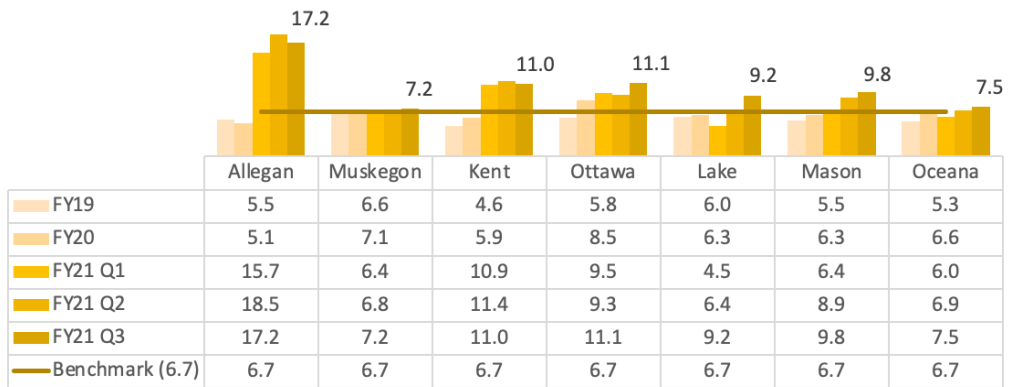
Data Highlights:

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.

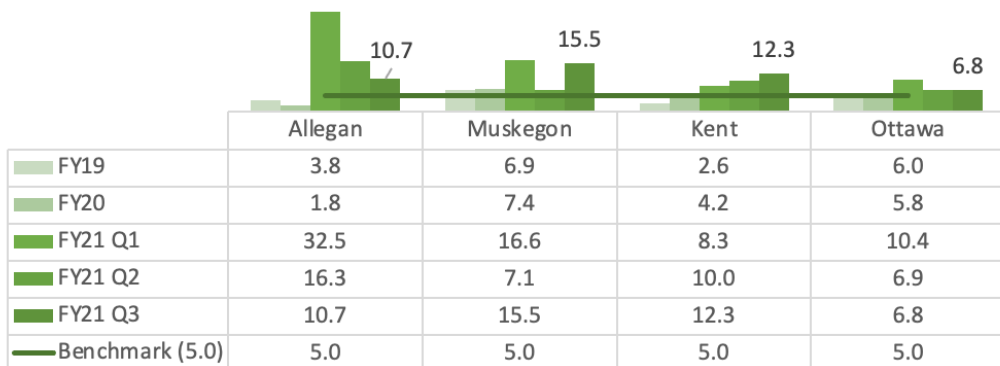
Average Time to Service to Outpatient and IOP (exc. MAT), LRE Region (T.7)



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.

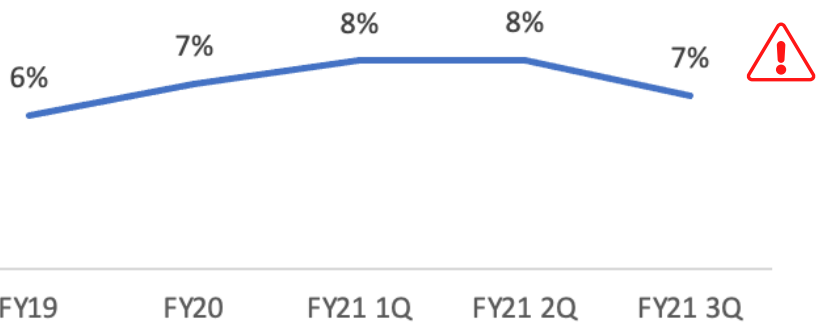
Metric #9. Increase % of clients w/ co-occurring diagnosis that received integrated services.

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.

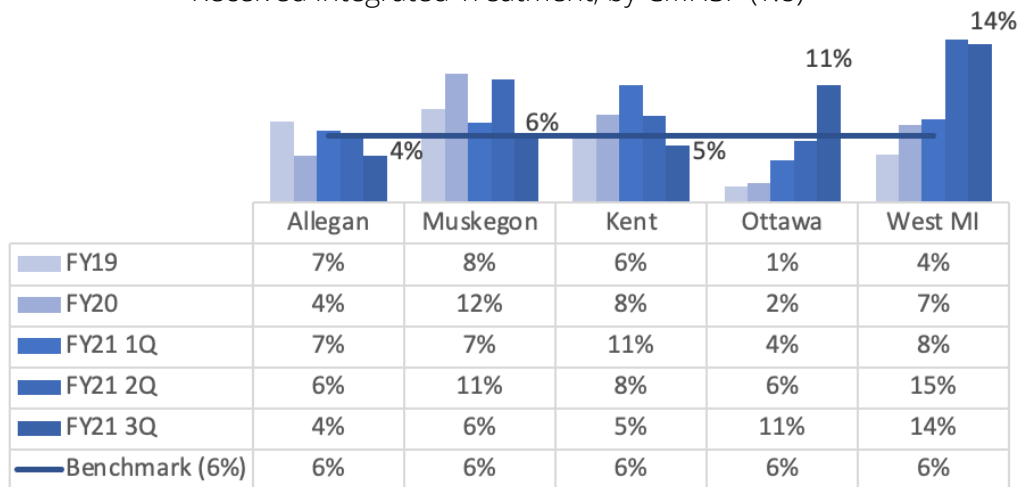
Data Highlights:

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

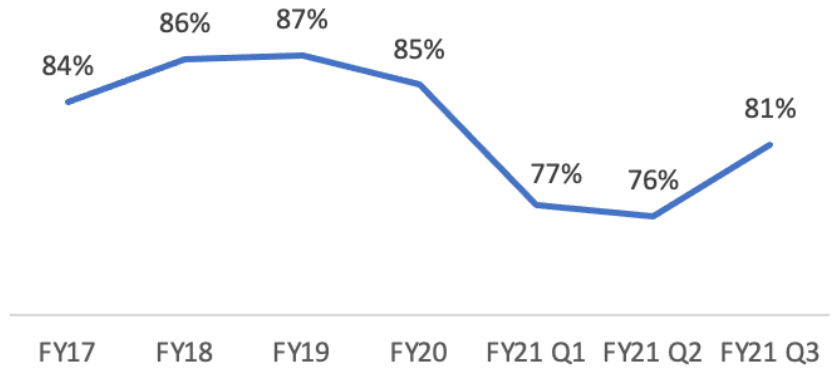
Priority: INCREASED TREATMENT ENCOUNTERS

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

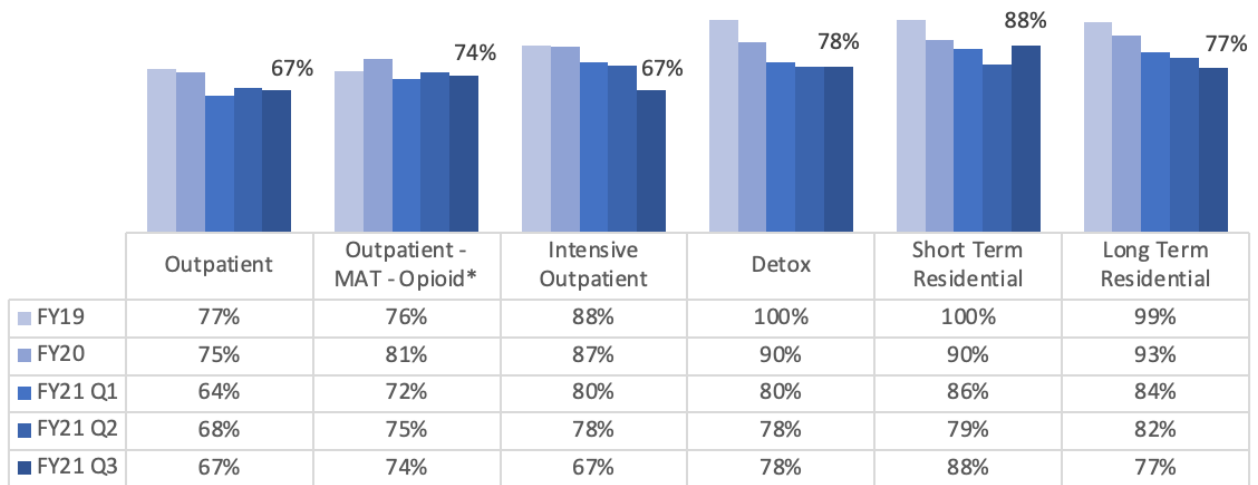
Data Highlights:

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.

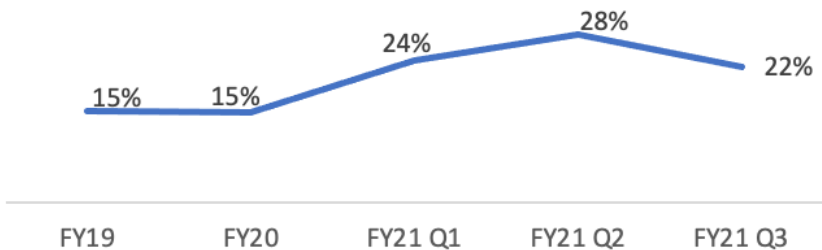
Data Highlights:

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%)

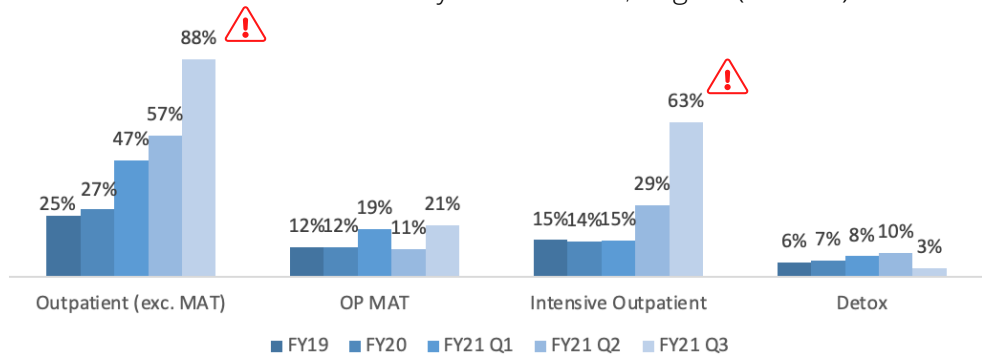
During 3Q, 88% of OP and 63% of IOP discharges had only one encounter.

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

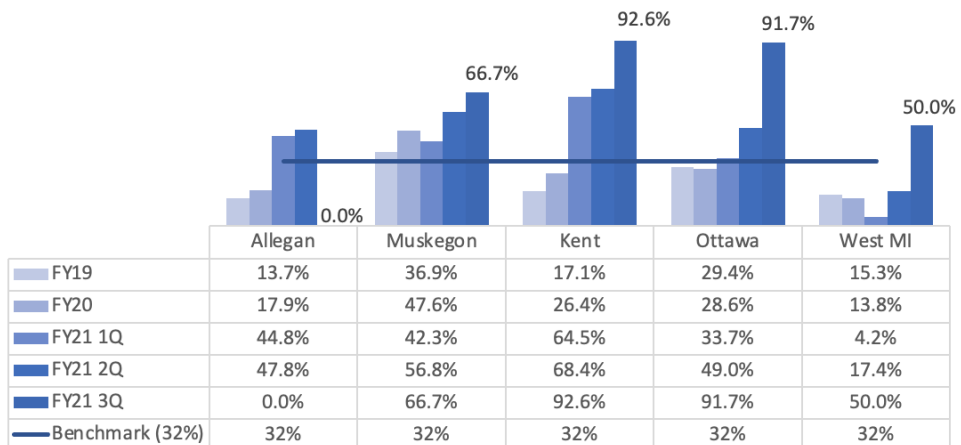
Percent of Treatment Episodes with Only One Encounter, LRE Region (T.13)



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.

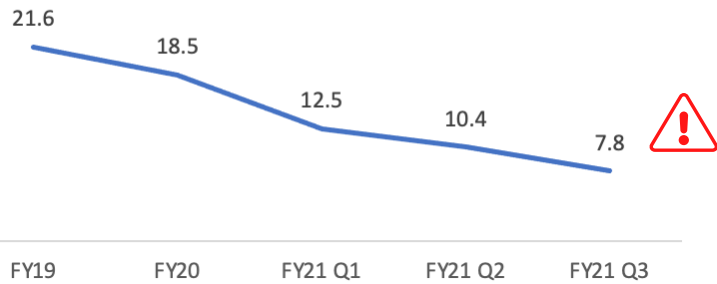
The average number of encounters provides an average of the number of treatment encounters provided during each treatment episode with a discharge record and at least one encounter reported during the period. Methadone dosing (H0020) and (Room and Board (S997) are excluded from analysis as they artificially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

Data Highlights:

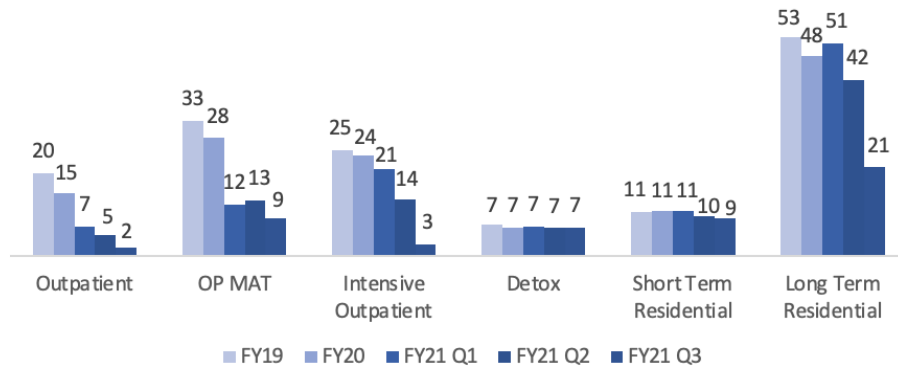
The average # of treatment encounters has been declining since FY17 and achieved a low of 7.8 in 3Q.

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

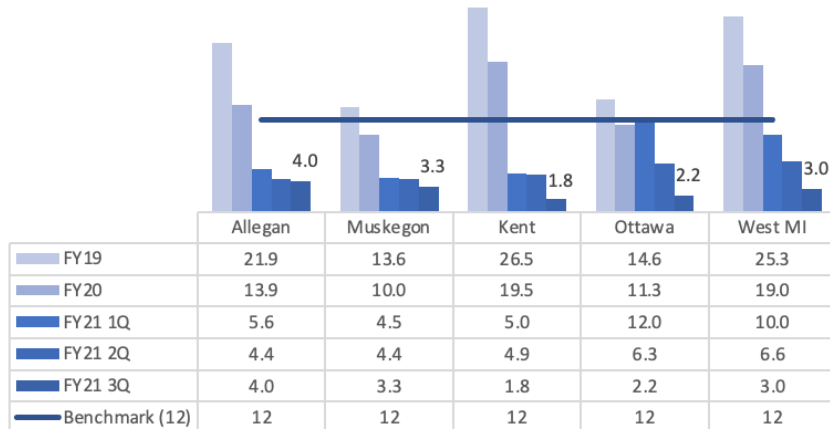
Average Number of Treatment Encounters per Episode, LRE Region (T.17)



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

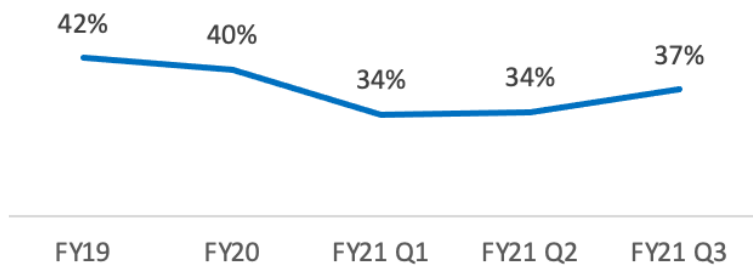
Priority: DECREASE DISCHARGE REASON, "DROPPED OUT"

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

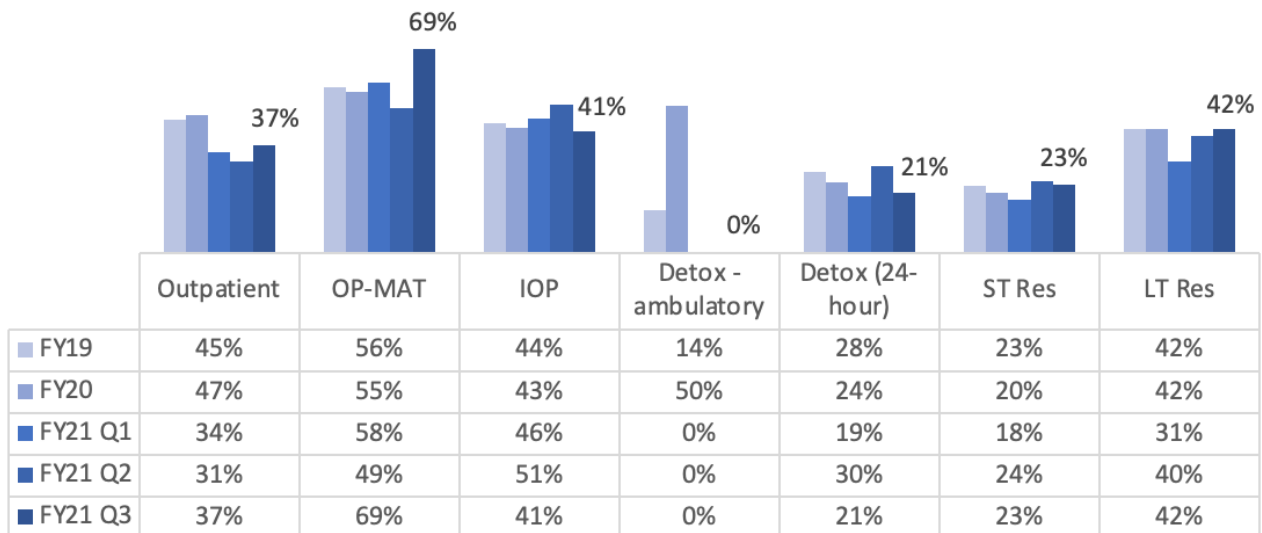
Data Highlights:

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)

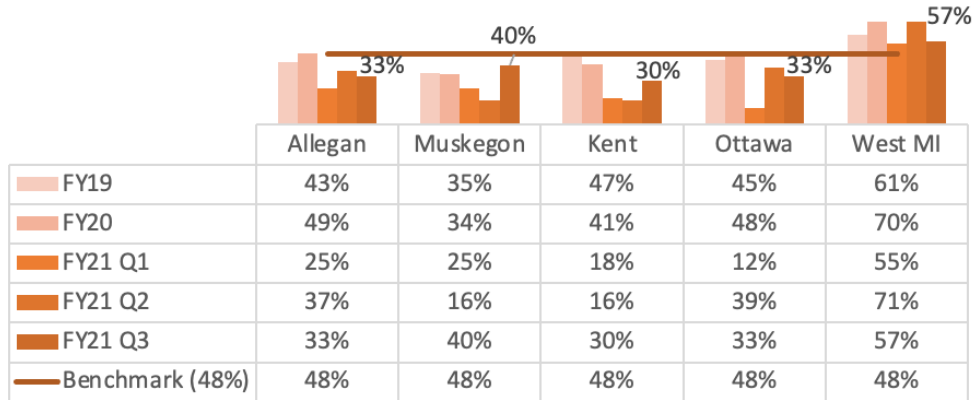


Dropped Out - Percent of Discharges by Level of Care, LRE Region (T.21)

