LAKESHORE REGIONAL ENTITY

January 2026

Substance Use Disorder Treatment Evaluation Annual Monitoring Report

Fiscal Year 2024/2025

As one of Michigan's ten Prepaid Inpatient Health Plans (PIHP), the LRE manages services under contract with the Michigan Department of Health and Human Services, funded by various grants. Treatment and recovery services are provided by Community Mental Health Services Providers across Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.

This report outlines data indicators for monitoring and improving key data metrics for substance use disorder treatment and recovery services in the LRE region. Data covered in this report is for the **entirety of FY25.**

KWB Strategies

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Introduction

This annual report provides an update on key performance metrics aligned with four priority areas, along with trends in primary substances reported at admission and treatment penetration rates for priority populations. These indicators assess how well the regional system is meeting the needs of diverse populations—including those involved in the criminal justice system, individuals with co-occurring disorders, and those with opioid or intravenous drug use—while supporting timely access and smooth transitions across the continuum of care. Data is tracked at both the regional and CMHSP levels to inform planning, guide system improvements, and support ongoing evaluation. Page numbers and graphics below are hyperlinked to each section.

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Treatment Access

Treatment access refers to how easily and quickly individuals can begin receiving appropriate substance use disorder (SUD) services once they seek help. Metrics in this area assess whether people can get into care in a timely manner and whether access is equitable across different populations and service types.

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Engagement & Retention

Engagement and retention metrics evaluate how effectively the treatment system keeps individuals connected to services post-initial contact. Early and ongoing engagement correlates with better outcomes, such as lower relapse risk and enhanced long-term recovery. Monitoring these metrics identifies areas needing additional support or system changes to minimize drop-off and improve care continuity.

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Continuity of Care

Continuity of care metrics evaluate whether people move smoothly to the next level of care after going through detox or short-term residential programs. These transitions are important because during these period clients have a high risk of relapse, overdosing, or losing touch with services.

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Performance Bonus Incentive Program

Michigan Department of Health and Human Services allocates funding annually to reward PIHPs for strong performance in certain measures such as timely follow-up after an emergency department visit for addiction, decreasing disparities in initiation and engagment in treatment, and supporting social needs like housing and employment. Higher performance on these measures results in a larger bonus.

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Drug Trends

This section reviews trends in substances reported at admissions. Monitoring these metrics helps identify shifts in substance use patterns that can inform system planning and response. Unlike other indicators in this report, these data are not targeted for performance improvement but are tracked for monitoring purposes only.

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Priority Populations

This section provides an overview of admissions for populations that MDHHS has identified as a priority to engage in SUD treatment. This data is not targeted for performance improvement but is tracked for monitoring purposes only.

Using this Report

At the start of each section in this report, you'll find a summary for each metric. This includes a concise explanation of why the metric is important to track, recent findings, and an assessment of whether the trend is improving or declining. Detailed results for each metric related to the region and Community Mental Health Service Providers (CMHSPs) are provided on the pages that follow.

Throughout the report, the following icons have been used to describe data trends.

 Data has worsened and should be monitored

 Data has remained relatively stable without a clear pattern

 Data has been improving

When a data indicator reflects only a portion of admissions and the sample size or count is 10 or less, both the number and the percentage will be presented.

Unless otherwise specified, data analyzed comes from BH TEDS (refreshed on **12/30/25)** and encounters (refreshed on **12/29/25).** Any data entered after these dates will be reflected in subsequent reports. For details on data parameters, refer to the appendix, starting on page 30.

Throughout the report, you can click on any underlined text to navigate directly to that section of the document.

Commonly Used Acronyms and Abbreviations:

Q1 - 1st quarter

Q2 - 2nd quarter

Q3 - 3rd quarter

Q4 - 4th quarter

avg - Average

BH - Behavioral Health

CJ - Criminal Justice

CY - Calendar Year

IOP - Intensive Outpatient

LRE - Lakeshore Regional Entity

LOC - Level of care

LT Res - Long term residential level of care

MA - Methamphetamine

MAT- Medication Assisted Treatment

OP- Outpatient

PBIP - Performance Based Incentive Program

Pt./Pts. - Point(s)

OUD - Opioid Use Disorder

ST Res - Short term residential level of care

TTS - Time to Service

WM or West MI - Lake, Mason, & Oceana Counties

Treatment Access

Treatment access refers to how quickly individuals can begin substance use disorder (SUD) services once they seek help and whether access is equitable across different populations and service types. These indicators help determine whether the system is responsive to those who need care—and whether wait times or barriers differ based on location, demographics, or clinical need.

This page provides an overview of the treatment access metrics monitored quarterly by the LRE, the rationale for each indicator and a brief snapshot of current data trends through the most recent quarter. Additional detail for each metric can be found on the pages noted.

6 Intra-Venous Drug Use (IVDU)

Admissions for individuals with IVDU are prioritized due to elevated risk for overdose, infectious disease, and other serious health complications.

9 Medication Assisted Treatment (MAT)

Timely access to MAT for individuals with opioid use disorder is prioritized because it reduces the risk of overdose, enhances treatment engagement, and supports long-term recovery. MAT is widely recognized as the gold standard in evidence-based care for opioid use.

10 Criminal Justice Involved Admissions

Individuals involved in the criminal justice system are prioritized due to their increased risk of overdose and untreated substance use. With the MDOC delegating probation services to PIHPs, timely and coordinated access to treatment is crucial.

FY 25

Metrics

↓ avg days between request and 1st service for persons with intra-venous drug use (IVDU)

Improved slightly *in FY25 to 7.5 days, compared to 8.4 in prior year due to improvement for outpatient and short-term residential service categories. Overall TTS improved between FY24 and FY25 for all CHSPs with the exception of N180, which remained stable.*

↓ avg days between request and 1st service for persons with opioid use disorder (OUD) to MAT

While Time to Service (TTS) has been increasing since FY22, it maintained an average of 8.1 days between FY24 and FY25. Notably, TTS was significantly longer in Mason County (29 days) and Oceana County (15 days) compared to the regional avg.

↑ admissions for individuals on parole/probation, in jail, or diverted (pre or post booking)

The rate of admissions with criminal justice involvement have remained fairly consistent, with just over one-third (36%) of admissions in FY25 reflecting such involvement. This includes 22% on probation, 9% on parole, and 5% in jail. These figures have shown relative stability since FY22.

Treatment Access

Intra-Venous Drug Use (IVDU)

Metric

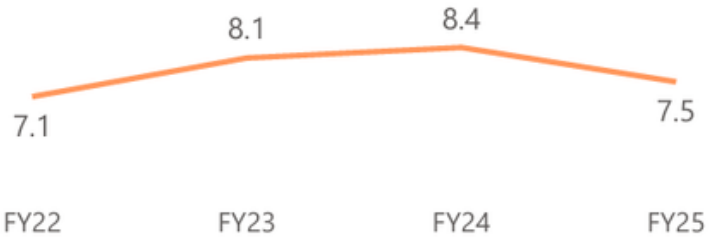
- Decrease the average days between request for service and first service for clients with IVDU.

Data Highlights:

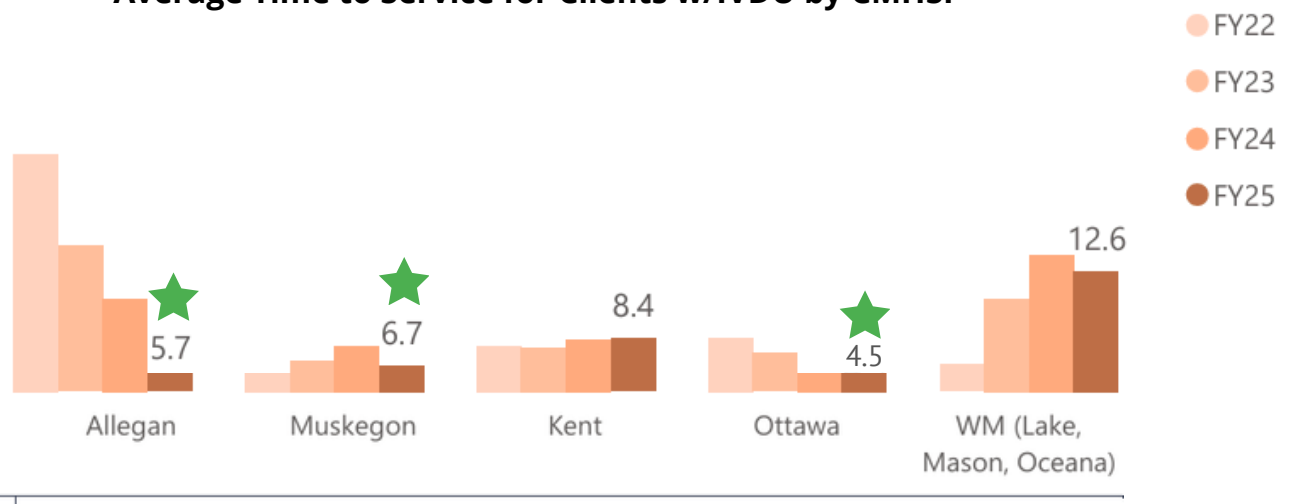
Among admissions for individuals with IVDU, the average time to service improved slightly in FY25 to 7.5 days, compared to 8.4 in prior year due to improvement for outpatient and short-term residential service categories (following page). Overall TTS improved between FY24 and FY25 for all CHSPs with the exception of N180, which remained stable.

Across the region in FY25, TTS for clients with IVDU ranged from a low of 4.5 in Ottawa to a high of 12.6 for West Michigan.

Average Time to Services for Clients with IVDU (Days)



Average Time to Service for Clients w/IVDU by CMHSP



FY22	20.0	4.1	7.9	8.4	6.8
FY23	14.2	7.0	7.8	7.5	10.9
FY24	10.9	7.9	8.4	5.2	13.7
FY25	5.7	6.7	8.4	4.5	12.6

FY 25

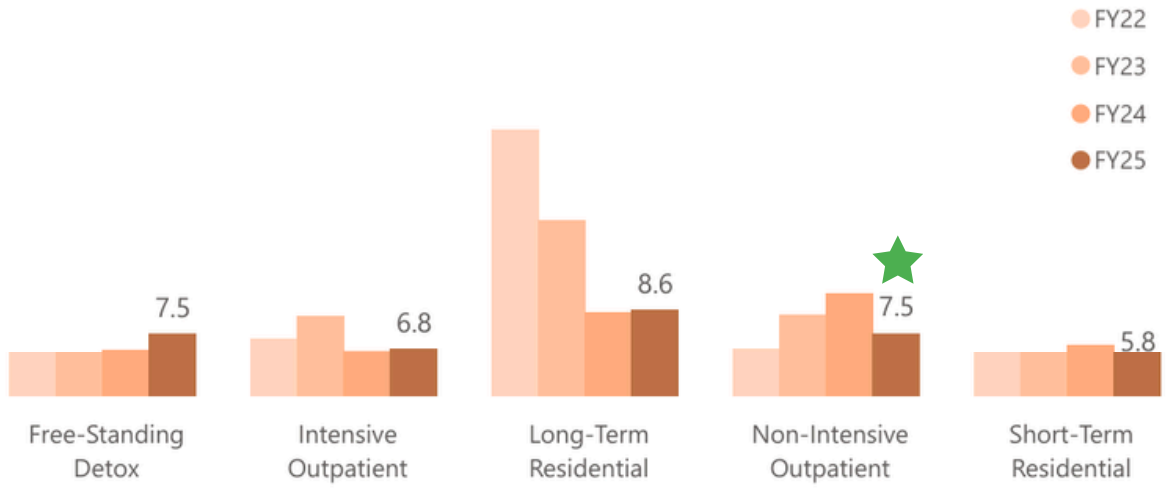
Treatment Access

Intra-Venous Drug Use (IVDU) cont...

Metric

- Decrease the average days between request for service and first service for clients with IVDU.

Average Time to Services for Clients with IVDU by Service Category



	Free-Standing Detox	Intensive Outpatient	Long-Term Residential	Non-Intensive Outpatient	Short-Term Residential
FY22	3.9	7.3	17.4	6.7	4.4
FY23	4.7	8.4	13.0	8.4	4.9
FY24	6.7	6.7	8.5	9.4	6.9
FY25	7.5	6.8	8.6	7.5	5.8

Data Highlights:

Between FY24 and FY25, time to service (TTS) improved for non-intensive outpatient by almost 2 full days, while short-term residential saw an improvement of 1.1 days. TTS for detox worsened by 1.2 days.

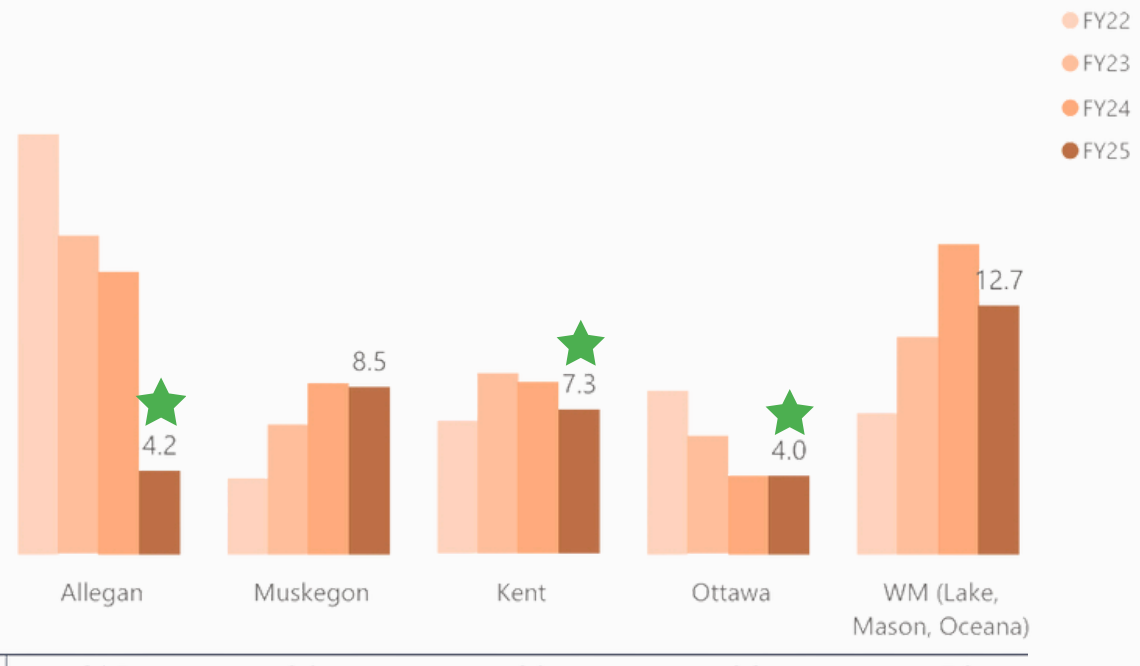
Treatment Access

Intra-Venous Drug Use (IVDU) cont...

Metric

- Decrease the average days between request for service and first service for clients with IVDU.

Average Time to Outpatient (non-intensive) Services for Clients with IVDU by CMHSP



	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	21.5	3.9	6.8	8.3	7.2
FY23	16.2	6.6	9.2	6.0	11.1
FY24	14.4	8.7	8.8	4.0	15.8
FY25	4.2	8.5	7.3	4.0	12.7

Data Highlights:

In FY25, Time to Service (TTS) for clients with intravenous drug use (IVDU) seeking outpatient services ranged from a low of 4.0 days in Ottawa to a high of 12.7 in West Michigan. Muskegon has increased since FY22, with TTS remaining stable between FY24 and FY25. West Michigan increased between FY22 and FY24, but improved by 3.1 days in FY25 compared to the previous year. Ottawa has been decreasing since FY22, and has maintained a low TTS of 4.0 days since FY24.

