
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
December 20, 2023 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Stek
2. Roll Call/Conflict of Interest Question – Mr. Stek
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - December 20, 2023, Board of Directors meeting agenda (*Attachment 1*)
 - November 15, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel (CAP) (*Attachment 3*)
6. Reports –
 - a. LRE Leadership (*Attachment 4*)
7. LRE CEO Evaluation – Human Resources
8. Chairperson’s Report – Mr. Stek
 - a. December 13, 2023, Executive Committee (*Attachment 5*)
9. Action Items –
 - a. Community Advisory Panel (CAP) Membership (*Attachment 6, 7*)
Suggested Motion: To approve membership of Cindy Boerema and James Sibley representing Lake, Mason, and Oceana Counties onto the Community Advisory Panel as recommended by the members of CAP.
 - b. 2023 Corporate Compliance Plan (*Attachment 8*)
Suggested Motion: To approve extending the 2023 Corporate Compliance Plan for 3 months, through March 2024.
10. Financial Report and Funding Distribution – Ms. Chick (*Attachment 9*)
 - a. FY2024, November Funds Distribution (*Attachment 10*)
Suggested Motion: To approve the FY2023, November Funds Distribution as presented.
 - b. LRE FY2024 Budget Amendment #1 (*Attachment 11*)
Suggested Motion: To approve LRE FY2024 Budget Amendment #2 as presented.
 - c. Statement of Activities as of 10/31/2023 with Variance Reports (*Attachment 12*)

d. Monthly FSR (*Attachment 13*) –

11. CEO Report – Ms. Marlatt-Dumas

12. Board Member Comments

13. Public Comment

14. Upcoming LRE Meetings

- January 17, 2024 – Executive Committee, 1:00PM
- January 24, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity
November 15, 2023 – 1:00 PM

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the November 15, 2023, LRE Board meeting to order at 1:04 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

In Attendance: Ron Bacon, Jon Campbell, Sara Hogan, Richard Kanten, Alice Kelsey, Susan Meston, Andrew Sebolt, Stan Stek, Jim Storey, Janet Thomas, Craig Ven Beek

Absent: Linda Dunmore, Patricia Gardner, Janice Hilleary, Ron Sanders

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 23-64 Motion: To approve by consent the following items.

- November 15, 2023, Board of Directors meeting agenda
- October 25, 2023, Board of Directors meeting minutes

Moved: Ron Bacon Support: Janet Thomas

MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership report is included in the packet for information.

FY21 AUDIT PRESENTATION

Presentation is included in the packet and Mr. Derek Miller, RPC is presenting.

Note:

- FY21 audit was submitted to MDHHS on October 31, 2023.
- The submission date for FY22 audit is December 31, 2023.

LRE CEO EVALUATION PROCESS REVIEW

- The evaluation period is from March 2023 through February 2024. There will be specific questions for Board members, PIHP staff and CMH CEOs
- An email from LRE Human Resources will be sent out to Board members with a link to the evaluation form.

- The evaluation form is due back January 10.
- The Executive Committee will review the compiled information and present it to the full board during the January Board meeting.
- The compensation negotiations will be completed in February and the Executive Committee will present a recommendation to the full Board during the February Board meeting.

CHAIRPERSON’S REPORT

November 8, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

ACTION ITEMS

LRE 23-65 Motion: To approve the 2024 LRE Risk Management Strategic Plan.

Moved: Ron Bacon Support: Jon Campbell

MOTION CARRIED

The Risk Management Strategy Plan is completed annually under the MDHHS contract. The template is the same as that was used for FY23. This document includes the most current data that we have from the PIHP and the CMHs. Please note that this document is preliminary data and could change throughout the year due to the change in revenue, enrollments etc. This is monitored monthly in the regional monthly FSR.

Q: How many other PIHPs show a deficit in their RMS plan?

A: Uncertain as we do not review other PIHP RMS plans, but it may be discussed at the statewide PIHP CFO Forum.

LRE 23-66 Motion: To approve the 2024 QAPIP as presented.

Moved: Janet Thomas Support: Richard Kanten

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2024 October Funds Distribution

LRE 23-67 Motion: To approve the FY2024, October Funds Distribution as presented.

Moved: Ron Bacon Support: Jim Storey

MOTION CARRIED

Statement of Activities as of 9/30/2023 with Variance Report-

Included in the Board packet for information.

- Note: This is preliminary and does not have all accruals and is expected to change. There are many year end payments that have not yet been closed out.

- CCBHC Quality Bonus incentive is a pass through and gets paid out to the CCBHCs. This is reported on revenues and expenditures.
- \$18 million under budget for expenditures which includes LRE's contingency fund which is the amount we can utilize within the LRE, and a portion may or may not go into the ISF depending on year-end closeout reports.
- Will not know the final amount going into the ISF until the close of the fiscal year.

Monthly FSR-

Included in the Board packet for information.

- This document is through September and is a preliminary document as the end of year final will not be complete until February and is likely to change.

CEO REPORT

Included in the Board packet for information. Ms. Marlatt-Dumas reports:

- New Veteran Navigator Autumn Hartpence. Don Avery, Provider Network Manager, has resigned and will begin at N180. Interviews for the Clinical Manager position are being scheduled.
- Working with Consultants for continued Board member education.
- Thanks to George Motakis, LRE CCO during Compliance Week.
- HealthWest litigation is still standing.
- Continue to work with the State regarding the re-allocation of HSW slots.
 - There would be approximately \$17 million in additional revenue if we receive the asked for slots. The slots are given to highest need not divided by CMH.
- Working with the state on becoming OHH/BHH (Opioid Health Home/Behavioral Health Home).
- Working with Kristin Jordan on reducing the \$200,000 sanction. The last sanction report is due next month.
- Working with N180 to resolve issues with meeting Autism access need. We (LRE/N180) are creating a model that will be brought to MDHHS.
- LRE is completing a boilerplate CMH contract which will be reviewed by LRE Executive Team and the CMH CEOs.
- The Legislative Document is included in the report. Please note House bill 4644 – effective date July 1.
- Board headshots information will be sent out by Ms. Moran.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

BOARD MEMBER COMMENTS

NA

PUBLIC COMMENT

NA

UPCOMING LRE MEETINGS

- December 13, 2023 – Executive Committee, 1:00PM
- December 14, 2023 – LRE Community Advisory Panel, 1:00 PM
- December 20, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Mr. Stek adjourned the November 15, 2023, LRE Board of Directors meeting at 1:51 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

CONSUMER ADVISORY PANEL MEETING NOTES

Thursday, December 14, 2023 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Lynette B., Sharon H., John M., Tamara M., Angie K., Robert C., Jennifer E., Sharon P.

Guests: Cindy Boerema, James Sibley

CMH: Lori Schummer (WM), Chelsea Clark (Ottawa), Cathy Potter (OnPoint), Kelly Betts (HW), Max Knoth (Ottawa), Jodi Bray (WM)

LRE: Mari Hesselink, Stephanie VanDerKooi, Michelle Anguiano

1. Welcome and Introductions.
 - i. Review of the December 14, 2023, Agenda
 - ii. Review of the September 14, 2022, Meeting Minutes

2. Member Stories – Limit 5 minutes
 - i. Member Experiences
 - Cindy discusses that she has been very happy with her son's programs as they keep him very productive.

3. Consumer Advisory Panel
 - i. Recommended New CAP Members representing Lake, Mason, Oceana Counties (WM CMH)
 1. Cindy Boerema
 2. James Sibley

James is very passionate about having a safe environment for individuals utilizing services and for the staff providing those services. He also would like to make sure that our youth are being educated in areas such as suicide prevention.

Motion: To approve membership of Ms. Cindy Boerema and Mr. James Sibley to the LRE Community Advisory Panel and to recommend to the full LRE Board to approve membership

Moved: John Mills
MOTION CARRIED
UNANIMOUS

Support: Lynette Bilski

ii. CAP 2024 Goals Discussion

- Awareness of Opioid issues and cultural issues in the school system and school age children.
- Guest to discuss resources for individuals released from prison and how to get the services needed.
- Guest to discuss more peer support specialists within the region to help individuals navigate the system and resources.
 - Put together a handbook with resources for every county.
 - Provide housing updates from different counties.
- Kelly Betts will send a listing of meetings for 2024 that are held to discuss MH/SUD services.
- What are CMHs currently doing i.e. Recovery Day Events
 - ✚ Group members could discuss with their CMH groups if there are any areas that LRE could collaborate.
 - OnPoint – Health Resource Fair
 - WM –
 - Meeting with law enforcement and a panel of CMH workers and parents with children with disabilities. There was discussion on how officers can handle situations with individuals with disabilities.
 - Radio Station
 - Partner with Hospital and law enforcement to disburse information.
 - HW – Health and Wellness Picnic
 - N180 – Does have an event but there may be some issues with transportation for some individuals.
- Advocacy
 - Sharon is part of a disability legislative caucus board that she is suggesting having another person from LRE attend. Sharon will send the information.

iii. CAP Newsletter Review

- The newsletter is sent out every quarter. The focus is on mental health, substance use disorders, services, spotlight of individuals in services and data/information in these areas.
 - Request to include resources for a specific area that is highlighted.
- If there is any information or ideas for the newsletter, please send to Mari at marih@lsre.org and/or Marion Moran at mariond@lsre.org.

4. LRE Updates

i. Staffing Updates

- New LRE Veteran Navigator – Autumn Hartpence

- Email: autumnh@lsre.org
- Phone: 231-260-0721
- [Veteran Services page – LRE Website](#)
- LRE will be hiring another IT person.
- New Clinical Manger will start at the beginning of the year.

5. Regional Updates

i. Historical Deficit Update

- LRE paid the historical deficit to the CMHSPs in full.
- LRE has submitted the last written report for the corrective action plan.
- MDHHS has lifted the \$200,000 sanction.
- The N180 lawsuit has been dropped.

ii. 2023 Customer Satisfaction Survey/Member Experience Report – (*Attachment 6*)

- This document has been shared with this group previously but has since been turned into a PowerPoint presentation. We are bringing it back to present updates that have been made.
- Mari reviews the updates with the members.

6. State Updates

i. Legislative Update

- This document is updated monthly and lists out state legislation and federal legislation regarding Mental Health and SUD.
- Yellow highlights are new items and gray highlighted items are older information that will soon be taken off the document.
- SB – Senate Bill, HB – House Bill
- Includes the person that is sponsoring and action dates.
- Summary of what is happening with each Bill.
- Contact information for local reps and senators has been added.

7. LRE Board Meeting

December 20, 2023 – LRE Board Meeting

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

Call-in information will be posted on the LRE website

8. Upcoming CAP Meetings for **2024** (2nd Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

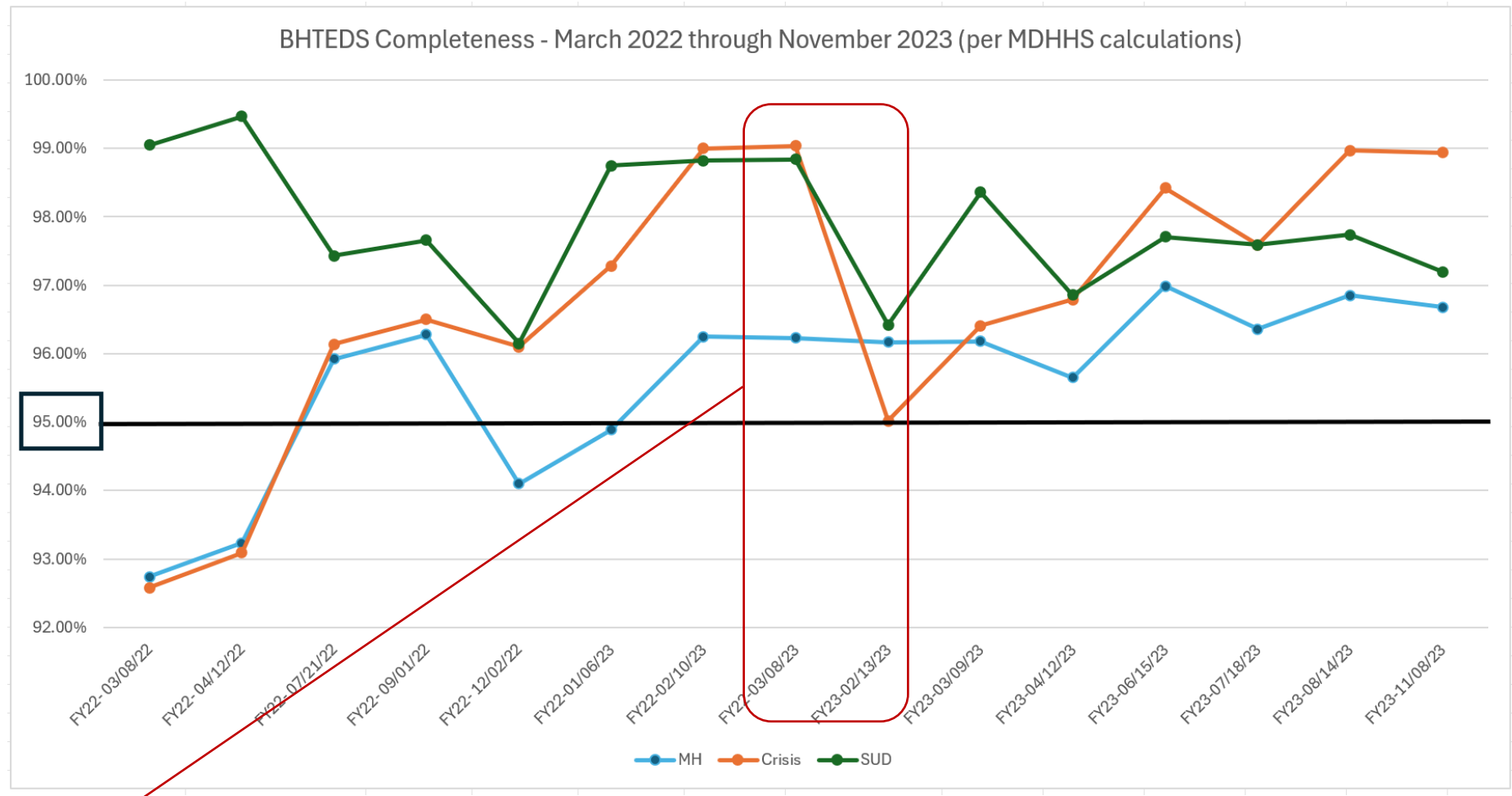
March 14, June 13, September 12, December 12

9. Other:



12/13/2023 IoneM

LRE BHTEDS Improvements over time – Compliance and Rate Setting Impacts



This drop-off is a typical event in the annual changeover from one fiscal year to the next. The CMHs are often focused on getting the prior fiscal year complete, and sometimes that means the start of the new fiscal year lags a bit at first. The impact of these improvements will not be seen until FY25 rates are calculated.

It is noted that our SUD rate has declined over the past 18 months. Maintaining the best possible completeness is an ongoing continuous improvement cycle. BHTEDS is typically changed by MDHHS annually. When new requirements are added those often make complete record submission more challenging.

BHTEDS – Improvement in collection of Veteran and Military fields:

Over the last few years, MDHHS has incentivized improved data collection for Veterans and Military related data fields via the annual Performance Bonus Incentive Program. These year-over-year stats show LRE’s improvement from FY20 through FY23.

BHTEDS Admissions Records ▾

2

Pages <<

Introduction

Filters

Veteran Status/Service ...

Family Mil/Branch

Vet Resource

Mil trend by Region, ...

Vet trend by Year/Qtr

Mil Svc Era trend by Ye...

Fam Mil trend by Year/...

Branch trend by Year/...

Vet Resources trend by...

Admissions by Mil Bra...

Adm by Mil Svc Era

Adm by Emp Status

BHTEDS ADMISSIONS

Showing Percentage counts of "Not Collected" used for all the Military fields by Fiscal Year(s)

(This page does not include SUD records in the calculation of % "Not Collected")

BHTEDS Division of Data

Fiscal Year	% Veteran Status Not Collected
⊕ FY20	5.1%
⊕ FY21	3.6%
⊕ FY22	1.9%
⊕ FY23	2.1%

Fiscal Year	% Military Service Era Not Collected
⊕ FY20	7.1%
⊕ FY21	4.6%
⊕ FY22	2.4%
⊕ FY23	2.4%

Fiscal Year	% Family Military Not Collected
⊕ FY20	10.6%
⊕ FY21	4.9%
⊕ FY22	3.4%
⊕ FY23	2.4%

Fiscal Year	% Branch Not Collected
⊕ FY20	6.8%
⊕ FY21	4.5%
⊕ FY22	2.3%
⊕ FY23	2.3%

Fiscal Year	% Vet Resources Not Collected
⊕ FY20	11.5%
⊕ FY21	5.2%
⊕ FY22	3.6%
⊕ FY23	2.6%

Description of Terms used in this dashboard

Veteran Status

Indicates whether the individual has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service Commissioned Corps).

Military Service Era

Indicates the most recent Military Service Era in which the individual served or was in the reserves, regardless of Veteran Status.

Family Military

Indicates whether or not an individual and/or their family member(s) have served in the military.

Branch

Indicates which branch of service the individual's most recent Military Service Era was in, regardless of Veteran Status.

Veteran Resources

Indicates whether or not an individual and/or member of his/her family is connected to veteran-related resources.

Earliest Selected Quarter
Lastest Selected Quarter

Count of BHTEDS records
Latest BHTEDS Data Refresh Date

FY20Q1
FY23Q4
36,074
11/29/2023

BHTEDS – Increase in Full Record Exceptions (“FRE”)

If data collection is not fully complete for all required data fields, some of them can be “skipped” (marked ‘not collected’) so that the BHTEDS record can still be submitted into the MDHHS system. An option for Full Record Exception (“FRE”) can be flagged on the record which allows many other fields to then also be “skipped”. It is advised to keep the use of this option to a minimum, since it discourages completeness in data collection.

Year over year, LRE has been moving in the wrong direction here. This is being studied and referred to CMHs for follow-up.

	A	B	C	D	E	F	G	H	I	J
1										
2	BHTEDS								11/8/2023	
3	Use of " MH Full Record Exception = 09 'Other' " on 'M' (Mental Health) admissions, by year, 2019 through 2023									
4										MDHHS Reporting Guidelines for MH Full Record Exception field:
5										If 09 - Other is reported, track the ‘other’ reason(s) as PIHPs will report a summary of ‘other’ exceptions annually to MDHHS.
6		MHFullRecordException	Cnt2019	Cnt2020	Cnt2021	Cnt2022	Cnt2023	Total		
7		02 - No	6,766	4,794	6,233	6,367	5,332	29,492		
8		03 - Yes, Crisis Only Service	2,349	0	0	0	0	2,349		
9		04 - Yes, Co-located Service	206	201	319	320	146	1,192		
10		05 - Yes, School Prevention Services Only	9	1	0	7	1	18		
11		06 - Yes, Family Subsidy Services Only	2	0	1	7	6	16		
12		07 - Yes, Early On Services Only	5	5	2	6	4	22		
13		08 - Yes, Assessment Only	789	1,410	1,079	334	249	3,861		
14		09 - Yes, Other	987	828	1,544	2,299	2,347	8,005		
15		Total (all BHTEDS 'M' records):	11,113	7,239	9,178	9,340	8,085	44,955		
16		'09' % of total:	8.88%	11.44%	16.82%	24.61%	29.03%	17.81%	<-----	This appears to be getting progressively worse over time.

Identified issues and potential remediations (thus far) include:

If missing LOCUS score is the only reason someone is choosing “FRE”, and if the LOCUS score is not required for the individual (e.g.: child, or SUD or IDD only, etc.) then “96” (not applicable) can be selected instead of “FRE”.

If psychiatric inpatient only and if CMH is not the primary payer, there is another “FRE” code now (new for FY24) that can be used for those. Instead of ‘09’ (other) we can use ‘10’ (Yes, Inpatient Hospital Services where MDHHS managed funds are the secondary payer for services).

If hinged to a crisis event, perhaps a Q record is more warranted (vs an M record with “FRE”)?

Some CMHs have indicated that as they have worked harder to gather and submit more BHTEDS records (in those cases where they were previously unable to submit them), many of those additional records are coming in as “FRE” records, resulting in a higher percentage of “FRE” records overall.

BHTEDS and Medicaid Rate Setting Factors

BHTEDS Performance Improvement Report (PowerBI Dashboard) – **Rate Setting Tab (new)**

This new dashboard page provides a view of **completeness by data element** for those that are used in the Milliman Medicaid rate setting process.

BHTEDS Performance Improvement Report

Search

Pages: Introduction, **Rate Setting**, MDHHS Data Cleanup, Record Detail, Data Source & Definitions

File | Export | Share | Chat in Teams | Explore this data | Get insights | Edit

Rate Setting - Percent of Elements "Not Collected"

This report shows the percentage of all BHTEDS records where the field was reported with "Not Collected - MH BHTEDS full record exception" or "Not Collected".
Selecting these options will impact State Funding rates.

GOAL: To improve data completeness for fields that have been flagged by MDHHS by reducing the utilization of "Not Collected". CMHSPs should gather more complete values in these data elements and submit BHTEDS Change records.

CMH: Select all, OnPoint, HealthWest, Network 180, Ottawa, West Michigan

FY: Select all, FY24, FY23, FY22, FY21, FY20

Total Count: **10,405**

BHTEDs Refresh Date: **10/31/2023**

(M) = MH Admit, (E) = MH Discharge

CMH	(M) Marital Status	(E) Marital Status	(M) Grade Level	(E) Grade Level	(M) School Attend	(E) School Attend	(M) Special Ed	(E) Special Ed	(M) Prim Substance	(E) Prim Substance	(M) Prim Route	(E) Prim Route	(M) Prim Freq	(E) Prim Freq	(M) LOCUS	(E) LOCUS	(M) Enroll Resources	(M) Min Wage
OnPoint	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
HealthWest	1.0%	0.0%	1.4%	0.2%	0.3%	0.1%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.4%	0.9%	0.4%
Network 180	2.3%	0.0%	3.1%	1.8%	0.8%	0.7%	0.9%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	49.0%	44.6%	5.1%	0.9%
Ottawa	3.5%	0.0%	3.6%	7.0%	0.7%	1.5%	0.7%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	2.4%	1.7%	0.1%
West Michigan	0.5%	0.0%	1.4%	0.5%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	1.7%	1.1%	0.1%
Total	1.8%	0.0%	2.2%	1.8%	0.5%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.7%	18.8%	2.7%	0.5%

CMH	(E) Min Wage	(M) Num Of Dep	(E) Num Of Dep	(M) Sec Freq	(E) Sec Freq	(M) Sec Route	(E) Sec Route	(M) Sec Sub	(E) Sec Sub	(M) Tert Freq	(E) Tert Freq	(M) Tert Route	(E) Tert Route	(M) Tert Sub	(E) Tert Sub	(M) Vet Status	(E) Vet Status	(M) Cor Status	(E) Cor Status	(M) Self Help	(E) Self Help
OnPoint	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	95.1%	94.9%
HealthWest	0.3%	1.5%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	1.0%	0.8%	95.4%	95.9%	
Network 180	0.6%	17.9%	12.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%	8.1%	5.9%	97.6%	99.2%	
Ottawa	0.0%	4.3%	8.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	3.2%	6.7%	93.6%	93.2%	
West Michigan	0.0%	1.4%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.5%	0.7%	94.3%	97.1%		
LRE Total Avg	0.3%	8.3%	6.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	4.0%	3.6%	95.9%	96.9%	

LOCUS score is a key component of the Milliman rate setting algorithm. We are researching this to see where we can make improvements.

Note: The "Self Help" element is only applicable to those with co-occurring MH/SUD conditions

BHTEDS (SUD) Open Episodes with No Recent Encounters (New Dashboard)

Older SUD episodes of care that were never properly closed out (discharged) can interfere with the acceptance of new/future admissions for the same patient. Closing those older/inactive episodes is an ongoing performance improvement process. This new dashboard assists in making those more visible to help us segment that work and get it accomplished. This is an MDHHS objective as well as an LRE objective.

BHTEDS (SUD) Open Episodes with no Recent E... Search

Pages: Introduction, Days Open, Open No Encounters, Data Sources & Definiti...

