

Goal: MSHN will meet or exceed the MMBPIS standards for Access (Indicators 1, 2, 3, and 4) and Outcomes (Indicator 10).

Objectives:

- Complete quarterly performance summaries to monitor performance and review progress (including barriers, improvement efforts, recommendations, and status of recommendation).
- Complete a Fishbone Diagram to identify barriers and assist in development of improvement strategies in collaboration with committees.

Summary:

The most recently finalized [MMBPIS PIHP Final Report FY23Q4](#) indicates that MSHN demonstrated performance above the State of Michigan for seven of the twelve indicators. While not meeting the standard for access (Indicator 2) and engagement (Indicator 3) MSHN ranks 4th in the state for the combined total of MI and IDD populations, and for individuals with a SUD.

MSHN and its CMHSP partners continue to provide timely screening and treatment for emergent needs of individuals served as indicated by meeting or exceeded performance standards for access and outcomes for adults (Figure 1). The rate of children who received a follow up service post psychiatric discharge did not meet the standard for a follow up service within 7 days (Indicator 4). Additionally, the rate of psychiatric readmissions demonstrated an increase (Indicator 10).

MSHN did not meet the access standard for children who experience a severe emotional disturbance and an intellectual developmental disability (Indicator 2). However, children new to services did show a higher rate of engagement than adults who are new to services (Indicator 3).

The standards and performance rates are indicated in the data analysis. Based on data available the leading causes for Indicator 2 and 3 “Out of Compliance” continue to be “Consumer No-showed/Canceled”, and “No Appointments Available”. Indicator 4 and Indicator 10 allow for “exceptions” which are excluded from the performance rate. The largest percentage of those exclusions are due to choosing not to pursue treatment/no shows or cancelations. The interventions identified for FY22 and FY23 had little impact and will be evaluated for changes. Michigan is addressing the workforce shortage; however, this may not have an immediate effect on the current workforce. Potential changes include but are not limited to the Social Work Licensure Modernization Act, which removes the examination requirements and restructures the licensing program. Effective January 1, 2024 Marriage and Family therapist (MFT) and Mental Health Counselors

Best practices will be shared in May by those CMHSPs who are exceeding the standard. Quality improvement strategies should be reviewed/developed for the following based on MSHN cumulative performance:

Indicator 2: Child-MI and IDD

Indicator 3: Child-MI and IDD, Adult -MI

Indicator 4: Children

[MDHHS MMBPIS Final Reports](#)

[MSHN MMBPIS PIHP Dashboard](#)

Data Analysis:

Figure 1. MSHN Longitudinal Quarterly Performance

	Population	Standard	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1
Indicator 1: Percentage who received a Prescreen within 3 hours of request. (95% Standard)	Children	≥95%	99.32%	98.23%	97.69%	98.83%	98.58%
	Adults	≥95%	99.42%	99.25%	99.70%	99.79%	99.67%
Indicator 2: Percentage of new persons who have completed Bio-psychosocial Assessment within 14 Days. (Cumulative 62.30% Standard)	MI Child	>62.0%	59.14%	57.13%	61.13%	62.22%	60.43%
	MI Adults	>62.0%	62.95%	58.27%	63.84%	65.97%	64.31%
	DD Child	>62.0%	49.21%	40.98%	42.74%	45.21%	43.51%
	DD Adult	>62.0%	57.29%	49.18%	71.91%	51.69%	67.83%
	Total	>62.0%	60.81%	56.75%	61.94%	63.36%	61.79%
Indicator 2e: Percentage of new persons receiving a face to face service for treatment or supports within 14 calendar days of a non-emergency request for service. (Cumulative 75.50% Standard)	SUD	>75.3%	72.68%	75.25	72.75%	73.31%	*
Indicator 3: Percentage of new persons who had a medically necessary service within 14 days. (Cumulative 72.9% Standard)	MI Child	>72.9%	56.86%	61.01%	56.82%	60.61%	58.28%
	MI Adults	>72.9%	59.47%	62.85%	63.68%	62.69%	58.09%
	DD Child	>72.9%	77.16%	81.42%	81.85%	82.12%	76.05%
	DD Adult	>72.9%	61.90%	61.62%	65.91%	60.82%	65.74%
	Total	>72.9%	59.53%	63.50%	63.09%	63.68%	59.72%
Indicator 4: Percentage who had a Follow-Up within 7 Days of Discharge from a Psychiatric Unit/SUD Detox Unit (Quarterly 95% Standard)	Children	≥95%	97.25%	96.06%	98.74%	99.10%	94.67%
	Adults	≥95%	95.60%	96.81%	97.35%	93.29%	95.20%
	MSHN SUD	≥95%	97.83%	97.78%	98.01%	96.20%	95.02%
Indicator 10: Percentage who had a Re-admission to Psychiatric Unit within 30 Days (≤15% Standard)	Children	≤15%	8.75%	9.19%	9.52%	7.41%	9.36%
	Adults	≤15%	13.01%	12.70%	12.33%	11.40%	10.73%