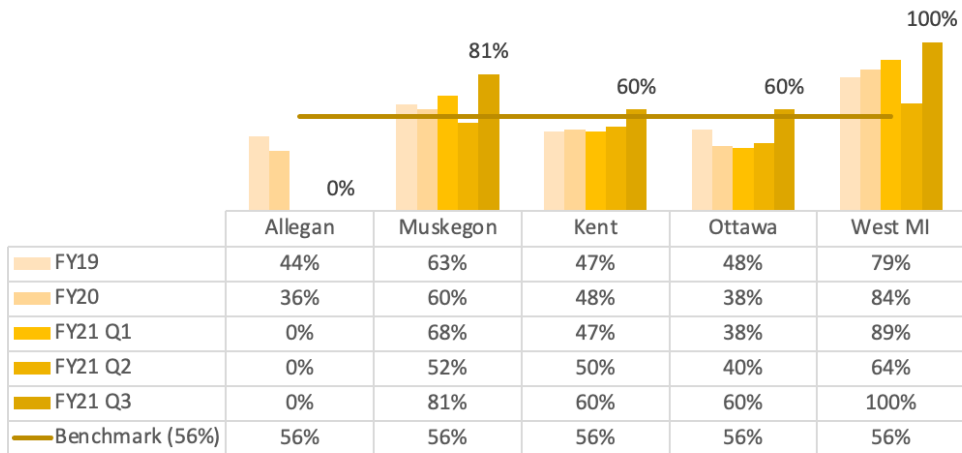


ENGAGEMENT AND RETENTION

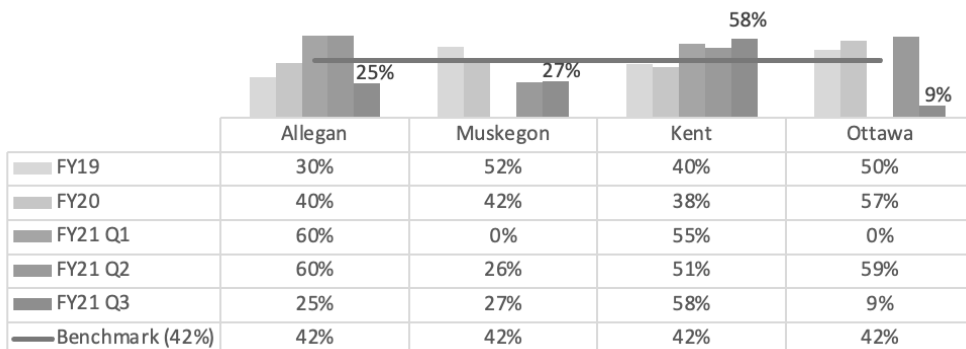
Dropped Out - Percent of Outpatient (exc. Mat) Discharges by CMHSP (T.22)



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



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



ENGAGEMENT AND RETENTION

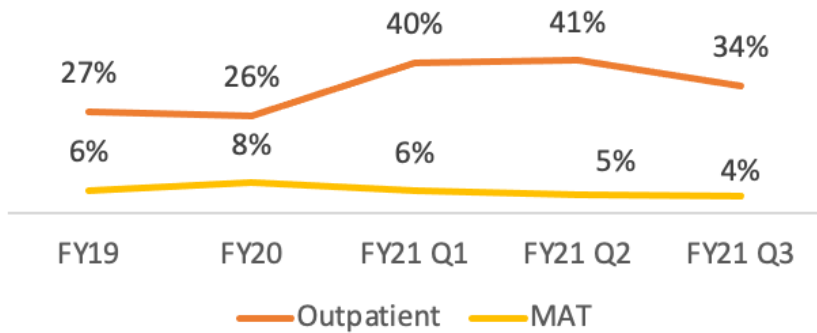
Priority: INCREASE OUTPATIENT DISCHARGES "COMPLETED TREATMENT"

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

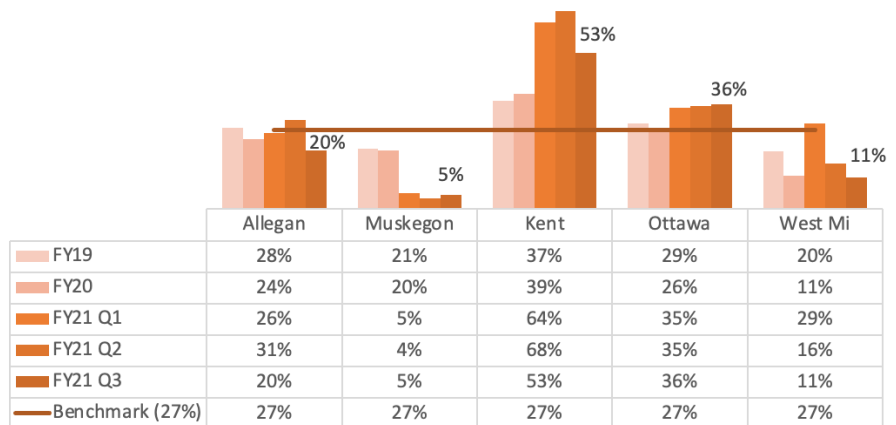
Data Highlights:

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%.

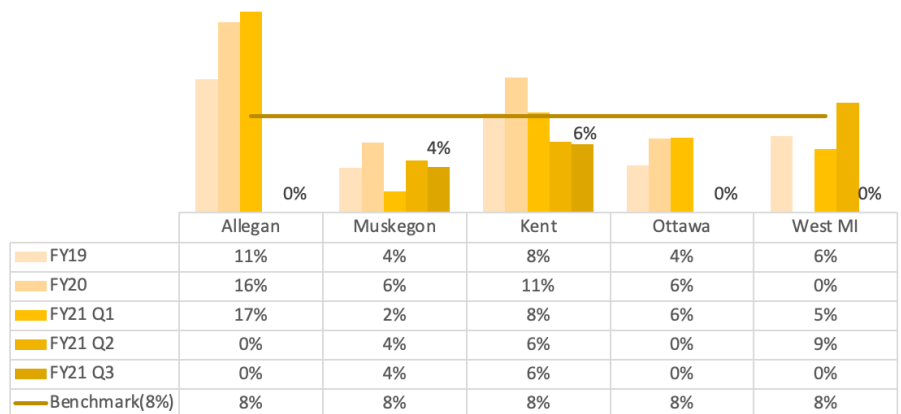
Percent of Outpatient and Outpatient MAT Discharges with Reason as "Completed Treatment", LRE Region (T.23)



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.

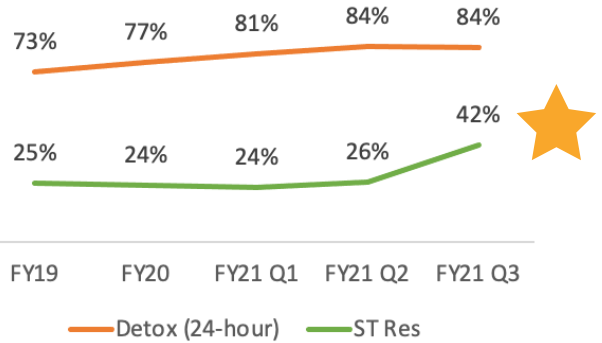
Data Highlights:

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.

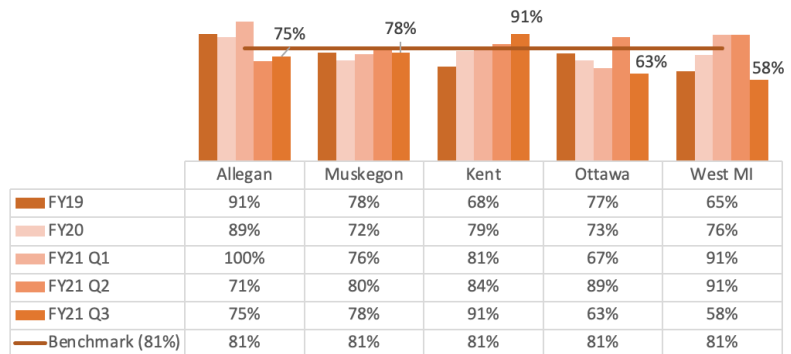
Rates were similar across CMHSPs with the lowest rate for detox in West MI (58%). For ST Res West MI had the highest rate at 60% followed by Kent (39%).

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.

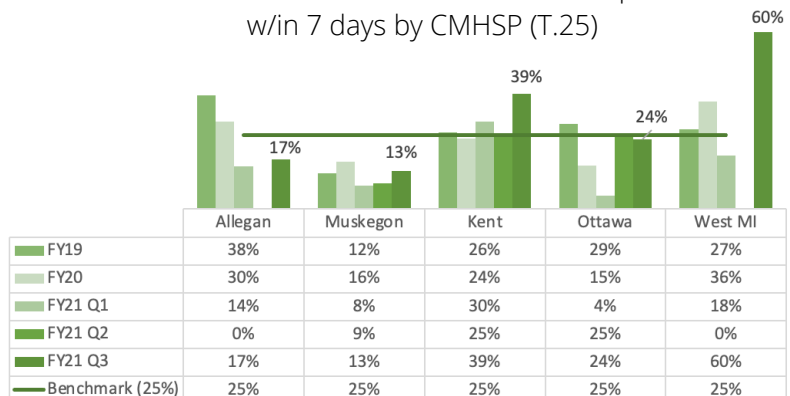
Percent of Discharges from Detox and ST Res Admitted to Next Treatment Episode w/in 7 days, Region (T.24-25)



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

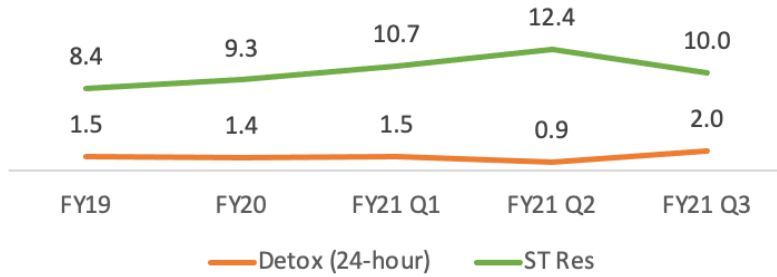
Metric #16. Decrease average # days between discharge and admission to next level of care for detox and for ST residential

Data Highlights:

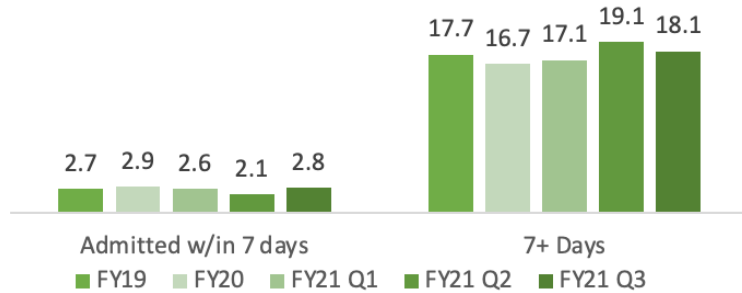
The average number of days between discharge to ST residential and the next level of care improved slightly in 3Q to near FY 20 levels.

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

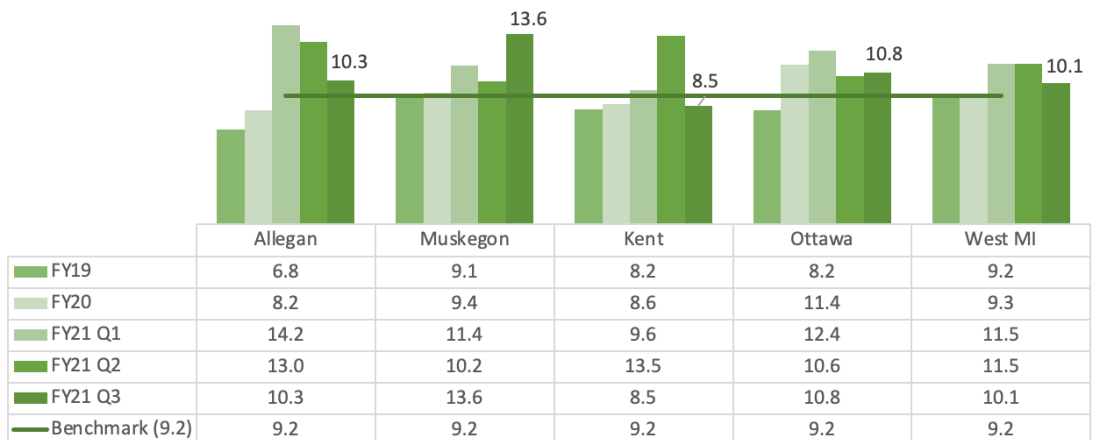
Average # Days Between Discharge and Admission to Next Level of Care, LRE Region (T.28-29)



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

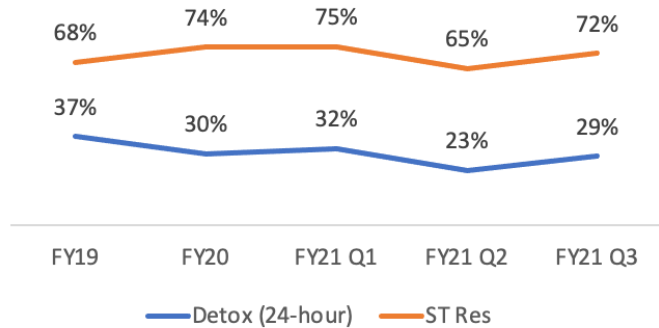
Priority: DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

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

Data Highlights:

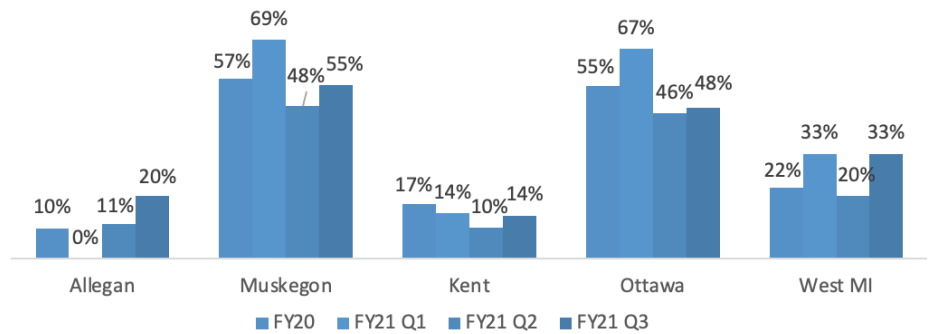
The percent of discharges from ST residential and detox with the reason 'completed treatment' continues to be high with both worsening slightly in 3Q .

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

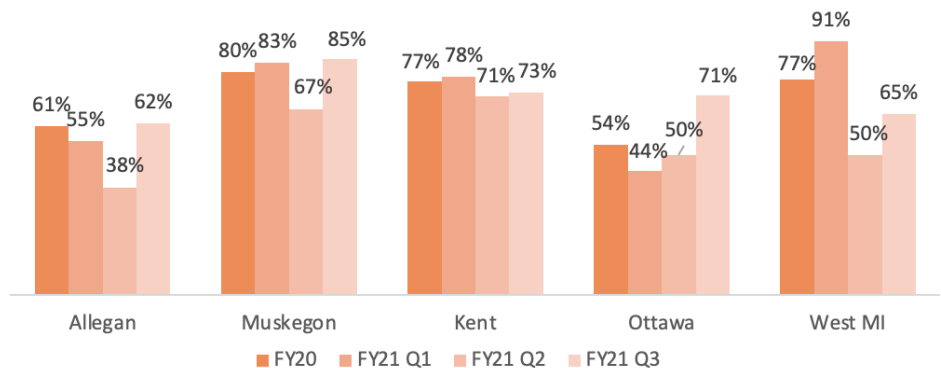


Note:
Discharge reason for detox and ST Res **should never be** "Completed Treatment"

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)



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.

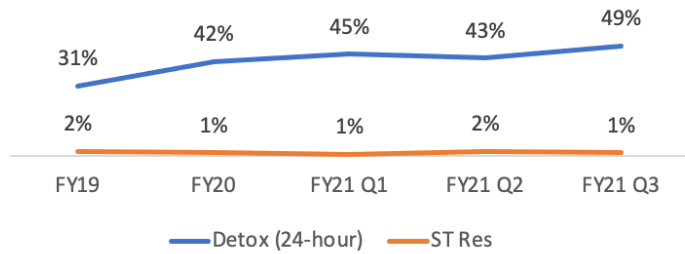
Background Info: When clients are discharged from a service setting who are to continue treatment at a lower level of care at another provider the discharge reason should be identified as 'Transferring/Completed Level of Care'. This is especially important for detox or residential service settings where 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:

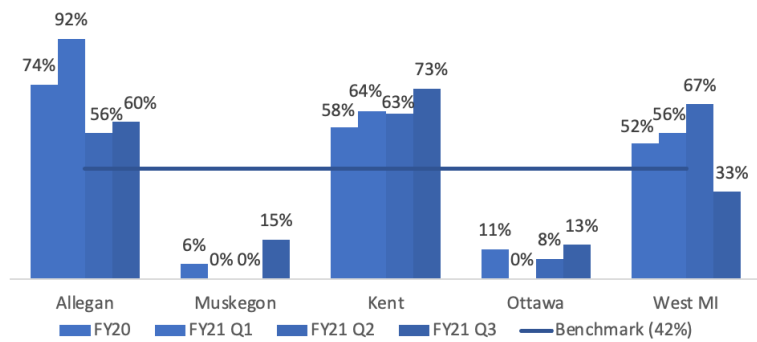
The percent of discharges from detox discharged with the reason as 'transferring/completed Level of Care' improved slightly in 3Q to 49% from, 43% in 2Q and remains extremely low for detox (1%).