FY 25

Treatment Access

Medication Assisted Treatment (MAT)

Metric

- Decrease average days between request for service and first service for persons living with an opioid use disorder (OUD).

Data Highlights:

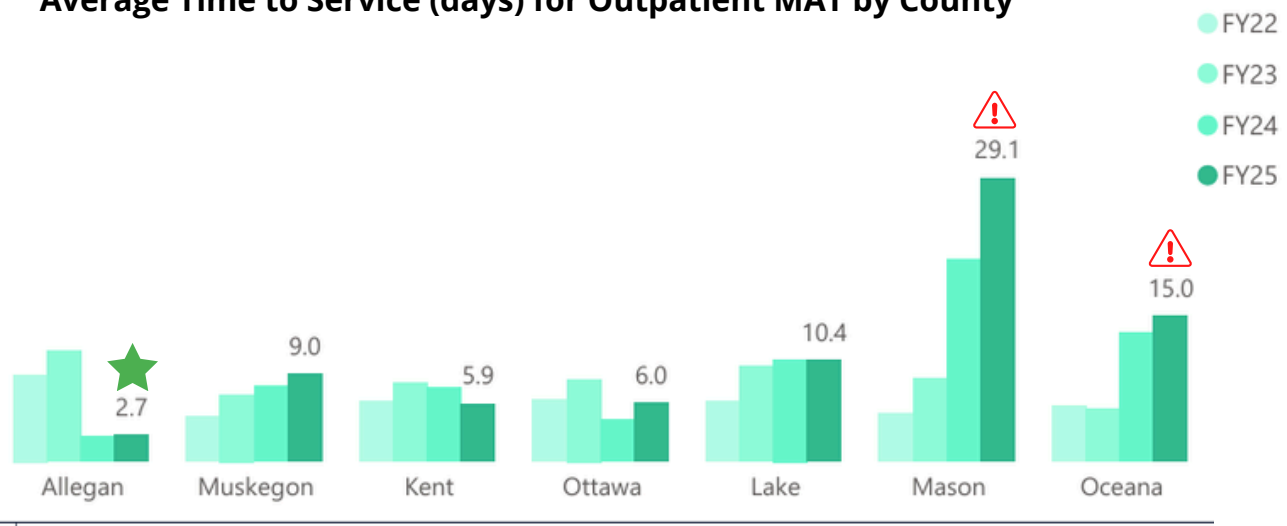
Time to Service (TTS) for individuals with an opioid use disorder (OUD) is most impacted by delays in admission to medication-assisted treatment (MAT). While Time to Service (TTS) has been increasing since FY22, it maintained an average of 8.1 days between FY24 and FY25.

By county, TTS in FY25 ranged from a low of 2.7 days in Allegan to 29.1 days in Mason. Muskegon TTS has been increasing steadily since FY22.

Notably, TTS was significantly longer in Mason County (29 days) and Oceana County (15 days) compared to the regional average.

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

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



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	9.0	4.7	6.2	6.4	6.2 (11)	5.0	5.8
FY23	11.3	6.9	8.1	8.5	9.8 (4)	8.5	5.4
FY24	2.5	7.7	7.6	4.3	10.5 (4)	20.7	13.2
FY25	2.7	9.0	5.9	6.0	10.4 (5)	29.1	15.0

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

FY 25

Treatment Access

Criminal Justice Involved Admissions

Metric

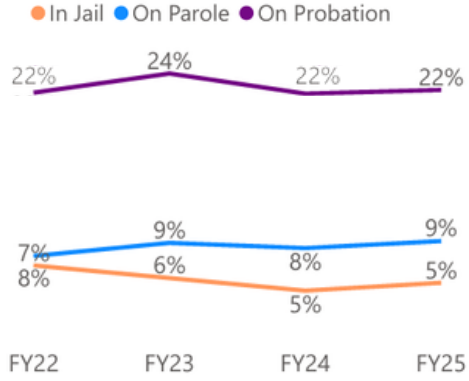
- Increase admissions with legal status, on parole/probation.
- Increase admissions with legal status as diversion pre or post booking.
- Increase admissions with legal status as 'in jail'.

Data Highlights:

The rate of admissions with criminal justice involvement have remained fairly consistent, with just over one-third (36%) in FY25 reflecting such involvement. The rate for admissions with legal status as pre- or post-booking diversion remains consistently low (<1%).

Rates of admissions for individuals on probation has been increasing steadily since FY22 in Muskegon county, and decreasing in Ottawa county. Oceana county had a substantial increase between FY24 and FY25 to a high of 37%. Kent county continues to have the lowest rate of criminal justice involvement among those admitted.

Percent of Admissions by Legal Status at Admission, LRE Region

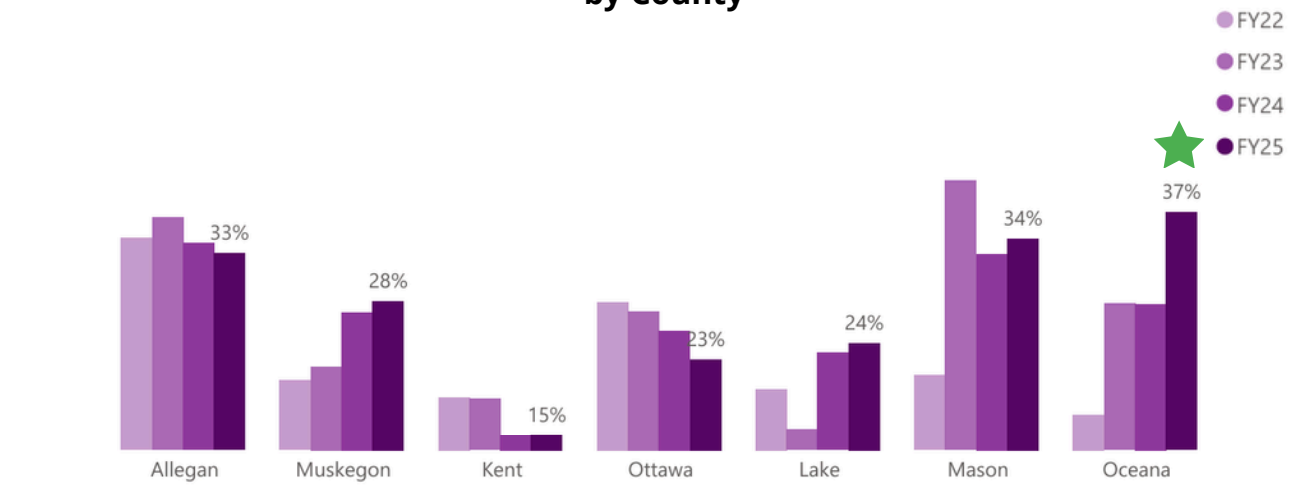


Efforts to Improve Jail-Based Services and Transition Support:

CMHSPs across the LRE region use specialty and grant funds to provide a range of in-jail services that improve access to care during incarceration, support reentry, and improve continuity of care following release:

- HW provides in-jail individual and group counseling, MAT, and employs dedicated jail-based staff.
- N180 screens individuals at intake, monitors during incarceration, and refers upon release.
- CMHOC conducts intake screenings and provides recovery coaching, MAT continuation, therapy, pre-release case management and MAT in jails.
- OP coordinates screening and MAT in jails and connects individuals to transition services in partnership with Arbor Circle. SOR 4 funds support in-jail therapy and assessment.
- WM has staff directly in jails and facilitates referrals to services upon release.

Percent of Admissions with Legal Status as 'On Probation' at Admission by County



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	34.5%	20.6%	18.9%	28.2%	19.7%	21.1%	17.2%
FY23	36.5%	21.9%	18.8%	27.3%	15.8%	40.1%	28.1%
FY24	34.0%	27.2%	14.6%	25.4%	23.3%	32.9%	28.0%
FY25	33.0%	28.3%	15.2%	22.6%	24.2%	34.4%	37.0%

FY 25

Engagement and Retention

Engagement and retention metrics help assess how well the treatment system is supporting individuals to stay connected to services after their initial contact. Early and sustained engagement is linked to better outcomes, including reduced relapse risk and improved long-term recovery. Tracking these indicators helps identify where additional support or system changes may be needed to reduce drop-off and strengthen care continuity.

This page provides an overview of the engagement and retention metrics monitored quarterly by the LRE, the rationale for each indicator and a brief snapshot of current data trends through the most recent quarter. Additional detail for each metric can be found on the pages noted.

12 Integrated Treatment for Co-Occurring Disorders (COD)

Individuals with co-occurring mental health and substance use disorders have more complex needs, and receiving integrated care helps improve outcomes and retention by ensuring both conditions are addressed in a coordinated, person-centered approach.

Metrics

↑ % of clients w/ co-occurring diagnosis (COD) receiving integrated services

*The % of clients with COD reported as having received integrated treatment has **continued to increase**, with a high of 33% in FY 25, with all but one CMHSP showing continual improvement since FY22 and substantial improvement between FY24 and FY25.*

13-14 One Encounter

The percent of treatment episodes with no second visit is a key indicator of early engagement. A high rate may suggest barriers to continued care—such as accessibility issues, unmet needs, or poor treatment fit—and can signal where additional support or system improvements are needed to keep individuals engaged in services.

↓ % of treatment episodes with no 2nd visit

Episodes w/ only 1 encounter worsened slightly in FY25 compared to FY24, increasing from 8% to 10%. During FY25, rates of treatment episodes with only one visit were highest for outpatient at 21%, and lowest for detox at 3%. Across CMHSPs rates range from 0% in West MI to a high of 35% in Ottawa.

FY 25

Engagement and Retention

Integrated Treatment for Co-Occurring Disorders

Metric

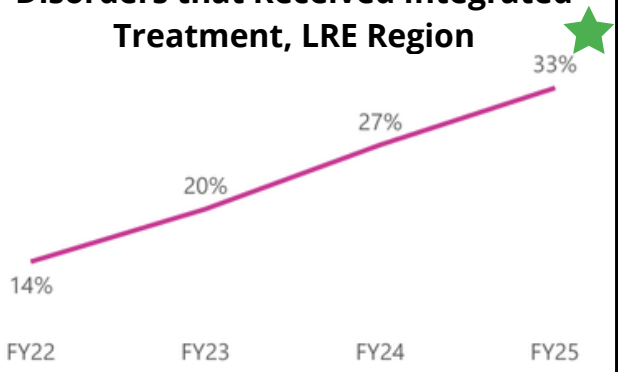
- Increase % of clients with co-occurring diagnosis that received integrated services.

Data Highlights:

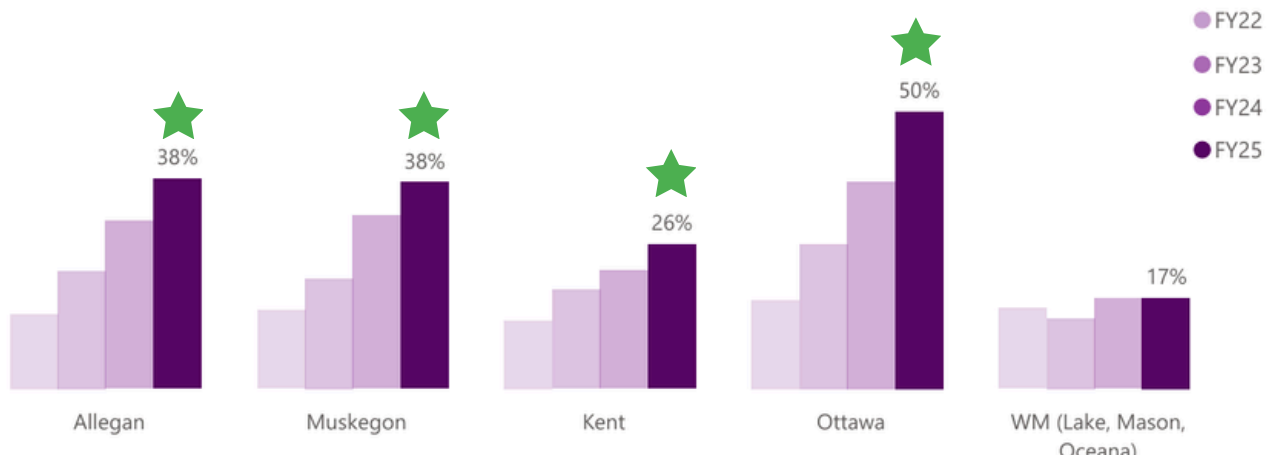
The percentage of clients with COD that were reported as having received integrated treatment has continued to increase, with a high of 33% in FY 25.

The rate ranges from a low of 17% in West MI to a high of 50% in Ottawa. All but one CMHSP has shown continual improvement since FY22 with substantial improvement between FY24 and FY25.

Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment, LRE Region



Percent of Clients with COD that Received Integrated Treatment by CMHSP



	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	13.6%	14.2%	12.5%	16.2%	14.7%
FY23	21.4%	20.1%	18.0%	26.4%	12.8%
FY24	30.5%	31.6%	21.6%	37.8%	16.4%
FY25	38.2%	37.6%	26.3%	50.5%	16.6%

FY 25

Engagement and Retention

One Encounter

Metric

- Decrease % of treatment episodes with no 2nd visit.

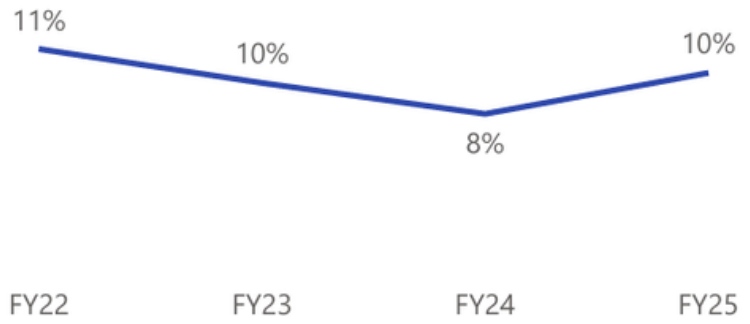
Data Highlights:

For treatment episodes that warranted more than an assessment, Episodes with only 1 encounter worsened slightly in FY25 compared to FY24, increasing from 8% to 10%.

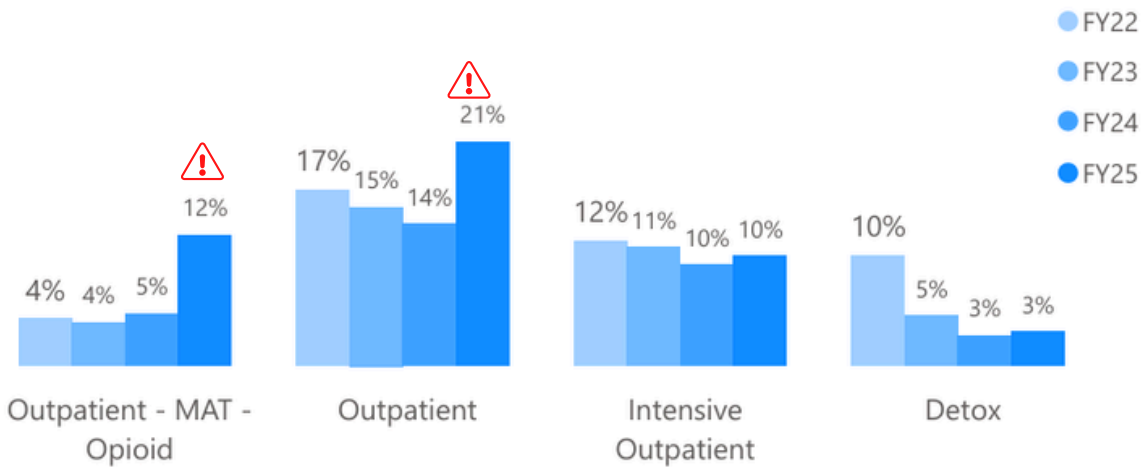
During FY25, rates of treatment episodes with only one visit were highest for outpatient at 21%, and lowest for detox at 3%. Outpatient and MAT treatment episodes with only one encounter increased substantially in FY25, while detox and IOP remained relatively stable.