*Calculated by MDHHS. Current Data Not Available.

Figure 4. MSHN Network Provider Exception Rates

	Indicator 4					Indicator 10				
	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1
BABH	36.42%	19%	29.37%	43.93%	39.13%	0.65%	0.00%	1.38%	0.00%	0.00%
CEI	45.88%	0%	30.85%	44.16%	40.38%	33.74%	28.81%	21.16%	29.95%	29.28%
CMHCM	25.24%	12%	25.56%	21.09%	18.92%	0.00%	0.00%	0.00%	0.00%	0.00%
GIHN	16.13%	0%	4.55%	17.50%	10.81%	0.00%	0.00%	0.00%	0.00%	0.00%
HBH	44.00%	0%	25.93%	32.00%	29.63%	0.00%	0.00%	0.00%	0.00%	0.00%
The Right Door	15.38%	0%	23.26%	19.35%	11.43%	0.00%	0.00%	0.00%	0.00%	0.00%
Lifeways	36.57%	31%	42.79%	44.57%	39.35%	2.86%	0.00%	1.30%	4.25%	5.09%
MCN	21.05%	0%	20.00%	27.27%	34.88%	0.00%	0.00%	6.98%	0.00%	15.69%
Newaygo	26.67%	**	20.00%	24.14%	12.50%	0.00%	**	0.00%	0.00%	0.00%
Saginaw	33.85%	0%	43.24%	44.44%	31.33%	0.66%	0.00%	0.51%	0.00%	0.00%
SHW	32.14%	32%	34.38%	32.35%	38.10%	0.00%	0.00%	0.00%	0.00%	0.00%
TBHS	12.50%	100%	32.14%	46.34%	51.85%	0.00%	0.00%	0.00%	0.00%	20.51%
MSHN	34.02%	20.63%	34.76%	38.58%	33.06%	10.65%	8.42%	6.91%	9.42%	10.93
4b MSHN-SUD	45.07%	39.51%	41.91%	40.45%	39.13%	**No eligible records				

