



WE ARE CCBHC:



CERTIFIED COMMUNITY
BEHAVIORAL HEALTH CLINIC



PERSONALIZED SERVICES TO BUILD A STRONGER COMMUNITY...

ON BEHALF OF OUR CEO:

Dear Berrien Community,

Riverwood Center is proud to share our Annual Report for 2023 with the Berrien County Community. Riverwood provided over 61,000 direct services to 5,128 separate individuals in our priority populations mandated by the Michigan Mental Health Code. People with Serious Mental Illness, Children with Serious Emotional Disturbances, People with Intellectual and Developmental Disabilities, and People with Substance Abuse Disorders are recipients of these mandated services. The Annual Report provides highlights of Riverwood Board Ends and Quality Metrics for each of the priority populations that we serve. Riverwood is continually reviewing measures and outcomes to attempt to improve services and customer satisfaction. Riverwood is currently looking at the five pillars of healthcare – Patient Centered Care, Safety, Efficiency, Effectiveness and Accessibility to revise the 140 measures that we currently track – many of those quality measures are found in the pages of this report.

Riverwood was surveyed in December of 2023 by the Commission on Accreditation of Rehabilitation Facilities (CARF). CARF is the one of the leading reviewers of Mental Health and Substance Use programs for quality, value and outcomes in the country! The survey awarded Riverwood a Three-Year Accreditation - the highest accreditation available for the clinical programs at Riverwood Center including Outpatient Treatment for Adults and Children, Substance Use Disorder Treatment, Case Management Services, and Assertive Community Treatment. The CARF Survey reviewed over 1500 clinical and administrative standards and found that “Riverwood is providing excellent, comprehensive services to residents of Berrien County, Michigan.” Moreover, the survey stated, “Riverwood is an organization driven by mission.”

Riverwood was awarded a Substance Abuse Mental Health Services Administration (SAMHSA) Expansion Grant to create a Certified Community Behavioral Health Clinic (CCBHC) in 2023. The goal of CCHC’s is to provide a comprehensive array of mental health and substance use services through nine core service requirements with the focus on wellness, recovery, trauma informed care, and physical and behavioral healthcare integration. CCBHC’s are an evidence-based trend for the delivery of behavioral health services at both the state and national levels. Since the beginning of 2023 Riverwood has provided over 600 additional services to people through the CCBHC Grant program! Currently, Riverwood is working with the State of Michigan to become a Demonstration site for the CCBHC program and expand coverage for the people of Berrien County.

Riverwood was voted one of the 20 Best Places to Work in 2023 by Moody on the Market. I am very fortunate to have the privilege to work with such caring mental health professionals that dedicate themselves to providing outstanding care to people. I always tell new employees, at orientation, that the best part of working at Riverwood is the people – both the people we work with but also the consumers we get to serve!

Thanks -
Ric Compton, CEO

OUR COMMITMENTS | MISSION, VISION, VALUES:

Vision: Every person has an exceptional experience, every time

Mission: “We provide personalized effective behavioral health services to build a stronger and healthier community.”

Values: Compassionate, effective care – Ethical behavior
Teamwork – Diversity and inclusion
Healthy workforce

Our Mental Health Priorities:

According to Mental Health Code, our service priorities are as follows---

“Priority shall be given to the provision of services **to individuals with the most severe forms of serious mental illness**, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in **urgent or emergent situations.**”

OUR DIRECTLY OPERATED PROGRAMS:

- Intake and emergency services
- Outpatient: Adults, Children, Families
- Assertive community treatment
- Case Management:
Supports coordination (“SMI” and “IDD”)
- Mental health Juvenile Justice partnerships
- Crisis response
- Psychiatric outpatient
- Home-Based Children’s Services
- Residential treatment, adults
- Wrap-around children’s services
- Purchased services: Inpatient

SERVICES WE PURCHASE THROUGH A PROVIDER NETWORK:

- Residential
- Vocational supports
- Ancillary professionals (OT, PT, Speech)
- Community living supports
- State and private psychiatric inpatient

UNDERSTANDING OUR “WHY:”

Board Ends (Outcomes)

End 1: People with intellectual and developmental disabilities will live independent and rewarding lives, to the greatest extent possible.

End 2: Adults with mental illness will live independent and rewarding lives, to the greatest extent possible.

End 3: Opportunities will be created for Children with Serious Emotional Disturbances (SED) to enjoy a rewarding childhood, to the greatest extent possible.

End 4: People with Substance Use Disorders will live rewarding lives, free of substance abuse, and maintain stable, productive, socially connected lives.

End 5: The community will be educated on the nature of mental illness and the means to intervene or prevent it.

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WHO WE SERVE:

Priority Populations:

- Severely Emotional Disturbed children (SED)
- Adults with persistent mental illness
- Adults and children with Intellectual and Developmental Disabilities (IDD)
- Adults and Children with Substance Use Disorders (SUD)

Certified Community Behavioral Health Clinic (CCBHC) Grant Population:

Since the beginning of 2023, Riverwood was able to provide specialized care to almost 300 unique consumers over the first 9 months of our CCBHC grant.

