
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
January 25, 2023 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions –
 - Ms. Susan Meston (Representing Ottawa County)
2. Roll Call/Conflict of Interest Question –
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - January 25, 2023, Board of Directors meeting agenda (*Attachment 1*)
 - December 15, 2022, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. LRE Leadership (*Attachment 3, 4, 5*)
6. Chairperson's Report – Ms. Verduin
 - a. January 18, 2023, Executive Committee (*Attachment 6*)
7. CEO Evaluation
Suggested Motion: To move into closed session for the purpose of reviewing the LRE CEOs evaluation and contract
8. Action Items –
 - a. LRE Policies (*Attachments 7, 8*)
Suggested Motion: To approve LRE Policies:
 - i. 1.3 Policy Promulgation
 - ii. 10.6 Open Meetings Act, Freedom of Information and Reasonable Accommodation and Request form
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 9*)
 - a. FY2023, December Funds Distribution (*Attachment 10*)
Suggested Motion: To approve the FY2023, December Funds Distribution as presented
 - b. Statement of Activities as of 11/30/2022 with Variance Reports (*Attachment 11*)
 - c. Monthly FSR (*Attachment 12*)
10. CEO Report – Ms. Marlatt-Dumas

11. Board Member Comments

12. Public Comment

13. Upcoming LRE Meetings

- February 15, 2023 – Executive Committee, 1:00PM
- February 22, 2023 – LRE Executive Board Meeting, 1:00 PM

14. Adjourn

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
December 15, 2022 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. DeYoung

Mr. DeYoung called the December 15, 2022, LRE Board meeting to order at 1:09 PM.

- Mr. DeYoung introduces Mr. Richard Kanten as the newest LRE Board member representing Ottawa County.
- Mr. DeYoung announces that Mr. John Snider has resigned from the LRE Board. Mr. Snider is one of the original members of the LRE Board and he will be sorely missed.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

In Attendance: Ron Bacon, Mark DeYoung, Matt Fenske, Linda Garzelloni, Jack Greenfield, Sara Hogan, Alice Kelsey, Dawn Rodgers-DeFouw, Janet Thomas, Patricia Gardner, Ron Sanders

Absent: Stan Stek, John Snider, Jane Verduin

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 22-78 Motion: To approve by consent the following items.

- December 15, 2022, Board of Directors meeting agenda
- November 17, 2022, Board of Directors meeting minutes

Moved: Patricia Gardner

Support: Janet Thomas

ROLL CALL VOTE

MOTION CARRIED

CLOSED SESSION

LRE 22-79 Motion: To approve moving into a closed work session for the purpose of discussing legal strategies with LRE legal counsel regarding pending LRE litigation with MDHHS

Moved: Janet Thomas

Support: Linda Garzelloni

ROLL CALL VOTE

MOTION CARRIED

LRE Motion 22-80: To approve moving out of closed work session

Moved: Ron Bacon
MOTION CARRIED

Support: Ron Sanders

COMMUNITY ADVISORY PANEL

Meeting minutes are included in packet for information.

LRE Motion 22-81: To approve membership of Ms. Angie Kartes, Ms. Jennifer Larabee and Ms. Tamara Madison to the LRE Community Advisory Panel

Moved: Patricia Gardner

Support: Linda Garzelloni

ROLL CALL VOTE

MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in packet for information.

- Ms. VanDerKooi updates that the attached Customer Services (CS) PowerPoint presents information beginning in April 2022 which is when LRE brought CS back in house from Beacon Health Options. Ms. VanDerKooi would like to thank the CS staff at LRE and at the CMHs for the good strides they are making in this department.
- Ms. Hogan would like more information about redundancies in the regional audit process. Ms. Marlatt Dumas will speak with her offline.

CHAIRPERSON'S REPORT

December 7, 2022, Executive Committee (EC) Meeting Minutes are included in packet for information.

- Mr. DeYoung reports that EC will begin working on the CEO evaluation. An email with a survey will be sent out to the Board members for feedback on Ms. Marlatt-Dumas' performance.

BOARD MEETING SCHEDULE

2023 Board meeting schedule is included in the Board packet.

- LRE Board meetings will be moved to the fourth Wednesday of the month. The start time and venue will stay the same. This will also be posted on LRE's website.

ACTION ITEMS

LRE Motion 22-82: To approve LRE Policies:

- i. 4.4 Credentialing/Recredentialing
- ii. 4.7 Provider Dispute Resolution

Moved: Ron Sanders

Support: Ron Bacon

ROLL CALL VOTE

MOTION CARRIED

Ms. Gardner suggests that policies be vetted by the Executive Committee prior to bringing them to the full Board. Board members agree and would like policies 1.3 (Policy Promulgation) and Board Governance policies (10.2, 10.4, 10.5, 10.12, 10.13, 10.17, 10.19) to be reviewed by Executive Committee and brought back to the January 25, 2023, Board Meeting.

LRE Motion 22-83: To approve the 2023 LRE Mission and Values statement as presented

Moved: Matt Fenske Support: Linda Garzelloni
ROLL CALL VOTE
MOTION CARRIED

Ms. VanDerKooi gives an update about where LRE is at in the process of completing the strategic plan. She informs that this process has included LRE staff and Board members along with the member CMHSPs.

LRE Motion 22-84: To approve the LRE 2023 Corporate Compliance Plan as presented

Moved: Jack Greenfield Support: Patricia Gardner
ROLL CALL VOTE
MOTION CARRIED

LRE Motion 22-85: To approve the LRE 2023 Risk Management Strategy as presented

Moved: Ron Bacon Support: Jack Greenfield
ROLL CALL VOTE
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2023 November Funds Distribution

LRE 22-86 Motion: To approve the FY2023, November Funds Distribution as presented

Moved: Janet Thomas Support: Matt Fenske
ROLL CALL VOTE
MOTION CARRIED

Statement of Activities as of 10/31/2022 with Variance Report-

Included in the Board packet for information.

- Ms. Chick reports that a budget amendment may be brought to Board next month.

Monthly FSR-

Included in the Board packet for information.

- Ms. Chick updates that LRE has changed to a new reporting format that is more closely aligned with the States FSR report. She notes that this new reporting format is a work in process and there may be future changes/additions to the report.

CEO REPORT

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

- Shirkey and Whiteford Bills will not move forward.
- LRE and N180 have agreed on a mediator. The mediation sessions have been postponed until further notice.
- LRE has submitted the Policy Analysis component of the full analysis requested by the State.
- LRE has received a letter from the MDHHS stating we are in contract non-compliance due to a missed audit deadline and plan to withhold \$200 thousand. There was a previous communication that LRE took as an acceptance of an extension that Mary has contacted Jeff Wieferich to discuss.

BOARD MEMBER COMMENTS

- Mr. DeYoung announces that this will be Mr. Matt Fenske's last Board meeting, as well. Mr. Fenske has been a valuable and insightful voice that will also be missed.
- Ms. Patricia Gardner announces that she will recuse herself from the LRE Board as there may be a future conflict regarding possible litigation and her position in Kent County judicial system. She expresses a desire to be reinstated in the future.
- Mr. DeYoung would like to thank Mr. Snider, Mr. Fenske, and Ms. Gardner for their contributions to the LRE Board and wishes them well in their future endeavors. Mr. DeYoung would like to wish all a happy holiday.

