



Annual Report 2026

PERSONALIZED SERVICES FOR A STRONGER COMMUNITY



RIVERWOOD CENTER, A DIVISION OF THE BERRIEN MENTAL HEALTH AUTHORITY

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ON BEHALF OF OUR CEO:

Dear Berrien Community,

Riverwood Center works hard to demonstrate the value of the services we provide to those we are so honored to serve.

In health care, value means providing high-quality care in a responsible and cost-effective way. We measure quality by looking at the progress people make. This may include:

- Lower levels of anxiety or depression
- Better housing, employment, or education
- Faster access to services
- Proper follow-up care

We compare these results with the cost of providing care.

The basic formula for our community is:

Quality ÷ Cost = Value

This information supports our Continuous Quality Improvement process, also called CQI. We cannot improve care unless we measure progress over time. For this reason, Riverwood collects and reviews a large amount of data. We use this information to understand what is working and where we need to improve.

The next 16 pages share the results we track for adults with mental illness, children with serious emotional needs, people with intellectual and developmental disabilities, and people with substance use disorders.

Behind every number is a person. Our mission is to provide personalized and effective behavioral health services to everyone we serve.

A familiar story tells of a young girl who found many starfish washed onto a beach. She began placing them back into the ocean one at a time. When someone told her she could not save them all, she replied, "I made a difference for that one."

At Riverwood, we know that each person matters.

Every positive outcome strengthens the individual, their family, and our community.

In 2025 we celebrated Riverwood's 50th anniversary of service and care to the people of Berrien County! I am proud to work with a great team of behavioral health professionals that provided that care!

Thanks,
Ric Compton
CEO - Riverwood Center

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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 | -Crisis Response |
| -Outpatient: Adults, Children, Families | -Psychiatric Outpatient |
| -Assertive Community Treatment | -Home-Based Children’s Services |
| -Case Management: | -Residential Treatment, Adults |
| Supports Coordination (“SMI” and “IDD”) | -Wrap-around Children’s Services |
| -Mental Health Juvenile Justice Partnerships | -Purchased Services: Inpatient |

SERVICES WE PURCHASE THROUGH A PROVIDER NETWORK:

- | | |
|---|--|
| -Residential | -Community Living Supports |
| -Vocational Supports | -State and Private Psychiatric Inpatient |
| -Ancillary Professionals (OT, PT, Speech) | |

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 (SMI)
- Adults and Children with Intellectual and Developmental Disabilities (IDD)
- Adults and Children with Substance Use Disorders (SUD)

Programs and Services Overview within Our Reporting Period:

- 304,046 encounters
- Roughly 71,700 direct services
- 6,119 unique individuals served

Demographics of persons served: age group, sex, gender, race, ethnicity

Race	IDD	SMI	SED	SUD
White	64.5%	70.0%	69.5%	63.9%
Black or African American	29.6%	25.0%	25.5%	28.5%
Unknown	0.3%	0.1%	-	0.2%
Refused to Provide Information	0.1%	0.1%	0.7%	0.1%
Other race	4.3%	3.7%	2.3%	4.9%
Native Hawaiian or other Pacific Islander	0.1%	0.4%	-	0.5%
American Indian (non-Alaskan native)	0.6%	0.4%	0.3%	1.7%
Asian	0.6%	0.5%	1%	0.4%
Alaskan Native (Aleut, Eskimo)	-	-	0.7%	0.1%

Ethnicity	IDD	SMI	SED	SUD
Not of Hispanic or Latino origin	89.8%	92.0%	91.1%	92.1%
Mexican	3.2%	3.7%	4.6%	3.7%
Other Hispanic or Latino	2.0%	2.8%	2.6%	2.5%
Puerto Rican	0.7%	0.6%	-	1.1%
Unknown	2.8%	-	1.4%	0.1%
Cuban	0.1%	0.1%	-	0.1%
Hispanic or Latino - specific origin not specified	1.4%	0.8%	0.3%	0.4%

