

May 2025



Substance Use Disorder Treatment Evaluation  
Monitoring Report

Quarterly Update:  
2nd Quarter FY 2025

An overview of key data metrics to monitor quality issues.



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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 2nd quarter of FY25.

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 2-3 of this report provide a snapshot for each metric, including a brief description of the findings, whether the trend is improving or worsening, and the header provides a link to the page referenced that provides detailed results for the indicator.

In-depth results for each metric for the region and CMHSPs are provided on pages 4-12. Other data being monitored begins on page 13.



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 the previous fiscal year. When a data indicator reflects only a portion of admissions and the count is fewer than 10, both the number and the percentage will be presented.

Data analyzed for this report was refreshed on **04/25/25** for BH TEDS and **04/28/25** for encounters. Any data entered after these dates will be reflected in subsequent reports. For details on data parameters, refer to the appendix, starting on page 20.

## Commonly Used Acronyms and Abbreviations:

**Q1 - 1st quarter**

**Q2 - 2nd quarter**

**Q3 - 3rd quarter**

**Q4 - 4th quarter**

**avg - average**

**CJ - Criminal Justice**

**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**




**OD - Opioid Use Disorder**

**ST Res - Short term residential level of care**



**TTS - Time to Service**

**West MI - Lake, Mason, & Oceana Counties**

## TREATMENT ACCESS




Metrics	Page	Data Summary	Trend
<u>Criminal Justice (CJ):</u> ↑ admissions with CJ involvement	<u>page 5</u>	Region-wide, 36% of admissions had criminal justice involvement in Q2. The majority of these were for individuals 'on probation'. Rates of admissions for individuals on probation which has remained relatively steady since FY 22, with slight variations between quarters.	
<u>MAT Time to Service (TTS):</u> ↓ avg days between request and 1st service for persons with opioid use disorder (OUD)	<u>page 6</u>	Region-wide, TTS for MAT increased to 9.1 days in Q2, which has been lengthening since a low of 5.6 in FY22. TTS was longest for WM and Muskegon counties in Q2.	
<u>Time to Service IVDU:</u> ↓ avg days between request and 1st service for persons with IVDU.	<u>page 7</u>	For admissions of individuals with IVDU, the avg time to service was 9.3 days in Q2; slightly higher than Q1 and FY 24. Across the region TTS for clients with IVDU ranged from a low of 5.2 in Allegan to a high of 14.3 for West Michigan. When TTS for clients with IVDU is broken out by service category, Detox had the longest TTS in Q2 at 10.6 days, followed by outpatient (9.9) and LT Res (9.1).	

## ENGAGEMENT AND RETENTION



Metrics	Page	Data Summary	Trend
<u>Integrated Treatment:</u> ↑ % of clients w/ co-occurring diagnosis (COD) receiving integrated services	<u>page 9</u>	The % of clients with COD reported as having received integrated treatment has continued to increase, with a high of 34% in Q1, and decreased slightly to 33% during Q2. In Q2, the percentage of clients with COD receiving integrated care, ranged from a low of 13% in West Michigan to a high of 53% in Ottawa.	
<u>One Encounter:</u> ↓ % of treatment episodes with no 2nd visit*	<u>page 10</u>	Episodes w/ only 1 encounter has increased during Q2 to a high of 13%, compared to 7% in FY24. However this may be due to delays in data entry for encounters. In Q2, rates were highest for Outpatient (49%) and MAT (29%).	




● Moving in the right direction
 ● Moving in the wrong direction
 ● Unclear or inconsistent trend

## CONTINUITY OF CARE FOLLOWING DETOX & ST RES

Metrics	Page	Data Summary	Trends
<u>ST Res TTS Next LOC:</u> % of clients discharged from ST Res admitted to the next LOC) w/in 7 days	<a href="#">page 12</a>	The % of clients discharged from ST Res and admitted to the next LOC within 7 days reached a high of 60% during Q2 of FY25, compared to 30% in FY24.	
<u>ST Res TTS Next LOC:</u> ↓ avg # days between discharge and admission to next LOC following ST Res	<a href="#">page 12</a>	Among the 60% of discharges readmitted within 7 days, the average time to readmission was 1.5 days. Additionally, 31% of clients from ST Res were readmitted between 8 and 30 days post-discharge, with average times worsening to 20.4 days in Q1 and improving to 14.1 days in Q2.	
<u>ST Res Discharge Reason:</u> ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	<a href="#">page 13</a>	The percentage of discharges from ST Res incorrectly reported as 'completed treatment' improved to 24% in Q1 and rose to 30% in Q2 of FY25. Rates for detox have remained stable with a slight increase in the first half of FY25.	

## SOCIAL DETERMINANTS OF HEALTH

Metrics	Page	Data Summary	Trends
<u>Employed/In-School:</u> ↑ % of clients employed or in school between admission & discharge	<a href="#">page 14</a>	Among clients who completed a treatment episode in Q1 & Q2, the % reporting employment or school enrollment rose from admission to discharge at each CMHSP. Overall, the region experienced a <b>relative change</b> of 24% improvement (from 17% to 21%), with Allegan, Ottawa, and WM showing the most substantial relative gains.	
<u>Stable Living Condition:</u> ↑ % of clients with a stable living condition between admission & discharge.	<a href="#">page 15</a>	Among clients who completed a treatment episode in Q1& Q2, the % reporting a stable living condition improved from admission to discharge for each CMHSP, except Ottawa, where a small decline was found. Overall, the region experienced a relative change of 7% improvement (58% vs 62%).	

 Moving in the right direction
  Moving in the wrong direction
  Unclear or inconsistent trend

Other Data to Monitor

Metrics	Page	Data Summary
<u>Admissions by Primary Drug</u>	<u>pg 16</u>	<p>In the LRE region, alcohol remains the most frequently reported primary drug at admission. Admissions for heroin have been decreasing while admissions for cocaine have been increasing since FY22.</p> <p>In Q2, rates of admissions for heroin were highest in Muskegon (22%). Rates of admissions with methamphetamine as primary drug remain highest in Allegan (39%) and WM counties (34%).</p>
<u>Methamphetamine (MA) Involved Admissions</u>	<u>pg 19</u>	<p>Regionally, MA-involved admissions have remained relatively stable at around 1-in-4 admissions since FY22. During Q2, MA-involved admissions remain highest in Lake (80%), Oceana (51%) and Allegan (41%) counties. Admissions involving both an opioid and MA have been decreasing to a low of 6% during Q2.</p>

An appendix that details the data parameters used for analysis is provided on page 21.

# TREATMENT ACCESS

## Priority: CRIMINAL JUSTICE INVOLVED POPULATIONS

### Metrics:

- 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'

Engaging criminal justice-involved populations in services when they return to the community is a priority.

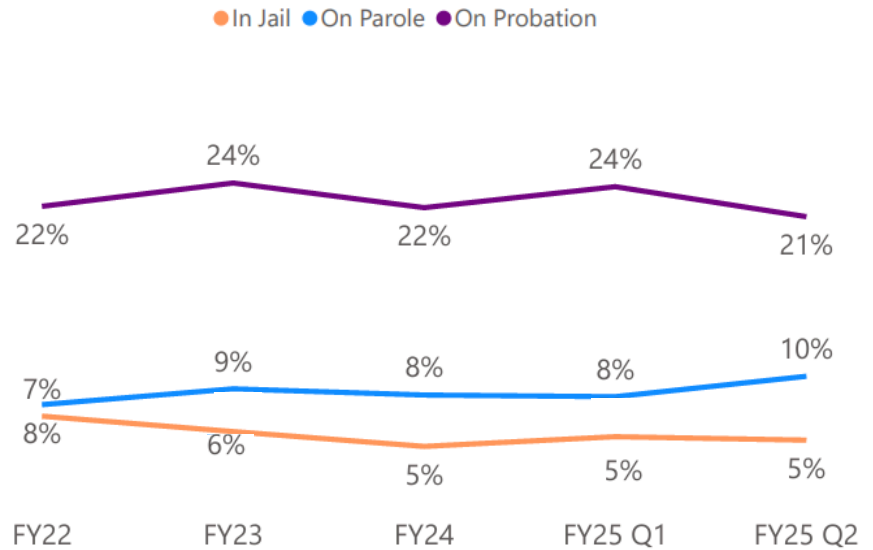
### Data Highlights:

Region-wide, 36% of admissions had criminal justice involvement in Q2. The majority of these were individuals 'on probation'.

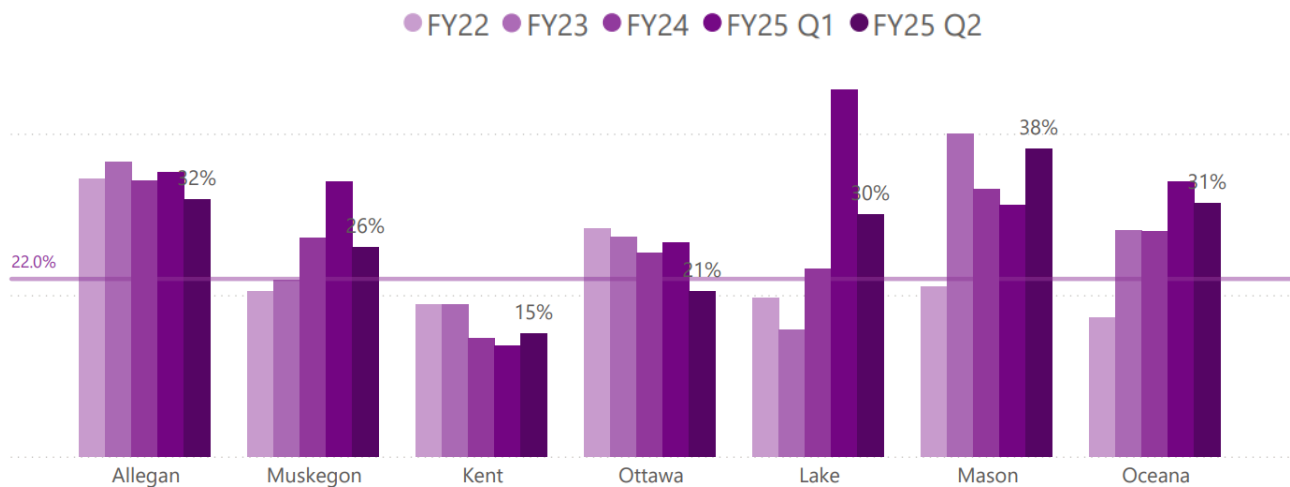
The rate for admissions with legal status as pre- or post-booking diversion remains consistently low (<1%).