Figure 5. Causal Factors for Out of Compliance/Exception

	Indicator 2		Indicator 3		Indicator 4a		Indicator 4b	
	FY23 Rate	FY24Q1 Rate	FY23 Rate	FY24Q1 Rate	FY23 Rate	FY24Q1 Rate	FY23 Rate	FY24Q1 Rate
Out-of-Compliance/Exception	6996	1720	5160	1431	1510	398	588	356
Blank	26%	13.5%	37.8%	28.1%	4.6%	6.28%	0%	0%
Consumer No showed/Canceled appointment	19.4%	27.2%	22.8%	28.7%	62.6%	57.28%	7.8%	5.16%
Consumer chose not to pursue services	2.6%	4.0%	2.2%	3.3%	11.2%	10.3%	40.5%	45.16%
Consumer chose not to use CMHSP/PIHP services, chose provider outside of network	.5%	0.3%	.3%	0.3%	12.5%	0%	23.3%	30.97%
Consumer refused an appointment offered or requested an appointment outside of the required timeframe.	16.3%	24.3%	10.1%	13.4%	1.1%	.75%	21.6%	14.84%
Consumer rescheduled the appointment	7.4%	10.3%	5.6%	5.5%	4.4%	4.0%	1.0%	3.87%
No appointment available within 14 days with any staff	20.6%	14.2%	9.2%	17.1%	.3%	.5%	0%	0%
Staff cancel/reschedule	.7%	1.0%	1.6%	1.6%	.7%	1.5%	0%	0%
Unable to complete Biopsychosocial as a result of an emergent service need	.1%	0.3%	.1%	0.2%	.8%	0%	0%	0%
Assessment determined not eligible	0%	0.2%	1.0%	0.3%	0%	0%	0%	0%
Consumer unable to be reached	.04%	4.4%	.6%	1.3%	0%	.75%	0%	0%
Other-	5.8%		9.0%	0.1%	1.8%	0%	.9%	0%

Follow Up to Data Analysis:

Indicator	Barrier/Causal Factors	Interventions	Start Date	Who
2/3	Scheduled outside of the required timeframes -No appointments available within required timeframe	Consumer are provided services through mobile response stabilization services until scheduled appointment.	FY23	SCCMHA
		Rebuild Workforce and increase staffing levels.		SCCMHA
		Utilize additional staff to ensure seen within 14 days.		GIHN
		Contracting with an outside agency.		SHW
		Postings, outreach to colleges, interns Recruitment-billboards, commercials, job fairs.		CEI
		Paying for Masters-additional education.		CEI
		Business cards with QR codes.		NCMH
		Incentives for staff referrals		The Right Door
2/3	Scheduled outside of the required timeframes -Process not followed	Education / Training staff.	FY23	BABH, Lifeways
		Development of procedure and policy with specific actions and timelines to track post hospital follow ups, and follow up with consumer and provider	FY23	Lifeways
2/3	Consumer No Show/ Canceled	Utilize peers for increased engagement	FY23	HBH
4	Lack of Care Coordination	Develop/improve discharge planning process with internal staff and hospital	FY22	The Right Door HBH, Lifeways
		Training including but not limited to coordination process and ensuring appropriate releases are in place for community treatment	FY22 FY22 FY23	GIHN Lifeways CMHCM
	Staff Cancel	Process developed to ensure supervisors are aware of crisis, hospital discharge appointment to ensure follow up with another clinician in the event of an unexpected staff absence.	FY23	Saginaw
10	Lack of appropriate supervised housing.	Work collaboratively with MDHHS and community treatment providers for coordination, approvals and development	FY23	CMHCM
		Utilize/ develop crisis stabilization units and crisis residential as a step down	FY23	CEI MCN
4/10	Process may not have been followed or be adequate to address the needs of individuals	Review each case for any process variation and develop appropriate action steps	FY23	NMCH
		Training on the access requirements and process. This may include documentation of exceptions etc.	FY23 FY22 FY22 FY23	BABH SCCMHA GIHN SUD Providers

Any Additional Follow Up/Attachments:

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Date:

Attachment 1: Substance use Disorder Withdrawal Management Providers.

	Standard	Performance Rate	Exception Rate	Exception	In-Compliance	Out-of-compliance	Grand Total	Valid Total
#4b SUD - Detox Follow-Up	≥95%	95.02%	43.54%	155	191	10	356	201
Addiction Treatment Services - Detox	≥95%	85.00%	35.48%	11	17	3	31	20
Ascension Eastwood Behavioral Health (SCA Only)	≥95%		100.00%	2			2	0
Bear River Health - Boyne Falls	≥95%	98.75%	28.57%	32	79	1	112	80
DOT Caring Centers - Freeland	≥95%	100.00%	42.42%	14	19		33	19
Flint Odyssey House	≥95%	100.00%	61.54%	16	10		26	10
GLRC New Hope House - Women's	≥95%		100.00%	1			1	0
HealthSource Saginaw	≥95%	86.67%	54.55%	18	13	2	33	15
Henry Ford Allegiance Addiction Recovery Center	≥95%	50.00%	60.00%	9	3	3	15	6
Meridian Health Services - Men's	≥95%	100.00%	60.00%	3	2		5	2
Meridian Health Services - Women's	≥95%		100.00%	1			1	0
Sacred Heart - Richmond	≥95%	80.00%	72.22%	13	4	1	18	5
Salvation Army	≥95%	100.00%	25.00%	2	6		8	6
Sunrise Centre	≥95%	100.00%	80.00%	4	1		5	1
The Recovery Center	≥95%	100.00%	43.94%	29	37		66	37
Grand Total		95.02%	43.54%	155	191	10	356	201

Attachment 2: Indicator 1, 2, 3 Cumulative FY23 Comparison Data to FY24Q1

#1 - Pre-Admission Screening	Standard	FY23	FY24Q1				
		Performance Rate	Performance Rate	In-Compliance	Out-of-compliance	Grand Total	Valid Total
Adult	≥95%	99.55%	99.67%	2401	8	2409	2409
Bay-Arenac	≥95%	100.00%	100.00%	231		231	231
CEI	≥95%	98.61%	99.59%	488	2	490	490
Central MI	≥95%	99.94%	100.00%	398		398	398
Gratiot	≥95%	99.30%	98.97%	96	1	97	97
Huron	≥95%	100.00%	100.00%	55		55	55
Ionia	≥95%	100.00%	97.47%	77	2	79	79
LifeWays	≥95%	99.74%	100.00%	273		273	273
Montcalm	≥95%	99.29%	97.62%	82	2	84	84
Newaygo	≥95%	99.42%	100.00%	31		31	31
Saginaw	≥95%	100.00%	100.00%	539		539	539
Shiawassee	≥95%	100.00%	100.00%	89		89	89
Tuscola	≥95%	96.26%	97.67%	42	1	43	43
Child	≥95%	98.49%	98.58%	902	13	915	915
Bay-Arenac	≥95%	100.00%	100.00%	44		44	44
CEI	≥95%	95.74%	96.72%	295	10	305	305
Central MI	≥95%	100.00%	100.00%	138		138	138
Gratiot	≥95%	100.00%	100.00%	40		40	40
Huron	≥95%	100.00%	100.00%	17		17	17
Ionia	≥95%	97.67%	100.00%	29		29	29
LifeWays	≥95%	99.67%	98.86%	87	1	88	88
Montcalm	≥95%	99.05%	100.00%	21		21	21
Newaygo	≥95%	95.52%	100.00%	21		21	21
Saginaw	≥95%	100.00%	100.00%	142		142	142
Shiawassee	≥95%	100.00%	100.00%	43		43	43
Tuscola	≥95%	98.20%	92.59%	25	2	27	27

#2a - 1st Request Timeliness	>62.00%	60.70%	61.79%	2781	1720	4501	4501
DD / Adult	>62.00%	56.47%	67.83%	78	37	115	115
Bay-Arenac	>62.00%	63.89%	83.33%	5	1	6	6
CEI	>62.00%	34.43%	37.50%	3	5	8	8
Central MI	>62.00%	73.21%	72.22%	13	5	18	18
Gratiot	>62.00%	55.56%	50.00%	1	1	2	2
Huron	>62.00%	100.00%	100.00%	1		1	1
Ionia	>62.00%	75.76%	85.71%	12	2	14	14
LifeWays	>62.00%	49.15%	77.78%	14	4	18	18
Montcalm	>62.00%	71.43%	85.71%	12	2	14	14
Newaygo	>62.00%	54.55%	50.00%	1	1	2	2
Saginaw	>62.00%	33.80%	50.00%	13	13	26	26
Shiawassee	>62.00%	50.00%	0.00%		2	2	2
Tuscola	>62.00%	88.89%	75.00%	3	1	4	4
DD / Child	>62.00%	44.27%	43.51%	114	148	262	262
Bay-Arenac	>62.00%	66.39%	53.13%	17	15	32	32
CEI	>62.00%	11.26%	10.98%	9	73	82	82
Central MI	>62.00%	80.00%	80.77%	21	5	26	26
Gratiot	>62.00%	72.41%	60.00%	3	2	5	5
Huron	>62.00%	91.67%	100.00%	1		1	1
Ionia	>62.00%	60.98%	80.00%	8	2	10	10
LifeWays	>62.00%	41.07%	46.43%	13	15	28	28
Montcalm	>62.00%	78.79%	80.95%	17	4	21	21
Newaygo	>62.00%	66.67%	0.00%		1	1	1
Saginaw	>62.00%	17.39%	57.50%	23	17	40	40
Shiawassee	>62.00%	64.10%	7.14%	1	13	14	14
Tuscola	>62.00%	80.00%	50.00%	1	1	2	2
MI / Adult	>62.00%	62.82%	64.31%	1607	892	2499	2499
Bay-Arenac	>62.00%	55.11%	58.41%	125	89	214	214

CEI	>62.00%	84.16%	82.74%	278	58	336	336
Central MI	>62.00%	73.57%	78.45%	444	122	566	566
Gratiot	>62.00%	69.70%	49.19%	61	63	124	124
Huron	>62.00%	76.42%	69.64%	39	17	56	56
Ionia	>62.00%	68.81%	74.10%	123	43	166	166
LifeWays	>62.00%	50.18%	59.11%	185	128	313	313
Montcalm	>62.00%	73.03%	75.00%	114	38	152	152
Newaygo	>62.00%	55.09%	41.36%	67	95	162	162
Saginaw	>62.00%	26.95%	47.89%	136	148	284	284
Shiawassee	>62.00%	56.60%	17.31%	9	43	52	52
Tuscola	>62.00%	35.39%	35.14%	26	48	74	74
MI / Child	>62.00%	59.81%	60.43%	982	643	1625	1625
Bay-Arenac	>62.00%	63.62%	52.94%	54	48	102	102
CEI	>62.00%	84.77%	82.33%	247	53	300	300
Central MI	>62.00%	65.06%	66.87%	216	107	323	323
Gratiot	>62.00%	65.46%	35.09%	20	37	57	57
Huron	>62.00%	65.45%	86.67%	26	4	30	30
Ionia	>62.00%	58.81%	70.49%	86	36	122	122
LifeWays	>62.00%	44.33%	53.72%	101	87	188	188
Montcalm	>62.00%	72.65%	73.74%	73	26	99	99
Newaygo	>62.00%	56.62%	42.16%	43	59	102	102
Saginaw	>62.00%	23.68%	39.80%	80	121	201	201
Shiawassee	>62.00%	58.82%	15.91%	7	37	44	44
Tuscola	>62.00%	40.33%	50.88%	29	28	57	57
#3 - 1st Service Timeliness	72.90%	62.54%	59.72%	2122	1431	3553	3553
DD / Adult	72.90%	62.50%	65.74%	71	37	108	108
Bay-Arenac	72.90%	83.87%	75.00%	6	2	8	8
CEI	72.90%	46.30%	55.56%	5	4	9	9
Central MI	72.90%	68.09%	83.33%	10	2	12	12