As shown on the following page, across CMHSPs, rates range from 0% in West MI to a high of 35% in Ottawa.

Percent of Treatment Episodes with One Encounter, LRE Region



Percent of Treatment Episodes with One Encounter* by Level of Care



Treatment episodes with only an assessment that had a discharge reason reported as something other than having 'dropped out' are excluded from the analysis.

FY 25

Engagement and Retention

One Encounter Cont...

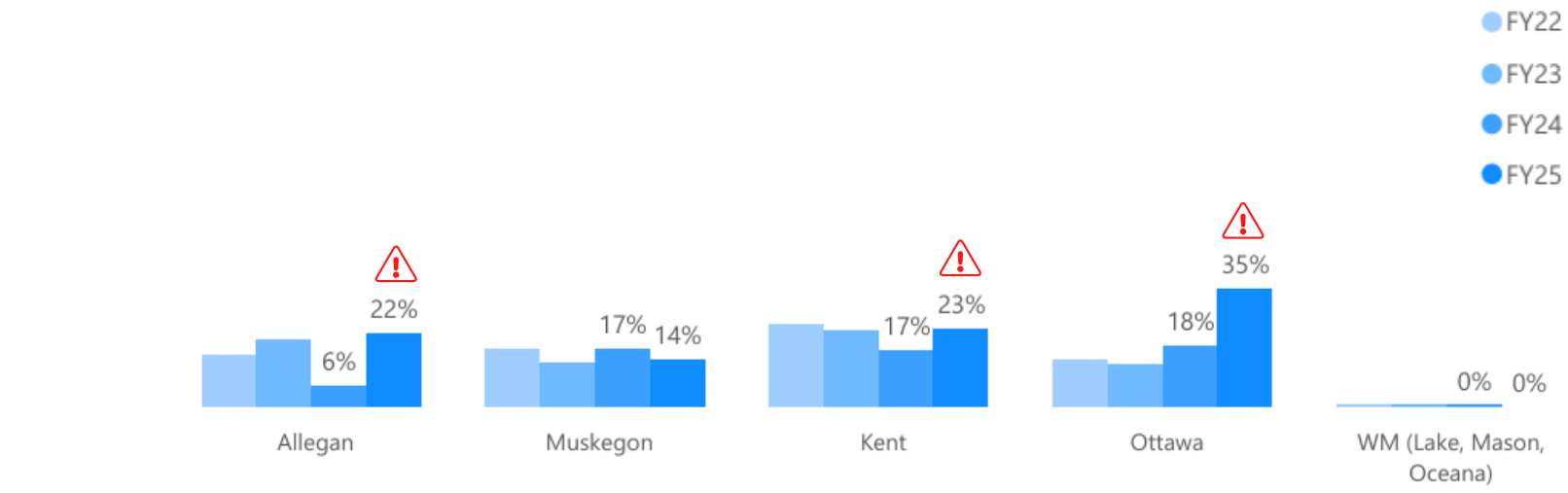
Metric

- Decrease % of treatment episodes with no 2nd visit.

The chart below shows the percentage of outpatient treatment episodes with only one encounter for each CMHSP. Rates vary across CMHSPs and time periods. Those showing substantially higher rates in the most recent quarters may be attributable to incomplete data entry for encounters at the time records were pulled for this review.

Use caution when reviewing the most recent time periods, as delays in the entry of service encounters can limit the validity of results.

Percent of Outpatient Treatment Episodes with Only One Encounter by CMHSP (excluding MAT)



	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	15.2%	17.2%	24.4%	14.1%	0.4%
FY23	20.1%	13.1%	22.7%	12.4%	0.3%
FY24	6.2%	17.0%	16.6%	18.1%	0.4%
FY25	21.6%	14.0%	23.1%	35.1%	0.0%

Note: This analysis only includes treatment episodes meeting the following criteria: 1) warranted more than an assessment, 2) discharge date entered, and 3) at least one service encounter entered. Due to this, more recent data periods have a small sample size and may not reflect all service encounters.

Continuity of Care

Continuity of care metrics assess whether individuals successfully transition to the next level of care following high-intensity services of detoxification and short-term residential (ST Res). These transitions are critical periods when individuals are especially vulnerable to relapse, overdose, or disengagement from services. Monitoring these metrics helps ensure individuals don't fall through the cracks during this high-risk period and that the treatment system is working as a coordinated continuum rather than a series of disconnected services.

This page provides an overview of continuity of care metrics monitored quarterly by the LRE, the rationale for each indicator and a brief snapshot of current data trends through the most recent quarter. Additional detail for each metric can be found on the pages noted.

16 Timely Transition after Detox/ST Res

Timely transition to the next level of care following discharge from detox or short-term residential is critical for sustaining treatment momentum and reducing the risk of relapse, overdose, or dropout during a vulnerable period in early recovery.

Metrics such as the percent of clients admitted within 7 days and the average number of days between discharge and admission offer complementary ways to assess how effectively the system supports seamless, coordinated care.

17 ST Res Discharge Reason

Discharges incorrectly coded as "completed treatment" instead of "completed program/transferred to another provider" can skew state-level analysis of outcomes for the region. Accurate coding is essential for understanding completion rates, monitoring service transitions, and ensuring individuals receive the full continuum of recommended care.

FY 25

Metrics

↑ % of discharged detox and ST Res clients successfully transitioned to the next LOC w/in 7 days

★ *The % of clients discharged from ST Res and successfully admitted to the next LOC w/in 7 days improved substantially in FY25, reaching a **high** of 50%, compared to 27% in FY24.*

↓ average # days between discharge and admission to next level of care for ST Residential

★ *Among clients discharged from ST Res and successfully admitted to the next LOC w/in 7 days the avg time to readmission was 1.1 days in FY25, an improvement from 1.7 in FY24.*

↓ discharges from detox and ST Res with inappropriate discharge reason of 'completed treatment'

★ *In FY25, incorrect reporting of discharges from ST Res coded as "completed treatment" continued to decrease, achieving a low of 25%. Detox discharges reported as "completed treatment" also improved, achieving a low of 18%.*

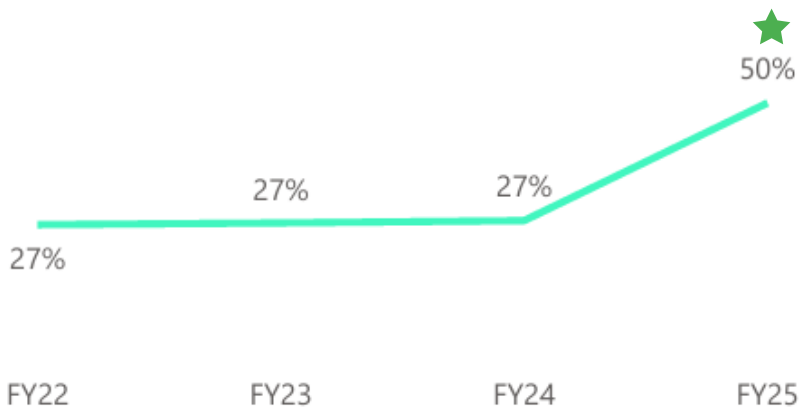
CONTINUITY OF CARE

Timely Transition after Detox/ST Res

Metrics

- ↑ % of discharged ST Res clients successfully transitioned to the next LOC w/in 7 days.
- ↓ average # days between discharge and admission to next level of care for ST Residential.

Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days, Region

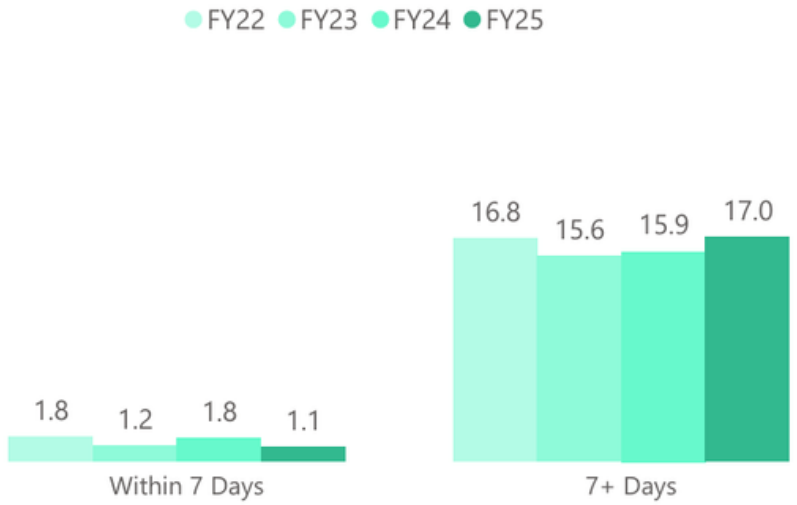


Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days by CMHSP

	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	15%	31%	24%	34%	30%
FY23	18%	18%	26%	31%	34%
FY24	33%	9%	17%	46%	33%
FY25	20%	53%	0%	68%	54%

The count is provided in parentheses for rates calculated for a count of 10 or less episodes.

Average # Days between Discharge from ST Res and Admission to Next Level of Care, Region



Data Highlights:

Following detox (24-hour), clients typically transition to ST Res at the same provider. Following discharge from ST Res, it is ideal for clients to engage in services at a lower level of care as soon as possible, with a goal of no more than 7 days between discharge and the subsequent admission.

Rates of readmission within 7 days improved substantially in FY25, reaching a high of 50%, almost double the rates from prior fiscal years.

Of the 124 client discharges with a corresponding admission within 30 days to the next level of care:

- 71% (88) were readmitted within 7 days and 29% (36) were readmitted between 8 and 30 days.
- Of those readmitted w/in 7 days, the avg time to readmission was of 1.1 days.
- Among those readmitted after 7+ days, the avg time to readmission was 17 days.

FY 25

CONTINUITY OF CARE

ST Res Discharge Reason

Metric

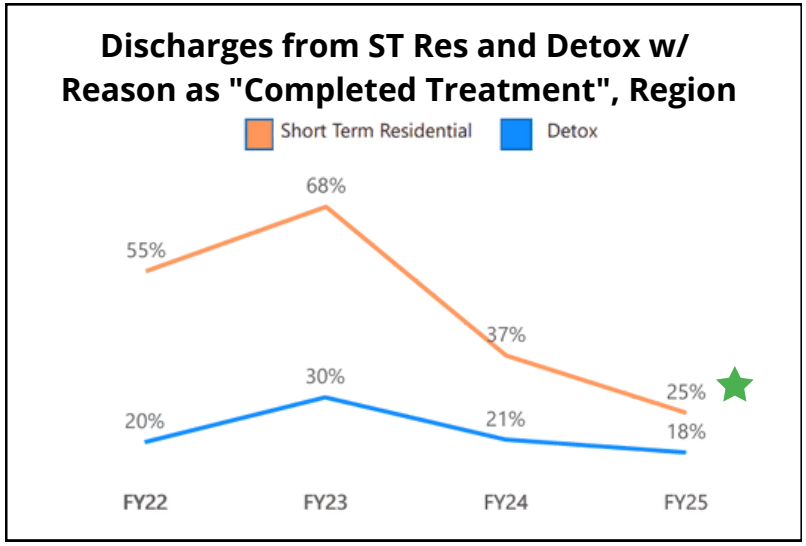
- Decrease discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'.

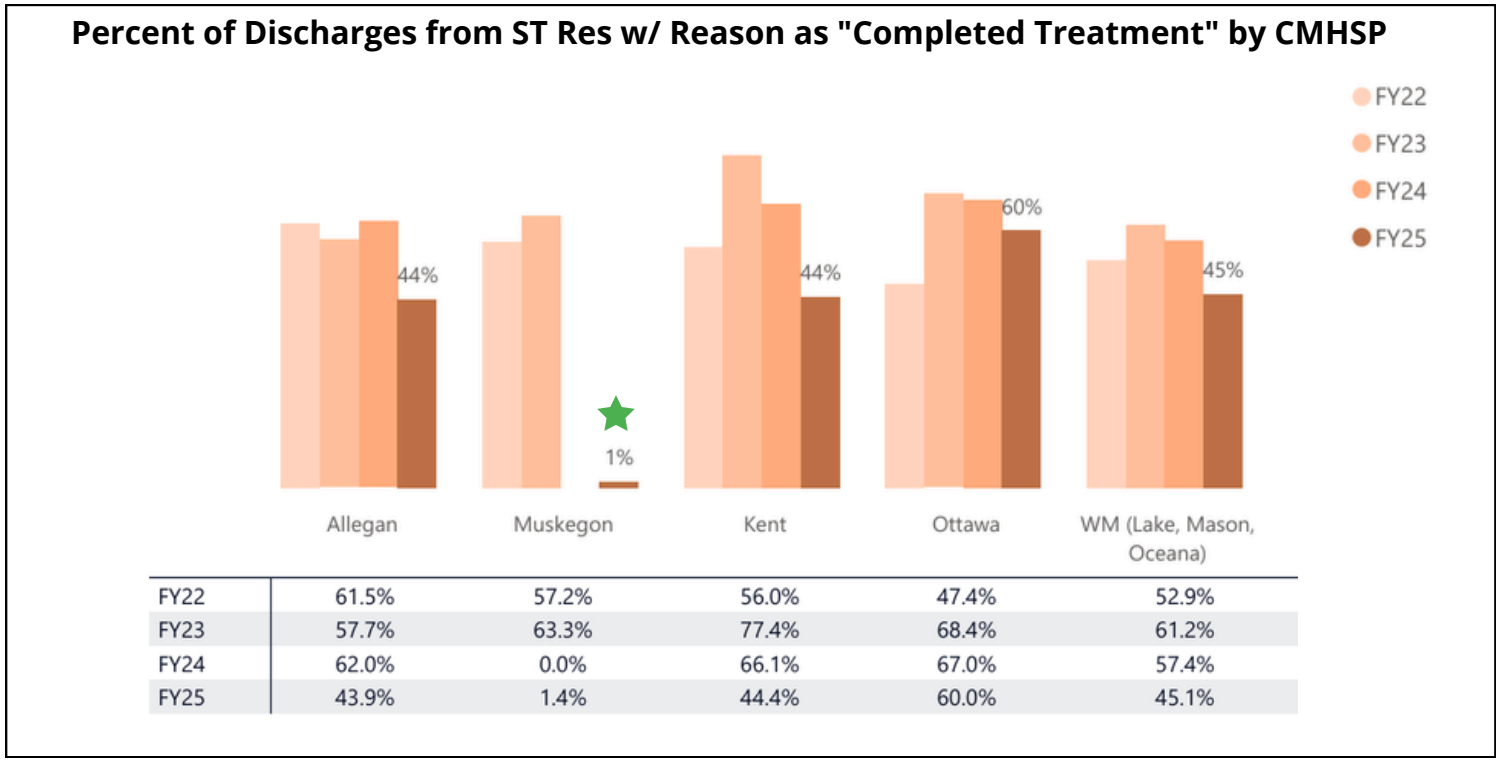
Data Highlights:

The percentage of discharges from ST Res incorrectly reported as 'completed treatment' continued to show substantial improvement during FY25, achieving a low of 25%, primarily due to improvement in Muskegon rates which are substantially lower than other CMHSPs and accounted for 48% of discharges from ST Res in FY25.