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

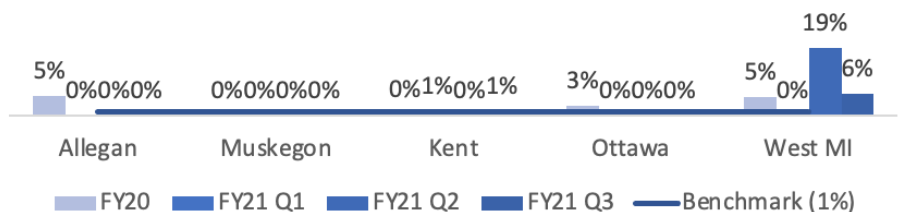
Clients Discharged from Detox & ST Residential with Reason as "Transferring/Completed Level of Care", LRE Region (T.31)



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

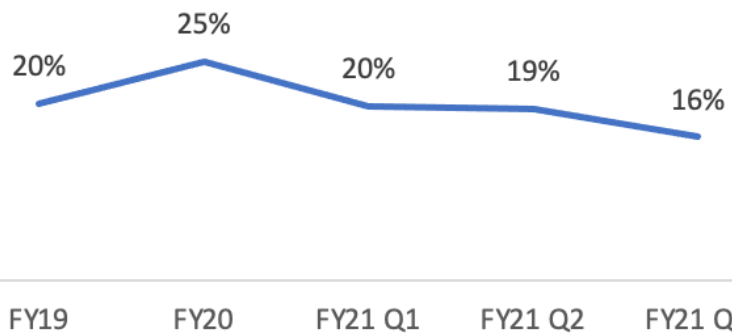
Metric #19. Increase % of clients at discharge reporting attendance at support group in past 30 days

Data Highlights:

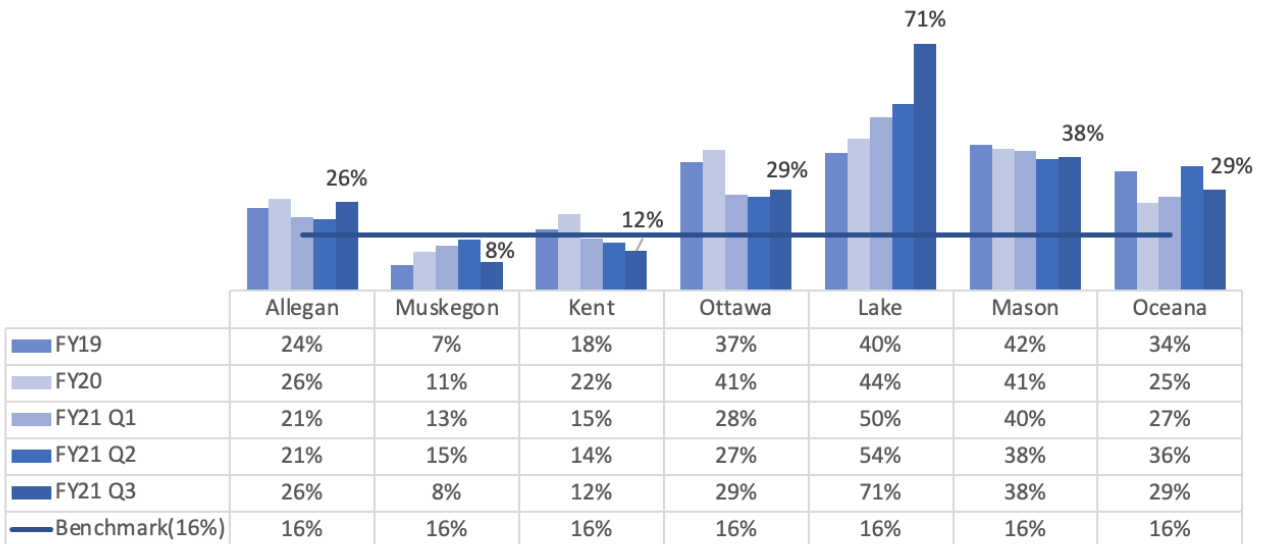
The percent of clients who report attending a self help group in the past month had increased in FY20 to a high of 25%. Rates decreased slightly thru FY21 to 16% in 3Q

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)

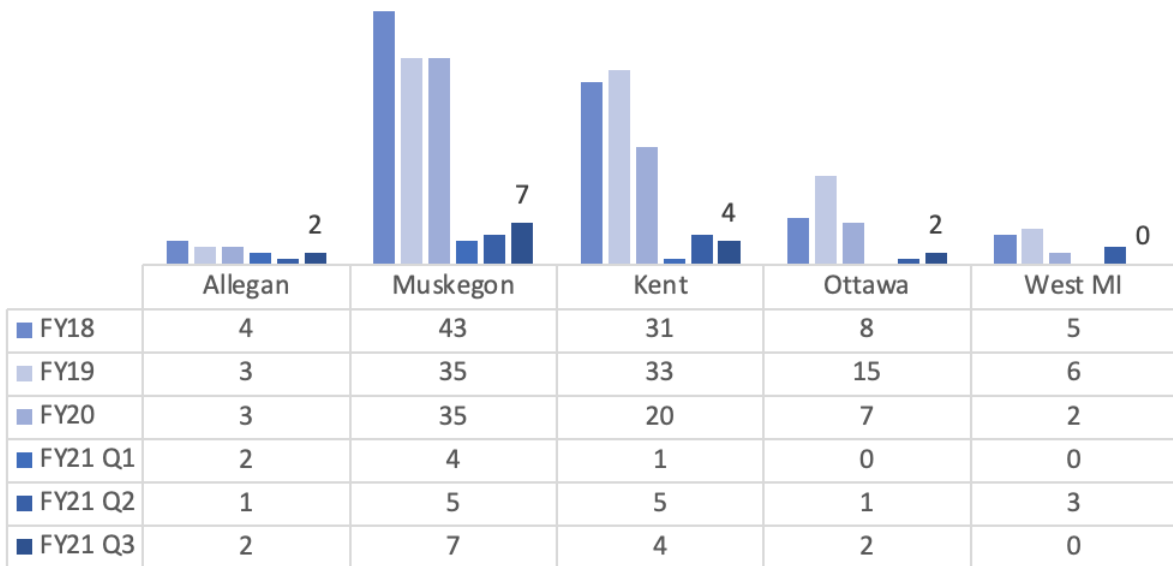
Data Highlights:

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.

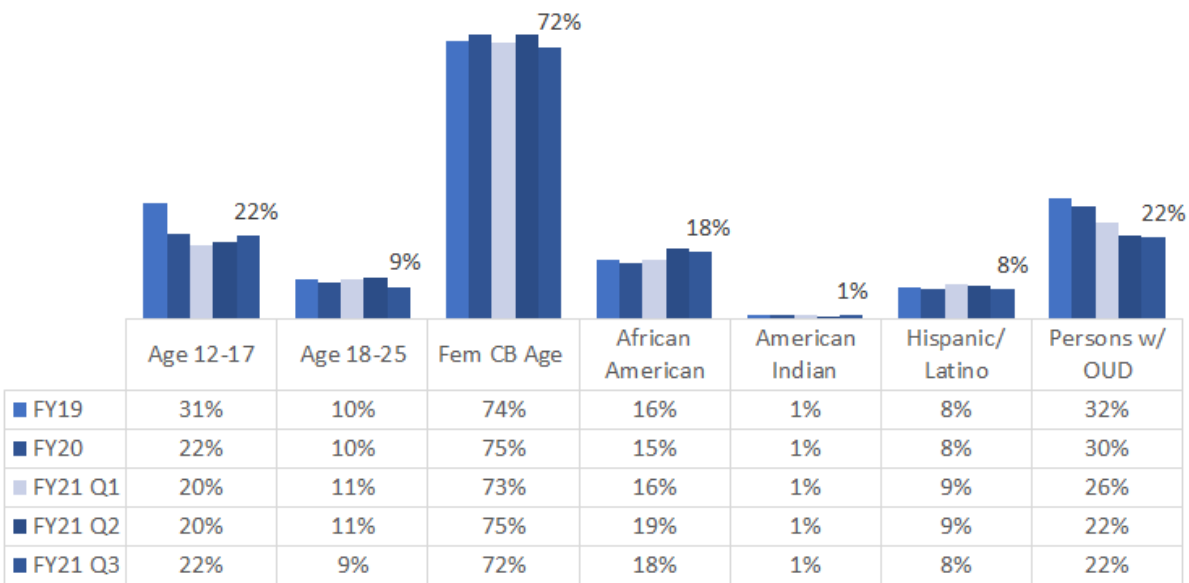
OTHER DATA TO MONITOR

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:

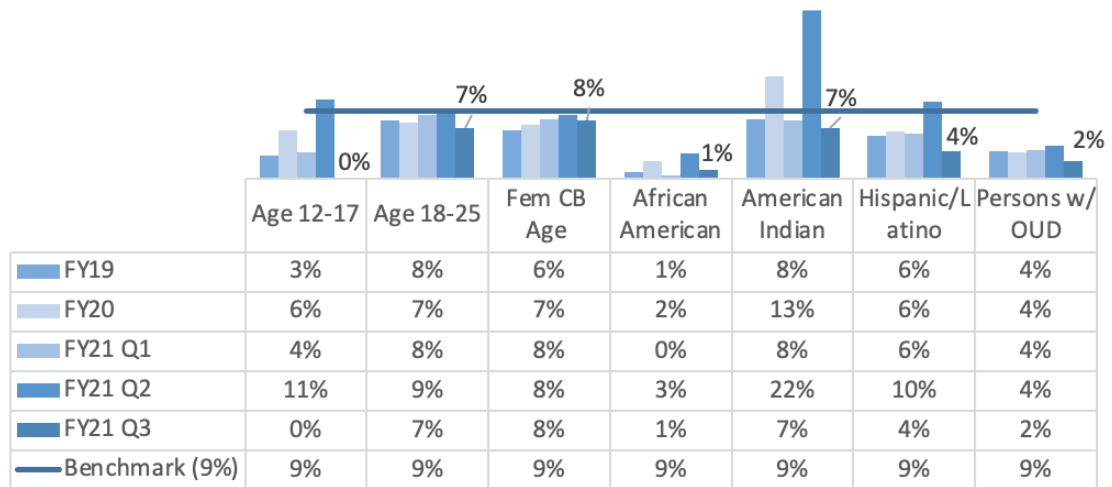
On the following pages, the percent of admissions in the LRE region that occurred in each CMHSP area is calculated with a 'benchmark' based on the proportion of the region's population that resides in the CMHSP area.

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

By CMHSP:

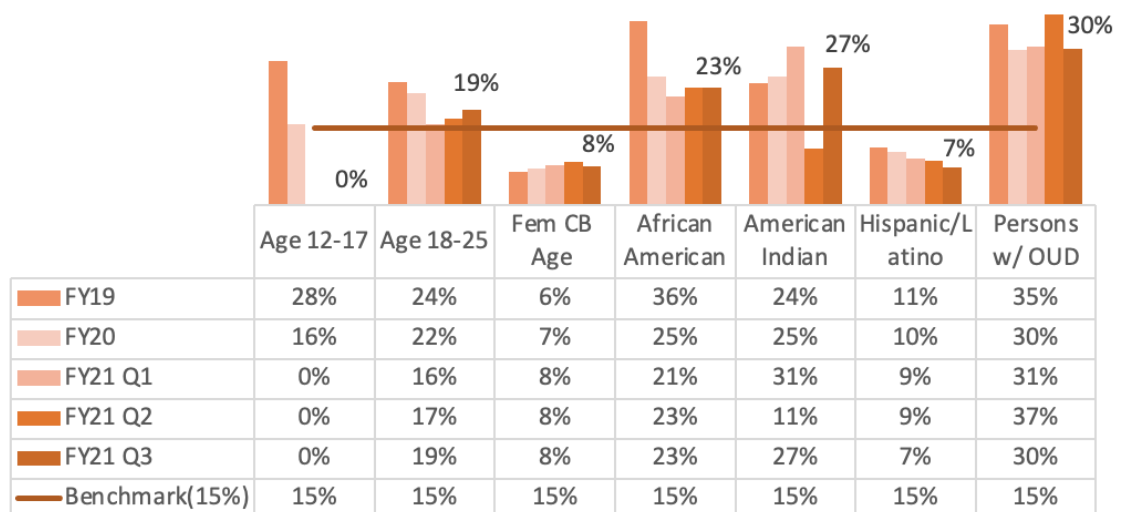
Allegheny County: In 2020 Allegheny County accounted for 9% of the region's population.

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



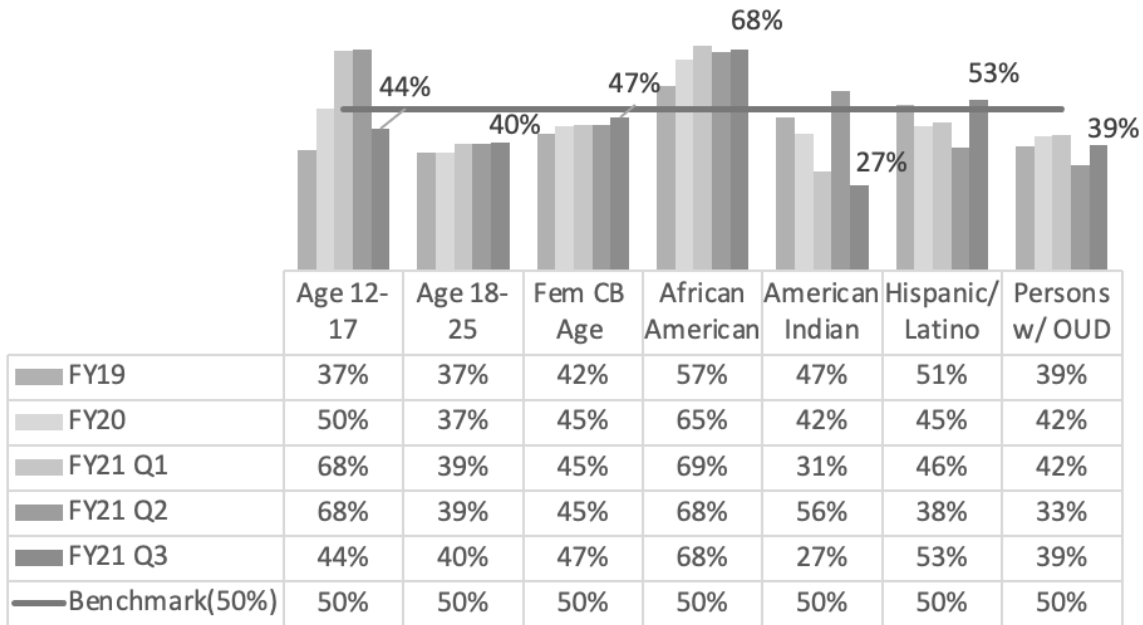
Muskegon County: In 2020 Muskegon County accounted for 15% of the region's population.

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



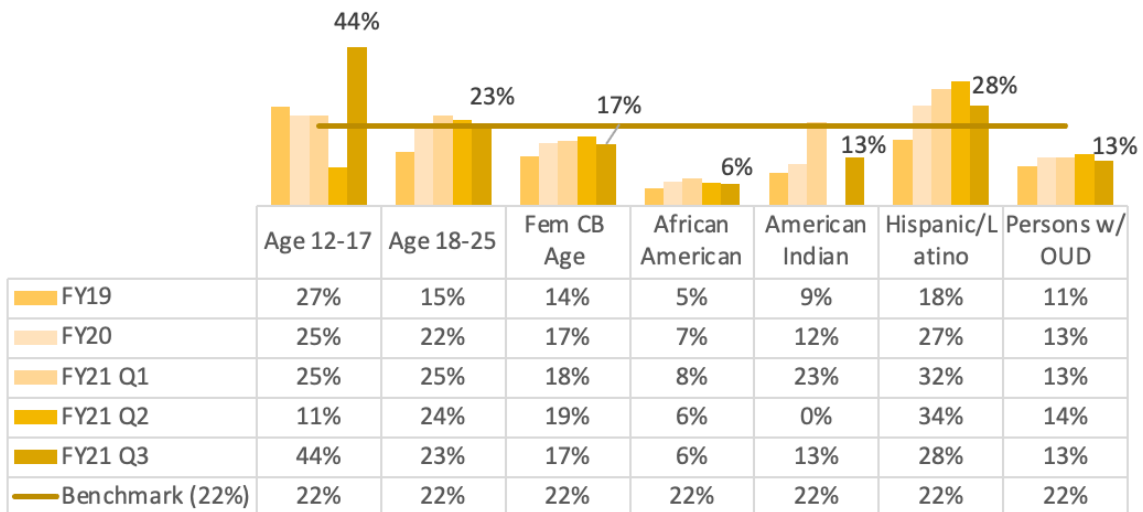
Kent County: In 2020 Kent County accounted for 50% of the region's population.

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



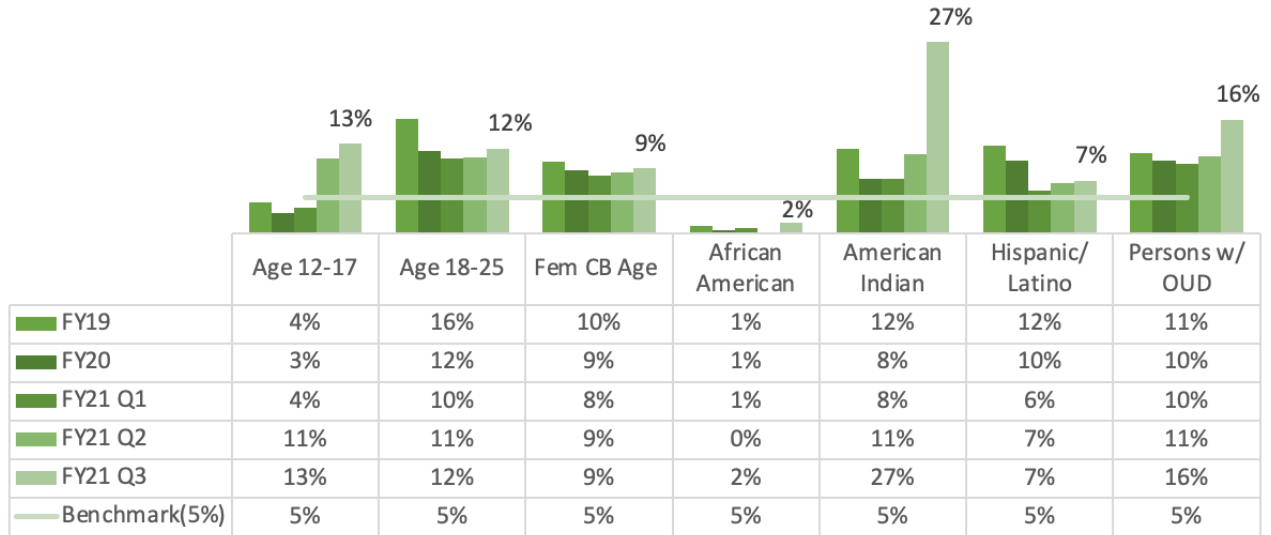
Ottawa County: In 2020 Ottawa County accounted for 22% of the region's population.

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)

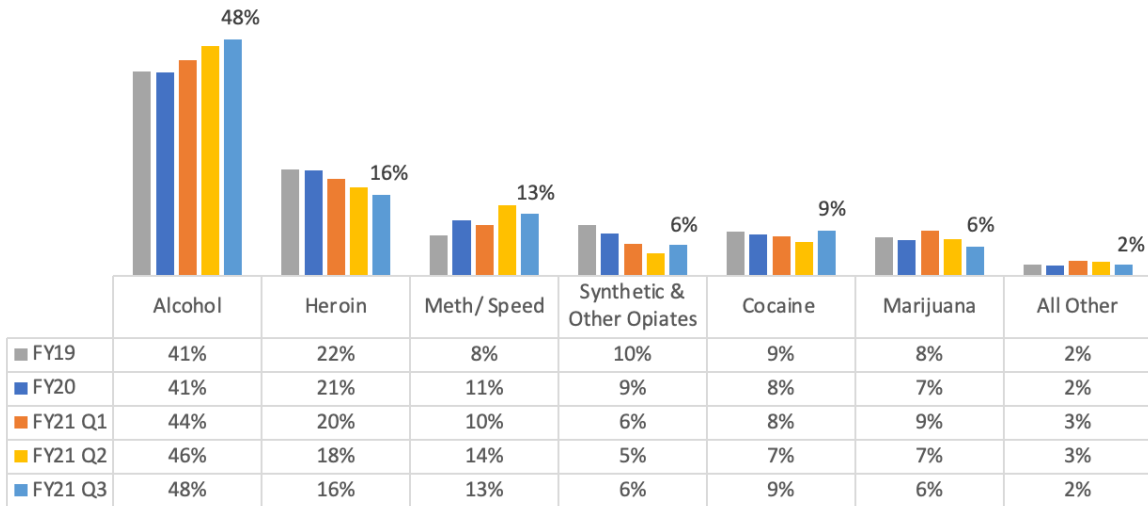


Other Data to Monitor : Primary Drug at Admission

Data Highlights:

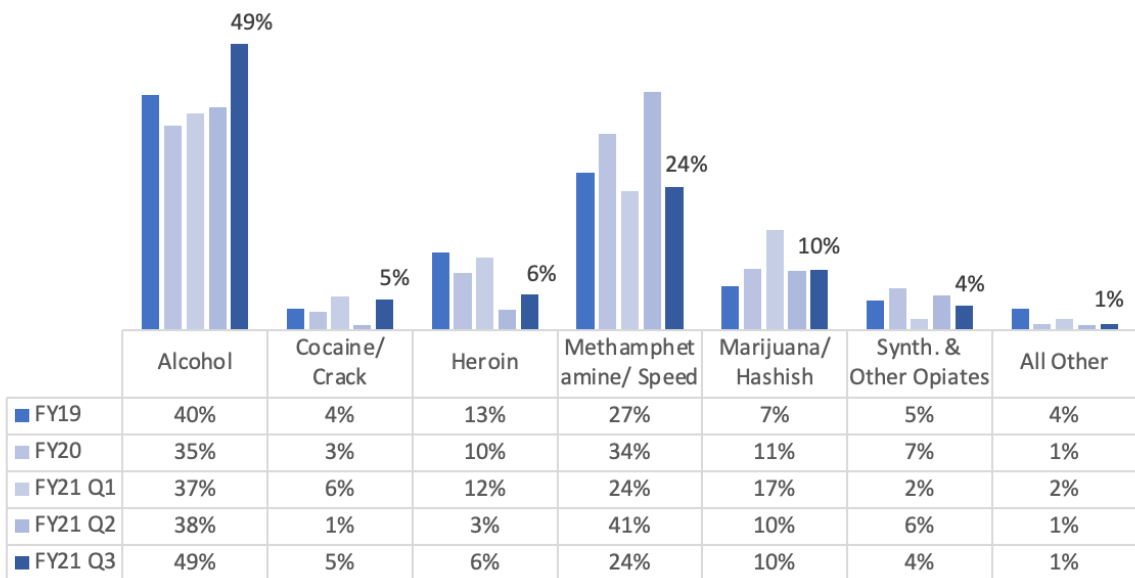
In the LRE region, admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.