Programs and Services Overview within Our Reporting Period:

- 259,662 encounters
- Roughly 61,100 direct services
- 5,128 unique individuals served

"All Other" Programs and Services Demographics---

Race:	67% White, 25% African American, 8% Other
Gender:	53% Male, 47% Female
Ethnicity:	82% Not Hispanic/Latino, 6% Hispanic/Latino, 12% Unknown
Age:	26% 0-17, 72% 18-64, 7% 65 and Older
Employment:	41% Not in Labor Force, 29% Unemployed 17% Employed, Unknown 13%
Living Arrangement:	80% with Family or Alone, 8% in Specialized/Residential Setting, 8% Unknown, 2% Homeless, 1% Other (Jail, Crisis Situation, or Institutionalized)

Intellectual and Developmental Disabilities (IDD)-Specific Demographics---

Race:	79% White, 27% African American, 4% Other
Gender:	65% Male, 35% Female
Ethnicity:	90% Not Hispanic/Latino, 6% Hispanic/Latino, 4% Unknown
Age:	52% 0-17, 47% 18-64, 6% 65 and Older
Employment:	83% Not in Labor Force, 10% Unemployed, 7% Employed
Living Arrangement:	80% with Family or Alone, 19% in Specialized/Residential Settings, 1% Other (Jail, Homeless, or Unknown)

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CLINICAL DATA:

END 1: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) – February 2023:

The Michigan Mental Health Code defines the

Intellectual and Developmental Disabilities (IDD) Priority Population as:

A severe, chronic condition that meets all the following requirements -

If applied to an individual older than 5 years, a severe,

chronic condition that meets ALL the following requirements:

- (i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- (ii) Is manifested before the individual is 22 years old.
- (iii) Likely to continue indefinitely.
- (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - (A) Self-care.
 - (B) Receptive and expressive language.
 - (C) Learning.
 - (D) Mobility.
 - (E) Self-direction.
 - (F) Capacity for independent living.
 - (G) Economic self-sufficiency.
- (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Consumers Served: The tables below show the ages of consumers served by BMHA's Intellectual and Developmental Disabilities (IDD) Teams during fiscal year 2022 and comparative Berrien County U. S. Census estimate.

Table 1 – Age Groups:

	FY21	FY22
0-20	400 (54%)	383 (49%)
21-64	313 (42%)	369 (47%)
65+	55 (7%)	56 (7%)

Note: Sum of consumers does not equal total distinct consumer served because some consumers changed age groups during the fiscal year.

Consumers Served: The tables below show the gender of consumers served by Intellectual and Developmental Disabilities (IDD) Teams during fiscal year 2022 and comparative Berrien County U. S. Census data.

Table 2 – Gender:

	FY21	FY22	2021 Berrien Co. Data
Female	265 (36%)	271 (34%)	79,163 (52%)
Male	480 (64%)	515 (66%)	74,238 (48%)

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Consumers Served: The table below shows the ethnicity of consumers served by BMHA’s Intellectual and Developmental Disabilities (IDD) Teams during fiscal year 2022, comparative Berrien County U. S. Census data.

Table 3 – Race:

	FY21	FY22	2021 Berrien Co. Census
Black / African American	187 (25%)	208 (26%)	21,862 (14.2%)
Other	34 (5%)	36 (5%)	8,649 (5.6%)
White	524 (70%)	542 (69%)	123,805 (80.2%)

Table 4 – Ethnicity:

	FY21	FY22	2021 Berrien Co. Census
Hispanic or Latino	42 (6%)	44 (6%)	9,210 (6%)
Not Hispanic or Latino	665 (89%)	710 (90%)	145,106 (94%)
Unknown	38 (5%)	32 (4%)	--

Consumers Served: The table below shows access outcomes measured through the Michigan Mission Based Performance Indicator System (MMBPIS).

Table 5 – Accessibility:

	FY21	FY22	Goal
Prescreen	98.3%	99.8%	>= 95%
Hospital Follow Up	98.9%	97.5%	>= 95%
Inpatient Recidivism	12.6%	10.2%	<= 15%

Community Integration: The services that support individuals in community integration and inclusion is Community Living Supports (CLS). CLS services are also utilized to support individuals by teaching a variety of daily living skills in their own home, licensed homes, and supported living settings.

Table 6 – Consumers Served by Service Type: Community Integration/Inclusion Outcomes:

	FY21	FY22
Autism	140	137
CLS	232	249
Employment	43	30
Respite	58	55
SIH	105	102
Specialized Residential	93	97

(Source: PCE Standard Reports, Claims Detail, Adjusted)

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Employment Outcomes: The following table represents data from Behavioral Health Treatment Episode Data Set (BH-TEDS), which is completed annually for each consumer.

Table 7 – Percentage of Adults with Intellectual and Developmental Disabilities (IDD) who are Employed:

	FY21	FY22
Full Time or Part Time	65 (9%)	49 (6%)
Not in Labor Force	597 (80%)	658 (84%)
Unemployed	80 (11%)	78 (10%)
Unknown	3 (<1%)	1 (<1%)

(Source: Behavioral Health Treatment Episode Data Set (BH-TEDS), completed annually per consumer)

Table 8 – Living Arrangement/Housing Outcomes:

	FY21	FY22
Homeless	1 (<1%)	--
Independent/Family	547 (73%)	596 (76%)
Institutionalized/Jail/Crisis Residential	3 (<1%)	3 (<1%)
Specialized/Residential	191 (26%)	186 (24%)
Unknown	3 (<1%)	1 (<1%)