PUBLIC COMMENT

None.

UPCOMING LRE MEETINGS

- January 18, 2022 – LRE Executive Committee, 3:00 PM
- January 25, 2022 – LRE Executive Board Meeting, 1:00 PM

ADJOURN

Mr. DeYoung adjourned the December 15, 2022, LRE Board of Directors meeting at 3:24 PM.

Jane Verduin, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant



Chief Operating Officer (Stephanie VanDerKooi)
January 25, 2022 - Report to the Board of Directors

Oversight Policy Board (OPB)- The Intergovernmental Agreement expired December 31, 2022. This agreement, between the LRE and the seven counties served in 3, establishes the purpose and membership of the OPB. New agreements in effect 1/1/23 – 12/31/24 have been distributed to all county administrators. Thus far, six have been returned and the last county board has it on their agenda this week. We anticipate distributing the fully executed agreement by the end of this month. Additionally, the meeting scheduled has been set for the year. The meetings are March 1, June 7, September 6, and December 6. All meetings will be held at Ottawa County Community Mental Health Board Room from 4:00-6:00 pm.

CCBHC (Certified Community Behavioral Health Center) – Meetings between the state and PIHPs are ongoing. The LRE hosts regional meetings with HealthWest and West Michigan CMH to ensure this project is operating smoothly. A new proposed CCBHC handbook was released near the end of 2022. Comments from this region were submitted on 1/13/2023 and release of the final draft is expected in the coming weeks.

CCBHC enrollments:

WMCMH: assigned in December: Medicaid: 60 and non-Medicaid 63;

HW: assigned in December: Medicaid 0, non-Medicaid 3

Website: The redesigned LRE website (www.lsre.org) has been live for more than a month and we have received positive feedback that the website is visually appealing and easy to navigate.

Waiver Audit: The MDHHS waiver audit was completed 11/30/2022 and the Corrective Action Plans (CAP), developed with the Community Mental Health partners (CMHSPs), was submitted on Friday January 20. A follow-up review will be completed by MDHHS 90 days after the plan has been accepted.

December Report Submission Analysis:

In December, LRE completed 21 reports, all of which were submitted on or before their deadline.

December 2022

| | |
|--------------------------------|-----------|
| Total Number of Reports | 21 |
| Number of Late Reports | 0 |
| % Late reports | 0% |
| Average Number of Days Late | 0 |

AUTISM SERVICES/ Behavioral Health Treatment (BHT) – Justin Persoon

Over the past month, the Autism team reviewed updates to ABA documents and determined the need for regional training. Two trainings have been scheduled in February and LRE will

support CMHSPs in follow-up trainings. LRE autism staff met with and toured Heartland Center for Autism, a new CCI operating in Grand Rapids. Heartland is seeking to provide ABA specific treatment to high needs individuals with Autism in a residential setting. We are troubleshooting barriers to implementation of this service, including admission and discharge criteria and a clearly defined definition of the service itself. The team additionally spent a good deal of time this month processing ABA service enrollments and discharges and providing technical assistance to CMHSPs.

Current Enrollments (Regional Total: 1,758)

| CMHOC (Ottawa) | HealthWest (Muskegon) | Network 180 (Kent) | On Point (Allegan) | WMCMHS (Lake, Mason, Oceana) |
|----------------|-----------------------|--------------------|--------------------|------------------------------|
| 278 | 161 | 1,141 | 131 | 47 |

CLINICAL/UM – Liz Totten

During the month of December, LRE's Clinical/UM departments focused on completing Clinical Practice Guideline Training with our UM and Clinical ROATs as well as reviewing HSAG standards and regional responses to ensure all CPG standards are met. Clinical/UM department began to focus heavily on PowerBi report education, review, and dissemination to our ROAT members. The reports contain information related to over/under utilization, timeliness, service outliers and trends. Clinical/ UM Department continues to review, disseminate, and discuss MDHHS updates related to SIS, LOCUS, Conflict-free Case Management, and other projects. Workgroups have been specifically designed to provide attention to these projects and guide regional focus for future system changes.

INTEGRATED HEALTHCARE – Tom Rocheleau

In December 2022, monthly joint care coordination meetings with each of the 6 Medicaid Health Plans that serve the LRE region continued. In December, 47 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 8 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place resulting in a Single Episode of Care (SEC). In addition, 4 new interactive care plans were opened.

CUSTOMER SERVICES– Michelle Anguiano & Mari Hesselink

Customer Services has finished creating the quarterly audits to ensure accuracy and consistency with grievance, appeals and NABDs. Our first audit began January 1st. Results from each audit will be reviewed individually with member CMHSPs. LRE staff are working with the State to help provide clear definitions to help with training staff for the future. WE will begin reviewing the regional Guide to Services with the Customer Services ROAT.

The LRE Customer Service Satisfaction Survey has been updated and approved by all CMHs. LRE IT is currently working with Customer Services to upload the information into Fastlane and PowerBI for implementation. The Survey Workgroup meets at the end of the month to discuss survey administration moving forward.

LRE has created a brochure to inform consumers/public about our Community Advisory Panel. This can be shared with providers so their clients are aware of ways they can actively have their voices heard and facilitate positive reform at the PIHP level.

CREDENTIALING - Pam Bronson (Credentialing Specialist):

In December, the Credentialing Committee reviewed and approved 5 organizational providers for credentialing/re-credentialing. The Universal Credentialing workgroup continues to meet, and currently user testing of the system is under way. There has been no change in the anticipated go live date (MDHHS is looking at as early as April 2023).

PROVIDER NETWORK MANAGEMENT (PNM) – Don Avery, Jim McCormick

Provider Network Managers were engaged in various projects in December such as completion of a Policy Analysis as part of a request from MDHHS for Region 3 Rate Evaluation, as well as refining standard processes for contracting, reports submission, and credentialing. PN Managers continue to work on updating Boilerplate Contracts to ensure compliance with changes in requirements and regulations. With the development of a value-based contracting process for inpatient services and implementation of value-based contracts with two in region inpatient psychiatric providers, PN Managers are working to refine the model and expand to additional providers in FY24.

SUD TREATMENT - Amanda Tarantowski, SUD Treatment Manager

LRE SUD Treatment Manager attended the Virtual Overdose Prevention Conference and shared best practices with the SUD ROAT members. Additionally, a conversation occurred with Salvation Army Turning Point (SATP) about the Safe Harbor Program/grant and how this impacts our region and the number of individuals they can serve. Lastly, the Mobile MAT Unit (SOR grant funded) was able to provide their first MAT dosing to two clients this month.

