LAKESHORE REGIONAL ENTITY

CEO Report
December 2021

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

TRAGIC SHOOTING IN OXFORD MICHIGAN –
a deadly school shooting took place November 30, in Oxford, Michigan, in Oakland County. Four students have died with seven other students and teachers seriously wounded. The suspect is a 15-year-old student at Oxford Schools.

This has been shocking and saddening.

The staff at Oakland Community Health Network (OCHN), the CMH in Oakland County and a CMHA member, their provider network, and school staff have been on the scene from moments after the shooting, providing crisis and trauma care. They will continue to work with the school students, families, school staff, and the community as they deal with the shock, pain, and trauma of this event.

CMHs, PIHPs including LRE, and providers in the region and from across the state have provided support and staff to OCHN, Oxford Schools, the city of Oxford and the surrounding communities as they work to recover from this tragedy.

Our thoughts and prayers are with the students, families, school staff, and the Oxford community as they recover.

COVID –
CMS vaccine mandate has been halted. The Federal court ordered a stay of the CMS vaccine mandate. Earlier in December notification was received of a federal court's ruling that temporarily halted the implementation of the CMS issued COVID vaccine mandate.

In conclusion, CMS mandate raises substantial questions of law and fact that must be determined, as discussed throughout this opinion. Because it is evident CMS significantly understates the burden that its mandate would impose on the ability of healthcare facilities to provide proper care, and thus, save lives, the public has an interest in maintaining the "status quo" while the merits of the case are determined. *Dataphase*, 640 F.2d at 113; *Love*, 185 F. at 331.

BEACON CONTRACT –
The LRE continues to work with Beacon regarding the contracted services. Now that LRE has

staff hired as point people, they have started to contact Beacon staff that are tasked with similar areas to begin to work with them to identify current process with Beacon.

Specific activity that Beacon provided support in this month included the following:

Finance:

- Provided LRE with FY 2022 payment rates that included preliminary CCBHC break-out. Updated a portion of the FY 2022 Revenue Projection Model to include CCBHC capitation revenue.
- Supported LRE CFO as it relates to reviewing CCBHC supplemental rates and CCBHC portion of base capitation rates. Attended MDHHS CCHBC meeting on 12/10.

Utilization Management

The Beacon UM team continues to handle the reporting of weekly FUH data for the region. The team is also assisting the appeals department with completion of the PA Services Referral Form for Appeal cases and attending/contributing to those weekly meetings to discuss relevant appeals with the CMH and Appeals Department. Grand Rounds continue to be available monthly, with the respective CMHs. Additionally, the team arranges for complex case conferences with the MD as requested. Beacon will present at the upcoming UM ROAT the IRR program that has been recommended to be adopted with implementation to hopefully start soon.

Integrated Healthcare

In November, monthly joint care coordination meetings were held with each of the Medicaid Health Plans that serve this region. During the November meetings, 57 consumers were discussed with their respective MHPs related to their potential or ongoing be discussed with their respective MHPs related to their potential or ongoing benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 5 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place. During November, there were 7 new interactive care plans opened, with agreement by the respective CMHs and Medicaid Health Plans. Additionally, the annual Performance-Based Incentive Program narrative was written with input from each of the CMHSPs, and submitted to LRE for submission to MDHHS, per MDHHS-LRE contractual requirement.

STATE "ACTION PLAN" DISCUSSIONS –

The November 23, 2021, status conference takeaways:

- The Judge was told that the drafts of the settlement agreement had been exchanged, that counsel had a conversation about the settlement agreement and various ways to reach the

finish line, and that LRE Counsel had posed various questions to the State that needed to be answered before finalizing any agreement. The assistant attorney general concurred but told the judge that she did not expect to get answers to our questions until next week given the Thanksgiving holiday. She requested that he adjourn the status conference another 30 days. The judge agreed and scheduled a **status conference for 12/28/21 at 9 am.**

- Andrew Vredenburg appeared for Muskegon County/HealthWest. He interjected and asked the judge to schedule a date on his motion to intervene. The judge acquiesced and set a **1/21/22 deadline for the State to file a response to the motion to intervene** and scheduled **oral argument on the motion to intervene to take place on 2/2/22 at 9 am**.
- Mr. Vredenburg also asked the judge to schedule a hearing date for the full administrative hearing, but the judge declined, stating the parties can address that issue at the next status conference.

Next Steps:

- Waiting for MDHHS to give responses to necessary questions, including its position on whether it intends to financially contribute to the deficit.
- LRE strategy for what to do after the state responds is yet to be determined.
- The next status conference is scheduled for 12.28.2021. Counsel seems to think it is likely that we will have an agreement with MDHHS on the Sanctions matter.

UPDATES FROM LANSING –

- **System Redesign Proposals**
  - **Senate Bills (SB) 597 & 598** – Financial Integration Bills
    The changes made to these bills which included changing the number of phases from 3 to 4, timeline of each phase changing to 2 years, integration date changed to 2030, adding language that allows the department to terminate a phase if it was deemed unsuccessful, and changes made to the Mental Health Code language in Chapter 2 which changes the roles of CMHs after integration to allow the Health Plans to assume that role. CMHs would simply be in a Provider type role. Local decision making would be moved to out of state Boardrooms across the country. It is unclear if these will pass out of the Senate yet this year and may likely be moved to next year. There are a number of states, including Iowa, where this type of plan just did not work. The data used from Iowa is supportive that this is a bad move for our state. CMHAM has been working with agencies and folks in the business community to assist them in joining us in opposition of this legislation. Action Alerts, emails, and phone calls are the current methods of informing the community of the harm this will cause. The Association is also using social media and encouraging everyone to contact their legislators. White boarding on social media is one method that West Michigan CMH is utilizing. The Association is developing this method for use on CMHA's social media at this time. An animated video that describes what the issues

are and how to get more involved. The whiteboard method is much less of a high-level view of the problem and helps to get the average citizen more involved.

- **House Proposal – "Rep. Whiteford Proposal"** - There is not much of an update on the House (Rep. Whiteford) Proposal. There is likely to be more changes to this package that would have the ASO be in a contract with the State directly and have all the dollars and oversight go directly to the CMHs. It would still eliminate the PIHPs and replace them with the single ASO. The fact remains that we will have to wait and see what the final proposed package will look like.

- **Democratic Listening Tours** - Rep. Brabec wrapped up the tours in mid-November. Any type of package that may possibly be put together remains to be seen.

- **Afghan Nationals**
  MDHHS gave an update to the PIHP CEOs in December. Lunch and Learn Sessions are being held and archived. There is indication that demand for interpreters is growing high and expensive and with interpreters in low supply. Priority Health seems to have a lack of mild – moderate culturally sensitive Medicaid entitlement assessment and ambulatory care services for this population. The LRE is coordinating a training with Samaritas in January. West Michigan CMH and Allegan CMH will be participating in the training. The remaining CMHs in the region have training arrangements in place with Bethany Christian Services.

- **Staffing Crisis** – There is no improvement with the staffing crisis.
  - Early in November BHDDA held a meeting with all CMH and PIHP CEOs regarding Psychiatric Inpatient Discharge Planning from the state hospitals. They have said that we need to do a better job at finding placements despite the residential crisis and staffing shortages. The letter included language about recipient rights violations as they did not need the level of care of a state psychiatric inpatient facility. All Member CMHs are working on placements regarding individuals that are ready for discharge however finding placements is getting more challenging each week.
  - In late November 3 of the 5 CMHs in the region received summons to appear in Kalamazoo District Court regarding discharges and need for placements. Disability Rights of Michigan was present and was the party behind the petitions. When regional leadership reached out to MDHHS/BHDDA they did not have any knowledge of this and were surprised to hear that it was going on.

CMHA SPECIAL ASSESSMENT –
ASK from CMHA: The CMHA Steering Committee, by a unanimous vote, supported the issuance, by CMHA, of a Voluntary Special Assessment of its CMH and PIHP members.

PURPOSE OF VOLUNTARY SPECIAL ASSESSMENT: The purpose of this special assessment (in which participation is voluntary on the part of each CMH and PIHP) is to provide a significantly increased level of funding for CMHA's advocacy work – an increase designed to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those whom we serve.

These increased dollars would be used, as your dues and fees to CMHA are currently used, to fund the advocacy, government affairs, and media/public relations work of CMHA - but with greater intensity and reach. The legal and accounting bases for your supporting this special assessment are no different than those for the dues and fees that you have traditionally paid to CMHA- thus allowing the use of any funding source (Medicaid, GF, local, earned revenue, etc.) to be used to pay this special assessment.

While the details of this expanded public education and media relations effort, based on our current efforts, will be developed in the coming weeks, it is likely to include expanded coverage in press, electronic, and social media; additional first-person narrative videos; billboards; and public opinion polls.

ROUGH SIZE OF SPECIAL ASSESSMENT: CMHA is working to draw together, through this special assessment, a public education and media relations fund of size – a size to compete in the public arena, with those who spend, at last count, 27 times what our association, members, and allies spend on such efforts.

To build this fund in a way that is roughly proportional to the size of the budgets of CMHA member organizations we are suggesting (only suggesting; you know your budget best) that any of the following be used (or any other method that your organization chooses) to get a sense of the size of the special assessment that each member consider contributing (A reminder that this contribution is voluntary, with the amount given, if any, being determined by the CMHA member organization):

- CMH members: Some ways to think through your organization's contribution:
- A voluntary contribution equal to the CMH's dues to CMHA
- A percentage (0.5%, 1%, 2%) of the CMH's budget
- PIHP members: Some ways to think through your organization's contribution:
- A voluntary contribution equal to 4 times the PIHP's fees to CMHA
- A percentage (0.5%, 1%, 2%) of the PIHPs budget

Legal responses received from CMHA to some concerns raised by CMHSP/PIHPs:

Question 1: Can Medicaid funds make up part or all of the payment, by a CMH or PIHP, of this special assessment and any other dues payment to CMHA, if those funds fuel advocacy work?

Legal opinion of Feldesman, Tucker, Liefer, and Fidell:
Determination as to whether lobbying is the primary purpose of CMHA, in light of Adam Falcone's counsel, above: The lobbying costs of CMHA total $220,000 per year (reflecting staff time spent in lobbying, contracts with multi-client lobbying firms, and corporate contributions to the corporate/issue advocacy/officeholder accounts of elected officials; note that these are not and cannot be campaign contributions). If the lobbying component of the Special Assessment is $100,000, the total lobbying expenditures would be $320,000. So, at its peak, the lobbying expenditures of CMHA would be 3.3% of the association's annual budget of $9,776,747 (FY 2022) – far below the 51% threshold that is the standard measure for determining if lobbying is the primary purpose of an organization.

Thus, Medicaid dollars can be used, by CMH and PIHP members of CMHA can use Medicaid funds to pay dues and fees, including special assessments, to CMHA.

Question 2: Does the federal Hatch Act prohibit a CMH or PIHP from making this special assessment payment if those funds fuel advocacy work?

Legal Opinion of Cohl, Stoker, and Toskey (examining both the federal Hatch Act and the segments of the MDHHS contracts with the state's CMHs and PIHPs that cite the Hatch Act):
Determination if the lobbying done by CMHA is in violation of Hatch Act: CMHs and PIHPs who, as members of CMHA, pay dues and fees for such membership are not (1) using their position to interfere with or affect the result of an election or nomination for office; (2) coercing, commanding or advising a State or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes; or (3) being a candidate for elective office.

Thus, CMHs and PIHPs who, as members of CMHA, pay dues and fees, including the current Special Assessment, for such membership are not in violation of the Hatch Act.

The average commitment of these CMHA members is $20,000 per organization, with the size of the CMH member organization's dues to CMHA or some multiplier of the PIHP member fees to CMHA serving to guide the commitment level.

The LRE is waiting for a response from CMHA in relationship to the following areas:

- Position on the allowability of the special assessment as it pertains to 2 CFR 200.421, 200.450 and 200.454 specifically.

LRE BY-LAWS AND OPERATING AGREEMENT –
LRE is prepared to bring the By-Laws and the Operating Agreement to the January 2022 Board Work Session and Board of Directors Meeting. Finance ROAT is still working thru the accompanying policies and then Operations Council will review the policies. The necessary timeline to accomplish this is aligned with the workload at the present time.

This update has been prepared by the Office of Global Michigan for sharing with the following local agencies in Michigan: ***WIC*** *(Women, Infants, and Children),* ***CMH*** *(Community Mental Health), and* ***LHD*** *(Local Health Department)* ***Health Officers****. Resettlement agencies have also received this update. Information is coming quickly and is subject to change.*

Michigan Weekly Afghan Arrivals Status Report

Affiliate/City	*Resettlement County*	*Proposed Capacity*	*Assured, yet to travel* [a]	*Arrived* [a]
JFS/Ann Arbor		**300**	**115**	**149**
	Washtenaw	300		149
USCRI/Dearborn		**200**	**212**	**110**
	Wayne	undetm		?
	Oakland	undetm		?
	Macomb	undetm		?
Samaritas/Troy		**350**	**286**	**48**
	Genesee	50		0
	Wayne	undetm		?
	Oakland	undetm		?
	Macomb	undetm		?
CCSEM/Clinton Twp		**25**	**29**	**8**
	Wayne	undetm		?
	Oakland	undetm		?
	Macomb	undetm		?
Samaritas/Grand Rapids		**75**	**72**	**40**
	Kent	45		40
	Calhoun	30		0
BCS/Grand Rapids		**230**	**145**	**100**

	Kent	100		91
	Muskegon	65		0
	Ottawa	65		9
Samaritas/Kalamazoo		**100**	**70**	**25**
	Kalamazoo	100		25
BCS/Kalamazoo		**30**	**28**	**2**
	Kalamazoo	30		2
SVCC/Lansing		**300**	**145**	**153**
	Ingham	300		153
		1610	**1102**	**635**

[a] Provided by the federal government; number last updated: 11/30/2021

County	*Proposed*	*Arrived*	*Proportion*
Calhoun	30	0	0.0%
Genesee	50	0	0.0%
Ingham	300	153	51.0%
Kalamazoo	130	27	20.8%
Kent	145	131	90.3%
Ottawa	65	9	13.8%
Muskegon	65	0	0.0%
Washtenaw	300	149	49.7%
Wayne/Oakland/Macomb	525	166	31.6%
	1610	*635*	*39.4%*

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

LAKESHORE REGIONAL ENTITY

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
December 16, 2021 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

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.
   - December 16, 2021, Board of Directors meeting agenda *(Attachment 1)*
   - November 18, 2021, Board of Directors meeting minutes *(Attachment 2)*
   - LRE Policies

5. Consumer Advisory Panel *(Attachment 3)*
6. Reports –
   a. LRE Leadership *(Attachment 4, 5, 6, 7, 8, 9, 10)*

7. Chairperson's Report – Mr. DeYoung
   a. December 8, 2021, Executive Committee *(Attachment 11)*

8. Action Items –
   i. LRE Board Meeting Schedule, 2022 *(Attachment 12)*
   Suggested Motion: To approve the 2022 LRE Executive Board meeting schedule

   ii. LRE Policies
   Suggested Motion: To approve the updated LRE Policies as modified:

GENERAL MANAGEMENT	**IT**
1.0 General Management 1.1 Conflict of Interest Policy 1.3 Policy Promulgation Policy 1.4 Freedom of Information Act Policy	3.0 Information System Management 2020 3.1 Data and System Security 2020 3.2 HIPAA Security and Privacy 2020 3.3 Workstation and Mobile Device Acceptable Use 2020 3.4 Internet Acceptable Use 2020 3.5 Breach Notification 3.6 Records Retention – NEW

SUD	PROVIDER NETWORK
12.1 Ensuring the Rights of the Person Served 12.2 Informing Recipients of Their Rights 12.3 Release of Information 12.4 Use of Reserve PA2 Funds	4.1 Procurement of Provider and MCO Services 4.2 Provider Network and Contract Management 4.4- Credentialing and Re-Credentialing 4.5- Notification of network changes 4.7- Network Provider Appeals and Grievance 4.8- Provisional Approval- HCBS

Suggested Motion: To approve the rescinding of LRE Policies/Procedure:

i. 12.2 Informing Recipients of Their Rights
ii. 1.1a Conflict of Interest Procedure
iii. 1.2 Asset Protection Policy
iv. 4.6- Behavior Treatment Review Committee

iii. LRE FY22 Risk Plan
Suggested Motion: To approve the LRE FY22 Risk Plan

iv. LRE FY22 QAPIP
Suggested Motion: To approve the FY22 QAPIP

v. LRE/CMHSP Contract Amendment #2 – Extension *(Attachment 13)*
Suggested Motion: To approve the LRE CEO to fully execute the PIHP/CMHSP Contract Amendment #2

vi. Co-Staff Contract
Suggested Motion: To approve the LRE CEO to fully execute the Co-Staff human resources contract

vii. LRE Staff Insurance *(Attachment 14)*
Suggested Motion: To rescind its February 18, 2021, motion approving section 4 as the LRE's health care costs sharing option and adopt the Section 3 option that caps the LRE's annual health care costs for employees up to amounts based on coverage levels, beginning January 1, 2022.

9. Financial Report and Funding Distribution – Ms. Chick *(Attachment 15)*
   a. FY2022, November Funds Distribution *(Attachment 16)*

Suggested Motion: To approve the FY2022, November Funds Distribution as presented

b. Statement of Activities as of 10/31/2021 and Variance Report *(Attachment 17)*
c. Bucket Report (*Attachment 18)*

10. CEO Report – Ms. Marlatt-Dumas
11. Board Member Comments
12. Public Comment
13. Upcoming LRE Meetings
    - January 12, 2022 – LRE Executive Committee, 3:00 PM
    - January 20, 2022 – LRE Executive Board Meeting, 1:00 PM

14. Adjourn

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440
November 18, 2021 – 1:00 PM

WELCOME AND INTRODUCTIONS – Mr. DeYoung
Mr. DeYoung called the November 18, 2021, LRE Board meeting to order at 1:05 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung
In Attendance: Mark DeYoung, Peg Driesenga, Matt Fenske, Patricia Gardner, Steven Gilbert, Jack Greenfield, Jacquie Johnson, Shaun Raleigh, Jay Roberts-Eveland, Ron Sanders, John Snider, Stan Stek, Jane Verduin

Virtual Exempt: Peg Driesenga, Patricia Gardner, Jacquie Johnson, Jack Greenfield

PUBLIC COMMENT
None.

CONSENT ITEMS:
LRE 21-43 Motion: To approve by consent the following items.

- October 21, 2021, Board of Directors meeting minutes

Moved: Matt Fenske Support: John Snider
MOTION CARRIED

LRE 21-44 Motion: To approve removing November 18, 2021, Board Agenda from the consent agenda to add:

6b. Motion to consider nomination for a new Board member from HealthWest, Muskegon County

Moved: Stan Stek Support: Jay Roberts-Eveland
MOTION CARRIED

LRE 21-45 Motion: To approve adding to the November 18, 2021, Board Agenda:

4a. Motion to go into closed work session.