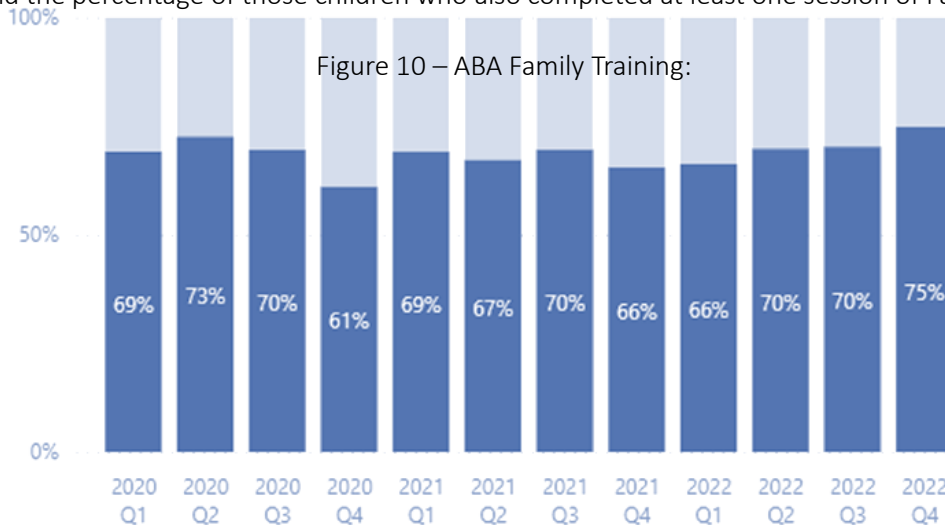
(Source: Behavioral Health Treatment Episode Data Set (BH-TEDS), completed annually per consumer)

Table 9:

	FY21	FY22	MI NCI 2019*
Natural	73%	76%	58%
Licensed	27%	24%	41%
Unknown	--	<1%	1%

(Sources: Michigan National Core Indicator Survey Results FY19 and Behavioral Health Treatment Episode Data Set (BH-TEDS), completed annually per consumer).

Training Engagement: The following table represents the percent of children who received ABA each quarter and the percentage of those children who also completed at least one session of Family Training.



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END 2: ADULTS WITH MENTAL ILLNESS [2022 Data Set]:

Measurement of progress towards meeting this End will include the following:

1. Employment in an integrated employment setting.
2. Housing in the most independent setting possible.
3. Improved self-reported quality of life during the course of treatment.
4. Coordinated care between behavioral and physical healthcare services.

Consumers Served: The table below shows the gender of consumers served by BMHA’s Mentally Ill (MI) Teams during fiscal years 2022-2023 and comparative Berrien County U. S. Census data for 2021

Consumers with Mental Illness:

Gender of MI Consumers	Consumers 2022, MI	% of MI Population 2022	Consumers 2023, MI	% of MI Population 2023	Berrien Census 2021	% of Berrien Population
Female	1813	55%	1753	54%	78238	51%
Male	1490	45%	1505	46%	76077	49%
Total	3303		3258		154316	

Consumers Served: The table below shows the gender of consumers served by BMHA’s Serious Mentally Ill (SMI) Teams during fiscal years 2022-2023 and comparative Berrien County U. S. Census data for 2021.

Gender of “SMI” Consumers	Consumers 2022, SMI	% of SMI Population 2022	Consumers 2023, SMI	% of SMI Population 2023
Female	117	40%	138	39%
Male	178	60%	220	61%
Total	295		358	

Includes Assertive Community Treatment and SMI Cases only; *ACT, SMI services included for this year’s report.

Consumers Served: The tables below show the Race and Ethnicity of consumers served by BMHA’s Mentally Ill (MI) Teams during fiscal year 2021-2023.

Race	2021	2022	2023
Black or African American	23%	23%	22%
White	71%	70%	70%
Other	6%	7%	8%

Ethnicity	2021	2022	2023
Not Hispanic or Latino	82%	81%	82%
Hispanic or Latino	4%	5%	6%
Unknown	14%	14%	14%

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Consumers Served: The table below shows the ethnicity of consumers served by BMHA’s Serious Mental Illness (SMI)* Teams during fiscal year 2021-2023

Race	2021	2022	2023
Black or African American	37%	36%	36%
White	59%	61%	61%
Other	4%	3%	3%

Ethnicity	2021	2022	2023
Not Hispanic or Latino	94%	94%	95%
Hispanic or Latino	4%	4%	4%
Unknown	2%	2%	1%

*ACT, SMI services are included for this year’s report.
Population demographics are stable without significant variation.

Accessibility: Consumers receive care at or above industry access standards. Activities support public awareness of services.