SUD/GAMBLING PREVENTION – Amy Embury

Attached is the Summary of Activities FY 21 & 22:

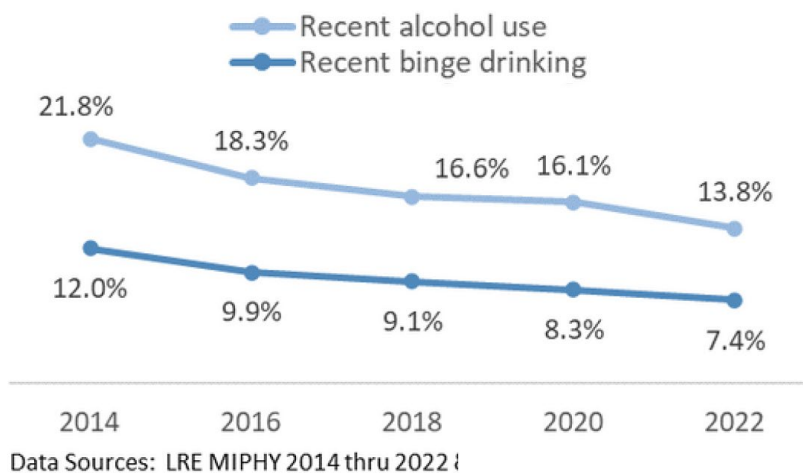
Prevention Services by KWB Strategies.

Following is just one example of an indicator we track and provide prevention strategies to target across the region.

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 statewide.

The survey tool participation is an important aspect of gathering local data from youth in each of our counties and incorporated into each county's substance use prevention coalition work.

Recent Alcohol Use Among HS Students, LRE Region



Please read the full report to review strategies that our prevention providers utilize across the LRE region.

WAIVERS – Kim Keglovitz / Melanie Misiuk/Stewart Mills

Habilitation Supports Waiver (HSW)

Following is a chart of overdue recertifications and guardian consents. Recertifications are due annually and guardian consents are due every three years.

| | CMHOC | HW | N180 | ONPOINT | WMCMHS |
|----------------------------------|-------|----|------|---------|--------|
| Overdue Certifications | 0 | 0 | 10 | 0 | 1 |
| Overdue Guardian Consents | 2 | 3 | 2 | 13 | 2 |
| Inactive Consumers | 0 | 1 | 4 | 2 | 0 |

There were no open slots for January enrollment. The region currently has 2 open slots for February enrollment, 1 of which will go to a HealthWest Children's Waiver age off. There are currently 13 complete packets and 10 packets that are pending due to goals, objectives, or needing updates to other required documents. Below is a chart of slot utilization in region 3.

| | 10/22 | 11/22 | 12/22 | 1/23 | 2/23 | 3/23 | 4/23 | 5/23 | 6/23 | 7/23 | 8/23 | 9/23 |
|------------------|-------|-------|-------|------|------|------|------|------|------|------|------|------|
| Used | 629 | 629 | 629 | 629 | | | | | | | | |
| Available | 0 | 0 | 0 | 0 | | | | | | | | |
| % Used | 100 | 100 | 100 | 100 | | | | | | | | |

Reminder that the enrollment deadline is always the 15th of the month. If the LRE is not notified of a disenrollment right away, we could miss the deadline for the month and therefore the payment while we have people waiting to be enrolled. For example, if we have a death in December and we don't find out about it until June we have missed out on 5 months of payments.

The public health emergency was extended January 11, 2023 to April 11, 2023. This puts the expiration of the appendix K flexibilities, including verbal consents, out into the fall of 2023.

Children's Waiver Program (CWP)

86 children are open and enrolled in the Children's Waiver Program for December. There are two children who have been invited to enroll on the Children's waiver. Both invited cases are from Network 180. One prescreen was submitted by Network 180 in December. Two prescreens have already been submitted to MDHHS for this January. MDHHS is back to using the weighing list as all the additional slots that were added have been filled. LRE currently has four (4) scored prescreens that are on the weighing list and have not been invited to join the CWP. Three of the prescreens that are on the weighing list were submitted in October and the fourth is the prescreen that was submitted in December.

| | CMHOC (Ottawa) | HealthWest (Muskegon) | Network 180 (Kent) | On Point (Allegan) | WMCMHS (Lake, Mason, Oceana) |
|-------------------|---------------------------|----------------------------------|-------------------------------|-------------------------------|---|
| # Enrolled | 11 | 7 | 64 | 3 | 1 |

1915(i)SPA:

MDHHS Updates:

- MDHHS's deadline for iSPA compliance to 10/1/2023. It is expected that all iSPA cases are enrolled in the WSA by that date.
- The final Policy Bulletin was released on 11/1, not updated in MPM yet. MDHHS is hoping policy updates will be in the MPM by the April print.
- MDHHS' approval of cases in the WSA is still slow, but improving. Our region has 12 cases currently waiting for MDHHS approval, and 214 cases approved/enrolled so far. The majority of these are from HealthWest and Ottawa.
- The MDHHS iSPA Specialist, Monica Erickson, will be attending our Regional iSPA meeting in February to offer region specific Technical Assistance and to answer any questions we may have related to the iSPA.

Regional Updates:

- The Regional iSPA Workgroup has been meeting monthly, with representation from each CMHSP, as well as attending the statewide meetings.
- CMHSPs are working on identifying cases to be enrolled through their EHRs, and ensuring they have appropriate staff to assist with entering cases. Time and staffing seems to be most reported roadblock to CMHSPs being able to identify cases and develop an internal process for this, and enter data into the WSA.
- Some CMHSPs have been working with PCE to develop this, per the offer from other regions also using PCE. It is hoped that this will prove very helpful once up and running.
- The LRE is in the process of developing an iSPA Policy and Procedure in line with the State's, and will bring this to the regional group for review and feedback this month.

SEDW (Series Emotional Disturbance Waiver):

- We currently have 71 open cases.
 - Allegan – 5
 - HealthWest – 13
 - Network180 – 34
 - Ottawa – 16
 - West MI – 3

- The SEDW program is continuing to run smoothly overall. Continued feedback from the December 101 Training continues to be good. Cases are being submitted on time, and recertified and disenrolled when appropriate.



Submitted by: Eric Miller
 231-260-0721
 ericm@lsre.org
 Year: FY23 Quarter: 1

The Veteran Navigator (VN) role was created to assist veterans and military families of all branches, eras, and discharge types. The VN works to connect veterans and their families to federal, state, and local resources to offer support for issues regarding mental health, substance use disorders, housing, and other unique circumstances that may impact veterans.

Outreach: Identify and engage veterans and their families.

During Q1, The Veteran Navigator program was highlighted in the Grand Haven Tribune for the work that Eric is doing throughout the region. The article can be found [here](#). Additionally, Eric provided trainings for partner organizations for Crisis Intervention Teams and real estate businesses to understand how to better serve veterans. He also coordinated recreational activities for Veterans in the region including sports, hunting, and Veterans Day activities at Corewell and Allendale Township.

Community
 Members
 Reached:

64

Support: Work with individual veterans to assess their needs, connect to services, and address challenges that negatively affect their health and well-being.

This quarter, the Veteran Navigator provided support throughout the region in several ways, including:

- Connected 3 veterans to mental health services and supports.
- Coordination of care with PineRest, the VA, and housing agencies to get access to inpatient treatment and long term housing solutions for an individual who is at high risk of suicide.
- Assisted 9 veterans with paperwork for Veteran Disability or increasing claim%.
- Coordinated assistance for two housing improvement projects.

New veterans
 Served:

23

Total Service
 Contacts:

80

Referrals : Establish a robust referral network to assist veterans in accessing services and supports to meet their needs.

This quarter, the Veteran Navigator strengthened partnerships and referral sources in the following ways:

- Developed referral process for Veterans in our region to receive services from K9 for Camo whose mission is to "Give back to Veterans who served in the United States military by matching them with a companion dog that is rescued and trained under canine good citizen standards."
- Continued partnership with Ottawa VSO to streamline assistance for Veterans in Ottawa County.

Stakeholder
 Collaborations this
 Quarter:

11

- Participated in Kent County Veteran Services meeting to develop relationships and referrals within Kent County.
- Meetings about assistance for home ownership for Veterans
- Partnership with Coastal Staffing employment agency about how they can support Veterans in their job search.

Expertise

:

Training and assistance for local organizations and groups to effectively engage and support veterans.

This quarter, the Veteran Navigator was asked to provide their expertise in the following ways:

- Met with United Health to consult as they create a Veteran Program within their organization to better serve Veterans.
- Provided Crisis Intervention Team (CIT) training in Ottawa County about interacting with a Veteran who is experiencing crisis.
- Coordinated and spoke at a Harbor Hospice event to provide information about serving Veterans in end-of-life care.
- Provided assistance at Allegan Court for Veterans navigating Vet Court. Connecting individuals to resources and opportunities within their community.

of trainings/
consults provided
this quarter:

8



LAKESHORE REGIONAL ENTITY

SUMMARY OF ACTIVITIES FY21 & FY22

PREVENTION SERVICES

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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) and 2021/2022 (FY22). 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, along with future annual summary of activity reports, will provide a record of activities conducted to inform multi-year outcome evaluation for regional prevention services.

Prevention providers funded through the LRE during FY21 & FY 22 include the following:

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

During FY 21, 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.

Persons Served: 231,055

During FY 21, over 160,000 individuals received prevention services throughout the region, decreasing to around 68,000 in FY22. This decrease is primarily due to Kent County.

During FY21, many services were delivered using a virtual format rather than in-person due to Covid-19. Virtual programming continued for many initiatives in FY22.

| Persons Served | FY21 | FY22 |
|----------------------|----------------|---------------|
| Allegan | 8,660 | 10,356 |
| Kent | 137,260 | 41,156 |
| Lake, Mason & Oceana | 4,219 | 4,860 |
| Muskegon | 5,278 | 3,801 |
| Ottawa | 7,073 | 8,392 |
| Total | 162,490 | 68,565 |

Estimated Reach: 13.9M

Estimated reach is collected for activities where when an official count of persons is not possible. Providers estimate that they have achieved more than 13 million impressions through campaigns such as TalkSooner, Above the Influence, and others. In FY21 estimated reach for the LRE region totaled 3M, increasing to 10.9M in FY22. This increase may be due to additional time-limited specialty grants, many of which were used to support marketing campaigns.

Hours of Service: 23,414

More than 23,000 hours of service were provided in the following strategies:

| | FY21 | FY22 |
|---|---------------|--------------|
| Education | 2,969 | 3,822 |
| Community-Based | 5,329 | 4,306 |
| Environmental | 3,664 | 705 |
| Information Dissemination | 561 | 212 |
| Student Assistance/ Prevention Assessment | 632 | 664 |
| Alternative | 383 | 168 |
| Total | 13,537 | 9,877 |

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. [Attachment A](#) provides an overview of regional data trends for all targeted indicators (pg.30).

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.16

Reducing youth access
Increasing perception of risk

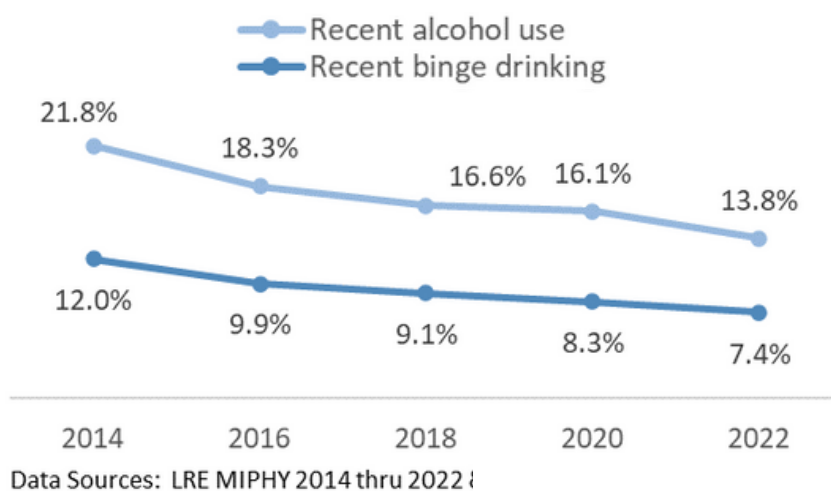
Reduce Early Initiation of Substance Usep.19

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 |
|---------|------|------|-----------|-------|-----------|--------|
| | ✓ | | ✓ FY21 | | | ✓ |
| | ✓ | | ✓ FY21 | | ✓ FY22 | ✓ |
| | ✓ | | ✓ 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 |
|---------|------|------|-----------|-------|--------|--------|
| ✓ | ✓ | | ✓ FY21 | ✓ | | ✓ |
| | ✓ | | | ✓ | | ✓ |
| ✓ | ✓ | | | ✓ | | ✓ |

Local Programming:

- **Allegan County**
 - OnPoint: Provided in-person TIPS training for retailers.
- **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 implemented in FY22 reaching over 200 alcohol retailers and 400 other businesses associated with Prom to prevent alcohol sales to minors.

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.
- **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. | | ✓ | | | ✓ | | ✓ |

Local Programming:

• Allegan County

- OnPoint: The Pro Youth Team attended the Youth-to-Youth conference to develop leadership skills in FY22.

• 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 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.

• Muskegon County

- PHMC: Messaging distributed concerning alcohol use among older adults.

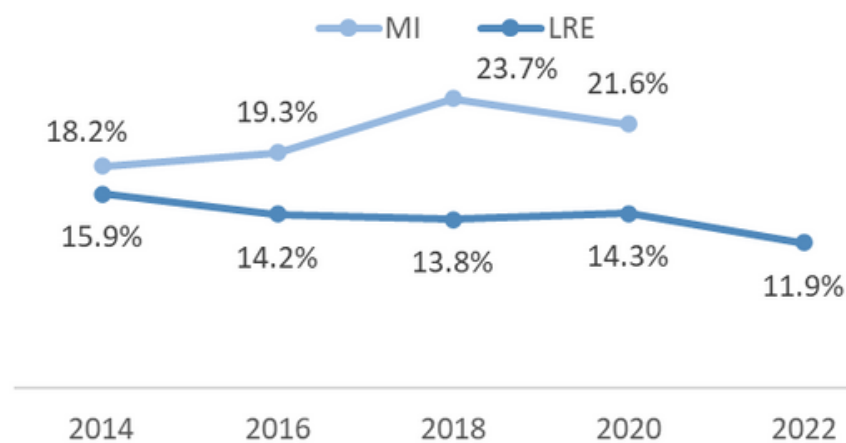
• Ottawa County

- 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 |
|---------|------|------|-----------|-------|-----------|-----------|
| ✓ | | | | ✓ | ✓ FY22 | ✓ |
| | | | | ✓ | | |
| | | | | ✓ | | ✓ |
| | | | ✓ FY22 | ✓ | | ✓ 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. *Effort supported with LARA funds.*
- **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. | ✓ | ✓ | | | ✓ | ✓ FY22 | |
| Provide information on the risks of marijuana use while pregnant. | ✓ | ✓ | | ✓ | ✓ | ✓ FY22 | ✓ |
| Raise awareness of the risks of driving after using marijuana. | | ✓ | | ✓ | ✓ | ✓ | ✓ |

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 high schools when teens 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; 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.