Rates of admissions for individuals on probation increased through Q1 with a decrease in Q2 across most counties, except for Kent and Mason Counties, which increased in Q2.

### Percent of Admissions by Legal Status at Admission, LRE Region



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



FY22	34.5%	20.5%	18.9%	28.2%	19.7%	21.1%	17.2%
FY23	36.5%	21.9%	18.8%	27.2%	15.8%	40.1%	28.1%
FY24	34.2%	27.1%	14.7%	25.3%	23.3%	33.2%	27.9%
FY25 Q1	35.2%	34.1%	13.8%	26.5%	45.5%	31.1%	34.0%
FY25 Q2	31.9%	25.9%	15.3%	20.5%	30.0%	38.2%	31.4%

# TREATMENT ACCESS

## Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER

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

### Data Highlights:

TTS for individuals with an OUD is primarily affected by delays in admissions for medication-assisted treatment (MAT). During Q2, TTS for individuals in the region seeking medication-assisted treatment (MAT) was 9.1 days, the highest it has been since FY21, when TTS was 13.5 days.

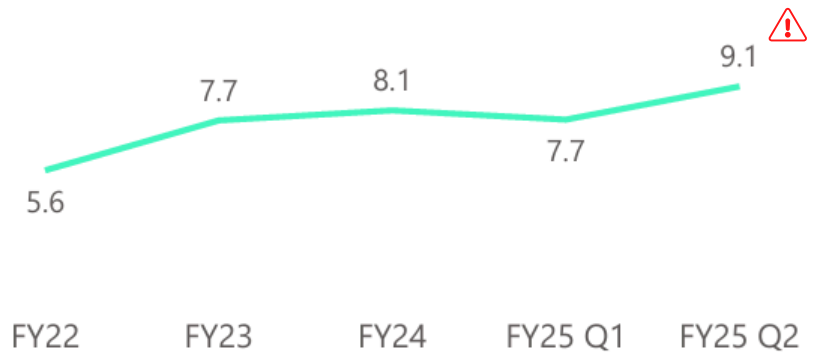
Since the region-wide low of TTS in FY 22, TTS has been lengthening, with a high of 9.1 days in Q2.

During Q2, TTS ranged from a low of 2.7 days in Allegan to a high of 17 days in Oceana.

### TTS:

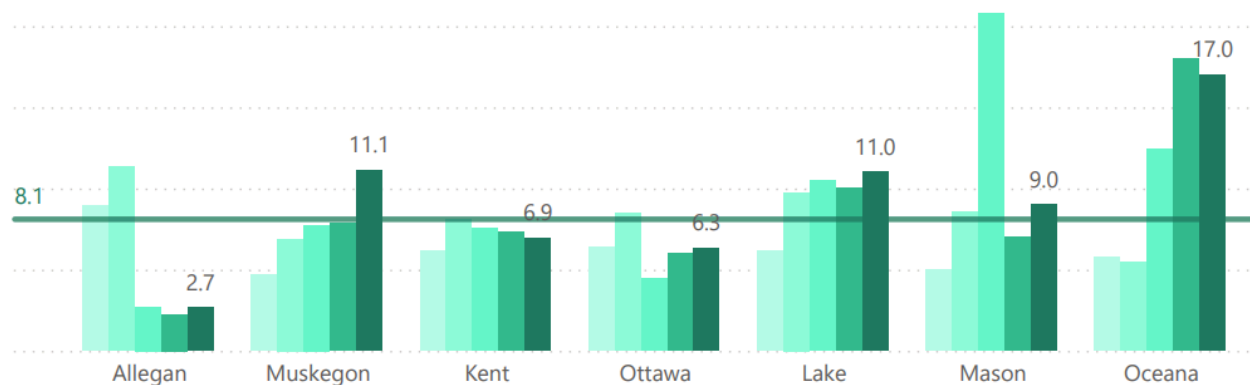
Time to Service is the number of days between the request for service and date of first service received.

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



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

● FY22 ● FY23 ● FY24 ● FY25 Q1 ● FY25 Q2



FY22	9.0	4.7	6.2	6.4	6.2 (N=11)	5.0	5.8
FY23	11.3	6.9	8.1	8.5	9.8 (N=4)	8.5	5.4
FY24	2.7	7.7	7.6	4.4	10.5 (N=4)	20.7	12.4
FY25 Q1	2.3 (N=4)	7.9 (N=56)	7.3 (N=45)	6.0 (N=1)	10.0 (N=1)	7.0 (N=1)	18.0(N=4)
FY25 Q2	2.7 (N=3)	11.1 (N=61)	6.9 (N=47)	6.3 (N=3)	11.0 (N=1)	9.0 (N=5)	17.0(N=2)



# TREATMENT ACCESS

## Priority: PERSONS WITH INTRAVENOUS DRUG USE (IVDU)

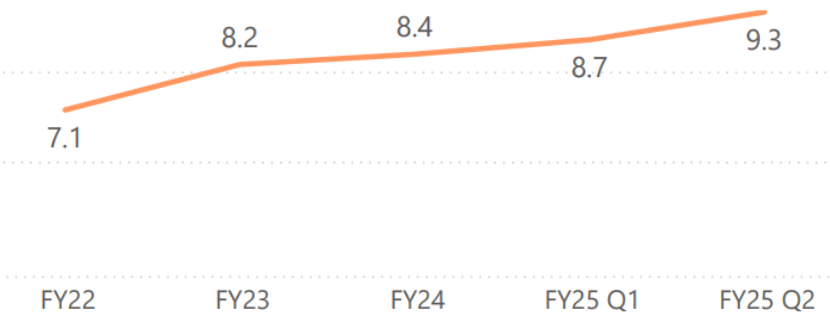
Metric: Decrease the average days between request for service and first service for clients with IVDU.

Average Time to Services for Clients with IVDU

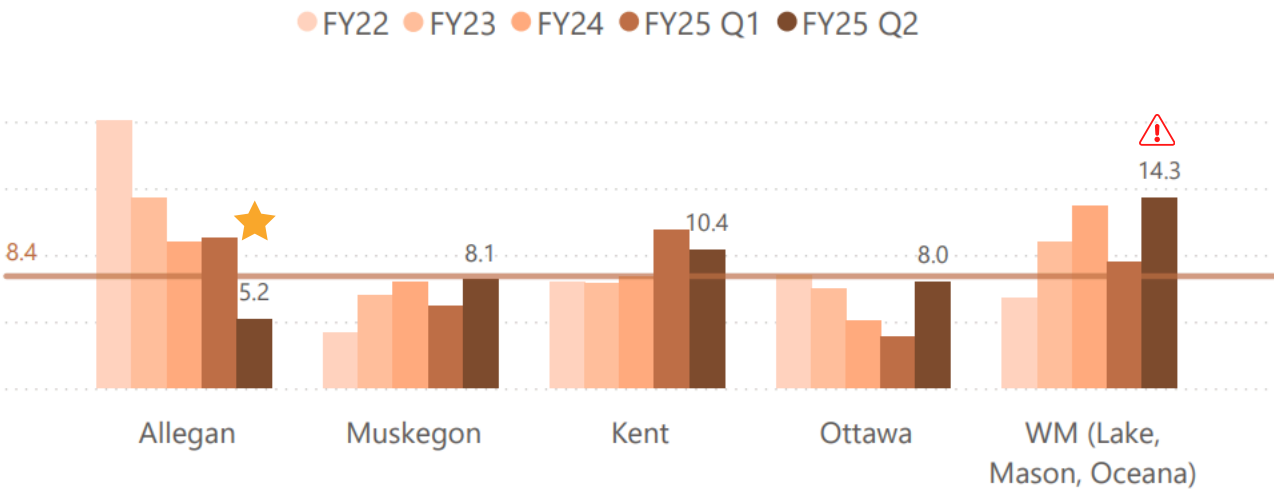
Data Highlights:

Among admissions for individuals with IVDU, the average time to service was 9.3 days in Q2; slightly higher than Q1 and FY24.

Across the region, TTS for clients with IVDU ranged from a low of 5.2 in Allegan to a high of 14.3 for West Michigan.