Objective Domain	Objective	Indicator	Outcome
Access	Time taken to disposition of prescreen	95% of adults receiving a pre-admission screening for psychiatric inpatient care will have the disposition completed within three hours. (MDHHS, SWMBH, CARF)	Met 2016: 99.00% Met 2017: 99.35% Met 2018: 99.40% Met 2019: 98.48% Met 2020: 99.13% Met 2021: 98.31% Met 2022: 99.75%
Access	Time taken to first assessment	95% of new persons will receive a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services. (MDHHS, SWMBH, CARF)	Met 2016: 98.29% Met 2017: 98.30% Met 2018: 98.90% Met 2019: 99.11% 21-22 (COVID = N/A) 2022: 97.78%*
Access	Time taken to first service FY22-23 In process*	95% of new persons starting any needed ongoing service will begin those services with 14 days of a non-emergent assessment with a professional. (MDHHS, SWMBH, CARF)	Met 2016: 95.10% Met 2017: 95.70% Met 2018: 98.42% Met 2019: 95.23% 21-22 (COVID = N/A) 2022: 68.86%*
Access	Hospital Discharge Follow Up	95% of individuals discharged from a psychiatric inpatient unit are seen for follow-up care within seven days. (MDHHS:MI Department of Health and Human Services) (SWMBH: SW MI Behavioral Health) (CARF: Commission on Accreditation of Rehab Facilities)	Met 2016: 95.50% Met 2017: 97.86% Met 2018: 97.80% Met 2019: 98.36% Met 2020: 97.17% Met 2021: 98.86% Met 2022: 97.57%

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Effectiveness: Consumers experience improvement in their quality of life and functionality with focus on maximizing recovery, self-sufficiency, and family preservation.

Objective Domain	Objective	Indicator	Target Goal Expectancy	Outcome
Effectiveness	Hospital Readmissions	The % of adults with MI readmitted to an inpatient psychiatric unit within 30 days of discharge will not be greater than 15%. (MDHHS, SWMBH, CARF)	<= 15%	Met 2016: 12.50% Met 2017: 13.79% Met 2018: 11.73% Met 2019: 12.88% Not Met 2020: 15.52% Met 2021: 12.60% Met 2022: 10.84%
Effectiveness	Employment See Supported Employment data*	The % of adults with MI who are in competitive employment will be at or above the statewide average. (MDHHS)	7% (statewide average)	Met 2016: 16.10% Met 2017: 8.60% Met 2018: 19.5% Met 2019: 14.10% Met 2020: 11.67% Met 2021: 16% Met 2022: 19%
Effectiveness	Employment Wages	The % of adults with MI who are employed earn minimum wage or more. (MDHHS)	100%	100%
Effectiveness	Living Arrangement	The % of adults with MI who live in a private residence, alone, or with spouse. (MDHHS)	MI: 80% SMI: 60%	2016 MI: 89.90% 2016 SMI: 61.10% 2017 MI: 76.27% 2017 SMI: 48.32% 2018 MI: 87.20% 2018 SMI: 46.80% 2019 MI: 78.77% 2019 SMI: 40.42% 2020 MI: 85.43% 2020 SMI: 60.66% 2021 MI: 83% 2021 SMI: 54% 2022 MI: 78% 2022 SMI: 56%
Effectiveness	Coordination of Care Comorbid - ex: diabetes or hypertension*	The number of individuals with a severe mental illness and a comorbid health condition will increase their utilization of disease/self-management tools substantially each year.	90%	Percent of SMI cases had coordination of care with Primary Care Physicians: 2018- 91% 2019- 93.59% 2020- 87.2% 2021- 94.1% 2022 - 95%

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Assertive Community Treatment Outcomes (ACT) FY22

FY	FQ	Consumers	Services	% Not Inpatient	% Not Incarcerated	% Employed or SE	% Res Ind
2021	Total	76	3345	80%	96%	20%	89%
	Q1	48	835	92%	100%	13%	85%
	Q2	47	804	89%	100%	13%	81%
	Q3	44	823	89%	98%	14%	86%
	Q4	50	883	90%	96%	16%	86%
2022	Total	84	3338	80%	96%	24%	82%
	Q1	50	868	88%	96%	16%	76%
	Q2	49	911	86%	98%	24%	84%
	Q3	50	845	92%	98%	24%	86%
	Q4	52	714	90%	100%	15%	81%

Supported Employment Data FY 22

*=Not Tracked	Quarter:	QTR 1	QTR 2	QTR 3	QTR 4
	Total Number of Consumers on Caseload Receiving Services	39	50	60	46
	Number of Consumers Referred to IPS Services	21	27	40	25
	Number of Consumers Accepted into IPS Services	21	25	40	25
	Number of Consumers Working in Integrated Employment	18	17	20	19
	Number of New Job Starts	2	5	5	9
	Number of Consumers Closed Successfully in Employment	1	4	4	3
	Number of Placements Closed Successfully in Employment	1	4	4	3
	Number of Consumers Referred to MRS Services through IPS	3	7	5	2
	Number of Consumers Accepted into MRS Services through IPS	3	7	5	2
	Number of Open Consumers Reaching 90 Days of Employment	3	2	3	3
	Number of Open Consumers Reaching 180 Days of Employment	5	0	0	2
	Number of Open Consumers Reaching 365 Days of Employment	1	0	0	0
	Total Hours Worked by Employed Consumers	3931	2835	3735	4267
	Average Hourly Wage of Employed Consumers	\$12.13	\$12.41	\$12.24	\$12.61
	Michigan Hourly Minimum Wage	\$9.65	\$9.87	\$9.87	\$9.87
	Number of Consumers Receiving Healthy Michigan	13	11	19	20

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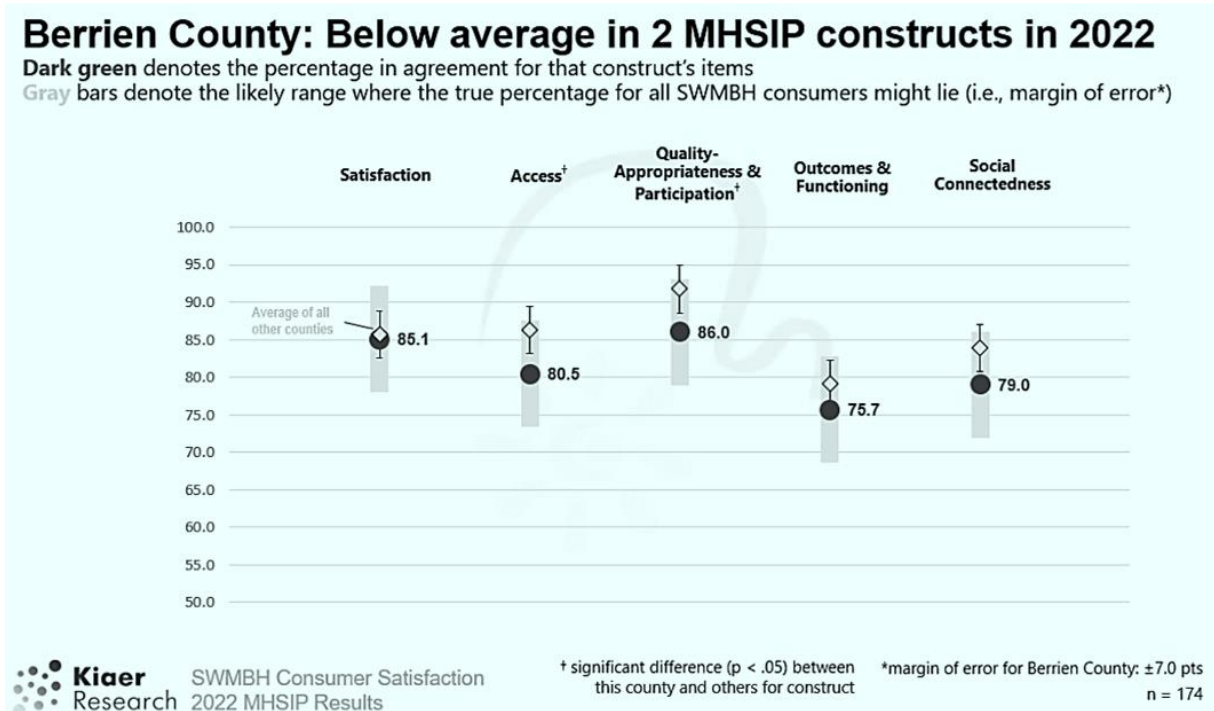
Acceptability: Consumers are satisfied with their health care supports and services. Purchasers, including but not limited to the State of Michigan, judge that performance of Riverwood exceeds expectations.

Objective Domain	Objective	Indicator	Target Goal Expectancy	Outcome
Acceptability	Customer Satisfaction	Customer Satisfaction Surveys collected are at or above the previous results. At or above the Mental Health Statistic Improvement Project (MHSIP) results. Health Services Advisory Group (HSAG), SWMBH, MDHHS, CARF	Re-baselining for FY22 due to survey methodology changes.	See Satisfaction Survey Result*
Acceptability	Rights Complaints	The annual number of substantiated recipient rights complaints per thousand persons served in the categories of Abuse I and II, and Neglect I and II. (MDHHS)	Monitor Trending	2017: 1.8 per 1,000 consumers 2018: 1.9 per 1,000 consumers 2019: 1.7 per 1,000 consumers 2020: 1.8 per 1,000 consumers 2021: 1.2 per 1,000 consumers 2022: 2.8 per 1,000 consumers Data provided by Riverwood's Office of Recipient Rights (ORR)*
Acceptability	Critical Incident Reporting	Critical Incident Reporting will occur within the MDHHS required timeframes. (MDHHS, SWMBH)	95%	2017: Met at 100% 2018: Met at 100% 2019: Met at 100% 2020: Met at 100% 2021: Met at 100% 2022: Met at 100%
Acceptability	Audits	BMHA will meet or exceed expectations during audits.	Met	Audits for MI/SMI services were completed with favorable results*

MHSIP: Mental Health Statistical Improvement Project:

The following table holds the results from the yearly SWMBH Customer Satisfaction Survey.

SWMBH 2023 MHSIP Survey Results: Overall, scores were lower than region average, but within margin of error. This survey was conducted by Kiaer Research.



Single year reported rather than multi-year due to change in interpretation of aggregate positive scores in 2023*

END 3: CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED) [2022 Data Set]:

Progress toward meeting this End will include the following measures:

- 1.Improvement in Level of Functioning as measured by selected scales on the FAS (Functional Assessment Scale).
 - a.SED consumers in aggregate should experience improvement between the average scores for the initial and most recent assessments of at least 20 points on the Functional Assessment Scale (FAS).
 - b.60% of SED consumers will experience improvement on at least one of these 3 key indicators between the initial and the most recent FAS Assessments.
 - c.SED consumers who meet “Pervasive Behavioral Impairment” (PBI) will experience a decrease in impairment.
- 2.Program Outcomes will meet or exceed established norms for evidence-based outcomes as measured by Multi-Systemic Therapy (MST) data, Functional Family Therapy (FFT) data and the Youth Assessment and Screening Instrument (YASI).
 - a.SED consumers in aggregate will experience improvement in Multi-Systemic Therapy outcomes as established by the Multi-Systemic Therapy Institute.
 - b.SED consumers served by the MST and FFT programs will experience reduction of risk for committing criminal acts as measured by the YASI (Youth Assessment and Screening Instrument).