Sex	IDD	SMI	SED	SUD
Male	64.6%	48.2%	63.2%	68.3%
Female	35.4%	51.8%	36.8%	31.7%

Age	IDD	SMI	SED	SUD
0-17	50.8%	19.1%	94.4%	4.2%
18-34	23.9%	31.5%	5.6%	32.5%
35-64	19.4%	40.9%	-	59.2%
65+	5.9%	8.5%	-	4.1%

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CLINICAL DATA:

END 1: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) – February 2026:

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: 882

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

Table 5 – Accessibility:

	2022	2023	2024	2025	Goal
Prescreen	99.8%	100%	100%	100%	>= 95%
Hospital Follow Up	97.5%	98.1%	100%	96.2%	>= 95%
Inpatient Recidivism	10.2%	0%	7.7%	20.2%	<= 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:

	2022	2023	2024	2025
Autism	137	195	203	258
CLS	249	238	259	285
Employment	30	25	26	28
Respite	55	102	143	158
SIH	102	159	156	155
Specialized Residential	97	197	196	184

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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:

	2022	2023	2024	2025
Full Time or Part Time	9%	11%	12%	12%

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

Table 8 – % of adults living independently or with family:

	2023	2024	2025
Adults Living Independent/Family	57.3%	59.6%	59.0%

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

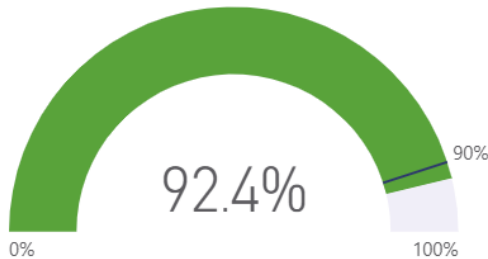
Training Engagement: The following table represents the percent of children who received ABA each quarter and the percentage of those children who also completed at least one session of Family Training.

Figure 10 – ABA Family Training:

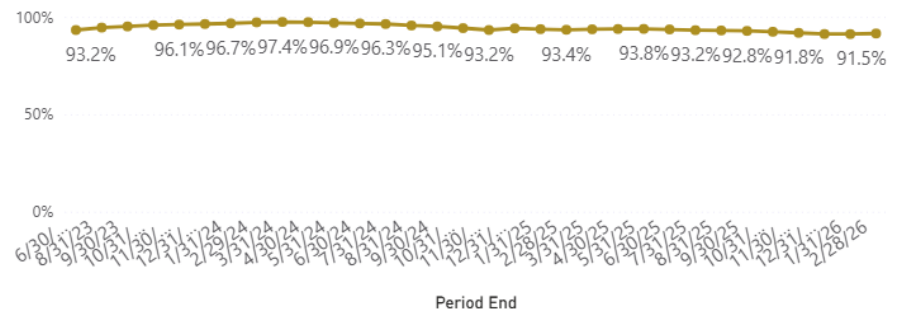
Proportion of the Primary Population

Number of Consumers Included in the Measure	Proportion of Primary Population
358	40.6%

Overall Performance



Performance Over Time



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END 2: ADULTS WITH MENTAL ILLNESS [2025 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: 2,411

Accessibility: Consumers receive care at or above industry access standards.

Activities support public awareness of services.

	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Goal</u>
Time to Prescreen	99.8%	100%	99.8%	99.7%	>= 95%
Time to Assessment	97.8%	94.7%	87.4%	84.4%	>= 73%
Time to first services	68.9%	85.9%	65.0%	82.6%	>= 72%
Hospital Follow Up	97.6%	97.5%	97.0%	95.8%	>= 95%

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

	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>Goal</u>
Inpatient Recidivism	10.8%	11.1%	21.7%	19.6%	<= 15%
In Competitive Employment	19%	30%	31%	30%	Statewide average
Employed Adults Earn Minimum Wage or More	100%	100%	100%	100%	100%
Living Independently/with Family	78%	86%	85%	84%	80%