Rates for discharges from detox inappropriately reported as having 'completed treatment' also improved somewhat to a low of 18%.

Across CMHSPs, rates of discharges from ST Res incorrectly reported as 'completed treatment' showed improvement across all CMHSPs.





	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	61.5%	57.2%	56.0%	47.4%	52.9%
FY23	57.7%	63.3%	77.4%	68.4%	61.2%
FY24	62.0%	0.0%	66.1%	67.0%	57.4%
FY25	43.9%	1.4%	44.4%	60.0%	45.1%

Discharge reason for detox and ST Res should never be 'Completed Treatment'.

FY 25

Performance Bonus Incentive Program

The Michigan Department of Health and Human Services (MDHHS) sets aside a small portion of funding each year to reward PIHPs for strong performance. To earn this bonus, PIHPs must meet key goals like making sure people get timely follow-ups after emergency visits, improving access to care, addressing racial disparities, and helping people with social needs like housing and employment.

The better the region does on these measures, the more of the bonus they earn.
PBIP metrics relevant to SUD treatment are summarized below.

Metrics

19 Employment/Education

The state monitors whether a higher % of clients are employed or enrolled in school at discharge compared to admission as an indicator of recovery progress.

↑ % of clients who report they are employed or in school at discharge, compared to admission.

★ *During FY25 every CMHSP achieved an improvement between admission and discharge. The region achieved a 25% improvement of 25% (from 16% to 20%).*

20 Living Arrangements

The state monitors whether a higher % of clients report a stable living condition at discharge compared to admission as an indicator of recovery progress.

↑ % of clients who report a stable living condition at discharge, compared to admission.

★ *During FY25, every CMHSP achieved at least a slight improvement, with a regional 5% relative improvement, from 62% at admission to 65% at discharge.*

21 Follow Up After Emergency Dept. Visit

The state monitors follow-up after ED Visits for SUD disorder or overdose for Medicaid beneficiaries as a measure of coordination across care settings.

Decrease disparities for the % of emergency department (ED) visits for SUD that receive follow up within 30 days. (FUA 30)

★ *Overall, follow-up rates improved slightly between 2023 and 2024 from 34.0% to 37.8% in 2024 with 4-of-5 CMHSPs seeing an increase.*

22 Initiation & Engagement in Treatment

The state monitors these metrics to assess initiation and engagement in SUD services for Medicaid beneficiaries following SUD diagnosis at a BH provider or hospital.

Note: Criminal Justice involvement is also reviewed which is not a PBIP-tied measure, but is included here due to its alignment with other performance metrics.

Initiation: The % of new treatment episodes who initiate treatment within 14 calendar days of the diagnosis.

≈ *Overall, initiation rates improved slightly between 2023 and 2024, from 36.7% in 2023 to 38.8% in 2024 with 3-of-5 CMHSPs seeing an increase.*

Engagement: % of new treatment episodes with 2+ services within 34 calendar days of initiation visit.

≈ *Overall, engagement rates have remained relatively stable with a small increase between 2023 and 2024 to a high of 13.0% for the region.*

FY 25

Performance Bonus Incentive

Employment/Education

Metric

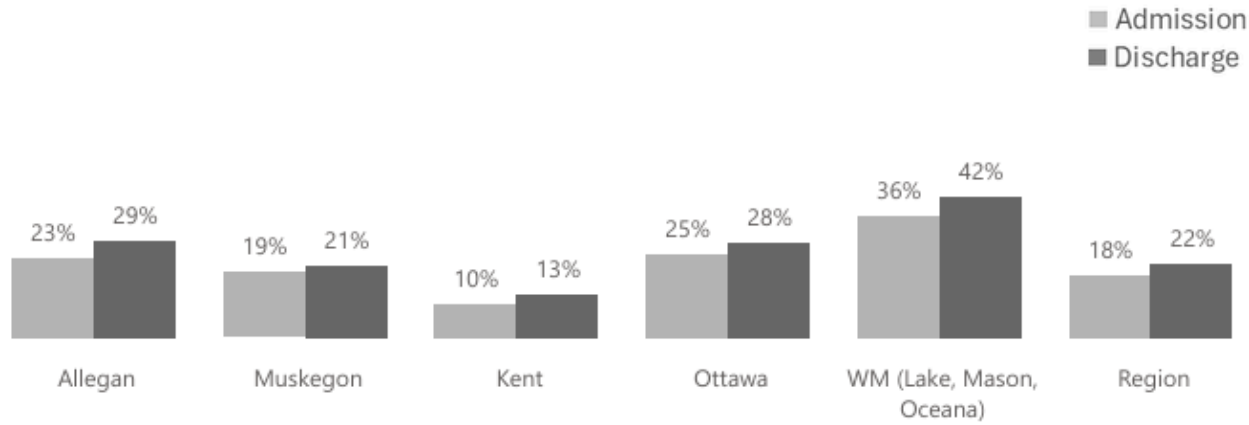
↑ % of clients employed or in school at admission vs. discharge.

Data Highlights:

Admission vs. Discharge:

The graph to the right shows admission and discharge employment/education status for clients who were discharged during FY25 compared to what was reported at the corresponding admission. Every CMHSP achieved at least a small increase between admission and discharge, resulting in a regional relative improvement of 18%, from 18% at admission to 22% at discharge.

Percent of Clients Completing Treatment Episode* who Reported Being Employed or In School at Admission vs. Discharge by CMHSP FY25



**Analysis includes clients who were in services for at least 6 weeks and were discharged as having completed treatment or transferring to another program.*

Efforts to Support:

While many improvements in housing and employment occur naturally as individuals stabilize in treatment and maintain recovery, regardless of whether these areas are specifically addressed, targeted initiatives can further strengthen outcomes. The following efforts build on that foundation by intentionally addressing these areas through focused supports at the regional and CMHSP levels.[1]

Since SUD funds can't be used for employment support services, providers rely on specialty funds like SOR and HCRE to support targeted efforts, including the following in FY25:

- HealthWest (HW) utilizes Recovery Management services and Peer Support specialists to assist individuals in SUD treatment with employment-related goals.
- Peer Outreach in Muskegon and West Michigan counties, provided assistance to 240 individuals, and assisted 20 with employment assistance through SOR funding.

[1] Substance Abuse and Mental Health Services Administration. (2010). National Treatment Improvement Evaluation Study (NTIES). U.S. Department of Health and Human Services.

Performance Bonus Incentive

Living Arrangements

Metric

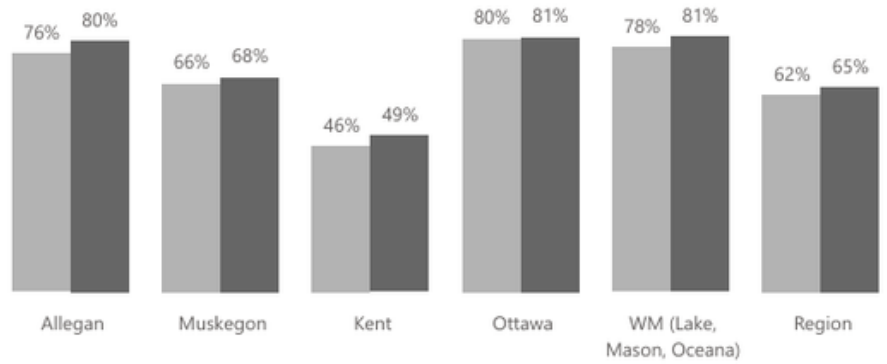
↑ % of clients with a recent arrest at admission vs. discharge.

Data Highlights:

Admission vs. Discharge:

The graph to the right shows the percentage of clients discharged from treatment in FY25 who reported a stable living condition at admission compared to at discharge. In FY25, every CMHSP achieved at least a slight improvement, with a regional improvement from 62% at admission to 65% at discharge.

Percent of Clients Who Reported a Stable Living Condition at Admission vs. Discharge by CMHSP, FY25



**Stable Living is defined as Living Arrangement = Independent*

***Analysis includes clients who were in services for at least 6 weeks and were discharged as having completed treatment or transferring to another program.*

Efforts to Address Homelessness and Housing Stability:

As noted earlier, improvements in housing occur naturally as individuals stabilize in treatment and maintain recovery, targeted initiatives can further strengthen outcomes, which include [1]:

Since SUD funds can't be used for housing services, providers rely on specialty funds like SOR and HCRE to support targeted efforts, including the following in FY25:

- Network180 (N180) is involved in two housing initiatives: 1) Partnering with Mel Trotter Ministries on a 5-bedroom housing project, and 2) Participating in a countywide effort to place 100 homeless individuals in permanent housing, including funding four case managers to help clients maintain housing.
- Ottawa County has multiple initiatives:
  - Partnered with 70x7 Life Recovery for women's housing.
  - Used PA2 funding and embedded SUD staff to support homeless outreach, including individuals re-entering the community from jail who were previously unhoused.
  - Recently used Healing & Recovery Community Engagement funds to assist with renovations at a community housing facility.
- Peer Outreach in Muskegon and West MI, provided assistance to 240 individuals, and assisted 53 with employment assistance through SOR funding.
- West MI used SOR funds to provide 2-3 months of peer support in recovery housing.
- HealthWest (HW) is supporting their LEAD team in housing access and assistance and previously used SOR funds for direct rent support.
- OnPoint used SOR and HRCE funds to support housing assistance, including helping individuals avoid eviction.

FY 25

[1] Substance Abuse and Mental Health Services Administration. (2010). National Treatment Improvement Evaluation Study (NTIES). U.S. Department of Health and Human Services.

Performance Bonus Incentive

Follow Up After ED Visit (FUA)

Metric

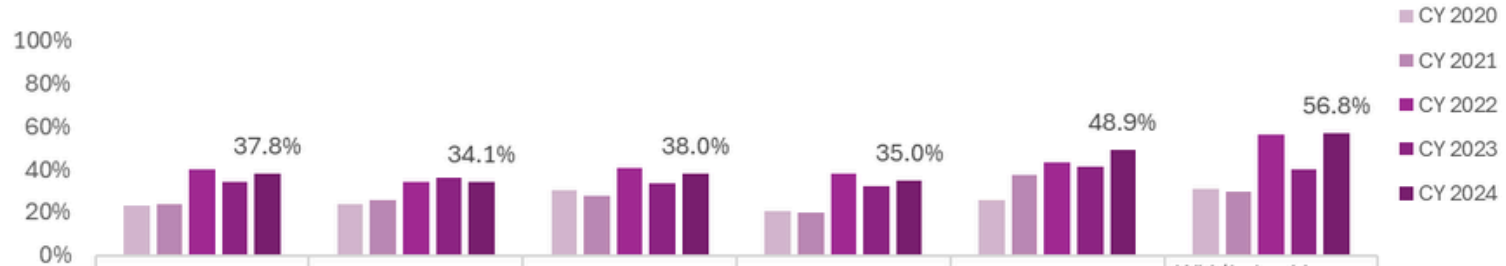
Decrease disparities for the % of emergency department (ED) visits for SUD that receive follow up within 30 days. (FUA 30)

Source: CC360 KPI Summary Dashboard

This PBIP measure tracks the percentage of ED Visits for Medicaid Beneficiaries with an SUD diagnosis recorded that received an SUD service (i.e. medication treatment or visit) within 30 days of the ED Visit w/ SUD diagnosis.

The state is incentivizing a reduction in the disparity between the index population (white beneficiaries) compared to minority groups. To do this, the state monitors the disparity between white beneficiaries and each minority group with a sufficient sample size.

Percent of ED Visits for AOD by Medicaid Beneficiaries that have a follow up service within 30 days of the ED visit (FUA 30)



	Region	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
CY 2020	23.2%	23.9%	30.3%	20.2%	26.0%	31.0%
CY 2021	23.8%	26.0%	27.8%	19.6%	37.3%	29.8%
CY 2022	39.9%	34.1%	40.7%	38.2%	43.4%	56.0%
CY 2023	34.0%	36.1%	33.3%	32.4%	41.4%	40.2%
CY 2024	37.8%	34.1%	38.0%	35.0%	48.9%	56.8%

Data Notes: Due to a six-month data lag and lack of real-time data feeds, FY25 FUA data is not yet available and will be included in the next report. Data feeds are not available to support local identification of individuals with an ED Visit for SUD to prompt follow-up.

Between 2023 and 2024, overall follow-up rates improved slightly across the region, but significant racial and ethnic disparities persisted. White beneficiaries continued to have higher rates than Black and Hispanic beneficiaries, though rates for Hispanic individuals improved notably while the gap for Black beneficiaries widened.

Efforts to Address Follow up After Emergency Department Visit:

Efforts by the LRE to improve this measure include:

- Collaborating with CMHSPs to better understand data gaps and advance more equitable care, particularly for minority populations.
- Supporting ongoing conversations with state partners to improve data access and refine performance expectations.

These quality-improvement initiatives are part of a broader regional effort to align clinical practice with best-practice standards and ensure individuals entering treatment are connected quickly to ongoing care.

FY 25

Performance Bonus Incentive

Initiation

Metrics

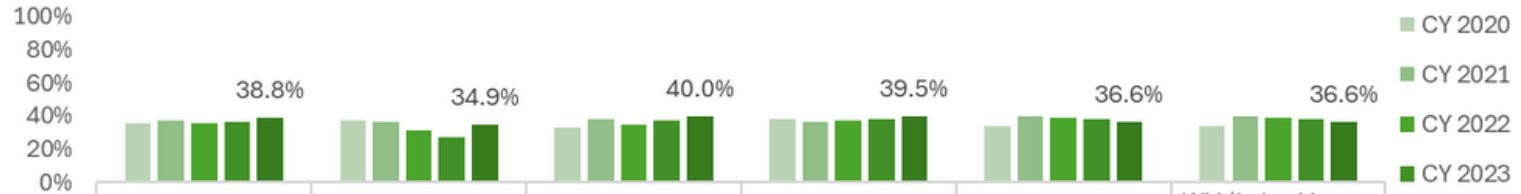
Initiation: The % of new treatment episodes who initiate treatment within 14 calendar days of the diagnosis. (IET 14)

Source: CC360 KPI Summary Dashboard

This PBIP initiation measure tracks the percentage of Medicaid beneficiaries ages 18-64 who received SUD diagnosis (at a behavioral health provider, or at a hospital) and whether they received an SUD service (medication treatment or visit) within 2 weeks of the diagnosis event.

The state is incentivizing overall improvement as well as reduction of disparity between the index population (white beneficiaries) compared to minority groups with a sufficient sample size.

Percent of New Treatment Episodes for Adult Medicaid Beneficiaries who Initiate Treatment Within 14 Calendar Days of Diagnosis - By CMHSP



	Region	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
CY 2020	35.2%	37.0%	32.6%	37.8%	33.7%	33.7%
CY 2021	36.9%	36.5%	37.8%	36.7%	40.0%	40.0%
CY 2022	35.8%	31.3%	34.4%	37.2%	39.0%	39.0%
CY 2023	36.7%	27.1%	37.6%	37.8%	37.7%	37.7%
CY 2024	38.8%	34.9%	40.0%	39.5%	36.6%	36.6%

Data Notes: The state benchmark for LRE's overall rate for CY24 is 40%. Due to a six-month data lag and lack of real-time data feeds, FY25 FUA data is not yet available and will be provided in a subsequent report.