BHTEDS SUD Open Episode and Number of Days Since Most Recent Encounter

Columns in WHITE are sourced from BHTEDS, Columns in GRAY are sourced from Encounters

CMH ConsumerID	LCID	Service Start Date	Days episode Open	Date of most recent Encounter	Days since most recent Encounter	QTR	CMH	(Code) Treatment Setting Desc	Minimum CPT Code	Minimum CPT Code Desc	Maximum CPT Code	Maximum CPT Code Desc
		10/12/2022	414	10/18/2022	408	FY23Q1		(7) Ambulatory - non-intensive O/P	90832	PSYCHOTHERAPY	90832	PSYCHOTHERAPY
		10/20/2022	406	11/7/2022	388	FY23Q1		(6) Ambulatory - IOP	90832	PSYCHOTHERAPY	90832	PSYCHOTHERAPY
		10/18/2022	408	11/10/2022	385	FY23Q1		(6) Ambulatory - IOP	90834	PSYCHOTHERAPY 45 MINUTES	90834	PSYCHOTHERAPY 45 MIN
		11/28/2022	367	12/6/2022	359	FY23Q1		(7) Ambulatory - non-intensive O/P	90834	PSYCHOTHERAPY 45 MINUTES	90834	PSYCHOTHERAPY 45 MIN
		10/10/2022	416	11/7/2022	388	FY23Q1		(7) Ambulatory - non-intensive O/P	90837	PSYCHOTHERAPY	90837	PSYCHOTHERAPY
		10/17/2022	409	10/18/2022	408	FY23Q1		(7) Ambulatory - non-intensive O/P	90837	PSYCHOTHERAPY	90837	PSYCHOTHERAPY
		10/3/2022	423	10/3/2022	423	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/3/2022	423	10/3/2022	423	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/4/2022	422	10/4/2022	422	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/4/2022	422	10/4/2022	422	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/17/2022	409	10/17/2022	409	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/19/2022	407	10/26/2022	400	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/26/2022	400	10/26/2022	400	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/1/2022	394	11/1/2022	394	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/2/2022	393	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/4/2022	391	11/4/2022	391	FY23Q1		(6) Ambulatory - IOP	T1040	CCBHC services - per diem	H0001	SUD ASSESSMENT
		11/7/2022	388	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/9/2022	386	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/14/2022	381	11/30/2022	365	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/16/2022	379	11/16/2022	379	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT

FY

Select all

FY24

FY23

FY22

FY21

FY20

FY19

QTR

Select all

FY23Q4

FY23Q3

FY23Q2

FY23Q1

FY13Q4

FY13Q3

CMH

Select all

HealthWest

Network 180

OnPoint

Ottawa

West Michigan

Days Episode Open

Select all

0-3 Months

3-6 Months

6-12 Months

Over a Year Old

Days Since Most Recent Encounter

Select all

6-12 Months

Over a Year Old

(Code) Treatment Setting

Select all

(2) Detox 24-hr free-standing residential

(5) Rehab/residential - long term

(6) Ambulatory - IOP

(7) Ambulatory - non-intensive O/P

Date of BHTEDS Refresh

11/29/2023

Date of Encounters Refresh

11/28/2023

Count of Clients

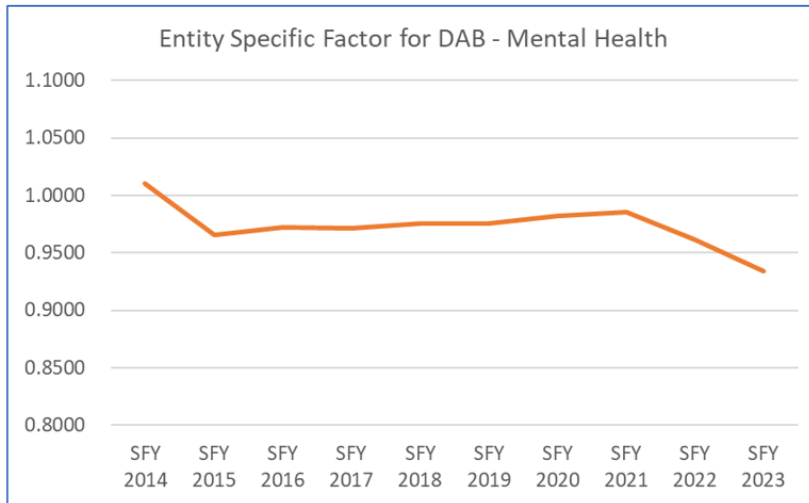
54

Wakely Analysis of LRE’s FY22 and FY23 Medicaid Funding Rates.

December 2022 analysis found the impact of declining BHTEDS risk factors for DAB clients was significantly impactful to the FY22/FY23 Medicaid funding rate decreases that we experienced.

LRE Region 3 Entity Specific Factor Review

Entity Specific Factors – DAB-Mental Health



Rating Period	Factor
2Q-4Q 2014	1.010
SFY 2015	0.966
SFY 2016	0.972
SFY 2017	0.972
SFY 2018	0.976
SFY 2019	0.976
SFY 2020	0.982
SFY 2021	0.985
SFY 2022	0.961
SFY 2023	0.935

- DAB-Mental Health represents about 50% of total LRE capitation revenue*
- The entity specific factor for this population/benefit have decreased by 5% from SFY 2021 to SFY 2023, which amounts to an approximate 2.5% decrease in revenue during that time

LRE Region 3 Entity Specific Factor Review

DAB-Mental Health Risk Scores Over Time

Avg. Raw Risk Score

	Region 3			
	SFY 2020	SFY 2021	SFY 2022	SFY 2023
BHTEDS:	3.7719	4.1657	4.1509	4.4127
Without BHTEDS:	0.0055	0.0172	0.0555	0.0415
Total:	0.9631	0.9386	0.8958	0.8792

	Statewide			
	SFY 2020	SFY 2021	SFY 2022	SFY 2023
BHTEDS:	3.5877	3.8896	3.8968	4.1426
Without BHTEDS:	0.0300	0.0527	0.0434	0.0291
Total:	0.9976	0.9980	0.9947	0.9863

BHTEDS Completion %* Comparison

	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Region 3:	25.4%	22.2%	20.5%	19.2%
Statewide:	27.2%	24.6%	24.7%	23.3%
Reg 3 % of Statewide:	93.5%	90.2%	83.1%	82.3%

- The entity specific factor is primary based on LRE’s raw risk score *relative* to the Statewide risk score (i.e., LRE’s normalized risk score)
- Raw risk scores are driven by members with completed BHTEDs
- LRE’s decreasing DAB-Mental Health entity specific factor appears to be caused by LRE’s BHTEDS Completion % declining over time at a faster rate than the Statewide Completion %



*BHTEDS Completion % represents members with completed BHTEDs among all DAB members

Rate Setting Factors Monitoring Dashboard (Still in Development):

This new dashboard will eventually be expanded to include additional pages. In its initial version, this targeted list is intended to show the cost of encounters, by client, which are not “covered” by an applicable BHTEDS that Milliman would use in the rate setting process. This will help focus improvement efforts on those records which will be the most impactful to the next Medicaid rate setting cycle (and allows the dashboard user to focus the view on DAB clients specifically).

Rate Setting Factors Monitoring

Search

File Export Share Chat in Teams Explore this data Get insights Edit

LAKESHORE REGIONAL ENTITY

Clients with Missing BHTEDS

Member Code	LCID	Medicaid ID	CMH Consumer ID	FY	Rate Group Fund	Division	Encounter Lines	Total Cost	Total Units	Min Svc Dt	Max Svc Dt	Min CPT Code	Max CPT Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	287	\$257,816.48	550	12/16/2022	9/12/2023	99212	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	377	\$205,092.45	29995	10/1/2022	9/30/2023	H2000	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	377	\$201,170.58	23397	10/1/2022	9/30/2023	H2000	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	762	\$197,948.36	783	10/1/2022	9/30/2023	H0032	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	746	\$196,248.41	779	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	HMP	Mental Health	743	\$195,637.93	773	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	740	\$195,125.36	770	10/1/2022	9/30/2023	H2016	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	741	\$194,947.82	771	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	610	\$193,552.15	12791	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	564	\$192,271.27	17311	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	703	\$185,484.14	736	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	710	\$162,638.90	9378	10/3/2022	9/29/2023	97151	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	772	\$130,622.86	7800	10/1/2022	9/29/2023	97151	T2025
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	954	\$123,106.36	8798	10/1/2022	9/29/2023	92523	T2025
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	48	\$117,401.75	712	10/1/2022	9/28/2023	99214	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	TANF	Mental Health	605	\$103,987.92	6575	10/3/2022	9/29/2023	97151	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	162	\$102,825.32	500	12/6/2022	9/30/2023	99213	S5111
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	Mental Health	120	\$98,121.60	300	11/7/2022	11/14/2022	0912	H2011
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	51	\$96,564.08	777	10/1/2022	9/26/2023	H0032	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	Mental Health	240	\$93,024.60	240	10/18/2022	1/18/2023	90791	T1023
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	SUD	156	\$86,896.56	626	10/4/2022	9/25/2023	H0002	H0004
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	Mental Health	90	\$78,880.80	240	12/16/2022	1/3/2023	0913	H2011
Total													

Encounters Refresh Date: 11/28/2023

Member Code: All, FY23

Rate Group Fund: Select all, DAB, GF, HMP, TANF

BHTEDS Completeness – FY23 as of 11/08/2023

FY23 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 09/30/2023*			BH-TEDS: 07/01/2021 - 11/08/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2020	
CMH Partnership of SE MI	00XT	12,205	178	98.54%
Detroit/Wayne	00XH	60,310	4,411	92.69%
Lakeshore Regional Entity	00ZI	21,542	715	96.68%
Macomb	00GX	14,559	454	96.88%
Mid-State Health Network	0107	44,959	1,585	96.47%
NorthCare Network	0101	6,494	36	99.45%
Northern MI Regional Entity	0108	13,482	357	97.35%
Oakland	0058	26,084	639	97.55%
Region 10	0109	21,847	123	99.44%
Southwest MI Behavioral Health	0102	25,702	301	98.83%
Statewide		247,184	8,799	96.44%
Key				
95.00+ = Compliant		*Encounters = All MH encounters excluding: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0425, A0427, H0002, H2011, H2034, Q3014, S0209, S0215, S0280, S0281, S9484, T1023, T1040, T2001-T2005 ,90839, 90840, 99304-99310		
90.00-94.99				
85.00-89.99				
<85.00				

FY23 Crisis Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 09/30/2023**			BH-TEDS: 07/01/2021 - 11/08/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2021	
CMH Partnership of SE MI	00XT	3,096	48	98.45%
Detroit/Wayne	00XH	10,147	83	99.18%
Lakeshore Regional Entity	00ZI	6,599	70	98.94%
Macomb	00GX	2,150	80	96.28%
Mid-State Health Network	0107	12,705	338	97.34%
NorthCare Network	0101	2,081	4	99.81%
Northern MI Regional Entity	0108	4,473	85	98.10%
Oakland	0058	3,378	11	99.67%
Region 10	0109	3,637	49	98.65%
Southwest MI Behavioral Health	0102	4,108	0	100.00%
Statewide		52,374	768	98.53%
Key				
95.00+ = Compliant		**Encounters include H2011, S9484, T1023, 90839, 90840		
90.00-94.99				
85.00-89.99				
<85.00				

FY23 SUD Encounters w/BH-TEDS records				
SUD Encounters from 10/01/2022-09/30/2023***			Does Not Have Open Admission at Time of Encounter as of 11/08/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Completion Rate
		Non-Health Home Encounters	Non-Health Home Encounters But NO BH-TEDS Record	
CMH Partnership of SE MI	00XT	2,952	18	99.39%
Detroit/Wayne	00XH	7,891	2	99.97%
Lakeshore Regional Entity	00ZI	5,933	166	97.20%
Macomb	00GX	3,834	12	99.69%
Mid-State Health Network	0107	11,357	1,141	89.95%
NorthCare Network	0101	1,867	1	99.95%
Northern MI Regional Entity	0108	3,950	43	98.91%
Oakland	0058	3,214	1	99.97%
Region 10	0109	5,036	16	99.68%
Salvation Army	002Y	171	48	71.93%
Southwest MI Behavioral Health	0102	5,735	207	96.39%
Statewide		51,940	1,655	96.81%
Key				
95.00+ = Compliant		***Encounters = All SUD encounters excluding H0038, H2034, S0280, S0281, & T1040		
90.00-94.99				
85.00-89.99				
<85.00				

FY23 BHTEDS Completeness stats as of 11/8/2023 (Rank among all PIHP regions):

<u>Encounters</u>	<u>Lakeshore</u>	<u>Statewide Average</u>	<u>LRE Rank (among all PIHPs)</u>
MH	<u>96.68 %</u>	<u>96.44%</u>	8 th
Crisis Only	<u>98.94%</u>	<u>98.53%</u>	5 th
SUD	<u>97.20%</u>	<u>96.81 %</u>	8 th

EXECUTIVE COMMITTEE SUMMARY

Wednesday, December 13, 2023, 1:00 PM

Present: Ron Bacon, Richard Kanten, Stan Stek, Jim Storey, Janet Thomas
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of December 13, 2023, Meeting Agenda
- ii. Review of November 8, 2023, Meeting Minutes

The December 13, 2023, agenda and the November 8, 2023, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. Meetings
 - Bi-Weekly
 - Continue to meet with Kristen Jordan steadily.
 - Ms. Jordan asked how LRE will handle the \$2.2 million deficit showing in the Risk Management Strategy. The LRE will give her an update in January.
 - The deficit is higher than when reported to MDHHS and revenues are trending downward.
 - DABs are declining at 76%, TANF at 67% and HMP at 47%. The DABs numbers are very close to pre-pandemic numbers.
 - There does appear to be a statewide issue with individuals being placed in inappropriate programs such as people being put into correctional MC that have never been incarcerated. Another example are individuals being placed in Family Planning that has no behavioral health benefit.
 - If individuals are not filling out the forms completely, they will be put into the lesser plan i.e. Family Planning.
 - Mr. Stek comments that this was an issue that happened previously, and individuals were being put on HMP because it is an easier enrollment process.
 - The PIHP CEO group would like to wait until January before taking any action. The group has also asked MDHHS to begin tracking this.
 - LRE is looking at where individuals are going that are coming off DABs. Ione will be reviewing this information at the Board meeting.
 - LRE will keep the Board updated.
- ii. Sanction Update

- The \$200 thousand sanction has been withdrawn. The LRE also submitted the last sanction report in November.

iii. HSW Slots Update

- LRE sent information regarding statewide open slots to Kristen Jordan.
- There was discussion about the need to reallocate slots at the PIHP meeting and there was one region that stated they would like to have their unused slots reallocated to a region that would utilize them.
- Calculating the average costs of 200 slots there would be \$15.3 million in additional revenue added to the region.
- LRE has completed an analysis based on encounters that will help us to preliminarily determine the top 200 individuals that could possibly be put on the waiver if we received extra slots. The slots are ranked by the highest need not by county/CMH.

HEALTHWEST LAWSUIT UPDATE

- Currently, a document is being completed stating the lawsuit will be dismissed without prejudice. The LRE has not yet received that.

CEO EVALUATION

- The evaluation will be sent out by this Friday (12/15) and if responses are received by the Executive Committee by Tuesday (12/19) then the evaluation will be sent on Wednesday (12/20) to the full Board.

BOARD MEETING AGENDA ITEMS

- CEO Evaluation
- Action Items:
 - i. New CAP Members
 - ii. Corporate Compliance Plan – pending any changes.

BOARD WORK SESSION AGENDA

No work session.

OTHER

UPCOMING MEETINGS

- December 20, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 17, 2024 – Executive Committee, 1:00PM, Virtual
- January 24, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN



Application for Membership on (choose):

- Legislative & Advocacy Committee (LAC)
- Consumer Advisory Panel (CAP)

The Lakeshore Regional Entity (LRE) Board appoints individuals who are served by its services to advise the organization on matters related to legislation, advocacy and consumer engagement.

Contact Information

Name	Cindy Boerema
Street Address	[Redacted]
City ST ZIP Code	[Redacted]
Cell Phone	[Redacted]
Home Phone	[Redacted]
Work Phone	[Redacted]
E-Mail Address	[Redacted]

Regional Representation

The LRE seeks representation from individuals in the following locations. In which area do you reside?

- Allegan County (served by Allegan CMH)
- Kent County (served by Network180)
- Muskegon County (served by HealthWest)
- Ottawa County (served by Ottawa CMH)
- Lake County (served by West Michigan CMH)
- Oceana County (served by West Michigan CMH)
- Mason County (served by West Michigan CMH)

Interest in Serving

The LRE seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am: a Primary or Secondary Consumer LRE Board Member
- Service Provider (agency) Community Member/Representative

Consumer Population Relationship:

- Services for persons with Developmental or Intellectual Disabilities
- Services for persons with Mental Illness
- Services for persons with Serious Emotional Disturbance (children)
- Services for persons with Substance Use Disorders
- Other services (describe):

Time Commitment

Both the LAC and the CAP meet a minimum of 4 time per year*. We request that you commit to attending all meetings. Can you make this commitment? Please note that attendance by tele-conference and virtual platforms is also available.

- Yes
- Yes, with accommodation
- No

*Meeting frequency may vary as agreed upon by the committee.

Special Skills or Qualifications

Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

--

Previous Board/Committee Experience

Please tell us about your previous experiences serving on boards or committees.

--

How Did You Hear About Us?

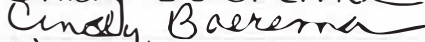
<input type="checkbox"/>	From a current LAC/CAP Member (Their name: _____)		
<input checked="" type="checkbox"/>	CMH/Customer Services	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	CMH Website	<input type="checkbox"/>	LRE Website
<input type="checkbox"/>	Other: _____		

Person to Notify in Case of Emergency (optional)

Name	_____
Street Address	_____
City ST ZIP Code	_____
Home Phone	_____
Work Phone	_____
E-Mail Address	_____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an LAC or CAP member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	Cindy Boerema
Signature	
Date	NOV 4 - 2023

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

When finished – please return form to the Customer Services representative of your area CMH agency.



Application for Membership on (choose):

- Legislative & Advocacy Committee (LAC)
 Consumer Advisory Panel (CAP)

The Lakeshore Regional Entity (LRE) Board appoints individuals who are served by its services to advise the organization on matters related to legislation, advocacy and consumer engagement.

Contact Information

Name	JAMES E. SIDLEY
Street Address	[REDACTED]
City ST ZIP Code	[REDACTED]
Cell Phone	
Home Phone	[REDACTED]
Work Phone	[REDACTED]
E-Mail Address	

Regional Representation

The LRE seeks representation from individuals in the following locations. In which area do you reside?

- Allegan County (served by Allegan CMH) Lake County (served by West Michigan CMH)
 Kent County (served by Network 180) Oceana County (served by West Michigan CMH)
 Muskegon County (served by HealthWest) Mason County (served by West Michigan CMH)
 Ottawa County (served by Ottawa CMH)

Interest in Serving

The LRE seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am: a Primary or Secondary Consumer LRE Board Member
 Service Provider (agency) Community Member/Representative

Consumer Population Relationship:

- Services for persons with Developmental or Intellectual Disabilities
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- Yes
 Yes, with accommodation
 No

*Meeting frequency may vary as agreed upon by the committee.

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Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

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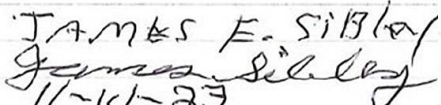
<input type="checkbox"/>	From a current LAC/CAP Member (Their name: _____)		
<input checked="" type="checkbox"/>	CMH/Customer Services	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	CMH Website	<input type="checkbox"/>	LRE Website
<input type="checkbox"/>	Other: _____		

Person to Notify in Case of Emergency (optional)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an LAC or CAP member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	JAMES E. SIBLEY
Signature	
Date	11-11-23

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

When finished – please return form to the Customer Services representative of your area CMH agency.



CORPORATE COMPLIANCE PLAN
December 2022 (Fiscal Year 2023)

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ORGANIZATIONAL STRUCTURE

The Lakeshore Regional Entity (LRE) serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the following seven county region:

Allegan County:	OnPoint (Allegan County Community Mental Health Services)
Kent County:	Network 180 (Kent County Mental Health Authority)
Lake County:	West Michigan Community Mental Health System
Mason County:	West Michigan Community Mental Health System
Muskegon County:	Health West
Oceana County:	West Michigan Community Mental Health System
Ottawa County:	Community Mental Health of Ottawa County

The Member Community Mental Health Service Programs have elected to configure LRE under the Michigan Mental Health Code Section 3301.1204b.

LRE as the PIHP

LRE serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the region with authority and accountability for operations and fulfillment of applicable federal and state statutory, regulatory, and contractual obligations related to the applicable waiver(s) and MDHHS contract(s). The role of LRE as the PIHP is defined in federal statute, specifically 42CFR 438 and the MDHHS/PIHP Contract.

LRE contracts with MDHHS for The Medicaid Managed Specialty Supports and Services 1115 Demonstration Waiver, 1915 (c)/(i) Waiver Program(s), the Healthy Michigan Program, the Flint 1115 Waiver and Substance Use Disorder Community Grant Programs

LRE: MISSION, VISION, and VALUES

MISSION:

Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services.

VISION:

The vision of the Lakeshore Regional Entity is to promote the efficiency and effectiveness of the Members by jointly serving as the PIHP for Medicaid Specialty Behavioral Health Services for the region. Behavioral Health Services include services for persons with developmental disabilities, adults with mental illness, children with emotional disturbance and persons with substance use disorders. The Lakeshore Regional Entity seeks to build upon and maximize the unique strengths of the individual Member Boards serving Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties, while establishing a regional organization and identity that supports an essential standard for services. The Lakeshore Regional Entity will promote performance that supports and advocates for and is informed by the needs of the individuals the Entity serves across the region.

VALUES:

- **Local Solutions – Value Local Differences:** We value locally unique service systems that are responsive to local needs, partnerships, and available resources.
- **Fiscal Responsibility – Accountable and Responsible with funds:** Transparent and accountable use of public funds. Maximize available resources.
- **Collaborative Relationships – Foster Effective Partnerships:** Nurture collaboration based on mutual trust and shared commitment to quality. Approach all interactions with respect, openness, and a commitment to proactively resolve conflict.
- **Innovation – Boldly Pursue Excellence:** Pursue audacious goals by challenging the status quo and trying new things. Actively work to identify and support opportunities for innovation.
- **Integrity:** Commitment to achieving performance, ethically, effectively, and professionally.

OVERVIEW

This Corporate Compliance Plan documents LRE's approach to assuring that federal and state regulatory and contractual obligations related to compliance of the Prepaid Inpatient Health Plan (PIHP) are fulfilled.

The LRE Corporate Compliance Plan addresses the LRE's regulatory compliance obligations as a Prepaid Inpatient Health Plan (PIHP) and how, where it has obligations, it will oversee the PIHP functions it delegates to the Member Community Mental Health Service Providers (CMHSP). The LRE's Corporate Compliance Program is designed to further LRE's commitment to comply with applicable laws, promote quality performance throughout the LRE region, and maintain a working environment for all LRE personnel that promotes honesty, integrity, and high ethical standards.

The LRE's Corporate Compliance Program is an integral part of the LRE's vision, and all LRE personnel, Member CMSHPs and contracted and sub-contracted Providers are expected to support the corporate compliance program.

The LRE's compliance plan is a high-level compliance program comprised of the following eight principal elements as outlined in the Federal Sentencing Guidelines:

1. Standards, Policies, and Procedures – The development and distribution of written standards of conduct, policies, and procedures that promote the LRE's commitment to full compliance with Federal and State laws that are accessible and applicable to all company employees. These policies and procedures will incorporate the culture of compliance into our day-to-day operations and will address specific areas of potential fraud, waste, and abuse.
2. Compliance Program Administration – The designation of a Chief Compliance Officer and a Compliance Oversight Committee that is charged with the responsibility and authority of operating and monitoring the compliance program to make sure that it is implemented, reviewed, and revised, as appropriate in an effective manner.
3. Screening and Evaluation of Employees, Physicians, Vendors, and other Agents – The application of risk-based due diligence to third party relationships and the demonstration that processes are in place to identify and disclose conflicts of interest, assure inclusion of compliance obligations, verify background checks are conducted in accordance with applicable rules and laws, monitor government sanction list for excluded individuals, and assure corrective action is taken based on all findings.
4. Communication, Education, and Training on Compliance Issues – The development and implementation of appropriately tailored training programs, education, and communication programs for all employees. Effectuate lines of communication between the Chief Compliance Officer, all employees, and all members in the region.

5. Monitoring, Auditing, and Internal Reporting Systems – The use of audits or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas within delivered services, claims processing, and managed care functions. The use of efficient and trusted mechanisms where employees can contact the Chief Compliance Officer through a hotline to receive complaints, the adoption of procedures to protect the anonymity of complainants, and to protect callers from retaliation.
6. Discipline for Non-Compliance – The development of disciplinary mechanisms to consistently enforce standards across the organization and the development of policies addressing dealings with sanctioned and other specified individuals.
7. Investigations and Remedial Measures – The development of policies to respond to detected offenses, to initiate corrective action to prevent similar offenses, and to report to Government authorities when appropriate.
8. Risk Assessment – The development of a Risk Assessment plan that will be used to identify, analyze, and address the risks the organization faces and how well the current systems in place are able to prevent those risks.

The LRE’s Corporate Compliance Program is committed to the following goals:

- Minimize organizational risk and improve compliance with the service provision, documentation, and billing requirements of Medicaid;
- Maintain adequate internal controls throughout the region and provider network;
- Encourage the highest level of ethical and legal behavior from all employees and providers;
- Educate employees, contract providers, board members, and stakeholders on their responsibilities and obligations to comply with applicable local, state, and federal laws; and
- Provide oversight and monitor functions.

LEGAL AND REGULATORY STANDARDS

There are numerous laws that affect the regulatory compliance of the LRE and its provider network; however, in formalizing the PIHP’s compliance program, the legal basis of the LRE compliance program centers around four key laws and statutes:

- **The Affordable Care Act (2010)**
This Act requires the PIHP to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste and abuse across the PIHP’s provider network. All programs funded by the PIHP including CMHSPs, sub-contract provider organizations and practitioners, board members and others involved in rendering PIHP covered services fall under the purview and scope of LRE’s compliance program.

- **The Federal False Claims Act**

This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).

- **The Michigan False Claims Act**

This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the MI Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the MI Attorney General to investigate alleged violations of this Act.