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



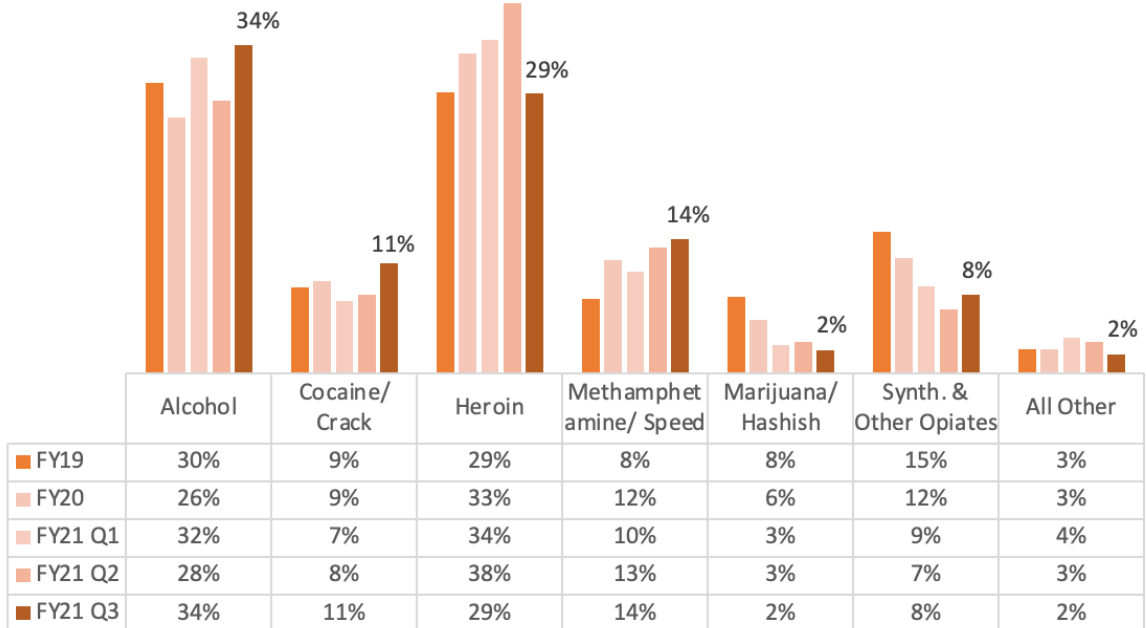
Allegan County

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



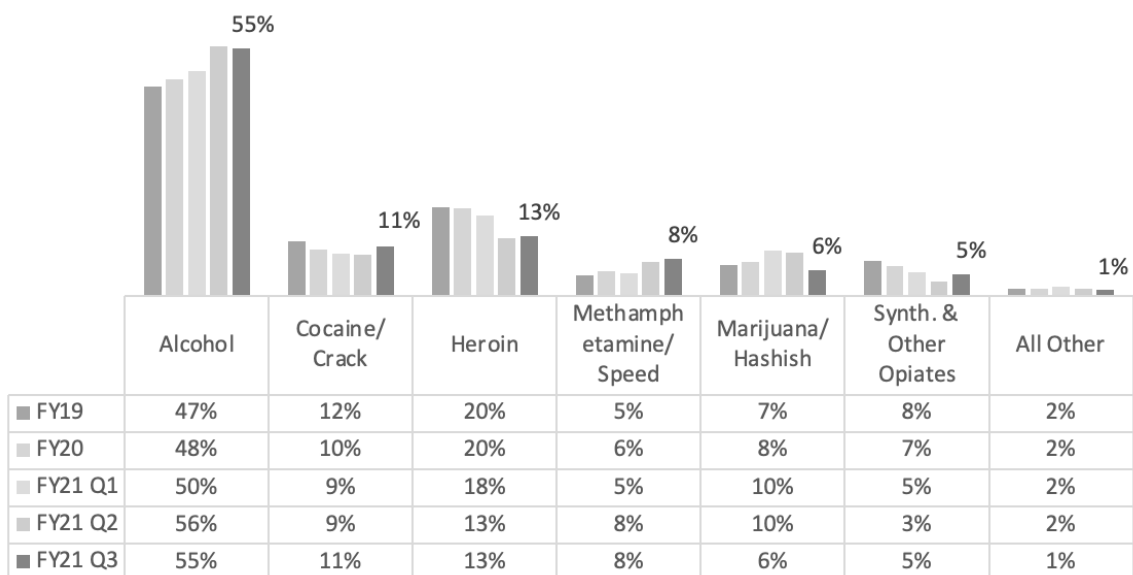
Muskegon County

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



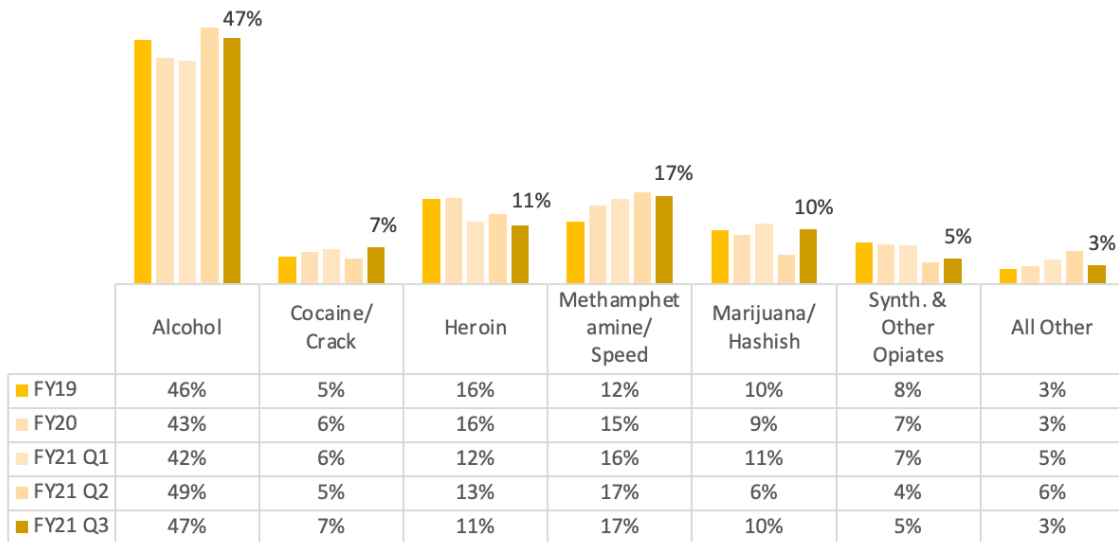
Kent County

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



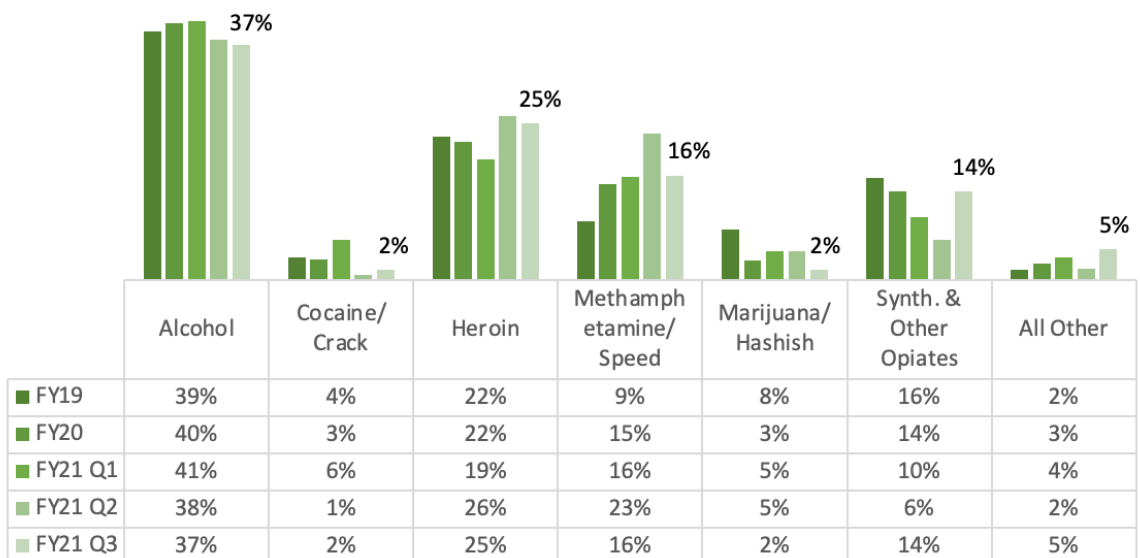
Ottawa County

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)



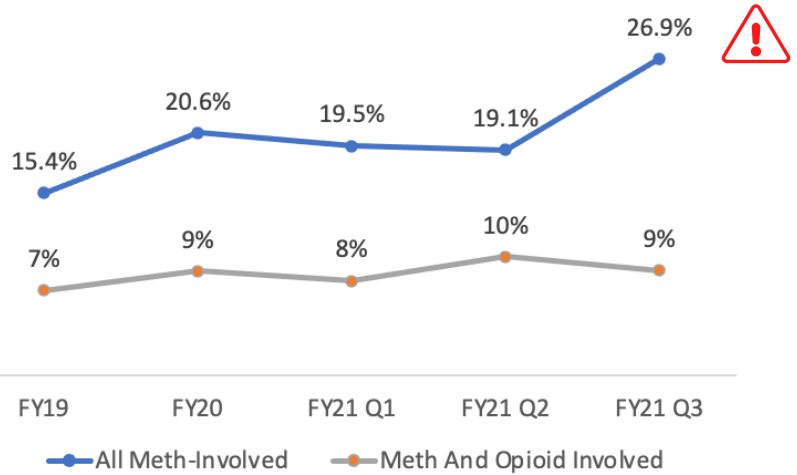
Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

Data Highlights:

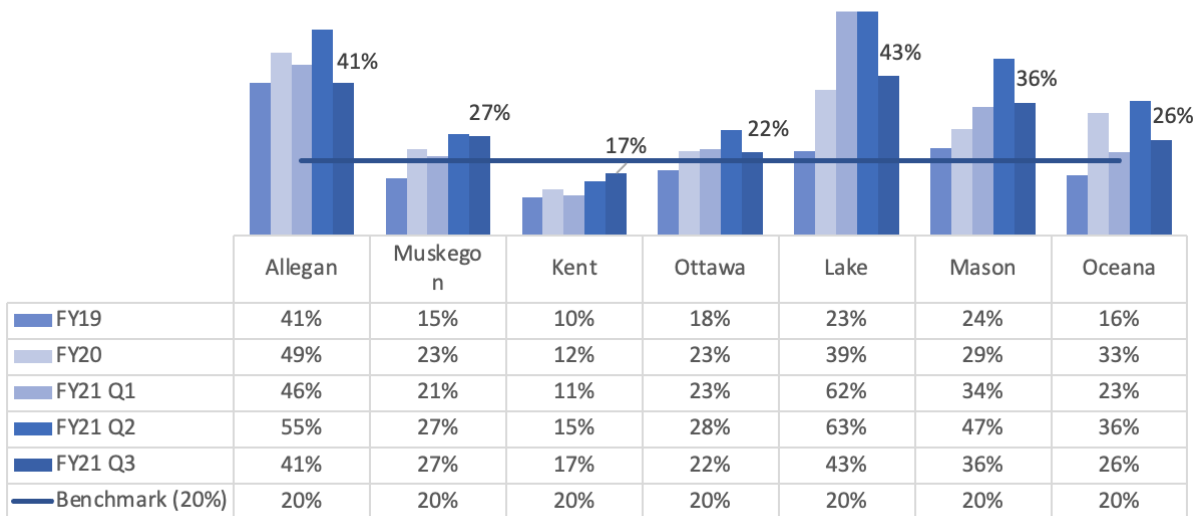
MA involved admissions continue to increase at an alarming rate with more than 1-in-4 admissions in 3Q involving MA (27%) and almost 1-in-10 involving both MA and an opioid (9%).

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

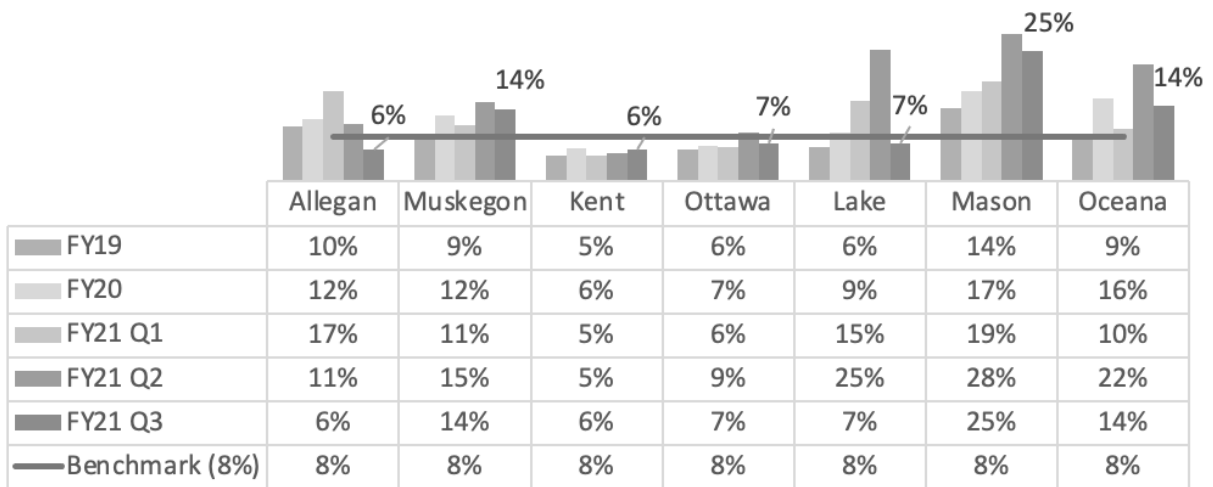
Percent of Admissions that were Methamphetamine (MA)-involved, LRE Region (T.47)



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)





STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGGRETCHEN WHITMER
GOVERNORELIZABETH HERTEL
DIRECTOR

DATE: September 10, 2021

TO: Mary Marlatt-Dumas, CEO
Lakeshore Regional Entity

FROM: Lyndia Deromedi, Manager
Federal Compliance Section
Division of Quality Management & Planning
Bureau of Community Based Services

SUBJECT: 1915(c) HCBS Waivers 90-Day Review

The site review team conducted a 90-day follow-up site review from June 1, 2021, through August 31, 2021. During this visit, staff reviewed the implementation status and effectiveness of the CAP for the Habilitation Supports Waiver and SUD Programs submitted to MDHHS as a result of the initial site visit, conducted from October 19 – November 30, 2020.

The review team assessed whether the actions taken by the PIHP and CMHSPs were effective in correcting the findings noted during the initial site review. While most of the activities described in the corrective action plan had been implemented, the site review team notes the following outstanding findings:

HealthWest:

Under performance measure CWP P.4.4: Lack of sufficient evidence of a physician-signed prescription with specific on-going services being prescribed (WSA# 20465).

Under performance measure CWP Q.1.4: Lack of evidence of IPOS training for one (1), staff under WSA# 37199, for two (2) staff under WSA# 20465, and for one (1) staff under WSA# 20465.

Under performance measure HSW P.2.6: Lack of evidence of coordination of care with primary care physician over the 12-month period reviewed, under WSA# 73441.

Under performance measure HSW Q.2.4: Lack of evidence of IPOS training for two (2) staff under WSA# 9394, and for five (5) staff under WSA# 11420.

Due to MDHHS's repeated and unsuccessful efforts to secure the needed evidence of the above corrective measures, over the course of four months, this matter is now being referred to MDHHS's Program Development, Consultation and Contracts Division, for evaluation, on-going monitoring, and appropriate follow up.

Thank you.

cc: Belinda Hawks
Jackie Sproat
Jeff Wieferich

Chris Parker-Darish
Julia Rupp

Chris Fisher
Kendra Binkley



Information Officer Report – September 2021

Summary:

1. **MCIS Software:**

PCE Systems conducted a **Certified Community Mental Health Center (CCBHC)** focused presentation on 9/2/2021 regarding CCBHC EMR systems updates and PIHP MCIS systems changes that will occur in October for the go-live of CCBHC.

2. **Data Analytics and Reporting:**

Data Sources: RUBIX Technology continues to add additional data sources each week to the development environment.

Full project team integration: A project team kick-off meeting last week united team members from Beacon Health Options, RUBIX and LRE and set the framework for the next phase of the project: Report definition and development.

Report Definition and Development: Initial reports and dashboard visualization prototypes have been created by RUBIX in the development environment and reviewed with the LRE executive team. Data source validation has begun and report/dashboard design and development ramp up later this month.

3. **FY21 data reporting to MDHHS:**

Encounters: FY21 encounter volumes have been reported in good volume for all CMHSPs through July 2021 across both mental health and SUD service categories, which should normally be the case by mid-September. Please see also the attached encounter graphs showing year to year comparisons.

BH-TEDS: BH-TEDS reporting volumes remain strong for all CMHSPs. MDHHS recently sent an outlier list of 'aged SUD episodes' that are still open and asked us to evaluate those and close out BHTEDS SUD episodes for clients who are no longer in services. Each CMHSP is working on their section of that list and generating discharges where appropriate. LRE staff will also need to create administrative discharges for some older orphaned episodes of care where a prior EMR system created the admission and the new CMH EMR system does not have the ability to close that older episode.

4. **CCBHC:** As our state-wide and regional **Certified Community Mental Health Center (CCBHC)** workgroups continue to delineate, clarify, and implement PIHP and CMH level CCBHC requirements of the CCBHC Demonstration Sites (affecting HealthWest and West Michigan CMH), the list of IT related needs continues to grow. Associated systems data processing needs, staff functions, and required staffing levels are still coming into focus as we continue to work collaboratively with our regional CCBHC sites, our software vendors and those at the state level who are guiding and leading this exciting program implementation.

5. **FY21 HSAG Performance Measure Validation (PMV) Audit:** LRE has received the HSAG Draft Report from our annual **HSAG PMV Audit** which was conducted on Monday June 14th. Although some follow-up recommendations for improvement were noted, **LRE was fully validated on all performance measures that HSAG reviewed.**

LRE systems were also found to have acceptable process, documentation and CMHSP oversight with regard to performance indicator data integration, data control, and documentation, as well as in the processing and handling of encounters, BHTEDS and Medicaid eligibility data. It was noted that additional improvement is needed to ensure that CMHSPs have consistency in EMR system data entry processing amongst their staff members, to ensure that quality indicator data points are consistently and accurately captured and reported.

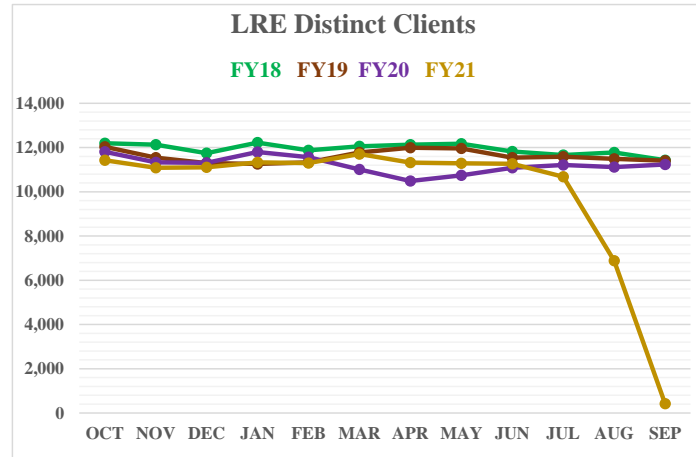
It was also noted that Lakeshore had appropriately followed-up on previous year recommendations from HSAG resulting in effective improvements in process and data quality.

Under “Strengths”, HSAG highlighted that Lakeshore developed a thorough mechanism to oversee the CMHSP tracking of Indicator 2e, which included a detailed reconciliation process to validate the data against programmed rules in alignment with the MDHHS Codebook and implemented additional manual reviews as well to ensure accuracy of the tracking of expired requests.