Average Time to Service for Clients w/IVDU by CMHSP



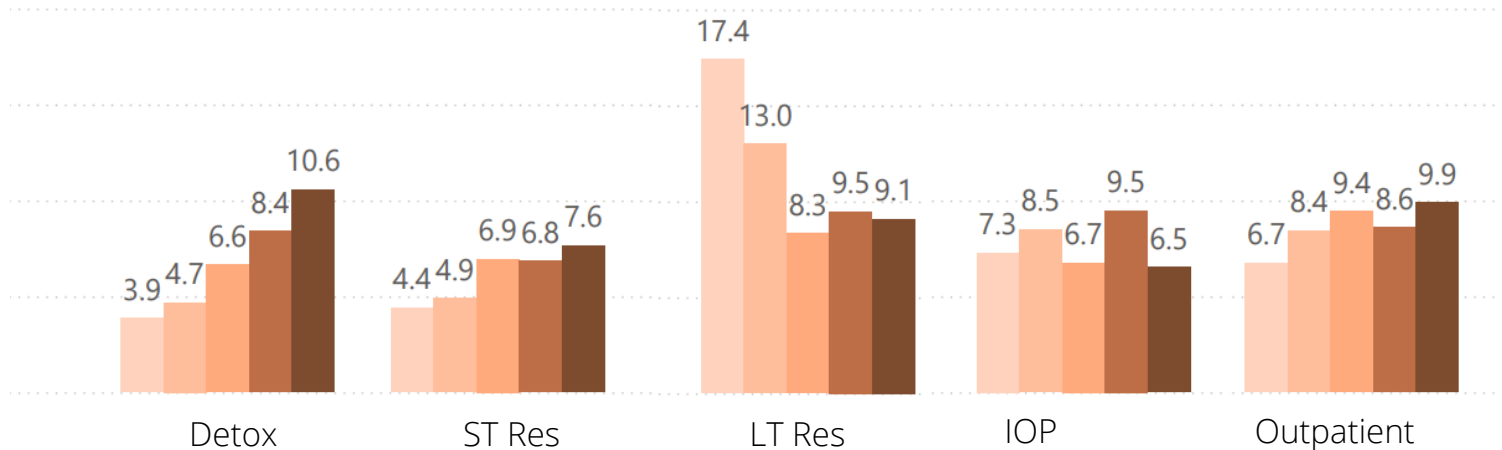
FY22	20.0	4.1	7.9	8.4	6.8
FY23	14.2	7.0	7.8	7.5	10.9
FY24	10.9	7.9	8.3	5.0	13.7
FY25 Q1	11.2 (N=13)	6.1 (N=68)	11.9 (N=68)	3.8 (N=12)	9.5 (N=17)
FY25 Q2	5.2 (N=16)	8.1 (N=69)	10.4 (N=82)	8.0 (N=17)	14.3 (N=21)

# TREATMENT ACCESS

When TTS for clients with IVDU is broken out by service category, detox had the longest TTS in Q2 at 10.6 days, followed by outpatient (9.9) and LT Res (9.1). TTS for detox has been increasing continually since FY22, while TTS for LT Res and outpatient have remained relatively stable since FY24. IOP increased in Q1 to a high of 9.5 and improved in Q2 to 6.5 days.

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

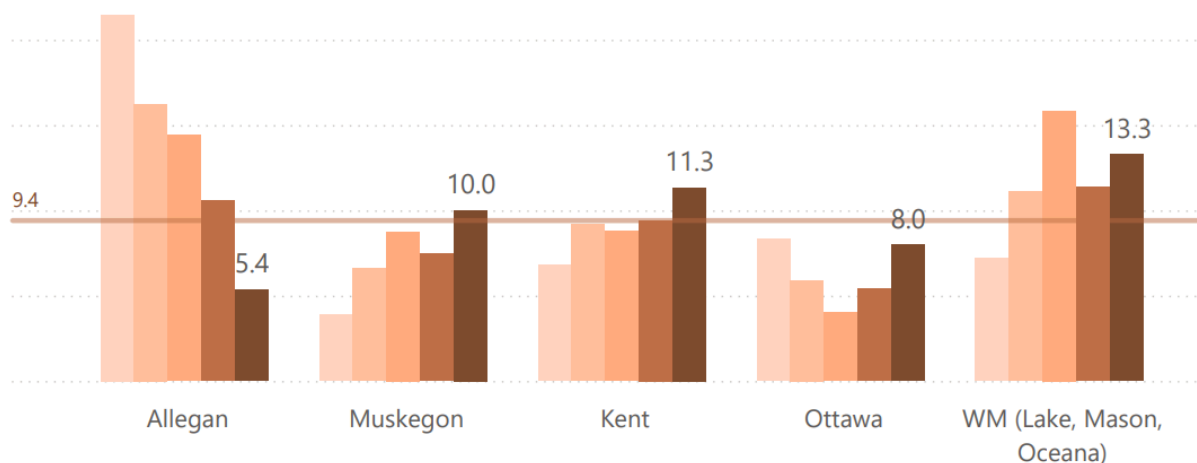
● FY22 ● FY23 ● FY24 ● FY25 Q1 ● FY25 Q2



During Q2, TTS for clients with IVDU to outpatient services ranged from a high of 13.3 in West Michigan to a low of 5.4 in Allegan. Allegan has been continually improving since FY22, while Kent and Ottawa, have increased during the first half of FY25.

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

● FY22 ● FY23 ● FY24 ● FY25 Q1 ● FY25 Q2



FY22	21.5	3.9	6.8	8.3	7.2
FY23	16.2	6.6	9.2	5.9	11.1
FY24	14.4	8.7	8.8	4.0	15.8
FY25 Q1	10.6	7.5	9.4	5.4	11.4
FY25 Q2	5.4 (N=11)	10.0 (N= 38)	11.3 (N=36)	8.0 (N= 5)	13.3 (N=7)

# ENGAGEMENT AND RETENTION

## **Priority:** CLIENTS WITH CO-OCCURRING DISORDERS RECEIVE INTEGRATED TREATMENT.

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

The following provides information about treatment episodes for individuals with a co-occurring diagnosis (COD) who were reported as having received integrated treatment at discharge. Integrated treatment is defined as "Clients with co-occurring substance use and mental health problems being treated with an integrated treatment plan by an integrated team."

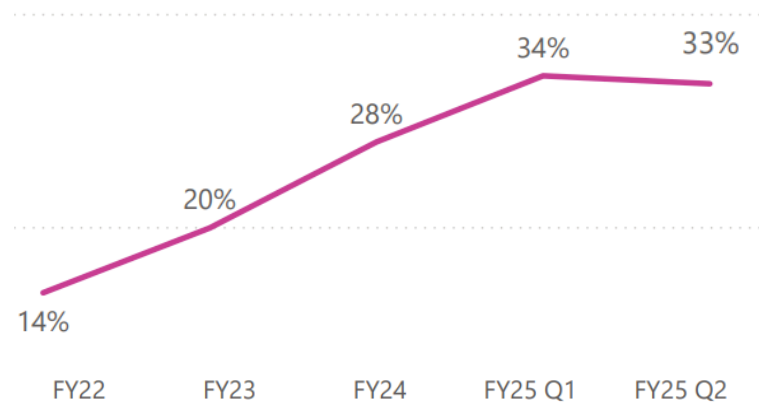
Services can be provided by one provider or multiple providers if services are coordinated and there is one treatment plan with input from both disciplines. An HH modifier must be used for all encounters recorded as 'receiving integrated treatment.'

### Data Highlights:

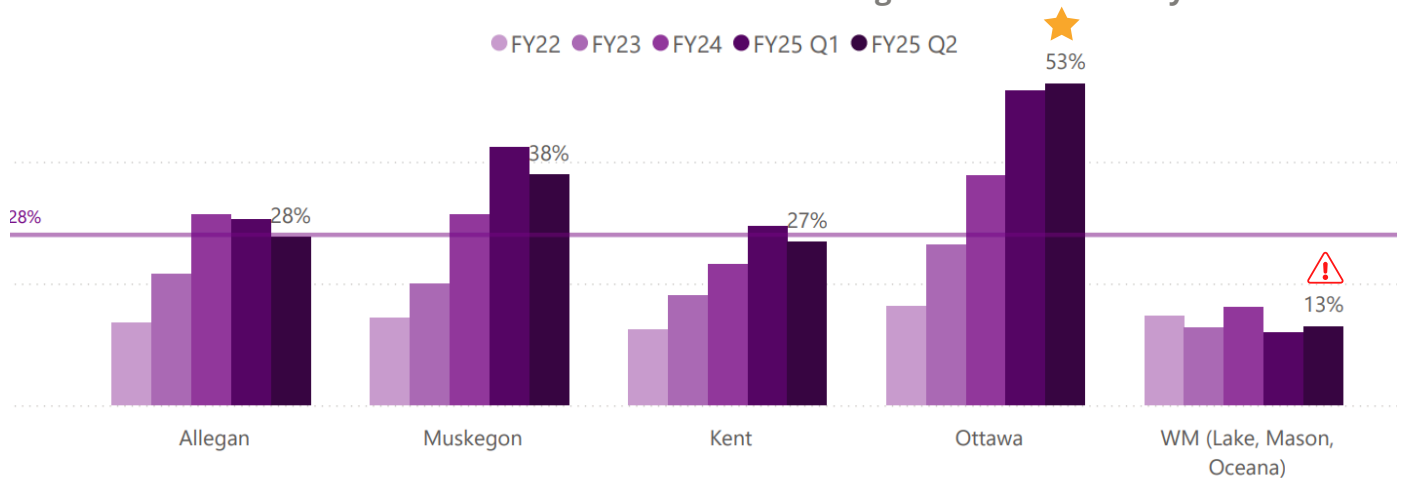
The percentage of clients with COD that were reported as having received integrated treatment has been continually increasing since 2017, with a substantial increase during the first half of FY25.

Rates of integrated treatment in Q2 ranged from a low of 13% for WM to a high of 53% in Ottawa. Allegan, Muskegon, and Kent counties saw a small decline in Q2 compared to Q1.