- **The Anti-Kickback Statute**

This Act prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

There are numerous Federal and State regulations that affect the LRE compliance program. Some of these laws not referenced above include but are not limited to:

Federal and State Laws and Rules

- Michigan Mental Health Code, Public Health Code and Administrative Rules
- Requirements as identified in the MDHHS contract
- Requirements as identified by the Office of Inspector General
- Technical Assistance Advisories, as required
- Medicaid State Plan
- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980
- Home and Community Based Final Rules

Federal Medicaid Law, Regulations, and Related Items

- Social Security Act of 1964 (Medicare and Medicaid)
- Balanced Budget Act of 1997
- Deficit Reduction Act/Medicaid Integrity Program of 2005
- Anti-kickback Statute
- Code of Federal Regulations
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Use Patient Records
- State Operations Manual
- Letters to State Medicaid Directors

- Technical Assistance Tools
- Quality Improvement Systems for Managed Care (QISMC)
- Guide to Encounter Data Systems
- Office of Management and Budget (OMB) Circulars
- Government Accounting Standards Board (GASB)
- The Balanced Budget Act of 1997

Other Relevant Legislation

- Privacy and Security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act (Federal and Michigan)
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Office of Inspector General Annual Work Plan
- Stark Law
- Health Information Technology for Economic and Clinical Health Act (HITECH) Act
- American with Disabilities Act of 1990
- State of Michigan MDHHS/PIHP contract provisions
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981

The LRE Compliance Plan is subject to the following conditions:

- A. LRE’s Chief Compliance Officer (CCO) may recommend modifications, amendments, or alterations to the written Corporate Compliance Plan as necessary and will communicate any changes promptly to all personnel and to the Board of Directors.
- B. This document is not intended to, nor should be construed as, a contract or agreement, and does not grant any individual or entity employment or contract rights.

DEFINITIONS AND TERMS

These terms have the following meaning throughout this Compliance Plan.

1. **Compliance investigation:** the observation or study of suspected fraud, abuse, waste, or reported violations of applicable laws and regulations for all Medicaid covered services by close examination and systematic inquiry.
2. **Abuse:** Practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)

3. **Fraud (Federal False Claims Act):** Is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)
4. **Fraud (MI Medicaid False Claims Act):** Michigan law permits a finding of Medicaid fraud based upon “constructive knowledge.” This means that if the course of conduct reflects a systematic or persistent tendency to cause inaccuracies” then it may be fraud, rather than simply a good faith error or mistake. (Public Act 421 of 2008, effective 1/6/2009)
5. **Waste:** Overutilization of services, or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.
6. **Member CMSHPs:** Member CMSHPs hold a subcontract with LRE to provide supports and services to adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders to Plan Members and to perform various delegated managed care functions consistent with LRE policy. “Member CMSHPs” includes the agency itself as well as those acting on its behalf, regardless of the employment or contractual relationship.
7. **Contracted Providers:** substance abuse, hospital, and other Providers throughout the LRE region with which the LRE directly holds a contract to provide Medicaid covered mental health and substance abuse services.
8. **Subcontracted Providers:** various Providers throughout the LRE region that contract directly with one or more of the Member CMSHPs to provide covered mental health and substance abuse services.

STRUCTURE OF THE COMPLIANCE PROGRAM

A. General Structure

- The LRE Board of Directors: The Board of Directors is responsible for the review and approval of the Compliance Plan and Policies, and review of matters related to the Compliance Program.
- The LRE Compliance Oversight Committee: The Compliance Oversight Committee (COC) provides guidance, supervision, and coordination for compliance efforts at the LRE. The COC is comprised of the LRE Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Quality Officer, Chief Compliance Officer, and Chief Information Officer. Legal Counsel will be an ad-hoc member of the COC. In addition, other members of the LRE not mentioned above may be asked to participate in the COC on a case-by-case basis to provide consultation on specific areas of expertise. The COC will meet quarterly and when otherwise needed to address specific impromptu matters.

- The LRE Chief Compliance Officer: The Chief Compliance Officer has primary responsibility for ensuring that the LRE maintains a successful Compliance Program. In particular, the Chief Compliance Officer oversees the implementation and effectiveness of the Compliance Plan and Compliance Policies, serves as the Chair of the Compliance Regional Operations Advisory Team (ROAT) and the LRE COC, provides consultative support to the provider network and has the responsibility for the day-to-day operations of the compliance program.
- The Compliance Regional Operations Advisory Team: The Compliance ROAT advises on matters involving compliance with contractual requirements and all related Federal and State laws and regulations, inclusive of the Office of Inspector General guidelines and the 42 CFR 438.608. The committee is comprised of the LRE Chief Compliance Officer and the compliance officers of each CMHSP Participant.
- Operations Council: The Operations Council reviews reports concerning compliance matters as identified by the Compliance ROAT and reported by the LRE Chief Executive Officer. The Operations Council shall be comprised of the Chief Executive Officers or Executive Directors of each CMHSP Participant and the LRE Chief Executive Officer.

B. The LRE Chief Compliance Officer

The LRE designates the Chief Compliance Officer who will be given sufficient authority and control to oversee and monitor the Compliance Program related Policies and Procedures, including but not limited to the following:

- Oversight of internal (PIHP Audits) and external provider network audits (MDHHS Audit) and monitoring activities outlined in the compliance plan.
- Directs and is accountable for the implementation and enforcement of the Compliance Plan.
- Serves as chair of the LRE's COC and the Compliance ROAT.
- Provides leadership to the LRE compliance activity and consultative support to CMHSP Participants/SUD Providers.
- Responsible for oversight of the LRE's efforts to maintain compliance with Federal and State regulations and contractual obligations.

C. The Compliance Regional Operations Advisory Team (ROAT)

The Compliance ROAT will consist of the LRE Chief Compliance, and the CMHSP Participants' Compliance Officers appointed by the CMHSP Participant's. The Compliance ROAT will meet on the first Wednesday of each month and shall be responsible for the following:

- Advising the LRE Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting LRE policies and procedures.
- Reviewing and recommending changes or revisions to the Compliance Plan and related policies and procedures and developing new policies and procedures as needed.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy to promote compliance with the Compliance Plan and detect potential violations and areas of risk as well as areas of focus.
- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.

D. The LRE Compliance Oversight Committee (COC)

The LRE COC will meet at minimum quarterly and whenever unique situations arise that require such a meeting. The duties and responsibilities of the COC are as follows:

- Review the Compliance Plan and related policies to ensure they adequately address legal requirements and identified risk areas;
- Analyze the regulatory environment and the legal requirements with which it must comply and specific risk areas;
- Analyze the effectiveness of the compliance program and make recommendations;
- Assist the Chief Compliance Officer with developing policies and procedures to promote compliance with the Compliance Plan;
- Assess existing policies and procedures that address these areas for possible incorporation into the compliance program;
- Assist the Chief Compliance Officer with identifying potential risk areas and violations;
- Advise and assist the Chief Compliance Officer with compliance initiatives;
- Work with appropriate departments, as well as affiliated providers, to develop standards of conduct and policies and procedures that promote compliance to legal and ethical standards;
- Recommend and monitor, in conjunction with the relevant functional area leaders, the development of internal and external systems and controls to carry out LRE's standards, policies and procedures as part of its daily operations;
- Determine the appropriate strategy and approach to promote compliance with the LRE compliance program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms;
- Develop a system to solicit, evaluate, and respond to complaints and problems;
- Monitor internal and external audits and investigations for the purpose of identifying risk areas and implement corrective and preventative action;
- Assist in the development of program measurements to evaluate the compliance program effectiveness;

- Ensure compliance issues are appropriately communicated to the departments, CEO, Executive Leadership committee, Board of Directors, and affiliated Providers, as needed; and
- Address other functions as requested by the CEO, CCO, and Board of Directors.

APPLICATION OF COMPLIANCE PLAN

As a regional PIHP, this Compliance Plan is intended to provide the framework for the LRE to comply with all applicable laws, regulations, and program requirements. It is the LRE's intent that all its compliance policies and procedures should promote integrity, support objectivity, and foster trust throughout the service region. This Plan applies to all LRE operational activities, administrative actions, and includes those activities that come within Federal and State oversight of PIHPs.

LRE personnel are subject to the requirements of this plan as a condition of employment. All LRE personnel are required to fulfill their duties in accordance with LRE's Compliance Plan, human resource and operational policies, and to promote and protect the integrity of LRE. Failure to do so will result in discipline, up to and including termination of employment depending on the egregiousness of the offense. Disciplinary action may also be taken against a supervisory employee who directs or approves an employee's improper conduct, is aware of the improper conduct and does not act appropriately to correct it, or who fails to properly exercise appropriate supervision over an employee.

LRE directly and indirectly, through its Member CMSHPs, contracts services for adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders within its seven counties (Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties).

The LRE Corporate Compliance Plan applies to all contracted and subcontracted providers receiving payment through LRE and/or through the PIHP managed care functions. All Member CMSHPs and contracted and subcontracted providers, including their officers, employees, servants, and agents, are subject to the requirements of this Plan as applicable to them and as stated within the applicable contracts. Failure to follow the LRE Compliance Plan and cooperate with the compliance program will result in remediation effort attempts and contract action, if needed.

The LRE Corporate Compliance Plan, standards, and policies included or referenced herein are not exhaustive or all inclusive. All LRE personnel, Member CMSHPs and providers are required to comply with all applicable laws, rules and regulations including those that are not specifically addressed in the Corporate Compliance Plan.

SECTION I – STANDARDS OF CONDUCT

LRE Personnel and Board of Directors Standards of Conduct

To safeguard the ethical and legal standards of conduct, LRE will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:

1. Confidentiality: LRE is committed to protecting the privacy of its consumers. Board members and LRE personnel are to comply with the Michigan Mental Health Code, Section, 330.1748, 42 CFR Part 2 relative to substance abuse services, and all other privacy laws as specified under the Confidentiality section of this document.
2. Harassment: LRE is committed to an environment free of harassment for Board members and LRE personnel. LRE will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, or any other condition, which adversely affects their work environment. LRE has a strict non-retaliation policy prohibiting retaliation against anyone reporting suspected or known compliance violations.
3. Conflict of Interest: LRE Board members and personnel will avoid any action that conflicts with the interest of the organization. All Board members and personnel must disclose any potential conflict of interest situations that may arise or exist. LRE will maintain standards establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for LRE.
4. Reporting Suspected Fraud: LRE Board members and personnel must report any suspected or actual “fraud, abuse or waste” (consistent with the definitions as set forth in this Plan) of any LRE funds to the organization.
5. Culture: LRE Board members, Executive Officer and management personnel will establish at LRE, and encourage throughout its region, cultures that promote prevention, detection, and resolution of instances of misconduct in order to conform to applicable laws and regulations. LRE will assist Member CMSHPs, contracted and subcontracted providers in adopting practices that promote compliance with Medicaid fraud, abuse, and waste program requirements. The LRE Compliance Plan and program will be enforced consistently.
6. Delegation of Authority: LRE Board members, Executive Officer and management personnel will use due care not to delegate substantial discretionary authority to individuals whom they know, or should have known through due diligence, have a propensity to engage in illegal activities.

7. Excluded Individuals: LRE will perform or cause to be performed criminal records checks and sanctions screenings on potential LRE personnel and shall avoid placing untrustworthy or unreliable employees in key positions.
8. LRE Board members and LRE personnel are expected to participate in compliance training and education programs.
9. LRE Board members and LRE personnel are expected to cooperate fully in any investigation.
10. Reporting: All LRE Board members and LRE personnel have the responsibility of ensuring the effectiveness of the organization's Compliance Program efforts by actively participating in the reporting of suspected violations of the Compliance Plan or policies and the standards stated in this Code of Conduct and Ethics.
11. Gifts from Consumers/Members: LRE personnel are prohibited from soliciting tips, personal gratuities or gifts from members or member families. Additionally, LRE personnel are prohibited from accepting gifts or gratuities of more than nominal value. LRE generally defines "nominal" value as \$25.00 per gift or less. If a member or other individual wishes to present a monetary gift of more than nominal value, he or she should be referred to the Executive Officer.
12. Gifts Influencing Decision-Making: LRE personnel will not accept from anyone gifts, favors, services, entertainment, or other things of value to the extent that decision-making or actions affecting LRE might be influenced. Similarly, the offer or giving of money, services, or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, member, government official, or other person by any LRE personnel, or the LRE is absolutely prohibited. Any such conduct should be reported immediately to the CO, or through the LRE Compliance Hotline at 1-800-420- 3592.
13. Gifts from Existing Vendors: LRE personnel may accept gifts from vendors, suppliers, contractors, or other persons that have nominal values as defined in LRE financial and compliance policies. LRE expects LRE personnel to exercise good judgment and discretion in accepting gifts. If any LRE personnel have any concerns regarding whether a gift should be accepted, the person should consult with his or her supervisor. LRE personnel will not accept excessive gifts, meals, expensive entertainment or other offers of goods or services, which has a more than a nominal value as defined in LRE financial and compliance policies.
14. Vendor Sponsored Entertainment: At a vendor's invitation, LRE personnel may accept meals or refreshments of nominal value at the vendor's expense. Occasional attendance at local theater or sporting events, or similar activity at a vendor's expense may also be accepted provided that, a business representative of the vendor attends with LRE

personnel. Such activities are to be reported to the Compliance Officer by LRE personnel.

15. **Purchasing and Supplies:** It is the policy of LRE to ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.
16. **All subcontractor and supplier arrangements** will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services, and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. LRE will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.
17. **Marketing:** Marketing and advertising practices are defined as those activities used by LRE to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. LRE will present only truthful, fully informative, and non-deceptive information in any materials or announcements. All marketing materials will reflect available services.

The federal Anti-kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by Medicaid programs. Therefore, all direct-to-consumer marketing activities require advance review by the Compliance Oversight Committee or designee if the activity involves giving anything of value directly to a consumer.

18. **Financial Reporting:** LRE shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable criteria.

All financial reports, accounting records, research reports, expense accounts, time sheets and other documents will accurately and clearly represent the relevant facts or the true nature of a transaction. No undisclosed or unrecorded funds or assets will be established for any purpose.

LRE will not tolerate improper or fraudulent accounting, documentation, or financial reporting. LRE personnel have a duty to make reasonable inquiry into the validity of

financial information reporting. In addition to employee discipline and termination, LRE may terminate the contractual arrangement involving any contracted provider due to fraudulent accounting, documentation, or financial reporting.

LRE shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets.

19. Third Party Billing and Governmental Payers: LRE is committed to truthful billing that is supported by complete and accurate documentation. LRE personnel may not misrepresent charges to, or on behalf of, a consumer or payer.

LRE must comply with all payment requirements for government- sponsored programs. All LRE personnel must exercise care in any written or oral statement made to any government agency. LRE will not tolerate false statements by LRE personnel to a governmental agency. Deliberate misstatements to governmental agencies or to other payers will expose the individual to potential criminal penalties and termination.

20. Responding to Government Investigations: LRE will fully comply with the law and cooperate with any reasonable demand made in a governmental investigation. LRE personnel may not conceal, destroy, or alter any documents, lie, or make misleading statements to governmental representatives. LRE personnel may not aid in any attempt to provide inaccurate or misleading information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of the law.

It is crucial that the legal rights of LRE personnel and LRE are protected. If any LRE personnel receives an inquiry, a subpoena, or other legal documents requiring information about LRE business or operation, whether at home or in the workplace, from any government agency, LRE requests that the person notify LRE's Executive Officer or the Compliance Officer immediately.

LRE will distribute the Code of Conduct and Ethics to all LRE personnel upon hire who shall certify in writing that they have received, read, and will abide by the organization's Code. In addition to the Code, all LRE personnel will be familiar with and agree to abide by all LRE operational and human resources policies and procedures. All operational and human resources policies and procedures are available to LRE personnel through the LRE intranet and the shared drive.

Member CMSHP and Contracted and Subcontracted Provider Relationships

It is the policy of the LRE to ensure that all direct and subcontracted provider contractual arrangements are structured in accordance with Federal and State laws and regulations and are in the best interest of the organization and the consumers we serve. To meet all standards ethically and legally, the LRE will strictly adhere to the following:

1. LRE does not receive or provide any inducement for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and our ability to provide the services needed.
2. No employee, Member CMSHP, or contracted or subcontracted provider, or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers.
3. LRE does not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to state and federal health care program beneficiaries.
4. LRE does not enter into contractual relationships with individuals, agents, or agencies that have been convicted of a criminal offense related to health care or that are listed by a Federal agency as debarred, excluded, or otherwise ineligible for participation in Federal health care programs. Reasonable and prudent background investigations will be completed prior to entering a contractual relationship with all individuals, agents, or agencies.
5. All Member CMSHP, contracted and subcontracted provider personnel have the responsibility of ensuring the effectiveness of LRE's Compliance Program efforts by actively participating in the reporting of suspected violations.

Member CMSHPs and contracted and subcontracted providers will be required to have written standards of legal and ethical conduct of their own. Member CMSHPs and contracted or subcontracted providers having developed their own standards of conduct will be required to provide evidence of such for inclusion in the contractor file.

Member CMSHPs and contracted and subcontracted providers will be familiar with and agree to abide by the LRE Compliance Plan and all applicable policies and procedures as incorporated into relevant contracts. All policies and procedures relevant to the Member CMSHPs and Providers are available via the LRE Internet Website at www.lsre.org. Member CMSHPs and contracted and subcontracted providers are responsible for monitoring and staying informed of regulatory developments independent of LRE Compliance Program efforts.

All LRE personnel, Member CMSHPs, contracted and subcontracted providers will refrain from conduct that may violate the Medicaid anti-kickback, false claims or physician self-referral laws and regulations. A false claim includes the following: billing for services not rendered; misrepresenting services actually rendered; falsely certifying that certain services were medically necessary; or submitting a claim for payment that is inconsistent with or contrary to Medicaid payment requirements. In general, these laws prohibit:

- Submission of false, fraudulent, or misleading claims for payment, the knowing use of a false record or statement to obtain payment on false or fraudulent claims paid by the

United States government, or the conspiracy to defraud the United States government by getting a false or fraudulent claim allowed or paid. If the claims submitted are knowingly false or fraudulent then the False Claims Act has been violated;

- Knowingly and willfully making false representation to any person or entity in order to gain or retain participation in the Medicaid program or to obtain payment for any service from the United States government;
- A physician (or immediate family member of the physician) who has a financial relationship with an entity from referring a Medicaid patient to the entity for the provision of certain “designated health services” unless an exception applies, or an entity from billing an individual, third-party payer; or other entity for any designated health services provided pursuant to a prohibited referral; and
- Knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application (claim) for benefits or payments under a Federal health care program.

SECTION II - COMPLIANCE OFFICER AND COMPLIANCE OVERSIGHT COMMITTEE

The LRE CEO will designate a Chief Compliance Officer (CCO), who will be given sufficient authority to oversee and monitor the Compliance Plan, including but not limited to the following:

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, contractual, and statutory changes.
- Reporting on a regular basis the status of the implementation of the Compliance Plan and related compliance activities.
- Assuring and/or coordinating compliance training and education efforts for LRE personnel, Member CMSHPs and contracted and subcontracted providers.
- Assuring continuing analysis, technical expertise and knowledge transmission of corporate compliance requirements and prepaid health plan performance in keeping with evolving federal requirements and MDHHS contractual obligations and standards.
- Coordinating and oversight of audits and monitoring activities
- Performing or causing to be performed risk assessments, verification audits, and on-site monitoring consistent with the approved annual PIHP compliance work plan(s) intended to reduce the risk of criminal conduct at LRE, Member CMSHPs, contracted and subcontracted providers.
- Ensure coordinating efforts with human resources, Provider Network Manager and other relevant departments regarding employee certifications/licensures, background checks, sanctions screenings, and privileging and credentialing.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.
- Drafting and maintaining LRE Board and executive reports including annual Compliance Program Evaluation.

The authority given the CCO will include the ability to review all LRE, Member CMSHP, contracted and subcontracted provider Medicaid and Healthy Michigan documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of LRE consistent with Section XVIII of the Medicaid Subcontracting Agreement.

LRE maintains and charters a Compliance Oversight Committee (COC) that oversees the implementation and operation of the LRE Compliance Program. The COC reviews reports and recommendations made by the LRE CO regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the CCO will make recommendations to the Executive Leadership regarding the efficiency of the LRE Compliance Plan and program.

SECTION III - COMPLIANCE TRAINING AND EDUCATION

Proper and continuous training and education of LRE personnel at all levels is a significant element of an effective compliance program. Therefore, LRE will establish a regular training program consistent with applicable compliance policies that covers the provisions of the Code of Conduct and Ethics, as well as the processes for obtaining advice and reporting misconduct. Training is provided upon hire for new employees; annual and periodic retraining is provided to existing LRE personnel and, as applicable, independent contractors.

LRE Board members and personnel will be scheduled to receive LRE's compliance program training on the Compliance Plan and Code at orientation or within thirty (30) days of employment. Tailored training may be required for employees involved in specific areas of risk and the CO will coordinate and schedule this as needed and will supplement with training and/or newsletters, e-mails and in-services. Records will be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in appropriate disciplinary action.

SECTION IV - COMPLIANCE REPORTING AND ONGOING COMMUNICATION

All LRE Board members and personnel must be familiar with applicable federal and state laws and regulations as well as LRE policies and procedures. Any LRE Board member and personnel that know, or has reason to believe, that an employee of, or independent professional providing services to, LRE is not acting in compliance with federal and state laws and regulations should report such matters to the CO. Reporting of suspected violations may be accomplished through a verbal, written, or anonymous report using the following mechanisms:

- LRE Telephone Hot Line – Suspected compliance violations or questions can be made to a toll-free hot line. The number is 1-800-420-3592 and includes confidential voice mail.
- LRE Electronic Mail (E-Mail) – Suspected compliance violations or questions can be sent electronically via e-mail to the Chief Compliance Officer at compliance@lsre.org.
- Mail Delivery – Suspected compliance violations or questions can be mailed to:

Attn: George Motakis
Chief Compliance Officer
Lakeshore Regional Entity
5000 Hakes Drive
Suite 250
Norton Shores, Michigan 49441

- In Person - Suspected compliance violations or questions can be made in person to LRE's CCO at the above address.

Whistleblower Protections for LRE Personnel

Employees who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, as more fully described below.

Under the Federal False Claims Act and the Michigan Medicaid False Claims Act, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

The Federal False Claims Act, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides “whistle-blower” protection for those making good faith reports of statutory violations.

Under the Michigan Medicaid False Claims Act, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA236, MCL §600.2591; or (ii) planned, initiated, or participated in the conduct upon which the action is brought; or (iii) is convicted of criminal conduct arising from a violation of that act.

An employer who acts against an employee in violation of the Michigan Medicaid False Claims Act is liable to the employee for all of the following:

1. Reinstatement to the employee's position without loss of seniority;
2. Two times the amount of lost back pay;
3. Interest on the back pay;
4. Compensation for any special damages; and,
5. Any other relief necessary to make the employee whole.

Under the Federal False Claims Act, any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained because of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

Partly because of their status as primary contracted agents performing delegated managed care functions and to minimize regional risk and harm, Member CMSHPs will report suspected compliance issues within three business days or less to the LRE Compliance Officer when one or more of the following criteria are met:

1. During an inquiry by the Member CMSHP compliance officer there is determined to be (reasonable person standard) Medicaid fraud, abuse, or waste as defined by federal statute, CMS, HHS OIG and applicable Michigan statute or regulation; or
2. Prior to any self-disclosure to any federal, state or Medicaid authority. In no way is this intended to nor should it be interpreted as a requirement or request to violate the letter or spirit of federal or Michigan reporting and whistleblower statutes or related regulations; or
3. When a Member CMSHP knows or (reasonable person standard) suspects that an action or failure to act in the organization or its contractors would result in the improper application or improper retention of Medicaid funds.

Participant CMHPSs shall undertake fraud, waste and abuse prevention, detection, and surveillance measures per contractual obligations and industry standards.

A. Reporting of Suspected Violations or Misconduct

The LRE shall maintain a reporting system that provides a clear process and guidelines for reporting potential offenses or issues.

The LRE board members, employees, contractual providers, consumers, and others are to report suspected violations or misconduct to the LRE Chief Compliance Officer or the appropriate CMHSP Participant/SUD Provider Compliance Officer and/or designee as outlined below. Suspected violations or misconduct may be reported by phone/voicemail, email, in person, or in writing (mail delivery).

LRE employees, consumers, contractual providers, and CMHSP Participant/SUD Provider staff who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, which includes protections from disciplinary actions such as demotions, suspension, threats, harassment, or other discriminatory actions against the employee by the employer.

Violations Involving Suspected Fraud, Waste, or Abuse:

- LRE board members, employees, contractual providers, and the provider network will report all suspected fraud and abuse to the Chief Compliance Officer. The report will be submitted in writing utilizing the Office of Inspector General (OIG) Fraud Referral Form.
- The LRE Chief Compliance Officer will complete a preliminary investigation, as needed, to determine if a suspicion of fraud exists.
- If there is suspicion of fraud, the LRE Chief Compliance Officer will report the suspected fraud and abuse to the MDHHS Office of Inspector General using the OIG Fraud Referral Form.
- The LRE Chief Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Inspector General.
- The LRE will follow the guidance/direction provided by the MDHHS Office of Inspector General regarding investigation and/or other required follow up.
- The LRE and the provider network will cooperate fully with investigations involving the MDHHS Office of Inspector General and/or the Department of Attorney General and adhere to any subsequent legal action that may result from such investigation.