Data Highlights:

Between 2023 and 2024, initiation rates improved slightly across the region, with 3 of 5 CMHSPs seeing increases. Rates were highest for American Indian/Alaska Native and white beneficiaries, both improving over the prior year. While Black beneficiaries saw a small gain, initiation rates for Hispanic beneficiaries remained flat, and disparities for both groups widened, highlighting persistent equity gaps in early treatment access.

Note: Efforts to improve both initiation and engagement in treatment are addressed together on the following page, as these indicators are closely connected and often influenced by similar system-level strategies and barriers.

% New Treatment Episodes for Adult Medicaid Beneficiaries who Initiate Treatment W/in 14 Days of Diagnosis

	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024
Amer. Ind./ Alaska Native	29.0%	39.4%	28.8%	37.4%	41.7%
Black	32.8%	32.4%	31.9%	34.9%	35.6%
Hispanic	28.6%	32.5%	31.0%	33.7%	33.5%
White	37.1%	38.5%	38.2%	37.8%	40.8%

Data excluded for Asian and Native Hawaiian/Pacific Islander due to sample sizes of <30 in CY24

FY 25

Performance Bonus Incentive Program

Engagement (IET)

Metrics

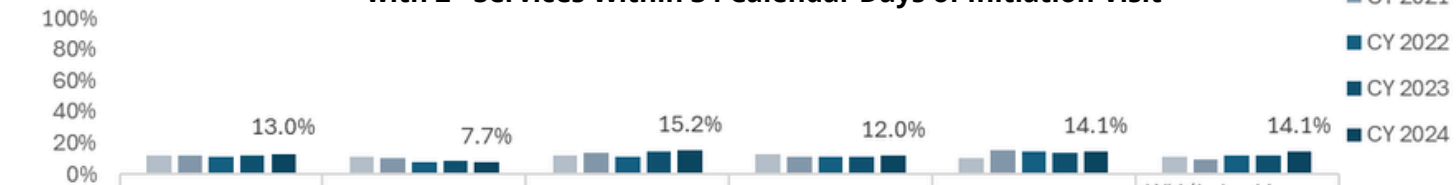
Engagement: The % of new treatment episodes with 2+ services within 34 calendar days of the initiation visit. (IET 34)

Source: CC360 KPI Summary Dashboard Title

This PBIP engagement measure tracks the percentage of Medicaid beneficiaries ages 18-64 who received SUD diagnosis (at a behavioral health provider or hospital) who received 2+ SUD services (medication treatment or visit) within 34 days of the initiation event.

The state is incentivizing overall improvement as well as a reduction in disparity between the index population (white beneficiaries) compared to minority groups with a sufficient sample size.

Percent of New Treatment Episodes for Adult Medicaid Beneficiaries with 2+ Services Within 34 Calendar Days of Initiation Visit



	Region	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
CY 2020	11.8%	10.6%	11.7%	12.4%	10.5%	11.1%
CY 2021	12.0%	10.2%	13.5%	11.1%	15.2%	9.6%
CY 2022	11.2%	7.2%	11.2%	10.9%	14.2%	12.1%
CY 2023	12.2%	8.7%	14.8%	11.2%	13.6%	11.5%
CY 2024	13.0%	7.7%	15.2%	12.0%	14.1%	14.1%

Data Highlights:

Between 2023 and 2024, overall engagement rates remained relatively stable, with a slight regional increase to 13.0%. American Indian/Alaska Native and white beneficiaries had the highest engagement rates, both showing modest improvements. In contrast, rates for Black beneficiaries declined, and rates for Hispanic beneficiaries remained flat—widening disparities for both groups and signaling continued gaps in engagement equity.

Data Notes: The state calculated benchmark for LRE's overall rate for CY24 is 14%. Due to a six-month data lag and lack of real-time data feeds, FY25 FUA data is not yet available and will be provided in a subsequent report.

Efforts to Improve Iniitation and Engagment in Treatment:

To improve performance for these measures, the LRE:

- Developed clear guidance documents for providers, including summaries of relevant timelines and service codes used to track compliance.
- Supports regional data analysis and troubleshooting, particularly where services are delivered but not accurately captured due to billing code mismatches.
- Facilitates regular data-sharing and technical support with CMHSPs to help them monitor their own performance and educate local providers.

FY 25

Performance Measures

Criminal Justice Involvement

Metric

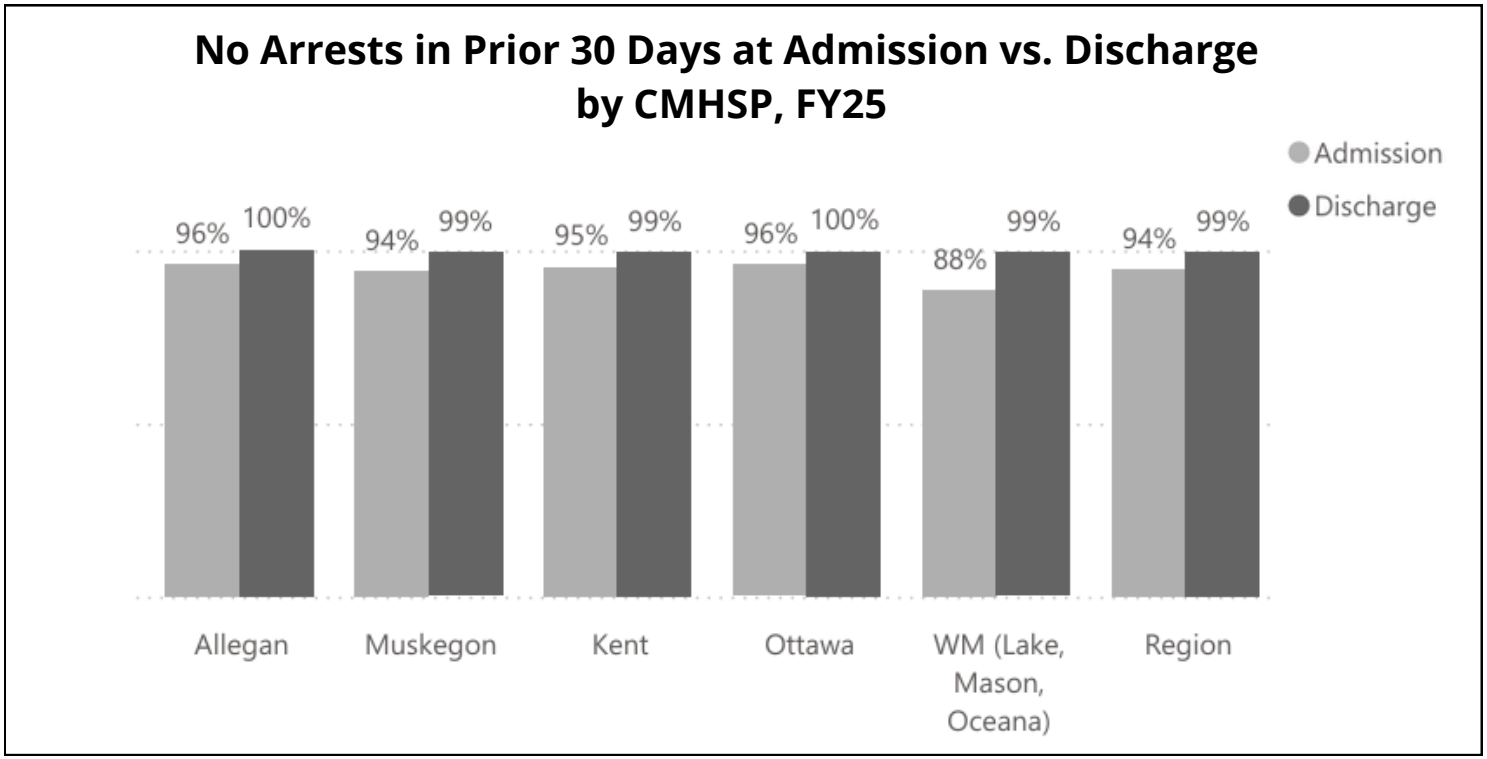
↑ % of clients with no arrest at admis stable living condition at admission vs. discharge.

Note: While this is not a PBIP-tied measure, it is included here due to its alignment with other performance metrics in this section and its relevance to system-level performance improvement.

Data Highlights:

Admission vs. Discharge:

The graph below shows the percentage of clients discharged from treatment in FY25 who reported no arrest in the past 30 days at admission compared to at discharge. In FY25, rates were very high, and every CMHSP showed improvement, achieving 99% or higher at discharge.



***Analysis includes clients who were in services for at least 6 weeks and were discharged as having completed treatment or transferring to another program.*

Drug Trends

This section provides an overview of trends in primary drug of choice at admission and methamphetamine-involved admissions across the region. These metrics are monitored to help identify shifts in substance use patterns over time, which can inform planning, resource allocation, and community awareness efforts. Unlike other indicators in this report, these data points are not currently targeted for performance improvement but are reviewed regularly to support system-level understanding and readiness.

26-28 Primary Drug at Admission

At admission, clients can report up to three primary substances. We track the percentage of admissions for each substance to monitor trends and identify which substances most frequently drive treatment entry in the region.

29 Methamphetamine-Involved Admissions

Methamphetamine-involved admissions are monitored separately due to underreporting as a primary substance. Clients may list other drugs to secure detox services, leading to meth being underrepresented in data. Tracking overall involvement offers a clearer understanding of meth use in the region.

30 Opioid & Methamphetamine-Involved Admissions

We monitor admissions involving both opioids and methamphetamine due to unique treatment challenges and risks of co-use. These substances are often used in alternating or combined patterns, which can complicate treatment and increase the risk of relapse or overdose.

CMHSP Drug Trends

Allegan County: Alcohol remains the leading primary drug, followed by methamphetamine (MA). MA-involved admissions remain high compared to the region (36% vs. 16%). Admissions for cocaine and 'all other' drugs have been increasing, while marijuana has been decreasing.

Muskegon County: Alcohol remains the leading primary drug, followed by heroin (22%), methamphetamine (19%), and cocaine (17%). Admissions for heroin remain higher than region-wide (22% vs 11%).

Kent County: Alcohol remains the leading primary drug with 48% of admissions, followed by cocaine (18%). Admissions for heroin and marijuana have been decreasing since FY22.

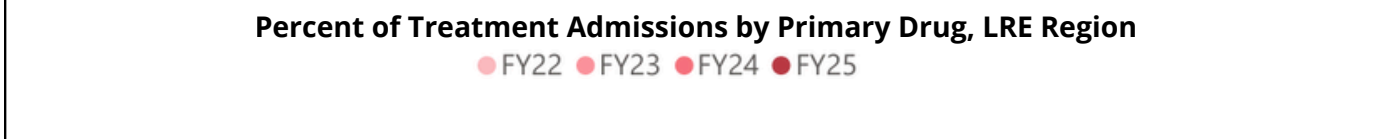
Ottawa County: Alcohol remains the most frequently reported primary drug, representing 55% of admissions in FY25. Admissions for methamphetamine decreased in FY25 to 12%, while 'all other' drugs increased to 6%. Admissions for heroin remain low compared to the region (6% vs 11%).

West MI: Alcohol was the most frequently reported primary drug in FY25, representing 41% of admissions, followed closely by methamphetamine (31%). Admissions for heroin have been decreasing continually since FY22. MA-Involved admissions were high compared to the region in FY25.

Drug Trends: Primary Drug at Admission

LRE Region

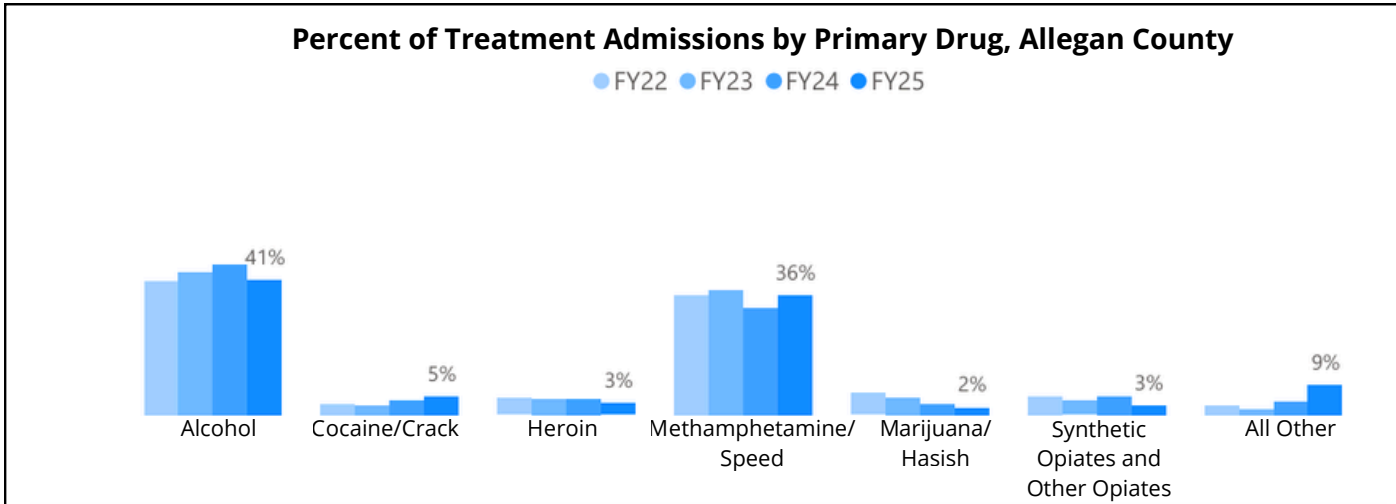
Data Highlights: Alcohol remains the most frequently reported primary drug at admission. Since FY22, admissions for heroin have been declining, while cocaine have been increasing. Admissions for other substances have remained relatively stable since FY24.



FY22	45.1%	9.7%	18.6%	12.7%	5.7%	5.2%	3.0%
FY23	42.8%	10.7%	15.3%	15.7%	6.7%	5.7%	3.1%
FY24	43.9%	13.0%	12.0%	15.1%	5.6%	7.6%	2.8%
FY25	43.7%	14.0%	11.3%	16.2%	5.1%	6.0%	3.7%

Allegan County

Data Highlights: In Allegan County, alcohol is the most frequently reported primary drug of choice followed by methamphetamine which is substantially higher than region-wide (36% vs. 16% in FY25). Admissions for cocaine and 'all other' drugs have increased slightly since FY23, while marijuana has been declining since FY22.

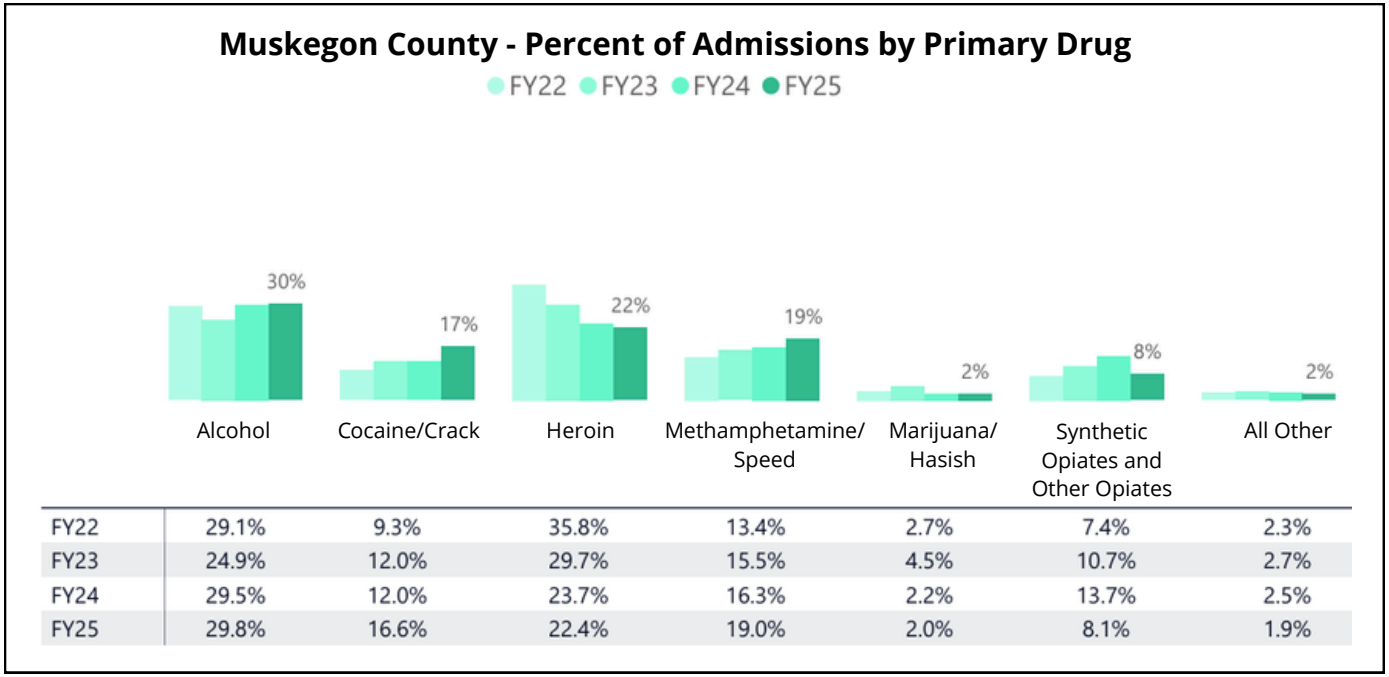


FY22	40.4%	3.1%	5.0%	36.4%	6.6%	5.6%	2.8%
FY23	43.3%	2.9%	4.7%	37.8%	5.2%	4.2%	1.8%
FY24	45.7%	4.5%	4.7%	32.3%	3.3%	5.6%	3.9%
FY25	40.8%	5.5%	3.5%	36.2%	2.2%	2.8%	9.0%

FY 25

Muskegon County

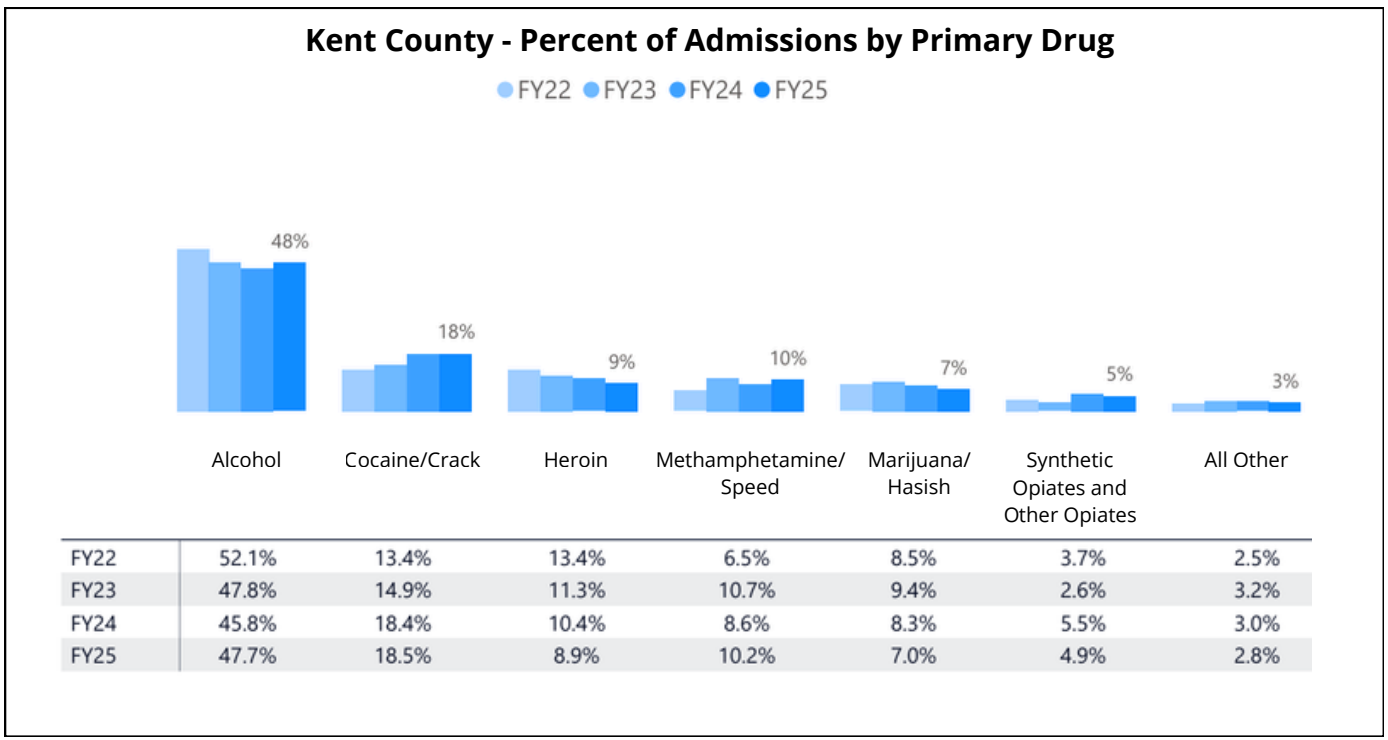
Data Highlights: Alcohol continues to be the most frequently reported primary drugs in Muskegon County, followed by heroin (22%), methamphetamine (19%), and cocaine (17%). Admissions for heroin remain higher than region-wide (22% vs 11%).



FY22	29.1%	9.3%	35.8%	13.4%	2.7%	7.4%	2.3%
FY23	24.9%	12.0%	29.7%	15.5%	4.5%	10.7%	2.7%
FY24	29.5%	12.0%	23.7%	16.3%	2.2%	13.7%	2.5%
FY25	29.8%	16.6%	22.4%	19.0%	2.0%	8.1%	1.9%

Kent County

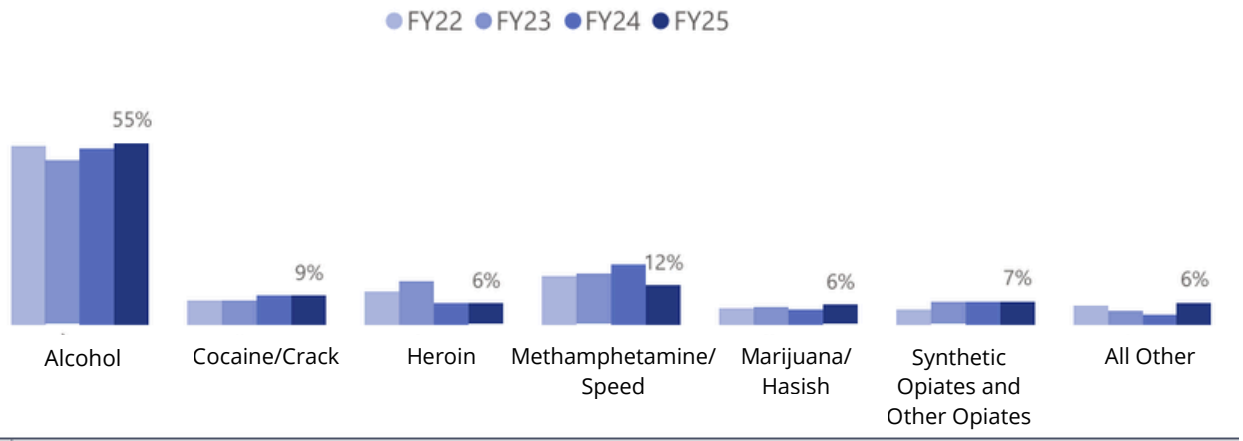
Data Highlights: In Kent County, admissions for alcohol continue to surpass other substances with 48% of admissions, followed by cocaine (18%). Admissions for heroin and marijuana have been decreasing since FY22.



FY22	52.1%	13.4%	13.4%	6.5%	8.5%	3.7%	2.5%
FY23	47.8%	14.9%	11.3%	10.7%	9.4%	2.6%	3.2%
FY24	45.8%	18.4%	10.4%	8.6%	8.3%	5.5%	3.0%
FY25	47.7%	18.5%	8.9%	10.2%	7.0%	4.9%	2.8%

Ottawa County

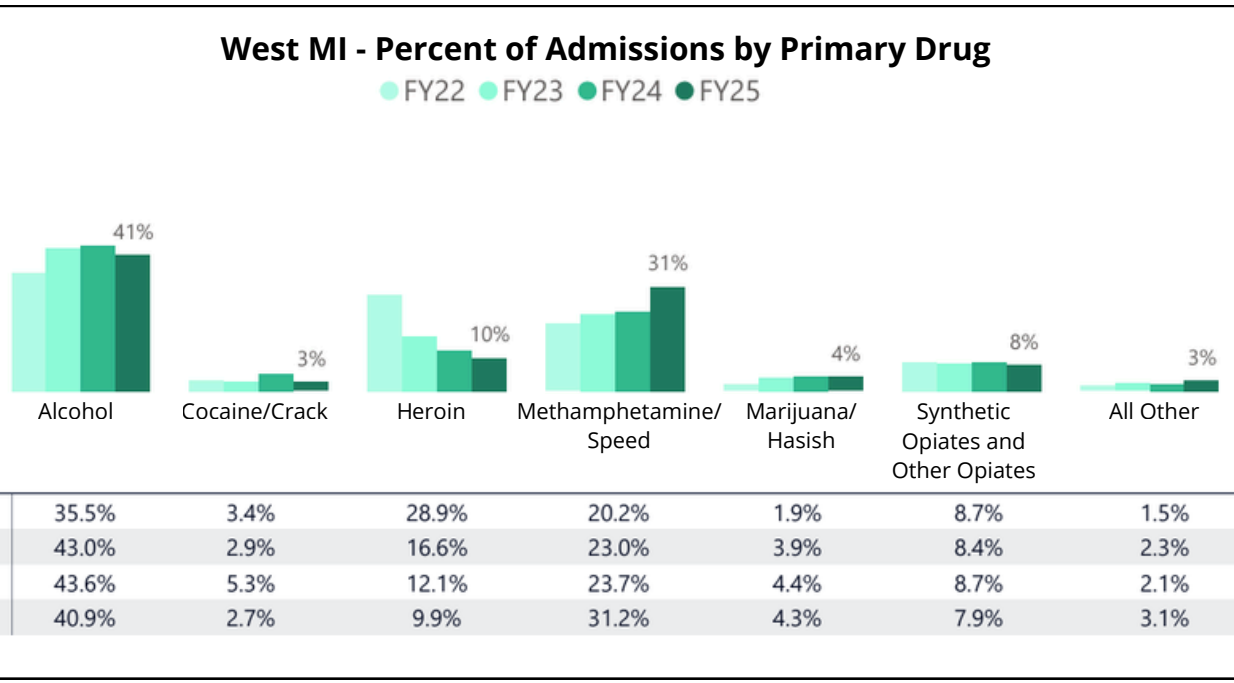
Data Highlights: In Ottawa County, alcohol remains the most frequently reported primary drug, representing 55% of admissions in FY25. Admissions for methamphetamine decreased in FY25 to 12%, while 'all other' drugs increased to 6%. Admissions for heroin remain low compared to the region (6% vs 11%).



FY22	53.7%	7.1%	9.9%	14.4%	4.8%	4.5%	5.6%
FY23	49.3%	7.1%	12.8%	15.1%	5.2%	6.5%	4.0%
FY24	53.1%	8.6%	6.4%	17.9%	4.4%	6.8%	2.8%
FY25	54.6%	8.5%	6.2%	11.7%	5.8%	6.8%	6.4%

West Michigan Counties

Data Highlights: In West MI counties, alcohol was the most frequently reported primary drug of choice with 41% of admissions, followed by methamphetamine (31%). Admissions for heroin have decreased continually since FY22 to a low of 10% in FY25.



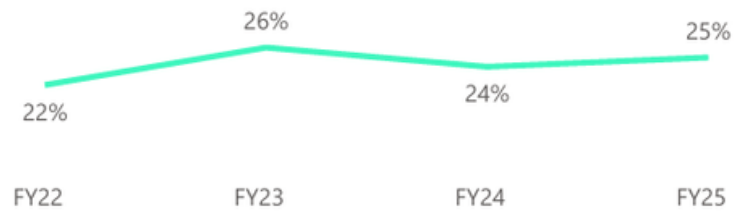
FY22	35.5%	3.4%	28.9%	20.2%	1.9%	8.7%	1.5%
FY23	43.0%	2.9%	16.6%	23.0%	3.9%	8.4%	2.3%
FY24	43.6%	5.3%	12.1%	23.7%	4.4%	8.7%	2.1%
FY25	40.9%	2.7%	9.9%	31.2%	4.3%	7.9%	3.1%

FY 25

Drug Trends: Methamphetamine-Involved Admissions

Methamphetamine-involved admissions are monitored separately due to underreporting as a primary substance. Clients may list other drugs to secure detox services, leading to meth being underrepresented in data. Tracking overall involvement offers a clearer understanding of MA use in the region.

Percent of Admissions that were Methamphetamine (MA)-Involved, LRE Region



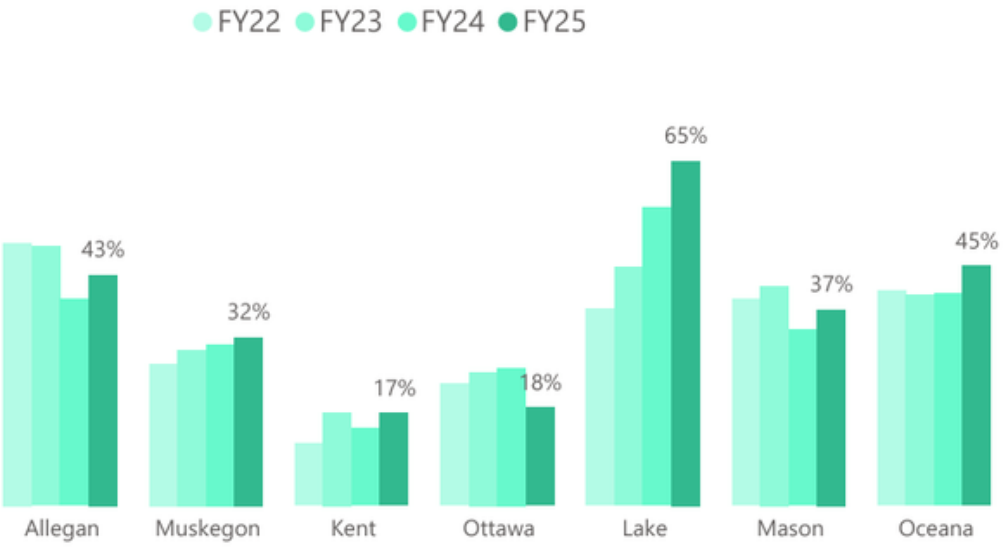
'Involved'
Definition: An admission with the substance reported as the primary, secondary, or tertiary drug of choice.

Data Highlights:

In FY25, 25% of admissions were MA-involved, and rates have remained relatively stable since FY23.