• Mason County

- D10HD: Hosted a presentation for coalition members on the impact of marijuana legalization on communities. Staff provided webinar training to on risks of marijuana 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. Emphasis during National Driving Impaired Awareness Month in FY22 and materials about risks of using marijuana were distributed to WIC clients.

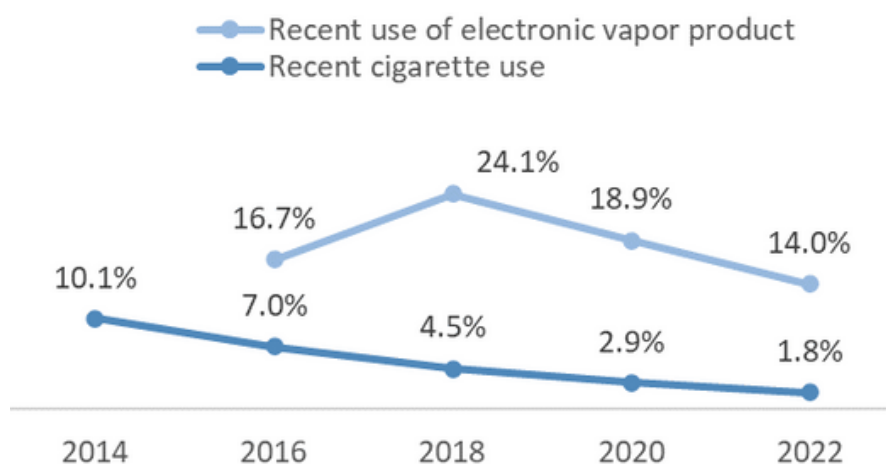
• Ottawa County

- 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: In 1992, Congress enacted the Federal Synar Amendment requiring states to enact and enforce laws prohibiting the sale of tobacco products to individuals under the age of 18. Each state must conduct annual unannounced inspections of a random sample of tobacco retailers and achieve a compliance rate of at least 80%, or the state risks a loss of up to 40% of the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

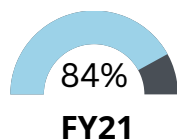
In response to this, the No Cigs for Our Kids Campaign, which began in 2004, works to eliminate sales of tobacco to youth under the age of 18 and has been expanded throughout the region since 2012.

In each county of the region, compliance checks are conducted by law enforcement throughout the year that result in citations for those who fail, and vendor education visits to provide education and support.

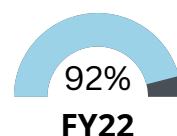
To monitor state's compliance with the Federal Synar Amendment the state conducts compliance checks with a sampling of retailers statewide each year. Results of recent checks occurring in the LRE region to fulfill this state assessment are summarized below.

In December of 2019 Tobacco 21 was enacted nationally. Since then, tobacco products sales are restricted to anyone under the age of 21 including cigarettes, cigars, and e-cigarettes.

Synar Compliance Rate:



For statewide assessment purposes, a random selection of retailers is selected annually for a compliance check. The sample size provides meaningful results statewide, but the number of retailers selected for the region is too small to provide meaningful results for the region.



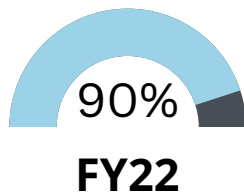
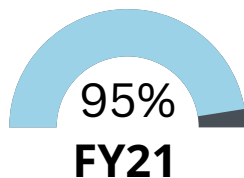
In FY21, 45 retailers in the region were selected for a Synar check. Of these, 38 refused to sell to an underage decoy, resulting in a compliance rate of 84.4%, meeting the requirement of achieving 80% compliance. In FY22 rates improved with 58 of the 63 selected retailers refusing to sell to an underage decoy, resulting in a compliance rate of 92.1%

REDUCE YOUTH ACCESS

Ensure retailers do not sell tobacco products to underage youth.

Activities are conducted throughout the year to improve retailer compliance during the statewide Synar assessment including non-Synar compliance checks and vendor education.

Non-Synar Compliance Rate:



During FY21, 27% of retailers received a non-Synar compliance check.

In FY22, 448 checks were conducted representing 49% of the retailers in the region.

In FY21 95% of retailers passed and in FY22 90% passed.

All retailers that fail the compliance check are issued a citation.

All retailers that pass a compliance check are mailed a letter notifying them of the results along with a Certificate of Compliance for the store.

Corporate headquarters of retailers receiving a compliance check that are part of a larger corporation are sent a letter to notify them of the results.

| County | FY21 | FY22 |
|--------------|------------|------------|
| Allegan | 94 | 83 |
| Kent | 74 | 104 |
| Lake | 0 | 12 |
| Mason | 0 | 28 |
| Muskegon | 77 | 92 |
| Oceana | 0 | 27 |
| Ottawa | 0 | 102 |
| Total | 245 | 448 |

Vendor Education:



Vendor education is provided to tobacco retailers to support them in the knowledge and skills necessary to avoid selling to underage persons. During FY21, 85 tobacco retailers were visited for vendor education and in FY22 another 85 retailers received a vendor education visit.

During each fiscal year:

- All retailers that received a non-compliant check were visited, called, or mailed information (due to Covid-19).
- In most counties, retailers in the targeted areas were visited for vendor education prior to law enforcement compliance checks.

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. | ✓ | ✓ | ✓ | ✓ FY22 | ✓ | | ✓ |
| 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 educational material for all programming with most current info. Vape Education classes included parents as well as MS and HS students.
- N180: Provided information through ATI.
- WW: Info on risks of vaping included in Project SUCCESS, small group education, and parent education workshops/videos.

• Lake County

- D10HD: Distributed recorded presentation for community-wide sharing.

• 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 and promoted through the Intermediate School District; also coordinated a vape disposal program.

• Oceana County

- D10HD: In FY21 provided educational sessions with youth caught vaping at school and virtual vaping presentations for youth were shared with the schools. In FY22 provided Vape Educate licenses to all schools as an alternative to suspension. Presentations provided to MS/HS students, partnered with TOPPC youth to present to MS students.

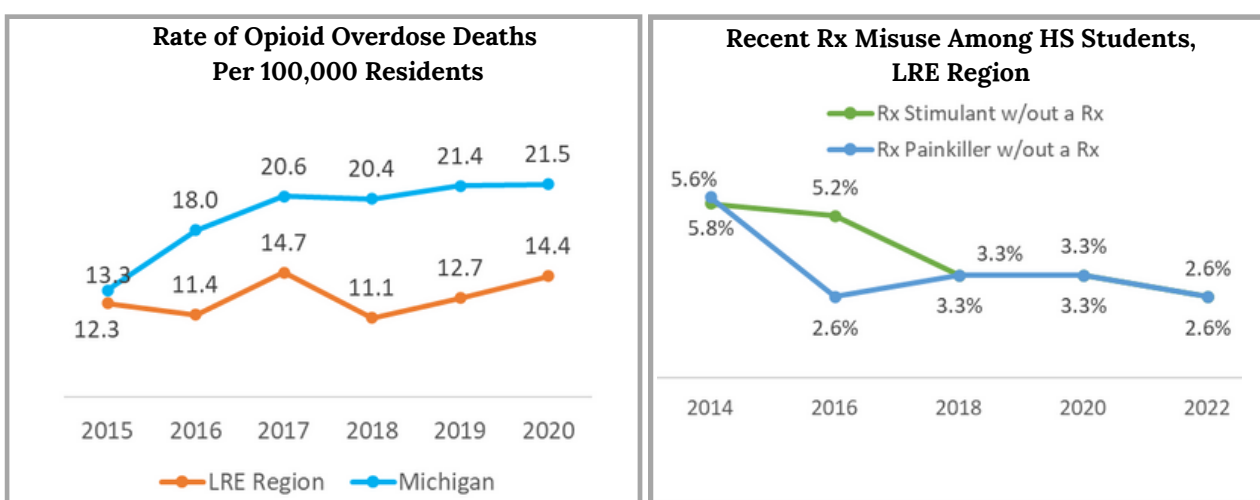
• Ottawa County

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

OPIOID AND PRESCRIPTION DRUG MISUSE

In 2019, there were 145 deaths in the LRE region due to opioid related overdoses (prescription and illicit). The rate of opioid overdose deaths increased between 2018 and 2020 yet remain lower than state-wide.

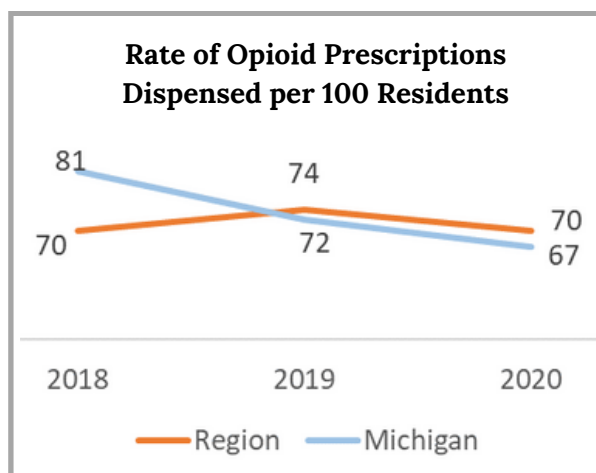
Prescription drug (Rx) misuse among HS students has decreased in recent years to a low of 3.1% for Rx stimulants and 3.3% for Rx painkillers.



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 Kent (51) and Allegan (55) and the highest in Muskegon (141) and Oceana (138).

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: SOR funds supported a messaging campaign for ages 14 - 25.

• Mason County

- D10HD: Supported household hazardous waste event. Created and distributed a mailer to county residents noting proper disposal methods and local options for disposal. Social media posts on storage and disposal.

• Muskegon County

- MCHP: Hosted 2 take back events and permanent take backs at all law enforcement agencies and Mercy Health 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: Partnered with household waste efforts for drug take back and provided educational materials on proper storage and disposal of medications. Distributed Dispose Rx packets for safe drug disposal at home in FY21. In FY 22 also provided medication lock boxes as a resource.

• Ottawa County

- AC: Partnered with local municipalities to place bill stuffers in each water bill to promote the prescription drug disposal boxes and take back events throughout the county. In FY22 promotion increased with social media ads. Communicated to parents about managing and monitoring prescription medication.
- CMHOC: Through efforts of the Opiate Taskforce, permanent disposal sites have significantly increased. Took back 400+ pounds of medications and 120 pounds of sharps in FY21. 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:

| | 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 |

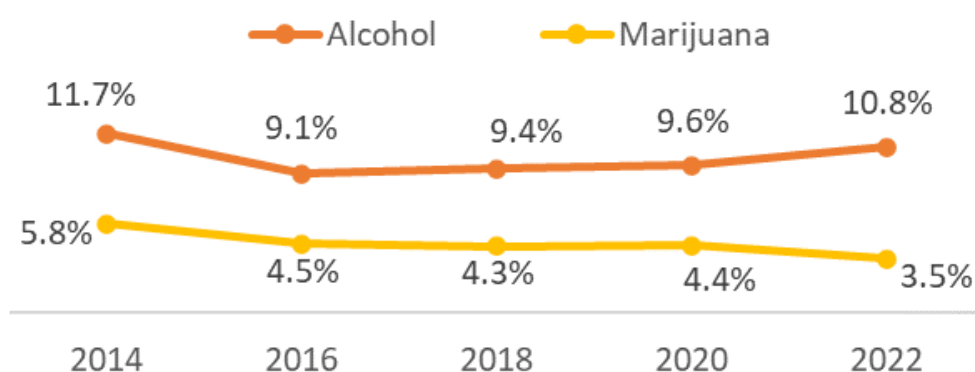
Local Programming:

- **Kent County**
 - N180: Provided information through our work via ATI 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 |
|---------|------|-----------|-------|-------|--------|--------|
| ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| | ✓ | ✓ FY22 | | ✓ | | ✓ |
| | ✓ | | | | | ✓ |
| ✓ | ✓ | ✓ FY22 | ✓ | ✓ | ✓ | ✓ |

Local Programming:

• Allegan County

- OnPoint In FY 22, created a 15-minute video on the effects of vaping on the body and shared with middle schools (MS). Otsego MS participated in Red Ribbon Week in FY21 and 22. In FY22, Fennville also participated. During these weeks, resources and promotional items were distributed.

• 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 provides ongoing education during school year, Juvenile Detention LifeSkills Training, and Girl's Court Programming.
- 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 includes lessons on the effects of alcohol and other drugs as well as strategies for saying no to alcohol and drugs and is provided to MS and HS based on needs. Promoted Red Ribbon Week and National Drug Facts Week. In FY22 after school prevention programming with focus on employment training was delivered to 45 youth from middle and high school, alternative schools, probation, and local clinical service participants.

• Lake County

- D10HD: Red ribbon mailer promotion. Info distributed as part of a toolkit for parents and kids.

PERCEPTION OF RISK

Local Programming, continued:

- **Mason County**
 - D10HD: Provided education to students caught vaping. Shared info on social media for National Drug Facts Week. Summer media campaign educating youth on risks of underage drinking.
- **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.
- **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. In FY22 provided Raise Your Voice in 2 schools, training 22 HS students who then presented to 1,000 MS students.
 - 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:

| | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|-----------|------|------|-------|-------|--------|--------|
| Peer refusal skills training of HS students. Inc. training younger peers and peer counseling. | ✓ FY22 | ✓ | | | | | ✓ |
| 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 | | ✓ | | | | | |

Local Programming:

- **Allegan County**
 - OnPoint: In FY22, began implementing a peer refusal skills curricula.
- **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.
- **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 | | ✓ |
| 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: Promoted virtual teen room as a resource for parents and continued to promote in FY22 through newsletters, open houses and other events. A video was created and distributed to schools to use with staff and parents on current trends which was promoted in FY21 and FY22. Parent resource training from the national traumatic stress network, was provided in collaboration with Great Start.

- **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. In FY22 two 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. 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 were shared with healthcare provider providers, community health workers and board members from Children's Trust Fund and community members.

FAMILY DYNAMICS

Local Programming, continued:

- **Mason County**
 - D10HD: Parent prevention packets shared through community partners (ex. libraries). Coordinated with great start collaborative to plan parent/family events.
- **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: Provided 2 Hidden in Plain Sight presentations in two schools in FY22.
 - 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 |
|--|---------|-----------|------|-----------|-------|--------|-----------|
| 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. | ✓ | ✓ FY21 | ✓ | ✓ FY21 | | ✓ | ✓ |
| Provided info to parents at community events on how to talk to their kids. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ FY22 |

Regional Efforts:

TalkSooner.org

brought to you by Lakeshore Regional Entity

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 and to download the app on their smartphone. 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: 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 WGVU 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 WGVU 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...

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.

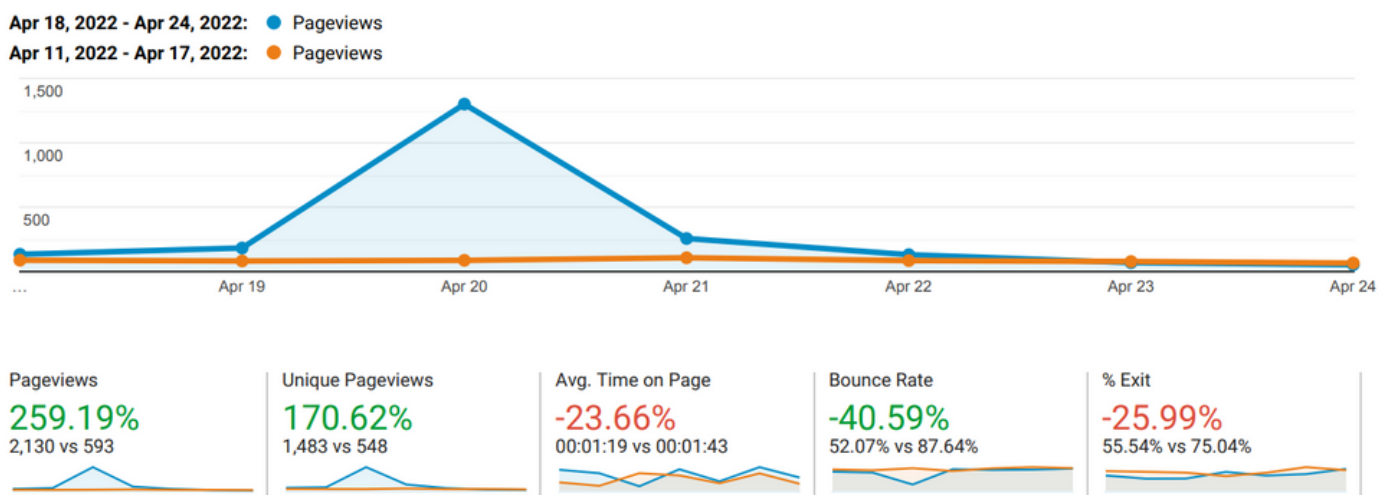
These segments continue to be available via: [Watch: Talk Sooner anti-vaping program](#)

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%).

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...

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.
 - WW: 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.
- **Muskegon County**
 - AC: Provided TalkSooner information to families at all events and programming.
 - PHMC: In FY21 promoted TalkSooner at all outreach events. Worked with Fathers Matter collaborative membership at outreach events to assure awareness of resources in the community.
- **Oceana County**
 - D10HD: TS included in all community outreach, social media efforts were implemented, and partnered with Shelby Public Schools for family meals month in FY21 and the county's annual coat drive in FY22. 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 |
|-----------|------|-----------|-------|-------|--------|--------|
| ✓ | ✓ | | | ✓ | ✓ | ✓ |
| ✓ | ✓ | | | ✓ | | ✓ |
| ✓ FY22 | ✓ | ✓ FY21 | | | | |

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: Educational materials for suicide prevention were disseminated at every parent event, school open houses etc. The Early Risers after school and summer program was conducted at Fennville Elementary. PAL's program completed at 5 schools each year.

• 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: Offered Mental Health First Aid and QPR trainings.

• Oceana County

- D10HD: TOPPC youth group conducted a community service project with outreach on suicide prevention.

• 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 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.

Attachment A

Lakeshore Regional Entity, Prevention Metrics Tracking FY21 thru FY24

The following provides a summary of indicators targeted by Lakeshore Regional Entity, substance abuse prevention in the counties of Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa. Unless otherwise specified, regional data was calculated using results from the Michigan Profile for Healthy Youth, Ottawa County Youth Assessment Survey, and Lake County Youth Survey. 'HS students' include 9th and 11th grades, with the exception of Ottawa County which includes 10th and 12th. 'MS Students' includes 7th grade, with the exception of Ottawa County which includes 8th grade.

| Childhood and Underage Drinking | Progress Tracking | | | | % Change |
|--|-------------------|-------|-------|------|----------|
| | 2018 | 2020 | 2022 | 2024 | |
| % HS students reporting recent alcohol use | 16.6% | 16.1% | 16.1% | | ↓ 3% |
| % HS students reporting it would be easy to get alcohol | 57.9% | 58.8% | 57.8% | | ~ |
| % HS students report binge drinking is low risk | 29.4% | 29.2% | 30.4% | | ↑ 3% |
| % HS students reporting 50% of peers drank in past month | 31.9% | 26.6% | 28.7% | | ↓ 10% |
| Underage Marijuana Use | Progress Tracking | | | | % Change |
| | 2018 | 2020 | 2022 | 2024 | |
| % HS students reporting recent marijuana use | 13.8% | 14.3% | 11.9% | | ↓ 14% |
| % HS students reporting it would be easy to get marijuana | 45.2% | 46.7% | 42.8% | | ↓ 5% |
| % HS students reporting marijuana use is low risk | 55.0% | 55.0% | 55.2% | | ~ |
| Underage Tobacco Use | Progress Tracking | | | | % Change |
| | 2018 | 2020 | 2022 | 2024 | |
| % HS students reporting recent cigarette use | 4.5% | 2.9% | 1.8% | | ↓ 60% |
| % HS students reporting recent vaping | 24.1% | 18.9% | 14.0% | | ↓ 42% |
| % HS students reporting it would be easy to get cigarettes | 44.5% | 38.5% | 20.3% | | ↓ 54% |
| Maintain formal Synar non-compliance (fail) rate at ≤20% | 2.9% | 9.5% | 7.9% | | ↑ 172% |
| % HS students reporting smoking cigarettes is low risk | 17.8% | 18.0% | 16.8% | | ↓ 6% |