Suspected Violations (NOT Involving Fraud, Waste, or Abuse) and/or Misconduct:

- LRE employees will report all suspected violations or misconduct (not involving suspected fraud or abuse) directly to the LRE Chief Compliance Officer for investigation. If the suspected violation involves the Chief Compliance Officer, the report will be made to the LRE Chief Executive Officer. Information provided shall at a minimum include the following:
 - Provider Information, if applicable (Name, Address, Phone Number, NPI Number, Email)
 - Complainant Information (Name, Address, Phone Number, NPI number [if applicable], Medicaid ID # [if applicable], Email)
 - Consumer Information, if applicable (Name, Address, Phone Number, Email)
 - Summary of the violation and/or misconduct
 - Date(s) of the violation and/or misconduct
 - Supporting documentation, if any (i.e. claims data, audit findings, etc.)
 - Action, if any, taken prior to submitting the violation

- Any suspected violations regarding the LRE Chief Executive Officer will be reported to the LRE Chief Compliance Officer and/or the LRE Board Chairperson/Executive Committee for investigation.
- CMHSP Participant/SUD Provider staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations (not involving suspected fraud or abuse) are required to report such wrongdoing to the LRE Chief Compliance Officer or to the CMHSP Participant/SUD Provider Compliance Officer. The CMHSP Participant/SUD Provider Compliance Officer will review reported violations to determine the need to report to the LRE Chief Compliance Officer. The review will be based on but not limited to: external party involvement, Medicaid recipient services, practices and/or system-wide process applicability.
- The Provider Network (CEO)/Executive Director(ED) and/or designee, shall inform, in writing, the LRE Chief Executive Officer (CEO) of any material notice to, inquiry from, or investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory (excluding Recipient Rights related to non-PIHP activities), prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services. The Provider Network CEO/ED shall inform, in writing, the LRE CEO immediately of any subsequent findings, recommendations, and results of such notices, inquiries, or investigations.
- Reports of suspected violations or misconduct may be made on a confidential basis to the extent possible.

B. Process for Investigation

All reports involving suspected fraud, waste, and abuse will follow the guidance/direction of the MDHHS Office of Inspector General for any required investigation.

Expectations on fraud referrals:

If the CMHSP participant identifies a credible allegation of fraud with an overpayment of \$5,000 or more, the CMHSP must use the OIG Fraud Referral Form to refer the case to MDHHS-OIG. The allegation must be an intentional deception, misrepresentation, or action made by an individual, provider, or other entity with knowledge that the action could result in some sort of benefit.

- Opinions/feelings are not enough to demonstrate a credible allegation of fraud.
- Fraud referrals must not be sent until there is enough documentation to support the allegation.
- Failure to produce records or documentation in records not sufficient to support claims is not an automatic conclusion of fraud. The intent component is critical and must be present.

The CMHSP participant should not be initiating claim adjustments or recovery when there is a credible allegation of fraud until MDHHS-OIG advises the CMHSP participant to proceed.

- Cases with findings indicating waste, error, and abuse are reported on a quarterly basis and authorization to proceed with recovery and correction of encounter claims is not required.

All reports of suspected wrongdoing, not involving fraud or abuse, shall be investigated promptly following the process outlined in the LRE Compliance Investigation Procedure.

“Prompt response” is defined as action taken within 15 business days of receipt by the PIHP of the information regarding a potential compliance problem.

The investigation process and outcome will be documented and will include at a minimum the following (as identified on the required OIG report template):

- Date of Complaint
- Consumer Name (if applicable)
- Provider Name (if applicable)
- Source of the Complaint/Activity (Identify how the report was received such as phone, hotline, anonymous, etc)
- Activity Type (audit, complaint, referral, etc.)
- Medicaid ID# (if applicable)
- Target of Activity (indicate whether the report involves a provider, consumer, etc.)
- Provider Type (Group home, Facility, etc.)
- Time Period Covered (enter a date range that the activity occurred)
- Summary of the Complaint/Activity
- Codes Involved in Complaint/Activity (If Applicable)
- Total Amount Paid Relating to Activity (If Applicable)
- Overpayment Identified (If Applicable)
- Date the Initial Review was Completed (for determining if further action is needed such as reporting to OIG)
- Was Potential Fraud Identified (Yes or No)
- Date Referred to MDHHS OIG (If Applicable)
- Date Final Notice sent to Provider (If Applicable for matters of overpayment, etc.)
- Total Overpayment Amount Identified (If Applicable)
- Total Number of Paid Claims Related to Overpayment (If Applicable)
- Total Collection Amount (If Applicable)
- Date the Complaint was Resolved
- Summary of the Findings

In conducting the investigation, judgment shall be exercised, and consideration shall be given to the scope and materiality consistent with the nature of the concern. Each investigation must be carefully documented to include a report describing the disclosures, the investigative process, the conclusions reached and the recommended corrective action, when such is necessary. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within the LRE who is not involved in the investigation process or to anyone outside of the LRE without the prior approval of the LRE Chief Compliance Officer. All LRE employees, Provider Network staff, and subcontractors are expected to cooperate fully with investigation efforts.

The LRE Chief Compliance Officer and the CMHSP Participant/SUD Provider Compliance Officers must report any conflict of interest that may exist when investigating a report of suspected wrongdoing or misconduct. If a conflict of interest does exist, the LRE Chief Compliance Officer will be responsible for securing an appropriate source to complete the investigation, which may

include utilizing the Chief Compliance Officer, one of the Provider Network Compliance Officers or an external source if necessary.

SECTION V - COMPLIANCE AUDITING, MONITORING, AND RISK EVALUATION

The LRE CCO is responsible for monitoring compliance activities and operations within LRE. The CCO must then report any determinations of noncompliance to the CEO, the COC, and the CCO will identify, interpret, and determine standards of compliance through internal and external audits, and other monitoring functions. The CCO shall prepare an Auditing and Monitoring Plan addressing identified risk areas.

Monitoring and Auditing: The LRE believes that a thorough and ongoing evaluation of the various aspects of LRE's Compliance Plan is crucial to its success. To evaluate the effectiveness of the Plan, the LRE will employ a variety of monitoring and auditing techniques, including but not limited to, the following:

- Periodic interviews with personnel within LRE, Member CMSHPs, and contracted and subcontracted providers regarding their perceived levels of compliance within their departments or areas of responsibilities;
- Questionnaires developed to poll personnel within LRE, Member CMSHPs, contracted and subcontracted providers regarding compliance matters including the effectiveness of training/education;
- Information gained from written reports from LRE compliance staff utilizing audit and assessment tools developed to track all areas of compliance;
- Audits designed and performed by internal and/or external auditors utilizing specific compliance guidelines;
- Incidents of alleged noncompliance reports are investigated.
- Member CMSHPs, contracted and subcontracted providers are encouraged to perform auditing and monitoring functions involving Medicaid covered services through their own compliance program efforts.

The LRE CCO, legal counsel, COC, and as appropriate, other LRE personnel will take actions to ensure the following:

- Access to and familiarity with the latest HHS OIG compliance guidelines and current enforcement priorities; and
- Assessment of the baseline risk of any significant issues regarding non-compliance with laws or regulations in accordance with LRE's Compliance Plan.

The CCO is also responsible to ensure a risk assessment is performed annually with the results integrated into the daily operations of the organization.

SECTION VI - ENFORCEMENT OF COMPLIANCE POLICIES AND STANDARDS

Corrective Actions and Prevention:

If an internal investigation substantiates a reported violation, corrective action will be initiated as identified within the LRE policies and procedures and the LRE subcontracts with the CMHSP Participant/SUD Providers including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, the provision of a corrective action plan from the designated Provider Network member (as necessary) including follow-up monitoring of adequate implementation, and implementing system changes to prevent a similar violation from recurring in the future.

Basis for Member CMSHP, Contracted, or Subcontracted Provider Corrective Action: Monitoring and auditing, and reports of questionable practices may form the basis for imposing corrective action.

Elements of a Member CMSHP, Contracted or Subcontracted Provider a Corrective Action Plan:

As appropriate given the nature of the noncompliance, a corrective action plan submitted to LRE for approval shall include:

- A description of how the issue(s) identified was immediately corrected OR the reason the issue(s) cannot be immediately corrected (i.e. the consumer has been discharged).
- A description of the steps put to be put into place to prevent the issue(s), or a similar issue(s), from occurring again (i.e. staff training, process redesign, etc.)
- A description of the quality assurance program put into place for monitoring purposes to ensure the corrective action plan is effective and/or similar issues do not occur.

Depending on the seriousness of the offense, the resulting action for LRE staff could include additional training, written reprimand, suspension, or termination of employment. The resulting action for the provider network would also depend on the seriousness of the offense and could include additional training, written reprimand, suspension, letter of contract non-compliance, and termination of contract.

SECTION VII - CONFIDENTIALITY AND PRIVACY

All LRE Board members, LRE personnel, Member CMSHPs, and contracted and subcontracted providers must conduct themselves in accord with the principle of maintaining the confidentiality of consumers' information in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code and the Privacy and Security Regulations issued pursuant to HIPAA and recent updated HITECH revisions, and 42 CFR Part 2 as it relates to substance abuse records. All will refrain from disclosing any personal or confidential information concerning members unless authorized by laws relating to confidentiality of records and protected health information. If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing

information, LRE Board members, LRE personnel, and Member CMSHPs should seek guidance from the Compliance Officer/ Privacy Officer, or anonymously through the LRE corporate compliance hotline at 1-800-420-3592.

References, Legal Authority, and Supporting Documents

1. Managing Compliance Program Effectiveness: A Resource Guide
<https://oig.hhs.gov/documents/toolkits/928/HCCA-OIG-Resource-Guide.pdf>
2. Federal Sentencing Guidelines Section 8
<https://www.ussc.gov/guidelines/2021-guidelines-manual-annotated>
3. DOJ Compliance Guidance
<https://www.justice.gov/criminal-fraud/page/file/937501/download>
4. United States Department of Justice, Criminal Division, Evaluation of Corporate Compliance Program
<https://www.justice.gov/criminal-fraud/page/file/937501/download>
5. United States Attorney Manual (USAM)
<https://www.justice.gov/jm/jm-9-28000-principles-federal-prosecution-business-organizations#9-28.800>
6. Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans, Medicaid Alliance for Program Safeguards, May 2002
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/mccomplan.pdf>
7. Anti-kickback Statute (section 1128B[b] of the Social Security Act)
http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm
<https://oig.hhs.gov/compliance/safe-harbor-regulations>
8. False Claims Act
<https://oig.hhs.gov/fraud>
<http://www.legislature.mi.gov>
9. 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005)
<http://www.cms.hhs.gov/deficitreductionact>
10. Michigan Mental Health Code
[http://www.legislature.mi.gov/\(S\(ea1olrem4pvgdzylgs0hay4e\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974](http://www.legislature.mi.gov/(S(ea1olrem4pvgdzylgs0hay4e))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974)
11. Department of Health and Human Services, Office of Inspector General
<https://oig.hhs.gov>
12. Michigan Public Health Code
<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf>
13. Code of Federal Regulations (Title 42, Part 2 and Title 45, Part 160 & 164) <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

THE LAKESHORE REGIONAL ENTITY

COMPLIANCE OFFICER CONTACT INFORMATION

George V. Motakis
Chief Compliance Officer
Lakeshore Regional Entity
5000 Hakes Drive
Suite 250
Norton Shores, Michigan 49441
Compliance Hotline: 1-800-420-3592
Compliance Fax: 231-769-2075
Compliance Officer: 231-769-2079
E-mail: georgem@lsre.org

CMHSP Compliance Officer

Allegan County:	OnPoint (Allegan County Community Mental Health Services)	Mandy Padget Director of Quality Improvement and Compliance Tel: 269-673-6617, Ext.2718 Fax: 269-686-5201 E-mail: mpadget@onpointallegan.org
Kent County:	Network 180 (Kent County Mental Health Authority)	Stacey O'Toole Director of Quality, Data Analytics, and Compliance Tel: 616-825-5400 E-mail: stacey.otoole@network180.org
Lake County: Mason County: Oceana County:	West Michigan Community Mental Health System	Devon Hernandez Director of Corporate Compliance and Risk Management Tel: 231-843-7298 Fax: 231-845-7095 E-mail: devonh@WMCMHS.org
Muskegon County:	Health West	Linda Closz CCBHC Project Manager and Corporate Compliance Officer Tel: 231-724-3631 Fax: 231-724-3659 E-mail: linda.closz@healthwest.net
Ottawa County:	Community Mental Health of Ottawa County	Kristen Henninges Compliance Program Coordinator Tel: 616-393-5685 Fax: 616-393-5687 E-mail: khenninges@miottawa.org
MDHHS Medicaid Fraud Hotline: HHS/OIG Hotline:		1-855-MI-FRAUD (1-855-643-7283) 1-800-HHS-TIPS (1-800-447-8477)

LRE PERSONNEL COMPLIANCE CERTIFICATION FORM

1. I have received, read, and understand the LRE Compliance Plan, Code of Conduct and Ethics, and related policies and procedures.
2. I pledge to act in compliance with and abide by the Code of Conduct and Ethics and LRE Compliance Plan during the entire term of my employment and/or contract.
3. I acknowledge that I have a duty to report to the Chief Compliance Officer any alleged or suspected violation of the Code of Conduct and Ethics, agency policy, or applicable laws and regulations.
4. I will seek advice from my supervisor or the Chief Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Conduct and Ethics or Compliance Plan.
5. I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Code of Conduct and Ethics or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.
6. I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/contract.
7. I agree to disclose the existence and nature of any actual or potential conflict of interest to the Chief Compliance Officer. Further, I certify that I am not aware of any current conflicts of interest.

Board/Employee/Provider/Contractor Signature

Date

LRE BOARD OF DIRECTORS COMPLIANCE CERTIFICATION FORM

1. I have received, read, and understand the LRE Compliance Plan and Code of Conduct and Ethics.
2. I pledge to act in compliance with and abide by the Code of Conduct and Ethics and LRE Compliance Plan during the entire term of my Board service.
3. I acknowledge that I have a duty to report to the LRE Chief Compliance Officer any alleged or suspected violation of the Code of Conduct and Ethics or related laws and regulations by myself, another Board Member, or any other person.
4. I will seek advice from the LRE Board Chairman or the LRE Chief Compliance Officer concerning appropriate actions that I may need to take to comply with the Code of Conduct and Ethics or Compliance Plan.
5. I understand that failure to comply with any part of this certification may result in my removal from the Board of Directors.
6. I agree to participate in future Board compliance trainings as required.
7. I agree to disclose the existence and nature of any actual or potential conflict of interest to the Board Chairman and Chief Compliance Officer. Further, I certify that I have disclosed all current conflicts of interest.

Board Member Signature

Date

Lakeshore Regional Entity Board Financial Officer Report for December 2023 12/15/2023

- **Disbursements Report** – A motion is requested to approve the November 2023 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through October is included as an attachment. This is a preliminary report. Figures may change based on the final FY2022 and FY2023 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- **LRE Combined Monthly FSR** – The October LRE Combined Monthly FSR Report is included as an attachment for October’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through October of \$5.1 million, a projected annual **deficit** of \$2.9 million and a budgeted **deficit** of \$2.2 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus. All CMHSPs have a projected surplus, except Network180 with a projected **deficit** of \$7 million, and Ottawa with a projected **deficit** of \$600 thousand. All CMHSPs have a budgeted surplus, except Network180 with a budgeted **deficit** of \$7 million.

CCBHC activity is included in this month’s report showing an actual **surplus** of \$1 million and a projected **deficit** of \$3.6 million, which the CCBHCs will be the risk to cover. A budgeted **surplus** of \$0 is shown.

This report was reviewed by Finance ROAT on December 11, 2023, and reviewed by Operations Advisory Council on December 13, 2023.

- **Cash Flow Issues** – No Member CMHSP has reported any cash flow issues.

- FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. The FY24 November revenue projection decreased \$10,710,920 from the FY24 projections used for the budget in September. Enrollment changes for the previous two months: October decreased 11,862 members and November decreased 14,103. These decreases exceed enrollment assumptions used in the projections. Medicaid, Healthy Michigan, and Waiver projections are based on the final FY24 rates and actual revenue received from MDHHS in November. CCBHC projections are based on MDHHS’s rates and projected utilization (daily visits) provided by the CCBHCs.

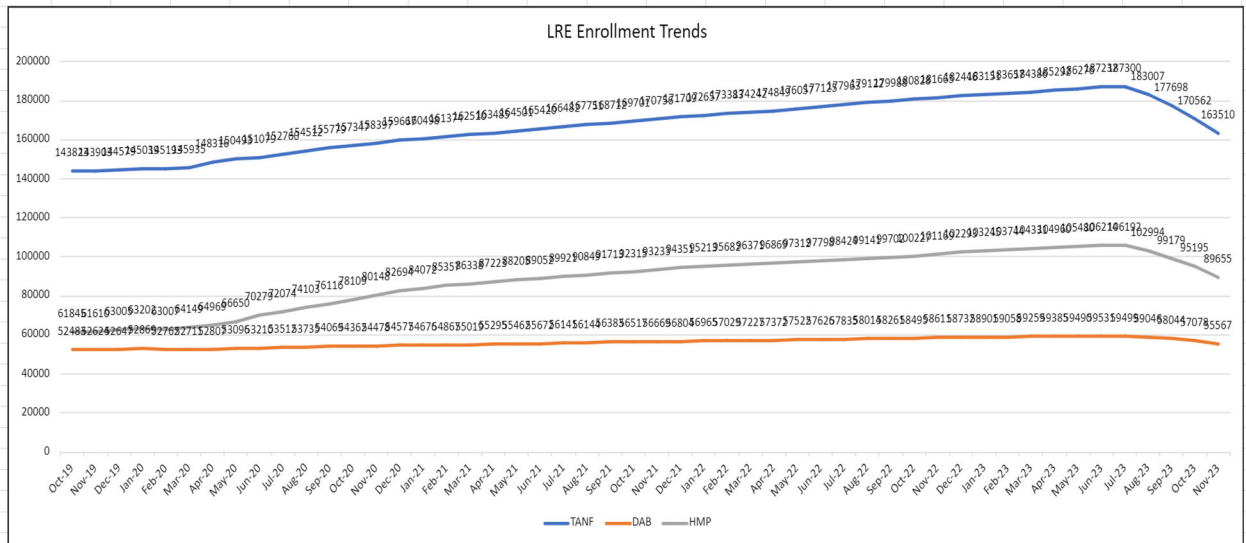
FY 2024 Revenue Projection				
Total LRE				
	FY23 Budget Projection (September)	FY24 Current Budget Projection	FY23 to FY24 Current Change	FY23 to FY24 Current % Change
MCD - MH	\$ 225,703,889	\$ 200,664,917	\$ (25,038,972)	-11.09%
MCD - SUD	\$ 9,968,521	\$ 8,238,577	\$ (1,729,943)	-17.35%
HMP - MH	\$ 37,595,370	\$ 16,509,825	\$ (21,085,545)	-56.09%
HMP - SUD	\$ 18,868,498	\$ 10,526,642	\$ (8,341,856)	-44.21%
Autism	\$ 43,909,505	\$ 42,777,367	\$ (1,132,138)	-2.58%
Waiver	\$ 43,805,912	\$ 52,847,413	\$ 9,041,501	20.64%
CCBHC MCD Base Cap	\$ -	\$ 28,080,950	\$ 28,080,950	
CCBHC HMP Base Cap	\$ -	\$ 8,816,400	\$ 8,816,400	
CCBHC MCD Supplemental	\$ -	\$ 33,570,184	\$ 33,570,184	
CCBHC HMP Supplemental	\$ -	\$ 9,710,407	\$ 9,710,407	
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%
ISF	\$ -	\$ -	\$ -	
IPA	\$ 5,060,353	\$ 4,257,668	\$ (802,685)	-15.86%
Total Region	\$ 398,834,605	\$ 429,922,907	\$ 31,088,303	7.79%

CMHSPs Breakdown (Net of CCBHC)				
	FY23 Budget Projection (September)	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY23 to FY24 Current % Change
MCD - MH				
OnPoint	\$ 18,643,374	\$ 17,284,157	\$ 16,591,204	\$ (2,052,170)
Healthwest	\$ 45,701,059	\$ 40,828,236	\$ 39,630,852	\$ (6,070,208)
Network180	\$ 114,576,561	\$ 106,864,576	\$ 103,910,719	\$ (10,665,842)
Ottawa	\$ 30,539,894	\$ 28,947,323	\$ 27,771,441	\$ (2,768,453)
West Michigan	\$ 16,243,001	\$ 13,265,820	\$ 12,760,702	\$ (3,482,299)
Total MCD - MH	\$ 225,703,889	\$ 207,190,112	\$ 200,664,917	\$ (25,038,972)
MCD - SUD				
OnPoint	\$ 808,715	\$ 710,483	\$ 685,665	\$ (123,050)
Healthwest	\$ 2,112,969	\$ 1,744,259	\$ 1,692,188	\$ (420,782)
Network180	\$ 5,015,496	\$ 4,367,218	\$ 4,222,449	\$ (793,047)
Ottawa	\$ 1,278,442	\$ 1,139,694	\$ 1,086,173	\$ (192,269)
West Michigan	\$ 752,899	\$ 575,487	\$ 552,104	\$ (200,795)
Total MCD - SUD	\$ 9,968,521	\$ 8,537,141	\$ 8,238,577	\$ (1,729,943)
HMP - MH				
OnPoint	\$ 2,849,848	\$ 1,562,109	\$ 1,486,707	\$ (1,363,142)
Healthwest	\$ 7,445,443	\$ 3,506,666	\$ 3,312,962	\$ (4,132,481)
Network180	\$ 19,191,292	\$ 8,581,263	\$ 8,216,367	\$ (10,974,925)
Ottawa	\$ 5,484,468	\$ 2,937,540	\$ 2,815,461	\$ (2,669,006)
West Michigan	\$ 2,624,319	\$ 728,797	\$ 678,328	\$ (1,945,991)
Total HMP - MH	\$ 37,595,370	\$ 17,316,375	\$ 16,509,825	\$ (21,085,545)
HMP - SUD				
OnPoint	\$ 1,428,905	\$ 992,950	\$ 952,728	\$ (476,178)
Healthwest	\$ 3,867,298	\$ 2,304,644	\$ 2,191,484	\$ (1,675,814)
Network180	\$ 9,593,123	\$ 5,420,235	\$ 5,221,872	\$ (4,371,251)
Ottawa	\$ 2,627,727	\$ 1,776,945	\$ 1,711,336	\$ (916,391)
West Michigan	\$ 1,351,445	\$ 474,127	\$ 449,222	\$ (902,223)
Total HMP - SUD	\$ 18,868,498	\$ 10,968,901	\$ 10,526,642	\$ (8,341,856)
Autism				
OnPoint	\$ 3,904,765	\$ 3,869,583	\$ 3,813,463	\$ (91,302)
Healthwest	\$ 9,008,185	\$ 8,901,598	\$ 8,786,935	\$ (221,250)
Network180	\$ 21,980,652	\$ 21,692,163	\$ 21,442,782	\$ (537,870)
Ottawa	\$ 6,439,881	\$ 6,399,627	\$ 6,249,265	\$ (190,616)
West Michigan	\$ 2,576,023	\$ 2,563,008	\$ 2,484,922	\$ (91,101)
Total Autism	\$ 43,909,505	\$ 43,425,979	\$ 42,777,367	\$ (1,132,138)
Waiver				
OnPoint	\$ 5,991,593	\$ 6,882,345	\$ 6,385,816	\$ 394,223
Healthwest	\$ 10,877,495	\$ 13,617,785	\$ 12,967,322	\$ 2,089,828
Network180	\$ 17,248,442	\$ 21,763,578	\$ 21,106,465	\$ 3,858,023
Ottawa	\$ 6,868,725	\$ 8,734,882	\$ 8,783,243	\$ 1,914,518
West Michigan	\$ 2,819,657	\$ 3,703,410	\$ 3,604,567	\$ 784,909
Total Waiver	\$ 43,805,912	\$ 54,702,000	\$ 52,847,413	\$ 9,041,501

Average PMPM		
	FY23 Budget Projection (September)	FY24 Current Budget Projection
OnPoint	\$ 95.97	\$ 129.30
Healthwest	\$ 97.97	\$ 126.78
Network180	\$ 87.04	\$ 109.31
Ottawa	\$ 84.97	\$ 108.37
West Michigan	\$ 91.72	\$ 132.22
Total CMHSPs	\$ 89.88	\$ 115.75

Member Month Projection		
	FY23 Budget Projection (September)	FY24 Current Budget Projection
OnPoint	350,395	295,274
Healthwest	806,499	682,417
Network180	2,155,382	1,810,700
Ottawa	626,568	525,474
West Michigan	287,487	243,410
Total Member Months	4,226,331	3,557,274

- Financial Data/Charts** – The chart below shows regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – November 2023. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program). Due to the end of the PHE, Medicaid eligibility redeterminations resumed in July 2023. The state’s actuary expects most disenrollments to occur August 2023 – July 2024. Per Milliman: enrollment trends expected to decrease by 70% of the gains over the course of the PHE unwind. DAB enrollments are at 76% and TANF disenrollments are at 67% of gains half way through the unwind.



- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 and FY2023.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT November 30, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	GENERAL/OTHER TOTAL	10,575.00
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
	HEALTHWEST LITIGATION TOTAL	41,275.94
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/23/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
	MANAGED CARE/MDHHS CONTRACT TOTAL	340,995.92
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
	NETWORK 180 LITIGATION TOTAL	52,874.13
	GRAND TOTAL	\$ 458,733.49



BOARD ACTION REQUEST

Subject: November 2023 Disbursements

Meeting Date: December 20, 2023

RECOMMENDED MOTION:

To approve the November 2023 disbursements of \$38,042,828.48 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Alleghen County CMH	\$2,662,652.18
Healthwest	\$7,025,803.35
Network 180	\$15,542,737.93
Ottawa County CMH	\$4,396,830.35
West Michigan CMH	\$2,149,785.76
SUD Prevention Expenses	\$17,576.13
Local Match Payment	\$215,887.00
Hospital Reimbursement Adjuster (HRA)	\$2,656,500.00
SUD Public Act 2 (PA2)	\$13,642.96
Administrative Expenses	\$3,361,412.82
Total:	\$38,042,828.48

83.58% of Disbursements were paid to Members and SUD Prevention Services.

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

STAFF: *Stacia Chick*

DATE: *12/12/2023*



Proposed Statement of Revenues, Expenditures & Changes in Fund Balance
Fiscal Year Ending 9/30/2024

	FY 2023/2024	FY 2023/2024	Increase /	Change
	Initial	Amendment 1	(Decrease)	%
	Budget	Budget	(Decrease)	%
Revenue				
Regional Operating Revenue				
Mental Health State Plan & 1915(i)	\$ 222,048,177	\$ 218,845,142	\$ (3,203,035)	-1.4%
Habilitation Supports Waiver (HSW)	49,521,854	47,749,747	(1,772,107)	-3.6%
Children's Waiver	3,242,736	3,300,548	57,812	1.8%
SED Waiver	1,754,317	1,797,119	42,802	2.4%
DHS Incentive Payment	471,247	471,247	-	0.0%
Autism Revenue	44,647,077	42,777,367	(1,869,709)	-4.2%
Mental Health Healthy Michigan	16,796,449	16,509,825	(286,624)	-1.7%
Mental Health Block Grant - Veteran Navigator	110,000	110,000	-	0.0%
Block Grants - Hisp BH, Native Am, Tob, Clubhse,				
ARPA CCBHC	435,800	435,800	-	0.0%
Substance Use Gambling, ARPA & DFC	965,861	1,032,581	66,720	6.9%
Substance Use State Plan	8,149,956	8,238,577	88,622	1.1%
Substance Use Healthy Michigan	10,714,364	10,526,642	(187,723)	-1.8%
Substance Use Block, State Opioid Response,				
COVID-19	11,941,134	12,348,964	407,830	3.4%
Performance Bonus Incentive Pool	2,819,234	2,819,234	-	0.0%
CCBHC Quality Bonus Incentive	-	1,745,775	1,745,775	0.0%
Substance Use PA2 Liquor Tax	3,748,366	3,748,366	0	0.0%
Medicaid CCBHC Base Capitation	27,747,426	28,080,950	333,523	1.2%
Healthy Michigan CCBHC Base Capitation	8,704,976	8,816,400	111,424	1.3%
Medicaid CCBHC Supplemental	32,214,873	33,570,184	1,355,311	4.2%
Healthy Michigan CCBHC Supplemental	9,358,912	9,710,407	351,495	3.8%
CCBHC General Funds	-	-	-	0.0%
Hospital Rate Adjuster (HRA)	12,576,256	12,576,256	-	0.0%
Interest Earnings	640,059	640,059	-	0.0%
Member Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Miscellaneous Revenue	5,500	5,500	-	0.0%
Total Revenue	\$ 469,622,121	\$ 466,864,237	\$ (2,757,884)	
Expense				
Regional Operating Expenses				
Administration expense	\$ 13,922,557	\$ 13,922,557	\$ -	0.0%
Block Grants - Gamb/Veterans/Hisp/Tob/NatAm	670,800	545,800	(125,000)	-18.6%
SUD Prevention Direct Expenses	3,152,694	3,808,480	655,786	20.8%
Hospital Rate Adjustment / Taxes	17,026,291	16,833,924	(192,367)	-1.1%
Operating Expense - Member Payments	433,842,231	430,745,928	(3,096,303)	-0.7%
Contribution to ISF/Savings	-	-	-	0.0%
Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Total Expense	\$ 469,622,121	\$ 466,864,237	\$ (2,757,884)	
Revenue Over/(Under) Expense	(0)	(0)		



Statement of Activities - Actual vs. Budget
Fiscal Year 2023/2024

As of Date: 10/31/23

Change in Net Assets	Year Ending 9/30/2024	10/31/2023		
	FY24 Budget <i>Initial</i>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	284,717,040	23,726,420	24,062,465	336,046
Autism Revenue	44,647,077	3,720,590	3,892,741	172,151
DHS Incentive	471,247	39,271	-	(39,271)
Healthy Michigan	27,510,813	2,292,568	3,284,058	991,491
Performance Bonus Incentive	2,819,234	234,936	-	(234,936)
Hospital Rate Adjuster (HRA)	12,576,256	1,048,021	-	(1,048,021)
Member Local Contribution to State Medicaid	1,007,548	83,962	83,962	(0)
Medicaid CCBHC Base Capitation	27,747,426	2,312,286	1,486,260	(826,026)
Healthy Michigan CCBHC Base Capitation	8,704,976	725,415	407,578	(317,837)
Medicaid CCBHC Supplemental Revenue	32,214,873	2,684,573	395,786	(2,288,787)
Healthy MI CCBHC Supplemental Revenue	9,358,912	779,909	206,813	(573,096)
MDHHS Grants	13,327,795	1,110,650	-	(1,110,650)
PA 2 Liquor Tax	3,748,366	312,364	-	(312,364)
Non-MDHHS Grants: DFC	125,000	10,417	-	(10,417)
Interest Earnings	640,059	53,338	55,122	1,783
Miscellaneous Revenue	5,500	458	730	272
Total Operating Revenues	469,622,121	39,135,177	33,875,516	(5,259,661)
Expenditures				
Salaries and Fringes	4,646,141	387,178	190,542	(196,636)
Office and Supplies Expense	276,380	23,032	14,117	(8,914)
Contractual and Consulting Expenses	1,046,779	87,232	50,816	(36,416)
Managed Care Information System (PCE)	305,200	25,433	24,600	(833)
Legal Expense	217,500	18,125	3,547	(14,578)
Utilities/Conferences/Mileage/Misc Exps	7,430,557	619,213	23,738	(595,475)
Grants - MDHHS & Non-MDHHS	670,800	55,900	11,359	(44,541)
Hospital Rate Adjuster / Taxes	17,026,291	1,418,858	-	(1,418,858)
Prevention Expenses - Grant & PA2	3,152,694	262,725	106,680	(156,044)
Member Payments - Medicaid/HMP	345,115,907	28,759,659	29,689,113	929,454
Member Payments - CCBHC Capitation	36,452,402	3,037,700	2,301,415	(736,285)
Member Payments - CCBHC Supplemental	41,573,785	3,464,482	-	(3,464,482)
Member Payments - PA2 Treatment	2,422,133	201,844	15,353	(186,491)
Member Payments - Grants	8,278,004	689,834	240,720	(449,113)
Local Contribution to State Medicaid	1,007,548	83,962	83,962	(0)
Total Expenditures	469,622,122	39,135,177	32,755,964	(6,379,213)
Total Change in Net Assets	(0)	(0)	1,119,552	1,119,552



**Statement of Activities
Budget to Actual Variance Report**

For the Period ending October 31, 2023

As of Date: 10/31/23

Operating Revenues

Medicaid/HSW/SED/CWP	Less capitated Medicaid funding being utilized for CCBHC Medicaid than expected.
Autism Revenue	N/A - Closely aligned with the current budget projections.
DHS Incentive	This revenue is received quarterly beginning in April.
Healthy Michigan	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. First quarter payment is expected in January.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Lower than expected CCBHC daily visits.
Healthy MI CCBHC Base Capitation	Lower than expected CCBHC daily visits.
Medicaid CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits.
Healthy MI CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits.
MDHHS Grants	MDHHS grant reimbursements are on hold. SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments are expected in the 2nd quarter.
Non-MDHHS Grants: DFC	No provider billings received for reimbursement.
Interest Revenue	N/A - Closely aligned with the current budget projections.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

Expenditures

Salaries and Fringes	Position vacancies.
Office and Supplies	Currently under budget. Will monitor for possible future budget amend.
Contractual/Consulting	Currently under budget. Will monitor for possible future budget amend.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Currently under budget. Will monitor for possible future budget amend.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants are being paid quarterly.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment will be made in quarter two.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly, pending receipt of an Operating Advance from MDHHS.
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	Lower than expected CCBHC daily visits.
Member CCBHC Supplemental	October CCBHC Supplemental payment to be made in December.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending is based on projections and will be monitored for amendments.
Member Grant Payments	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

For internal use only. This report has not been audited, and no assurance is provided.

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2024
 October 2023 Reporting Month
 Reporting Date: 12/15/23

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	5,461,400	15,146,068	2,664,059	4,101,820	1,886,756	307,117	29,567,221
Total Capitated Expense	4,434,670	14,980,259	2,305,448	653,961	1,740,208	307,117	24,421,664
Actual Surplus (Deficit)	1,026,730	165,809	358,611	3,447,859	146,548	-	5,145,557
% Variance	18.80%	1.09%	13.46%	84.06%	7.77%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	October expenses coming under what is expected due to a large number of FTE openings and a hold on Provider Network increases	Less than threshold for explanation	Significant variance is due to budgeting for additional positions and provider rate increases not in place during October 2023. Additionally, CCBHC daily visits were lower in October due to initial month of services resulting in less base capitation reclassification than projected.	Reporting ACTUALS paid through 10/31/23, primarily general operational expenses and payroll. No accruals in expenditures recorded yet.	WM anticipates revenue to decline as we move through the year related to the restatement of annual Medicaid enrollment.		
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: October							
Total Projected Medicaid/HMP Revenue	69,625,245	166,119,203	30,401,517	48,979,645	20,794,581	61,651,134	397,571,325
Expense Projections							
Total Capitated Expense Projections	64,957,021	173,091,232	30,393,469	49,575,500	20,794,114	61,651,134	400,462,470
Projected Surplus (Deficit)	4,668,224	(6,972,029)	8,048	(595,855)	467	-	(2,891,145)
% Variance	6.70%	-4.20%	0.03%	-1.22%	0.00%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	As we fill positions and complete provider network January 1st increases, we will see this decline slightly.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary.	Less than threshold for explanation	Expense projection based on 11/1/23 spending plan.	Less than threshold for explanation		
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Medicaid/HMP Revenue							
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	30,401,517	48,979,645	20,794,581	13,922,556	349,842,747
Total Budgeted Capitated Expense	64,957,020	173,091,232	30,393,469	48,900,000	20,794,114	13,922,556	352,058,391
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	8,048	79,645	467	-	(2,215,644)
% Variance	6.70%	-4.20%	0.03%	0.16%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Built in a projected surplus to the spending plan. This was done to accommodate a greater decline in the Medicaid population.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
Variance between Projected and Proposed Spending Plan	(1)	-	-	(675,500)	-	-	(675,501)
% Variance	0.00%	0.00%	0.00%	-1.38%	0.00%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation		Less than threshold for explanation	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2024
October 2023 Reporting Month
Reporting Date: 12/15/23

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Total Distributed Medicaid/HMP CCBHC Revenue	2,032,997	1,468,492	485,875	750,243	992,771		5,730,378
Total Capitated CCBHC Expense	1,579,833	1,325,253	546,239	261,409	962,852		4,675,586
Actual CCBHC Surplus (Deficit)	453,164	143,238	(60,364)	488,834	29,920		1,054,793
% Variance	22.29%	9.75%	-12.42%	65.16%	3.01%		
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Surplus is retained by the CCBHC to be used in subsequent fiscal years.	T1040 encounter reporting delays, working with PCE to make sure they are reported.		Getting updated numbers from Ottawa	Less than threshold for explanation		
PROJECTION:							
LRE CCBHC Revenue Projections *							
Total Projected Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,528,576	11,653,450		80,177,941
Total Capitated CCBHC Expense Projections	22,785,722	32,611,337	8,263,139	8,440,000	11,653,450		83,753,647
Projected CCBHC Surplus (Deficit)	(4,852,507)	1,188,224	-	88,576	-		(3,575,707)
% Variance	-27.06%	3.52%	0.00%	1.04%	0.00%		
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Services are projected to come in higher than is anticipated in base and supplemental. I would anticipate as services are provided this to close the gap.	Less than threshold for explanation	Need projection figures provided from OnPoint, LRE estimated based on spending plan	Less than threshold for explanation	Less than threshold for explanation		
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Medicaid/HMP Revenue							
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,528,576	11,653,450		80,177,941
Total Budgeted Capitated CCBHC Expense	17,933,215	33,799,561	8,263,139	8,528,576	11,653,450		80,177,941
Budgeted Surplus (Deficit)	-	-	-	-	-		-
% Variance	0.00%	0.00%	0.00%	0.00%	0.00%		
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation		
Variance between CCBHC Projected and Proposed Spending Plan	4,852,507	(1,188,224)	-	(88,576)	-		(3,575,707)
% Variance	27.06%	-3.52%	0.00%	-1.04%	0.00%		
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Projected is coming in higher than initial spending plan.		Less than threshold for explanation		Less than threshold for explanation		



Hello and good afternoon, it is a Great Day to be a part of the Lakeshore Regional Entity!

PIHP/REGIONAL Update

1. LRE Updates

- **LRE Staffing**
 - LRE has filled the position for the Clinical Manager position, the new employee is scheduled to start employment with LRE on January 8th, 2024.
 - Currently the LRE has 3 open positions that are posted on the website: Facility Reviewer, Quality Assistant, and Data Analyst.
 - Moving forward, LRE will not fill some of our vacant positions. As we learn employee skill sets there may be an opportunity to make minor changes that will modify some of our current staff and/or their job descriptions to take on parts of those positions.

- **LRE SUD (Substance Use Disorder) Strategic Plan**
 - LRE would like to recognize Stephanie VanDerKooi, Amanda Tarantowski and Amy Embury and the outstanding work they have done on the LRE's SUD Strategic Plan and being one of the best in the state of Michigan.

- **CCBHC Demonstration Year 2 Evaluation**
 - LRE is responsible for the oversight and support of regional CCBHCs. Attached to this report is an evaluation of LRE's performance of its responsibilities.

- **LRE FY23 Substance Use Disorder (SUD) Prevention Summary of Activities**
 - Attached to this report is an overview of initiatives and related metrics from 10/1/2021 through 9/30/2023.



2. Regional Updates

- Historical Deficit Update
 - **Update:** LRE and Muskegon have filed a petition to dismiss the lawsuit without prejudice. At the time of this report, the judge had not signed the petition, however hopefully by the date of the LRE Board of Directors meeting it will be completed.

- Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
 - HAB Waiver – During weekly meetings with MDHHS there has been ongoing discussion about the allocation of HSW slots. Region 3 has historically been under the state average number of slots although we consistently utilize every slot and have a need for more. LRE has requested 269 additional waiver slots which will bring us up to the state average.
Update: LRE assisted MDHHS with a waiver slot counter report to show the open slots. There have consistently been 164 open slots for the past 12 months. MDHHS is working to try to get the slot re-allocated sooner rather than later.
 - Behavioral Health Homes (BHH)/Opioid Health Homes (OHH) – LRE met with the state about BHH/OHH. The state had originally stated that LRE did not qualify based on how we are set up because they are supposed to be run at the PIHP. LRE met with Lindsey Naeyaert and explained that these are already being run through the CMHs and CCBHCs. Lindsey stated that she is going to try to revise what was submitted to CMS or to get a waiver to move forward. This will add additional revenue to the region for the people that are already being served in the CCBHC.
As part of the process the LRE agreed to review the handbooks for OHH and BHH and made notations for MDHHS to identify areas that are conflictual between the CCBHC and the OHH/BHH programs.
Update: LRE met with MDHHS on 11/20/23. MDHHS staff are working at drafting language to align the BHH/OHH program to be similar to the CCBHC for Region 3. The tentative date for this implementation is 10/1/24 (FY 25).

- FY 18-22 Cost Settlement with MDHHS and LRE Financial Audits
 - FY 21 Audits were completed and submitted on October 30th. MDHHS withdrew the \$200,000 sanction against the LRE.



- LRE Finance staff and RPC are working on FY 22 financial audit that is tentatively scheduled for completion by the approved extension deadline of 12/31/23.
- LRE staff have been working with MDHHS on the cost settlement process for FY 18, FY 19, FY 20, and FY 21. This would bring LRE current with MDHHS on the cost settlement process.
- Autism
 - Network180 has been on a corrective action plan with LRE/MDHHS since fall 2021. The original CAP timeline was for N180 to come into compliance by September 2022. LRE meets monthly with N180 and although progress has been made, N180 remains substantially out of compliance.
 - LRE is pleased to say that N180 and LRE have developed a potential short-term solution to address the children’s autism access issue. The model is being developed more, and a presentation will be provided to MDHHS Children’s Bureau for approval.
- Provider Network Update
 - Provider Network is working to finalize the draft LRE/CMHSP Boilerplate Contract, with the goal of implementing the new contract sometime mid-FY24. The LRE/CMHSP contract is being updated to align more closely with the updated MDHHS/PIHP boilerplate.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Legislative Update:

The LRE would like to highlight the following bills as action items:

State Legislation:	Federal Legislation
<ul style="list-style-type: none"> ● SB 27 ● HB 4576 & 4577, 4579 & 4580, 4707 ● Keep MI Kids Tobacco Free Alliance Bill Package 	<ul style="list-style-type: none"> ● S. 2993, 1323, 2860 ● HR 2891

Details can be found in the full Legislative Update attached to this report.



OTHER

- **Board Works Videos Available Online:**

The CMHA BoardWorks program was developed to assist Board members in fulfilling their obligations as CMH leaders, directors of policy, and advocates for those they serve. Traditionally, these modules have been offered at conferences and through DVDs. CMHA now offers updated modules available for viewing on our website. The following BoardWorks modules are currently available with more to come! Click [here](#) to view.

- Foundations – Intended Beneficiary Command
- Foundations – Public Policy
- Management – Systems
- Current and Future Funding for CMHSPs and PIHPs (formerly Budgets)
- Leadership – Participatory Governance and Ethical Implications (formerly Character)

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity



***Certified Community
Behavioral Health Clinic
(CCBHC)***

Demonstration Year 2 Evaluation

Certified Community Behavioral Health Clinic (CCBHC) Demonstration Year 2 Evaluation

CCBHC Overview

The CCBHC model is established by Section 223 of the Protecting Access to Medicare Act of 2014 (PAMA) and is designed to increase access to and coordination of critical healthcare services for people with behavioral health conditions. CCBHCs must serve anyone who enters the clinic looking for services, regardless of residency, insurance, or ability to pay. Services provided by CCBHCs must meet defined standards of care, as evidenced by the implementation of recognized evidence-based practices for the range of nine required services provided under the model. The Michigan Department of Health and Human Services is responsible for certifying CCBHC Demonstration sites, with PIHP oversight and support.

The emphasis of 24/7/365 crisis services, including mobile crisis response, is foundational to the model's focus on providing early and effective services to people experiencing acute mental health crises. Certification criteria that require coordination across settings, including linkages to social service providers, schools, and criminal justice, ensure a robust array of support is available to address the needs of CCBHC beneficiaries. CCBHC criteria, as defined by SAMHSA, fall into six key areas:

1. Staffing
2. Availability and Accessibility of Services
3. Care Coordination
4. Scope of Services
5. Quality and Other Reporting
6. Organizational Authority and Governance

Model development is supported through additional payments to CCBHCs for provision of any of the nine required CCBHC services, and supplemental funding for CCBHC services to non-Medicaid beneficiaries. CCBHC funding is received in addition to other funding available to the CCBHCs, less any third-party or other liabilities recovered from other responsible payers. The funding is used to support an expanded service array and, in many cases, hiring additional staff to support an increase in persons served.

Region 3/LRE Overview

- LRE supported HealthWest and West Michigan Community Mental Health (WMCMH) as part of the initial demonstration application and implementation beginning October 1, 2021. The initial demonstration period of two years has since been extended through 2026. In February 2023, the Centers for Medicare and Medicaid (CMS) announced the opportunity for states participating in Section 223 of PAMA to expand demonstration sites. The remaining three community mental health services programs—Community Mental Health of Ottawa County,

Network180, and OnPoint—all completed the application and certification process, becoming Demonstration CCBHCs effective October 1, 2023.

LRE is currently the only PIHP in the state to claim all members as CCBHCs. This allows LRE to be a prominent actor in the state’s efforts to expand and develop the CCBHC model. As partner demonstration sites, the member CMHSPs are able to better coordinate service delivery, support model development, and advocate for state policy that maximizes the effectiveness of integrated, whole-person healthcare across the state.

Purpose of this Evaluation

As a PIHP, LRE is responsible for the general oversight and support of the CCBHC Demonstration model development in the region. LRE facilitates coordination and discussion between sites, advocates for state policy, and provides technical assistance to CCBHCs during model implementation.

This evaluation is focused on LRE’s performance of its obligations as a PIHP, as defined by MDHHS in the CCBHC Handbook, most recent revision. The scope of this evaluation excludes the performance of CCBHC sites relative to the provision of required services. MDHHS has retained responsibility for CCBHC site-level evaluations and certification activities.

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DY2 Evaluation

To assess the effectiveness in supporting CCBHC demonstration, LRE completed the following evaluation based on the responsibilities and requirements defined in the MDHHS CCBHC Handbook.














Requirement(s) met.






Work in progress.




Oversight and Support

Responsibility	Assessment of Performance
Establish formal agreements with CCBHCs.	
Incorporate CCBHC service needs into ongoing network adequacy monitoring activities.	
Maintain infrastructure to support CCBHCs providing required services and functions.	
Collect and share member-level information regarding healthcare utilization and medications.	
Develop and implement protocols to assess CCBHC effectiveness.	
Develop and provide training and technical assistance.	
Utilize claims and encounter data to monitor CCBHC performance.	
Use CareConnect 360 to analyze healthcare data across settings for care coordination purposes.	
Incorporate CCBHC into PIHP's quality improvement activities to monitor coordination of care, chronic disease management, clinical outcomes, experience of care, and quality of care at the population level.	
Design and develop prevention and wellness initiatives and referral tracking.	
Ensure compliance with State and Federal requirements.	




Enrollment and Assignment

Responsibility	Assessment of Performance
Utilize WSA for CCBHC assignment activities for Medicaid and non-Medicaid recipients served by CCBHC.	
Verify diagnostic criteria for CCBHC recipients who are not automatically identified and enrolled.	
Monitor consistent collection of MDHHS-5515 consent forms for recipients.	

Payment

Responsibility	Assessment of Performance
Reimburse CCBHCs at site-specific PPS-1 rates for each valid CCBHC encounter within sixty (60) days following the month service was rendered.	
Collect CCBHC encounters for non-Medicaid recipients for cost reporting and monitoring purposes.	
Submit encounters timely to MDHHS.	

Reporting

Responsibility	Assessment of Performance
Review, audit, and submit quality metrics to MDHHS.	
Monitor, collect, and report grievance, appeal, and fair hearing information, with details, by CCBHC, to MDHHS.	
Submit other MDHHS-required reports, including FSRs and non-Medicaid utilization via eGrams.	



SUD PREVENTION SUMMARY OF ACTIVITIES FY21-23

An overview of substance use disorder (SUD) prevention initiatives supported through the LRE between October 1, 2021 and September 30, 2023 with review of related metrics.

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INTRODUCTION

Background Information:

The following report provides an overview of substance use disorder (SUD) prevention initiatives supported through the LRE during fiscal year 2020/2021 (FY21), 2021/2022 (FY22), and 2022/2023 (FY23). As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing substance abuse prevention services provided under contract with the Michigan Department of Health and Human Services (MDHHS). The LRE service region includes Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties.

Funding to support the initiatives discussed in this report were provided by Block Grant, Public Act 2, and other short-term specialty grants managed by the LRE and dedicated to SUD prevention services. Initiatives supported under the Medical Marijuana Operation and Oversight Grants are not managed by the LRE, however initiatives are referenced throughout this report where they overlap with LRE supported initiatives.

This report provides a record of activities to inform multi-year outcome evaluation for regional prevention services. Data reviewed in this report has been updated as available. The most recent youth survey data available at the time of this report's publication was for school year 2022. An addendum to this report will be provided once 2024 data is available.

Prevention providers funded during this time period include:

OnPoint - *formerly Allegan County Community Mental Health Services*
Arbor Circle (AC)
Community Mental Health of Ottawa County (CMHOC)
District 10 Health Department (D10HD)
Family Outreach Centers (FOC)
Kent County Health Department (KCHD)
Network 180 (N180)
Muskegon Community Health Project, Trinity Health (MCHP)
Ottawa County Department of Public Health (OCDPH)
Public Health Muskegon County (PHMC)
Wedgwood Christian Services (WW)

*The acronyms provided above will be referenced throughout this report.

SERVICES PROVIDED

Persons Served: 299,822

Between FY21 and FY23, almost 300,000 individuals received prevention services throughout the region.