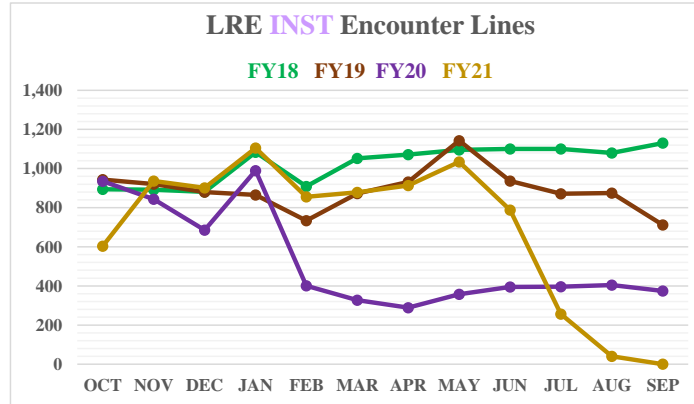
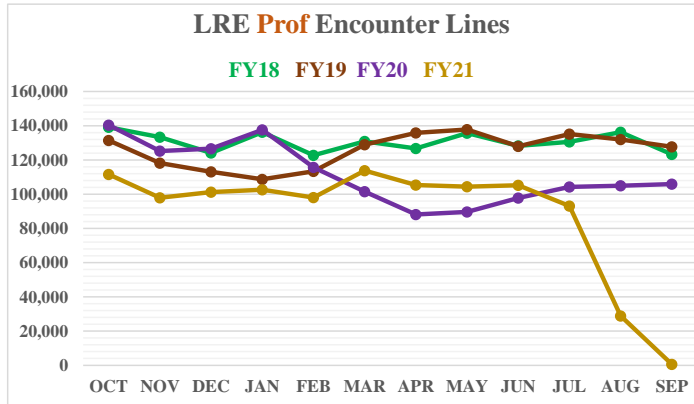
LRE Behavioral Health

Compares FY18 thru Current FY21 Encounters

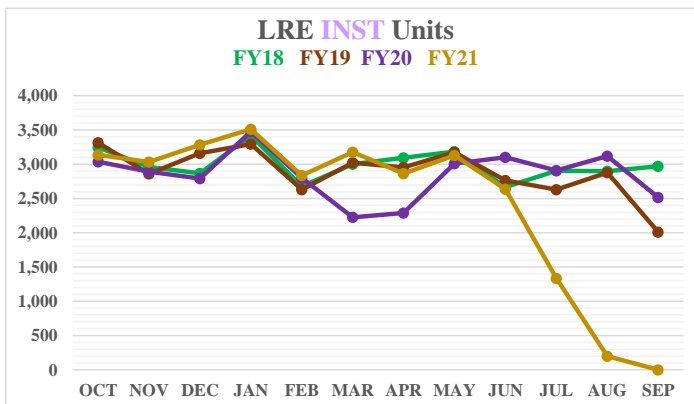
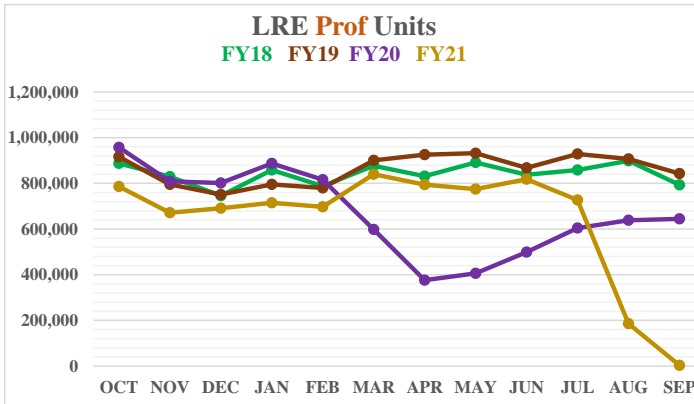
Distinct Client Count



of Encounter Lines



Total Units of Service



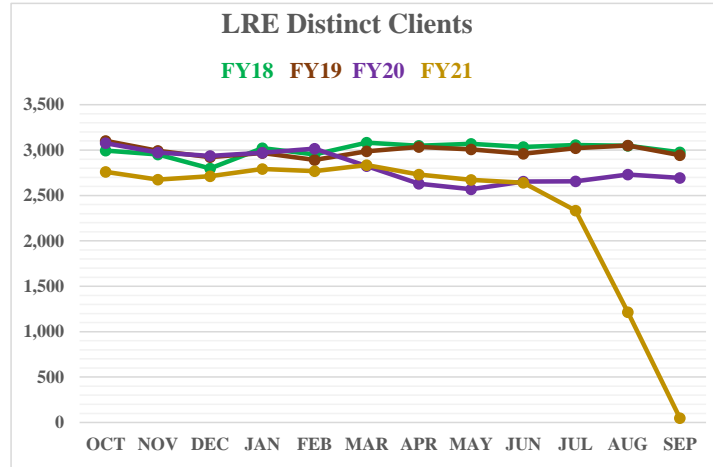
**LRE
Substance Use Disorder**

**Compares FY18
thru Current
FY21**

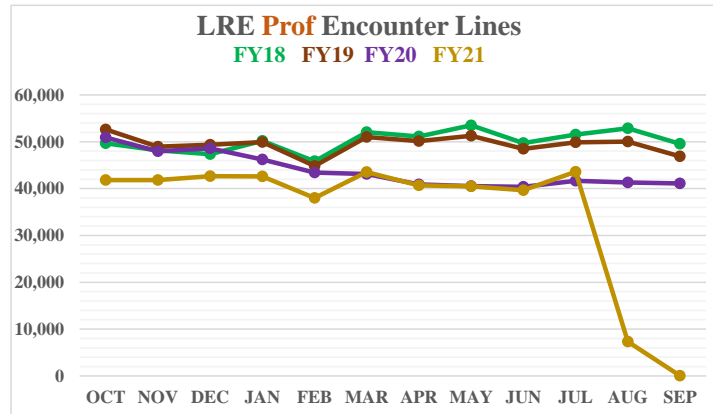
Encounters

9/10/2021

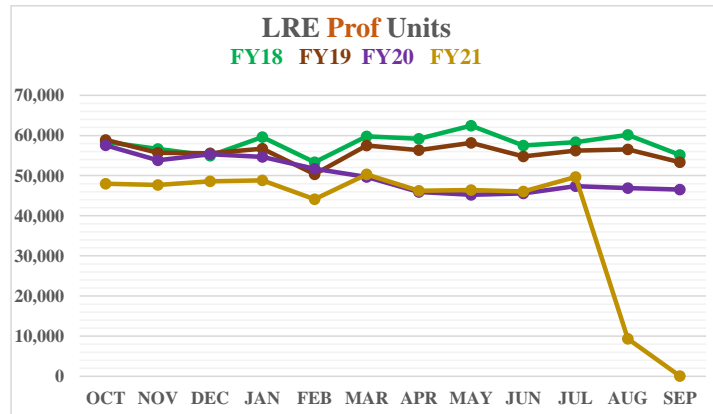
Distinct Client Count



of Encounter Lines



Total Units of Service

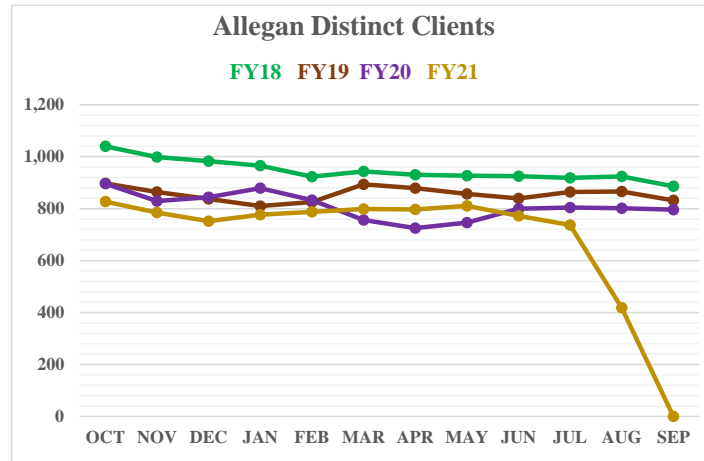


Allegan Behavioral Health

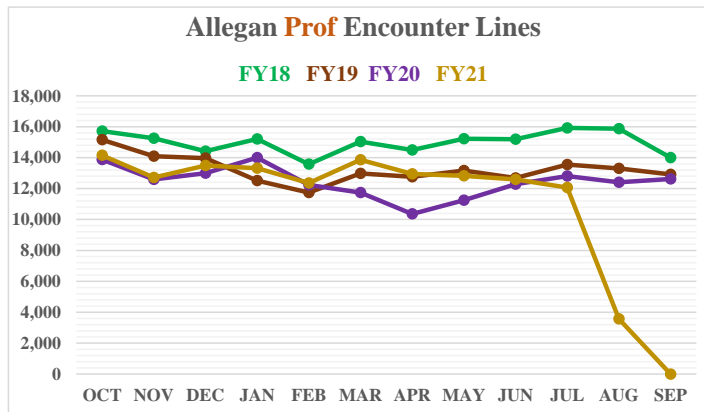
9/10/2021

Compares FY18 thru Current FY21 Encounters

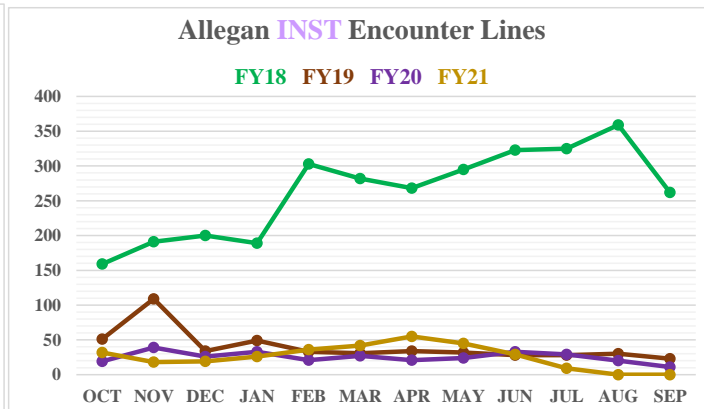
Distinct Client Count



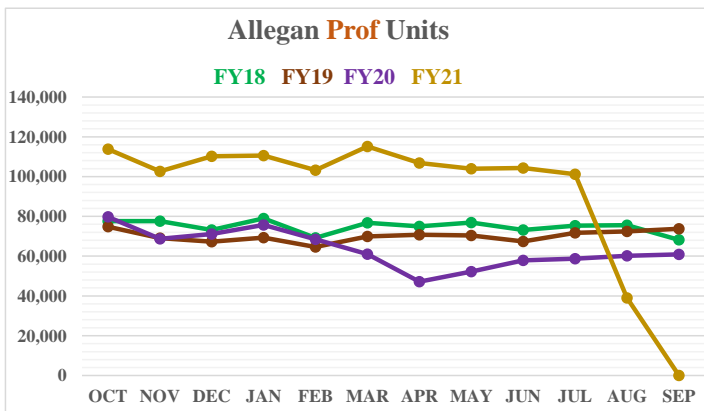
of Encounter Lines



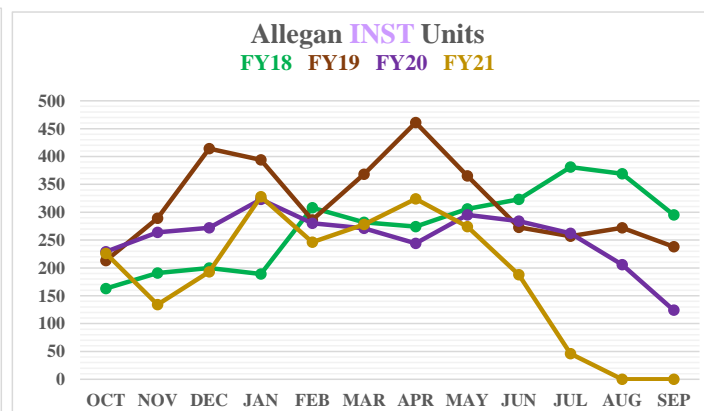
Allegan INST Encounter Lines



Total Units of Service



Allegan INST Units

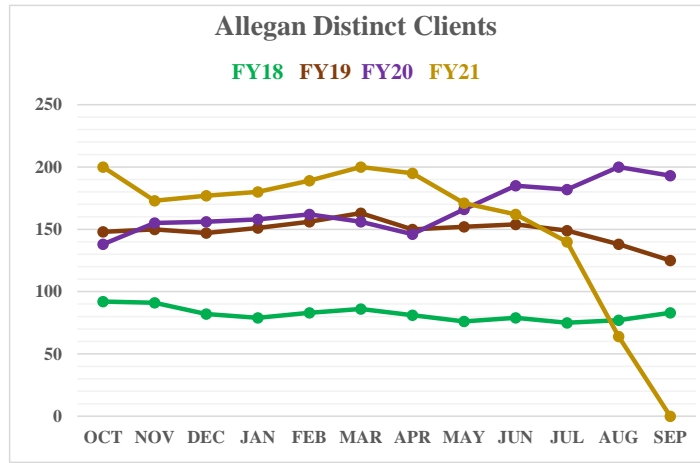


**Allegan
Substance Use Disorder**

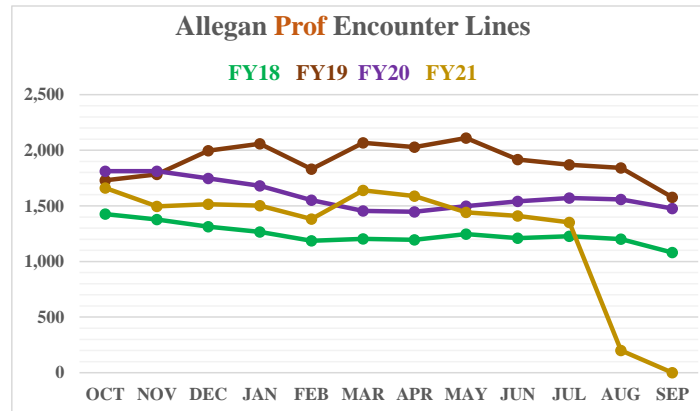
**Compares FY18
thru Current
FY21
Encounters**

9/10/2021

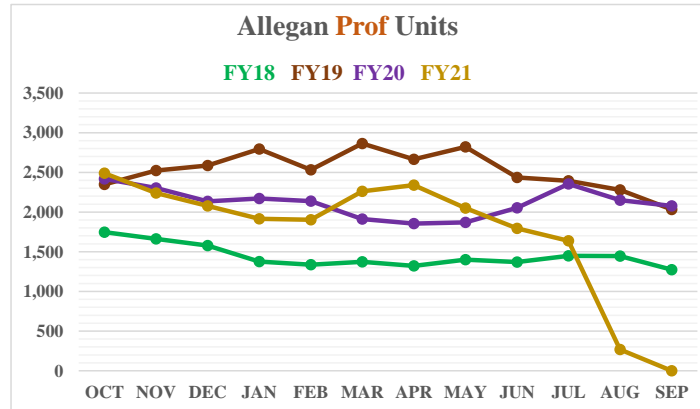
Distinct Client Count



of Encounter Lines



Total Units of Service

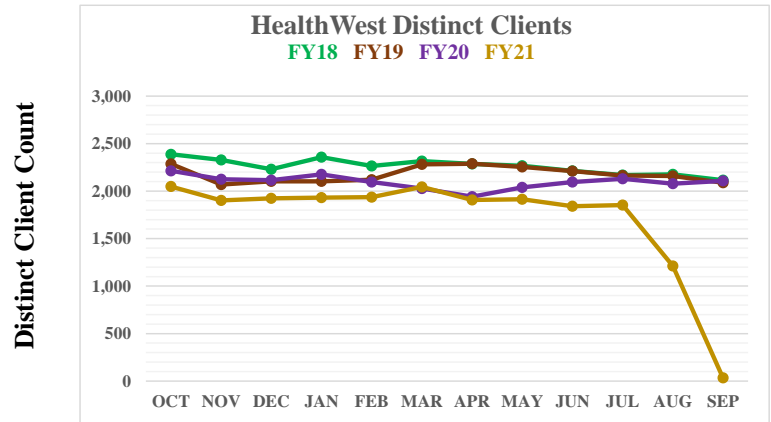


HealthWest Behavioral Health

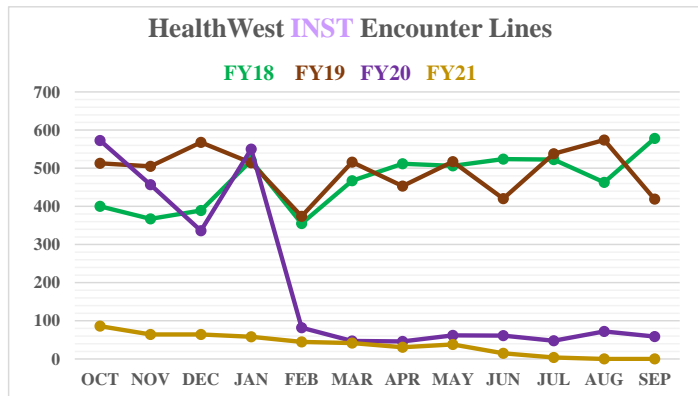
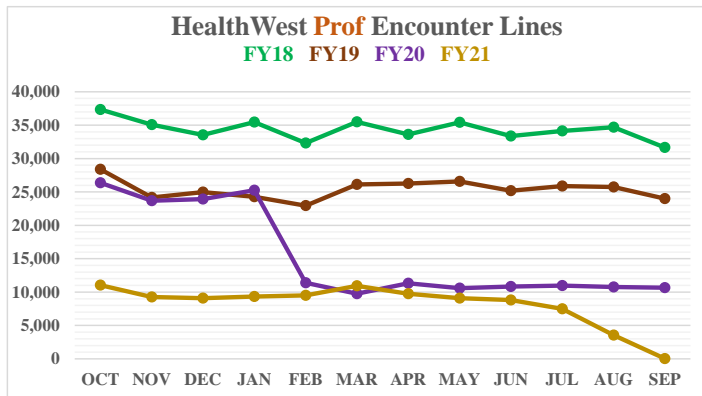
9/10/2021