Gratiot	72.90%	88.89%	50.00%	1	1	2	2
Huron	72.90%	20.00%	100.00%	1		1	1
Ionia	72.90%	61.29%	66.67%	8	4	12	12
LifeWays	72.90%	38.33%	31.25%	5	11	16	16
Montcalm	72.90%	93.94%	83.33%	10	2	12	12
Newaygo	72.90%	50.00%	0.00%		1	1	1
Saginaw	72.90%	57.89%	70.00%	21	9	30	30
Shiawassee	72.90%	100.00%	50.00%	1	1	2	2
Tuscola	72.90%	100.00%	100.00%	3		3	3
DD / Child	72.90%	81.09%	76.05%	200	63	263	263
Bay-Arenac	72.90%	85.96%	74.19%	23	8	31	31
CEI	72.90%	95.03%	96.94%	95	3	98	98
Central MI	72.90%	73.26%	68.97%	20	9	29	29
Gratiot	72.90%	96.43%	100.00%	6		6	6
Huron	72.90%	55.56%	100.00%	1		1	1
Ionia	72.90%	70.00%	55.56%	5	4	9	9
LifeWays	72.90%	25.81%	30.00%	6	14	20	20
Montcalm	72.90%	75.56%	61.11%	11	7	18	18
Newaygo	72.90%	0.00%	50.00%	1	1	2	2
Saginaw	72.90%	78.41%	70.27%	26	11	37	37
Shiawassee	72.90%	64.52%	45.45%	5	6	11	11
Tuscola	72.90%	100.00%	100.00%	1		1	1
MI / Adult	72.90%	62.26%	58.09%	1091	787	1878	1878
Bay-Arenac	72.90%	68.52%	62.71%	111	66	177	177
CEI	72.90%	57.78%	50.00%	146	146	292	292
Central MI	72.90%	72.84%	69.21%	272	121	393	393
Gratiot	72.90%	77.44%	81.52%	75	17	92	92
Huron	72.90%	56.38%	40.48%	17	25	42	42
Ionia	72.90%	61.54%	70.54%	91	38	129	129

LifeWays	72.90%	34.10%	19.72%	43	175	218	218
Montcalm	72.90%	67.70%	72.93%	97	36	133	133
Newaygo	72.90%	69.55%	59.43%	63	43	106	106
Saginaw	72.90%	53.53%	48.84%	105	110	215	215
Shiawassee	72.90%	74.21%	64.00%	16	9	25	25
Tuscola	72.90%	82.50%	98.21%	55	1	56	56
MI / Child	72.90%	58.83%	58.28%	760	544	1304	1304
Bay-Arenac	72.90%	62.93%	61.36%	54	34	88	88
CEI	72.90%	58.03%	53.28%	146	128	274	274
Central MI	72.90%	73.13%	71.25%	171	69	240	240
Gratiot	72.90%	68.72%	58.33%	28	20	48	48
Huron	72.90%	52.70%	60.71%	17	11	28	28
Ionia	72.90%	46.83%	67.00%	67	33	100	100
LifeWays	72.90%	25.10%	14.49%	20	118	138	138
Montcalm	72.90%	58.94%	67.90%	55	26	81	81
Newaygo	72.90%	53.66%	57.69%	45	33	78	78
Saginaw	72.90%	67.78%	61.88%	99	61	160	160
Shiawassee	72.90%	73.51%	77.42%	24	7	31	31
Tuscola	72.90%	81.82%	89.47%	34	4	38	38