During FY21, providers began offering many services using a virtual format rather than in-person due to Covid-19. For many initiatives, virtual programming has continued where it was found to be beneficial.

Persons Served	FY21	FY22	FY23
Allegan	8,660	10,356	10,922
Kent	137,260	41,156	36,131
Lake, Mason & Oceana	4,219	4,860	6,686
Muskegon	5,278	3,801	7,986
Ottawa	7,073	8,392	7,103
Total	162,490	68,565	68,828

During FY21, prevention providers proactively responded to limitations caused by COVID-19. Prevention providers digitized existing programs and resources that schools that could use in remote settings which ensured service continuation. Providers remained flexible and accommodating to ensure communities received the services needed as situations evolved.

Estimated Reach: 16.3M

Estimated reach is collected for activities where when an official count of persons is not possible. Providers estimate that they have achieved more than 16 million impressions through campaigns such as TalkSooner, Above the Influence, and others. Estimated reach for the LRE region totaled 3M in FY21, 10.9M in FY22, and 2.4M in FY23. The increased reach during FY22 was likely due to additional time-limited specialty grants, many of which were used to support marketing campaigns.

Hours of Service: 34,463

More than 34,000 hours of service were provided in the following strategies:

	FY21	FY22	FY23
Education	2,969	3,822	2,902
Community-Based	5,329	4,306	5,025
Environmental	3,664	705	980
Information Dissemination	561	212	623
Student Assistance/ Prevention Assmt	632	664	979
Alternative	383	168	541
Total	13,537	9,877	11,049

Prevention Goal Areas:

Efforts throughout the region are developed to align with the LRE's regional prevention strategic plan. A corresponding logic model provides a framework for how local efforts across the region work together to cumulatively impact regional priorities. Each provider uses local data to determine which priorities of the LRE strategic plan to address within their area.

Priorities established in the strategic plan, the targeted intervening variables for each, and the page on which you will find information about each are as follows.

Reduce Underage Alcohol Usep.4

- Reducing youth access
- Increasing awareness of consequences
- Promoting accurate perceptions of use

Reduce Underage Marijuana Usep.9

- Reducing youth access
- Increasing perception of risk

Reduce Underage Tobacco Use, inc. Vaping p.12

- Reducing youth access
- Increasing perception of risk

Reduce Opioid and Prescription Drug Misusep.15

- Reducing youth access
- Increasing perception of risk

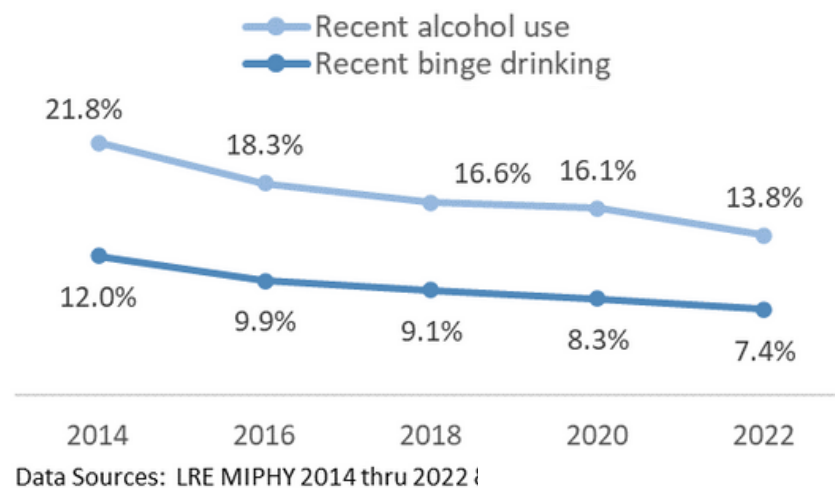
Reduce Early Initiation of Substance Usep.18

- Increase perception of risk
- Association with positive peers
- Promote positive family dynamics
- Coping with life stressors

ALCOHOL

Within the LRE region, the rate of high school students reporting recent alcohol use decreased between 2020 and 2022 to a low of 13.8%. Rates of recent binge drinking also decreased to a low of 7.4% in 2022. Childhood and underage drinking use has been declining in the LRE region and continues to be lower than statewide rates with 25.4% of high school (HS) students state-wide.

Recent Alcohol Use Among HS Students, LRE Region



To address underage drinking, the LRE has developed strategies targeting the following:

Easy Access: In 2020, more than half (59%) of HS students in the region, reported it would be 'sort of' or 'very easy' to get alcohol. The rate remained stable in 2022 at 58%.

Low Perception of Risk: In 2020, 29.2% of HS students in the region reported that drinking 5+ drinks once or twice each weekend is 'no risk' or 'slight risk'. The rate remained stable in 2022 at 30.4%.

Perception of Peer Use: In 2020, more than 1-in-4 HS students (26.6%) reported believing that more than half of the students in their grade had drunk alcohol in the past month, when only 16% actually had. The rate worsened slightly in 2022 (28.7%).

ACCESS: SOCIAL

Reduce access to alcohol in the home, and from family members.

Regional Strategies:

Increase awareness of social host laws and the legal consequences of providing alcohol to a minor for parents & college students age 21+.

Incorporate parent responsibility info into existing programs serving parents throughout the region.

Enhance enforcement for underage drinking parties to raise visibility of enforcement and encourage community reporting.

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Increase awareness of social host laws and the legal consequences of providing alcohol to a minor for parents & college students age 21+.		✓ FY21		✓ FY21			✓
Incorporate parent responsibility info into existing programs serving parents throughout the region.		✓ FY21		✓ FY21		✓ FY22	✓
Enhance enforcement for underage drinking parties to raise visibility of enforcement and encourage community reporting.		✓ FY21		✓ FY21			✓

Local Programming:

- **Kent County, N180:** All populations targeted through Above the Influence Campaign activities.
- **Mason County, D10HD:** Created and distributed post card with social hosting laws and consequences to parents through various methods.
- **Oceana County, D10HD:** Created and distributed post card with social hosting laws and consequences to parents through various methods.
- **Ottawa County, AC:** Through the ROADD Task Force the following initiatives were implemented:
 - Education on the consequences of providing alcohol to minors in partnership with local colleges and universities through informational resources for parents provided to schools.
 - Party patrols in the fall and spring resulted in 99 law enforcement encounters in FY21 where they issued citations and provided prevention education. This program continued in FY22.
 - Distributed information on the risks of alcohol and marijuana use on youth bodies at events, in partnership with teen driving schools, and through the schools.
 - Offered information to retailers.

ACCESS: RETAIL

Ensure alcohol retailers do not sell to underage individuals.

Regional Strategies:

Support and education for retailers to prevent sales to minors through responsible beverage and vendor education.

Safe Prom and Graduation initiatives to inform retailers of upcoming local events to be vigilant to avoid alcohol sales to youth. Often paired with increased enforcement efforts.

Partner with law enforcement to conduct compliance checks.

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Support and education for retailers to prevent sales to minors through responsible beverage and vendor education.	✓	✓		✓ FY21	✓		✓
Safe Prom and Graduation initiatives to inform retailers of upcoming local events to be vigilant to avoid alcohol sales to youth. Often paired with increased enforcement efforts.		✓			✓		✓
Partner with law enforcement to conduct compliance checks.	✓	✓			✓		✓

Local Programming:

- **Allegan County, OnPoint:** Provided in-person TIPS training for retailers and partnered with law enforcement for compliance checks.
- **Kent County**
 - KCHD: Partnered with Kent County Sheriff Department during DYTUR activities.
 - N180: Above the Influence Campaign activities including Sticker Shock which provides messaging to deter social provision of alcohol to minors.
- **Mason County, D10HD:** Referred area businesses interested in training to TIPS online training resources.
- **Muskegon County**
 - PHMC: Provided TIPS training and technical assistance for retailers who had a liquor control violation or requested additional information.
 - MCHP: ALI coalition members supported retailer education, compliance checks, and recognize retailers that successfully restrict sales to minors.
- **Ottawa County, AC:** ROADD task force offered information to retailers; limited due to COVID-19 in FY21. Safe Prom initiative began in FY22, reaching over 200 alcohol retailers and 400 other businesses associated with prom to prevent alcohol sales to minors annually.

PERCEPTION OF RISK

Increase awareness of the legal consequences of underage alcohol use.

Regional Strategies:

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Increase efforts and visibility of Minor-In-Possession (MIP) enforcement at prom, graduations, and underage drinking parties.					✓		✓
MIP brochure distribution with local law enforcement.							✓
FaceTheBook Campaign					✓		

Note: Additional efforts targeting perception of risk included under Early Age of Onset.

Local Programming:

- **Muskegon County**
 - MCHP: Annual campaigns for middle and high schools through media contest promoting the FacetheBook Campaign. Coordinated by MCHP's coalitions.
 - PHMC: In FY23 began working with EXIT and their MIP Program in efforts to get messaging out to youth on the risks.
- **Ottawa County, OCDPH:** Developed a flyer outlining MIP consequences, amnesty laws, and Good Moral Standing criteria for college program admission.

SOCIAL NORMS:

Increase visibility of youth who choose to not use substances and work to offset the common youth perception that most of their peers drink alcohol.

Regional Strategies:

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Engage area HS groups in development and distribution of normative messaging.		✓ FY21			✓		✓
Train local youth to promote messaging among their peers.	✓	✓ FY21			✓		
Provide youth leadership development opportunities.	✓	✓			✓		
Support youth-developed messaging.		✓			✓		
Education and messaging to decrease normality of heavy/excessive drinking among adults.	✓ FY22	✓	✓ FY23		✓		✓

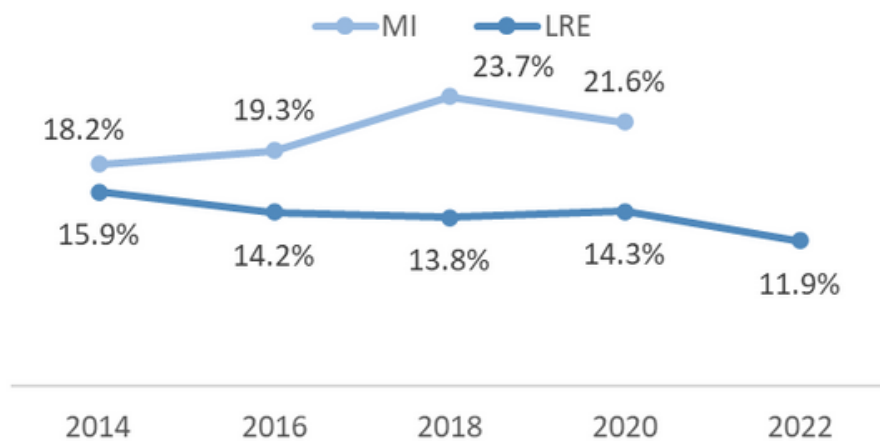
Local Programming:

- **Allegan County, OnPoint:** PAL’s youth attend the Youth-to-Youth Conference.
- **Kent County**
 - AC: Began promoting the "Make Good Choices, Your Future Awaits" materials in FY22 through various events. In addition, began a campaign where youth share why they don't use substances and how they cope with mental health challenges.
 - FOC: leadership opportunities focused on programming that strengthened the leadership skills of the individual students.
 - KCHD: Adult Heavy Drinking Campaign, 'About Last Night". Messaging released just before holidays. Campaign materials were refreshed in FY22 and are promoted through digital media, billboards, bud ads, Johnny ads, and display ads with partnering companies.
 - N180: Above the Influence Campaign.
 - WW: Teens provide input into awareness campaigns at their school each year. They are encouraged to submit blogs and videos that address the challenges teens face and positive ways to respond. The blogs and videos are then posted on the website and social media pages.
- **Lake County, D10HD:** D10HD: In FY 23, created a targeted campaign that promoted positive messaging regarding most people choosing not to drink in Lake and Mason County.
- **Muskegon County, PHMC:** Messaging distributed re. alcohol use among older adults.
- **Ottawa County**
 - AC: Provide educational information about serving size in partnership with our colleges and universities. Partnered with SLIC youth coalition to develop messaging that was distributed throughout the year. Safe Summer promotion through driving schools with 800 post cards mailed.
 - OCDPH: Prime for life programming provided.

MARIJUANA

In 2020, 14.3% of HS students in the LRE region reported recent use of marijuana, decreasing to 11.9% in 2022. Rates remain lower than state-wide and remained relatively stable following legalization of recreational marijuana use in 2019.

**Recent Marijuana Use Among HS Students,
LRE Region vs. Michigan**



Data Sources: LRE: MIPHY 2014 - 2022 & MI: YRBS 2013 - 2019

To address underage marijuana use, the LRE has developed strategies targeting the following:

Easy Access: In 2020, almost half (47%) of HS students in the region, reported it would be 'sort of' or 'very easy' to get marijuana. The rate decreased by 10% in 2022 to 43%.

Low Perception of Risk: In 2020, more than half (55%) of HS students in the region reported that using marijuana once or twice per week is 'no risk' or 'slight risk'. The rate remained stable in 2022 at 55%.

REDUCE YOUTH ACCESS

Ensure proper storage of marijuana in the home to prevent youth access and advocate for appropriate regulatory oversight of marijuana sales and distribution.

Regional Strategies:

Promote safe storage of marijuana in the home through education of consumers and distribution of lockboxes to medical marijuana consumers.

Advocate for appropriate regulatory oversight including standards for packaging, distribution, sales, and adequate monitoring for compliance.

Promote local policies that restrict or disallow retailer density, dispensaries near places frequented by youth such as schools and churches, and/or free samples and community events with marijuana.

Develop and promote model policies for local adoption.

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Promote safe storage of marijuana in the home through education of consumers and distribution of lockboxes to medical marijuana consumers.	✓	✓			✓	✓	✓
Advocate for appropriate regulatory oversight including standards for packaging, distribution, sales, and adequate monitoring for compliance.					✓		
Promote local policies that restrict or disallow retailer density, dispensaries near places frequented by youth such as schools and churches, and/or free samples and community events with marijuana.					✓		✓
Develop and promote model policies for local adoption.				✓	✓		✓ FY22

Local Programming:

- **Allegan County, OnPoint:** Distributed several hundred lock bags each year to local dispensaries for distribution to families. Schools were also provided bags to distribute as needed.
- **Kent County, KCHD:** Worked on Medical marijuana efforts, including a comprehensive safe storage messaging campaign and in FY23 began distribution of locked storage bags throughout the county. LARA funds support both.
- **Mason County, D10HD:** Hosted speakers for city officials to educate re. marijuana policies.
- **Muskegon County, PHMC:** Distributed lock bags to provisioning centers along with other youth access messaging. Worked with Michigan Prevention Association to assure legislators are aware of issues and needs for regulation. Worked with local municipalities to consider long term public health impact of marijuana use/sales in public spaces and neighborhoods.
- **Oceana County, D10HD:** Promoted and distributed lock boxes for safe storage in the home.
- **Ottawa County**
 - AC: Promoted safe storage and monitoring of marijuana in the home. Hosted a training around marijuana policy for local municipalities in FY21.
 - OCPHD: Provided lock bags free to the public and distributed at multiple locations. Disseminated information promoting effective marijuana dispensary policy (re. advertising, location and staff training).

PERCEPTION OF RISK

Increase awareness of the risks of marijuana use.

Regional Strategies:

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Incorporate marijuana info into existing educational efforts, including Prime For Life's new curricula component for marijuana.	✓	✓	✓ FY23		✓	✓ FY22	
Provide information on the risks of marijuana use while pregnant.	✓	✓		✓	✓	✓	✓
Raise awareness of the risks of driving after using marijuana.		✓		✓	✓	✓ FY21 & 22	✓

Note: Additional efforts targeting perception of risk included under Early Age of Onset.

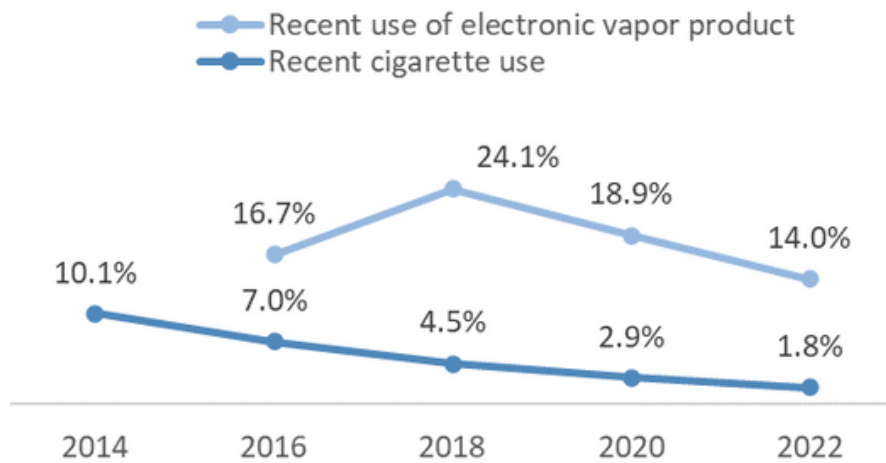
Local Programming:

- **Allegan County, OnPoint:** Brochures were created and distributed on marijuana and pregnancy. Prime for Life programming provided at local middle schools and high schools when youth are caught with marijuana at school or school events.
- **Kent County**
 - AC: School groups using the Prime for Life curriculum for youth who self-identified as wanting to avoid risky behaviors despite primary peer groups engaging in harmful use behaviors.
 - KCHD: In FY22, COVID SUD funds were used to develop a campaign on the risks of driving under the influence of marijuana, alcohol or pills; with 8 messages were designed.
 - N180: Above the Influence campaign.
 - WW: Risks covered in Project SUCCESS and small group education including suspension reduction groups for students caught vaping and/or using marijuana.
- **Lake County, DHD10:** Taught a classroom session on the dangers of marijuana. Distributed fact sheets that were distributed at back to school night and family meals month.
- **Mason County, D10HD:** Hosted a presentation for coalition members on the impact of marijuana legalization on communities. Staff provided webinar training on risks of use while pregnant.
- **Muskegon County, MCHP:** "Shattering the Myths" campaign of Alliance for Marijuana Prevention Coalition conducted annually within the Muskegon Area School Districts.
- **Oceana County, D10HD:** Press release and social media messaging on risks of driving under the influence of substances, including marijuana with emphasis during National Driving Impaired Awareness Month in FY22. Materials about risks of using marijuana while pregnant provided at tabling events and in parent resource bags.
- **Ottawa County**
 - AC: In FY22 promoted the "Don't Drive Buzzed" campaign to raise awareness of driving under the influence of marijuana or alcohol.
 - OCDPH: Distributed educational materials and provided marijuana lock bags.

TOBACCO

In 2020, only 2.9% of HS students in the region reported recent smoking, lower than state-wide (4.5%) and decreasing substantially in recent years. Rates of HS students reporting recent vaping has been decreasing since a high of 24.1% in 2018 to 18.9% in 2020 and 14.0% in 2022.

Recent Tobacco Use Among HS Students, LRE Region



Data Sources: LRE: MIPHY 2014-2022

To address underage use of tobacco and vaping products, the LRE has developed strategies designed to address the following:

Easy Access: In 2020, 38% of HS students in the region, reported it would be 'sort of' or 'very easy' to get cigarettes, improving substantially in 2022 to 20%. In FY20, 1-in-10 tobacco retailers (9.5%) were willing to sell to an underage decoy during compliance checks, decreasing to 5.4% in 2021, then increasing again in 2022 to 9.9%.

Low Perception of Risk: In 2020, almost 1-in-5 (18%) of HS students in the region reported that smoking one or more packs per day is 'no risk' or 'slight risk'. The rate remained stable in 2022 at 17%.

Regional data is not available for vaping, however data was collected in Ottawa and Lake counties. In Ottawa County in 2019, 24% of Ottawa HS students reported vaping is low risk, improving in 2021 to 20.1%. In Lake County, 39% of HS students (in 2020) reported that vaping is low-risk, in 2022 this worsened to 47%.

REDUCE YOUTH ACCESS

Ensure retailers do not sell tobacco products to persons under age 21.

Regional Strategies:

Utilized Regional No Cigs For Our Kids Campaign which consists of year-round law enforcement compliance checks for retailers, education and support for retailers. Consistent branding is used to enhance visibility.

Incorporated efforts to ensure retailers do not sell vaping products to minors. *

Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓

Youth Tobacco Access: The Federal Synar Amendment requires states to enact and enforce laws prohibiting the sale of tobacco products to individuals under the age of 18. In December of 2019 federal law was enacted to restrict tobacco sales to anyone under the age of 21. Each state must conduct annual unannounced inspections for a random sample of tobacco retailers and achieve a success rate of at least 80%. If they do not, the state risks loss of up to 40% of the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Checks conducted as part of this sample are called Synar compliance checks.

Synar Compliance Rate:

For statewide assessment purposes, a random selection of retailers is provided annually to each PIHP. The sample provides meaningful results statewide, but is too small to provide meaningful results for the region.

Synar Compliance Check Results	FY21	FY22	FY23
# Checks Completed	45	63	49
# Retailers that Refused Sale	38	58	41
Compliance Rate	84.4%	92.1%	83.7%

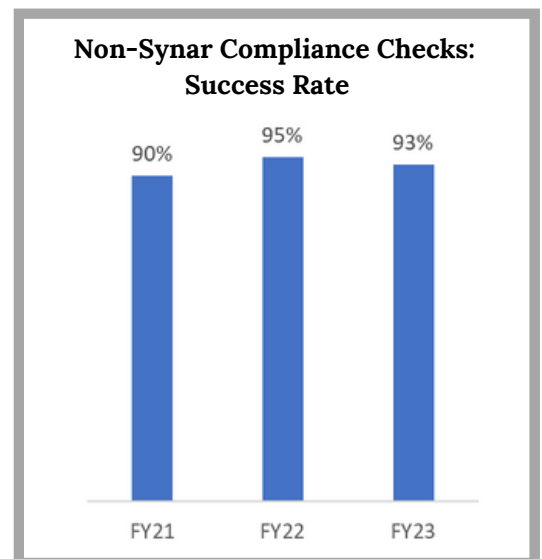
No Cigs For Our Kids Campaign:

To ensure success during the Synar assessment and prevent youth access to tobacco products, the LRE region’s No Cigs for Our Kids Campaign has law enforcement conduct compliance checks throughout the year that result in citations for those who fail plus a vendor education visit. These checks are referred to as non-Synar compliance checks.

All retailers that pass a non-Synar compliance check are mailed a letter notifying them of the results along with a Certificate of Compliance. All retailers that fail receive a vendor education visit and the clerk is issued a citation. Corporate headquarters is also notified of the results for retailers that are part of a larger corporation.

In addition, a minimum of 25% of retailers in each county receive a vendor education visit annually.

Of the more than 900 tobacco retailers region-wide, a large proportion receives a compliance check each year; 27% in FY21, 49% in FY22, and 46% in FY23. These checks resulted in a compliance rate of 90% or higher each year during the reporting period as shown in the chart to the right.



PERCEPTION OF RISK

Educate youth on risks of tobacco use:	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Education on risks of tobacco use, including vaping.	✓	✓	✓	✓	✓	✓	✓
Incorporate info on e-cigs into educational programming, materials and presentations.	✓	✓	✓	✓	✓		✓
Increase Parent Communication:	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Presentations, workshops, and informational materials to help parents and caregivers understand the health risks of vaping, identify use in their child, and communicate risks to their youth.		✓					✓
Increase consequences for vaping:	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Promote enhanced school policy and enforcement for vaping.							
Develop model policies regarding vaping and promote adoption.							
Support school personnel in identifying vaping use, provide appropriate consequences, and support youth who vape.					✓		

Local Programming:

• Kent County

- KCHD: Updated material for all programming with current info. Vape Education classes for parents and MS/HS students. In FY23, trained school personnel to provide the program, CATCH My Breath.
- N180: Provided information through ATI.
- WW: Info on risks of vaping included in Project SUCCESS, small group education, & parent education.

- **Lake County, D10HD:** Offered a classroom education session on the dangers of vaping and purchased quitting resources to distribute to youth.

• Muskegon County

- MCHP: Annual campaign with most districts in the county. FaceTheBook campaign incorporated vaping information in FY22.
- PHMC: Included vaping in tobacco outreach efforts. Provided model ordinances for local municipalities and helped to develop compliance check efforts with law enforcement. In FY22 added vaping education for students; also coordinated a vape disposal program.

- **Oceana County, D10HD:** Provided educational sessions for youth caught vaping at school and virtual vaping presentations for youth for schools. In FY22 provided Vape Educate licenses to schools as an alternative to suspension. Partnered with TOPPC youth to present to MS students. In FY23, Incorporated the risks of vaping & tobacco use into MS life skills classes.