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



### Percent of Clients with COD that Received Integrated Treatment by CMHSP



FY22	13.6%	14.3%	12.5%	16.2%	14.7%
FY23	21.5%	20.0%	18.0%	26.4%	12.8%
FY24	31.3%	31.4%	23.1%	37.7%	16.2%
FY25 Q1	30.5%	42.3%	29.5%	51.7%	11.9%
FY25 Q2	27.6%	37.9%	26.8%	52.8%	13.0%

# ENGAGEMENT AND RETENTION

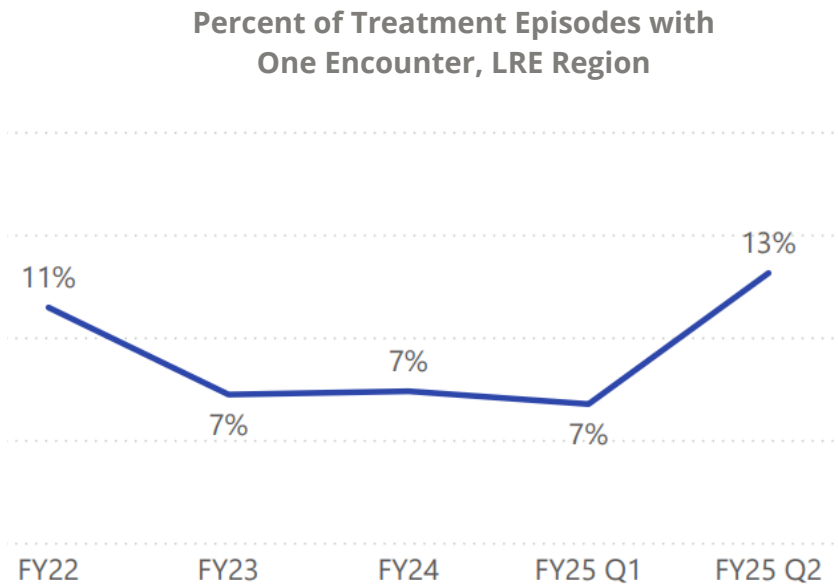
## Priority: INCREASED TREATMENT ENCOUNTERS

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

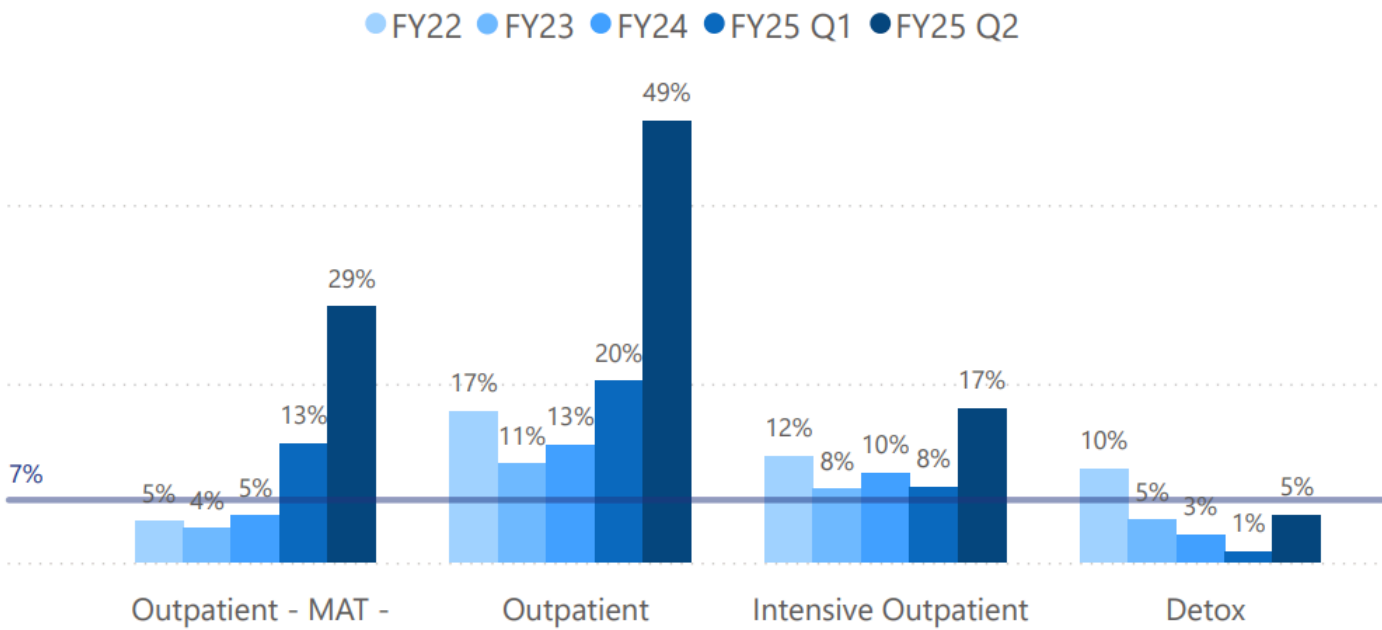
Data Highlights:

For treatment episodes that warranted more than an assessment, the percentage of episodes with only one encounter has improved since FY22 to 7% in FY23 and remained stable at that rate until the most recent quarter where it increased, which may be due to delayed entry of encounter data.

OP and OP MAT each had an increase in treatment episodes with only one encounter during the first half of FY25.



**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.*

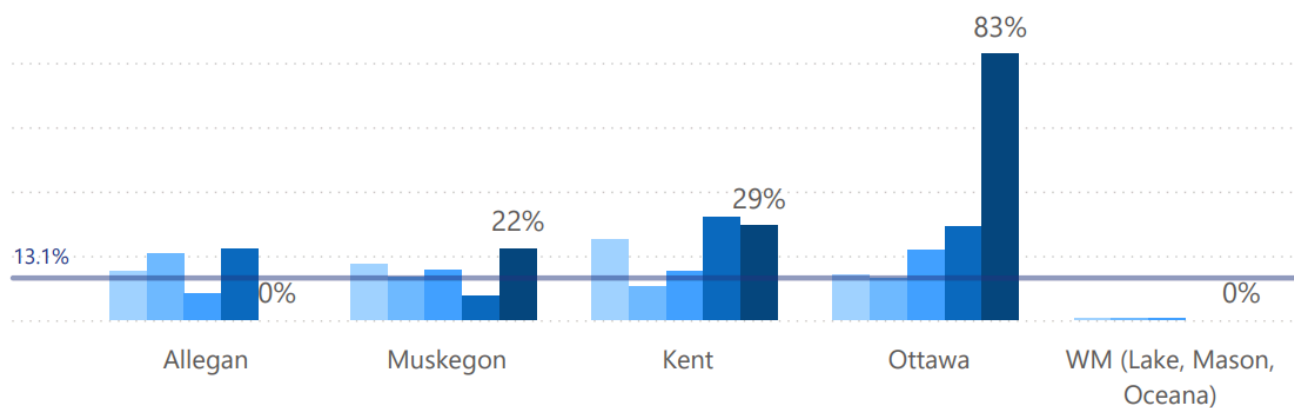
# ENGAGEMENT AND RETENTION

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)**

● FY22 ● FY23 ● FY24 ● FY25 Q1 ● FY25 Q2



FY22	15.3%	17.2%	25.0%	14.2%	0.4%
FY23	20.6%	13.4%	10.3%	12.9%	0.3%
FY24	8.1% (10)	15.4% (35)	15.0% (61)	21.7% (56)	0.4% (1)
FY25 Q1	22.2% (2)	7.4% (2)	32.1% (17)	29.0% (9)	0.0% (0)
FY25 Q2	0.0% (0)	22.2% (4)	29.4% (5)	82.9% (29)	0.0% (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 AFTER DETOX & ST RES

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

Metrics:

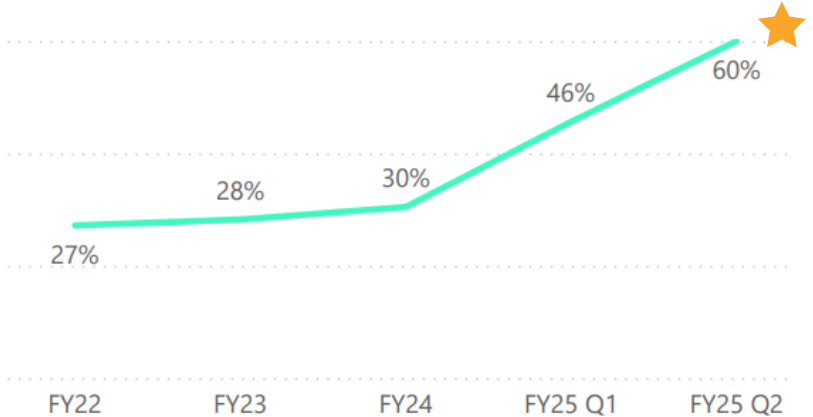
- ↑ % of discharged detox and ST Res clients successfully transitioned to the next LOC w/in 7 days.
- ↓ average # days between discharge and admission to next level of care for detox & for ST Residential

Data Highlights:

Following detox (24-hour), clients typically transition to ST Res at the same service 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 have continued to improve during the first half of FY25.

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

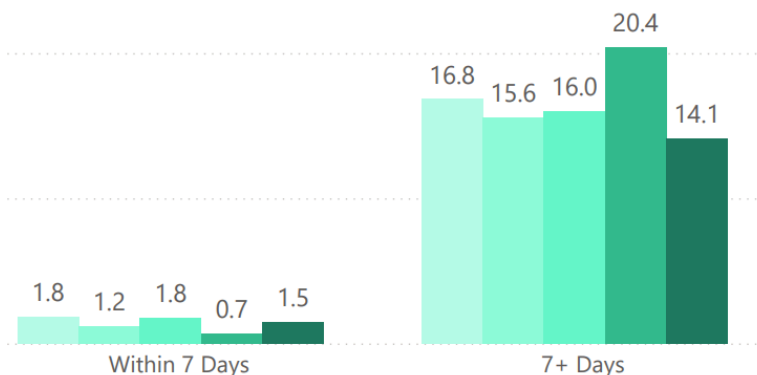


## Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days by CMHSP

	FY22	FY23	FY24	FY25 Q1	FY25 Q2
Allegan	15%	18% (3)	36% (4)	20% (1)	0% (0)
★ Muskegon	32%	19%	11% (5)	21% (3)	62% (8)
Kent	25%	28%	21% (6)	0% (0)	0% (0)
★ Ottawa	34%	31%	47% (23)	92% (11)	89% (8)
★ WM (Lake, Mason, Oceana)	30%	35%	35% (22)	60% (6)	63% (5)

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

● FY22 ● FY23 ● FY24 ● FY25 Q1 ● FY25 Q2



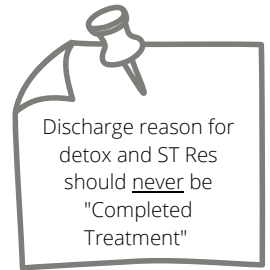
Among the 60% of discharges readmitted within 7 days, the average time between discharge and readmission was 1.5 days.