Attachment 3. Indicator 4, and 10 Cumulative FY23 Comparison Data to FY24Q1

	Standard	Performance Rate FY23	Performance Rate FY24Q1	Exception	In Compliance	Out of Compliance	Grand Total	Valid Total	Exception Rate
#4a - Hospital Discharges F/U	≥95%	96%	95.09%	362	697	36	1095	733	33.06%
Adult	≥95%	96%	95.20%	311	555	28	894	583	34.79%
Bay-Arenac	≥95%	98%	95.08%	47	58	3	108	61	43.52%
CEI	≥95%	99%	99.01%	69	100	1	170	101	40.59%
Central MI	≥95%	99%	96.08%	24	98	4	126	102	19.05%
Gratiot	≥95%	96%	100.00%	4	24		28	24	14.29%
Huron	≥95%	96%	100.00%	6	13		19	13	31.58%
Ionia	≥95%	93%	84.62%	3	22	4	29	26	10.34%
LifeWays	≥95%	88%	89.11%	77	90	11	178	101	43.26%
Montcalm	≥95%	100%	100.00%	14	24		38	24	36.84%
Newaygo	≥95%	97%	93.33%	2	14	1	17	15	11.76%
Saginaw	≥95%	99%	100.00%	42	91		133	91	31.58%
Shiawassee	≥95%	85%	76.47%	13	13	4	30	17	43.33%
Tuscola	≥95%	98%	100.00%	10	8		18	8	55.56%
Child	≥95%	98%	94.67%	51	142	8	201	150	25.37%
Bay-Arenac	≥95%	100%	95.65%	7	22	1	30	23	23.33%
CEI	≥95%	99%	95.65%	15	22	1	38	23	39.47%
Central MI	≥95%	100%	83.33%	4	15	3	22	18	18.18%
Gratiot	≥95%	100%	100.00%		9		9	9	0.00%
Huron	≥95%	100%	100.00%	2	6		8	6	25.00%
Ionia	≥95%	89%	100.00%	1	5		6	5	16.67%
LifeWays	≥95%	98%	93.33%	8	28	2	38	30	21.05%
Montcalm	≥95%	100%	75.00%	1	3	1	5	4	20.00%
Newaygo	≥95%	91%	100.00%	1	6		7	6	14.29%
Saginaw	≥95%	95%	100.00%	5	12		17	12	29.41%
Shiawassee	≥95%	86%	100.00%	3	9		12	9	25.00%
Tuscola	≥95%	100%	100.00%	4	5		9	5	44.44%

	Standard	Performance Rate FY23	Performance Rate FY24Q1	Exception	In Compliance	Out of Compliance	Grand Total	Valid Total	Exception Rate
#4b SUD - Detox Follow-Up	≥95%	97%	95.02%	155	191	10	356	201	43.54%
#10 - Inpatient Recidivism	≤15%	12%	10.49%	145	124	1058	1327	1182	10.93%
Adult	≤15%	12%	10.73%	123	105	874	1102	979	11.16%
Bay-Arenac	≤15%	17%	15.89%		17	90	107	107	0.00%
CEI	≤15%	12%	11.98%	102	29	213	344	242	29.65%
Central MI	≤15%	8%	8.66%		11	116	127	127	0.00%
Gratiot	≤15%	13%	14.29%		4	24	28	28	0.00%
Huron	≤15%	3%	5.26%		1	18	19	19	0.00%
Ionia	≤15%	11%	17.24%		5	24	29	29	0.00%
LifeWays	≤15%	14%	8.28%	9	14	155	178	169	5.06%
Montcalm	≤15%	6%	15.79%	7	6	32	45	38	15.56%
Newaygo	≤15%	4%	17.65%		3	14	17	17	0.00%
Saginaw	≤15%	12%	6.80%		10	137	147	147	0.00%
Shiawassee	≤15%	21%	6.67%		2	28	30	30	0.00%
Tuscola	≤15%	11%	11.54%	5	3	23	31	26	16.13%
Child	≤15%	9%	9.36%	22	19	184	225	203	9.78%
Bay-Arenac	≤15%	9%	13.33%		4	26	30	30	0.00%
CEI	≤15%	11%	11.63%	16	5	38	59	43	27.12%
Central MI	≤15%	5%	4.55%		1	21	22	22	0.00%
Gratiot	≤15%	4%	0.00%			10	10	10	0.00%
Huron	≤15%	4%	0.00%			8	8	8	0.00%
Ionia	≤15%	5%	0.00%			6	6	6	0.00%
LifeWays	≤15%	11%	13.89%	2	5	31	38	36	5.26%
Montcalm	≤15%	0%	0.00%	1		5	6	5	16.67%
Newaygo	≤15%	7%	0.00%			7	7	7	0.00%
Saginaw	≤15%	10%	10.53%		2	17	19	19	0.00%
Shiawassee	≤15%	9%	8.33%		1	11	12	12	0.00%
Tuscola	≤15%	5%	20.00%	3	1	4	8	5	37.50%