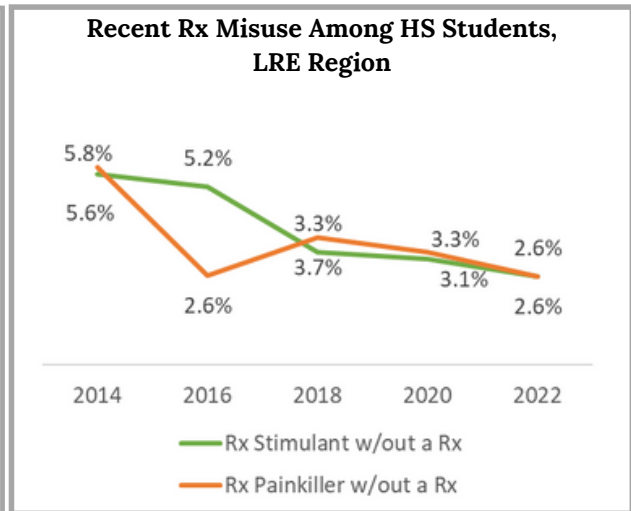
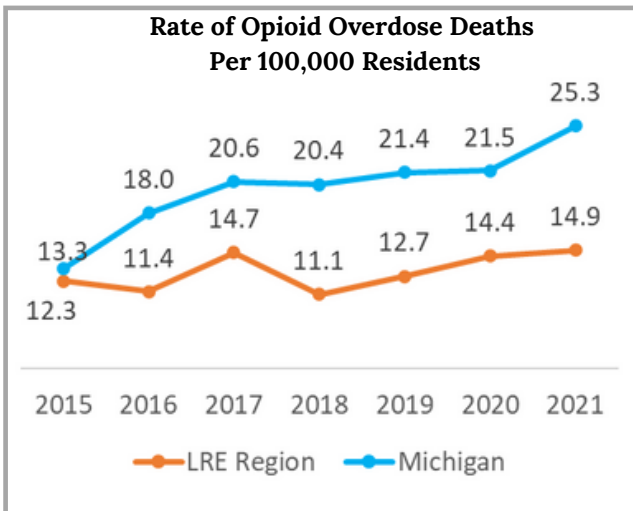
• Ottawa County

- AC: Provided info on My Life, My Quit including social media ads in FY21. Info on vaping provided in all youth and adult programming. Promoted the virtual teen room and promoted vape disposal.
- OCDPH: Vape Education class provided in FY21. In FY22 supported school staff to provide vape education to students during detention, implemented in Holland and Hudsonville public schools.

OPIOID AND PRESCRIPTION DRUG MISUSE

In 2021, there were 197 deaths in the LRE region due to opioid related overdoses (prescription and illicit). The rate of opioid overdose deaths has been increasing in the region since 2018 but remains lower than state-wide.

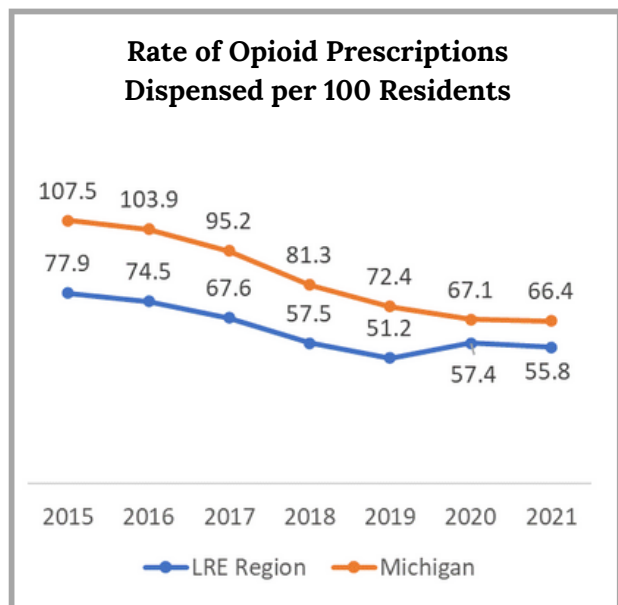
Prescription drug (Rx) misuse among HS students has decreased in recent years to a low of 3.1% for Rx stimulants and 3.3% for Rx painkillers in 2022.



To address opioid misuse, the LRE has developed strategies targeting the following:

Reduce Youth Access: The rate of opioid prescriptions dispensed has been decreasing statewide since 2018 but have remained relatively stable in the LRE region. In 2020 rates varied greatly by county with the lowest in Ottawa (44.6) and Kent (50.2) and the highest in Mason (89.0) and Oceana (88.3%).

Low Perception of Risk: In 2020, 1-in-5 (21.3%) HS students reported that taking a prescription drug not prescribed to you is 'no risk' or 'slight risk'. The rate remained stable in 2022 at 20.9%.



REDUCE YOUTH ACCESS

To reduce over-prescribing and educate about storage and disposal of medications.

Regional Strategies:

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Education and support for pharmacists and physicians to support safe prescribing, promote disposal, identification and referral to treatment.			✓		✓		✓
Increase proper disposal of medications through disposal opportunities and awareness of the importance of proper disposal.	✓		✓	✓	✓	✓	✓
Education and resources to support parents to manage, monitor, and dispose of medications in the home.	✓		✓	✓	✓	✓	✓
Raise awareness of the risks and legal consequences of sharing prescribed medications.		✓					

Local Programming:

- **Allegan County, OnPoint:** Safe disposal locations are promoted at all events and brochures are distributed. Also promote safe syringe disposal at these locations.
- **Kent County**
 - AC: In FY22, developed and distributed approximately 40 packets to schools on the impact of youth substance use disorder.
 - KCHD: In FY23, offered education through multiple curriculums for student’s 6th – 12 grades and parents. Prevention messaging campaign about using pills and driving, and a campaign for 14–25-year-olds about prescription meds.
- **Mason County, D10HD:** Supported household hazardous waste event in FY21. Created and distributed mailers to county residents noting proper disposal methods and local options for disposal. Social media posts on storage and disposal.
- **Muskegon County**
 - MCHP: Host take back events and permanent take backs disposal boxes at all law enforcement agencies and Trinity pharmacies.
 - PHMC: Created MAPS awareness campaign; supported pharmacies to advertise use of system. Provided ad printing, staffing, & distribution for local collection events. Lock box exchange program.
- **Oceana County, D10HD:** Host drug take back events and provided educational materials on proper storage and disposal of medications. Distributed Dispose Rx packets for in FY21. In FY 22 provided medication lock boxes. Paid advertising to promote safe storage and medication lock box resources.
- **Ottawa County**
 - AC: Partnered with local municipalities to promote the prescription drug disposal boxes and take back events in water bills. In FY22 promotion increased with social media ads. Communicated to parents about managing and monitoring prescription medication.
 - CMHOC: Through the Opiate Taskforce, increased permanent disposal sites. Provide medication lock boxes to community members to safely lock prescriptions. Developed a list of Suboxone providers in Ottawa County and provided this list to treatment providers.

PERCEPTION OF RISK

Regional Strategies:

Develop materials for schools and organizations to share with youth and families on signs, symptoms, consequences of RX abuse, and resources for youth who need help.

Incorporate information into presentations for health education classes and other community presentations.

Promote the risks of Rx drug misuse through the Talk Sooner Campaign.

Partner with pharmacists to develop and promote information to patients on the risks of Rx opioids.

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Develop materials for schools and organizations to share with youth and families on signs, symptoms, consequences of RX abuse, and resources for youth who need help.		✓			✓		
Incorporate information into presentations for health education classes and other community presentations.		✓			✓	✓	✓
Promote the risks of Rx drug misuse through the Talk Sooner Campaign.		✓	✓	✓	✓		
Partner with pharmacists to develop and promote information to patients on the risks of Rx opioids.					✓ FY21		✓ FY21

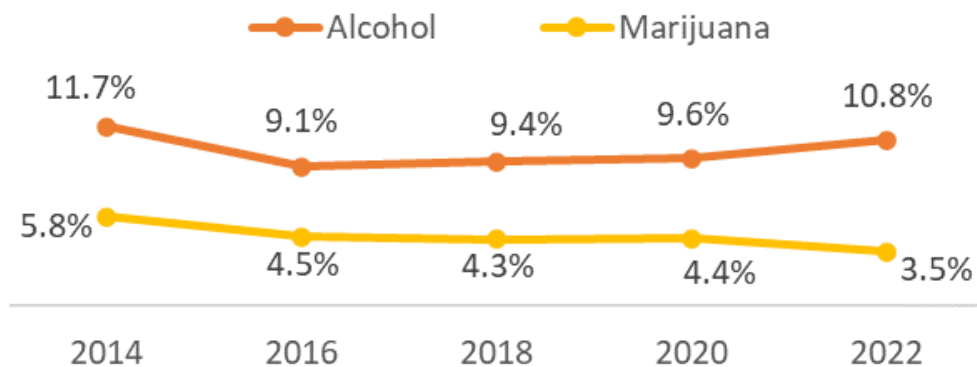
Local Programming:

- **Kent County, N180:** Provided information through ATI campaign and the regional marketing implementation plan.
- **Mason County, D10HD:** Promoted TalkSooner at a variety of events and outreach opportunities. This program includes RX abuse education. Distributed materials at medication take back events with information on risks.
- **Muskegon County, AC:** Included information for parents in parenting classes.
- **Oceana County, D10HD:** Coalition hosted a harm reduction presentation.
- **Ottawa County**
 - AC: Provided information in presentations, parenting classes, Botvin's Transitions Programs, and Raise Your Voice programming.
 - CMHOC: Partnered with a pharmacist to develop a list of dangerous co-prescriptions and disseminated this information to stakeholders in FY21. In FY22, the pharmacist and local providers have taken responsibility for this education.
 - OCDPH: Included in Prevention Education as well as parent education on current trends in drug use.

EARLY INITIATION

Research has consistently found that alcohol or drug use at an early age increases the likelihood of developing addiction as an adult. In 2020, 9.6% of high school students in the LRE region reported use of alcohol before the age of 13 and 4.4% reported use of marijuana before age 13. Across the region, early use of alcohol ranges from a high of 20.4% in Mason, to a low of 7.4% in Oceana. Early use of marijuana ranges from a low of 2.7% in Oceana to a high of 12.6% in Lake County.

HS Students Reporting Use Before Age 13, LRE Region



To delay the onset of substance misuse among youth, the LRE has developed strategies targeting the following:

Low Perception of Risk: Among MS students,

- Two-fifths (41%) reported marijuana use is low risk, remaining stable in 2022 (41%).
- One-third (32%) reported binge drinking once or twice per weekend is low risk in 2020, improving to 29% in 2022.
- One-fourth reported that taking a prescription drug not prescribed to you is low risk in 2020, remaining relatively stable at 23% in 2022.

Positive Peers: In 2020, 72% of students (MS and HS) in the region reported they had at least one close friend who had committed to being drug-free in the past year, remaining relatively stable at 74% in 2022.

Family Dynamics: In 2020, 84% of MS students reported they could ask their mom or dad for help with a personal problem, remaining relatively stable at 83% in 2022.

Family Communication: In 2020, 67% of MS students reported that their parents had ever talked to them about their expectations regarding alcohol and other drugs, remaining stable in 2022 at 68%.

Life Stressors: In 2020, 28% of MS students reported depression in the past year increasing to 30% in 2022. Among HS students, in 2020, 18% reported having seriously considered suicide in the past year, increasing to 20% in 2022.

PERCEPTION OF RISK

Increase awareness of risks among elementary & middle school aged youth

Regional Strategies:

Educate elementary and MS students about immediate and long-term effects of alcohol and other drug use through youth and family programming.

Peer refusal skills training of high school students. In addition, presenting this training to younger students as well as peer counseling.

Provide Drug Risk Teaching Toolkit to teachers to provide relevant content on the risks of youth substance abuse.

Participate in national awareness weeks to promote true alcohol facts and educate youth on the risks of underage drinking (i.e. National Drug Facts Week, Red Ribbon Week, etc.)

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Educate elementary and MS students about immediate and long-term effects of alcohol and other drug use through youth and family programming.	✓	✓	✓ FY22	✓	✓		✓
Peer refusal skills training of high school students. In addition, presenting this training to younger students as well as peer counseling.		✓	✓ FY22		✓		✓
Provide Drug Risk Teaching Toolkit to teachers to provide relevant content on the risks of youth substance abuse.		✓					✓
Participate in national awareness weeks to promote true alcohol facts and educate youth on the risks of underage drinking (i.e. National Drug Facts Week, Red Ribbon Week, etc.)	✓	✓	✓ FY22	✓	✓	✓	✓

Local Programming:

- **Allegan County, OnPoint:** Partner with Fennville and Otsego Middle Schools in Red Ribbon Week., providing resources and education to students.
- **Kent County**
 - AC: Presentations on recognizing risk factors/behaviors. Groups on decision-making and learning ways to identify activities that have a positive impact. Risk information is incorporated into the Total Trek Quest program for MS students.
 - FOC: Used PALS curriculum to teach about the effects of ATOD, inc. refusal skills. Worked to increase community partnerships and expanding service sites in FY22.
 - KCHD: Elementary, MS, and HS LifeSkills Trainings, Yo Puedo Program, Juvenile Detention LifeSkills Training, and Girl's Court Programming. In FY23, MIP education provided as a requirement for all youth referred by the courts with 117 MIPs referrals, and many for vaping. Also, provided peer refusal skills training to students in grades 3 – 12, participating in a SUD curriculum.
 - N180: All strategies incorporated in the ATI mobile experiences. Youth Summit, Mobile Pop Up via prevention on wheels; Classroom Mobile Experiences; ICreate Art Prize; ATI Chronicles, and Faith Based Experience.
 - WW: Project SUCCESS lessons on the effects of alcohol and other drugs as well as strategies for saying no substances is provided to MS and HS based on needs. Promoted Red Ribbon Week and National Drug Facts Week. In FY22 began providing after school prevention programming with focus on employment training was delivered youth from middle and high school, alternative schools, probation, and local clinical service participants. In FY23 also offered info at school staff development days on SUD prevention, trends, and resources available.

PERCEPTION OF RISK

Local Programming, continued:

- **Lake County, D10HD:** Red ribbon mailer promotion. Info distributed as part of a toolkit for parents and kids.
- **Mason County, D10HD:** Provide direct vaping education to students caught vaping. Shared information on social media for National Drug Facts Week. Summer media campaign educating youth on risks of underage drinking. Participated in school homecomings with a table on vaping prevention. Partnered with school counselors to promote vape cessation resources.
- **Muskegon County**
 - AC: Provided Strengthening Families Program (SFP 10-14) and booster session, includes risks of SUD in youth portion. Total Trek Quest program educates youth on the risks of substance use.
 - PHMC Muskegon: Prime for Life, LifeSkills, and working with ALI coalition on national awareness week.
- **Oceana County, D10HD:** Promoted posts for youth on social media to promote national drug facts week. TOPPC youth committee implemented a vaping presentation with MS students including refusal skills in FY22. In FY22 and FY23 social media posts were shared via Facebook and Instagram.
- **Ottawa County**
 - AC: Info about risks of alcohol and other drug use through TTQ and SFP 10-14. Updated and promoted virtual DRTT and in FY22 incorporated a video on mental health skills. Promoted National Drug Facts week, Red Ribbon Week and Prevention week. Provided Raise Your Voice in schools, training HS students who then present to MS students in FY22 and 23.
 - OCDPH: Vape Education classes and Prime for Life for MS and HS students, including peer refusal and risks.

POSITIVE PEERS

Support youth in developing relationships with positive peers.

Regional Strategies:

Peer refusal skills training of HS students. Inc. training younger peers and peer counseling.

Youth leadership opportunities to develop leadership skills and provide opportunities for projects, including Annual Youth Summit.

Project Success- School wide awareness & community outreach activities inc. alcohol free activities, campaigns to increase awareness & student-developed, pro-social messaging.

Yo Puedo Program - Recruitment of high-risk youth, visits to local universities, community service projects and recreational activities.

Strong Voices. Bold Choices - Youth promote messaging to peers

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Peer refusal skills training of HS students. Inc. training younger peers and peer counseling.	✓	✓					✓
Youth leadership opportunities to develop leadership skills and provide opportunities for projects, including Annual Youth Summit.		✓	✓ FY23			✓	✓
Project Success- School wide awareness & community outreach activities inc. alcohol free activities, campaigns to increase awareness & student-developed, pro-social messaging.		✓					
Yo Puedo Program - Recruitment of high-risk youth, visits to local universities, community service projects and recreational activities.		✓					
Strong Voices. Bold Choices - Youth promote messaging to peers		✓					

Local Programming:

- **Allegan County, OnPoint:** In FY23 provided Signs of Suicide curriculum to 10th graders in Wayland and Saugatuck High Schools.
- **Kent County**
 - AC: Presentations provided to MS and HS youth on how to identify mental health red-flags and seek help and support. Presentations targeted to youth who identified that mental health concerns were connected to poor decision making and unhealthy behaviors.
 - N180: Mobilization of thousands of youth via the creation and advancement of the Above the Influence (ATI) -Kent County movement which celebrates the choices youth make daily to live above negative influences around them. Through ATI, the coalition creates spaces for even the most vulnerable to use their voice to make a difference.
 - WW: Student input is sought each year in planning school awareness campaigns encouraging youth leadership opportunities. School-wide awareness campaigns beyond Red Ribbon Week and National Drug Fact Week included Skills for Success at school, and social media safety.
- **Oceana County, D10HD:** Hosted TOPPC youth meetings and youth participated in community service projects and attended the Youth Summit, leading the icebreaker and an activity. In FY23, youth conducted fundraising to buy books and items to create hygiene kits for students. They also helped plan the 2023 youth summit and led several activities at the youth summit.
- **Ottawa County**
 - AC: Continued to provide the SLIC youth coalition with meetings once a month. Provided monthly youth leadership trainings on various topics of interest to youth.
 - OCDPH: Prime for Life taught to MS and HS students.

FAMILY DYNAMICS

Parent education and skills training.

Regional Strategies:

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Parenting Skills programming					✓		✓
Parent workshops on how to identify and respond to drug use.	✓	✓			✓ FY22 & 23		✓
Teach communication skills and how to prevent substance use and promote healthy choices.	✓	✓		✓			
Coordinate a collaborative committee to plan and implement enhanced parenting services and supports.	✓		✓	✓	✓		✓

Local Programming:

- **Allegan County, OnPoint:** Hosted Tall Cop to present on drug trends at an in-person event in the summer of FY23. Also distributed codes for parents and community members to attend his webinars throughout the year.
- **Kent County**
 - AC: Groups with MS and HS youth on healthy relationships and building positive, pro-social communication skills.
 - KCHD: Parent programming was conducted for Girl's Court groups. In FY22 Yo Puedo parent groups were also provided.
 - N180: Annual Lunch & Learns and Family Day activities
 - WW: Parent workshop on current trends in substance use, how to recognize a problem, talking to your child about substance use and resources for help. A video encouraging healthy communication with teens was developed for parents. Hosted virtual parent workshops were provided that include current trends, how to recognize and respond to youth substance use, and how to talk to your child about substance use beginning in FY22. In addition, an in-person workshop was offered on social media safety and a video about social media safety was promoted to parents.
- **Lake County, D10HD:** An ACEs committee was established as part of the prevention coalition. Presentations and resources shared with healthcare provider providers, community health workers and board members from Children's Trust Fund and community members.
- **Mason County, D10HD:** Parent prevention packets shared through community partners (ex. libraries). Coordinated with great start collaborative to plan parent/family events. In FY22, started Family Meals Month partnership with local food pantry to hand out parent prevention packets which included a family baking activity. In FY23, created updated parent prevention packets and shared at community events. Continued promoting Family Meals Month by partnering with local school events to hand out parent prevention packets which included a family lunch bag.

FAMILY DYNAMICS

Local Programming, continued:

- **Muskegon County**
 - AC: Provided the SFP 10-14 program, Nurturing Parenting Program, and 24/7 dads' programs. Provided a virtual parenting program similar to Circle of Parents bi-weekly. Coordinated collaborative with the Muskegon Parents' Initiative to increase parent education and support. Distributed interactive vaping graphic and virtual teen room to educate on signs and symptoms. Began offering Conscious Discipline skills in FY22.
 - MCHP: Provide Hidden in Plain Sight presentations in schools.
 - PHMC: Offered Parent Cafes, facilitated Fathers Matter Collaborative; participated in Muskegon Parenting Collaborative activities. During FY22 worked with released offenders through the EXIT program and Fresh Coast Alliance program to provide parenting skills. Also used the Dad Movement Podcast to promote and reinforce positive parenting skills.
- **Ottawa County, AC:** Provided the SFP 10-14 program, Nurturing Parenting Program, and 24/7 dads' programs. Provided a virtual parenting program similar to Circle of Parents bi-weekly. Coordinated collaborative with Ottawa County SCAN Council that works to increase parent education and support. Creation of a digital interactive Vaping Graphic and interactive virtual teen room to educate parents on signs and symptoms, also a parent education video series. Began offering Conscious Discipline skills training for parents in FY22.

FAMILY COMMUNICATION

Encourage parent communication regarding substance use.

Regional Strategies:

Promoted Talk Sooner Campaign to educate parents on the consequences of teen use, how to talk to their youth about the consequences through community events, social media, lunch and learns, and newsletters.
Had Family Meals Month to promote TalkSooner & family communication.
Provided info to parents at community events on how to talk to their kids.

Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
✓	✓	✓	✓	✓	✓	✓
✓	✓ FY21	✓	✓		✓	✓
✓	✓	✓	✓	✓	✓	✓ FY22 & 23

Regional Efforts:



The regional TalkSooner campaign continued in FY21 and FY22. This campaign, developed in 2007, encourages parents of youth ages 10-18 to begin talking to their children about alcohol and other drugs at an earlier age. Marketing materials direct parents to visit the locally managed Talksooner.org website. The campaign has continued to expand with more than 30 counties throughout Michigan participating.

TalkSooner is also used as a platform to promote Family Meals Month. This nationwide event is designed to underscore the benefits of family meals and help families share one more meal at home per week.

The LRE and prevention providers work collectively to promote Family Meals Month, host local events and develop regional promotional materials to support local efforts and to promote TalkSooner & family communication and involvement.



FAMILY COMMUNICATION, CONTINUED...

TalkSooner Campaign: FY23

During FY21, the most frequently visited pages of Talksooner.org were the “Trending Drugs” links and Talking Tips page. Other media efforts include:

- Homepage updated to include Conversation Starter Videos and the Virtual Teen Room.
- Social posts on Facebook and Instagram to promote Tips and Tricks for parents.
- Partnered with MDOT for the *Make the Chatter Matter* campaign. Posters from TalkSooner.org in English and Spanish were displayed at most of MDOT's 77 rest areas and Welcome Centers around the state to encourage family conversations.

Media Coverage and Partner Shares

In addition to the paid promotion the following free coverage was received through media coverage and promotion by partner organizations.

- The River interviewed Prevention Specialist Vicki Kavanaugh regarding Holiday Drinking.
- WOTV continued to re-air the 30 min. “Truth About Youth Vaping” special
- WOODTV/Channel 8 and WGVU Morning Show published stories regarding National Drug Take Back Day.
- MDOT-Talksooner hosted a news conference on March 28 to unveil “Make the Chatter Matter” campaign
- Regional Media outlets (Fox 17/WXMI, WGHN, WOOD-TV, WZZM-TV, Fox 17/WXMI) shared the Mayoral Proclamation from the Cities of Grand Rapids & Grand Haven, who declared 4/20 Day as “Talksooner Day”

Family Meals Month Promotion

During September 2023, Talksooner.org promoted Family Meals Month to highlight the campaign “Any Way you Slice it, Prevention Matters.” Our team partnered with 5 locally owned pizza shop owners to share prevention messaging while WOOD TV/Fox 17 Morning Mix/9&10 News promoted the campaign with live interviews of Talksooner Prevention Specialists and pizza owners. Pizza shops distributed over 5,000 fliers and pizza cutters with Talksooner messaging. This generated a total PR Value of \$45,262 in free messaging.



Participating Pizza Shops included:

- Cadena Brothers (Muskegon County)
- Don Petrino's Pizzeria (Ottawa County)
- Russo's (Kent County)
- Chuckwagon (Mason County)
- Pompeil's (Lake County)

FAMILY COMMUNICATION, CONTINUED...

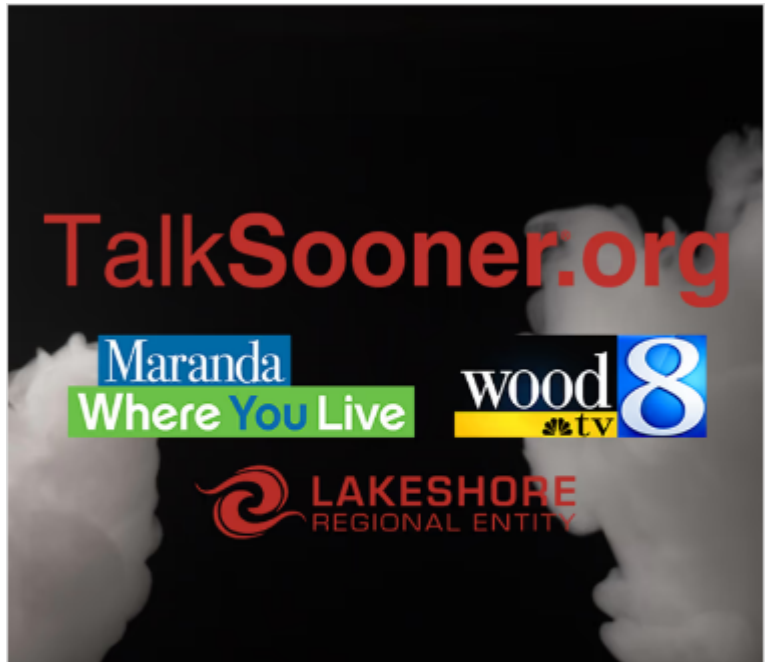
TalkSooner Campaign: FY22

During FY2, Talksooner.org and the Lakeshore Regional Entity teamed up with Maranda from WOTV 4/WOOD-TV/Channel 8 to bring an original streaming “series” of mini segments on the “Truth About Teen Vaping” to West Michigan.