Moved: Jay Robert-Eveland Support: Steven Gilbert
ROLL CALL VOTE - UNANIMOUS

MOTION CARRIED

LRE 21-46 Motion: To approve moving into closed session to consult with LRE Legal, Greg Moore regarding settlement strategy in connection with pending litigation

Moved: Matt Fenske Support: Jay Roberts-Eveland
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

LRE 21-47 Motion: To approve moving out of closed session

Moved: Ron Sanders Support: Steven Gilbert
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

WRITTEN BOARD REPORTS

LRE Leadership reports are included in packet for information.
#7-Jay Roberts-Eveland - If a consent for service is not updated then we are not allowed to send the information to the State regarding SUD.

CHAIRPERSON'S REPORT

Minutes from the November 10, 2021, Executive Committee meeting are included in the packet.

BOARD MEMBER NOMINATION - HEALTHWEST:

LRE 21-48 Motion: To approve Linda Jaurez as an LRE Board Member, nominated by HealthWest Board of Directors

Moved: Stan Stek Support: Jane Verduin
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

ACTION ITEMS

LRE 21-49 Motion: To approve the updated LRE Governance Board Policies as modified:

a. 10.2 – Committees
b. 10.4 – Board Governance
c. 10.5 – Code of Conduct
d. 10.12 – Budget
e. 10.13 – Communication and Counsel
f. 10.17 – Management Delegation
g. 10.19 – Monitoring CEO Performance
h. Procedure – Compensation and Benefits

Moved: Jane Verduin Support: Shaun Raleigh
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

LRE 21-50 Motion: To approve the rescinding of LRE Governance Board Policies:

a. 10.3 – Committee Principles
b. 10.6 – Open Meetings Act
c. 10.7 – Board Chair Role
d. 10.8 – Board Member Job Description
e. 10.9 – Board Outcomes Accomplishment
f. 10.10 - 501(c)(3) Representation
g. 10.11 – Delegation Unity of Control
h. 10.14 – Compensation and Benefits
i. 10.15 – Financial Condition
j. 10.16 – Global Executive Constraint
k. 10.18 – Executive Role and Job Description
l. 10.20 – Treatment of Plan Members
m. 10.21 – Treatment of Staff

Moved: Stan Stek Support: John Snider

ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

LRE 21-51 Motion: To approve the LRE FY21 Corporate Compliance Plan

Moved: John Snider Support: Steven Gilbert

ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2021 October Funds Distribution

LRE 21-52 Motion: To approve the FY2021, October Funds Distribution as presented

Moved: Stan Stek Support: Steven Gilbert
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

Statement of Activities as of 9/30/2021 and Variance Report-
Included in the Board packet for information.

- Not available and will be brought to the December Board.

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

- Not available and will be brought to the December Board.

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

- Covid mandate- The LRE does not have a legal opinion and the counties will follow their own legal.
- Chief Compliance Officer will begin in December. An offer has been extended for a Chief Quality Officer. Kristi Drooger is resigning.
- The amount of Afghan Nationals that will be placed in this region has increased. We are discussing a training for the LRE staff and will include any of the CMHs, if needed.
    - Ms. Johnson would like to know if there is a possibility of hiring Afghan National individuals after placement. Ms. Marlatt-Dumas comments that this is not something that has been discussed but could be looked at after they are placed
- The LRE is updating the Bylaws and Operating Agreement. These documents will be brought to the Board after review from the CMH CEOs.

BOARD MEETING LOCATION

- Acoustics are difficult. LRE will check into a solution.
- Mr. DeYoung would like to continue the virtual option after the beginning of the year.

BOARD MEMBER COMMENTS
None.

PUBLIC COMMENT
None.

UPCOMING LRE MEETINGS

- December 8, 2021– Executive Committee, 3:00 PM
- December 9, 2021 – Consumer Advisory Panel, 1:00 PM
- December 16, 2021 – LRE Executive Board Meeting, 1:00 PM

ADJOURN
Mr. DeYoung adjourned the November 18, 2021, LRE Board of Directors meeting at 3.30 PM.
Stek/snider

Jane Verduin, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

LAKESHORE REGIONAL ENTITY

CONSUMER ADVISORY PANEL MEETING AGENDA

Thursday, December 9, 2021 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call in

Present: John W., Lynette B., Sharon H., Shaunee T., Lucinda S.
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, George Matokis, Michelle Anguino, Stacia Chick, Don Avery, Jim McCormick
CMH Staff: Anna Bednarek (Ottawa), Chris Frederick (N180), Devon Hernandez (WM), Cathy Potter (Allegan)

1. Welcome and Introductions.
    a. Review of the December 9, 2021, Agenda
    b. Review of the October 14, 2021, Meeting Minutes

    December 9, 2021, agenda is accepted as presented and October 14, 2021, meeting minutes are accepted as presented.

2. Member Stories – Limit 5 minutes
    a. Member Experiences
        - Lynette updates the group that there are 2 individuals that were heavily involved in advocacy for mental health and peer supports that have passed away.

3. LRE Staff Members
    i. Clinical – Michelle Anguiano
        - The new CCBHC and Customer Services Manager for the LRE.
    ii. CFO – Stacia Chick
        - The new CFO for the LRE. Ms. Chick had previously worked at a CEI CMH.
    iii. Provider Network – Don Avery/Jim McCormick
        - Mr. Avery and Mr. McCormick are the Provider Network Managers for the LRE. They both cover different CMHs but work together on overlapping items. They will review the performance of the provider network region wide.

Action: Marion will send out the LRE organizational chart along with a description of job responsibilities.

4. CAP Meetings Lead Person
    - Shawnee comments that she would like to have one of the consumer individuals as a lead person. John W. agrees with Shawnee.
    - Mary would like to see this as a more shared responsibility. The Chair should co-facilitate with Michelle Anguiano to make sure that we are meeting the federal requirements and meeting the needs of the group. We may also bring leadership training to the group. This would help the members taking on leadership roles and help with speaking in groups.
    - Sharon agrees with Mary's recommendation.
    - Lynette comments that some of the individuals in the group have training experience and could help with group trainings.
    - Mary comments that she would like to see the groups recovery story through pictures and story boards as a future project. Michelle will help facilitate these types of activities.

    Motion: To approve having the LRE CS person co-facilitate with a CAP lead person for 2022 meetings.
    Moved: Shawnee T. Support: Lucinda H.
    MOTION CARRIED

    Motion: To approve rebranding of the consumer advisory panel for 2022
    Moved: Shawnee T. Support: John W.
    MOTION CARRIED

5. LRE Policies
    Mary updates that the LRE policies will be posted on the LRE website as they are approved by the LRE Board. Below is a list of policies that will be reviewed by the Board during the December meeting. In the future Michelle will begin to walk through the CS policies with this group. The purpose for this group will be to review policies for understanding.

Approved Policies	Policies to 12/16 Board for Approval
10.1 Annual Planning Cycle 10.2 Committees Structure 10.3 Committee Principles 10.4 Board Governance 10.5 Code of Conduct 10.6 Open Meetings Act 10.7 Board Chairs Role 10.8 Board Member Job Description	<u>GENERAL MANAGEMENT</u> 1.0 General Management 1.1 Conflict of Interest Policy 1.3 Policy Promulgation Policy Policy Promulgation Procedure 1.4 Freedom of Information Act Policy 1.4 FOIA Procedure

10.9 Board Outcomes Accomplishment 10.11 Delegation of Unity 10.12 Budget	
	IT 3.0 Information System Management 2020 Information System Management Procedure 3.1 Data and System Security 2020 Date and System Security Procedure 3.2 HIPAA Security and Privacy 2020 3.3 Workstation and Mobile Device Acceptable Use 2020 3.4 Internet Acceptable Use 2020 3.5 Breach Notification Breach Notification Procedure 3.6 Records Retention – NEW
	PROVIDER NETWORK 4.1 Procurement of Provider and MCO Services 4.2 Provider Network and Contract Management 4.3- No policy provided 4.4- Credentialing and Re-Credentialing Credentialing and Recredentialing – Licensed Individual Practitioner (LIP) Procedure NEW Credentialing and Recredentialing – Organizational Providers Procedure NEW 4.5- Notification of network changes 4.7- Network Provider Appeals and Grievance Provider Appeals and Grievance Procedure 4.8- Provisional Approval- HCBS Non-Licensed Provider Qualifications Procedure – NEW
	SUD 12.1 Ensuring the Rights of the Person Served 12.2 Informing Recipients of Their Rights 12.3 Release of Information 12.4 Use of Reserve PA2 Funds Use Of Reserve PA2 Funds for Special Projects Procedure

6. Regional/State Updates – Mary Marlatt-Dumas/Stephanie VanDerKooi

i. Board Association Advocacy
   - The Board Association advocates for appropriate funding and to make sure needs are met.
   - The LRE cannot fund any organization that is involved in lobbying. There is a debate as of now on whether PIHPs can appropriately give the Association a donation. We are having our auditing team review law and regulations. The LRE is also being very cautious of how we are spending funds due to the past deficit.

ii. Bills 597-598 Update
   - The bills have been voted out of the Senate. A thorough analysis is being completed to see who would advocate against these bills.
   - Part of the funds that the Board Association would be to advocate for improvement in our system but in a different way than these bills are recommending.
   - Mary will work with Michelle to send out information.

7. LRE Board Meeting
   December 16, 2021 – 1:00pm
   GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
   Call-in information will be posted on the LRE website
8. Upcoming CAP Meetings for **2022** (2nd Thursdays of every third month [Quarterly] - 1:00 pm to 3:00 pm)
   March 10, June 9, September 8, December 8

9. Other:

FUTURE AGENDA ITEMS

LAKESHORE REGIONAL ENTITY

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

COO UPDATES

LRE is pleased to welcome Elizabeth "Liz" Totten to the LRE team serving as the Clinical/UM Manager effective December 2. An organizational chart will be distributed with the January 2022 Board meeting materials.

CCBHC (CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC) ROLLOUT:

The rollout of CCBHC demonstration sites (HealthWest and WMCMH) took place on October 1, 2021. The CCBHCs are meeting regularly with LRE to discuss obstacles and develop policy and procedure around the Waiver Support Application (WSA). The WSA will allow tracking of CCBHC eligibility and help with data reporting. MDHHS has met with LRE to update on CCBHC handbook changes and discuss issues within the system that are causing delays in the system. New eligible CCBHC clients are being enrolled in the WSA daily.

Michigan Crisis and Access Line (MiCal) rollout is underway. Updates coming soon!

CUSTOMER SERVICES UPDATE:

Meetings have been held with Beacon Health Options to understand the overall grievance and appeal process throughout the region. Guide to Services is currently being updated for 2022. Consumer Advisory Panel (CAP) has motioned to allow Michelle Anguiano (customer services manager) to facilitate the future agendas and work with peer leader to discuss agenda items for each meeting. CAP members discussed training in leadership for peers and rebranding the panel to be more involved in advocating for mental health awareness in the community.

SUD PREVENTION UPDATE - Amy Embury, Sud Prevention Manager

TalkSooner Update- A PowerPoint presentation from Karen Kirchenbauer, Seyferth PR, is included with the Board meeting materials.

Gambling Disorder Grant

Please find attached the FY21 Summary of Activities.

SUD TREATMENT UPDATE - Amanda Tarantowski, SUD Treatment Manager

Reports have been submitted to the state that track Priority Population wait time for treatment, Communicable Disease Education and the Annual Women's Specialty report. A meeting was held with state, the Michigan Department of Corrections and all CMH's to initiate efforts to streamline criminal justice involved referrals.

There have been a variety of changes related to the state's E-grams reporting requirements and LRE staff is waiting for details as to when the American Rescue Funds will be distributed.

CREDENTIALING UPDATE - Pam Bronson (Credentialing Specialist):
In November, the Credentialing Committee met and approved 22 providers for credentialing/re-credentialing. Auditing and verification of several provider lists continues, and we've started to incorporate several additional providers into our credentialing flow. We continue to get good responses from providers for re-credentialing notices, and Contract Managers have been helpful getting updated contact information when needed.

AUTISM/BEHAVIOR HEALTH TREATMENT
Justin Persoon, BCBA, LBA, LLP joined the LRE on November 15 as the Autism Manager. Much of the work this month has been focused on assessment of the program as it stands now and plans for development. While there are challenges identified with the BHT program, we are committed to refining and improving services for those who need this level of care. Some highlights of the work we have started include:

- Working with CMH Autism coordinators and contract managers on a weekly basis. This Autism workgroup is currently focused on areas including eligibility evaluations, referral processes, transition planning, and provider consistency.
- A Quarterly Provider Meeting with all Autism/BHT and Evaluating providers in the region. The meeting is designed to improve consistency, preemptively identify barriers, and improve communication. This group met last on December 1st.
- MDHHS communication clarifying Bulletin 21-20 regarding frequency of Autism Eligibility Evaluation frequency. This information was pushed out to the CMHs and Autism/BHT provider network
- Ongoing communication and support regarding CMH corrective action plan for Autism/BHT.
- Preliminary work on improved data reporting interface. This work is being done with *ReFocus Group* and when complete should yield improved synthetization of data for better decision making.

Upcoming:

- The Autism/Behavioral Health Treatment team is working on developing a training for CMH Autism coordinators and supports coordinators focused on quality of care, coordination of services, medical necessity, and transition planning.
- Development of a Q&A document for Autism/Behavior Health Treatment (BHT) to include common questions regarding Eligibility Evaluations, Behavior Assessments, Coordination of Care, Wavier Support Application (WSA), and Transition Planning.
- Updates to the LRE Policy regarding Autism/BHT services

Autism Benefit:
There were 46 approvals and 18 closures in November 2021. 1498 children are currently open to the Autism Benefit in the region:

Allegan – 110
HealthWest – 113
Network 180 – 1025
Ottawa – 212
West Michigan – 38

QUALITY

Site Review Team: A concerted effort for the site review team is the updating and revision of the existing site review tools (e.g., SUD, Member CMHSP's, Providers). Tools from other regions are being compared and required HSAG updates are being incorporated. There is also focus on changing the workflow of the member CMHSP's site review. The new process will imbed most provider site reviews into the member CMHSP's site review versus conducting individual provider reviews. This shift will change the LRE function of performing individual provider site reviews to an oversight role confirming that member CMHSP's are conducting site reviews of their provider networks. The LRE will continue to perform SUD and Licensed Psychiatric Hospital reviews.

HOME AND COMMUNITY BASED SERVICES WAIVER (HCBS)

Provisional surveys were distributed on November 15, with a due date of December 10. The survey was distributed to all providers in the region that have received provisional approval since the last round of surveys, and a 2nd chance for those that did not respond to the most recent round of provisional surveys. The PIHPs are now taking the lead on these surveys, with technical assistance from MI-DDI.

Completion of the provider surveys is mandatory; the region has a 100% completion rate. Participant surveys are optional, but highly recommended to be completed. As of this report, the survey completion rates are:

- HSW Provider Survey: 100%
- HSW Participant Survey: 100%
- iSPA Provider Survey: 100%
- iSPA Participant Survey: 60%

HCBS Non-Responders (Providers that have had multiple chances to respond to HCBS Surveys, and have not completed them). PIHPs were provided two options from MDHHS to deal 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 in order to complete this process before the due date.

LRE has submitted a report to MDHHS with the decision to re-survey all the providers that are still providing services to the listed cases. A significant number of cases were removed due to case closures, service changes, contracts with the CMHSP ending, etc. A total of 17 cases across 13 providers will be re-surveyed.

SERIOUS EMOTIONAL DISTURBANCE WAIVER

SEDW continues to run smoothly in THE Region. There are currently 69 open cases and one pending transfer

- Allegan – 4

- HealthWest – 18
- Network180 – 37
- Ottawa – 8
- West MI – 2

CHILDREN'S WAIVER PROGRAM (CWP)

60 children are enrolled in the Children's Waiver Program. Two prescreens were submitted by Network 180 and one by Ottawa in November. These children were invited to apply for the CWP on December 1st. There are no children on the weighing list for the CWP.

Effective October 1, 2021, MDHHS increased by 100 (50 each year for two years) the number of CWP slots available in the region, which allows for an increase in the number of children being invited to apply for the CWP.

Current Enrollments

Allegan – 2
HealthWest – 9
Network 180 – 42
Ottawa – 6
West Michigan - 1

VETERAN NAVIGATOR UPDATE - Eric Miller

Throughout the past month, the Veteran Navigator (VN) has been heavily involved in helping to launch a Veterans Coalition in Ottawa County that focuses on Suicide Prevention, connecting veterans to resources, and lethal means reduction. Working with the VA and local providers in Ottawa County, the coalition has been successful in saving the life of a suicidal veteran. The Sheriff and local police have been helpful in connecting Veterans with local resources and the LRE VN.

One Veteran required a great deal of assistance in the past month. The LRE VN spent significant time making sure that this individual's needs were met. This individual is a Vietnam-Era Veteran, and it has been difficult for him to reach out for assistance. The LRE VN, along with a group of volunteers, were able to help this individual make some big changes toward make a better life for himself.

The LRE VN has been working closely with the VA and their Community Outreach team to help make improvements to the system that allows Veterans to receive community care that is paid for by the VA. The current system is very complicated and hard to navigate. Working with the Navigators across the state, changes are being implemented to this system.

There has been a call for a faith-based leaders in the community to be available to help with Veterans and their needs. LRE VN has met with several organizations who are excited to help Veteran heal not only physically but mentally and spiritually. This process is in its infancy but has gotten off to a great start.

TalkSooner.org

seyferthpr

BOD DEC. LRE REPORT: TalkSooner and Gambling Prevention

12/13/21

TalkSooner.org

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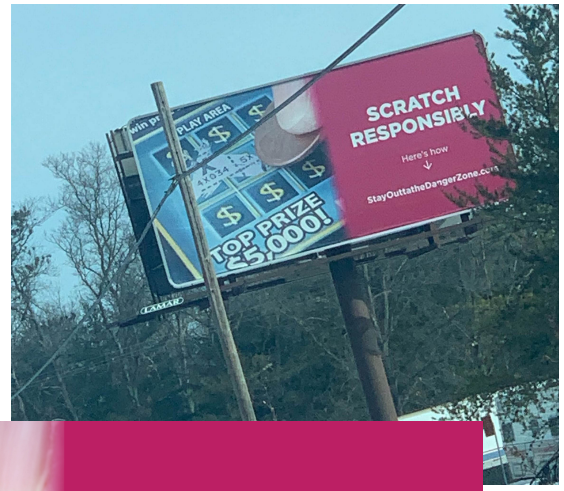
GAMBLING PREVENTION:

- Secured billboards for March – mid-April, 2022 – Coincides with National Problem Gambling Disorder Month, kick-off of proactive media relations campaign



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- Began developing draft strategic planning matrix for 2022
- Continued updates, ideation for 2021-2022

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TALKSOONER:

- Hosted Core Team Meeting, welcomed new contacts; interest in pursuing virtual "Vaping Summit" in April, ahead of 4-20 Day (marijuana smoking "holiday"); possible mini summits for parents, educators and professionals. Exploration of WOOD-TV/Channel 8's Maranda paid role/emcee and contacts; tap into hospital relationships to secure pediatric cardiologist (impact of marijuana and meth vaping, covid lungs/etc.)