In addition, 31% of clients discharged from ST Res were readmitted between 8 and 30 days following discharge. The average time between discharge and readmission for these readmissions worsened in Q1 to 20.4 days and improved in Q2 to a low of 14.1.

# CONTINUITY OF CARE AFTER DETOX & ST RES

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

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



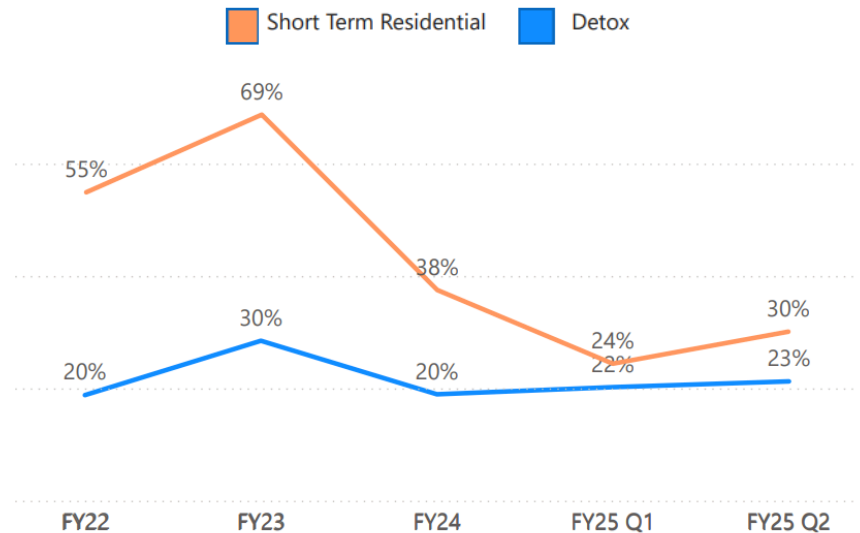
## Data Highlights:

The percent of discharges from ST Res with the discharge reason incorrectly reported as 'completed treatment' has improved in the first half of FY25 with a low of 24% in Q1 followed by an increase to 30% in Q2.

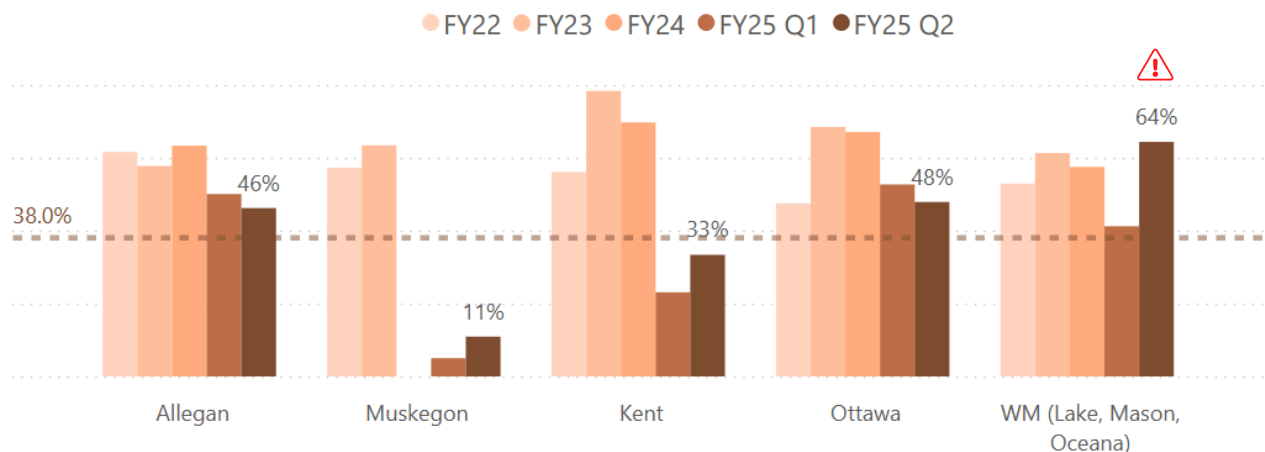
Rates for discharges from detox have remained relatively stable with a slight increase in the first half of FY25.

Across CMHSPs, rates of discharges from ST Res incorrectly reported as 'completed treatment' were highest for WM, followed by Ottawa and Allegan.

## Discharges from Detox & ST Res w/ Reason as "Completed Treatment"



## Percent of Discharges from ST Res w/ Reason as "Completed Treatment" by CMHSP



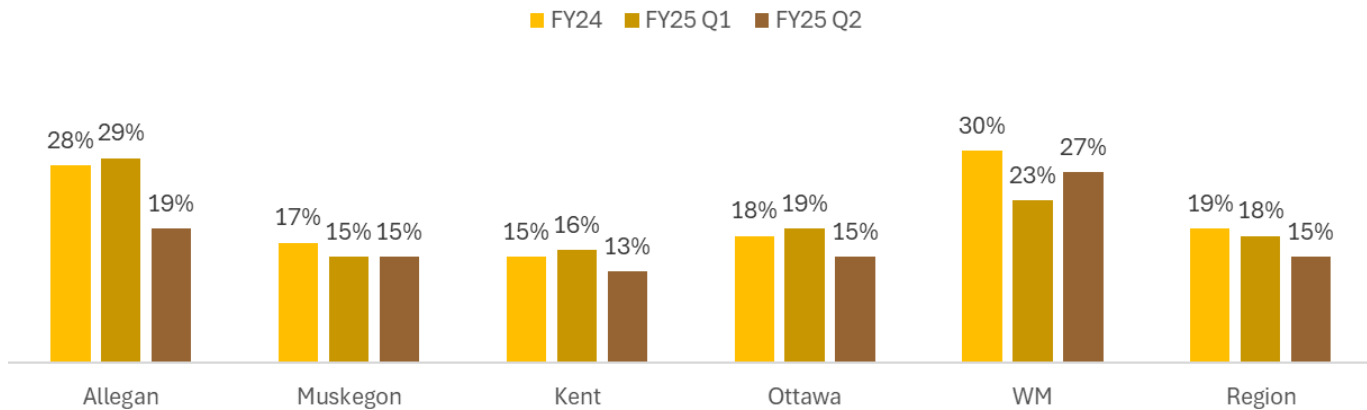
FY22	61.5%	57.2%	56.0%	47.4%	52.9%
FY23	57.7%	63.3%	78.3%	68.4%	61.2%
FY24	63.3% (31)	0.0% (0)	69.6% (39)	67.0% (67)	57.4% (54)
FY25 Q1	50.0% (7)	5.0% (3)	23.1% (3)	52.6% (10)	41.2% (7)
FY25 Q2	46.2% (6)	10.9% (6)	33.3% (2)	47.8% (11)	64.3% (9)

# Social Determinants of Health

## Priority: EMPLOYMENT

Metric: ↑ % of clients employed or in school between admission & discharge.

### Percent of Admissions for Clients Reporting they are Employed or In School by CMHSP



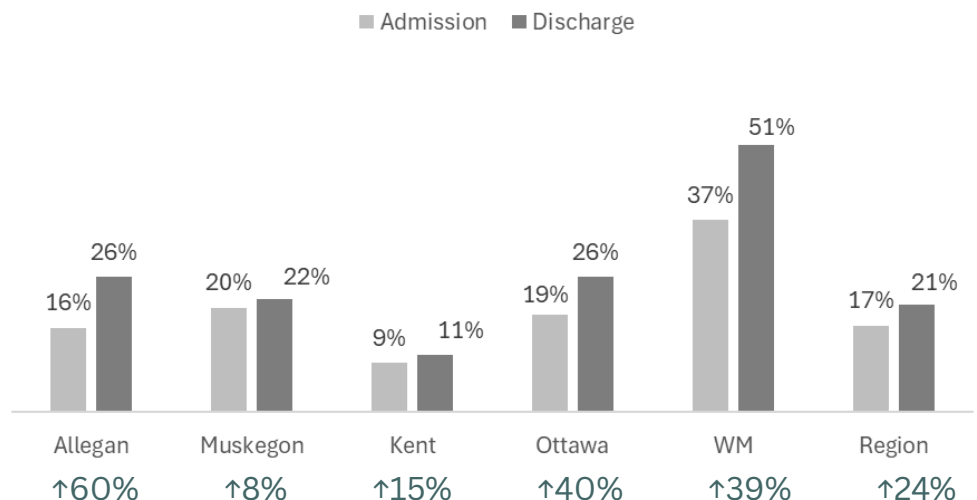
#### Data Highlights:

Among clients who were admitted to services during Q2, the proportion of admissions where clients indicated they were either employed or attending school varied, with a low of 13% in Kent and a high of 27% in WM counties. Additionally, the percentage of clients reporting employment or school enrollment at the time of admission in Q2 was lower compared to FY24 for every CMHSP.

Among clients who completed a treatment episode in the first half of FY25, the percentage reporting employment or school enrollment rose from admission to discharge at each CMHSP.

Overall, the region experienced a **relative change** of 24% improvement, with Allegan, Ottawa, and WM showing the most substantial relative gains.

### Percent of Clients Completing Treatment Episode who Reported Being Employed or In School at Admission vs. Discharge by CMHSP for FY25 YTD(Q1& Q2)



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

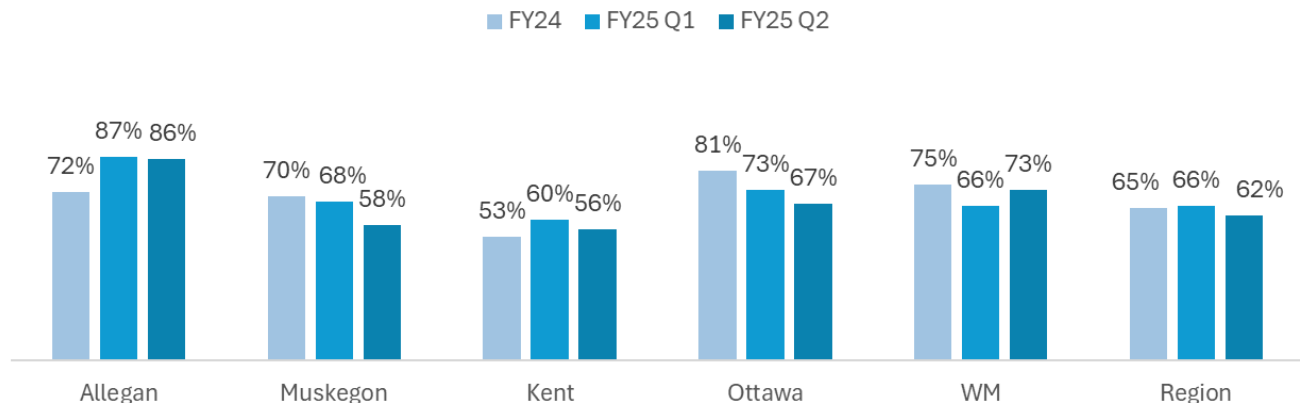


# Social Determinants of Health

## Priority: LIVING ARRANGEMENTS

**Metric:** ↑ % of clients with a stable living condition between admission & discharge.

### Percent of Admissions for Clients Reporting a Stable Living Condition\* by CMHSP



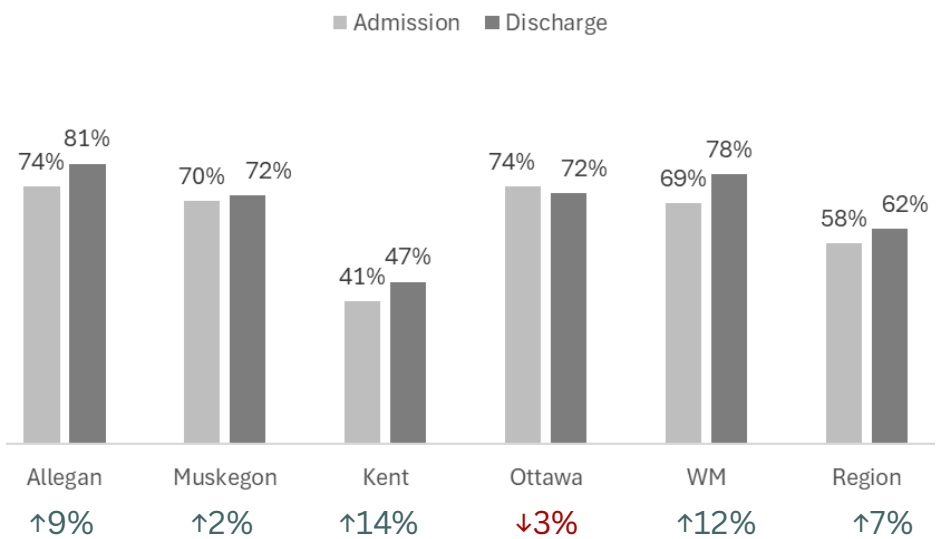
#### Data Highlights:

Among clients who were admitted to services during Q2, the proportion of admissions where clients indicated they had a stable living condition varied, with a low of 56% in Kent and a high of 86% in Allegan. Additionally, the percentage of clients reporting a stable living condition at the time of admission has improved in Allegan compared to FY24, while it has worsened in Muskegon and Ottawa Counties during the first half of FY25.

Among clients who completed a treatment episode in the first half of FY25, the percentage reporting a stable living condition improved from admission to discharge for each CMHSP, except Ottawa, where a small decline was found.

Overall, the region experienced a relative change of 7% improvement. Kent and WM CMHSPs had the lowest rates at admission and discharge but showed the greatest relative improvement.

### Percent of Clients Reporting a Stable Living Condition\* at Admission vs. Discharge for Completed Service Episode\*\*, by CMHSP for FY25 YTD (Q1& Q2)



\*Stable Living is defined as Living Arrangement = Independent

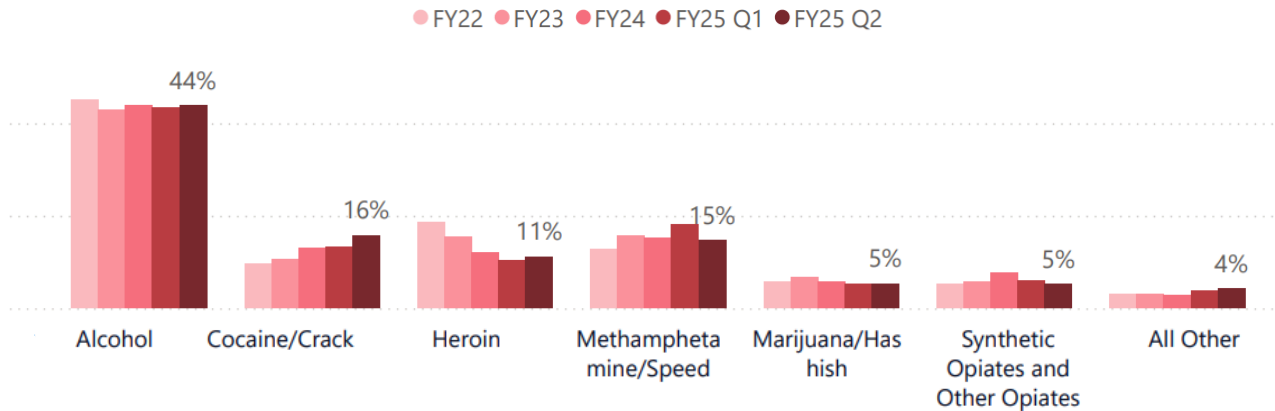
\*\*Analysis includes clients who were in services for at least 6 weeks and were discharged as having completed treatment or transferring to another program.

## Other Data to Monitor: Primary Drug at Admission

### LRE Region

Data Highlights: Alcohol remains the most frequently reported primary drug at admission in the LRE region. Admissions for cocaine have been increasing since FY22. Admissions for heroin and marijuana have remained relatively stable since FY24, while admissions for methamphetamine and other opiates decreased slightly in Q2.

**Percent of Treatment Admissions by Primary Drug, LRE Region**

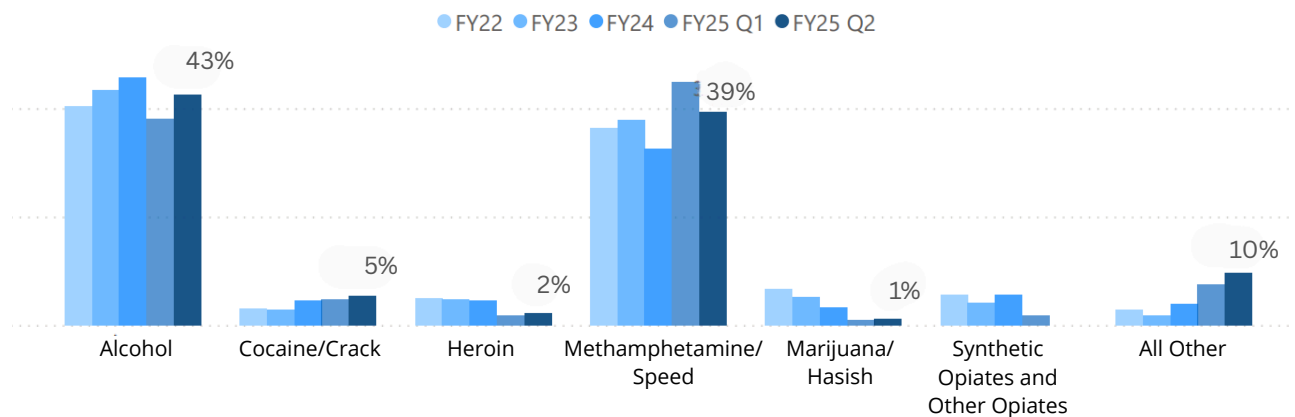


FY22	45.1%	9.7%	18.6%	12.7%	5.7%	5.2%	3.0%
FY23	42.8%	10.7%	15.3%	15.7%	6.7%	5.7%	3.1%
FY24	43.9%	13.0%	11.9%	15.2%	5.6%	7.6%	2.8%
FY25 Q1	43.3%	13.3%	10.2%	18.2%	5.2%	6.0%	3.8%
FY25 Q2	43.8%	15.7%	11.2%	14.6%	5.3%	5.1%	4.3%

### 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 (39% vs. 15% in Q2). Admissions for cocaine remain relatively stable since FY24, while admission for heroin and marijuana have decreased during the first half of FY25. Admissions for "All Other" drugs has continued to increase in recent periods to a high of 10% in Q2.

**Allegan County - Percent of Admissions by Primary Drug**

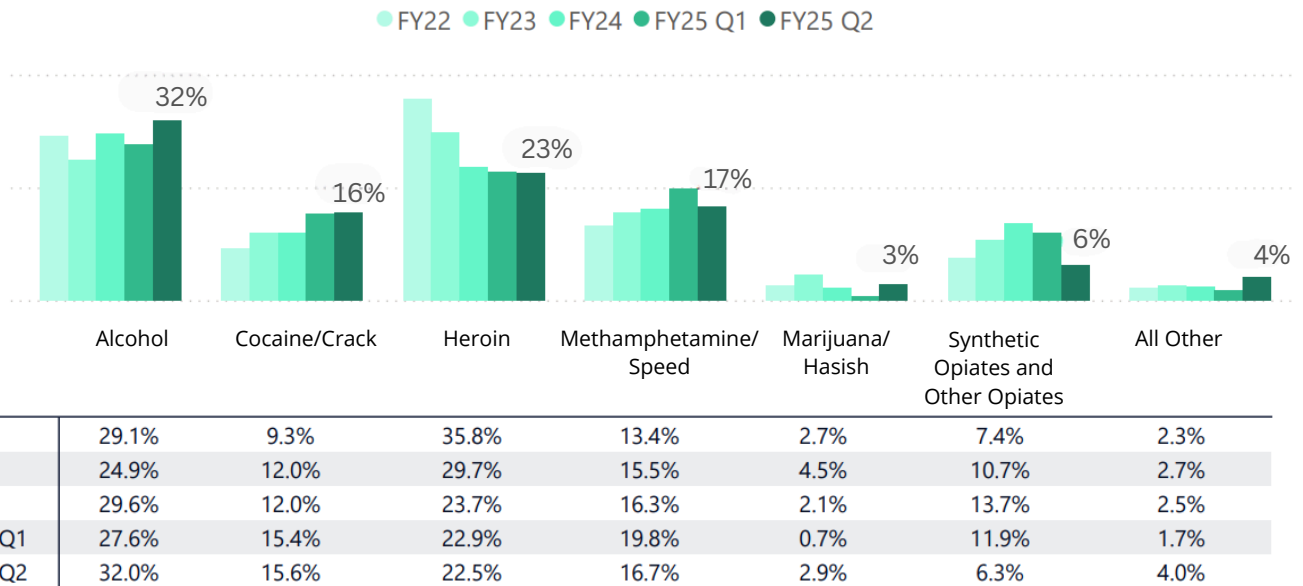


FY22	40.4%	3.1%	5.0%	36.4%	6.6%	5.6%	2.8%
FY23	43.3%	2.9%	4.7%	37.8%	5.2%	4.2%	1.8%
FY24	45.7%	4.5%	4.5%	32.5%	3.4%	5.6%	3.9%
FY25 Q1	38.1%	4.8%	1.9%	44.8%	1.0%	1.9%	7.6%
FY25 Q2	42.6%	5.3%	2.1%	39.4%	1.1%		9.6%

## Muskegon County

Data Highlights: Alcohol and heroin continue to be the most frequently reported primary drugs in Muskegon County. Admissions for heroin have maintained the decrease seen in FY24 but remain higher than region-wide (22.5% vs 11.2% in Q2). During Q2, the rate of admissions with marijuana or 'All Other' drugs remain low, but showed an increase in Q2.

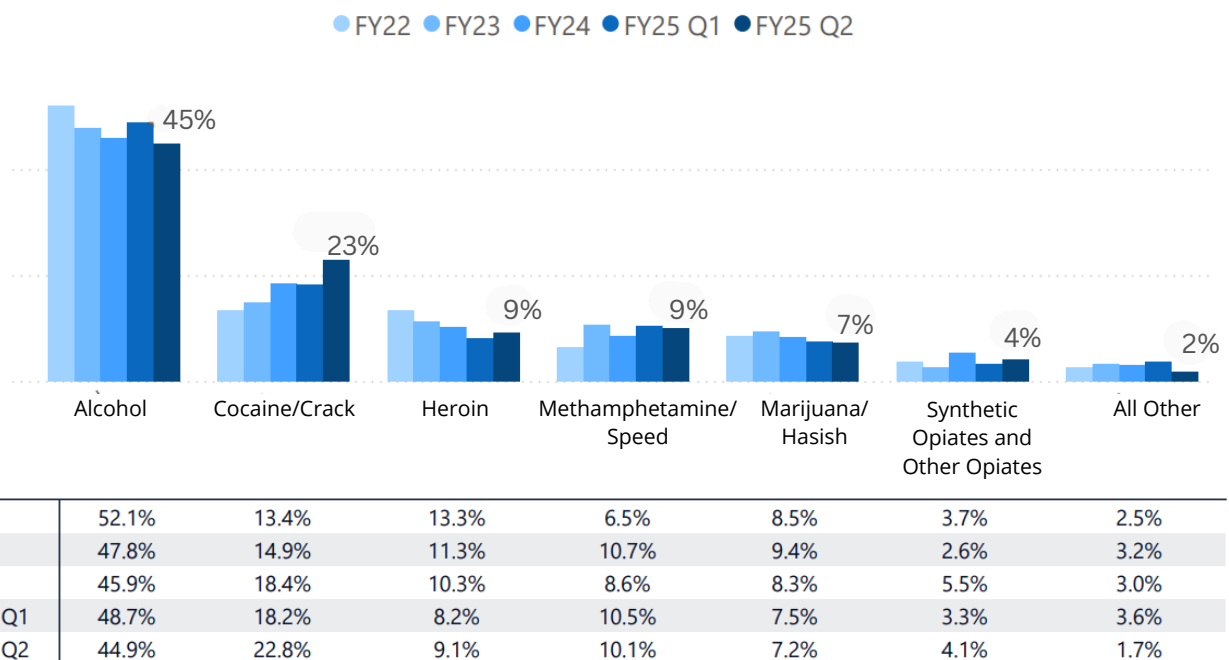
### Muskegon County - Percent of Admissions by Primary Drug



## Kent County

Data Highlights: In Kent County, admissions for alcohol continue to surpass other substances with 45% of admissions, followed by cocaine which increased to 23% of admissions in Q2.

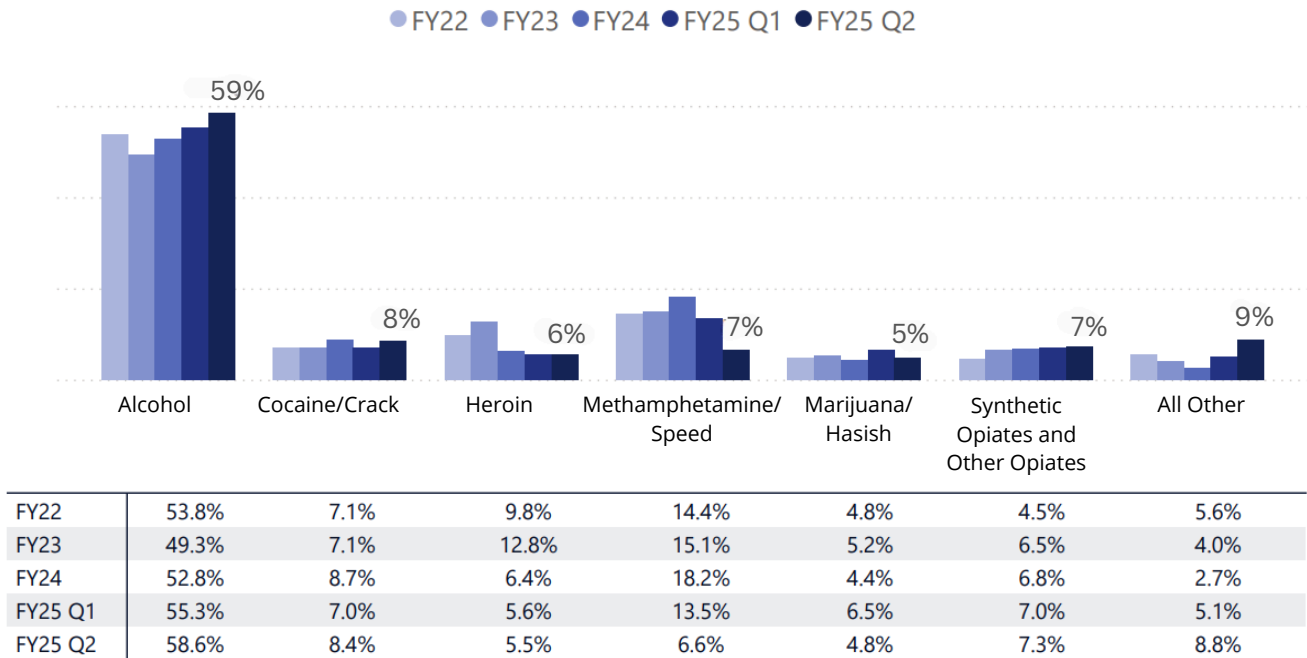
### Kent County - Percent of Admissions by Primary Drug



## Ottawa County

Data Highlights: In Ottawa County, alcohol remains the most frequently reported primary drug, and has been increasing since FY22, representing 59% of admissions in Q2. Admissions for methamphetamine decreased substantially between Q1 (13.5) and Q2 (6.6%). Admissions for 'all other' drugs has been increasing since FY24, with a high of 9% in Q2.

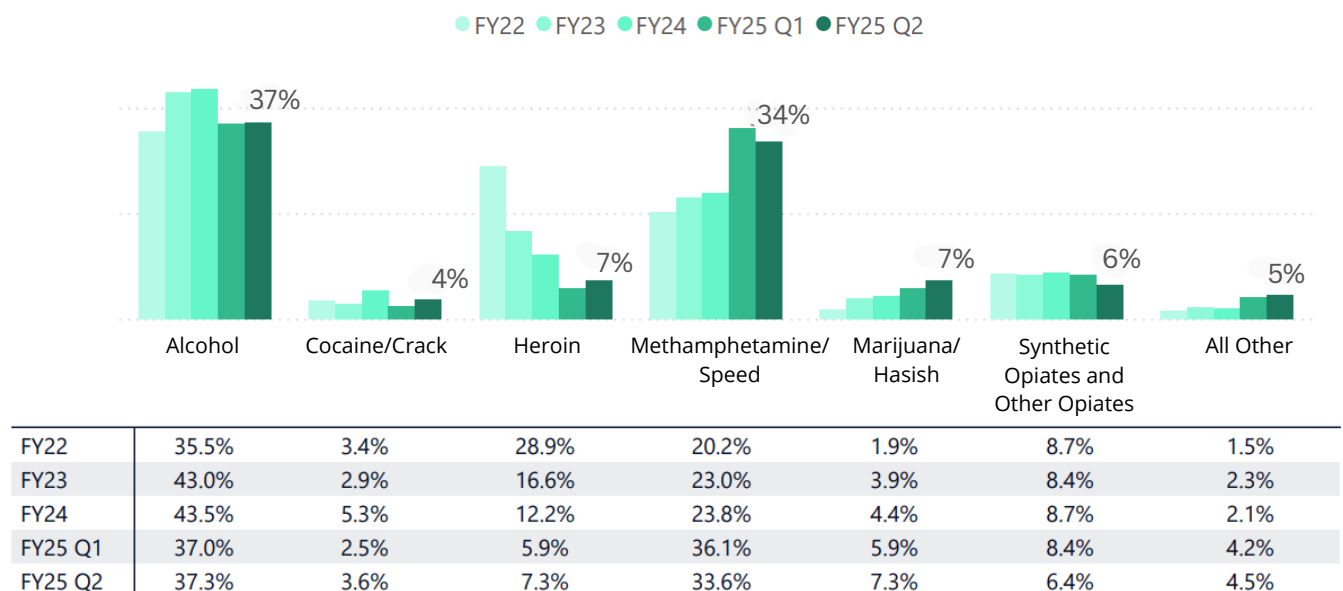
### Ottawa County - Percent of Admissions by Primary Drug