The series ran from April 18 through April 22, with a special all-day streaming on 4/20/22. Maranda canvassed all seven counties, interviewing more than twenty-five teens, parents, prevention specialists, principals, physicians, a prosecutor and more.

These segments continue to be available via: [Watch: Talk Sooner anti-vaping program](#)

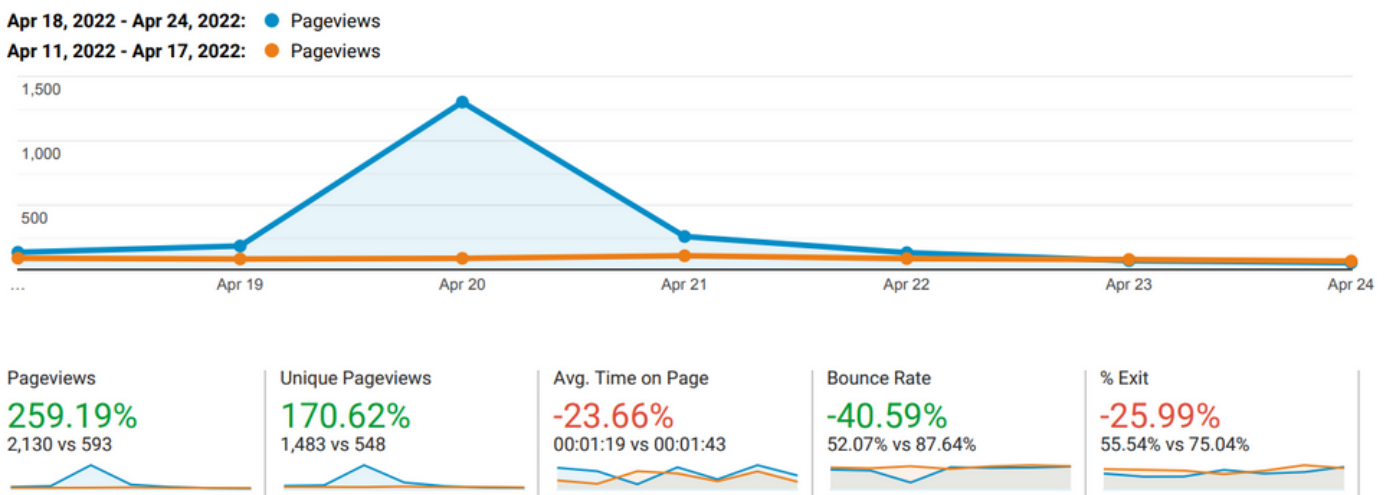
Among visitors during the campaign week the majority were from Norton Shores (25%), followed by Grand Rapids (10%), Grand haven (4%), Wyoming (3%), and Allegan (2%).



Watch: Talk Sooner antivaping program
Learn to Talk Sooner in this special program from Maranda Where You Live.

Throughout the five-day campaign push, website traffic increased from an average of 104 users the previous week to an average of 196 users per day during the campaign. In addition, the bounce rate decreased indicating that more people were navigated beyond the homepage to explore the content, tips, and information TalkSooner has to offer.

Website traffic analysis during the campaign, compared to the prior week is summarized below:



FAMILY COMMUNICATION, CONTINUED...

TalkSooner Campaign: FY21

During FY21, TalkSooner.org was visited 210 times, by 98 unique individuals resulting in 558 page visits. The average session duration was 1 minute and 45 seconds and the most frequently visited page was the 'What's Trending?' page.

- Homepage updated to include a new cover image and promote testimonials.
- Social posts on Facebook promoted the partnership between local healthcare providers, educators, law officials, and other community members with TalkSooner. Over a dozen posts with individual testimonies were shared.
- Partnered with mParks and the Michigan DNR to place promotional materials at ten Michigan parks, 77 rest stops, and 14 MDOT Welcome Centers. The posters will remain displayed indefinitely.



Media Coverage and Partner Shares

In addition to the paid promotion the following free coverage was received through media coverage and promotion by partner organizations.

- Cherry Health publicly shared its partnership with TalkSooner.
- Interview ran on WGUV news radio with a supplemental web story.
- Interview including a pediatrician at Metro Health – University of Michigan Health – with Channel 17's WXMI.
- Priority Health published a 'Think Health' article on website promoting TalkSooner.
- WOODTV/Channel 8 and WGUV Morning Show published stories regarding National Drug Take Back Day.
- WILX News in Lansing, and Fox 17 News ran stories about TalkSooner partnership with MDNR/mParks.
- MDOT issued a news release announcing its partnership with Talksooner.
- Channel 13/WZZM aired public service announcements regarding Family Meals Month, and a sponsored Facebook article and banner ads on their website.
- Michigan State Parks distributed an e-newsletter to 595,047 people with article about TalkSooner resulting in 99 visits to the site.



FAMILY COMMUNICATION, CONTINUED...

Local Programming:

- **Allegan County, OnPoint:** During FY21 and FY22 all events (virtual and in-person) are promoted along with TalkSooner resources and materials. Virtual promotion of Family Meals Month via flyers and social media was also conducted.
- **Kent County**
 - AC: During FY22 began promoting TalkSooner throughout prevention programming.
 - FOC: Disseminated TalkSooner brochures during resource fairs and community events and spoke to parents on how to talk to their kids about drugs and alcohol.
 - KCHD: In FY22 coordinated a youth vaping event with local news personality emceeding; event was offered in-person, streamed live, and was available for streaming 3 weeks following the event. The recording was watched approximately 750 times. TalkSooner info was promoted throughout the event and also included in all parent programming.
 - Network 180: In FY21 promoted via the region's TalkSooner marketing implementation plan. Information about the TalkSooner website and app is always included in parent presentations and community resource fairs that we participate in.
- **Lake County, D10HD:** Social media posts on TalkSooner. Family meals month promoted with bag giveaway. Partnered with food pantry and also Spectrum Health's Veggie Van on events. Toolkits provided at local library included TalkSooner information. TalkSooner info shared at various community events.
- **Mason County, D10HD:** Promoted TalkSooner campaign and Family Meals Month by providing info to parents at community outreach events. Partnered with local food pantry in FY22 to hand out prevention packets, including a family baking activity. In FY22 created family friendly 'escape the vape' portable escape room where families work together to solve riddles while learning about the risks of vaping. In FY23, created an updated TalkSooner parent toolkit.
- **Muskegon County**
 - AC: Provided TalkSooner information to families at all events and programming.
 - PHMC: In FY21, promoted TalkSooner at all outreach events. Support and facilitate the Fathers Matter collaborative, including promoting at outreach events. In FY23, facilitated parent cafes in local schools and community based organizations.
- **Oceana County, D10HD:** TS included in all community outreach, social media efforts were implemented, and partnered with Shelby Public Schools for family meals month for the county's annual coat drive. Provided bags with educational materials during a local food distribution event.
- **Ottawa County**
 - AC: Promoted TalkSooner through our OSAP Digital Ecosystem (communication platforms), youth and parenting programming, and at community events. Promoted Family Meals Month through local food pantries, other organizations working on food insecurity, and OSAP Coalition.
 - OCDPH: TalkSooner is promoted on Marijuana lock bag information sheets and as a resource provided to parents during the Vape Education class.

LIFE STRESSORS

Develop coping and refusal skills.

Regional Strategies:

Disseminate educational prevention material at community events.

Youth education and early intervention programs that teach refusal skills, social emotional skills, and encourage healthy choices.

Train students to provide support/mentoring to other students.

	Allegan	Kent	Lake	Mason	Musk.	Oceana	Ottawa
Disseminate educational prevention material at community events.	✓	✓			✓	✓	✓
Youth education and early intervention programs that teach refusal skills, social emotional skills, and encourage healthy choices.	✓	✓	✓ FY23		✓	✓	✓
Train students to provide support/mentoring to other students.	✓ FY22 & 23	✓				✓	

Local Programming:

During the pandemic, youth experienced enhanced stressors that exacerbated mental health issues. Providers and coalitions throughout the region expanded efforts to support youth and their families to enhance coping skills and promote resiliency.

- **Allegan County, OnPoint:** Signs of Suicide was conducted in Waland High School in coordination with PAL’s. The Saugatuck High School PAL’s were trained in the SOS curriculum in Spring of 2023.
- **Kent County**
 - AC: School groups and after-school programming on social skill building, relational aggression, positive peer relationships, and healthy life skills. ABC groups focused on decision making and caregiver-child relationships to reduce delinquent behaviors.
 - FOC Kent: Youth leadership programming included strategies for making good choices and peer pressure. In FY22 used the PALs curriculum in area after school programs which incorporates leadership as well as social-emotional skills building and making healthy choices.
 - KCHD: MIP Diversion Program offered monthly to youth referred by the courts.
 - N180: ATI Kent County. Youth Mental Health First Aid.
- **Muskegon County**
 - AC: Total Trek Quest teaches peer refusal skills, coping skills, and how to make healthy choices.
 - PHMC: Offer Mental Health First Aid each year and QPR trainings in FY21 and 22.
- **Oceana County, D10HD:** TOPPC youth group conducted community service projects with outreach on suicide prevention. In FY23, TOPPC work groups focused on mental health and body image/self-confidence. The annual youth summit had a focus on mental health and choosing healthy coping skills rather than turning to drugs and alcohol.
- **Ottawa County**
 - AC: Provided suicide prevention info at events and assisted the Ottawa County Suicide Prevention Coalition in sending a mass mailing to every home in the county in FY21. Coordinated Building Resilient Youth who attend events and marijuana. Promotes suicide prevention info. Provided QPR Presentations to youth and adults. Coordinated a youth mental health first aid training. In FY22 provided peer refusal skills presentations to HS students and produced 24 youth-driven videos on mental health promotion skills.
 - OCDPH: Addressed within Prime for Life programming.



Lakeshore Regional Entity’s Legislative Update – 12/12/2023



This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.

Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

Highlight = new updates

Highlight = old bill, no longer active

Highlight = Suggestions for Action & **Supported**/**Opposed** by CMHAM (Community Mental Health Association of Michigan)

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions. *Supported by CMHAM	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy 10/12/23 – Reported favorably with substitute; Referred to committee oof the whole with substitute 10/18/23 – Passed the Senate, Referred to House Committee on Insurance and Financial Services
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey’s legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services. *Opposed by CMHAM	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading 10/5/23 – Read a second time; substitute adopted; placed on third reading 10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety 11/7/23 – Reported favorably without amendment; Referred to Committee of the Whole

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				11/14/23 – Signed by the Governor, assigned PA 275'23 & 276'23
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	<i>HB 4495 & 4496</i>	<i>Provides general changes to the medical assistance program</i>	<i>Will Snyder Graham Filler</i>	<i>5/2/23 – Introduced; referred to Committee on Health Policy 6/13/23 – Passed House 6/27/23 – Passed Senate 7/10/23 – Presented to Governor 7/19/23 – Approved by the Governor; Filed with Secretary of State; assigned PA 98'23 with immediate effect</i>
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary 6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading 10/31/23 – read a third time, passed given immediate effect 11/1/23 - Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 4579 & 4580	Requires reimbursement rate for telehealth visits to be the same as office visits *Supported by CMHAM	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy 10/31/23 – Referred to a second reading 11/14/23 – Referred to Committee on Health Policy
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-4749	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark Tisdell	6/14/23 – Introduced; referred to Committee on Health Policy
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 4909-12 & 5047	HB 4909-12 would institute long-awaited reforms to Michigan's guardianship statutes, and HB 5047 would create the Office of State Guardian.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
		Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer's Association, and The Michigan Long Term Care Ombudsman Program.		substitute (H-1); Referred to a second reading 10/24/23 – Read a third time 10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 5184 & 5185	Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure. *Supported by CMHAM	Felicia Brabec	10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy 11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(S)	STATUS/ACTION DATE
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	Protect MI Kids Bill Package: Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	Preemption one pager (d31hzlkh6di2h5.cloudfront.net) 10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy 10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call 10/10/23 – Referred to Committee on Health Policy 11/2/23 – Referred to second reading

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				11/8/23 - read a second time, placed on immediate passage, passed; given immediate effect, returned to Senate 11/9/23 - ORDERED ENROLLED 12/6/23 - PRESENTED TO GOVERNOR
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform
	SB 180/179	<i>Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.</i>	Roger Hauck	6/14/23-Passed Senate and received in House Committee on Regulatory Reform 10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled 10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166’23
	SB 141/HB 4201	<i>The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.</i>	Mallory McMorrow & Kristian Grant	6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095’23 with immediate effect
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	<i>The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events</i>	Sean McCann	7/19/23-Assigned PA 0096’23 with immediate effect

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		<i>on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.</i>		
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant’s spouse.	Mike McFall	5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer’s behalf. ***Supported by CMHAM.	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda CMHAM REQUEST FOR ACTION: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people’s lives across the

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				state.
	HB 4213	The bill would require telemedicine coverage for SUD and behavioral health services *Supported by CMHAM	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy 10/31/23 – Referred to second reading 11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect 11/14/23 – Referred to Committee on Health Policy
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to administer a marihuana-infused product or CBD product to the qualified pupil on the school premises, on a school bus, or at a school-sponsored activity in a location off of the school premises at which the use of a marihuana-infused product or CBD product is not prohibited. (b) Authorize a designated staff member to administer a marihuana-infused product or CBD product to a qualified pupil as described in subsection (2). (c) Authorize a qualified pupil to use or self-administer a marihuana-infused product or CBD product under the direct supervision of a designated staff member as described in subsection	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform
	S 466	The bill would amend Part 126 (Smoking in Public Places) of the Public Health Code to allow a cigar bar that met specified conditions and whose smoking ban exemption had lapsed to requalify for the exemption if the owner or operator of the bar filed an affidavit certifying those conditions.	Kristen McDonald Rivet	9/6/23 – Introduced, Referred to Committee on Regulatory Affairs 10/10/23 – Referred to Committee on the Whole

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				10/24/23 – Referred to Committee on Regulatory Reform 11/9/23 – rule suspended, motion to discharge committee approval, read a second time, read a third time, passed; given immediate effect, returned to Senate, given immediate effect, ordered enrolled 12/6/23 – presented to the Governor
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S. 2993	<p>Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model.</p> <p style="background-color: #90EE90;">*Supported by CMHAM</p>	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness.	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate 6/26/23 – Passed in Senate 6/26/23 – Message on Senate action sent to the House 12/4/23 - Mr. Lucas moved that the House suspend the rules and agree to the Senate amendment; DEBATE - The House proceeded with forty minutes of debate on the motion to suspend the rules and agree to the Senate amendment to H.R. 1734; On motion that the House suspend the rules and agree to the Senate amendment Agreed to by voice vote; Motion to reconsider laid on the table Agreed to without objection.
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce’s Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S 2860	SafER Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	Jeff Merkley	9/20/2023 - Read twice and referred to the committee on Banking, Housing, and Urban Affairs. 9/28/2023 - Placed on Senate Legislative Calendar under General Orders. Calendar No. 215. 12/6/23 - Committee on Banking, Housing, and Urban Affairs. Hearings held.
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	STRIP Act: To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce 05/26/2023 - Referred to the Subcommittee on Health.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 1080	Cooper Davis Act – This legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms. It will amend the Controlled Substances Act to require electronic communication service providers and remote computing services to report to the Attorney General certain controlled substances violations. <i>(Any and all electronic communications programs/applications will be required to submit reports of communications that include the sale of any counterfeit or illicit substance within a reasonable time; failure to do so will result in penalties.)</i>	Roger Marshall	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably. 09/05/2023 - Committee on the Judiciary. Reported by Senator Durbin with an amendment in the nature of a substitute. Without written report, Placed on Senate Legislative Calendar under General Orders. Calendar No. 200.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531 & S 2433	Support for Patients and Communities Reauthorization Act: The bill was originally passed in 2018. This bill would reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and for other purposes. <i>(Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)</i>	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 – 0 07/20/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions 9/28/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 29-3.
	HR 3521	Saving America’s Future by Educating Kids Act of 2023: To direct the Secretary of Education to develop and disseminate an evidence-based curriculum for kindergarten through grade 12 on the dangers of vaping and misusing opioids, synthetic drugs, and related substances	Alexander Mooney	5/18/2023 - Referred to the House Committee on Education and the Workforce.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 4105 & S 1475	To amend the Controlled Substances Act to prohibit certain acts related to fentanyl, analogues of fentanyl, and counterfeit substances, Drug Enforcement Administration shall establish and implement an operation and response plan to address counterfeit fentanyl or methamphetamine substances that includes specific ways that prevention and education efforts stop the use of counterfeit pills, how ongoing efforts are effective in increasing education and prevention, how they are tailored to youth and teen access, and how those programs can be tailored, adjusted, or improved to better address the flow of counterfeit fentanyl or methamphetamine; and for other purposes.	Ken Buck Chuck Grassley	05/09/2023 - Read twice and referred to the Committee on the Judiciary 06/16/2023 - Referred to the Subcommittee on Health
	HR 3570	To provide public awareness and outreach regarding the dangers of fentanyl, to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program, to expand treatment and recovery services for people with opioid addictions, and to increase and to provide enhanced penalties for certain offenses involving counterfeit pills.	Sheila Jackson Lee	05/26/2023 - Referred to the Subcommittee on Health.
	HR 4582	Protecting Kids from Fentanyl Act of 2023: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers, and for other purposes.	Doug Lamborn	07/12/2023 - Referred to the House Committee on Energy and Commerce. 07/14/2023 Referred to the Subcommittee on Health.
	S 2699	Opioid RADAR Act: To combat the fentanyl crisis by: 1. Secretary of Health and Human Services may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness of data on fatal and nonfatal opioid-related overdoses. 2. Director of the Centers for Disease Control and Prevention, in collaboration with the Attorney General or their designee, shall carry out a pilot program to award grants on a competitive basis to municipal wastewater treatment facilities in order to conduct wastewater analysis to determine the prevalence of certain illicit substances, such as fentanyl or xylazine, 3. The Secretary may award grants to eligible entities to provide for the administration, at public and private elementary and secondary schools under the jurisdiction of the eligible entity, of drugs and devices for emergency treatment of known or suspected opioid overdose.	Rick Scott	07/27/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S 2484	To ensure that States do not prohibit an individual from obtaining, possessing, distributing, or using life-saving drug testing technologies, and for other purposes. <i>(More than 12 states currently have laws prohibiting the purchase, use, or possession of fentanyl testing strips)</i>	Cory Booker	07/25/2023 - Read twice and referred to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5040	To amend the Intelligence Reform and Terrorism Prevention Act of 2004 to limit the consideration of marihuana use when making a security clearance or employment suitability determination, and for other purposes.	Jamie Raskin	07/27/2023 - Referred to the House Committee on Oversight and Accountability 9/20/2023 - Committee Consideration and Mark-up Session Held, Ordered to be Reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30 - 14.
	S 2650	To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis, and for other purposes	John Hickenlooper	07/27/2023 - Read twice and referred to the Committee on the Judiciary 9/20/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30-14
	HR 5625	To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Suzanne Bonamici	09/21/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce
	HR 5506	HANDS Act: To amend titles XVIII and XIX of the Social Security Act and title 10, United States Code, to provide no-cost coverage for the preventive distribution of opioid overdose reversal drugs.	Brittany Pettersen	09/14/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Armed Services
	HR 5420	Workplace Overdose Reversal Kits to Save Lives Act: To require the Secretary of Labor to issue guidance and regulations regarding opioid overdose reversal medication and employee training via OSHA	Bonnie Watson-Coleman	9/12/2023 - Referred to the House Committee on Education and the Workforce
	HR 5323	Stop Pot Act: To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.	Chuck Edwards	9/05/2023 Referred to the Subcommittee on Highways and Transit
	HR 5715 & S2929	Tobacco Tax Equity Act of 2023: This bill increases the excise tax on cigarettes and cigars and equalizes tax rates among all other tobacco products. It also imposes a tax on nicotine for use in vaping.	Raja Krishnamoorthi	9/26/2023 Referred to the House Committee on Ways and Means 09/26/2023 Read twice and referred to the Committee on Finance
	HR 5652	Stop Overdose in Schools Act: To amend the 21st Century Cures Act to require funds to be set aside for opioid reversal agent administration training in schools, and for other purposes.	Newhouse	9/21/2023 Referred to the House Committee on Energy and Commerce

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5801	Preventing Overdoses with Test Strips Act: To ensure that expenses relating to the acquisition or use of devices for use in the detection of fentanyl, xylazine, and other emerging adulterant substances, including test strips, are allowable expenses under any grant, contract, or cooperative agreement entered into by the Substance Abuse and Mental Health Services Administration under this Act.	Josh Gottheimer	9/28/2023 Referred to the House Committee on Energy and Commerce. 9/28/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2919	ALERT Communities Act : Administrator of the Drug Enforcement Administration, shall develop and make publicly available research and marketing frameworks for developing, improving, and evaluating test strip technology for detecting fentanyl and other dangerous substances; The Secretary of Health and Human Services shall— conduct a study on the impact of the availability, accessibility, and usage of drug checking supplies, including test strips, on frequency of overdose, overdose deaths, and engagement in substance use disorder treatment and report the findings to Congress.	Margaret Wood Hassan	9/26/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2946	School Access to Naloxone Act of 2023: To amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose	Jeff Merkley	9/27/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 3070	Youth Prevention and Recovery Reauthorization Act: A bill to reauthorize funding to hospitals, local governments, and other eligible entities to increase access to opioid addiction medications for adolescents and young adults who have been diagnosed with opioid use disorder, improve local awareness among youth of the risks associated with fentanyl, and train healthcare providers, families, and school personnel on the best practices to support children and adolescents with opioid use disorder. Reauthorize the Youth Prevention and Recovery Initiative, which has provided three-year grants to youth-focused entities for carrying out substance use disorder treatment, prevention, and recovery support services. The legislation also expanded an existing youth substance use disorder program to include services for young adults as well as children and adolescents.	Gary Peters	10/18/23 – Introduced; Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 3006	SAFE in Recovery Act: To create a Task Force amongst government agency stakeholders to create and ensure a streamlined process for families to receive comprehensive wraparound services if a member is undergoing SUD Treatment	Ed Markey	10/03/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 6038 & S. 3108	PROTECT Act - Preventing Opportunities for Teen E-Cigarette and Tobacco Addiction Act: bill to amend the Public Health Service Act to provide for and fund a Reducing Youth Use of E-Cigarettes Initiative- 1. Research on products, patterns of use, initiation of cigarette use following vaping, demographic patterns of use, means of access, media and exposure to advertising, marketing, reasons for use, extent of dependency, quitting resources for youth, nicotine levels and biomarkers of exposure. 2. Collaboration to develop medical and treatment guidance on youth nicotine interventions and identifying promising strategies to prevent and reduce use, develop new cessation methods and quit support 3. Increasing access to treatment, and identifying effective messaging.	Debbie Wasserman-Schultz	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 6251	HERO Act: To establish a grant program to provide schools with opioid overdose reversal drugs, to direct schools receiving Federal funds to report to certain Federal information systems any distribution of an opioid overdose reversal drug	Adam Schiff	11/06/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce
	HR 6243	To direct the Secretary of Labor to issue an occupational safety and health standard that requires employers to keep opioid overdose reversal drugs onsite and develop and implement training plans to respond to drug overdose emergencies and to amend the Omnibus Crime Control and Safe Streets Act of 1968 to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program.	Ruben Gallego	11/06/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary
	HR 6144	Combatting Fentanyl Poisonings Act of 2023: To award grants to State and local law enforcement agencies to assist such agencies in planning, designing, establishing, or operating locally based, proactive programs to combat the sale, marketing, or distribution of controlled substances	Mike Garcia	11/01/2023 - Referred to the House Committee on the Judiciary
	HR 5905 & S 3039	Federal Kratom Consumer Protection Act : To require Congress to hold at least one hearing regarding Kratom and potential dangers, benefits, contribution to drug overdose deaths, and other topics. Within 2 years, the FDA must establish safety guidelines and testing as compatible with other adult dietary supplements.	Mark Pocan	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 5592	Validating Independence for State Initiatives on Organic Natural Substances Act of 2023: To prohibit the use of Federal funds from preventing a State from implementing their own laws with respect to psilocybin.	Robert Garcia	09/20/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6. prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	End of PHE Medicaid Beneficiary Renewals	MDHHS has started mailing renewal letters for Medicaid redeterminations following the end of the Public Health Emergency . Emergency Medicaid coverage protection extended during the COVID-19 pandemic expired on April 1st. This could result in up to 400,000 Michigan residents losing Medicaid coverage.		www.Michigan.gov/2023BenefitChanges Medicaid review could drop 400,000 Michigan residents from coverage Bridge Michigan

MISCELLANEOUS UPDATES

MISCELLANEOUS UPDATES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY24 State Budget Recommendations	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> • \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support. • \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%) • \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers. 		<p>Access budget material at:</p> https://www.michigan.gov/budget
	MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
	Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)
	Biden-Harris Administration Announce New Proposed Parity Rules	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act HHS.gov

Elected Officials

FEDERAL			
	NAME	NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Senate	Debbie Stabenow	731 Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	1025 Spaulding Avenue Southeast Suite C Grand Rapids, MI 49546 Phone: (616) 975-0052
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

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