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- Updating Drug Trend info., photography on website
- Developing “Pesky Parent Q’s” section for website, leverage to other social channels
- WOOD-TV/Channel 8 “Maranda” interview for “What’s Hiding in Virtual Teen Room” (vaping stash containers); story to air this week; working on additional interest from WWMT/Channel 3

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- At invitation of mPARKS, submitted qualifications to present at March, 2022 mParks Conference – 700 attendees
- Continued media interest – alcohol/holidays – WXMI- Fox 17 story exploration

mParks℠ | Michigan Recreation & Park Association

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- **Building out 2022 planning matrix, continuing outreach, ideation, exploration with:**

  - MyAuto Imports Automotive (Prevention Travels/Car Ride discussions)
  - Gerald R. Ford International Airport (Prevention Takes Flight)
  - Michigan Secretary of State (kiosks, plasma screen messaging)
  - Food trucks – Sober Eats - agreement to pilot collateral materials, begin building base/outreach
  - Outreach/exploration to Dental Offices – tie to oral health/vaping
  - Digital Benefits Toolbox – for local employers to share with employees

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Thank you!

Attachment 6

LAKESHORE REGIONAL ENTITY

GAMBLING DISORDER PREVENTION PROJECT (GDPP)

SUMMARY OF ACTIVITIES, FY21

Abstract

Summary of activities within the Lakeshore Regional Entity region during fiscal year 2020/2021 funded by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care, Compulsive Gaming Prevention Fund.

Report provided by:

KWB Strategies

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EXECUTIVE SUMMARY

The Michigan Gambling Disorder Prevention Project (MGDPP) grant from the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC) began in FY 19. The purpose of this funding is to increase Gambling Disorder (GD) awareness, promote treatment and reduce gambling disorders.

This report provides an overview of LRE efforts and achievements during FY21 for this project.

HIGHLIGHTS:

During the past year, the LRE has utilized the Strategic Prevention Framework to organize the work of this project, completing the following:

- Compiled and published an update to the comprehensive needs assessment for problem gambling in the LRE region.
- Engaged stakeholders to revise the strategic plan to guide efforts in the coming years. The strategic plan includes strategies to address each of the following priorities:
    - Improve treatment availability for individuals with a gambling disorder.
    - Promote advocacy for gambling related issues.
    - Improve identification and referral to treatment for gambling disorders.
    - Prevent problem gambling among adults, youth, and older adults.
    - Support locally developed planning to identify culturally appropriate solutions.
- Supported four local provider projects to address prevention and treatment for gambling disorders in the LRE region with allocations totaling $104,543 in FY21.
- Conducted a regional marketing campaign with the goal of promoting responsible gambling to prevent the risk of developing a gambling disorder. This campaign was developed to counteract gambling ads that have flooded air waves since the legalization of online gambling in Michigan.
- Provided scholarships to support substance use disorder clinicians becoming qualified to serve on the Michigan provider panel for publicly funded gambling disorder treatment. These scholarships resulted in 5 clinicians qualified.
- Maintained a regional youth gambling prevention curriculum used by local providers in in Kent, Oceana, and Ottawa Counties.

I. BACKGROUND INFORMATION

The Gambling Disorder Prevention Project (MGDPP) of the Lakeshore Regional Entity is funded by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC). Funds that support this project are provided exclusively from the Compulsive Gaming Prevention Fund.

The state-intended purpose of MGDPPs is to increase Gambling Disorder (GD) awareness, promote treatment, and reduce GD among youth, young adult, and adult populations.

With these funds, the LRE uses the strategic planning framework (SPF) to enhance capacity throughout the region to address problem gambling. The state partners with pre-paid inpatient health plans (PIHP) for this project because individuals experiencing gambling disorder (GD) have been found to present with a broad range of co-occurring behavioral health disorders.

The purpose of this report is to maintain a record of project efforts and activities throughout the strategic plan's period to support future outcome evaluation of this multi-year project.

II. Summary of Activities FY21

A. Needs Assessment

The LRE region began this project in 2018 by commissioning a needs assessment to better understand attitudes and behaviors related to gambling and to examine the treatment system for gambling disorders. In 2021, an update was published and can be found here: https://bit.ly/3HJMhrm

To complete this update, an on-line survey of adult residents of the LRE region was collected, a survey of clinicians in the LRE network was conducted, and updates for archival data such as lottery spending, casino revenue, youth survey results, and publicly funded GD treatment admissions were compiled.

Results were reviewed at a regional meeting in August 2021 and informed the update to the strategic plan.

B. Strategic Plan Update

An updated regional strategic plan to prevent and reduce problem gambling in the LRE region was developed and adopted in August 2021. On August 6, 2021, the LRE convened stakeholders throughout the region to garner input into the revision of this plan.

During this meeting, the attendees received a presentation of findings from the updated needs assessment. This overview, along with a review of the current strategic plan, and input provided through a stakeholder survey prior to the meeting, provided the structure for a facilitated discussion among attendees. It was determined that all objectives, from the prior strategic plan would be retained, with revision to some of the strategies.

The strategic plan includes strategies designed to affect the following:

- Improve treatment availability for individuals with a gambling disorder.
- Promote advocacy for gambling related issues.
- Improve identification and referral to treatment for gambling disorders.
- Prevent problem gambling among adults.
- Prevent problem gambling among youth.
- Prevent problem gambling among the senior population.
- Support locally developed planning to identify culturally appropriate solutions.

For more information refer to the LRE Strategic Plan: https://bit.ly/3nEO1tK

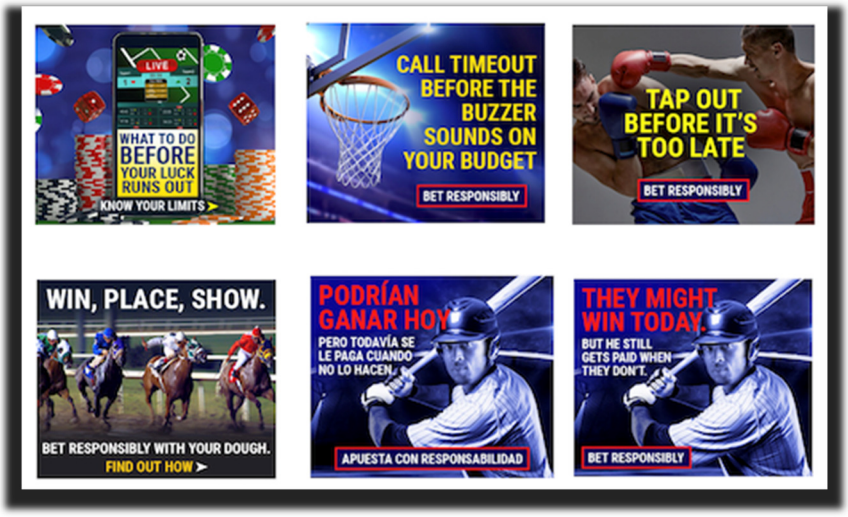
A corresponding logic model was updated which provides a framework to document the project's theory of change. This logic model shows how the efforts of the LRE and partner agencies will work to impact the objectives of the strategic plan and provides a structure to guide evaluation of the strategic plan. The logic model is provided as Attachment B.

C. Social Marketing Campaign

A regional social marketing campaign to support the strategic plan was developed in 2021 in partnership with Seyferth PR. The campaign materials were designed to direct individuals to a webpage, embedded within the LRE website. The webpage provides information about risk reduction strategies, support for problem gamblers, and information to assist parents in preventing gambling problems among their children. The domain used to direct individuals the LRE webpage dedicated to this campaign is: www.stayouttathedangerzone.com

Because the marketing campaign was new, the campaign was sequenced to allow for monitoring the effectiveness of various ads at channeling visitors to the webpage. The results will be used to inform future campaign development.

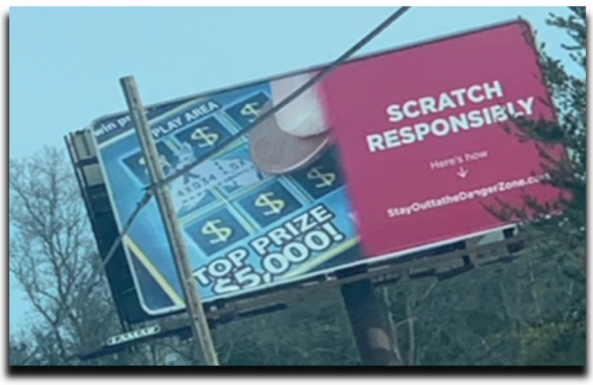
- Online advertisements were created that 'pop up' on the devices of individuals with certain gambling apps downloaded, or who were in the vicinity of designated popular lottery retailers or casinos. These ads ran for four months and were the most successful in



directing users to the site, resulting in 2,391 page views. The timing of the apps coincided with various sporting events such as the Kentucky Derby and UFC that were happening at that time.

- MLive: Three montage videos were developed by MLive which focused on gambling risks and directed users to the webpage. Two informal articles and banner ads also ran that warned readers of the risks of gambling disorders for youth and adults. These ran through MLive for two months and were successful at directing users to the site with 1,732 corresponding page views.

- Billboards: Two billboards with the theme, 'Scratch Responsibly' were displayed in the counties with highest per capita lottery spending; Lake (3/8/21 - 4/4/21) and Muskegon (3/15/21 - 4/11/21). The billboards were ineffective with only 28 page views during this period.



D. Clinician Scholarships

Publicly funded treatment services for problem gambling in Michigan are coordinated by the Michigan Department of Health and Human Services (MDHHS). A state-wide helpline serves as the point of access for publicly funded gambling disorder treatment. Callers are screened and those determined to need treatment (who do not have private insurance which covers gambling disorder treatment), are referred to the nearest provider under contract with MDHHS.

To increase the availability of GD clinicians within the region, scholarships were provided to interested clinicians within the SUD treatment system to complete in the required 30-hour training.

The scholarship reimbursed the agency for required staff time to complete the training at a rate of $85/hour totaling $2,550 per clinician. Clinicians were required to complete the training by September 2021 with the intent of applying to join the state provider panel upon completion.

Six scholarships were awarded, and five clinicians completed the training in FY 2021, expanding the treatment coverage from one county in the region to four.

E. Youth Prevention Curriculum

To support the region's local providers in offering programming to youth, a two-lesson GD prevention curriculum was developed in 2019 for use with middle and high school students and has been approved for use by the Michigan Department of Health and Human Services (MDHHS). The curriculum covers the basics of gambling as well as what is currently legal in Michigan. An overview of gambling is included as well as information about how to get help for gambling disorders. Parent letters are included as a resource which covers gambling as well as gaming issues. As part of the curriculum, students complete a pre and posttest questionnaire to assess improvement in knowledge and attitudes addressed by the curricula.

The regional coordinator provided support and assistance for providers using the curriculum. This curriculum is updated as laws change and in response to evaluation findings and provider feedback.

In response to the closing of all Michigan public and private schools in March of 2020, many providers adjusted to a new format and presented the curriculum using a virtual platform. Additional curriculum for parents was created and a pre-recorded lesson made available online.

Evaluation Results: The region maintains an on-line pre and posttest questionnaires to assess improvements in the knowledge and attitudes that the curriculum seeks to impact. Since December 2019, the region has collected 269 pretests and 182 posttests. The recommended timeframe for completion of the post test is 30 days after instruction is completed. Detailed results specific to FY21 are provided in Attachment C.

The following highlights include results compiled since the beginning of the project, during FY20 and FY21. Posttests in which the respondent indicated they had only received one of the lessons were not included in analysis resulting in 45 posttest responses being excluded.

Among youth participants, between pre and posttest, there was a:

- 35% decrease in those reporting they had placed bets or gambled in the past 30 days (figure 5).
- 123% increase in participants reporting they would know where to get help for a gambling problem (figure 6).

Figure 5

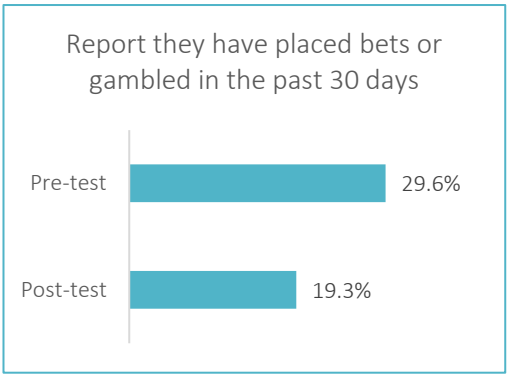
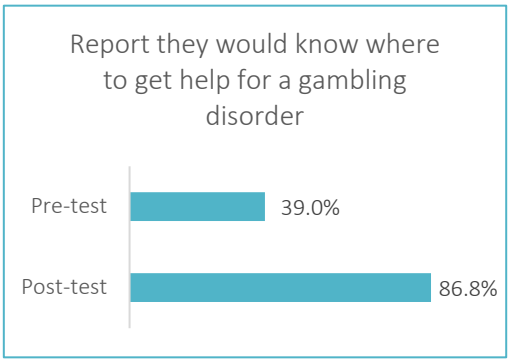


Figure 6



– 45% improvement in youth reporting an understanding that the 'house' always has the best odds of winning (figure 7).

– Youth disagreeing that 'if you play the lotto enough times you will eventually win the jackpot' remained relatively stable. (figure 7).

As shown in figure 8, there was a slight improvement from pre to post-test in participants reporting that 'a person can become addicted to gambling' and that 'gambling can be harmful, even if you have the money to spend.'

Participant responses for the following resulted in no noticeable improvement:

- Agree that 'a person can lose things other than money when gambling'
- Agree that 'gambling is a fun way to spend time.'

Figure 7

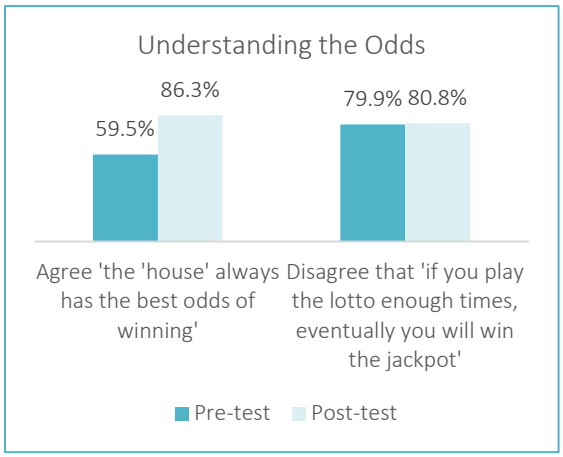


Figure 8

F. Local Initiatives

Each year the LRE puts out a request for proposal for local providers to apply for funds to implement projects to address objectives and strategies found in the strategic plan. Four applications were submitted for FY21, and each was approved for funding.

Locally funded projects included:

Arbor Circle: Muskegon and Ottawa Counties

Integrate GD into all existing prevention programming for youth and parenting programs.

- Implemented youth and parent gambling curriculum and incorporated into 4 current prevention programs.
- The Botvin's Life Skills Transitions class had 28 participants across 7 groups receive the gambling prevention content.
- Gambling Disorder prevention content was provided to 46 Total Trek Quest participants.
- Six parents received gambling prevention info.
- Promoted the Gambling Prevention Survey through social media channels.

District 10 Health Department: Lake, Mason, Oceana Counties

GD Prevention through Education and Awareness: Community presentations, info dissemination, and youth programming, including:

- Two substance use disorder clinicians, located in Lake and Muskegon counties, completed the 30-hour training to join the Michigan Problem Gambling provider panel.
- In Oceana County, 500 bags were stuffed with youth and adult gambling and substance abuse information. All 500 bags were handed out during a food distribution event held at Shelby Public Schools. In Lake County, 250 bags were distributed.
- A press release and social media post were created to educate adults about the importance of not gifting scratch off lottery tickets to children during the holidays.
- Staff completed a recorded presentation of the gambling education program. Approximately 28 Shelby youth viewed the video.
- A press release was developed for problem gambling awareness and submitted to local media outlets that cover Lake, Mason, and Oceana Counties.
- A social media post was created for problem gambling awareness month that received 79 reactions, 27 comments, and was shared 22 times.
- In Oceana County, staff placed informational material in the registration area during COVID vaccination clinics. About 250 people have taken information from the vaccination clinics. Material continues to be placed out as vaccination clinics continue.
- Staff provided material to all 10 banks in Lake, Mason, and Oceana Counties.
- Three hundred prevention packets (substance abuse and problem gambling material) were provided to community members at events, including the Oceana County Fair, New Era Backpack Blowout, and the New Era Farmers Market.
- A community gambling presentation was presented at the Scottville Senior Center to 8 seniors and the Oceana Council on Aging to 20 seniors.
- A recorded general community presentation was created to share via the health departments Facebook page.

Family Outreach Center: Muskegon and Kent Counties

Worked with behavioral health providers to integrate gambling disorders into treatment, develop and promote a self-assessment tool, and weave gambling disorder curriculum into existing prevention programming.

- Completed 14, 45-minute sessions via Zoom with 28 youth.
- Held 5 information dissemination events where problem gambling information was available and discussed with community members; 56 people received information.
- Utilized a one-page flyer and tri-fold brochure for disseminating information in the community about gambling addictions. Additionally, this material is used for postings on Facebook and the FOC Website.
- Distributed 15 gambling treatment manuals to behavioral health providers.
- Involved in 8 information dissemination booths throughout the community; 930 individuals were reached.

Public Health Muskegon County, GD Training and Assessment Project

- Collaborated with substance use disorder efforts among seniors by creating a marketing plan and conducting a community readiness survey.
- Developed a survey to understand gaps in education and resources provided by lottery retailers. Ten retailers completed the survey.
- Developed partnerships with local coalitions that serve the older adult population.
- Shared a total of 22 posts between Public Health Muskegon County Instagram and Facebook pages with a reach of 895 people.
- Two banner ads ran online with a total of 478,494 people who saw the ads and 1,037 people who clicked on the ad to visit the website.
- Flyers, brochures, and resource sheets were distributed at two community events reaching 450 people.

III. Data Highlights: Targeted Objectives

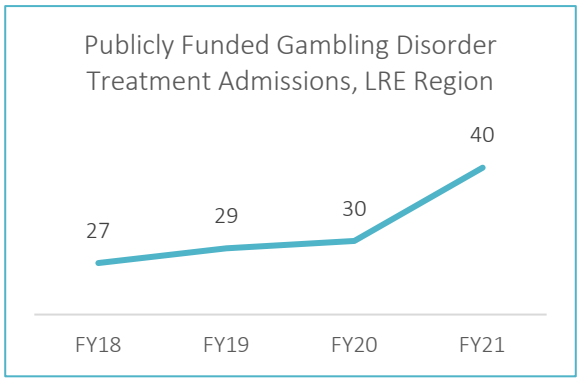
Within the strategic plan the LRE has identified targeted objectives. The following provides a summary of data from the updated needs assessment for objectives with newly collected data. Unless otherwise specified, all data comes from the LRE Problem Gambling Needs Assessment Update 2021, Community Survey

Objective 1.1: *Improve treatment availability for individuals with a gambling disorder.*

Treatment capacity for gambling disorders increased in the LRE region. In 2018 there was only one provider listed on the Michigan panel for gambling disorder treatment in the region, located in southern Ottawa County. As of 2021 there are 11 providers in the LRE region with locations in Kent, Lake, Muskegon, and Ottawa Counties.

In FY21, 40 residents of the LRE region were admitted to publicly funded gambling disorder treatment. An increase from previous years (figure 9).

Figure 9



Objective 1.3: *Improve identification and referral to treatment for gambling disorders.*

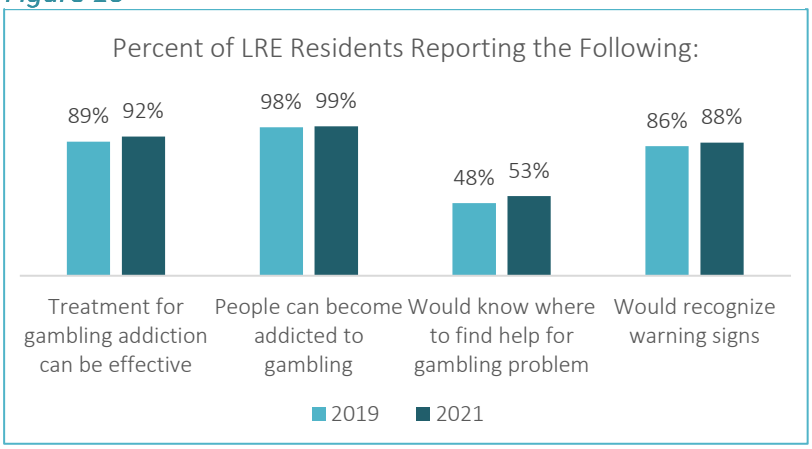
Attitudes and Awareness of Resources: Almost 9-out-of 10 residents of the LRE Region (88%) reported they would recognize warning signs if someone they cared about was developing a gambling problem in 2021; slightly higher than in 2019 at 86%.

Approximately half of respondents (53%) reported they would know where to find help for a gambling problem in 2021, slightly higher than in 2019 at 48%.

When asked where they would seek help, respondents were most likely to report they would seek help from the Michigan Gambling Helpline (50%), followed by contacting a mental health provider (18%).

In 2021, almost all respondents (99%) reported a belief that people can become addicted to gambling, similar to 2019. The belief that treatment can be effective improved slightly to 92%.

Figure 10

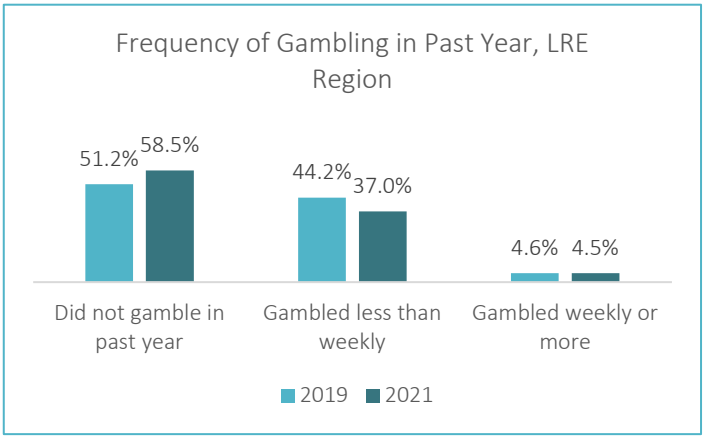


Only 62% of respondents reported that they had seen advertisements about *problem* gambling in the past 4 months, a decrease from 69% of respondents in 2019. This may be an area of concern due to increased advertisements for online gambling which have flooded screens and airways since online gambling went live in Michigan in 2020.

Objective 1.4 *Prevent problem gambling among adults.*

Gambling Behavior: Among adult respondents participating in the on-line community survey, the percent reporting they had not gambled in the past year increased from 51.2% in 2019 to 58.5% in 2021. This may be in part due to restrictions for in-person gambling due to Covid.

Figure 11

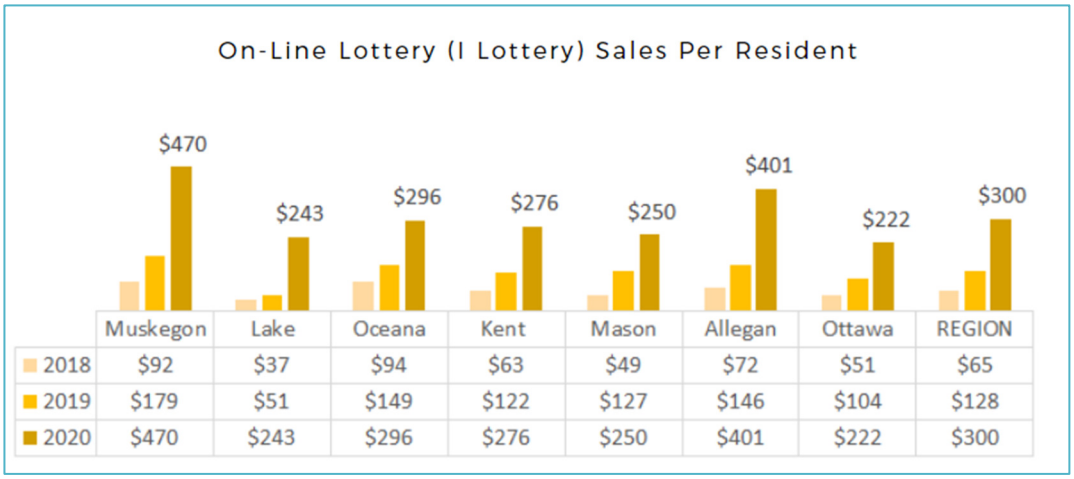


Frequent gambling (weekly or more) remained relatively stable at 4.4%, compared to 4.6% in 2019.

Of all respondents, less than 1% qualified as a 'problem gambler, while 2.3% qualified as at moderate risk based on the Canadian Problem Gambling Index.[1]

Of concern, is an increase in lottery spending in the region, with combined sales for traditional and online lottery increasing 89% between FY18 and FY20 in the region. Per capita spending increased 14% for traditional lottery and 363% for online lottery ($65/resident in 2019 to $300 in 2021) as shown in figure 12.

Figure 12



	Muskegon	Lake	Oceana	Kent	Mason	Allegan	Ottawa	REGION
2018	$92	$37	$94	$63	$49	$72	$51	$65
2019	$179	$51	$149	$122	$127	$146	$104	$128
2020	$470	$243	$296	$276	$250	$401	$222	$300

[1] *v Canadian Problem Gambling Index, Final Report February 19, 2001, Canadian Consortium for Gabling Research, retrieved from: http://www.ccgr.ca/en/projects/resources/CPGI-Final-Report-English.pdf*

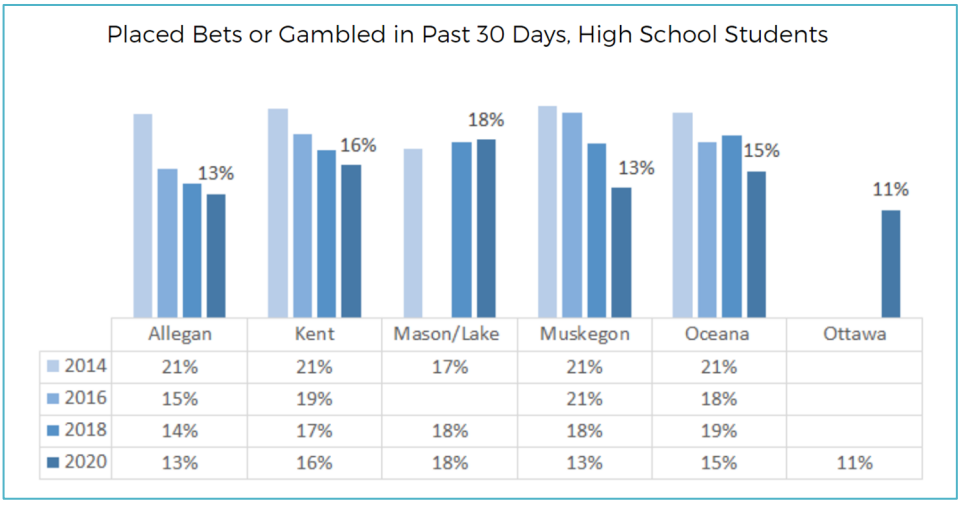
Risk Reduction Strategies: Certain tactics can decrease the likelihood of developing a gambling problem such as taking regular breaks and setting spending limits. In 2021, among those who gambled 3 or more times in the past year, the following strategies were reported:

- 91% - Avoid gambling when depressed or upset.
- 78% - Set spending limits and stick to them.
- 54% - Take regular breaks when gambling.
- 44% - Set a time limit and stick with it.

Objective 1.5: *Prevent problem gambling among youth.*

Among high school students who participated in the Michigan Profile for Healthy Youth Survey, the percent of high school students report having placed bets or gambled in the past 30 days has decreased in most counties since 2014, with the exception of Mason and Lake Counties where rates have remained stable (figure 13). In 2020, the regional rate of high school students reporting they had placed bets or gambled in the past 30 days was 12.3%.

Figure 13



	Allegan	Kent	Mason/Lake	Muskegon	Oceana	Ottawa
2014	21%	21%	17%	21%	21%	
2016	15%	19%		21%	18%	
2018	14%	17%	18%	18%	19%	
2020	13%	16%	18%	13%	15%	11%

One of the primary ways the LRE worked to prevent problem gambling among youth was to support delivery of the youth gambling curricula which was implemented in Kent, Oceana, and Ottawa Counties in FY21. For evaluation results refer to Section II.E.

Lakeshore Regional Entity
Youth Gambling Disorder Prevention Curriculum Pre and Posttest Results Summary FY21

Number of Responses	**#**
Pre-Test	83
Post Test - Received one lesson	11
Post Test - Received both lessons	75

PARTICIPANT DEMOGRAPHICS

Participant County of Residence	PRE		POST	
	%	#	%	#
Allegan	0%	0	0%	0
Kent	44.6%	37	44.0%	33
Mason	0%	0	0%	0
Muskegon	1.2%	1	0%	0
Oceana	53%	44	56.0%	42
Ottawa	1.2%	1	0%	0
Participant Age	**PRE**		**POST**	
	%	#	%	#
10 or under	1.2%	1	0%	0
11 to 13	14.5%	12	10.7%	8
14 to 17	84.3%	70	89.3%	67
Participant Sex	**PRE**		**POST**	
	%	#	%	#
Female	59.8%	49	58.9%	43
Male	40.2%	33	41.1%	30
Participant Race and Ethnicity	**PRE**		**POST**	
	%	#	%	#
American Indian or Alaska Native	0%	0	0%	0
Asian or Asian American	2.9%	2	3.4%	2
Black or African American	18.6%	13	18.6%	11
Hispanic or Latino	32.1%	26	36.0%	27
Multi-Racial	17.1%	12	10.2%	6
White or Caucasian	61.4%	43	68.0%	40

During the past 30 days, did you do any of the following? (Select all)	PRE		POST		%Change
	%	#	%	#	
I did not make bets or gamble in the past 30 days	80.5%	62	88.6%	62	↑10.1%
I bet on card games	6.5%	5	5.7%	4	--
I bought loot boxes in a video game	5.2%	4	4.3%	3	--
I bet on sporting events	3.9%	3	4.3%	3	--
I bought scratch-off lottery tickets	2.6%	2	2.3%	2	--
I was given scratch-off lottery tickets	6.5%	5	2.3%	2	--
I played fantasy football	1.3%	1	2.3%	2	--
I bet on video games	1.3%	1	2.3%	2	--
I gambled on the internet	1.3%	1	1.4%	1	--
I bet on dice games	0%	0	1.4%	1	--
I played video poker or Keno in a restaurant or bar	0%	0	1.4%	1	--
Students who report the following are 'true':	PRE		POST		%Change
	%	#	%	#	
When gambling, the 'house' (e.g., a dealer at a casino) always has the best odds of winning.	62.7%	52	85.3%	64	↑36.0%
If you play the lotto enough times, eventually you will win the jackpot.	15.7%	13	16.0%	12	~
Would know where to get help if I, or someone I knew, had a gambling problem.	61.5%	51	85.3%	64	↑38.7%
Know at least one person who gambles too much.	32.5%	27	34.7%	26	--
Gambling doesn't just involve winning or losing money. People could gamble material things like jewelry or clothes or even doing someone else's chores.	93.9%	77	97.3%	73	↑3.6%
Students report that they 'disagree' or 'strongly disagree' with the following statements:	PRE		POST		% Change
	%	#	%	#	
Gambling is a fun way to spend time with friends and family	65.9%	54	65.3%	49	~
A person can't become addicted to gambling	85.4%	70	94.7%	71	↑10.9%
There is no harm in gambling as long as you have the money to spend	86.6%	68	82.7%	62	↓4.5%

Attachment B: GDPP Updated Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables	Local Conditions			Short-Term	Inter-mediate	Long Term
Too many people develop gambling disorders- In the LRE region, 20% of respondents who gambled in the past year scored as at moderate risk or as having a gambling problem based on the Canadian Problem Gambling Index. (LRE GD Needs Assessment (NA) 2019)	**People with a problem are not getting treatment:** In FY2020, 30 residents of the LRE region received publicly funded GD treatment. While the LRE holds 12.9% of the state's population, LRE admissions to GD treatment represent only 9.6% of state-wide admissions.	**Treatment availability** is limited w/ only 11 clinicians identified on the state provider panel located in the Region (Sept 2022). About half (53%) of respondents report they would know where to find help (LRE GDS 2021), compared to 68% statewide (NGAGE MI highlights, 2021)	Improve treatment availability within the LRE region	– Provide financial support for clinicians to complete required training – Increase GD self-help groups/support groups – Assess GD reimbursement rates and advocate for parity if necessary	Increase clinicians on the state GD provider panel located within the LRE region	Increase number of persons admitted to publicly funded GD treatment services	Decrease persons scoring at moderate risk or as having a gambling problem
		More than one-third (36%) of respondents report they would seek help from a resource other than the gambling hotline (e.g. healthcare, support groups, etc.) (LRE GDS 2021)	Improve ID and referral to treatment through the hotline	– Develop and promote a self-assessment tool to id risk level &encourage seeking of treatment when indicated – Partner with medical professionals to ID &refer for GD	Increase individuals contacting the MI Gambling hotline from the LRE region		
		One-fourth (27%) of respondents report they have worried that someone close to them might have a gambling problem (LRE GDS 2021)	Support bystanders in recognizing and encouraging people to seek help	– Increase public knowledge of warning signs for problem gambling – Support bystanders in recognizing warning signs & encouraging loved ones to seek help – Partner w/ lottery retailers in identifying and providing resources to individuals demonstrating warning signs – Messaging to decrease stigma so more will seek help			
	SUD clients who reported gambling in past year were more likely to	The SUD provider network does not have procedures or staff training in place to assess and respond to	Enhance capacity of SUD treatment programs to	– Support SUD providers to identify and address problem gambling within treatment plans	Increase SUD providers qualified to		

Attachment B: GDPP Updated Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables	Local Conditions			Short-Term	Inter-mediate	Long Term
Continued …	report 6 of 9 risk behaviors used to assess risk level (LRE GD NA 2019)	problem gambling among clients receiving SUD treatment.	address problem gambling	– Advocate for SUD programs to expand services and become qualified to provide GD treatment	address GD w/in program.		Continued …
		Almost half of SUD clinicians surveyed (47%) reported their organization is poor/fair at meeting the needs of individuals with GD, citing these challenges: • Need additional training • Not enough demand to warrant specialty programming • Clients do not disclose	Increase gambling disorder training and qualifications among SUD clinicians	– Additional training for clinicians. – Referral information and community resources to provide to the individual. – Additional screening/assessment to identify the problem. – Curricula, therapeutic resources, or treatment models to address the issue with clients.	Improved services and availability to services for clients addicted to gambling	↑ % of clinicians reporting their org is able to address problem gambling	
	Among respondents who gambled in past year, 34% reported they had gone back another day to win back losses, 19% report others have criticized their gambling and 15% have felt guilty about gambling (LRE GDS 2021)	Too many gamblers are not using risk reduction strategies. Frequent gamblers were least likely to use risk reduction strategies. Among all respondents who gambled in past year, only 44% report setting time-limits and half (52%) report taking regular breaks (LRE GDS 2021)	Educate community on risks, warning signs & risk reduction strategies	– Partner with universities to provide info to young adult population. – Advocate for enhanced warnings on gambling materials & on-line pop-ups – Partner w/gambling venues to provide info to consumers on strategies that reduce risk – Partner w/Community Policing officers to include info in fraud & identity theft educational programming for older adults	Increase in gamblers reporting risk reduction strategies, inc. setting time-limits & regular breaks	↓ adults reporting, they bet more than can afford & having gone another day to win back their losses	
	Among seniors, 10.6% reported frequent gambling and 7.3% scored as at moderate risk or a problem gambler (LRE GDS 2019)	Casinos market aggressively to older adults with 50% of senior gamblers (66+) reporting gambling at a casino (LRE GDS 2021).	Promote alternative activities for older adults	– Promote availability of alternative 'day-trips' for seniors to reduce reliance on casino trips	Increase # of opportunities for non-casino daytrips	↓Seniors (66+) who report gambling at a casino in past year	

Attachment B: GDPP Updated Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables	Local Conditions			Short-Term	Inter-mediate	Long Term
Continued …	Although gambling is not legal for minors, nearly 1 in 5 HS students reported placing bets or gambling behaviors in the past 30 days in the LRE Region (MIPHY 2018)	Youth are finding ways to gamble even though it is not legal Note: waiting for MIPHY details to better understand type of gambling done by minors	Ensure gambling is not accessible to youth	– Advocate for policies/legislation that delay youth exposure & reduce access – Identify how age requirements for gambling are monitored and enforced; ensure compliance	↓ HS students who understand the risks and true odds of gambling	↓ HS students who report having placed bets or gambled in the past 30 days	Continued …
		Youth believe gambling is low risk with 15% reporting you cannot become addicted and 34% reporting that gambling is a fun way to spend time with family and friends. (LRE Pre Test Youth Education, FY21 N=83)	Raise youth awareness of the risks of gambling	– Educate parents about risks of on-line gambling, how to support youth in avoiding risky behavior – Incorporate info into SUD prevention programming for youth	↑ youth reporting you can become addicted, and an accurate understanding of likelihood of winning		