Assertive Community Treatment Outcomes (ACT) FY25

FY	FQ	% Not Inpatient	% Not Incarcerated	% Employed or SE	% Res Ind
2021	Total	80%	96%	20%	89%
	Q1	92%	100%	13%	85%
	Q2	89%	100%	13%	81%
	Q3	89%	98%	14%	86%
	Q4	90%	96%	16%	86%
2022	Total	80%	96%	24%	82%

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	Q1	88%	96%	16%	76%
	Q2	86%	98%	24%	84%
	Q3	92%	98%	24%	86%
	Q4	90%	100%	15%	81%
2023	Total	77%	90%	21%	84%
	Q1	96%	96%	19%	83%
	Q2	92%	94%	21%	84%
	Q3	82%	98%	16%	79%
	Q4	85%	95%	8%	80%
2024	Total	79%	92%	11%	84%
	Q1	85%	100%	8%	74%
	Q2	94%	97%	8%	80%
	Q3	88%	91%	6%	82%
	Q4	84%	96%	7%	85%
2025	Total	76%	95%	15%	84%
	Q1	91%	97%	12%	83%
	Q2	80%	98%	10%	82%
	Q3	88%	99%	9%	87%
	Q4	91%	97%	11%	83%

Supported Employment Data for 2024:

Number of new job starts	36
Average starting hourly wage	\$15.22

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Period Start Date

3/1/2025

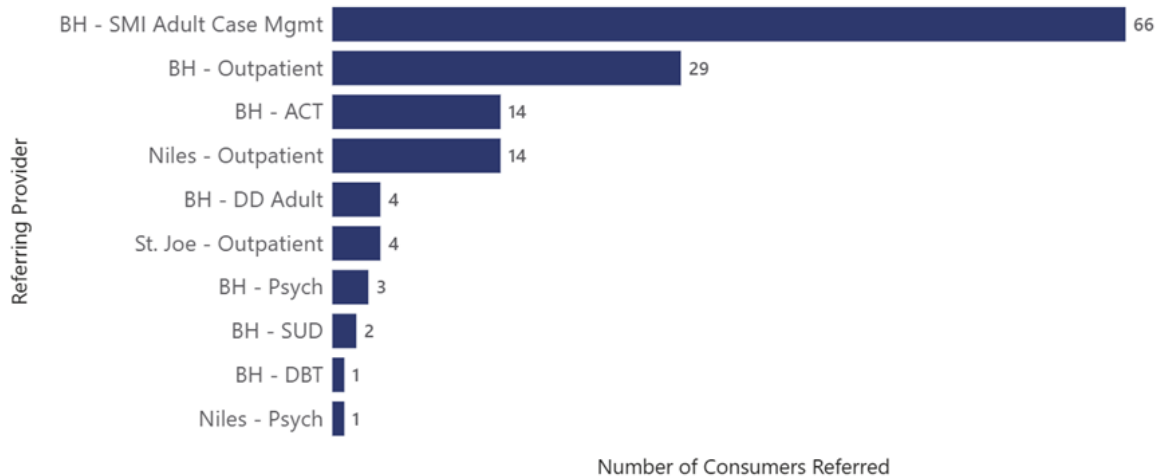
Period End Date

2/28/2026

Primary Population

Serious Mental Illness

Number of referrals to the direct Supported Employment program by referring program



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	Monitor Trending	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 2023: 2.0 per 1,000 consumers 2024: 0 per 1,000 consumers 2025: 0 per 1,000 consumers Data provided by Riverwood's Office of Recipient Rights (ORR)*

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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% 2023: Met at 100% 2024: Met at 100% 2025: 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 2025 MHSIP Survey Results: Overall, scores were comparable to the region average, and improved in several categories over last year.

This survey was conducted by Kiaser Research.

Berrien County: On par with other counties in 2025 MHSIP

Dark green denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all Berrien consumers might lie (i.e., margin of error*)



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SWMBH region focused on the outcomes domain.

END 3: CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES (SED) [2024 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).
 - 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 5/1/2024 through 4/30/2025.