Rates throughout the region vary widely with rates that are lowest in Kent (17%) and Ottawa (18%) and highest in Lake (65%), followed by Oceana (45%), Allegan (43%), and Mason (37%).

Percent of Admissions That Were MA-Involved by County



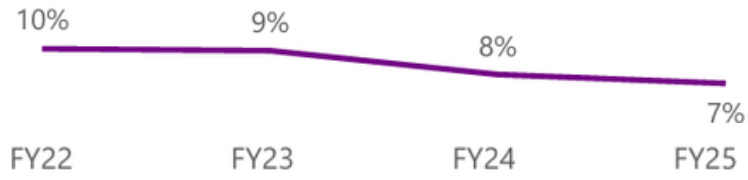
	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	49.2%	26.6%	11.7%	22.7%	36.8%	38.6%	40.2%
FY23	48.6%	29.2%	17.4%	25.0%	44.7%	41.1%	39.4%
FY24	38.7%	30.2%	14.4%	25.8%	55.8%	32.9%	39.7%
FY25	43.2%	31.5%	17.2%	18.3%	64.5%	36.7%	44.8%

FY 25

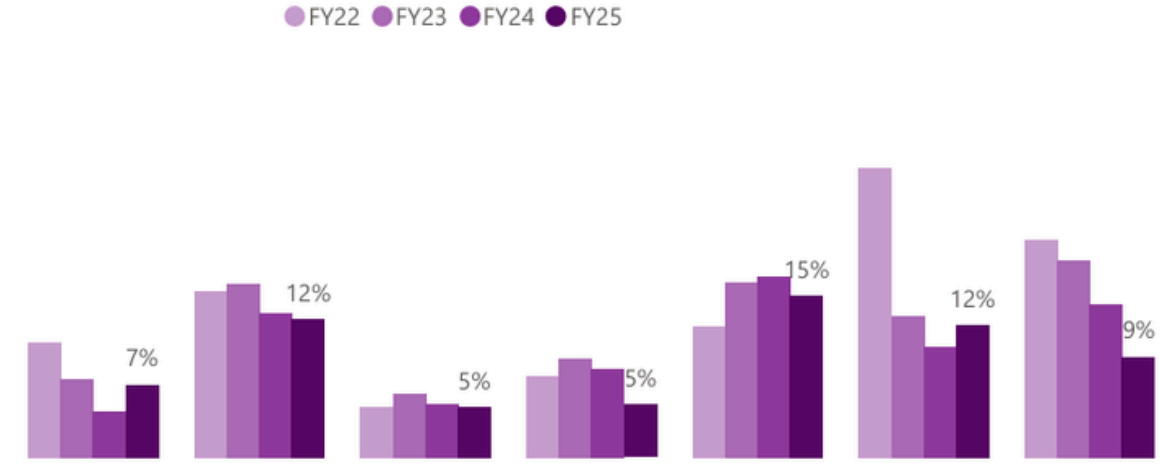
Drug Trends: Opioid & Methamphetamine-Involved

Admissions involving both opioids and methamphetamine are monitored due to the unique clinical challenges they pose. Research indicates that individuals using both substances have lower treatment retention and completion rates compared to those using opioids alone. In addition, the alternating or combined use of these drugs complicates withdrawal management and raises overdose risks.

Percent of Admissions that Involved Both Methamphetamine (MA) and an Opioid, LRE Region



Percent of Admissions that Involved Both an Opioid & MA by County



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	10.3%	15.0%	4.6%	7.3%	11.8%	26.1%	19.5%
FY23	7.1%	15.7%	5.7%	8.9%	15.8%	12.8%	17.7%
FY24	4.2%	12.9%	4.8%	8.0%	16.3%	9.9%	13.8%
FY25	6.6%	12.4%	4.5%	4.7%	14.5%	11.9%	9.1%

Data Highlights:

Admissions involving both an opioid and methamphetamine have been declining slightly since FY24, with a rate of 7% in FY25.

Admissions involving both an opioid and methamphetamine were highest in Lake County, with a rate of 15% followed by Mason with 12% and Muskegon county with 12%. Rates have been decreasing steadily in Oceana county since FY22.

FY 25

Priority Populations

This section provides an overview of admissions for populations that MDHHS has identified as a priority to engage in SUD treatment. To monitor engagement, the number of admissions and percentage of total admissions for each priority population are monitored.

An overview of total admissions for these populations is provided on the next page.

33 Women of Childbearing Age

Prioritized to ensure that pregnant and parents individuals receive timely access to care as mandated by state law.

→ In FY25, admissions peaked at 1,580, maintaining a steady proportion of total admissions with slight decline from 28% to 26% since FY22.

34 Black/African American Individuals

Prioritized to address disproportionate impacts from substance use and overdose, due to systemic barriers.

→ From FY22 to FY24, admissions for African American individuals remained steady, with a slight increase in FY25 to 1,129. Their representation in total SUD admissions grew by 1 percentage point to 19% in FY25.

35 American Indian Individuals

Prioritized due to higher rates of substance use and mental health disorders, influenced by historical trauma.

→ From FY21 to FY25, American Indian admissions have remained low, totaling 58 in FY25, down from 64 in FY24, making up only 1% of all SUD admissions.

36 Hispanic or Latino Individuals

Prioritized due to cultural, linguistic, & social barriers that limit access to substance use disorder treatment.

→ From FY21 to FY25, Hispanic or Latino admissions remained steady at 611 in FY25, comprising 10% of all SUD admissions, down 1 percentage point from FY24.

37 Persons w/ an Opioid Use Disorder (OUD)

Prioritized due to the condition's high-risk, life-threatening nature.

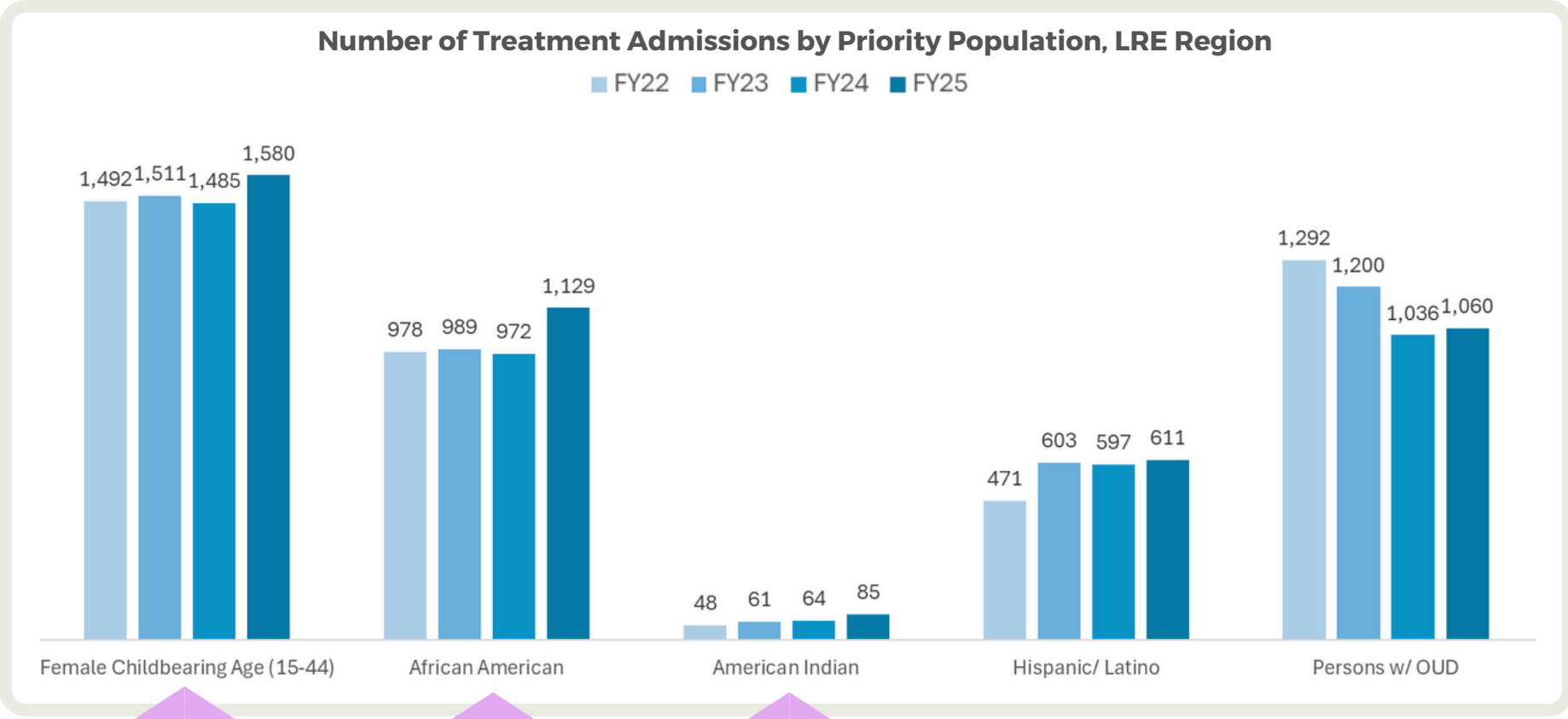
→ Total admissions for individuals with opioid use disorder decreased from FY22 to FY24, with a slight rise to 1,060 in FY25. The percentage of all SUD admissions fell to 18% in FY25.

Priority Population: Overview

To monitor engagement, the number of admissions and percentage of total admissions for each priority population are monitored.

Data Highlights:

The total number of admissions in the region increased by 10% between FY24 and FY25 (5,461 to 5,990). Admissions for Black/African American clients and American Indian clients increased by a greater amount than can be accounted for by the overall increase in admissions.

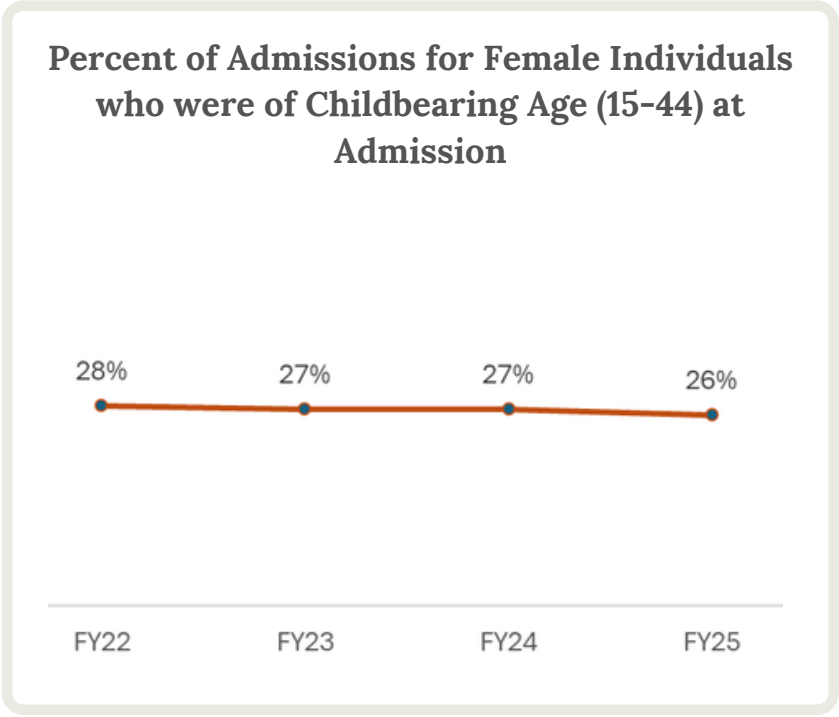


Priority Population: Females of Childbearing Age (15-44)

MDHHS emphasizes providing services tailored for women of childbearing age, ensuring that pregnant individuals and parents receive timely access to care as mandated by state law. This approach is informed by the unique needs of women in recovery. Additionally, these priorities extend support to women under the supervision of the Michigan Department of Corrections by fostering gender-responsive treatment, which enhances family stability and improves recovery outcomes. {MDHHS Policy]

Data Highlights:

Region-wide, in FY25, the number of female admissions in this age group reached a peak of 1,580. As a proportion of total admissions, this percentage has remained fairly consistent since FY22, experiencing a slight decline from 28% to 26% in FY25. Notably, Allegan, Muskegon, and Kent counties saw an increase in admissions between FY24 and FY25.



Number of Admissions for Females of Childbearing Age (15-44) by County of Residence

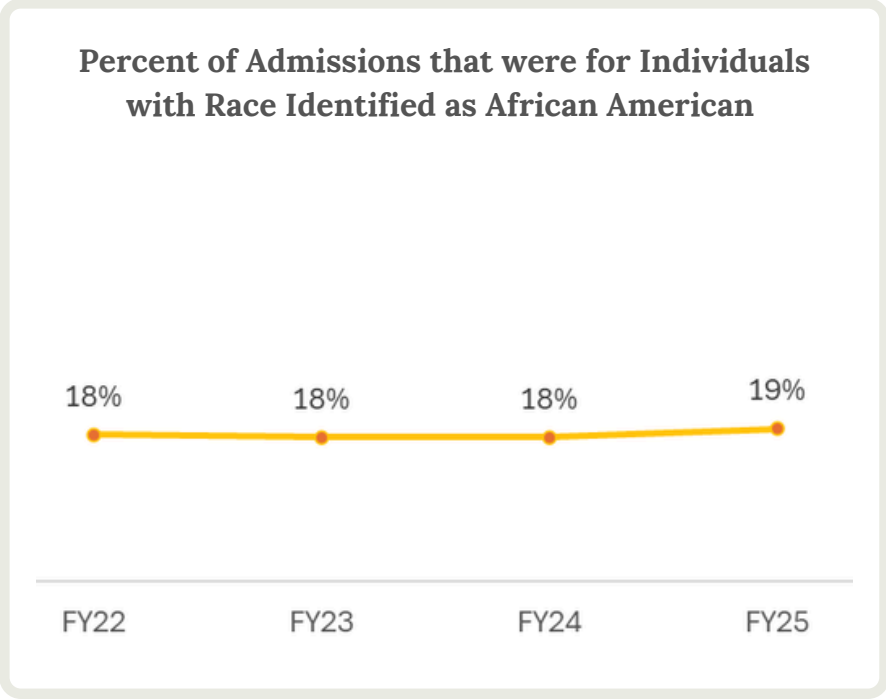
County	FY22	FY23	FY24	FY25
Allegan	102	126	92	137
Muskegon	384	363	366	418
Kent	572	588	587	640
Ottawa	263	302	294	276
Lake	23	14	24	15
Mason	85	58	55	50
Oceana	45	56	55	33
Region	**1,492**	**1,511**	**1,485**	**1,580**

Priority Population: African American

Black and African American residents experience disproportionate impacts from substance use and overdose, with data showing significantly higher overdose death rates among Black individuals compared to other groups, reflecting systemic barriers to accessing prevention, treatment, and harm reduction services. MDHHS prioritizes addressing these disparities by focusing resources and culturally responsive strategies to improve access to care and reduce the burden of substance use disorders in Black and African American communities. (MDHHS 2024, MDHHS SDOH Strategy)

Data Highlights:

Region-wide, admissions for African American individuals stayed fairly consistent from FY22 to FY24, with a slight increase in FY25, reaching a peak of 1,129. This population's representation as a percentage of total SUD admissions rose by 1 percentage point in FY25, reaching 19%.