Attachment 7

November 2021

LAKESHORE REGIONAL ENTITY

Substance Use Disorder Treatment Evaluation Monitoring Report

Quarterly Update: 4th Quarter FY 20/21

KWB Strategies

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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 4th 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 October 29, 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 - 1st quarter
2Q - 2nd quarter
3Q - 3rd quarter
4Q - 4th quarter
avg - average
IOP - Intensive Outpatient
LRE - Lakeshore Regional Entity
LOC - Level of care
MA - Methamphetamine
MAT- Medication Assisted Treatment
OP- Outpatient
OUD - Opioid Use Disorder
ST Res - Short term residential level of care
West MI - Lake, Mason, & Oceana Counties

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' continued to decrease in 4Q (from 35% 2Q to 26% 4Q) but remained similar to 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' remained stable in 4Q at 4.8%, lower than FY20 at 6.9%. Decreases 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	Increased in 3rd and 4th quarters to a high of 12%, higher than previous FYs.	↗
★ #5. ↓ avg days between request and 1st service for persons with OUD	pg 8	Improved in 3Q and 4Q to a low of 5.6, slightly lower than FY20 (6.3). Improvement primarily due to Muskegon who achieved a low of 4.5 compared to a high of 32 in 2Q. Allegan worsened to a high of 17 in 4Q.	↘

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 continued to improve, achieving a low of 1.8 days and exceeding the goal of <3 days for the 1st time since FY19.	↘
★ #7. ↓ average time to service for clients w/IVDU entering outpatient w/ MAT	pg 10	Among IVDU, the region's wait time for MAT improved in 3Q and 4Q to a low of 5.1, lower than FY20 at 4.2.	↘

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 who receive integrated treatment

Metric	Page	Data Summary	Trend
#9. ↑ % of clients w/ co-occurring diagnosis receiving integrated services	pg 12	Remained low at 9% in 4Q; highest rate achieved in West MI (16%) and Ottawa (14%), the lowest were Allegan (4%) and Kent (5%).	→

Increased Treatment Encounters

Metric	Page	Data Summary	Trend
★ #10. ↑ clients seen for a 2nd encounter w/in 14 days of 1st service	pg 13	Among clients with a 2nd encounter, those seen w/in 14 days improved slightly in 3Q & 4Q to 84%, almost achieving FY20 levels. Lowest were in IOP (33%) and OP (69%).	↗
⚠ #11. ↓ % of treatment episodes with no 2nd visit	pg 14	Overall, across levels of care, 16% of treatment episodes had only 1 encounter in 4Q, improving from a hight of 26% in 2Q. However, 68% of OP and 57% of IOP had only one encounter and has been increasing steadily. For OP, Kent and Ottawa had the highest rates at 93% & 75% respectively.	↗ For OP & IOP
⚠ #12. ↑ avg # of treatment encounters	pg 15	Has been declining since FY17 and achieved a low of 8.3 in 4Q. The lowest was for OP with an average of only 3 treatment encounters in 4Q.	↘

Decrease Discharge Reason as "Dropped Out"

Metric	Page	Data Summary	Trend
#13. ↓ % of discharges with reason as 'dropped out' for all LOC	pg 16	Discharges in the region with the reason 'dropped out' improved slightly in 4Q. (from 38% to 32%), compared to 39% in FY20.	→
#14. ↑ % of outpatient discharges w/ reason "completed treatment"	pg 18	Improved in 4Q for OP (from 28% to 35%) and for MAT (from 4% to 10%), both higher than in FY20.	↗

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	Remained relatively stable in 4Q for both ST Res (15%) and Detox (79%). West MI had high rates for ST Res (80%) and detox (82%). Kent had the highest rate for detox (89%)	

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 and 4Q to a low of 8.0 days. Among readmissions that took longer than 7 days, the average delay decreased in 3Q and 4Q to 15 days.	 For ST Res

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 since 2Q.	
#18. ↑ % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care'	pg 22	Worsened in 4Q to 26% (from 48% in 3Q) for detox. and remaining extremely low for ST Res at 2%. For detox, the highest rate was achieved in Allegan (63%), while the lowest was in Kent (8%) .	 For detox

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 remained relatively stable throughout FY21 at 19-21% in 3Q compared to 24% in FY20. Highest rates reported for Lake (56%), Mason (51%), and Oceana (47%) 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'

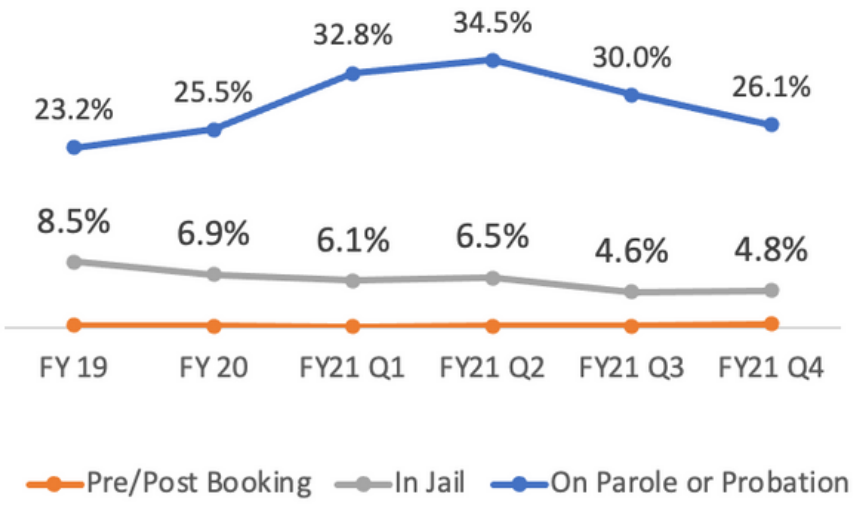
Data Highlights:

Admissions for individuals whose legal status was identified as 'on parole' or 'on probation' has been decreasing since 2Q (from 35% to 26%) but remained slightly higher than FY20 rates.

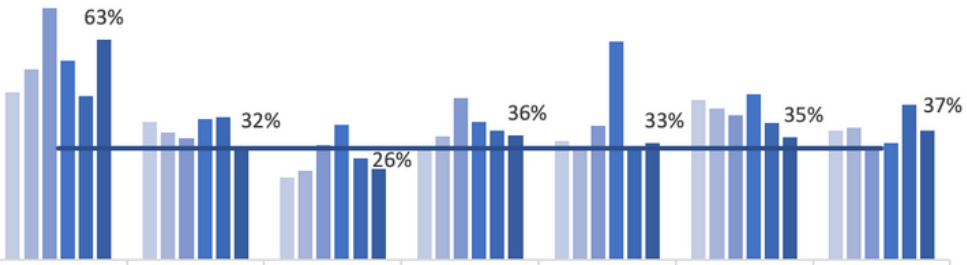
Admissions for individuals 'in jail' were low in 3rd and 4th quarter which may be due to limitations on jail bookings.

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)



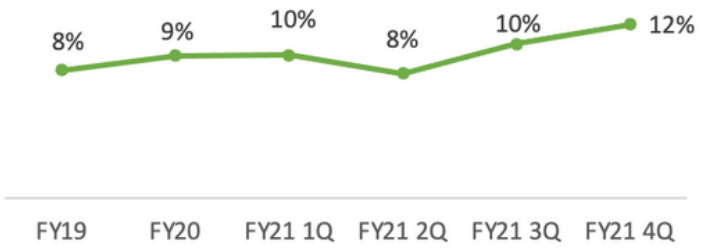
	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	48%	39%	23%	32%	34%	46%	37%
FY20	55%	36%	25%	35%	31%	43%	38%
FY21 Q1	72%	35%	33%	46%	38%	41%	33%
FY21 Q2	57%	40%	39%	40%	63%	47%	33%
FY21 Q3	47%	41%	29%	37%	31%	39%	44%
FY21 Q4	63%	32%	26%	36%	33%	35%	37%
Benchmark (32%)	32%	32%	32%	32%	32%	32%	32%

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)

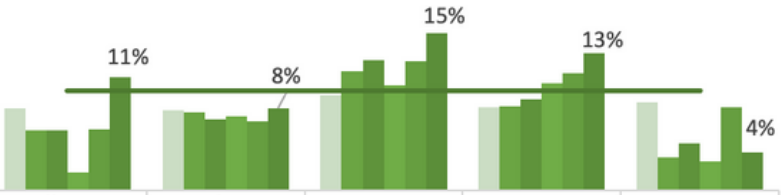


Data Highlights:

The percent of admissions for individuals aged 55-69 have remained relatively stable throughout the region with a slight increase in both 3rd and 4th quarters.

There were a total of 515 admissions during FY21, compared to 479 in FY20.

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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	8%	8%	9%	8%	8%
FY20	6%	7%	11%	8%	3%
FY21 1Q	6%	7%	12%	9%	5%
FY21 2Q	2%	7%	10%	10%	3%
FY21 3Q	6%	7%	12%	11%	8%
FY21 4Q	11%	8%	15%	13%	4%
Benchmark (9.5)	10%	10%	10%	10%	10%

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	5
Muskegon	162	85	18	15	16	19
Kent	276	244	85	68	84	77
Ottawa	83	77	22	25	26	20
West MI	49	40	5	2	9	5
Out of Region	0	2	0	0	0	0
Region Total	594	479	136	112	141	126

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

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

Data Highlights:

The average days to service for individuals with an OUD improved continued to improve in 3Q to a low of 5.6, compared to 6.4 days in FY20.

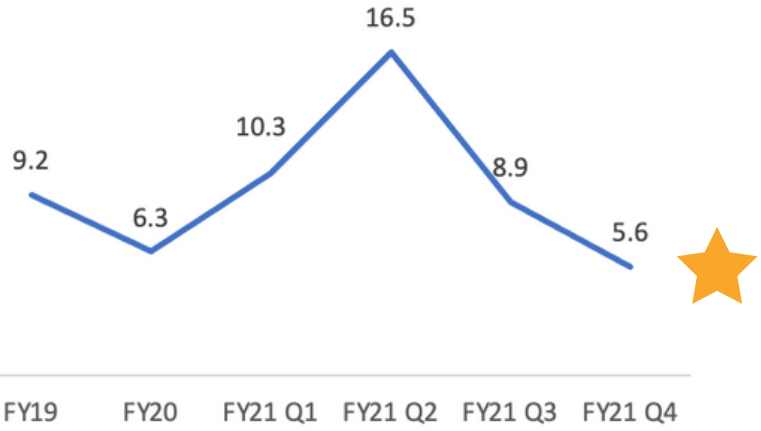
This improvement appears to be primarily caused by Muskegon County with a time to service of 34 days in 2Q decreasing to 4.5 in 3Q.

Mason and Lake Counties also improved in 4Q.

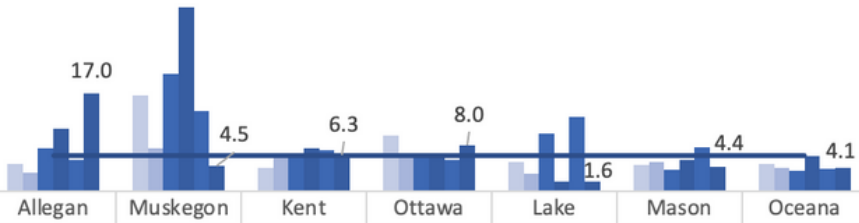
Allegan county worsened in 4Q to a high of 17.0.

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)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	4.9	16.7	4.1	9.7	5.1	4.7	4.8
FY20	3.2	7.5	6.5	5.9	3.0	5.1	4.1
FY21 Q1	7.5	20.5	5.8	5.8	10.0	3.8	3.6
FY21 Q2	11.0	32.0	7.6	6.0	1.8	5.5	6.1
FY21 Q3	5.5	13.9	7.2	5.5	13.0	7.7	3.9
FY21 Q4	17.0	4.5	6.3	8.0	1.6	4.4	4.1
Benchmark (6.3)	6.3	6.3	6.3	6.3	6.3	6.3	6.3

TREATMENT ACCESS

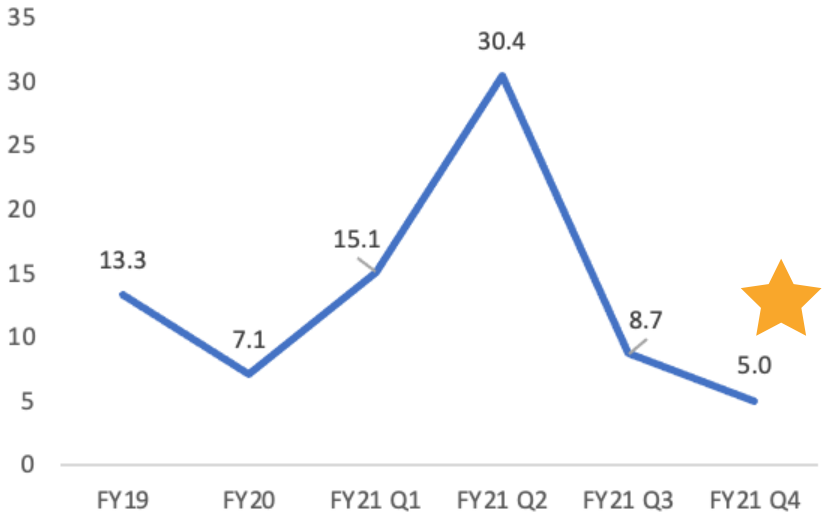
Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

Data Highlights:

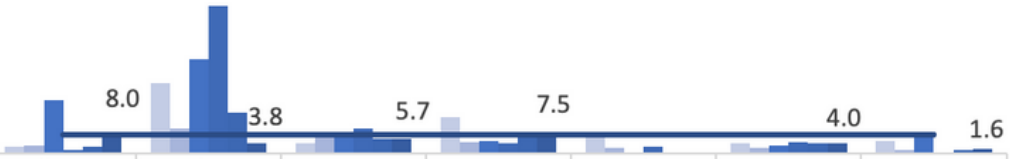
Time to Service for MAT also continued to improve in 4Q. Muskegon County appears to account for this improvement with a substantial decrease since 2Q to a low of 3.8 in 4Q.

The remaining counties remained relatively stable, with the exception of Allegan which worsened in 4Q.

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)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	2.4	27.2	4.0	13.7	7.0	3.7	4.8
FY20	2.9	9.6	7.1	4.4	2.2	2.0	1.3
FY21 Q1	20.3	36.4	6.1	4.6	0.0	2.7	7.0
FY21 Q2	1.0	56.9	9.7	3.7	2.6	4.1	0.0
FY21 Q3	2.5	15.7	5.6	7.0	0.0	4.0	1.0
FY21 Q4	8.0	3.8	5.7	7.5	0.0	4.0	1.6
Benchmark (7.1)	7.1	7.1	7.1	7.1	7.1	7.1	7.1

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)

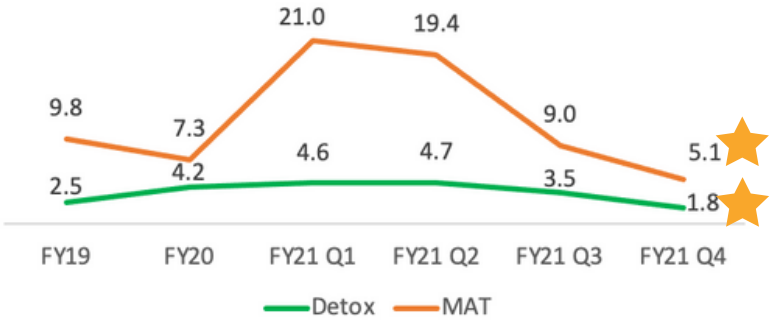
Data Highlights:

Detox: Among individuals with IVDU the region's wait time for detox continued to improve in 4Q to a low of 1.8 and achieved the goal of <3 days for the 1st time this fiscal year (FY).

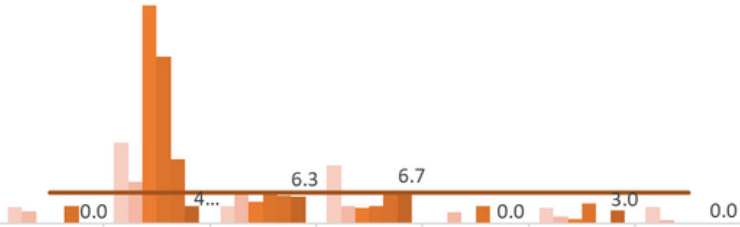
MAT: Among individuals with IVDU, the region's wait time for MAT continued to improve in 4Q to a low of 5.1 days; a substantial improvement from previous quarters and lower than FY20.

Muskegon's TTS for MAT continued to improve to a low of 4.0 in 4Q and has fallen below the regional benchmark from FY20 for the 1st time during this FY.

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

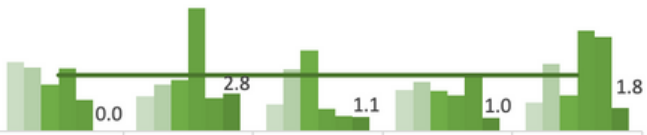


Average Time to Service (days) for MAT for Clients with IVDU, by County (T.6)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	3.8	19.1	4.0	13.7	0.0	3.7	3.8
FY20	2.8	9.8	7.6	4.0	2.5	1.5	0.7
FY21 Q1	0.0	51.7	5.0	3.6	0.0	0.9	0.0
FY21 Q2	0.0	39.5	7.0	4.1	4.0	4.6	0.0
FY21 Q3	4.0	15.2	6.6	6.7	0.0	0.0	0.0
FY21 Q4	0.0	4.0	6.3	6.7	0.0	3.0	0.0
Benchmark (7.2)	7.3	7.3	7.3	7.3	7.3	7.3	7.3

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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	5.1	2.6	2.0	3.1	2.1
FY20	4.8	3.5	4.6	3.7	5.0
FY21 Q1	3.5	3.8	6.0	3.0	2.7
FY21 Q2	4.7	9.2	1.7	2.7	7.5
FY21 Q3	2.3	2.5	1.2	4.0	7.0
FY21 Q4	0.0	2.8	1.1	1.0	1.8
Benchmark (4.2)	4.2	4.2	4.2	4.2	4.2

TREATMENT ACCESS

Priority: RURAL COMMUNITIES

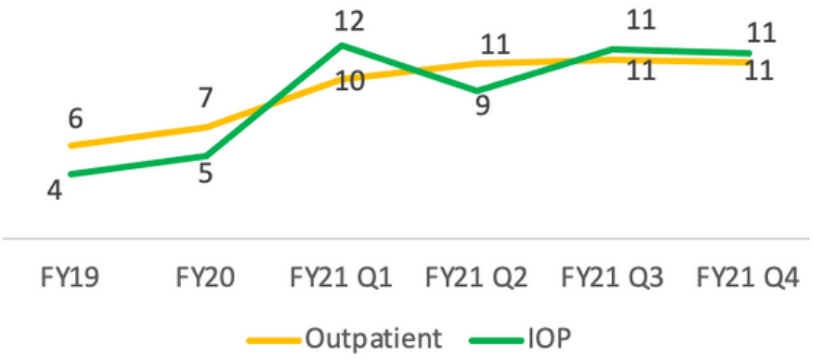
Metric #8. Decrease average time to service for outpatient and intensive outpatient levels of care (not including MAT outpatient)

Data Highlights:

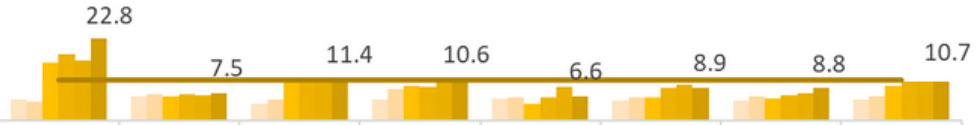
Average time to service was 11 days for both outpatient (OP) and intensive outpatient (IOP).