The number of children with a serious emotional disturbance
served during the measurement period was 302.

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The distinct consumers served by program was:

Program	Clients Served
Psychiatric Services	218
Home-Based	123
Intake	102
Outpatient Therapy	89
Functional Family Therapy	40
Emergency Services	29
Multisystemic Therapy	23
Behavioral Health Urgent Care	16
Wraparound	14
Youth Peer Support	11

*Many consumers were served by more than one provider.

Level of Functioning – Measures

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

Table 7* - Youth Services Survey (YSS) Results

Berrien County: Above average in satisfaction, access, outcomes, & social connectedness in 2025

Dark blue denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all the county's consumers might lie (i.e., margin of error*)



Statistically significant difference ($p < .05$) between this county and the others

*margin of error for Berrien County: ± 9.5 pts

n = 107

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Access Measures:

Summary of Means: <i>Timely Response to Consumer Need:</i>		Period Start Date	Period End Date	Primary Population
		5/1/2024	4/30/2025	Serious Emotional Disturbance
Key: ● Performance is at or above goal ↑ Performance is trending better since last period ✓ Performance is similar across sub-populations ◆ Performance is below goal → Performance is consistent since last period ✗ A disparity has been identified between sub-populations ↓ Performance is trending worse since last period				
	Are we on target?	How is our performance trending?	How many consumers are included in the measure?	Is the variation across subgroups acceptable?
% of inpatient preadmission screenings with disposition in 3 hours (MMBPIS Indicator 1)	●	→	64	
% of new consumers receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service (MMBPIS Indicator 2a)	●	↓	99	
% of consumers seen for follow-up within 7-days of inpatient discharge (MMBPIS Indicator 4)	◆	↓	32	
% of new consumers starting service within 14 Days of completing a non-emergent biopsychosocial assessment (MMBPIS Indicator 3)	◆	↑	94	✓

END 4: SUBSTANCE USE DISORDERS (SUD) [2024 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 data reflect the persons served between 8/1/2023 – 7/31/2025, reflecting a 24-month period:
The average span of treatment occurs within a two-year period.

Riverwood served 1,027 distinct consumers in the primary population of SUD in the time period.