Number of Admissions with Race Identified as African American by County of Residence

County	FY22	FY23	FY24	FY25
Allegan	16	11	16	13
Muskegon	231	242	217	304
Kent	625	644	625	690
Ottawa	92	78	85	112
Lake	6	3	11	4
Mason	3	8	10	0
Oceana	3	3	3	4
Region	**978**	**989**	**972**	**1,129**

Priority Population: American Indian

American Indian and Alaska Native populations are a priority population for substance use disorder treatment due to their higher rates of substance use and mental health disorders, influenced by historical trauma. SAMHSA emphasizes culturally responsive, evidence-based services tailored to these communities to reduce substance abuse, improve well-being, and prevent health issues. (SAMHSA, 2024)

Data Highlights:

Region-wide, from FY22 to FY25, the admissions for American Indian individuals have remained consistently low, with a total of 58 in FY25, reflecting a slight decline from 64 in FY24. As a percentage of all SUD admissions, these figures continue to be quite minimal, standing at just 1%.

Percent of Admissions that were for Individuals with Race Identified as American Indian

Number of Admissions for Individuals with Race Identified as American Indian by County of Residence

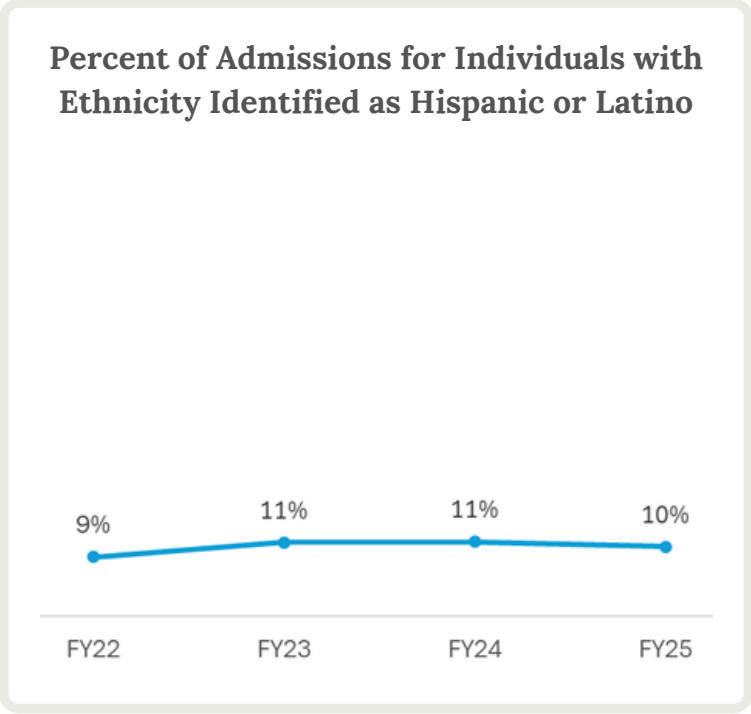
County	FY22	FY23	FY24	FY25
Allegan	0	6	3	5
Muskegon	20	14	20	11
Kent	22	28	26	24
Ottawa	3	6	8	11
Lake	1	0	3	0
Mason	2	4	3	6
Oceana	0	2	1	1
Region	**48**	**61**	**64**	**58**

Priority Population: Hispanic or Latino

Hispanic and Latino individuals often face cultural, linguistic, and social barriers that limit access to substance use disorder treatment. MDHHS prioritizes efforts to ensure equitable access to high-quality services, with the goal of improving health outcomes and reducing the impact of substance use disorders within Hispanic and Latino communities. (Hispanic/Latino Behavioral Health Center of Excellence. (2024, August)

Data Highlights:

From FY21 to FY25, the number of admissions for Hispanic or Latino individuals has stayed pretty steady, reaching 611 in FY25. This group made up 10% of all admissions in FY25, which is 1 percentage point lower than in FY24.



Number of Admissions for Individuals with Ethnicity Identified as Hispanic or Latino by County of Residence

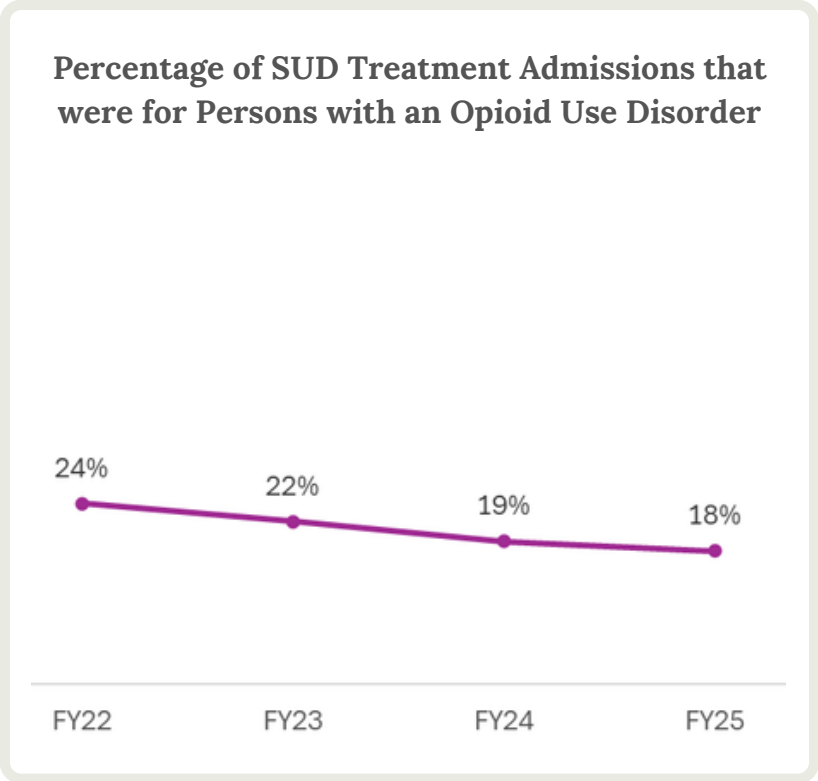
County	FY22	FY23	FY24	FY25
Allegan	29	36	31	45
Muskegon	60	68	51	82
Kent	191	242	255	247
Ottawa	153	202	199	186
Lake	3	5	7	3
Mason	7	24	18	21
Oceana	26	25	35	24
Region	**471**	**603**	**597**	**611**

Priority Population: Persons with Opioid Use Disorder

Individuals with opioid use disorder are prioritized by MDHHS due to the condition's high-risk, life-threatening nature. Michigan's Administrative Rules for SUD Services focus on evidence-based care, emphasizing medication-assisted treatment, overdose prevention, and continuity of care to reduce mortality and enhance recovery outcomes. (MI Administrative Rules)

Data Highlights:

Regionally, the total admissions for individuals with an opioid use disorder fell between FY22 and FY24, with a slight increase in FY25, reaching 1,060. As a proportion of all substance use disorder (SUD) admissions, the rates have decreased since FY22, dropping to 18% in FY25.



Number of SUD Treatment Admissions for Persons with an Opioid Use Disorder by County of Residence

County	FY22	FY23	FY24	FY25
Allegan	40	33	31	38
Muskegon	495	447	384	437
Kent	403	342	354	359
Ottawa	141	231	142	130
Lake	28	13	9	9
Mason	107	68	63	48
Oceana	64	60	47	33
Region	**1,292**	**1,200**	**1,036**	**1,060**

Appendix Data Parameters

The following provides data parameters used for analysis for data referenced throughout this report. For all data that includes County, County = If no data provided in BHTEDS - falls under 'Out of Region'

Pg. 7 **Average Time to Services for Clients with IVDU by Service Category**

- BHTEDS Fields Used: Service Start Date, County of Residence, Time to Treatment, Type of Treatment Service Setting, Primary and Secondary and Tertiary Route of Admission, Substance Use Diagnosis
- Time to Service = Days between request for service and date of first service received.
- IVDU = Primary, Secondary or Tertiary Route of Admission =Injection
- Excludes those Admissions where Time to Treatment was not provided.

Pg. 9 **Average Time to Service (days) for Medication Assisted Treatment (MAT)**

- BHTEDS Fields Used: Service Start Date, County of Residence, Time to Treatment, State Provider Identifier, Type of Treatment Service Setting and Medication-assisted Opioid Therapy
- Time to Service = Days between request for service and date of first service received.
- MAT is based on Admission Opioid Therapy = Yes and LOC = Outpatient
- Excludes those Admissions where Time to Treatment was not provided

Pg. 10 **Percent of Admissions by Legal Status at Admission**

- BHTEDS Fields Used: Service Start Date, County of Residence, Corrections Related Status

Pg. 12 **Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment**

- BHTEDS Fields Used: Service Update/End Date, County of Residence, Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment
- Integrated services identified in discharge record for clients reports as "Client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team."
- Only includes those episodes with a Discharge Date

Pg. 13 **Percent of Treatment Episodes with One Encounter**

- Data Source: BHTEDS and LRE Encounters
- Data only includes those episodes with a Discharge Date
- Data only includes those with a Service in the Encounter Database
- Excluded Services Codes: H0020 (Methadone Dosing) and S9976 (Room and Board)
- Excludes episodes where the only service code is H0001 and has a Discharge Reason of Completed Treatment, Death or Transferring to Another Program
- Program or facility/Completed Level of Care
- MAT is based on BHTEDS Admission Opioid Therapy= Yes and LOC = Outpatient

Pg. 16 **Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days**

- BHTEDS Fields Used: Service Start Date, Service Update/End Date, County of Residence, and Type of Treatment Service Setting
- If Admit Setting did not equal Discharge Setting, assumption made that readmit days is 0.
- Only includes those episodes with a Discharge Date
- Excludes discharges from ST Res that were admitted to 24-hour detox.

Pg. 16 **Average # Days between Discharge from ST Res and Admission to Next Level of Care**

- BHTEDS Fields Used: Service Start Date, Service Update/End Date, County of Residence, and Type of Treatment Service Setting
- Only includes those episodes with a Discharge Date in the Reported FY
- Only includes those episodes with a Readmit within 30 days of Discharge
- Excludes those Readmits with a new Admission Date that is prior to the Discharge Date
- If Admit Setting did not equal Discharge Setting, assumption made that readmit days is 0

Pg. 17 **Discharges from Detox & ST Res w/ Reason as "Completed Treatment"**

- BHTEDS Fields Used: Service Update/End Date, County of Residence, Reason for Service Update/End and Type of Treatment Service Setting at Discharge
- Detox Includes both Ambulatory - Detox and Detox 24-hr free-standing residential
- Excludes those Discharges where Time to Treatment was not provided.

Pg. 19 **Percent of Treatment Admissions reporting Employed or In-School**

- BHTEDS Fields Used: County of Residence, Employment Status, Detailed Not in the Competitive, Integrated Labor Force, and Service Start Date
- Includes: Employment status identified as "Part-Time Competitive, Integrated Employment" or "Full-Time Competitive, Integrated Employment" and individuals identified as a "Student" in Detail for Not in Competitive, Integrated Labor Force

Pg. 20 **Percent of Treatment Admissions reporting Stable Living Condition**

- BHTEDS Fields Used: County of Residence, Living Arrangement, and Service Start Date
- Stable Living is defined as Living Arrangement = Independent

Pg. 20 **Percent of Clients Reporting a Stable Living Condition at Admission vs. Discharge**

- BHTEDS Fields Used: Service Update/End Date, Reason for Service Update/End, Living Arrangement, and Service Start Date
- Only includes Discharges with the Discharge Reason = Treatment Completed and Transferred to Another Program or Facility/Completed Level of Care.
- Only includes Episodes discharged that had a minimum of 6 weeks of Service (42 days or more).
- Stable Living is defined as Living Arrangement = Independent

Pg. 21 **Percent of ED Visits for AOD by Medicaid Beneficiaries that have a follow up service within 30 days of the ED visit (FUA 30)**

- Source: CC360 Multiple Measures Client Level Detail Extracts
- Denominator: Number of ED visits ((ED Value Set), with a principal diagnosis of SUD (AOD Abuse and Dependence Value Set) or any diagnosis of drug overdose (Unintentional Drug Overdose Value Set) on or between January 1 and December 1 of the measurement year where the beneficiary was age 18 or older on the date of the visit. If a beneficiary has more than one ED visit, all eligible ED visits are counted in the denominator.
- Exclusions: ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient care setting on the date of the ED visit or within 30 days after. Members in hospice or receiving hospice services anytime during the measurement period excluded.
- Numerator: A follow-up visit or pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

Pg. 22 **Percent of New Treatment Episodes for Medicaid Beneficiaries who Initiate Treatment Within 14 Calendar Days of Diagnosis**

- Source: CC360 Multiple Measures Client Level Detail Extracts
- Denominator: Eligible population with a new episode of SUD during the intake period. Number of beneficiaries, ages 18-64 as of the last day of the measurement period, with a diagnosis for alcohol or opioid use or dependence or other substance use disorder, who had continuous enrollment during reporting period.
  - Continuous enrollment defined as 194 days prior to index episode thru 47 days after episode date for total of 242 days.
  - SUD diagnosis may have occurred during a hospital stay or short-term hospital monitoring, or in SUD services including (OP, IOP, and Residential).
  - Exclusions:
    - Dual-enrolled Medicare/Medicaid and spenddown beneficiaries are not included in the denominator.
    - Beneficiaries who do not meet continuous enrollment requirement or who died during the measurement period.
- Numerator: Number of new and recurring (no SUD treatment in past 6 months) episodes of SUD who received the first medication or treatment or visit within 2 weeks (14 days) of a new/recurring SUD diagnosis. Note: If the 1st SUD encounter with initial diagnosis is an inpatient stay or is a monthly-billed opioid treatment service, the standard is considered met.

Pg. 23 **Percent of New Treatment Episodes for Adult Medicaid Beneficiaries with 2+ Services Within 34 Calendar Days of Initiation Visit**

- Source: CC360 Multiple Measures Client Level Detail Extracts
- Denominator: Eligible population with a new episode of SUD during the intake period. Number of beneficiaries, ages 18-64 as of the last day of the measurement period, with a diagnosis for alcohol or opioid use or dependence or other substance use disorder, who had continuous enrollment during reporting period.
  - Continuous enrollment defined as 194 days prior to index episode thru 47 days after episode date for total of 242 days.
  - SUD diagnosis may have occurred during a hospital stay or short-term hospital monitoring, or in SUD services including (OP, IOP, and Residential).
  - Exclusions:
    - Dual-enrolled Medicare/Medicaid and spenddown beneficiaries are not included in the denominator.
    - Beneficiaries who do not meet continuous enrollment requirement or who died during the measurement period.
- Numerator: Number of new and recurring (no SUD treatment in past 6 months) episodes where the beneficiary received 2 additional treatment/visits within 34 days following the initiation visit. Note: If the 1st SUD encounter with initiation visit is an inpatient stay or is a monthly-billed opioid treatment service, the standard is considered met.

Pgs. 26-28 **Percent of Treatment Admissions by Primary Drug**

- BHTEDS Fields Used: County of Residence, Service Start Date, Primary, Secondary and Tertiary Substance Use Problem

Pg. 28 **Percent of Admissions that were Methamphetamine (MA)-involved**

- BHTEDS Fields Used: County of Residence, Service Start Date
- Primary, Secondary and Tertiary Substance Use Problem
- Involved includes admission with MA/Speed identified as primary, secondary or tertiary drug of choice.
- Primary includes admission with MA/Speed identified as the primary drug of choice.
- Non-Primary includes admission with MA/Speed identified as secondary or tertiary drug of choice.

Pg. 30 **Percent of Admissions that Involved Both an Opioid & MA by County**

- BHTEDS Fields Used: Service Start Date, County of Residence, Primary, Secondary and Tertiary Substance Use Problem
- Includes all Admissions with Both Methamphetamine/Speed and an Opioid (Heroin, Methadone, Synthetic Opioid) identified within Primary, Secondary or Tertiary Drug of Choice response.