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c. The number of SED consumers served by the MST program experiencing recidivism as measured by the Family Division of the Trial Court.

3. Customer Satisfaction as shown by acceptable scores on the SWMBH Satisfaction Scale and positive responses to queries at Periodic Reviews. (Technically not a treatment outcome but can be helpful to know).

4. Access to Riverwood services: 95% of youth will receive initial service and begin ongoing service within 14 days.

This report focuses on outcomes for children with Serious Emotional Disturbances served by the Authority. Serious Emotional Disturbance Definition: “Serious emotional disturbance” (SED) means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department and that has resulted in functional impairment that substantially interferes with or limits the minor’s role or functioning in family, school, or community activities.

The following tables reflect the demographic make-up of the youth served during the period of 10/01/20 through 9/30/21.

Census data from census.gov*

The number of children with a serious emotional disturbance served during the last fiscal year was:

FY	RWD # Served	Medicaid Members	Berrien Co. 2019 Census Estimates
FY19	688		33,135
FY20	587	19,470	33,135
FY21	615	19,443	33,135

The distinct consumers served by program was:

Provider	Consumers Served	Services Provided
Intake/Emergency	254	372
Psychiatric	430	1854
Northstar	10	37
Outpatient	217	1051
Case Management	41	730
Homebased	83	1206
MST	24	535
FFT	43	504
Wraparound	10	84

*Many consumers were served by more than one provider.

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The gender of children with a serious emotional disturbance served during the fiscal year was:

Gender	RWD # Served FY21	Medicaid Members	Berrien Co. 2019 Census Estimates*
Female	40%	51%	51%
Male	60%	49%	49%

The race of all children with a serious emotional disturbance served last fiscal year is:

Ethnicity	RWD # Served FY21	RWD % of SED Pop.	Medicaid Members	Census % of Total Population*
White	381	62%	61%	79.7%
Black	202	33%	36%	14.8%
Other	32	5%	3%	5.5%

*Extrapolated from total population race data.

Level of Functioning – Measure # 1: Serious Emotional Disturbances (SED) consumers in aggregate should experience improvement between the average scores for the initial and most recent assessments of at least 20 points on the Functional Assessment Scale (FAS).

Table 1 – All Cases

	FY19	FY20	FY21
Average FAS Youth Total Score on Initial Assessment:	92	91	89
Average FAS Youth Total Score on Most Recent Assessment:	74	73	78
Difference Between Average Total Score for Initial and Most Recent Assessments:	18	18	11

Table 2a – FFT Cases (during FFT involvement)

	FY19	FY20	FY21
Average FAS Youth Total Score on Initial Assessment:	93	106	104
Average FAS Youth Total Score on Most Recent Assessment:	75	78	95
Difference Between Average Total Score for Initial and Most Recent Assessments:	18	28	10

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Table 2b MST Cases (During MST involvement)

	FY19	FY20	FY21
Average FAS Youth Total Score on Initial Assessment: 119	110	119	112
Average FAS Youth Total Score on Most Recent Assessment: 79	71	79	75
Difference Between Average Total Score for Initial and Most Recent Assessments: 40	39	40	37

Level of Functioning – Measure # 2: Using the outcome indicators for Meaningful and Reliable Improvement, Number of Severe Impairments and Pervasive Behavioral Impairment, at least 60% of SED consumers will experience improvement on at least one of these 3 indicators between the initial and the most recent FAS Assessments.

Table 3 – All BMHA Children and Youth

	FY19 %	FY20 %	FY21#	FY21%
Improved	58%	49%	134	53%
Not Improved	41%	51%	114	45%
Excluded	1%	>1%	5	2%

Table 4 – FFT Cases (During FFT involvement)

	FY19%	FY20%	FY21#	FY21%
Improved	63%	65%	24	46%
Not Improved	31%	35%	27	52%
Excluded	6%	0%	1	2%

Level of Functioning – Measure # 3: Serious Emotional Disturbances (SED) consumers who meet “Pervasive Behavioral Impairment” (PBI) will experience a decrease in impairment as treatment progresses. (PBI criteria is defined as severely or moderately impaired on three FAS subscales: School, Home and Behavior Towards Others.)

Table 5 – All BMHA Children and Youth (ages 6-18)

	FY19%	FY20%	FY21#	FY21%
Improved	43%	60%	51	64%
Not Improved	57%	40%	29	36%
Excluded (not pervasively impaired at intake)			173	

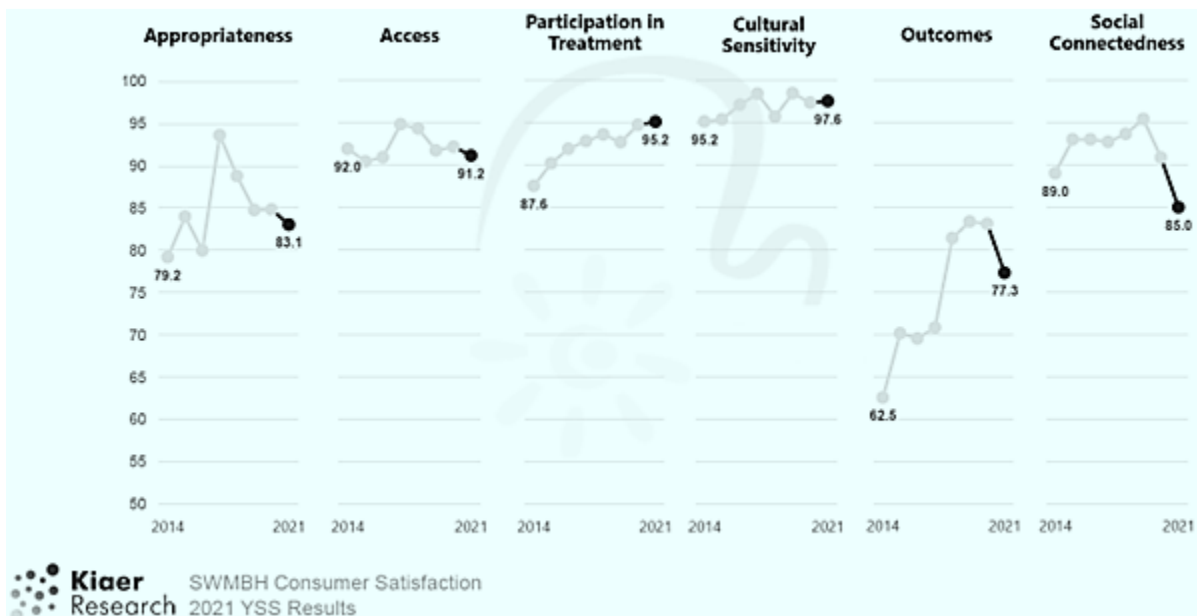
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Table 6 – FFT Cases (during FFT involvement)

	FY19%	FY20%	FY21#	FY21%
Improved	83%	85%	9	53%
Not Improved	17%	15%	8	47%
Excluded (not pervasively impaired at intake)				

Satisfaction – Measure #1: 75% of SED consumers included in the SWMBH Survey should score Riverwood at or above the National Standard.

Table 7*



*2022 response rate was low, causing the county-level results to fall below the margin of error. Results reported were regional. YSS no longer provides national results. SWMBH and Riverwood are working to identify an alternate survey format.

Access: 95% of youth will receive a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.

Table 9

Category	Quarter			
	FY21 1 st QTR	FY21 2 nd QTR	FY21 3 rd QTR	FY21 4 th QTR
Assessment- %	~97.54%*	98.33%	96.77%	~97.54%*

*MDHHS has not established a benchmark for this indicator. Riverwood did not track exceptions for Q1 and Q4, so the measure provided for these quarters had been estimated.

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END 4: SUBSTANCE USE DISORDERS (SUD) [2023 Data Set]:

Measurement of progress toward this End will include:

1. Freedom from drug and alcohol abuse.
2. Resilience and sustained recovery including obtaining/keeping a job or enrolling/staying in school, decreased involvement with criminal justice system.
3. Finding/maintaining safe and stable housing.
4. Improving social connections to others in the community.
5. Increased access to SUD and other physical and mental health services, when appropriate.

The following four tables reflect the demographic make-up of the persons served in FY '21 and FY '22 (10/1/2021 – 9/30/2023), reflecting a 24-month period:
 The average span of treatment occurs within a two-year period.

Consumers Served by Age: Table A below reflects the age groups of individuals who received SUD services.

Table A:

Age	# Served SUD Primary	% of Grand Total
0-17	8	0.9%
18-26	91	10.6%
27-45	479	55.8%
46-64	269	31.3%
65+	30	3.5%
Grand Total	858	

Data Source: Distinct consumer count based on encounter/claim submission data 10/1/2021 to 9/30/2023.
 The Grand total does not equal the sum of rows and percentages do not equal 100% because some consumers changed age groups in the time period.

Consumers Served by Gender:

The table below shows the gender of the individuals who received SUD services.

Gender	# Served SUD Primary	% of Total Served	Census % of Total Population (Berrien County, 2021)
Female	290	34%	50.7%
Male	568	66%	49.3%
Grand Total	858		

Data Source: Distinct consumer count based on encounter/claim submission data 10/1/2021 to 9/30/2023.

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Consumers Served: The table below shows the ethnicity of the individuals who received SUD services.

Race	# Served SUD Primary	% of Total	Census % of Total Population (Berrien County, 2021)
White/Caucasian	592	69%	79.9%
Black / African American	231	27%	14.4%
Other	35	4%	5.7%
Grand Total	858		

Source: Distinct consumer count based on encounter/claim submission data 10/1/2021 to 9/30/2023.

Ethnicity	# Served SUD Primary	% of Total	Census % of Total Population (Berrien County, 2021)
Hispanic or Latino	40	4.7%	6.1%
Not Hispanic or Latino	787	91.7%	74.7%
Unknown/Other	31	3.6%	19.2%
Grand Total	858		

Accessibility: Consumers receive care at or above industry access standards. Activities support public awareness of services.

Objective Domain	Objective	Indicator	Outcome
Access	Time taken to disposition of prescreen	95% of persons receiving a pre-admission screening for psychiatric inpatient care will have the disposition completed within three hours. (MDHHS, SWMBH, CARF; 2-year dataset)	Met: 100% 36/36
Access	Hospital Discharge Follow Up	95% of persons discharged from a psychiatric inpatient unit are seen for follow-up care within seven days. (MDHHS, SWMBH, CARF)	Met: 100% 8/8

* Denominators are now better-focused on SUD consumers than previous years' reports.

Effectiveness: Consumers experience improvement in their quality of life and functionality with focus on maximizing recovery, self-sufficiency and family preservation.

Objective Domain	Objective	Indicator	Target Goal Expectancy	Outcome
Effectiveness	Hospital Readmissions	The % of persons with SUD readmitted to an inpatient psychiatric unit within 30 days of discharge will not be greater than 15%. (MDHHS, SWMBH, CARF)	< 15%	Met: 6% 1/16

* Denominators are now better-focused on SUD consumers than previous years' reports.

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Acceptability: Consumers are satisfied with their health care supports and services. Purchasers, including but not limited to the State of Michigan, reflect that performance of Riverwood exceeds expectations.

Objective Domain	Objective	Indicator	Target Goal Expectancy	Outcome
Acceptability	Customer Satisfaction	Customer Satisfaction Surveys collected are at or above the previous results. At or above the Mental Health Statistic Improvement Project	At or above previous results	The SWMBH SUD survey (RSA-r) Recovery Self-Assessment-revised) results was tabulated and presented to region SUD directors in January of 2023 for the previous year of 2022. Riverwood Center had 6.9% of SUD consumers participate in the 2022 survey. Overall Mean Score was 4.49/5
Acceptability	Rights Complaints	The annual number of substantiated recipient rights complaints per thousand persons served with SUD, in the categories of Abuse I and II, and Neglect I and II. (MDHHS)	At or above previous results	No complaints were received.
Acceptability	Critical Incident Reporting	Critical Incident Reporting will occur within the MDHHS required timeframes. (MDHHS, SWMBH)	95%	Met: 100% of Critical Incident Reporting occurred within timeframes.
Acceptability	Audits	BMHA will meet or exceed expectations during audits.	Met	Audits for SUD services were completed during 2022/22 by the following: MDHHS & SWMBH All MDHHS audits results were favorable by MDHHS. SWMBH audits and corrective action plans were accepted and all corrections have been completed and continue to be monitored.

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Freedom from Drug and Alcohol Abuse: The frequency of use of substances will be lower at discharge than it was at admission.

Table 1a

Frequency of Use	Total	Decreased	Maintained	Increased	% Decreased
No use in the past month	322	-	320	2	-
1-3 times a month	134	13	119	2	10%
1-2 times a week	54	-	54	-	0%
3-6 times per week	36	4	32	-	11%
Daily	167	18	149	-	11%
Total	714*	35	549	4	9%

Data Source: BH-TEDS for admission and discharge from 10/1/2021 to 9/30/2023. All episodes with a discharge in the time period are included. Method change for FY21-22 reporting period to also include data for maintained and increased usage. * Only episodes where frequency of use was reported for both admission and discharge are included.

Findings: 9% of treatment episodes where a consumer reported recent use at admission resulted in decreased use at discharge. Of these episodes which ended successfully (definition below), 21% resulted in decreased use at discharge.

Sustained Recovery - Measure #1:

Consumers' ability to obtain or keep a job will be enhanced as a result of treatment.

Table 2a

Status	Admission	Discharge
Employed, Full Time	157	167
Employed, Part Time	74	81
Not applicable to the person	6	2
Not in Competitive Labor Force	129	129
Unemployed	384	371
Total	750	750

Data Source: BH-TEDS for admission and discharge from 10/1/2021 to 9/30/2023. All episodes with a discharge in the time period are included.

Findings: There was a 3% decrease in unemployed status from admission to discharge for consumers receiving SUD services. Full time employment increased 6% and part time employment increased 9%.

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Sustained Recovery - Measure #2:

The frequency of criminal justice involvement will be lower at discharge than it was at admission.

Table 3a

Total Arrests	Admission	Discharge
0	676	708
1	74	33
2	0	1
Not Collected	0	8
Total	750	750

Data Source: BH-TEDS for admission and discharge from 10/1/2021 to 9/30/2023.
 All episodes with a discharge in the time period are included.

Findings: Reported arrests decreased by 53% from admission to discharge for consumers who received SUD services.

Sustained Recovery - Measure #3: Consumers’ ability to find or maintain safe and stable housing will be enhanced as a result of treatment.

Table 4a

Living Arrangement	Admission	Discharge
Dependent	36	37
Homeless	48	40
Independent	663	671
Jail	3	2
Total	750	750

Data Source: BH-TEDS for admission and discharge from 10/1/2021 to 9/30/2023.
 All episodes with a discharge in the time period are included.

Findings: Reported homelessness decreased by 17%. These consumers transitioned to an independent or a dependent living arrangement.

Service Completion: At least 50% of individuals with a primary diagnosis of a substance use disorder will successfully complete service which includes transferring to another treatment service.

Table 7

Client Disposition	Count	%
Left against staff advice (Dropped Out)	435	58%
Transfer/Continuing Treatment	77	10%
Completed Treatment	101	13%
Incarcerated or Released by/to Courts	32	4%
Death	5	< 1%
Terminated by Facility	52	7%
Other	48	6%
Total	750	

Data Source: BH-TEDS for admission and discharge from 10/1/2021 to 9/30/2023.
 All episodes with a discharge in the time period are included.