Compares FY18 thru Current FY21

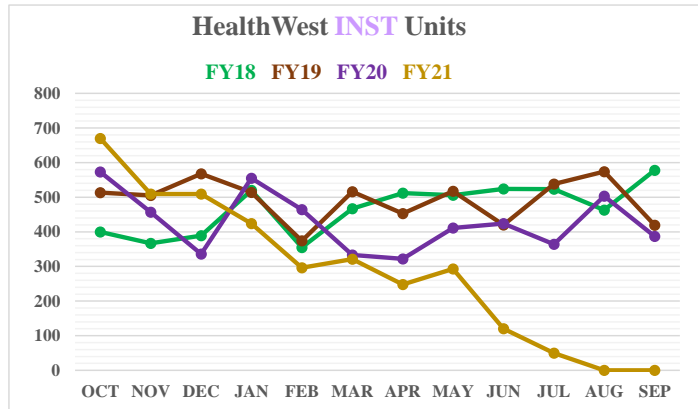
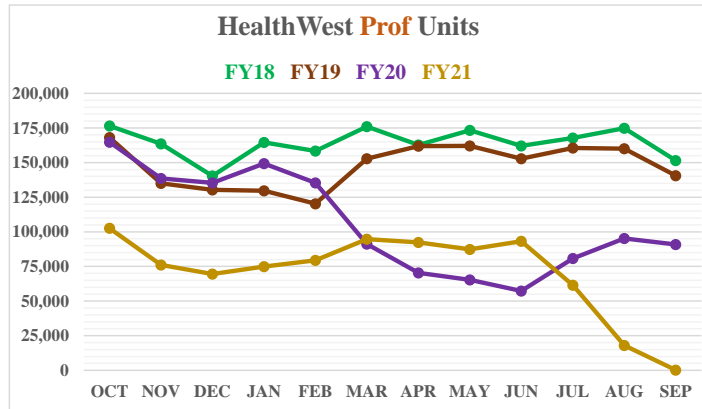
Encounters



of Encounter Lines



Total Units of Service

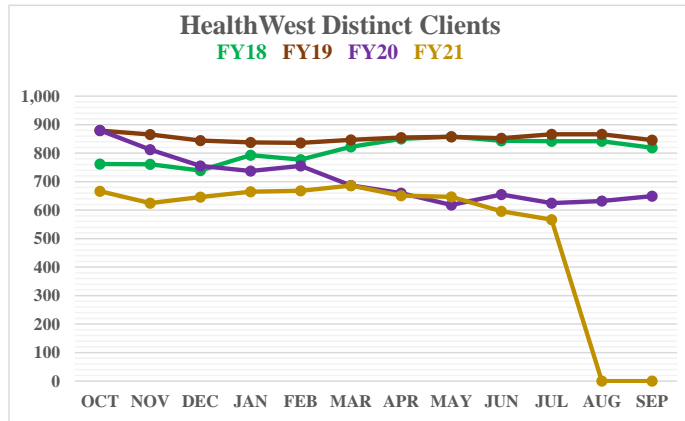


**HealthWest
Substance Use Disorder**

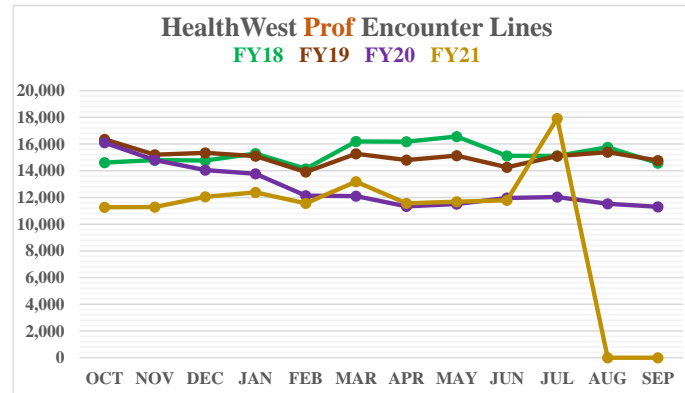
**Compares FY18
thru Current
FY21
Encounters**

9/10/2021

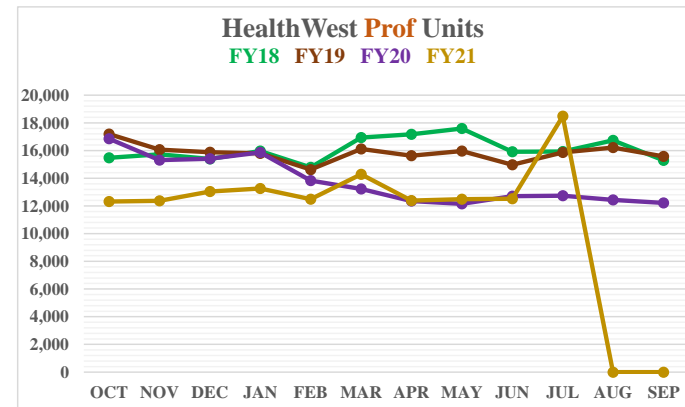
Distinct Client Count



of Encounter Lines



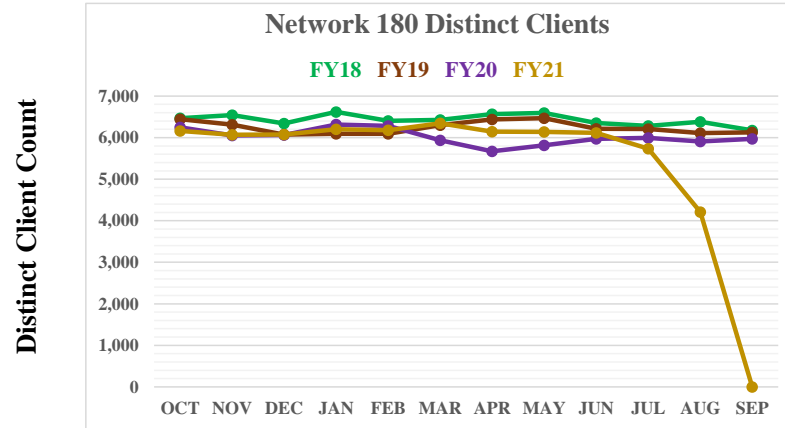
Total Units of Service



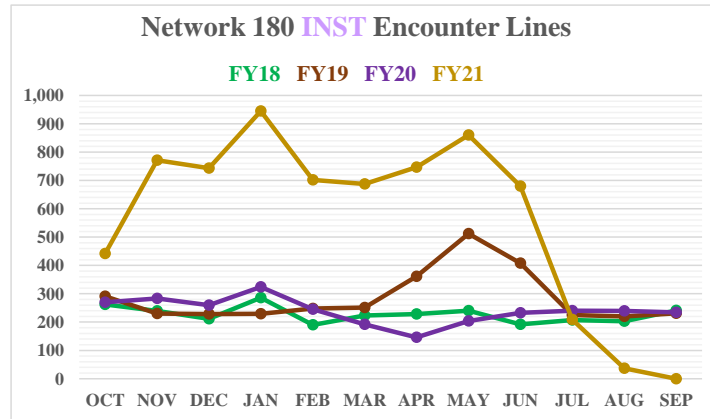
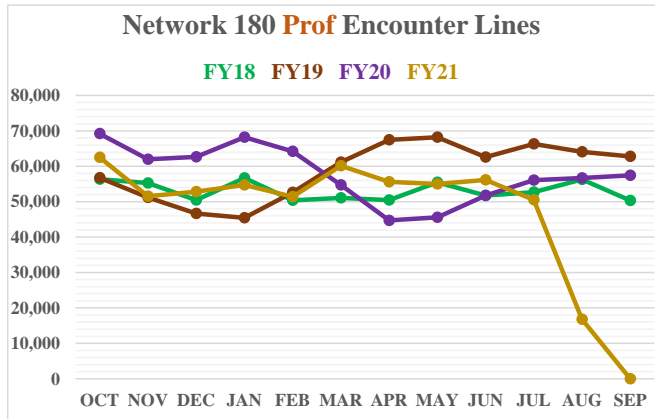
**Network 180
Behavioral Health**

9/10/2021

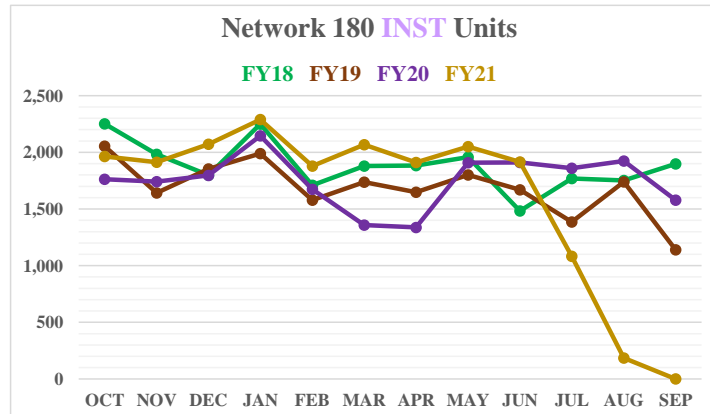
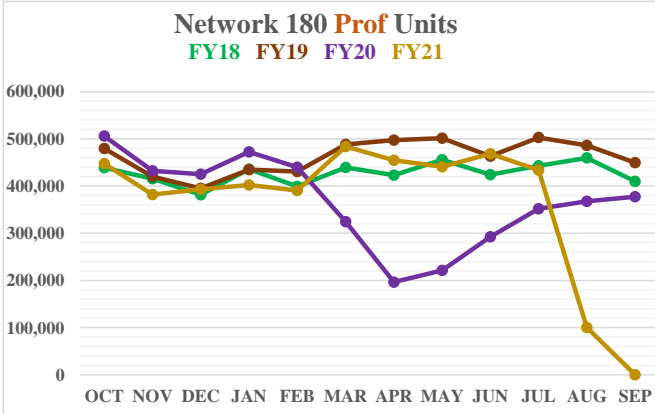
**Compares FY18
thru Current
FY21
Encounters**



of Encounter Lines



Total Units of Service

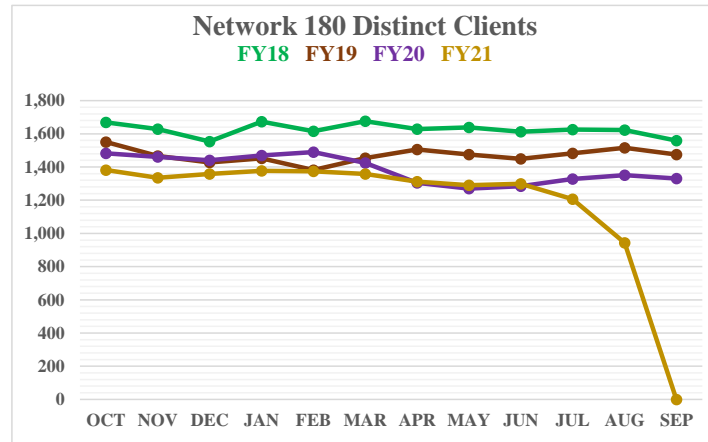


**Network 180
Substance Use Disorder**

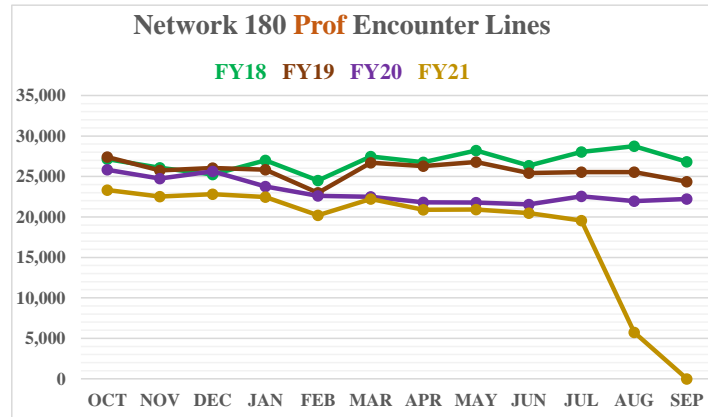
9/10/2021

**Compares FY18
thru Current
FY21
Encounters**

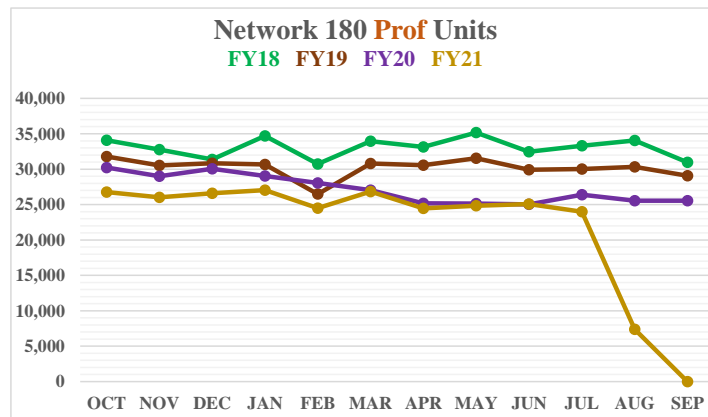
Distinct Client Count



of Encounter Lines



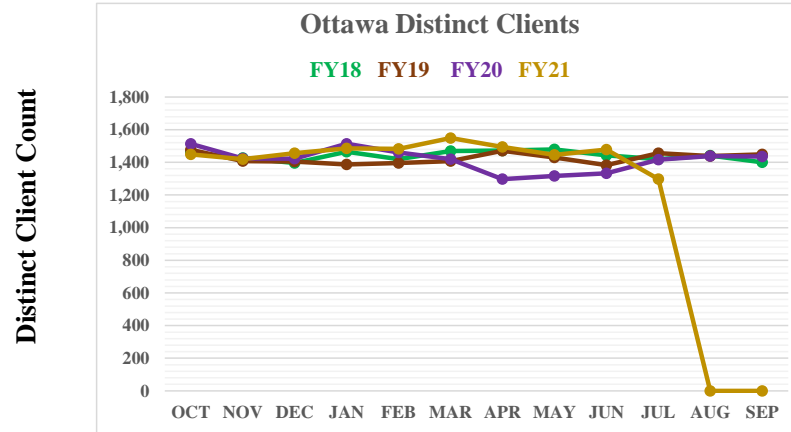
Total Units of Service



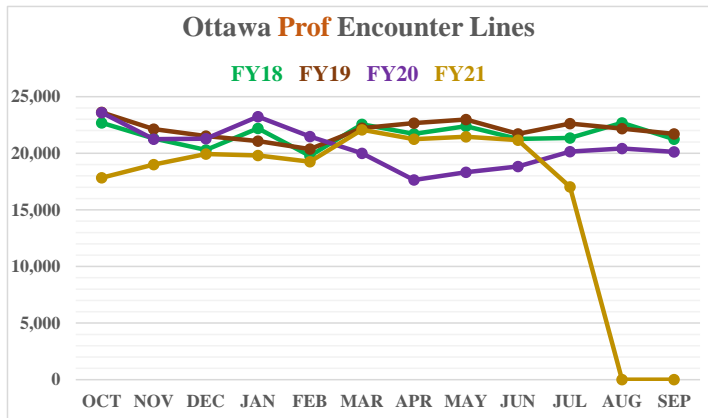
Ottawa CMH
Behavioral Health

9/10/2021

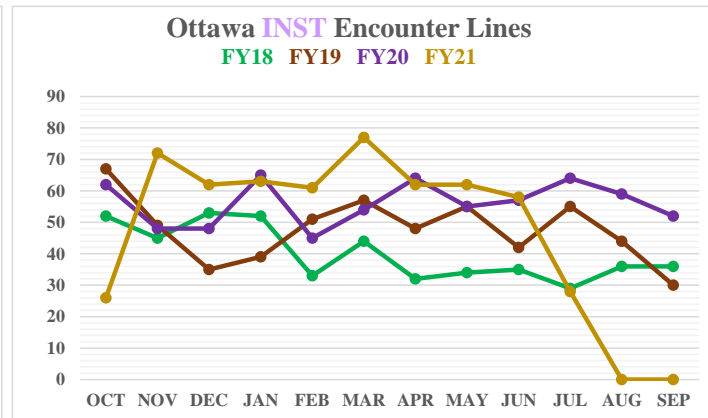
Compares FY18
thru Current
FY21
Encounters



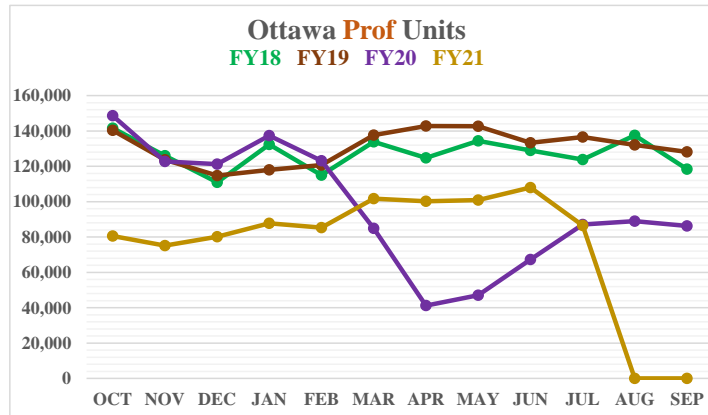
of Encounter Lines



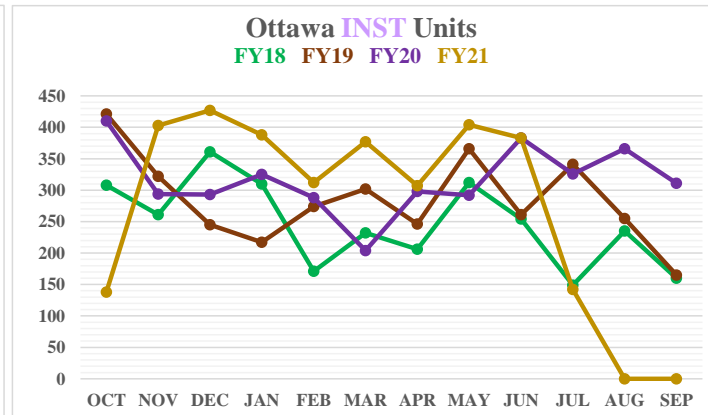
Ottawa INST Encounter Lines
FY18 FY19 FY20 FY21



Total Units of Service



Ottawa INST Units
FY18 FY19 FY20 FY21

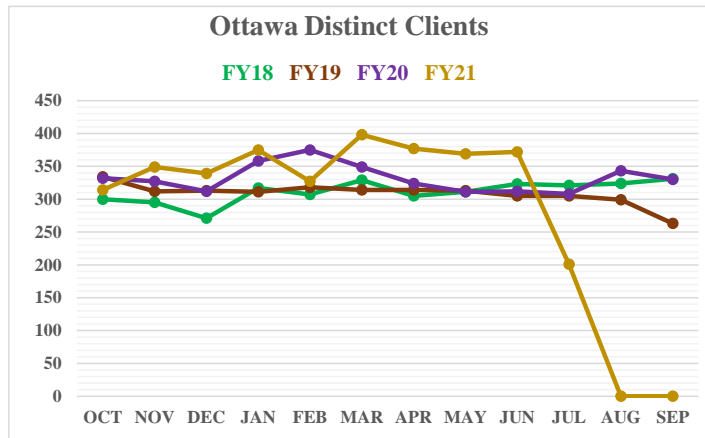


Ottawa CMH
Substance Use Disorder

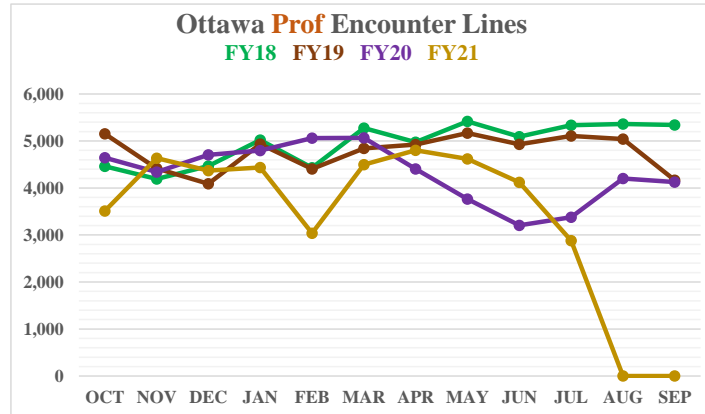
Compares FY18
thru Current
FY21
Encounters