The longest time to service occurred in Allegan County at 22.8 for OP.

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

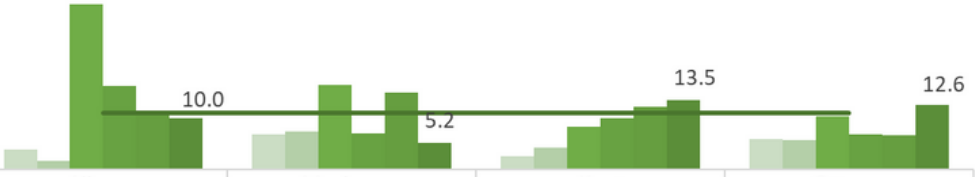


Average Time to Service (days) for Outpatient (exc. MAT), by County (T.7)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana	Ottawa
FY19	5.6	6.6	4.6	5.8	6.0	5.5	5.3	5.6
FY20	5.0	7.1	5.9	8.5	6.3	6.3	6.6	6.7
FY21 Q1	15.8	6.5	10.9	9.5	4.5	6.4	6.0	9.7
FY21 Q2	18.3	7.2	11.3	9.3	6.4	8.9	6.9	10.6
FY21 Q3	16.6	6.9	11.0	12.0	9.2	9.8	7.5	10.8
FY21 Q4	22.8	7.5	11.4	10.6	6.6	8.9	8.8	10.7
Benchmark	11	11	11	11	11	11	11	11

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



	Allegan	Muskegon	Kent	Ottawa
FY19	3.8	6.9	2.6	5.9
FY20	1.7	7.4	4.2	5.8
FY21 Q1	32.5	16.6	8.3	10.4
FY21 Q2	16.3	7.1	10.0	6.8
FY21 Q3	10.7	15.1	12.2	6.7
FY21 Q4	10.0	5.2	13.5	12.6
Benchmark (11)	11	11	11	11

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:

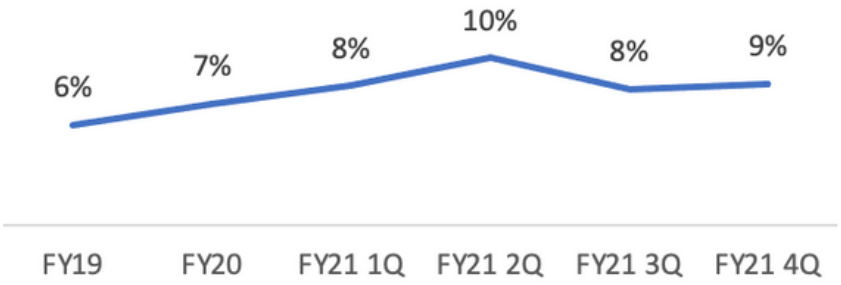
The percent of clients with COD that received integrated treatment remains low at 9% in 4Q.

The highest rates were achieved in West MI at 16%.

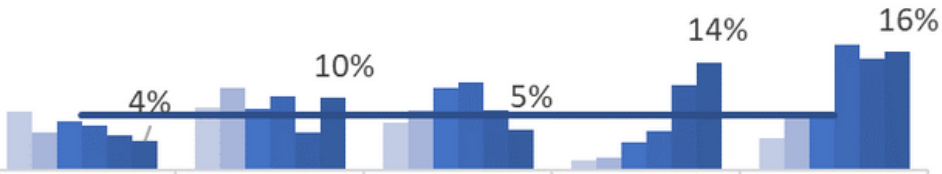
Rates have been increasing in Ottawa to a high of 14%.

Allegan and Kent Counties had the lowest rates at 4% and 5% respectively.

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)



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	8%	8%	6%	1%	4%
FY20	5%	11%	8%	2%	7%
FY21 1Q	6%	8%	11%	4%	7%
FY21 2Q	6%	10%	12%	5%	17%
FY21 3Q	5%	5%	8%	11%	15%
FY21 4Q	4%	10%	5%	14%	16%
Benchmark	7%	7%	7%	7%	7%

ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

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

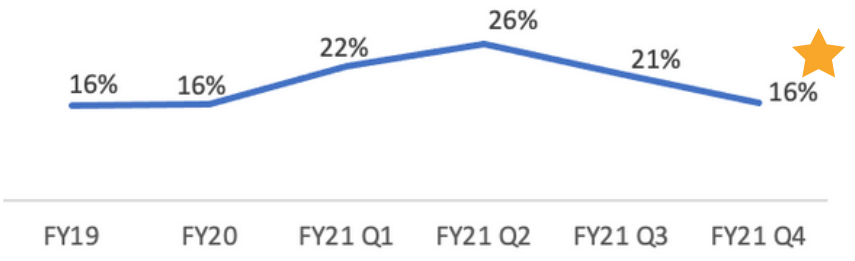
Data Highlights:

Treatment episodes discharged with only one encounter improved in 3rd and 4th quarter.

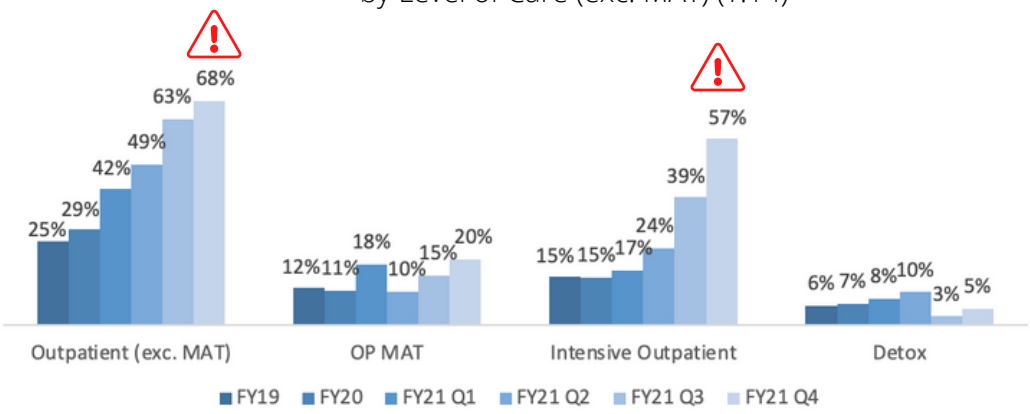
During 4Q, 68% of OP and 57% of IOP discharges had only one encounter. These show an improvement from the previous report most likely due to data records being entered for prior periods.

For OP, Kent had the highest rate at 93%, followed by Ottawa at 75%.

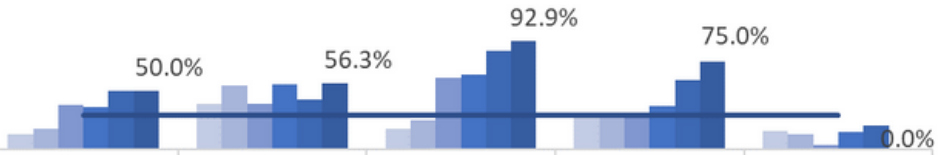
Percent of Treatment Episodes with Only One Encounter, LRE Region (T.13)



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



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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	12.7%	39.0%	17.0%	29.3%	15.3%
FY20	17.3%	54.8%	25.1%	27.7%	12.8%
FY21 1Q	38.2%	38.5%	60.7%	27.6%	3.2%
FY21 2Q	36.1%	55.2%	63.7%	36.8%	14.7%
FY21 3Q	50.0%	42.9%	84.3%	59.4%	20.0%
FY21 4Q	50.0%	56.3%	92.9%	75.0%	0.0%
Benchmark	29%	29%	29%	29%	29%

ENGAGEMENT AND RETENTION

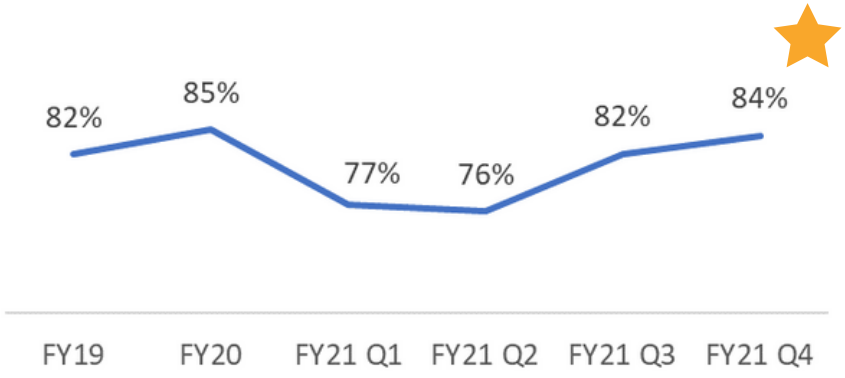
Priority: INCREASED TREATMENT ENCOUNTERS

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

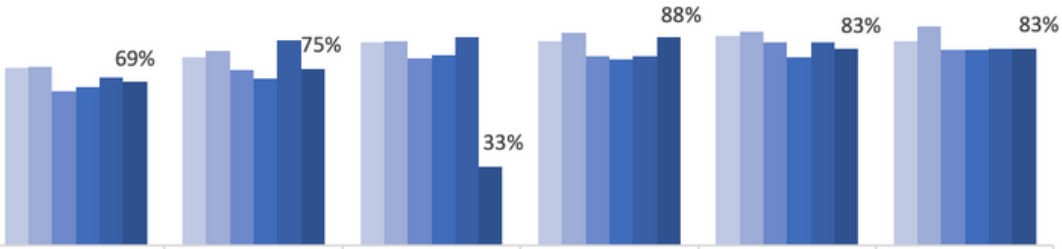
Data Highlights:

Among clients with a 2nd encounter, the percent who were seen within 14 days improved slightly in 3rd and 4th quarters to 84%, almost achieving FY20 levels. The lowest rates occurred in IOP at 33%, followed by OP at 69%.

Of Clients with a 2nd Encounter, the percent who had their 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)



	Outpatient	Outpatient - MAT - Opioid*	Intensive Outpatient	Detox	Short Term Residential	Long Term Residential
FY19	75%	80%	86%	87%	89%	87%
FY20	76%	82%	86%	90%	90%	93%
FY21 Q1	65%	74%	79%	80%	86%	83%
FY21 Q2	67%	71%	81%	79%	80%	83%
FY21 Q3	71%	87%	88%	80%	86%	83%
FY21 Q4	69%	75%	33%	88%	83%	83%

ENGAGEMENT AND RETENTION

Priority: INCREASED TREATMENT ENCOUNTERS

Metric #12. Increase average # of treatment encounters.

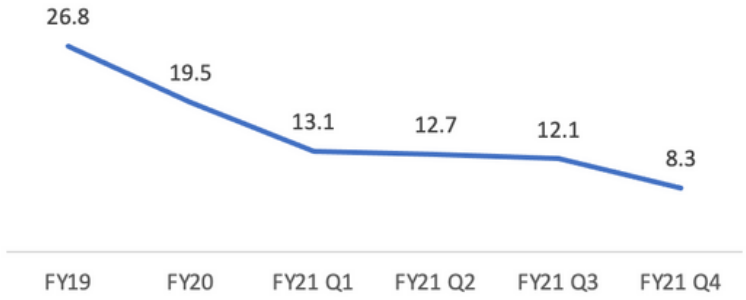
The average number of encounters provides an average of the number of treatment encounters provided during each treatment episode with a discharge record and at least one encounter reported during the period. Methadone dosing (H0020) and (Room and Board (S997) are excluded from analysis as they artificially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

Data Highlights:

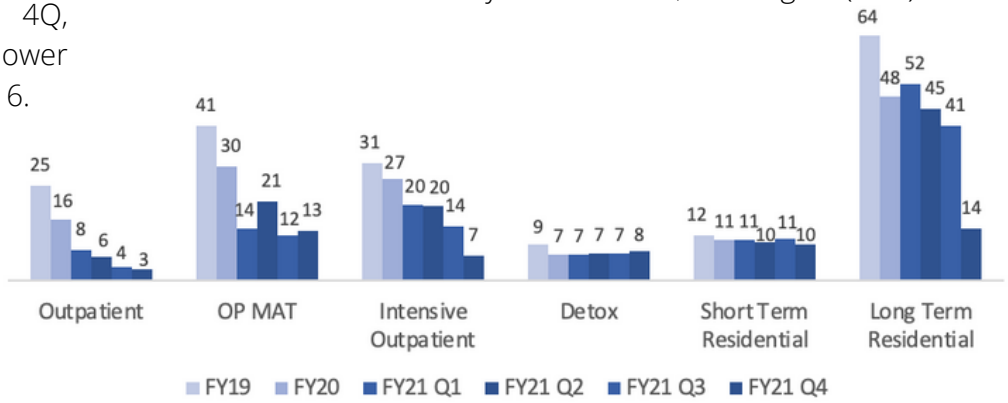
The average # of treatment encounters has been declining since FY17 and achieved a low of 8.3 in 4Q.

The lowest was for OP with an average of only 3 treatment encounters in 4Q, substantially lower than in FY20 at 16.

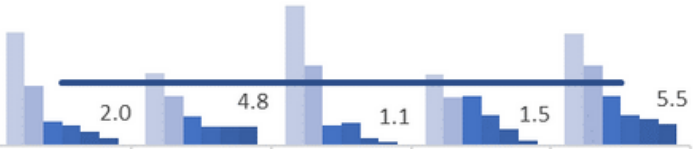
Average Number of Treatment Encounters per Episode, LRE Region (T.17)



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



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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	28.6	18.3	35.2	17.9	28.3
FY20	15.0	12.5	20.1	12.2	20.4
FY21 1Q	6.1	7.6	5.2	12.5	12.7
FY21 2Q	5.3	5.0	6.0	7.6	7.8
FY21 3Q	3.7	4.9	1.9	4.4	6.9
FY21 4Q	2.0	4.8	1.1	1.5	5.5
Benchmark (12)	16	16	16	16	16

ENGAGEMENT AND RETENTION

Priority: DECREASE DISCHARGE REASON, "DROPPED OUT"

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

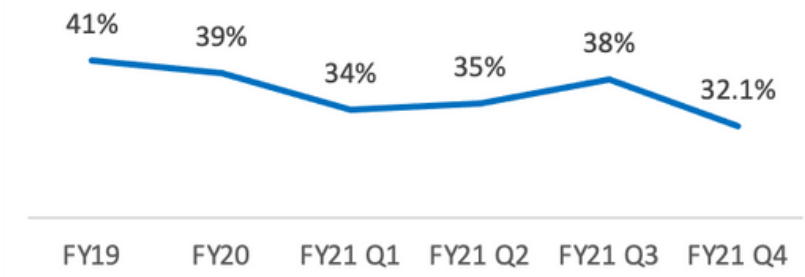
Data Highlights:

Discharges in the region with the reason 'dropped out' worsened slightly in 4Q.

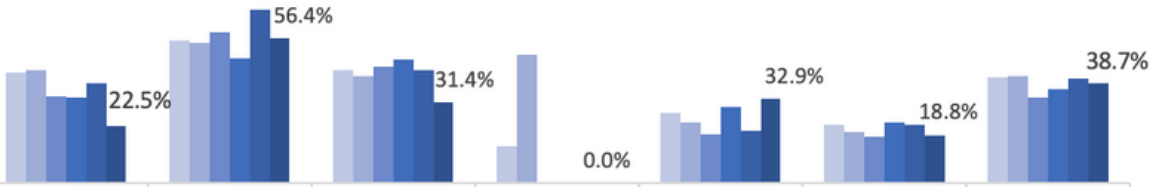
The rate was highest for OP with MAT at 56%.

Rates for OP, OP with MAT, and IOP by CMHSP are provided on the following page.

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



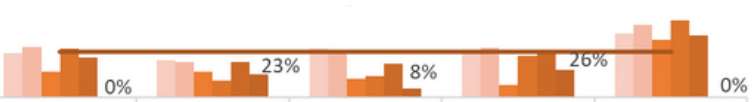
Dropped Out - Percent of Discharges by Level of Care, LRE Region (T.21)



	Outpatient	OP-MAT	IOP	Detox - ambulatory	Detox (24-hour)	ST Res	LT Res
FY19	43%	56%	44%	14%	27%	23%	41%
FY20	44%	55%	41%	50%	24%	20%	42%
FY21 Q1	34%	59%	45%	0%	19%	18%	33%
FY21 Q2	34%	49%	48%	0%	30%	24%	37%
FY21 Q3	39%	67%	44%	0%	20%	23%	41%
FY21 Q4	22.5%	56.4%	31.4%	0.0%	32.9%	18.8%	38.7%

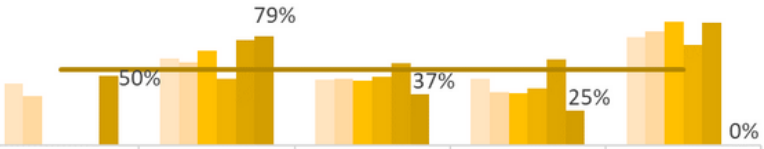
ENGAGEMENT AND RETENTION

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



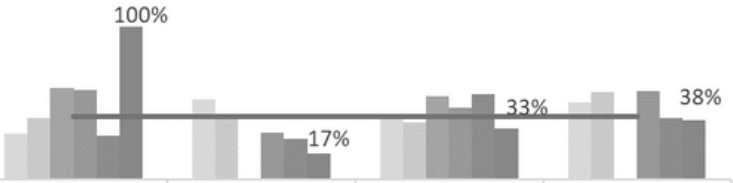
	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	43%	35%	47%	45%	61%
FY20	49%	34%	41%	48%	70%
FY21 Q1	25%	25%	18%	12%	55%
FY21 Q2	47%	16%	20%	40%	74%
FY21 Q3	38%	34%	32%	43%	60%
FY21 Q4	0%	23%	8%	26%	0%
Benchmark (48%)	44%	44%	44%	44%	44%

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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	44%	63%	47%	48%	78%
FY20	36%	60%	48%	38%	82%
FY21 Q1	0%	68%	47%	38%	89%
FY21 Q2	0%	48%	49%	41%	73%
FY21 Q3	0%	77%	60%	63%	89%
FY21 Q4	50%	79%	37%	25%	0%
Benchmark (56%)	55%	55%	55%	55%	55%

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



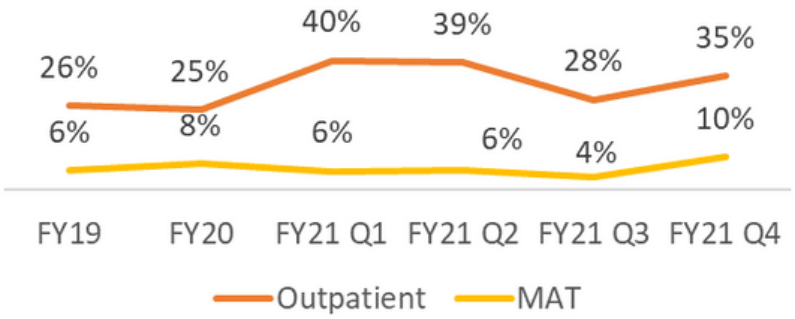
	Allegan	Muskegon	Kent	Ottawa
FY19	30%	52%	40%	50%
FY20	40%	42%	38%	57%
FY21 Q1	60%	0%	55%	0%
FY21 Q2	58%	31%	47%	58%
FY21 Q3	29%	26%	56%	40%
FY21 Q4	100%	17%	33%	38%
Benchmark (42%)	41%	41%	41%	41%

ENGAGEMENT AND RETENTION

Priority: INCREASE OUTPATIENT DISCHARGES "COMPLETED TREATMENT"

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

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



Data Highlights:

Discharges in the region with the reason 'completed treatment' decreased for OP in 3Q and bounced back somewhat in 4Q. For OP MAT there was a substantial increase in 4Q.