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

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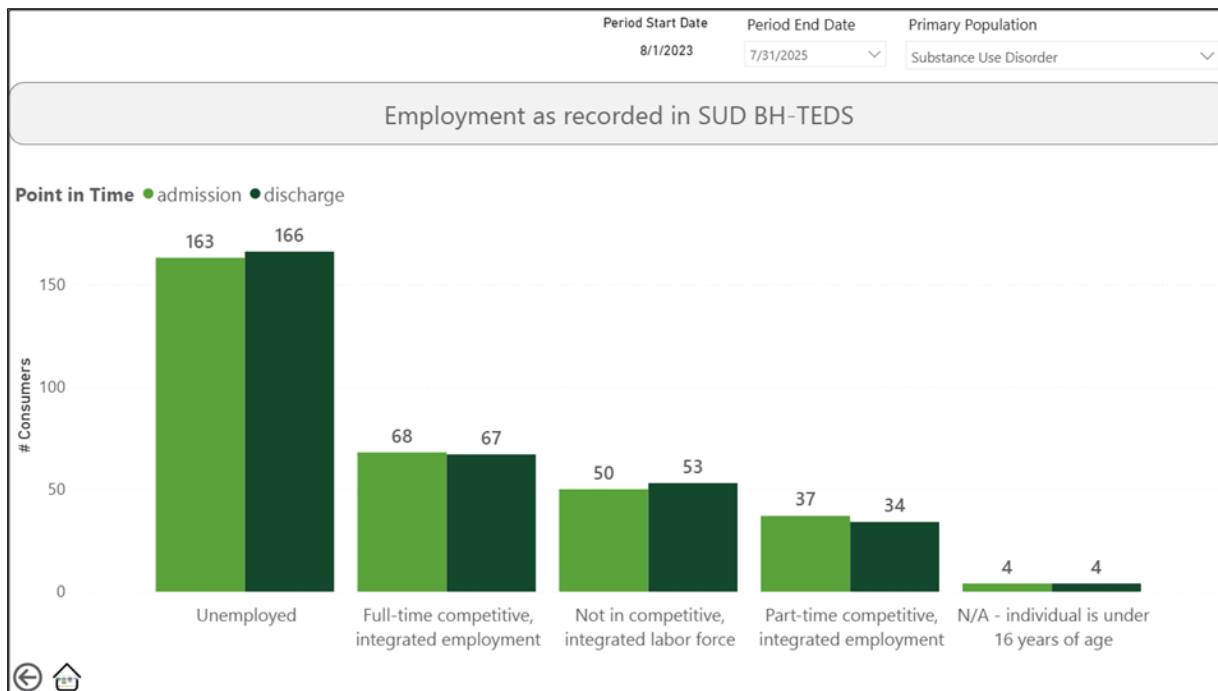
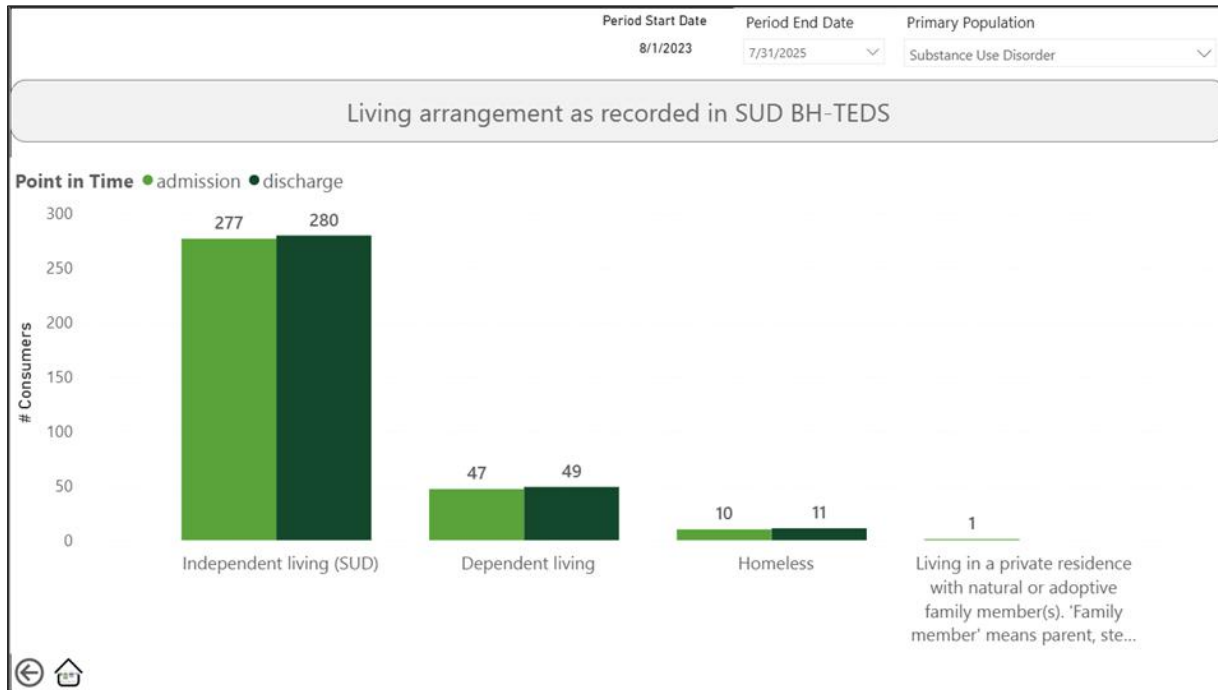
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Summary of Means: <i>Timely Response to Consumer Needs</i>				
		Period Start Date	Period End Date	Primary Population
		8/1/2023	7/31/2025	Substance Use Disorder
Key: ● Performance is at or above goal ⬆ Performance is trending better since last period ⬆ Performance is below goal ➡ Performance is consistent since last period ⬇ Performance is trending worse since last period ✓ Performance is similar across sub-populations ✗ A disparity has been identified between sub-populations				
	Are we on target?	How is our performance trending?	How many consumers are included in the measure?	Is the variation across subgroups acceptable?
% of inpatient preadmission screenings with disposition in 3 hours (MMBPIS Indicator 1)	●	➡	188	
% of new consumers receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service (MMBPIS Indicator 2a)	●	⬇	305	✗
% of consumers seen for follow-up within 7-days of inpatient discharge (MMBPIS Indicator 4)	●	➡	74	
% of new consumers starting service within 14 Days of completing a non-emergent biopsychosocial assessment (MMBPIS Indicator 3)	◆	⬇	261	✓