9/10/2021

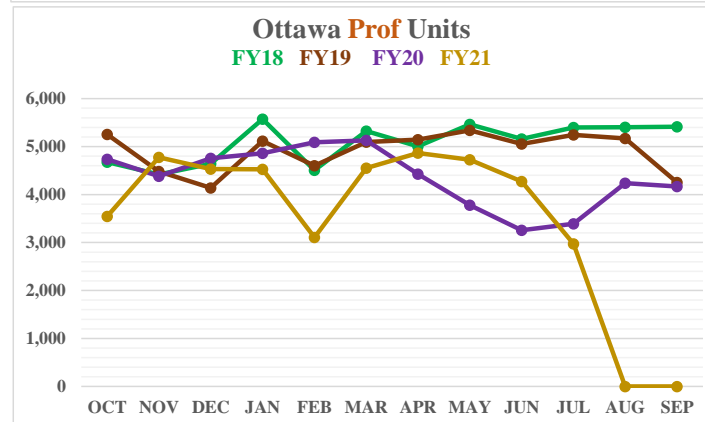
Distinct Client Count



of Encounter Lines



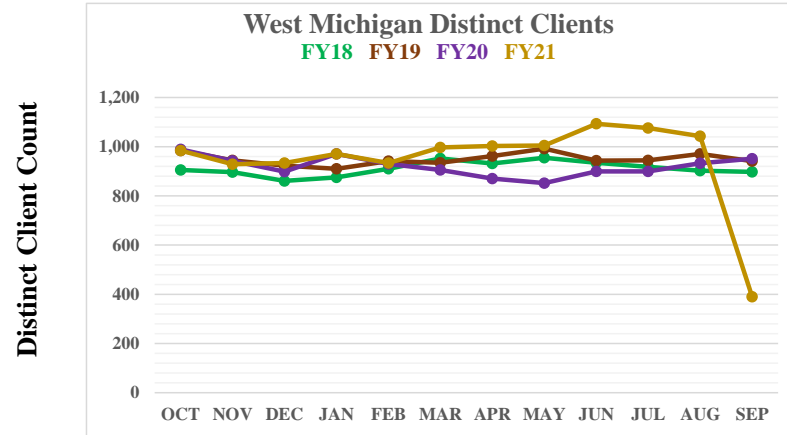
Total Units of Service



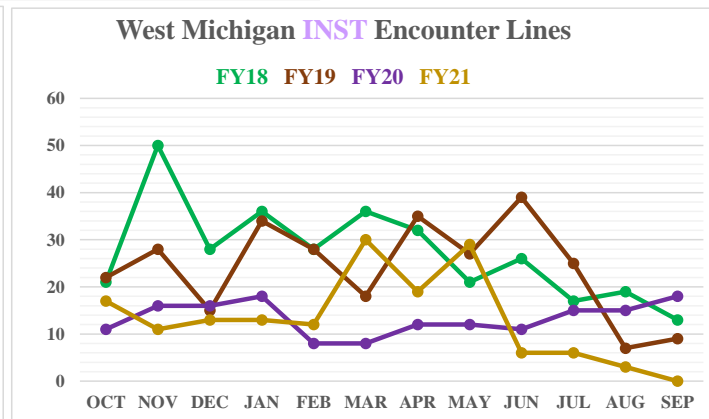
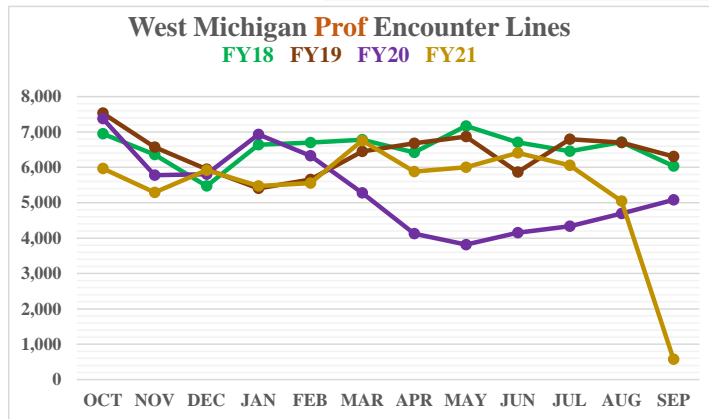
**West Michigan CMH
Behavioral Health**

9/10/2021

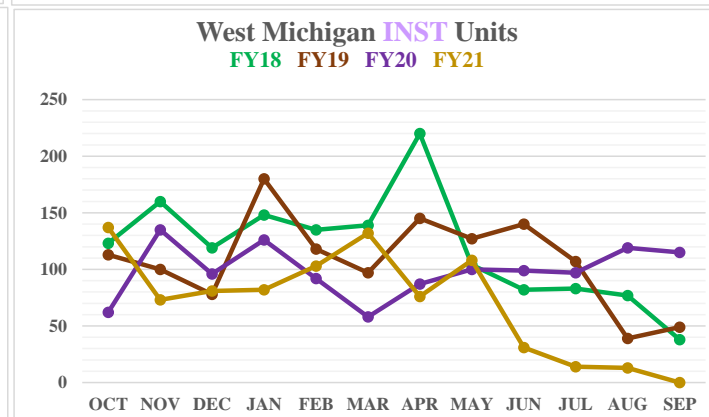
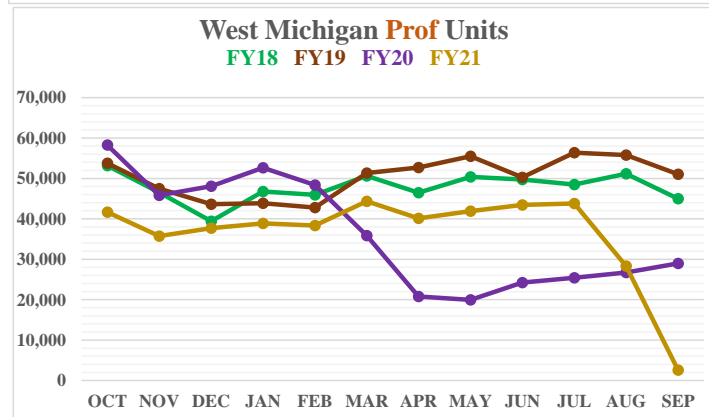
**Compares FY18
thru Current
FY21
Encounters**



of Encounter Lines



Total Units of Service

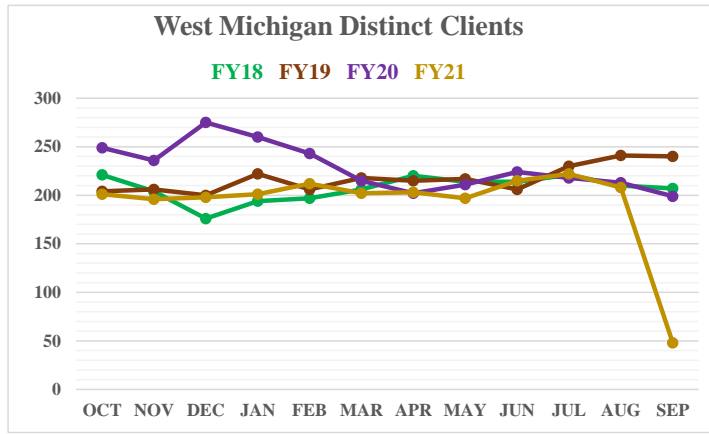


**West Michigan CMH
Substance Use Disorder**

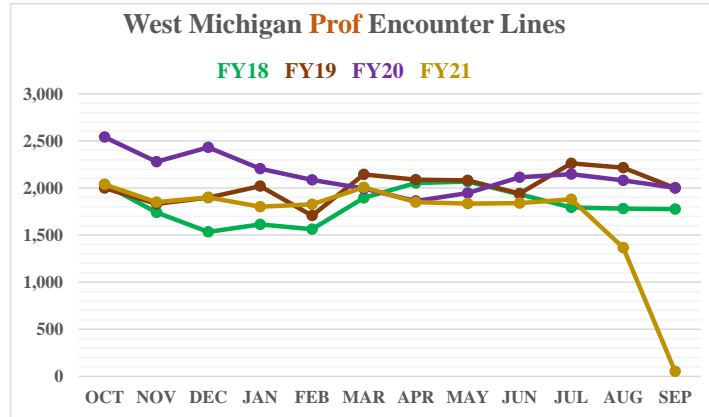
**Compares FY18
thru Current
FY21
Encounters**

9/10/2021

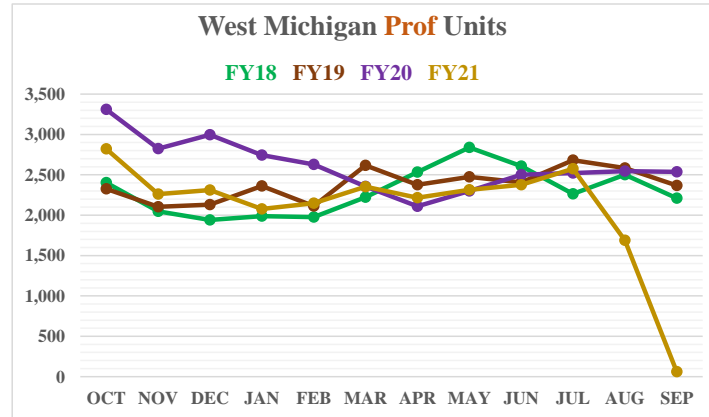
Distinct Client Count



of Encounter Lines



Total Units of Service



EXECUTIVE COMMITTEE SUMMARY

Wednesday, September 8, 2021, 3:00 PM

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

WELCOME

- i. September 8, 2021, Meeting Agenda
- ii. August 11, 2021, Meeting Minutes

Moved: Jane Verduin Support: John Snider
MOTION CARRIED

The September 8, 2021, meeting agenda and the August 11, 2021, meeting minutes were accepted as presented.

BEACON CONTRACT TRANSITION UPDATE

- LRE has made an offer for 2 additional staff. Beacon has not delayed or denied hiring staff that are moving over to LRE. Ms. Marlatt-Dumas has put a process in place with Beacon around hiring staff back to the LRE.
- A meeting is being scheduled with Marge Ackermann regarding communication between LRE, Beacon and CMHs. Ms. Marlatt-Dumas will report back to the Board after that meeting.
- There is a new contract in place with Beacon that ends in 2022. There is an early termination clause that requires us to give a 90-day notice.

MDHHS SETTLEMENT UPDATE

- Ms. Marlatt-Dumas spoke with Allen Jansen who commented that a couple items need to be wrapped up, but the administrative piece is settled, and he would need 10 more days to resolve the past deficit. Mr. Jansen is double checking with CMS regarding what funds can be used to pay the past deficit.
- Ms. Marlatt-Dumas spoke did communicate to him that we are losing possible hires due to this issue. Ms. Chick with the help of Derek Miller is drafting a communication that will explain the concept of using lapsed funds to pay the historical deficit.
- There is a substantial amount of lapsed funds that will be returned by a majority of the PIHPs. Region 3 and Region 6 are still at risk due to the ISF and MC savings not being fully funded, while all other PIHPs are.

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

- LRE has 2 new positions starting tomorrow. A support staff and one of the provider network managers.
- Ms. Marlatt-Dumas is drafting a job description for a CCBHC project manager.

- As we evaluate the Beacon contract, LRE will continue to evaluate staffing needs.

Office Design

- The main construction should be complete by the end of this week.

BOARD MEETING LOCATION

- Network 180, 3310 Eagle Park Drive NE, Suite 100, Grand Rapids, MI 49525
Masks are required in N180 meetings.
- Ms. Dyga will send out a communication to Board members about contacting LRE if an exemption is needed. Ms. Verduin will not attend the September meeting.
- Location of Future Board meetings
 - Ms. Marlatt-Dumas would like to suggest that LRE Board meetings stop the rotation cycle and find one centrally located place to have the Board meeting at every month. LRE will also continue with the hybrid meeting option which will make attendance easier for individuals.
 - Rationale with having rotating meetings was to allow individuals to attend and each CEO would present when the meeting was in their CMH/County. Mr. DeYoung comments that we can continue to do this.
 - Having the meeting at one location would help with the technical aspect and may be easier for individuals if they know that the meeting will be located at the same place every month.
 - Ms. Rupp comments that many of the CMHs have put ZOOM rooms in place and could host consumers to attend.

Action: Put on the Board agenda to discuss.

OPERATING AGREEMENT/BYLAWS REVISIONS

- LRE has met and has recommended revisions of the Bylaws. The Finance ROAT has begun to review the Operating Agreement and will have recommended revisions for this document as well. Both documents will be brought to the Operations Committee and then to Board.
- The Operating Agreement is being reviewed by the Finance ROAT primarily for the allocation funding model and the Autism funding allocation.
- The recommendation in the Bylaws will be that there is unanimous agreement from the CMHs for any changes moving forward to the Bylaws.
- Does CCBHC call for changes in the bylaws? No, it does not, that would require changes to the Operating Agreement.
- Targeting October to bring these changes for full Board review. We will review during a Work Session.

BOARD MEETING AGENDA ITEMS

- Put under Executive Committee Report –
 - LRE Board Meetings - Future Location

BOARD WORK SESSION AGENDA

- i. Jack Calhoun (ReFocus LLC) presentation on Health Disparities
- ii. LRE Annual Public Budget Hearing

OTHER

- CCBHC discussion during the November/December meeting.
- System Redesign – Will be in the CEO Report. Board Association has done a good job giving talking points. There may be more information for the October Board meeting.
 - Ms. Rupp comments that it may be a good idea for this region to have a proposal to submit. There is a proposal that some of the CMHs have been working on and will talk with Ms. Marlatt-Dumas further.
 - Ms. Doyle would caution about having numerous CMHs coming out with many different proposals and showing more dissension among the CMHs.

UPCOMING MEETINGS

- September 16, 2021 – LRE Executive Board Meeting, 1:00 PM
- October 13, 2021 – Executive Committee, 3:00 PM
- October 14, 2021 – Consumer Advisory Panel, 1:00 PM
- October 21, 2021 – LRE Executive Board Meeting, 1:00 Pm
[HealthWest, 376 E. Apple Ave., Muskegon 49442](#)

ADJOURN

**AMENDMENT #1 TO FY 2020/2021
MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
1115 DEMONSTRATION WAIVER, 1915 (c)/(i) WAIVER PROGRAM(S),
THE HEALTHY MICHIGAN PROGRAM, FLINT 1115 DEMONSTRATION WAIVER
SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS SUBCONTRACT
AGREEMENT**

MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES 1115 DEMONSTRATION WAIVER, 1915 (c)/(i) WAIVER PROGRAM(S), THE HEALTHY MICHIGAN PROGRAM, FLINT 1115 DEMONSTRATION WAIVER SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS SUBCONTRACT AGREEMENT (the “Agreement”) is effective OCTOBER 1, 2020 between LAKESHORE REGIONAL ENTITY, (the “Payor), whose administrative offices are located at 5000 Hakes Drive, Muskegon Michigan, 49441 and CMHSP (the “Provider”), whose administrative offices are located CMHSP ADDRESS (collectively “the Parties).

RECITALS

WHEREAS, the Agreement between the parties became effective October 1, 2020 and expires on September 30, 2021; and

WHEREAS, the Parties are currently in active negotiations over a new sub-contract for the 2021/2022 Fiscal Year (“FY”) and, as a result, have mutually agreed that additional time is required in order to finalize that FY 2021/2022 sub-contract; and

WHEREAS, pursuant to the terms of Article VI of the agreement, the Parties desire to amend the Agreement in order to extend the Term until December 31, 2021, or until the FY2021/2022 contract is final, whichever comes first.

NOW, THEREFORE, the parties agree as follows:

1. Effective as of the effective date, and in accordance with the terms of Article VI of the Agreement, the first sentence of Article VI shall be revised to read as follows:

The term of this Agreement shall be from October 1, 2020, thru December 31, 2021, or until the FY2021/2022 contract is final, whichever comes first.

2. Effective October 1, 2020, Exhibit E-Subrecipient Award shall be revised to reflect approved budgets for services provided in FY2020/2021,

IN WITNESS WHEREOF, the parties have executed this Amendment to Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program Demonstration Subcontract Agreement on the date first written above.

LAKESHORE REGIONAL ENTITY

By: _____
G. Mary Marlatt-Dumas

Its: Chief Executive Officer

Date: _____

CMHSP

By: _____

Its: Executive Director

Date: _____

Lakeshore Regional Entity Board Financial Officer Report for September 2021

- ✚ **Disbursements Report** – A motion is requested to approve the August 2021 disbursements. A summary of those disbursements is included as an attachment.
- ✚ **Statement of Activities** – report through July is included as an attachment.
- ✚ **Bucket Report** - July 2021 Bucket Report is included as an attachment for today’s meeting. Expense projections, as reported by each CMHSP, are noted. COVID has continued to impact spending, service demand, and staffing. An approximate surplus of \$13.4 million regionally (Medicaid and HMP) is shown on this month’s report, which does not include \$35.7 million in surplus that is being withheld to put into the ISF/Medicaid Savings for FY21. The total regional surplus is projected to be \$64.6 million, which includes prior years’ ISF and Medicaid Savings of \$13 million. This is down from \$64.8 million last month and includes the updated revenue projections reported below. The projected DCW lapse for the region is \$10.8 million which is up from \$10.6 million last month. Our region is projecting to receive approximately \$23 million in total for DCW in FY21.
- ✚ **FY 2021 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are attached. This month’s revenue projection includes an overall decrease of approximately \$317 thousand. The decrease in revenue is primarily due to a slight increase in the 12-month un-enrollment completion factor.
- ✚ **FY 2021 Budget Amendment** – A motion is requested to approve the FY21 budget amendment #5. The budget amendment is on the agenda and is included as an attachment.
- ✚ **FY 2022 Revenue Projections and Allocation Scenarios** – The Finance ROAT reviewed FY 2022 Revenue Projections and Allocation Scenarios during the September meeting. The scenarios reviewed were:
 - Full Per Member Per Month (PMPM)
 - Full PMPM except Autism being allocated based on the current allocation model (based on individuals enrolled in the WSA, active IPOS, and currently being served)
 - Current Allocation ModelFull PMPM is being considered to insulate the region and the three CMHSPs that are not CCBHC Demonstration Sites. We do not yet have final FY22 rates from MDHHS/Milliman, so the projections are based on the draft rates received on 8/31/21. Milliman projected an allocation for DCW in the amount of \$2 but that has not been approved by the State yet. The draft included draft CCBHC PPS-1 rates. The draft rates received did not have an adjustment to the capitation rates for CCBHC, but they may be adjusted retroactively.

Finance ROAT has been charged with making a funding allocation recommendation to Operations Committee along with any related proposed changes to the financial section of the Operating Agreement. During the September Finance ROAT meeting, there was consensus that the Operating Agreement could be changed to full PMPM for all of the State Medicaid sources. The Operating Agreement already requires that the LRE allocate Autism to the Members based on full PMPM; however, that is not the allocation methodology that has been used by the LRE since Autism was combined in the base capitation rates. Finance ROAT will be reviewing the impact of moving to full PMPM for Autism at the October meeting and provide Operations Committee with a recommendation at that time. The LRE and all of the Members are in agreement that we want to operate under the philosophy of ‘do no harm’ to any of the Members throughout this process and we will be analyzing whether a smoothing period may be needed to accomplish that.

- ✚ **CCBHC** - Certified Community Behavioral Health Clinic – We have participated in several meetings over the past several months with staff from MDHHS, Milliman, PIHP CFOs and CCBHC Demonstration Sites within our region. Last month I reported that there are several financial concerns that we hope the State will be addressing. We received draft CCBHC rates on 08/31/21 and the State is proposing to leave the base capitation rates unadjusted for CCBHC to begin the fiscal year and then do a retroactive adjustment to the rates, if need be, after there is actual data available to analyze. The State will be paying the PIHPs a supplemental payment to make up the difference between the base capitation rate and the Prospective Payment System (PPS-1) rate, plus an additional 1% (not 15% as reported in August) for PIHP administration. Currently, we still do not have final FY 2022 base capitation rates or CCBHC PPS-1 rates.

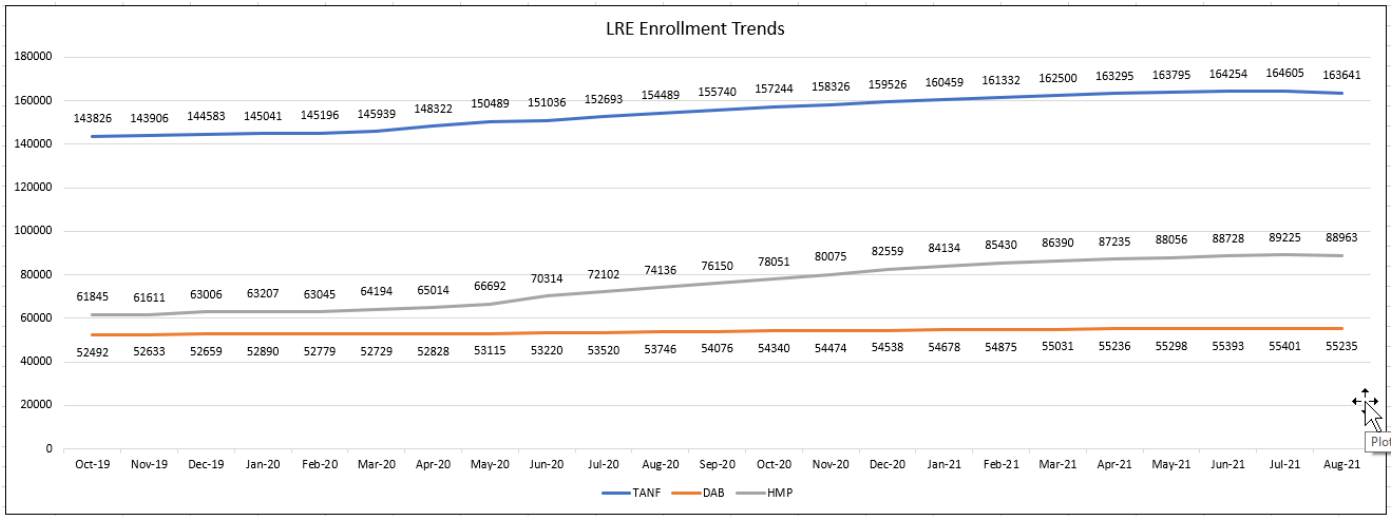
Revenue Projection			
Total LRE			
	Prior Projection	Current Projection	Change
MCD - MH	\$ 204,509,943	\$ 204,063,289	\$ (446,654)
MCD - SUD	\$ 7,695,728	\$ 7,699,434	\$ 3,706
HMP - MH	\$ 28,771,530	\$ 28,829,241	\$ 57,712
HMP - SUD	\$ 16,770,209	\$ 16,807,000	\$ 36,791
Autism (Net of Fund)	\$ 40,692,584	\$ 40,719,387	\$ 26,803
Autism Rate Adj. Fund	\$ 3,065,616	\$ 3,074,974	\$ 9,358
Waiver	\$ 38,998,820	\$ 38,993,281	\$ (5,539)
LRE / Beacon Admin	\$ 13,707,113	\$ 13,703,413	\$ (3,700)
ISF	\$ 29,245,903	\$ 29,221,788	\$ (24,114)
Medicaid Savings	\$ 6,487,923	\$ 6,512,038	\$ 24,114
IPA	\$ 4,376,041	\$ 4,380,595	\$ 4,553
Total Region	\$ 394,321,410	\$ 394,004,441	\$ (316,969)

CMHSPs Breakdown			
	Prior Projection	Current Projection	Change
MCD - MH			
Allegan	\$ 18,145,622	\$ 18,104,801	\$ (40,821)
Healthwest	\$ 42,109,217	\$ 42,009,553	\$ (99,664)
Network180	\$ 102,037,443	\$ 101,824,986	\$ (212,457)
Ottawa	\$ 27,215,691	\$ 27,154,542	\$ (61,149)
West Michigan	\$ 15,001,970	\$ 14,969,408	\$ (32,563)
Total MCD - MI	\$ 204,509,943	\$ 204,063,289	\$ (446,654)
MCD - SUD			
Allegan	\$ 631,477	\$ 631,970	\$ 493
Healthwest	\$ 1,671,838	\$ 1,670,769	\$ (1,069)
Network180	\$ 3,865,598	\$ 3,867,285	\$ 1,686
Ottawa	\$ 937,374	\$ 939,315	\$ 1,941
West Michigan	\$ 589,440	\$ 590,095	\$ 654
Total MCD - SI	\$ 7,695,728	\$ 7,699,434	\$ 3,706
HMP - MH			
Allegan	\$ 2,198,220	\$ 2,203,094	\$ 4,874
Healthwest	\$ 5,906,028	\$ 5,918,265	\$ 12,237
Network180	\$ 14,626,145	\$ 14,658,748	\$ 32,604
Ottawa	\$ 3,954,934	\$ 3,958,693	\$ 3,760
West Michigan	\$ 2,086,203	\$ 2,090,441	\$ 4,238
Total HMP - MI	\$ 28,771,530	\$ 28,829,241	\$ 57,712
HMP - SUD			
Allegan	\$ 1,265,680	\$ 1,268,651	\$ 2,971
Healthwest	\$ 3,534,899	\$ 3,544,256	\$ 9,357
Network180	\$ 8,529,315	\$ 8,548,545	\$ 19,230
Ottawa	\$ 2,217,807	\$ 2,220,193	\$ 2,386
West Michigan	\$ 1,222,508	\$ 1,225,354	\$ 2,846
Total HMP - SI	\$ 16,770,209	\$ 16,807,000	\$ 36,791
Autism			
Allegan	\$ 3,374,443	\$ 3,376,301	\$ 1,858
Healthwest	\$ 2,375,823	\$ 2,377,656	\$ 1,833
Network180	\$ 27,808,589	\$ 27,829,132	\$ 20,543
Ottawa	\$ 6,055,194	\$ 6,057,968	\$ 2,774
West Michigan	\$ 1,078,535	\$ 1,078,330	\$ (205)
Total Autism	\$ 40,692,584	\$ 40,719,387	\$ 26,803
Waiver			
Allegan	\$ 4,854,583	\$ 4,854,138	\$ (445)
Healthwest	\$ 8,761,145	\$ 8,760,343	\$ (803)
Network180	\$ 16,929,802	\$ 16,926,287	\$ (3,515)
Ottawa	\$ 5,706,313	\$ 5,705,789	\$ (523)
West Michigan	\$ 2,746,977	\$ 2,746,725	\$ (253)
Total Waiver	\$ 38,998,820	\$ 38,993,281	\$ (5,539)

Total CMHSPs			
	Prior Projection	Current Projection	Change
Allegan	\$ 30,470,025	\$ 30,438,955	\$ (31,070)
Healthwest	\$ 64,358,950	\$ 64,280,842	\$ (78,109)
Network180	\$ 173,796,892	\$ 173,654,984	\$ (141,908)
Ottawa	\$ 46,087,312	\$ 46,036,500	\$ (50,811)
West Michigan	\$ 22,725,635	\$ 22,700,353	\$ (25,282)
Total CMHSPs	\$ 337,438,814	\$ 337,111,633	\$ (327,181)

Member Month Projection			
	Prior Projection	Current Projection	Change
Allegan	302,963	303,415	451
Healthwest	715,630	715,850	220
Network180	1,869,043	1,870,821	1,778
Ottawa	511,878	512,716	839
West Michigan	255,828	256,334	506
Total Member Month	3,655,343	3,659,136	3,793

FY 2021 LRE Board Approved Savings		
Total Savings		\$ 35,733,826.00
ISF= 7.5% of Revenue		\$ 29,221,788.50
Medicaid Savings	Total Savings - ISF	\$ 6,512,037.50



BOARD ACTION REQUEST

Subject: August 2021 Disbursements

Meeting Date: September 16, 2021

RECOMMENDED MOTION:

To approve the August 2021 disbursements of \$32,930,592.90 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$2,728,942.55
Healthwest	\$5,526,047.05
Network 180	\$15,992,943.27
Ottawa County CMH	\$4,979,969.85
West Michigan CMH	\$1,781,148.70
SUD Prevention Expenses	\$138,093.95
Local Match Payment	\$510,024.00
Hospital Reimbursement Adjuster (HRA)	\$5,544.00
SUD Public Act 2 (PA2)	\$131,803.40
Beacon Health Options	\$1,073,457.33
Administrative Expenses	\$62,618.80
Total:	\$32,930,592.90

94.96% of Disbursements were paid to Members and SUD Prevention Services.

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

STAFF: Stacia Chick

DATE: September 16, 2021

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Meeting Date: September 16, 2021

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STAFF: Stacia Chick

DATE: September 16, 2021



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

	FY 2020/2021 Amendment 4 Budget	FY 2020/2021 Amendment 5 Budget	Increase / (Decrease)
Revenue			
Regional Operating Revenue			
Mental Health State Plan & 1915(i)	\$ 235,140,909	\$ 234,546,140	\$ (594,769)
Habilitation Supports Waiver (HSW)	41,041,382	41,041,382	-
Children's & SED Waiver	3,453,582	3,451,406	(2,176)
DHS Incentive Payment	693,363	693,363	-
Autism Revenue	50,183,756	50,230,722	46,965
Mental Health Healthy Michigan	32,084,941	32,084,941	-
Mental Health Block Grant - Veteran Navigator	100,000	100,000	-
Block Grants - Hisp BH, Native Am, Tob, Clubhse	540,800	540,800	-
Substance Use Gambling, MI Youth Tx & DFC	397,335	397,335	-
Substance Use State Plan	9,471,191	9,520,283	49,092
Substance Use Healthy Michigan	18,569,608	18,569,608	-
Substance Use Block & State Opioid Response	9,487,493	9,701,209	213,716
Performance Bonus Incentive Pool	2,419,516	2,419,516	-
Substance Use PA2	5,169,898	4,736,148	(433,750)
Hospital Rate Adjuster (HRA)	9,500,000	10,377,547	877,547
Interest Earnings	19,000	21,476	2,476
Member Local Contribution to State Medicaid	2,040,096	2,040,096	-
Total Revenue	\$ 420,312,870	\$ 420,471,971	\$ 159,101
Expense			
Regional Operating Expenses			
Administration expense	\$ 4,659,087	\$ 4,659,088	\$ 0
Block Grants - Gambl/Veterans/Hisp/Tob/NatAm	\$ 1,005,800	\$ 1,005,800	\$ -
SUD Prevention Direct Expenses	2,656,267	2,615,368	(40,899)
Hospital Rate Adjustment / Taxes	13,575,173	13,575,173	(0)
Operating Expense - Member Payments	341,220,796	341,220,796	(0)
Beacon Health Options - MCO Contract	8,821,825	8,821,825	-
Contribution to ISF/Savings	35,733,826	35,733,826	-
Direct Care Wage Lapse	10,600,000	10,800,000	200,000
Local Contribution to State Medicaid	2,040,096	2,040,096	-
Total Expense	\$ 420,312,870	\$ 420,471,971	\$ 159,101
Revenue Over/(Under) Expense	(0)	0	-

Statement of Activities - Actual vs. Budget
Fiscal Year 2020 / 2021
 As of Date: 7/31/21

	Year Ending	7/31/2021		
	9/30/2021	Budget to Date	Actual	Actual to Budget Variance
Change in Net Assets	FY21 Budget <i>Amendment 4</i>			
Operating Revenues				
SUD Block Grant & State Opioid, & STR	9,487,493	7,906,244	5,767,135	(2,139,109)
Autism Revenue	50,183,756	41,819,797	40,060,978	(1,758,819)
PA 2 Liquor Tax	5,169,898	4,308,248	1,144,752	(3,163,496)
Interest Revenue	19,000	15,833	17,897	2,064
Performance Bonus Incentive	2,419,516	2,016,263	-	(2,016,263)
Local Match Revenue (Members)	2,040,096	1,700,080	1,700,080	-
Hospital Rate Adjuster (HRA)	9,500,000	7,916,667	7,783,160	(133,507)
MH Block Grant - Veterans Navigator	100,000	83,333	81,882	(1,451)
Block Grants - HispBH/NatAm/TobCess/Clubhouse	540,800	450,667	93,140	(357,527)
Substance Use Gambling, MI Youth Tx & DHS Incentive	397,335	331,113	154,675	(176,438)
Medicaid, HSW, SED, & Children's Waive	289,107,064	240,922,553	235,575,649	(5,346,904)
Healthy Michigan	50,654,549	42,212,124	42,917,838	705,714
Miscellaneous Revenue	-	-	4,050	4,050
Total Operating Revenues	420,312,870	350,260,725	335,699,414	(14,561,311)
Expenditures				
Salaries and Fringes	1,446,675	1,205,563	915,742	(289,820)
Office and Supplies Expense	259,630	216,358	194,551	(21,807)
Contractual and Consulting Expenses	490,495	408,746	559,097	150,351
MCIS	305,200	254,333	246,000	(8,333)
Data Analytics	173,750	144,792	31,250	(113,542)
Utilities/Conferences/Mileage/Misc Exps	1,983,337	1,652,781	144,958	(1,507,823)
Block Grants - GambI/Veter/HispBH/NatAm/TobCes	1,005,800	838,167	319,739	(518,428)
Taxes, HRA, and Local Match	15,615,269	13,012,724	12,440,260	(572,464)
Prevention Expenses	2,656,267	2,213,556	2,092,452	(121,104)
Beacon Health Options - MCO Contract	8,821,825	7,351,521	7,817,380	465,859
Contribution to ISF/Savings	35,733,826	29,778,188	21,140,799	(8,637,390)
Direct Care Wage Lapse	10,600,000	8,833,333	-	(8,833,333)
Member Payments	341,220,796	284,350,663	285,252,030	901,366
Total Expenditures	420,312,870	350,260,725	331,154,258	(19,106,467)
Total Change in Net Assets	0	0	4,545,156	4,545,156



Statement of Activities
Budget to Actual Variance Report
For the Period ending July 31, 2021

Operating Revenues

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

Expenditures

Salaries and Fringes	A significant portion of the additional salary expenses will not likely occur until quarters three and four. Fringe expense adjustments were made during amendment 3.
Office and Supplies Expense	This line item is under but IT supplies and equipment purchases were made in quarter 3 & 4. This will be monitored for future adjustments.
Contractual & Consulting Expenses	Budget amendment will be made during the next amendment.
MCIS	N/A - Closely aligned with the current budget projections.
Data Analytics	New expense that started in April. It is expected that the final expenses will align with the budget projections.
Utilities/Conf/Mleage/Misc Exps	Significant portions of this line item (Audit, Travel, Miscellaneous) are not anticipated until quarters three and four. This line item also includes the Beacon contract savings amounts which will be detailed during quarter three.
Block Grants -Veterans/HispBH/NatAm/TobCes	Most of these payments are billed to the LRE and paid by MDHHS 30-60 days in arrears. Also, as noted in the corresponding revenue line item above, some expenses are low due to COVID, but may be paid up to the approved grant allocations.
Taxes, HRA and Local Match	IPA taxes and HRA are paid quarterly. This will be monitored for future adjustments.
Prevention Expenses	This reflects costs for SUD prevention services and is based on actual service demand, provider billings, and direct project management service costs.
Beacon Health Options	This reflects actual costs for MCO functions paid per enrollee. This line item will go down in quarters 3 and 4.
Contribution to ISF	This line item was increased in March and May. Catch up payments will be spread over the remainder of the year.
DCW Lapse	Actual lapse will be determined at year end. Projections from the July Bucket Report were \$10.8M. This will be monitored for future adjustments.
Member Payments	Member payments are based on actual revenues received from MDHHS. This closely aligns with current budget projections.

FY2021 Bucket Report - Full Year Projections Net Position By Member, By Fund Source

Time Period	Mental Health (MH)							Substance Use Disorder (SUD)							MH & SUD Total
	Allegan	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	Allegan	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	
Oct - July															
Net Med: 1115/HSW/CW/SED	368,328	2,424,242	(8,499,351)	2,233,290	(1,648,747)	(869,304)	(5,991,541)	147,203	355,007	470,757	275,080	(61,584)	360,739	1,547,201	(4,444,340)
Net Med: HealthyMI	55,863	869,235	(1,651,655)	819,159	315,278	(763,265)	(355,385)	371,006	1,750,026	3,035,952	679,961	430,708	547,482	6,815,135	6,459,750
Net Autism	87,409	1,516,578	5,072,790	2,024,314	7,474	3,766	8,712,332	-	-	-	-	-	-	-	8,712,332
Net General Fund	550,624	1,051,345	1,621,986	956,274	128,722	-	4,308,952	-	-	-	-	-	-	-	4,308,952
Net Block Grant	-	-	-	-	-	-	-	-	(168,558)	-	(28,167)	-	286,165	89,440	89,440
Net PA2	-	-	-	-	-	-	-	-	316	-	(52,890)	-	-	(52,574)	(52,574)
Net Medicaid Savings Proje	448,154	1,048,406	2,472,308	685,287	359,789	-	5,013,944	30,465	83,682	198,919	50,514	29,079	-	392,658	5,406,603
Net ISF Projection	1,975,904	4,625,566	10,905,134	3,023,395	1,587,268	-	22,117,267	134,246	368,736	876,530	222,619	128,139	-	1,730,270	23,847,537
Subtotal	3,486,283	11,535,373	9,921,212	9,741,719	749,784	(1,628,803)	33,805,568	682,919	2,389,210	4,582,158	1,147,117	526,341	1,194,386	10,522,131	44,327,699
July															
Full Year Projection															
Net Med: 1115/HSW/CW/SED	(275,891)	5,067,209	(8,476,523)	2,040,761	(1,226,734)	-	(2,871,178)	158,870	240,589	838,851	439,617	(31,586)	-	1,646,341	(1,224,837)
Net Med: DCW Lapse	(741,909)	(3,227,989)	(4,562,354)	(1,191,616)	(1,008,097)	-	(10,731,965)	-	(16,318)	(138,417)	-	-	-	(154,735)	(10,886,700)
Net Med: HealthyMI	32,018	1,149,771	(2,054,050)	1,260,301	329,759	-	717,799	401,983	1,699,791	3,523,059	885,130	504,281	-	7,014,244	7,732,044
Net Autism	192,076	472,642	4,873,937	1,475,225	(64,107)	-	6,949,773	-	-	-	-	-	-	-	6,949,773
Net General Fund	660,749	(15,455)	934,608	-	215,773	-	1,795,675	-	-	-	-	-	-	-	1,795,675
Net Block Grant	-	-	-	-	-	-	-	-	41,611	-	-	-	-	41,611	41,611
Net PA2	-	-	-	-	-	-	-	-	132,163	-	-	80,564	-	212,727	212,727
Net Medicaid Savings Proje	632,194	1,256,218	2,969,272	823,975	120,105	-	5,801,764	(36,453)	99,991	238,033	60,576	348,125	-	710,273	6,512,038
Net ISF Projection	2,510,475	5,637,713	13,323,483	3,698,281	1,945,095	-	27,115,047	163,439	448,274	1,067,245	271,682	156,102	-	2,106,742	29,221,789
Total	3,009,711	10,340,110	7,008,373	8,106,926	311,794	-	28,776,915	687,840	2,646,101	5,528,770	1,657,006	1,057,487	-	11,577,204	40,354,119
Risk	(793,706)	3,461,633	(10,218,990)	3,584,670	(1,969,179)	-	(5,935,571)	560,854	1,924,061	4,223,492	1,324,747	472,696	-	8,505,850	2,570,279
%of Budget	-2.78%	5.42%	-6.34%	8.36%	-9.43%	0.00%	-1.99%	29.51%	36.89%	34.02%	41.93%	26.04%	0.00%	32.47%	PENDING

FY Changes in Projected Med/HMP Spending

	June 2021 MH	July 2021 MH	Difference	%of Budget	FY20 Spend
Allegan	26,879,932	26,385,811	(494,121)	-1.88%	24,939,541
Healthwest	47,325,175	47,587,907	262,732	0.48%	55,125,841
N180	154,417,750	155,704,816	1,287,066	0.86%	139,484,202
Ottawa	36,627,770	35,038,933	(1,588,837)	-3.99%	36,006,249
West MI	20,519,552	20,084,981	(434,571)	-2.27%	17,637,237
LRE & Beacon	10,969,861	9,391,030	(1,578,831)	-16.81%	11,809,258
	296,740,040	294,193,478	(2,546,562)		285,002,328

	June 2021 SUD	July 2021 SUD	Difference	%of Budget	FY20 Spend
Allegan	1,353,030	1,339,768	(13,262)	-0.70%	899,734
Healthwest	3,031,505	3,274,646	243,140	4.66%	4,623,426
N180	7,807,848	8,053,920	246,072	1.98%	6,248,337
Ottawa	1,541,803	1,834,761	292,958	9.27%	1,569,919
West MI	1,289,004	1,342,753	53,749	2.96%	1,614,656
LRE & Beacon	1,115,718	1,689,002	573,284	33.94%	774,553
	16,138,908	17,534,851	1,395,942		15,730,625

Total Medicaid Surplus/(Deficit) Projection (Med 1115/HSW/CW/SED + Autism), Excluding DCW 5,724,936

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

 Projected Medicaid ISF/Savings At Year End: **54,505,186**

 Healthy Michigan Plan Surplus/(Deficit) Projection 7,732,044

 Projected MDHHS Performance Bonus **2,419,516**

 Projected Reserve Total At Year End: **64,656,745**

ISF @ 7.5%	\$ 29,221,788.50
Savings @ 7.5%	\$ 29,221,788.50
Total Max Allowed	\$ 58,443,576.99
Difference	\$ (6,213,168.45)