Data for each CMHSPs was not provided in time for inclusion in this report.

CONTINUITY OF CARE AFTER DETOX AND ST RES

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

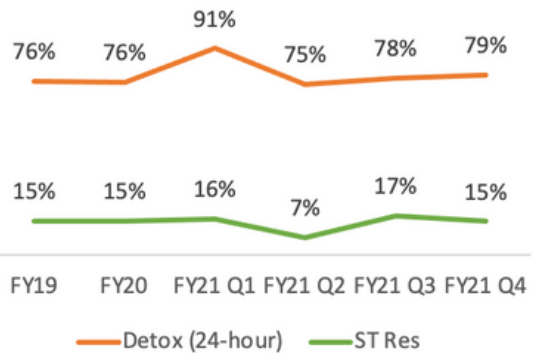
Metric #15. Increase % of discharged detox and ST Res clients successfully transitioned to the next level of care (LOC) within 7 days.

Data Highlights:

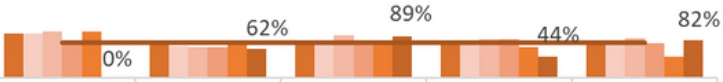
The percent of clients admitted to next level of care after discharge from their detox and ST Res providers remained relatively stable at 79% in 4Q for Detox, and 15% for ST Res.

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)

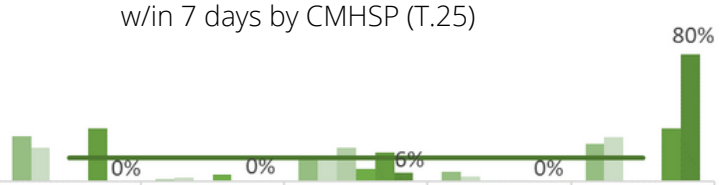


Detox - Admitted to Next Treatment Episode w/in 7 days by CMHSP (T.24)



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	97%	80%	72%	72%	72%
FY20	95%	69%	76%	73%	78%
FY21 Q1	100%	67%	91%	83%	86%
FY21 Q2	71%	67%	76%	83%	75%
FY21 Q3	100%	71%	82%	67%	46%
FY21 Q4	0%	62%	89%	44%	82%
Benchmark (81%)	76%	76%	76%	76%	76%

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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	29%	2%	15%	6%	24%
FY20	21%	3%	15%	3%	28%
FY21 Q1	0%	0%	21%	0%	0%
FY21 Q2	0%	4%	8%	0%	0%
FY21 Q3	33%	0%	18%	0%	33%
FY21 Q4	0%	0%	6%	0%	80%
Benchmark (25%)	15%	15%	15%	15%	15%

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

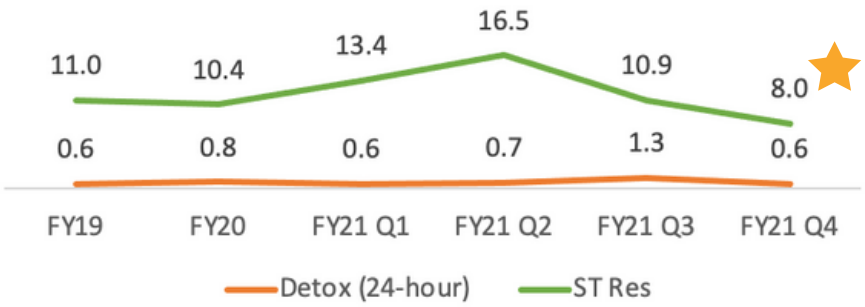
Data Highlights:

The average number of days between discharge from ST residential to the next level of care worsened in 3rd and 4th quarters to a low of 8.0., and remained stable and low for Detox.

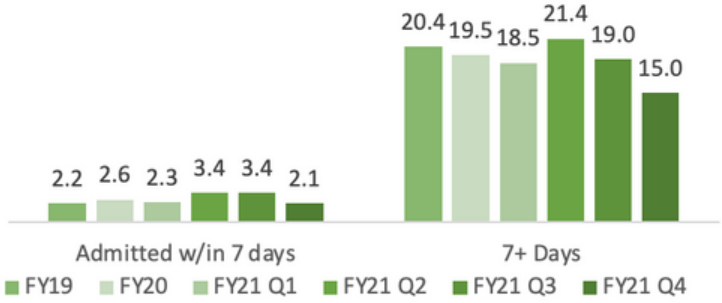
Among readmissions that took longer than 7 days, the average delay has been improving since 2Q to a low of 15 days in 4Q.

Ottawa had the highest delay for ST Res, with an avg of 19.2 days between treatment episodes.

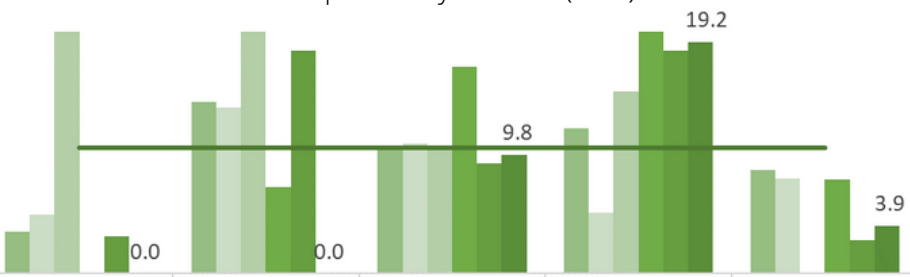
Average # Days Between Discharge and Admission to Next Level of Care, LRE Region (T.28-29)



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



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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	3.5	14.2	10.5	12.1	8.5
FY20	4.9	13.7	10.8	5.1	7.9
FY21 Q1	28.4	21.0	10.3	15.1	0.0
FY21 Q2	0.0	7.1	17.1	24.5	7.8
FY21 Q3	3.1	18.5	9.1	18.5	2.8
FY21 Q4	0.0	0.0	9.8	19.2	3.9
Benchmark (9.2)	10.4	10.4	10.4	10.4	10.4

CONTINUITY OF CARE AFTER DETOX AND ST RES

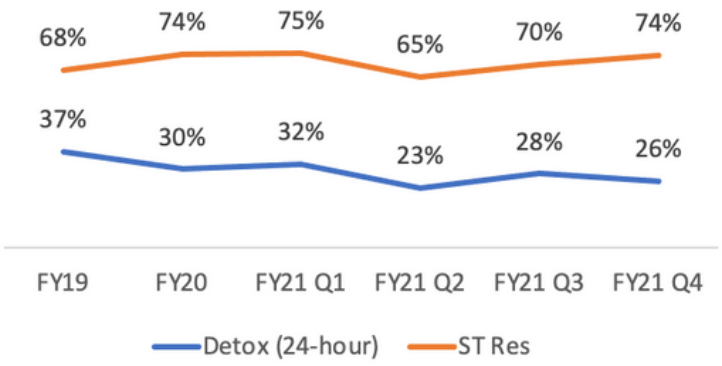
Priority: DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

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

Data Highlights:

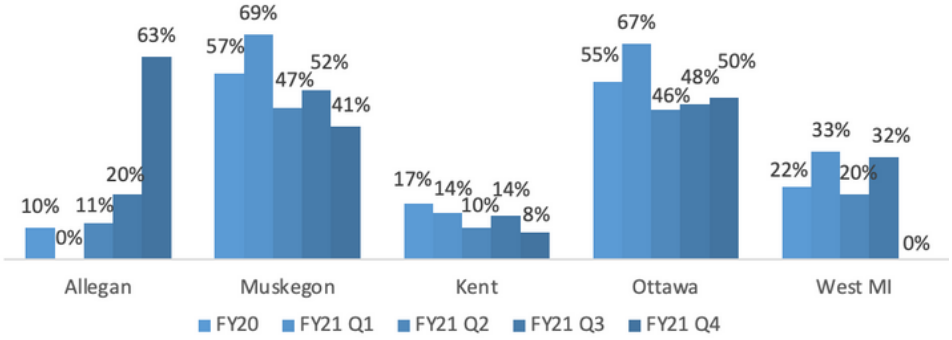
The percent of discharges from ST residential and detox with the reason 'completed treatment' continues to be high, and worsened slightly for ST Res in 4Q.

Discharges from Detox & ST Res w/ Reason as "Completed Treatment" (T.30)

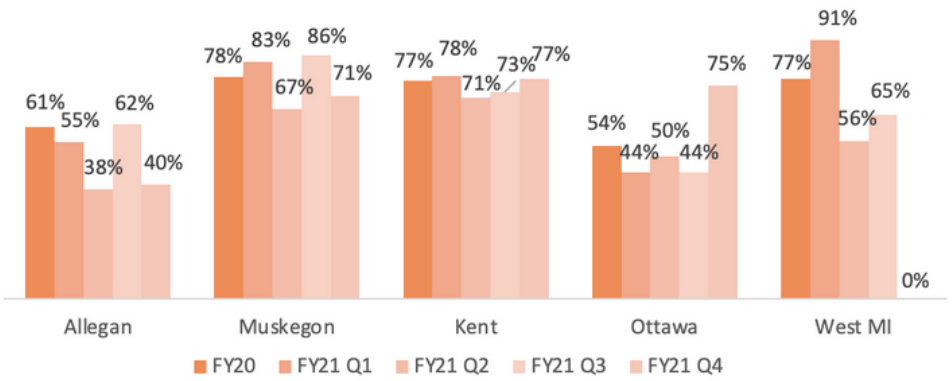


Note:
Discharge reason for detox and ST Res **should never be** "Completed Treatment"

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.

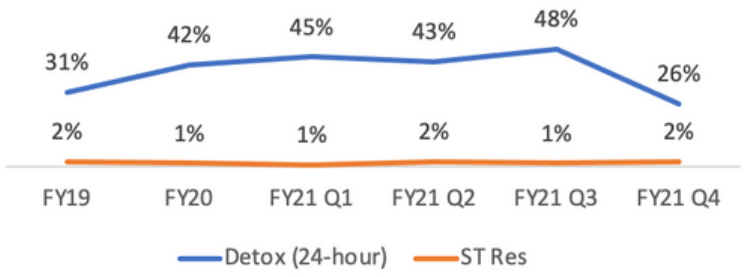
Data Highlights:

The percent of discharges from detox with the reason as 'transferring/completed Level of Care' worsened in 4Q to a low of 26% and remained extremely low for ST Res at 2%.

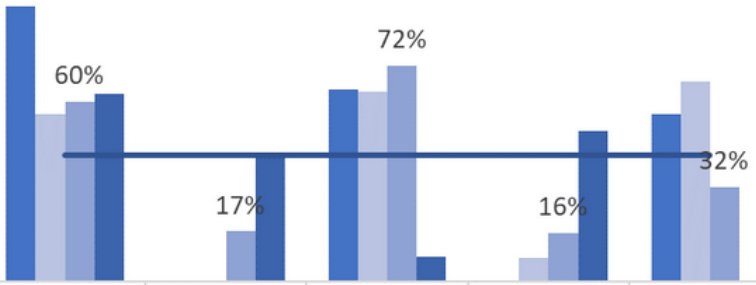
The lowest rate for detox was achieved in Kent (8%) while the highest was in Allegan (63%).

The only CMHSP with any discharges for ST Res identified as 'transferred/ completed level of care' in 4Q was Kent at 1%.

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)



	Allegan	Muskegon	Kent	Ottawa	West MI
FY21 Q1	92%	0%	64%	0%	56%
FY21 Q2	56%	0%	63%	8%	67%
FY21 Q3	60%	17%	72%	16%	32%
FY21 Q4	63%	41%	8%	50%	0%
Benchmark (42%)	42%	42%	42%	42%	42%

CONNECT TO COMMUNITY SUPPORTS

Priority: ATTENDANCE AT SUPPORT GROUP

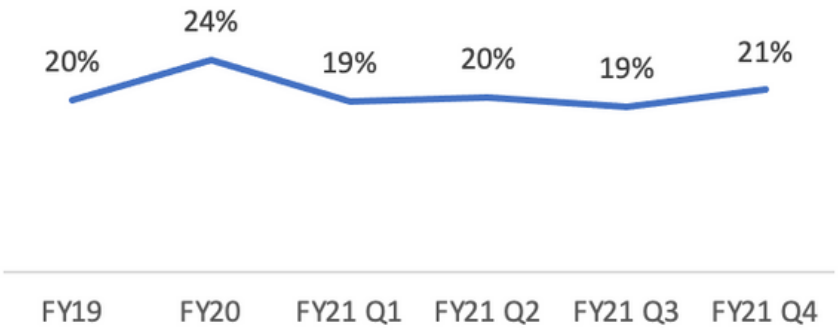
Metric #19. Increase % of clients at discharge reporting attendance at support group in past 30 days.

Data Highlights:

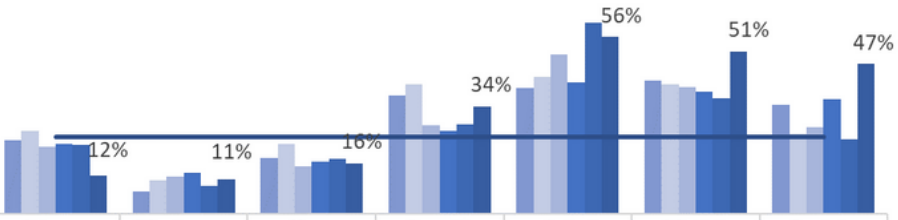
The percent of clients who report attending a self help group in the past month has remained relatively stable during FY21.

The highest rates of support group participation in 4Q were reported for Lake (56%), Mason (51%), and Oceana (47%) 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)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	23%	7%	18%	37%	40%	42%	34%
FY20	26%	10%	22%	41%	43%	41%	25%
FY21 Q1	21%	12%	15%	28%	50%	40%	27%
FY21 Q2	22%	13%	16%	26%	41%	38%	36%
FY21 Q3	22%	9%	17%	28%	60%	36%	23%
FY21 Q4	12%	11%	16%	34%	56%	51%	47%
Benchmark	24%	24%	24%	24%	24%	24%	24%

CONNECT TO COMMUNITY SUPPORTS

Priority: WOMEN'S SPECIALTY SERVICES

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

Data Highlights:

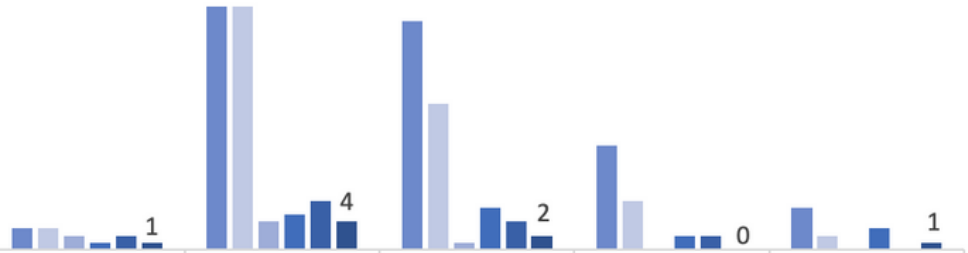
The number of pregnant women served in the LRE region has been decreasing recent years. In FY21, 49 pregnant women were served, compared to 69 in FY20, and 92 in FY19.

Muskegon served 20 pregnant women, Kent served 13, Allegan served 6, and West MI and Ottawa both served 4.

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

FY19	92
FY20	69
FY21 1Q	7
FY21 2Q	19
FY21 3Q	15
FY21 4Q	8

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



	Allegan	Muskegon	Kent	Ottawa	West MI
FY19	3	35	33	15	6
FY20	3	35	21	7	2
FY21 Q1	2	4	1	0	0
FY21 Q2	1	5	6	2	3
FY21 Q3	2	7	4	2	0
FY21 Q4	1	4	2	0	1

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.

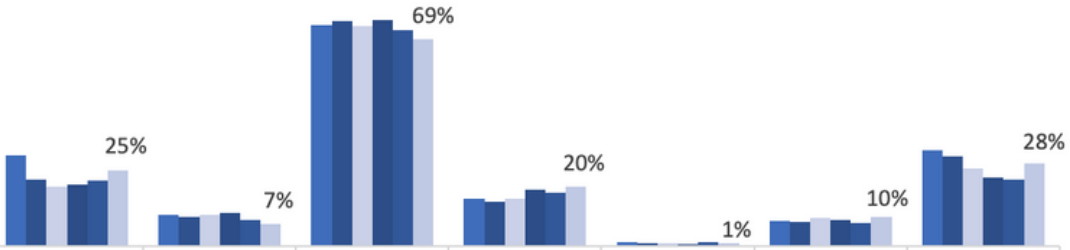
OTHER DATA TO MONITOR

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)



	Age 12-17	Age 18-25	Fem CB Age	African American	American Indian	Hispanic/ Latino	Persons w/ OUD
FY19	30%	10%	74%	16%	1%	8%	32%
FY20	22%	10%	75%	15%	1%	8%	30%
FY21 Q1	20%	10%	73%	16%	1%	9%	26%
FY21 Q2	20%	11%	75%	19%	1%	9%	23%
FY21 Q3	22%	8%	72%	18%	1%	8%	22%
FY21 Q4	25%	7%	69%	20%	1%	10%	28%

By CMHSP:

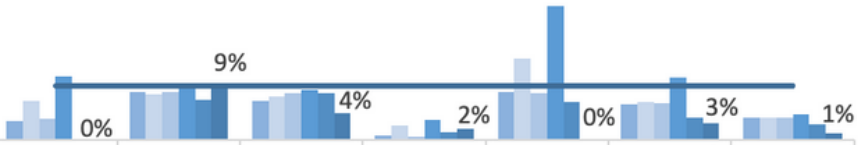
On the following pages, the percent of admissions in the LRE region that occurred in each CMHSP area is calculated with a 'benchmark' based on the proportion of the region's population that resides in the CMHSP area.