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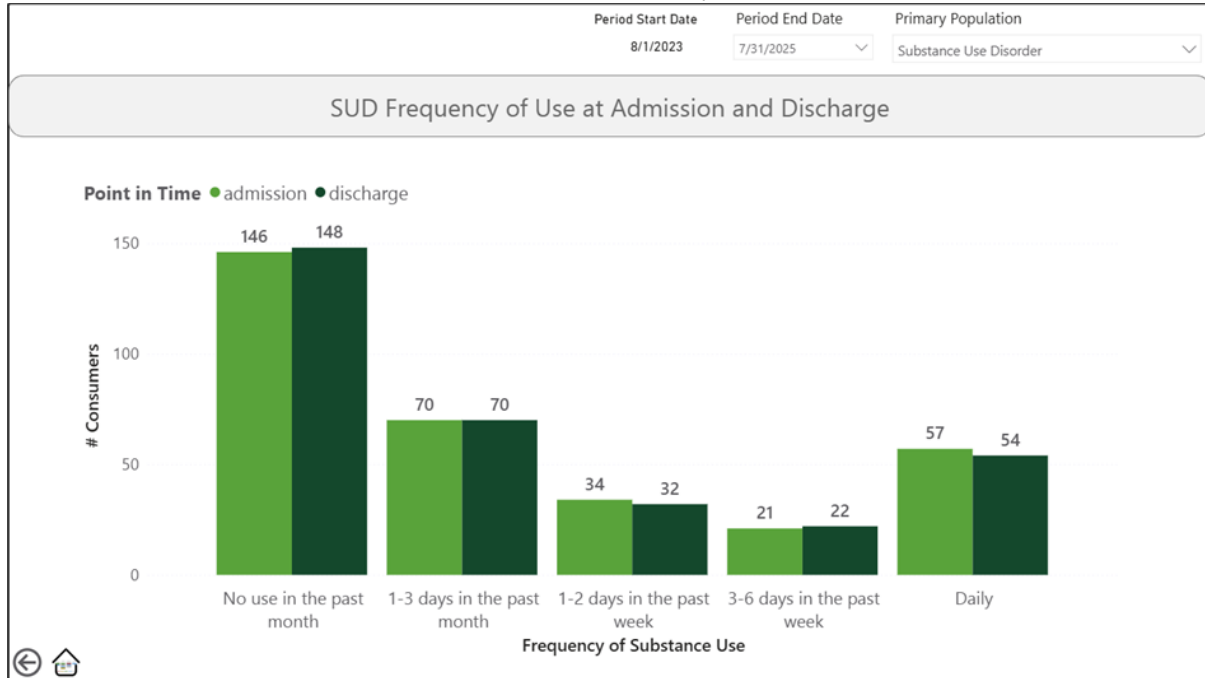
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Effectiveness: Consumers experience improvement in their quality of life and functionality with focus on maximizing recovery, self-sufficiency and family preservation.



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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	Rights Complaints	The annual number of substantiated recipient rights complaints for persons served with SUD, in the categories of Abuse I and II, and Neglect I and II. (MDHHS)	At or above previous results	0 substantiated complaint in the named categories
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 2022/23 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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Consumer engagement in care:

