Letter to the Community

Opportunities Abound. Our Commitment to the Community Remains Steadfast.

As we look forward with anticipation to the future, we are pleased to share this 2017 Community Report with you. Fiscal year 2017 was both challenging and exciting for Network180, its partnering providers, individuals receiving services, and others who participate in Kent County’s public behavioral health system. As we wrestled with increasing financial pressure and participated in ongoing conversations about funding approaches, we embraced opportunities to be at the forefront of solutions and innovation to best meet the needs of the individuals we serve.

Our top priority is, and must always be, supporting and improving the lives of the approximately 17,000 individuals who receive public behavioral health services and support each year through our organization. Once again, Network180 has made and implemented tough staff and budget reduction decisions to preserve services for consumers. We are grateful for the perseverance of staff, providers and stakeholders who have remained committed to our shared mission amid system restructure and changes.

Fiscal Year ’17 strategic accomplishments include:

- A specialized Treatment and Support Court, launched in partnership with the 17th Circuit Court—Kent County, Michigan.
- Additional autism providers were added to address the increased demand for services after Medicaid Autism Benefit increased the age of eligibility to 21 years old.
- The Children’s Crisis Response team completed its first year of service, responding to nearly 800 crisis calls and reducing inpatient hospitalizations and costs.
- New Behavioral Health Homes were launched, providing an innovative model of case management with flexible, accessible, team-based service.

These projects, and many other achievements included in this report, help to illustrate the creative and impactful work done throughout our provider network as we strive to fulfill our mission of inspiring hope, improving mental health, supporting self-determined lives and encouraging recovery.

Challenges persist. Opportunities abound. Our commitment remains steadfast. Our community’s ability to collaborate to meet the needs of our most vulnerable residents is more critical than ever, because together, we are stronger. Thank you for your continued support of public behavioral health services and supports in Kent County.

Sincerely,

Harold Mast
Chairperson, Network180 Board of Directors

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Inspiring Hope

Zero Suicide Task Force Continues Prevention Efforts

Network180's Zero Suicide Task Force is charged with advancing the aspirational goal of preventing suicide deaths for all individuals in Kent County. The grim reality is that Kent County's suicide rate has gradually increased in the past decade from 10.3 to 13.4 suicides per 100,000 people—a 30% rise (Healthy Kent Suicide Prevention Coalition, 2017).

Last year's records suggest that the number of Kent County suicides surpassed a 20-year high in 2017, representing the third consecutive year that Kent County charted the most suicides on record since data collection started in 1994. In order to change this unacceptable reality, the Zero Suicide Task Force has been working diligently on a number of initiatives, including:

• Diving deeply into clinical publications and peer reviewed literature to identify relevant knowledge for our clinical staff. Task Force members serve as knowledge leaders, sharing information with their teams to be more effective in serving high-risk individuals.

• Sending monthly e-mail blasts to Network180 staff to raise awareness of Zero Suicide-related information.

• Identifying needs for increased training for Network180 clinical staff, leading directly to more suicide prevention-related trainings.

Short term goals to continue the momentum include:

• Working to improve care transitions and inpatient discharge planning, both within Network180 and with community providers.

• Digging deeper into our data and processes to better follow up with at-risk individuals seen by crisis workers and in emergency rooms.

• Continuing to expand opportunities for Network180 clinical staff to train in advanced suicide risk assessment and management techniques.

Inspiring Hope

Treatment and Support Court Launched with Network180 & Kent County Partners

At Network180, we believe in the dignity of every person. That means we believe in providing access to the treatment necessary to live fulfilling lives—even for those who have committed a crime in the past. Those who have broken the law and suffer from mental illness are generally shown to be repeat offenders if not given the appropriate treatment. Time behind bars simply does not offer the rehabilitation that mental health services can provide.

That’s why we worked alongside the 17th Circuit Court—Kent County, MI, and the County Probation Prosecutors’ and Public Defenders’ offices, to open a specialized court docket focused on defendants charged with a felony who have a severe mental illness.

The Treatment and Support Court was made possible through a $193,000 grant from the State Court Administrative Office, available through the end of the 2018 fiscal year. This award will be used to pay for program coordination, clinical support, incentives, data entry, program involvement, drug tests, and legal defense.

Judge Joseph Rossi believes that this court will make a difference in the lives of many in the community, and provide unprecedented benefits that will travel beyond the court room.

“This will be a step toward alleviating the strain on our courts and jails,” said Rossi. “Providing much-needed treatment could help people recover, and stay out of the justice system for good.”

“Mental health issues are perhaps one of the largest contributing factors to recidivism. Merely putting offenders suffering from mental illness in jail will not resolve the problem.”

– Judge Joseph J. Rossi
Encouraging Recovery

Children's Crisis Response Team Enters Successful Second Year

Each year, more teens and young adults pass away from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease, COMBINED. This staggering reality is one Network180 has fought, and will continue to fight, vigorously to change.

One crucial step in this effort was the 2016 launch of the Children's Crisis Response Team, established with the goal of providing prompt and on-location mental health services for youth (ages 4-20) in crisis. Any community member may call the team when a young person needs immediate mental health assistance, and the Children's Crisis Response Team Clinicians will meet the youth and family to intervene in the crisis, ensure safety, and connect them to ongoing mental health services.

In two short years, this service has achieved incredible results and garnered positive feedback from youth and parents alike.

“I feel that our clinician was very professional and comforting. She didn’t try to put any of her own thoughts into the conversation, but just listened and replied in kind.”
– Parent of a Child who received Children’s Crisis Response Team Services

Inspiring Hope

Autism Benefit Program Shows Remarkable Growth

For children with an Autism Spectrum disorder, Applied Behavioral Analysis (ABA) services can make all the difference. At Network180, these services are provided through the Michigan Department of Health and Human Services (MDHHS) Autism Benefit. This initiative, started in 2014 for Kent County Residents with Medicaid, was previously only available to individuals under six years old, leaving children ages six and older without therapy during critical developmental phases in life.

Recently, ABA Services have been expanded to qualifying individuals up to age 21. While this increase provides a chance for more individuals to receive this life-changing service, the change also sparked an increased demand for ABA services by over 800%. Network180 has worked diligently to respond to these rapidly increasing needs. 605 individuals in Kent County are currently approved for ABA services through the Medicaid Autism Benefit, and 450 of those individuals are currently being served in ABA therapy. That’s nearly 75% of the eligible population. This caliber of services would not be possible without the community providers who complete the diagnostic testing and ABA therapy: Autism Centers of Michigan, Braintrust, Center for Autism and Related Disorder, Centria, Developmental Enhancement, Hope Discovery, Hope Network Center for Autism, MOKA, Positive Behavioral Supports, Special Education and Behavioral Connections and Wedgwood Autism Center for Child Development.

For our clients, this increased availability of service has made all the difference.

“Our technician treats my child with passion, as if he was my child’s older brother,” explains the parent of an individual in ABA therapy. “Because of this, my child’s communication has soared—his progress is beyond what I expected.”

I love my Children’s Crisis Response Team Clinician,” remarks a young individual helped by the service. “I appreciate that she actually took the time to get to know me.”

In 2017 alone, the team responded to 784 crisis calls, most of them having to do with suicide threats. With support from the team, all clients and each member of staff maintained their safety while inpatient hospitalization costs dropped.

“If you know someone in need of Children’s Crisis Response Team Clinician Care, contact: 616-333-1000.

“I feel that our clinician was very professional and comforting. She didn’t try to put any of her own thoughts into the conversation, but just listened and replied in kind.”
– Parent of a Child who received Children’s Crisis Response Team Services
Encouraging Recovery

Care Management Team Improves Experience, Decreases Costs

For many, the last thing on their minds during a trip to the emergency room (ER) is the cost. However, in the United States, one of those trips costs an average of over $1,900. Just a single visit can be costly, but multiple trips can become unfathomable. And when individuals with chronic mental/behavioral health illness do not get the treatment they need, sometimes multiple ER each year visits becomes an inevitable reality.

At Network180, we believe that there’s a much better way. That’s why we work through our Care Management Program (CMP) to reduce per-capita costs while increasing population health and overall patient experience of care.

The CMP is a peer-led, gold-standard initiative that began in 2014 in collaboration with Priority Health. The Network180 team is comprised of a clinical supervisor and three Care Management Support Specialists—each of whom have overcome similar health experiences—who coordinate access to healthcare providers for patients. In addition, Priority Health contributes a behavioral health care manager and nurse care manager to this effort. This team works to help guide shared patients of Priority Health and Network180 through the healthcare systems, and to provide support while patients work to obtain consistent care.

And the results speak for themselves. A 2016 evaluation indicated that among the 803 participants, total costs were reduced by 73% during program enrollment. After program completion, data showed that participants had a significant decrease in ER visits from 18, down to an average of only 2 visits.

And it’s not just the enrollees that are being transformed by the program. CMP Support Specialist Amy Musselman says that this program has enabled her to transition from former patient, to patient advocate.

“As certified recovery coaches, and peer support specialists, we like meeting people where they’re at,” said Musselman. “We share a unique perspective of how our community’s services are received having been recipients of those services ourselves. This is what inspires me to come to work every day.”

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<th>Time Since Discharge</th>
<th>Average Reduction in Costs</th>
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<td>0-3 Months</td>
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<tr>
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<td>6-12 Months</td>
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Encouraging Recovery

Red Project Gives Critical Aid to Those At Risk of Overdoses

Across the United States, drug overdoses have become a sweeping epidemic. Unfortunately, Grand Rapids has not been immune to this deadly threat. While drug usage continues to be a problem in our community, thanks to the Grand Rapids Red Project, the threat of overdose deaths has decreased dramatically in recent years.

The Grand Rapids Red Project is a non-profit organization dedicated to improving health, reducing risk, and preventing HIV. Network180 first began funding Red Project in 2013 to train people personally-at-risk of overdose on how to prevent and respond to overdose situations, and to supply them with Naloxone (Narcan®) rescue kits. Network180 was the first organization in the state to vocally and financially support this kind of programming, and now, Kent County is being viewed as a model for other communities across the state. Since this program’s inception, over 700 overdoses have been reversed!

With support from Network180, Red Project has trained almost all law enforcement departments in Kent County on how to respond to opioid overdose situations, and continues to equip these departments with Naloxone/Narcan rescue kits. In 2017 alone, this resulted in over 90 successful overdose reversals by law enforcement—saving lives and improving relationships between law enforcement and those using opioids in the community.

Additionally, Red Project works with the Kent County Sheriff’s Department and the Grand Rapids Police Department to follow-up with individuals who have had an overdose reversed, so that they may offer them access to services through Network180-funded Recovery Coaches.

According to Steve Alsum, executive director of Red Project, the partnership between Red Project and Network180 has made monumental change that is creating momentum throughout Michigan.

“Network180’s support for Red Project has supported innovative life-saving work, and has enabled us to go into the community and provide the tools necessary to save lives,” said Alsum. “They’ve helped make Kent County a model in our state when addressing opioid overdose and subsequent access to treatment, and we have been blessed to have such a supportive partner.”
Like every parent with a special needs child/adult, we have constantly wrestled with the conviction that we can do better—that our daughter Kaci deserves better. After many years of solutions that were not the right fit for Kaci, we finally decided that we were done with the “status quo.” Although we had wanted to make a move for years, learning to navigate “the system” and its bureaucracy had paralyzed us. But doesn’t the whole point of advocacy mean that we’re supposed to move from the place of fear and frustration into a space of determined resolution? To that end, we committed ourselves to the path of Self-Determination for our now-25-year-old daughter, Kaci.

This meant learning an entirely new vocabulary, seeking out and assembling a new army of professionals who are as enthused as we are about giving Kaci a rich and full life experience. A critical resource for us as we moved forward has been our Independent Supports Coordinator (ISC) with Network180. She has provided indescribable assistance, and her entire team has emboldened us, researched for us, wrangled resources, interpreted policy, advocated and equipped us. Having the additional backstop of our Fiscal Intermediary (FI) made the transition to Self-Determination easier and would, in time, become an even greater asset.

Further, we have partnered with the person who has become our Home Manager, and she works tirelessly to flesh out and build process around the vision to make the venture successful.

After a few months of establishing a routine, two things became increasingly evident: our daughter was thriving, and we felt like the next step for us was to extend her independence into Direct Employment. After weeks of careful planning, meetings, and resourcing, our ISC and our FI met with us—and subsequently Kaci’s staff—to complete the transition. Finally, we switched from a staffing agency to Direct Employment. It would be difficult to overstate the positive impact this has had on staff. We are a tightly connected team with shared vision, goals, and accountability.

Here’s the real upshot of this whole journey: Kaci has never been more at peace. She communicates very directly to us that she loves living in her own home. Anecdotally, we’ve had a routine of having her at our house (which we quit calling “home” in order to avoid confusion—it’s “Mom and Dad’s house” now) regularly. A testament to the power of Self-Determination and Direct Employment is the way Kaci now cuts visits to our house short, and insists that we take her “home,” where we lounge together, have dinner, watch movies… and then leave her in the care of a proudly committed staff of extraordinary women.

It’s difficult to define the feeling of gratitude, peace and well-being we have as we drive away from her house. We believe that our daughter will experience a rich and rewarding life, and our conviction that it be in a safe, clean, warm and welcoming home is a huge part of that life. We embrace unapologetically the exciting vision expressed in John 10:10—“I have come that they may have life, and have it more abundantly”—which is embodied in the beautiful sign hanging on the wall which bears the name of Kaci’s adventure: Abundant Home.

By Brent Sundberg, father of Kaci.
Behavioral Health Homes Show Incredible Results

In the past, individuals with serious mental illness and co-occurring substance use disorders have been referred to case management services to help regulate their care. This traditional service model, while created and implemented with great intent, often falls short of what consumers need. Traditional case management usually involves multiple but fragmented health care providers, limited access options for consumers, and a strict level of care eligibility requirement.

In order to do better for the individuals in Kent County, Network180 began piloting a “Behavioral Health Home” (BHH) model of case management in 2012, modeled after the patient-centered medical home model in primary care. The word “home” in the title does not refer to residential care, but rather to the multidisciplinary care team that acts as someone’s “home base” throughout their care journey. The goal of this model is to offer a flexible, accessible, team-based service that emphasizes evidence-based therapy, continuity of care over time, and close coordination with physical health care.

Pilot results were positive and consistent over several years. Individuals served through this model had an inpatient psychiatric hospitalization rate that was 58-63% less than diagnostically comparable individuals served in traditional case management. Similarly, the number of emergency room (ER) visits for behavioral health reasons by BHH consumers was less than 50% of the rate of ER usage of individuals in traditional case management.

In 2016, Network180 applied for, and was awarded, a $100,000 grant from the Michigan Health Endowment Fund to test replication of the BHH model. By October 2017, Network180 was ready to offer its entire case management population this improved model of care, and service providers were ready to jump on board. BHH teams are now operational at Cherry Health, Hope Network, Pine Rest, and Network180. The grant has supported testing the model with new populations, including young and elderly adults, as well as widespread training in evidence-based therapies for BHH staff so that more can have access to this proven model of care.

“I like this model of care. I’m not left hanging. If the therapist is busy, I can talk to the case manager. They all know my story.”

- Individual served by BHH
Thank you to our contracted services providers for all that you do.