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

By CMHSP:

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

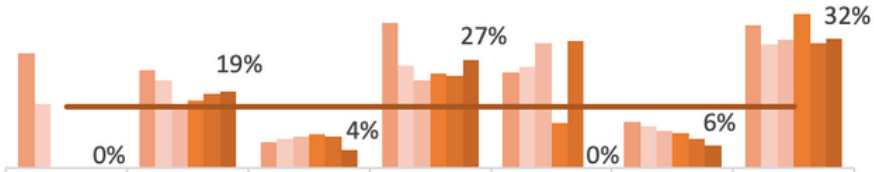
Percent of Region's Admissions Occurring in Allegan County for Populations of Interest (T39-45)



	Age 12-17	Age 18-25	Fem CB Age	African American	American Indian	Hispanic/Latino	Persons w/ OUD
FY19	3%	8%	6%	1%	8%	6%	4%
FY20	6%	8%	7%	2%	13%	6%	4%
FY21 Q1	4%	8%	8%	0%	8%	6%	4%
FY21 Q2	11%	9%	8%	3%	22%	10%	4%
FY21 Q3	0%	7%	8%	1%	6%	4%	3%
FY21 Q4	0%	9%	4%	2%	0%	3%	1%
Benchmark (9%)	9%	9%	9%	9%	9%	9%	9%

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

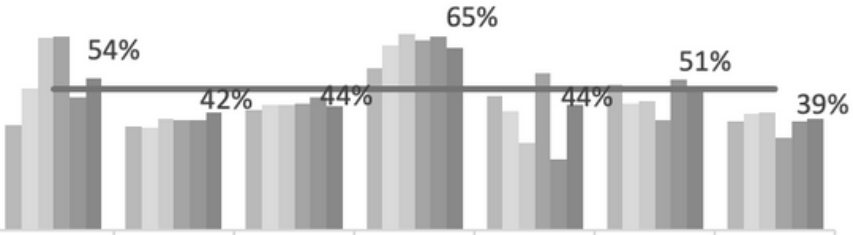
Percent of Region's Admissions Occurring in Muskegon County for Populations of Interest (T39-45)



	Age 12-17	Age 18-25	Fem CB Age	African American	American Indian	Hispanic/Latino	Persons w/ OUD
FY19	28%	24%	6%	36%	24%	11%	35%
FY20	16%	22%	7%	25%	25%	10%	30%
FY21 Q1	0%	16%	8%	22%	31%	9%	32%
FY21 Q2	0%	17%	8%	23%	11%	9%	38%
FY21 Q3	0%	18%	8%	23%	31%	7%	31%
FY21 Q4	0%	19%	4%	27%	0%	6%	32%
Benchmark(15%)	15%	15%	15%	15%	15%	15%	15%

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

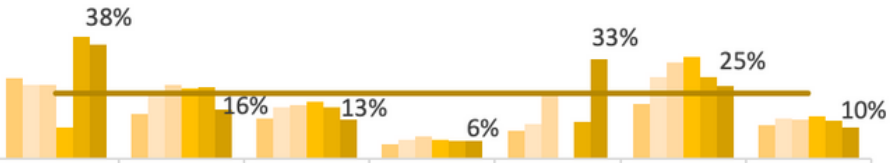
Percent of Region's Admissions Occurring in Kent County for Populations of Interest (T39-45)



	Age 12-17	Age 18-25	Fem CB Age	African American	American Indian	Hispanic/ Latino	Persons w/ OUD
FY19	37%	37%	42%	57%	47%	51%	39%
FY20	50%	36%	44%	65%	42%	45%	41%
FY21 Q1	68%	39%	44%	69%	31%	46%	41%
FY21 Q2	68%	39%	45%	67%	56%	39%	33%
FY21 Q3	47%	39%	47%	69%	25%	53%	39%
FY21 Q4	54%	42%	44%	65%	44%	51%	39%
Benchmark(50%)	50%	50%	50%	50%	50%	50%	50%

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

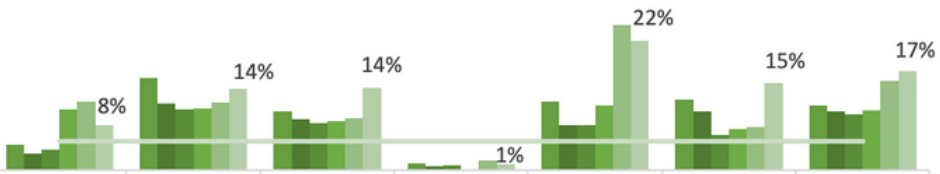
Percent of Region's Admissions Occurring in Ottawa County for Populations of Interest (T39-45)



	Age 12-17	Age 18-25	Fem CB Age	African American	American Indian	Hispanic/Latino	Persons w/ OUD
FY19	27%	15%	14%	5%	9%	18%	11%
FY20	25%	22%	17%	7%	12%	27%	13%
FY21 Q1	25%	25%	18%	7%	23%	32%	13%
FY21 Q2	11%	24%	19%	7%	0%	34%	14%
FY21 Q3	41%	24%	17%	6%	13%	28%	13%
FY21 Q4	38%	16%	13%	6%	33%	25%	10%
Benchmark (22%)	22%	22%	22%	22%	22%	22%	22%

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)



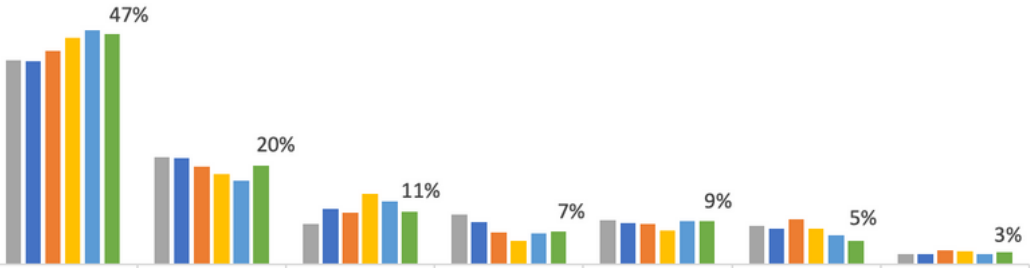
	Age 12-17	Age 18-25	Fem CB Age	African American	American Indian	Hispanic/ Latino	Persons w/ OUD
FY19	4%	16%	10%	1%	12%	12%	11%
FY20	3%	12%	9%	1%	8%	10%	10%
FY21 Q1	4%	11%	8%	1%	8%	6%	10%
FY21 Q2	11%	11%	8%	0%	11%	7%	10%
FY21 Q3	12%	12%	9%	2%	25%	7%	15%
FY21 Q4	8%	14%	14%	1%	22%	15%	17%
Benchmark(5%)	5%	5%	5%	5%	5%	5%	5%

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.

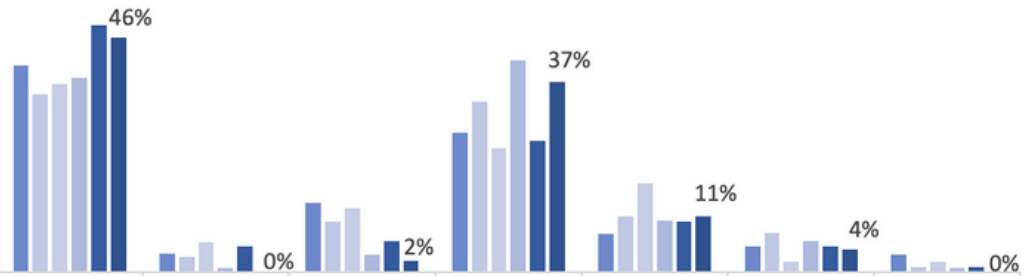
Percent of Treatment Admissions by Primary Drug, LRE Region (T.46)



	Alcohol	Heroin	Meth/ Speed	Synthetic & Other Opiates	Cocaine	Marijuana	All Other
FY19	41%	22%	8%	10%	9%	8%	2%
FY20	41%	21%	11%	9%	8%	7%	2%
FY21 Q1	43%	20%	10%	6%	8%	9%	3%
FY21 Q2	46%	18%	14%	5%	7%	7%	3%
FY21 Q3	47%	17%	13%	6%	9%	6%	2%
FY21 Q4	47%	20%	11%	7%	9%	5%	3%

Allegan County

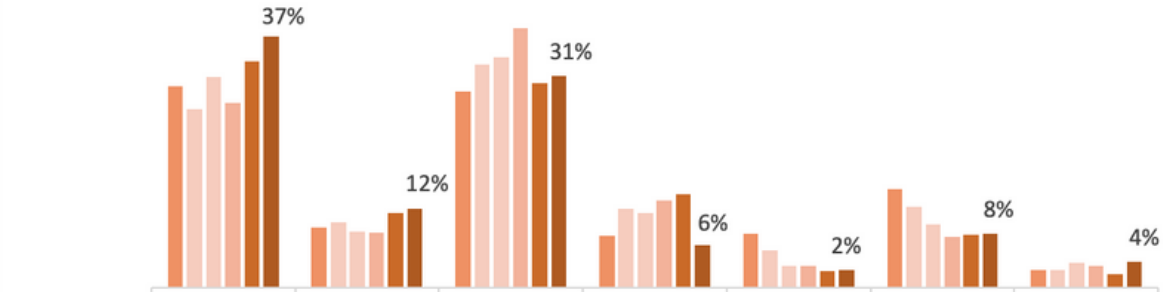
Allegan County - Percent of Admissions by Primary Drug (T.46)



	Alcohol	Cocaine/ Crack	Heroin	Methamphetamine/ Speed	Marijuana/ Hashish	Synth. & Other Opiates	All Other
FY19	40%	4%	13%	27%	7%	5%	3%
FY20	35%	3%	10%	33%	11%	8%	1%
FY21 Q1	37%	6%	13%	24%	17%	2%	2%
FY21 Q2	38%	1%	3%	41%	10%	6%	1%
FY21 Q3	48%	5%	6%	25%	10%	5%	1%
FY21 Q4	46%	0%	2%	37%	11%	4%	0%

Muskegon County

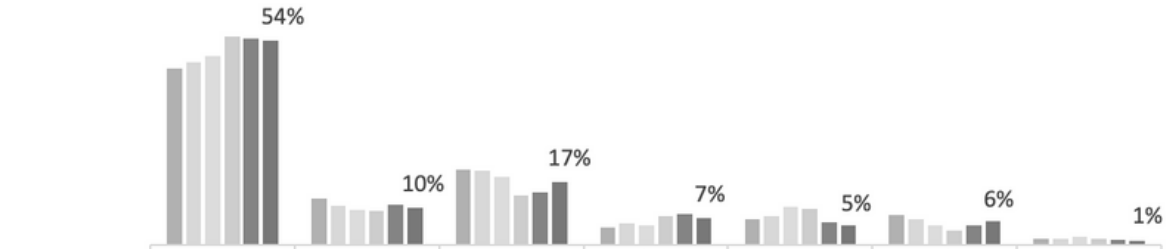
Muskegon County - Percent of Admissions by Primary Drug (T.46)



	Alcohol	Cocaine/ Crack	Heroin	Methamphetamine/ Speed	Marijuana/ Hashish	Synth. & Other Opiates	All Other
FY19	30%	9%	29%	8%	8%	14%	3%
FY20	26%	10%	33%	12%	5%	12%	2%
FY21 Q1	31%	8%	34%	11%	3%	9%	4%
FY21 Q2	27%	8%	38%	13%	3%	7%	3%
FY21 Q3	33%	11%	30%	14%	2%	8%	2%
FY21 Q4	37%	12%	31%	6%	2%	8%	4%

Kent County

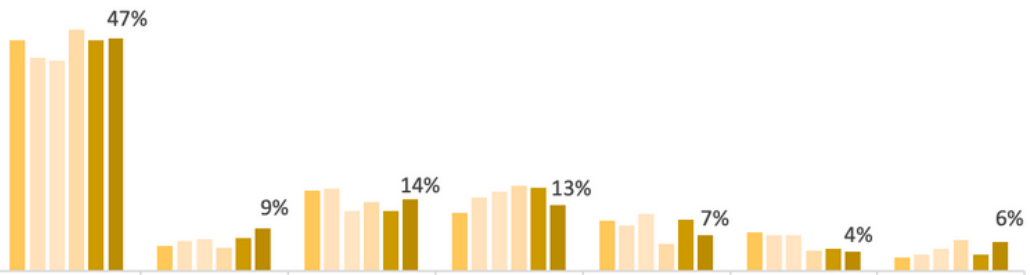
Kent County - Percent of Admissions by Primary Drug (T.46)



	Alcohol	Cocaine/ Crack	Heroin	Methamphetamine/ Speed	Marijuana/ Hashish	Synth. & Other Opiates	All Other
FY19	47%	12%	20%	5%	7%	8%	2%
FY20	48%	10%	20%	6%	8%	7%	2%
FY21 Q1	50%	9%	18%	5%	10%	5%	2%
FY21 Q2	55%	9%	13%	8%	10%	4%	2%
FY21 Q3	55%	11%	14%	8%	6%	5%	1%
FY21 Q4	54%	10%	17%	7%	5%	6%	1%

Ottawa County

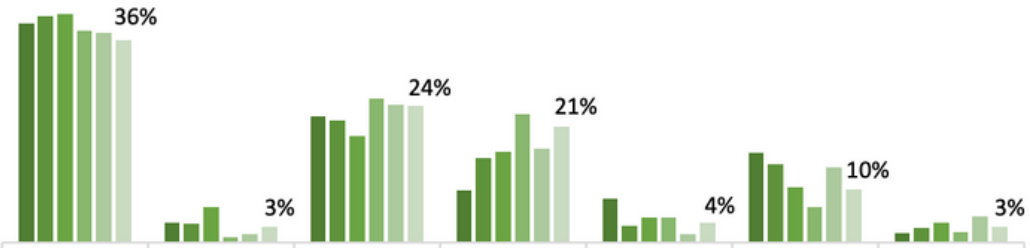
Ottawa County - Percent of Admissions by Primary Drug (T.46)



	Alcohol	Cocaine/ Crack	Heroin	Methamphetamine/ Speed	Marijuana/ Hashish	Synth. & Other Opiates	All Other
FY19	46%	5%	16%	12%	10%	8%	3%
FY20	43%	6%	17%	15%	9%	7%	3%
FY21 Q1	42%	6%	12%	16%	11%	7%	5%
FY21 Q2	48%	5%	14%	17%	5%	4%	6%
FY21 Q3	46%	7%	12%	17%	10%	5%	3%
FY21 Q4	47%	9%	14%	13%	7%	4%	6%

West Michigan Counties

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



	Alcohol	Cocaine/ Crack	Heroin	Methamphetamine/ Speed	Marijuana/ Hashish	Synth. & Other Opiates	All Other
FY19	39%	4%	22%	9%	8%	16%	2%
FY20	40%	3%	22%	15%	3%	14%	3%
FY21 Q1	41%	6%	19%	16%	5%	10%	4%
FY21 Q2	38%	1%	26%	23%	5%	6%	2%
FY21 Q3	37%	2%	25%	17%	2%	13%	5%
FY21 Q4	36%	3%	24%	21%	4%	10%	3%

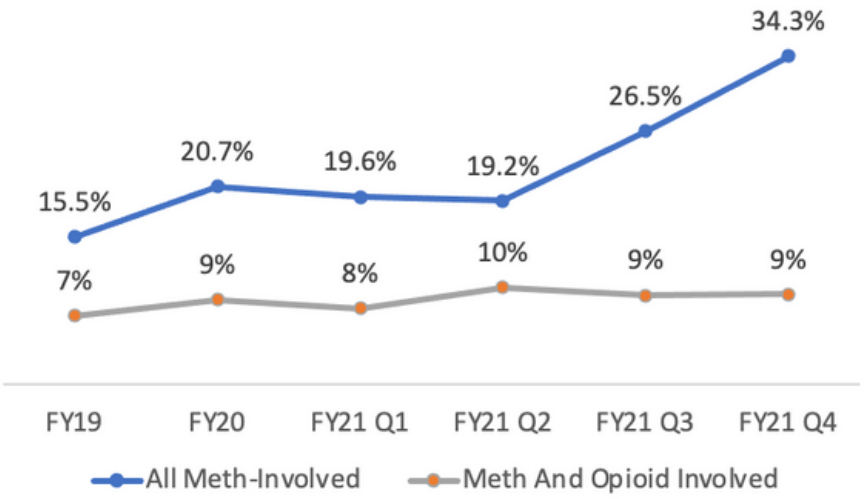
Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

Data Highlights:

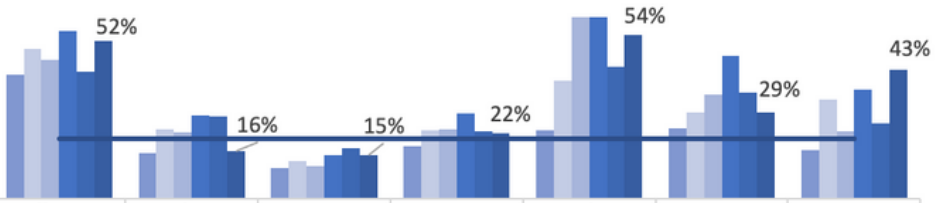
MA-involved admissions continue to increase at an alarming rate with more than 1-in-3 admissions in 4Q involving MA (34%) and almost 1-in-10 involving both MA and an opioid (9%).

MA-involved admissions were highest in Lake (54%), Allegan (52%), and Oceana (43%) counties.

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

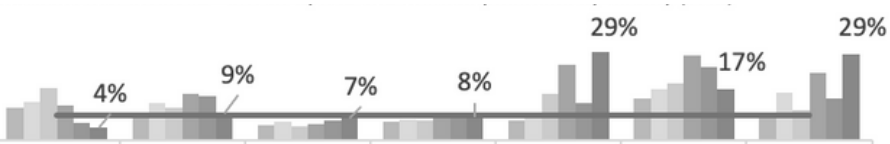


Percent of Admissions that were Methamphetamine-involved by County (T.47)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	41%	15%	10%	18%	23%	24%	16%
FY20	50%	23%	12%	23%	39%	29%	33%
FY21 Q1	46%	22%	11%	23%	62%	34%	23%
FY21 Q2	55%	28%	14%	28%	63%	47%	36%
FY21 Q3	42%	27%	17%	23%	44%	35%	25%
FY21 Q4	52%	16%	15%	22%	54%	29%	43%
Benchmark (20%)	20%	20%	20%	20%	20%	20%	20%

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



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	11%	9%	5%	6%	6%	14%	9%
FY20	13%	12%	6%	7%	9%	17%	16%
FY21 Q1	17%	11%	5%	6%	15%	19%	10%
FY21 Q2	12%	16%	5%	9%	25%	28%	22%
FY21 Q3	6%	15%	6%	8%	13%	24%	14%
FY21 Q4	4%	9%	7%	8%	29%	17%	29%
Benchmark (8%)	8%	8%	8%	8%	8%	8%	8%