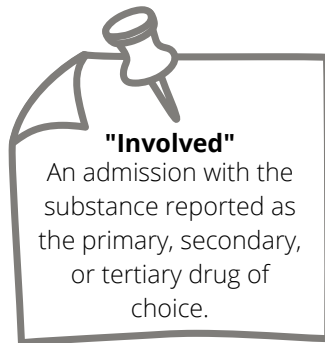
## West Michigan Counties

Data Highlights: In West MI counties, alcohol continues to be the most frequently reported primary drug of choice, representing 37% of admissions in Q2. Admissions for methamphetamine as the primary drug, are also high, representing 34% of admissions in Q2, which is substantially higher than region-wide (14.6%). Admissions for heroin have decreased during the first half of FY25, compared to FY24.

### West MI - Percent of Admissions by Primary Drug



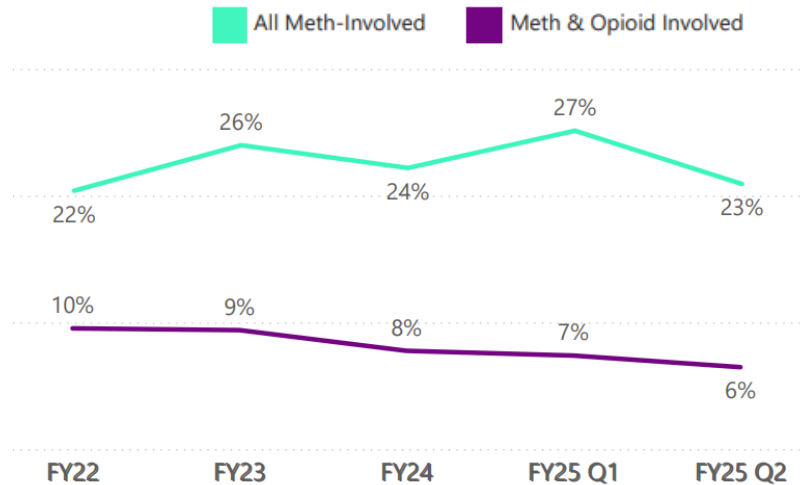
## Other Data to Monitor: METHAMPHETAMINE-INVOLVED ADMISSIONS



### Data Highlights:

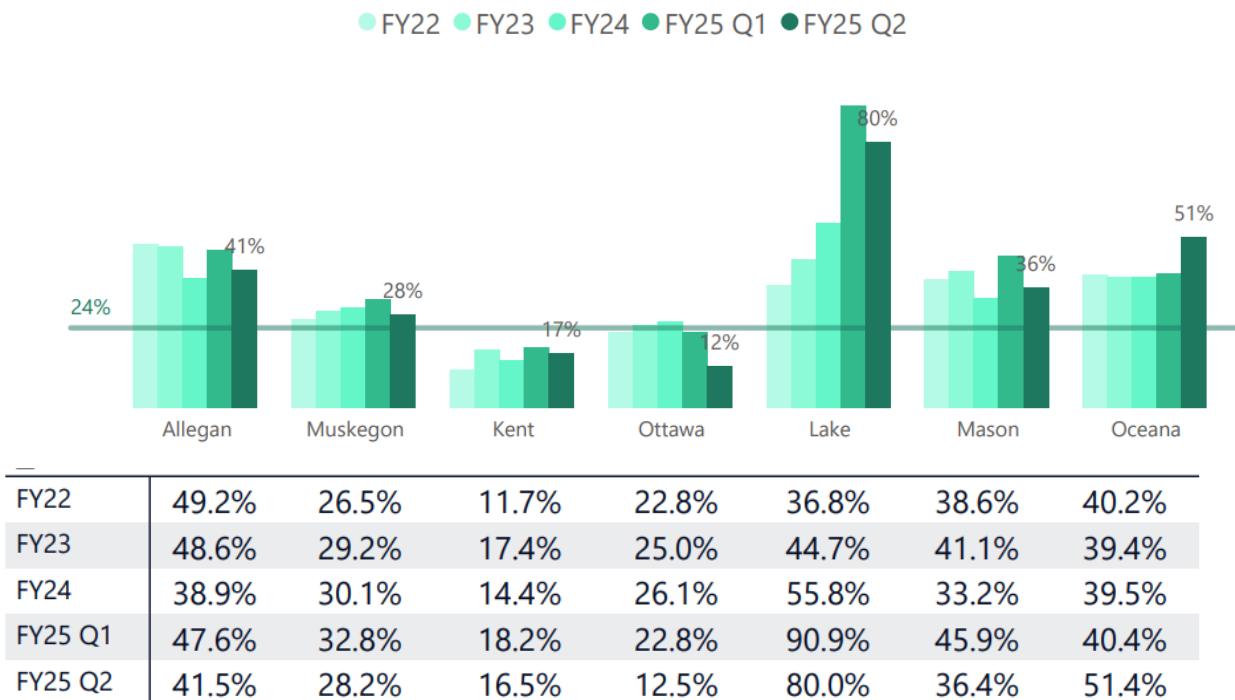
In FY24, 24% of admissions were MA-involved, increasing to 27% in Q1 and decreasing to 23% in Q2. Admissions involving both an opioid and MA remained low and continued to decrease during the 1st half of FY25 to a low of 6%.

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



During Q2, MA-involved admissions remain highest in Lake County at 80% of admissions, followed by Oceana (51%) and Allegan (41%) counties. MA-involved admissions decreased slightly between Q1 and Q2 for every county except Oceana.

Percent of Admissions That Were MA-Involved by County

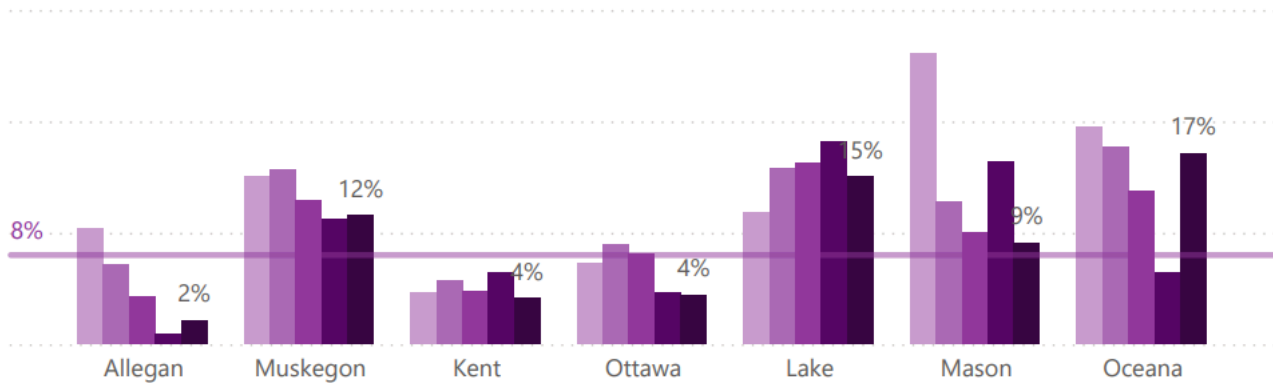


Data Highlights:

Admissions involving both an opioid and methamphetamine increased substantially in Q2 for Oceana County (17%), which is substantially higher than the regional rate of 6%. Mason County's admissions involving both methamphetamine and an opioid peaked in Q1 at 16.4% and decreased to 9.1% during Q2. Allegan County increased slightly from Q1 to Q2, but both rates remain lower than FY24 rates. Muskegon and Ottawa County's rates decreased compared to FY24.

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

● FY22 ● FY23 ● FY24 ● FY25 Q1 ● FY25 Q2



FY22	10.3%	15.0%	4.6%	7.3%	11.8%	26.1%	19.5%
FY23	7.1%	15.7%	5.7%	9.0%	15.8%	12.8%	17.7%
FY24	4.2%	12.9%	4.8%	8.1%	16.3%	10.0%	13.7%
FY25 Q1	1.0% (2)	11.3%	6.4%	4.7%	18.2% (2)	16.4%(10)	6.4% (3)
FY25 Q2	2.1% (1)	11.5%	4.1%	4.4%	15.0% (3)	9.1% (5)	17.1%(6)

# Appendix: Data Parameters

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

**Pg. 5      Percent of Admissions by Legal Status at Admission**

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

**Pg. 6      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. 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      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. 10      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 or facility/Completed Level of Care
- MAT is based on BHTEDS Admission Opioid Therapy= Yes and LOC = Outpatient

**Pgs. 10-11      Percent of Treatment Episodes with One Encounter by Level of Care**

- 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 or facility/Completed Level of Care
- MAT is based on BHTEDS Admission Opioid Therapy = Yes and LOC = Outpatient

**Pg. 12      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. 12 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. 13 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. 14 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. 15 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
- 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
- Pgs. 16-18 Percent of Treatment Admissions by Primary Drug**
- BHTEDS Fields Used: County of Residence, Service Start Date, Primary, Secondary and Tertiary Substance Use Problem
- Pg. 19 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. 20 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.