| Prescription Drug Misuse | Progress Tracking | | | | % Change |
|---|-------------------|-------|-------|------|----------|
| | 2018 | 2020 | 2022 | 2024 | |
| % HS students reporting recent misuse of Rx painkiller | 3.7% | 3.3% | 2.6% | | ↓ 30% |
| % HS students reporting recent misuse of Rx stimulant | 3.3% | 3.1% | 2.6% | | ↓ 21% |
| % HS students reporting using a Rx drug w/out Rx is low risk | 22.0% | 21.3% | 20.9% | | ↓ 5% |
| Opioids | Progress Tracking | | | | % Change |
| | 2018 | 2019 | 2020 | 2021 | |
| # Opioid related overdose deaths (MI-SUDDR) | 123 | 145 | 189 | | ↑ 54% |
| Rate Opioid related overdose deaths per 100k residents | 11.1 | 12.7 | 14.4 | | ↑ 30% |
| Opiate prescriptions written, rate per 10,000 residents (MI-SUDDR) | 70 | 74 | 70 | | ~ |
| Early Initiation of Substance Use | Progress Tracking | | | | % Change |
| | 2018 | 2020 | 2022 | 2024 | |
| % HS students reporting alcohol use of before age 13 | 9.1% | 9.6% | 10.8% | | ↑ 19% |
| % HS students reporting marijuana use before age 13 | 4.3% | 4.4% | 3.5% | | ↓ 19% |
| % MS students reporting marijuana use is low risk | 38.2% | 41.0% | 39.9% | | ↑ 4% |
| % MS students reporting Rx misuse is low risk | 24.2% | 25.7% | 23.3% | | ↓ 4% |
| % MS students reporting binge drinking is low risk | 30.7% | 31.9% | 29.1% | | ↓ 5% |
| % MS/HS students reporting at least one best friend committed to being drug free (exc. Lake and Ottawa) | 72.8% | 72.1% | 74.2% | | ↑ 2% |
| % MS students could ask parents for help with a personal problem | 85.4% | 83.5% | 82.7% | | ↓ 3% |
| % MS student's family have talked to them about alcohol or other drugs | 69.8% | 67.4% | 67.7% | | ↓ 3% |
| % MS students reporting depression in past year* | 25.0% | 28.0% | 30.2% | | ↑ 21% |
| % HS students who seriously considered suicide, past year* | 20.5% | 17.7% | 20.1% | | ~ |

* There are many efforts other than those within this plan working to address mental health issues. This plan is a component of larger community efforts to address this complex issue.

Dec. 2022

LAKESHORE REGIONAL ENTITY

VETERAN NAVIGATOR PROGRAM

FISCAL YEAR 2022

SUMMARY OF ACTIVITIES

Prepared by:



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INTRODUCTION

The Veteran Navigator (VN) role was created to assist veterans and military families of all branches, eras, and discharge types. The VN works to connect veterans and their families to federal, state, and local resources to offer support for issues regarding mental health, substance use disorders, housing, and other unique circumstances that may impact veterans.

Since the LRE's VN program began in FY17, the regional VN has engaged veterans and military families throughout the region and supported community partners in addressing the needs of veterans and military families.

The VN role includes four primary functions. Information about activities within each function can be found on the page referenced.

1. Outreach page 3

Identify and engage veterans and their families.

2. Support page 4

Work with individual veterans to assess their needs, connect to services, and address challenges that may negatively affect their health and well-being.

3. Referral Network page 6

Establish a robust referral network to assist veterans in accessing services and supports to meet their needs.

4. Expertise page 8

Offer training and assistance for local organizations and groups to effectively engage and support veterans.

Next Steps are discussed on page 9.

SUCCESSSES

265
—

Service Contacts

81
—

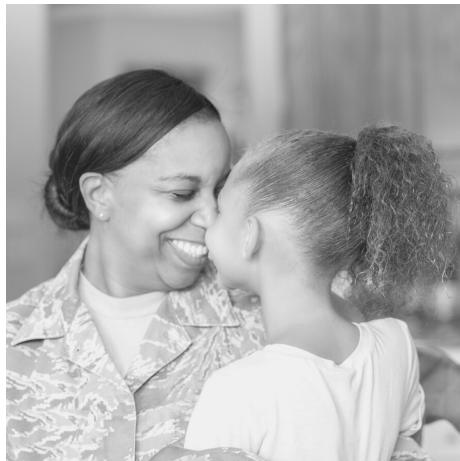
Unique Individuals Served

147
—

Referrals Made

64
—

Referrals Received



OUTREACH

The Veteran Navigator (VN) participates in community events and collaborative groups that allow him to connect with veterans in the community. The purpose of this outreach is to raise awareness of services available through the VN and to interact with veterans to increase their comfort level with reaching out to the VN for support. These events often raise funds to support veteran needs.

During FY22, the VN assisted with planning and participated in the following events to better connect with veterans and their families in the community:



Day at Cannonsburg Ski Resort: Veterans and their families participated in a day out on the slopes or tubing with other Veterans.



Kent County Veterans Resource Fair: VN assisted with planning and participated in a resource fair to conduct outreach and raise awareness of the Veteran Navigator Program.



Local American Legions: worked together to improve outreach to Veterans through various events.



SUPPORT:



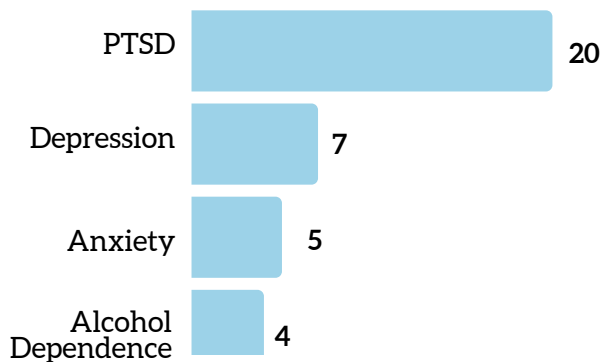
The primary role of the VN is to provide individualized support to veterans and military families. The VN works with individual veterans to assess their needs, assist them in connecting to services, and help them address challenges that negatively affect their health and well-being. In addition, the regional VN works with the local VNs at HealthWest and West Michigan Community Mental Health Services to coordinate services as appropriate.

During FY22, the VN provided services to 81 individuals that included residents from every county in the region except Lake County.

Among individuals served:

- 21% were unemployed
- 63% had children
- 47% presented with a mental illness

Among Individuals Served, the # Reporting the Following at Initial Contact, FY22



| County | Number Served |
|----------|---------------|
| Allegan | 11 |
| Kent | 30 |
| Mason | 3 |
| Muskegon | 14 |
| Oceana | 1 |
| Ottawa | 25 |

The Veteran Navigator Program allows for customized support, specific to the needs of each veteran. Highlights of support provided include:



Assisted 42 Veterans in applying to their local Veteran's Service Organizations (VSOs) to access benefits to increase their income and address healthcare needs.

- Assisted Veterans in applying for VA benefits.
- Increased Veteran's disability benefits to increase their income.
- Worked with numerous Veterans to help them access VA funded services, including in-home care, and placement in care facilities.



Housing needs among veterans increased during FY22 and the VN provided housing related assistance to 9 individuals.

- Helped to find alternative housing due to a hostile living situation.
- Assisted cleaning up the premises and dealing with hoarding situations to avoid eviction.
- Engaged multiple non-profit organizations to fund down payment assistance for an apartment to avoid homelessness.
- Engaged Habitat for Humanity on multiple cases to assist with needed roof repairs and replacements.
- Provided support with receiving financial assistance for six Veterans at risk of eviction due to rising rent costs.



Served 6 individuals with employment related needs, and 3 individuals with education related needs, including:

- Assisted a Veteran in obtaining tools required to begin new career as a mechanic.
- Helped Veterans with car repairs so they could get to work.



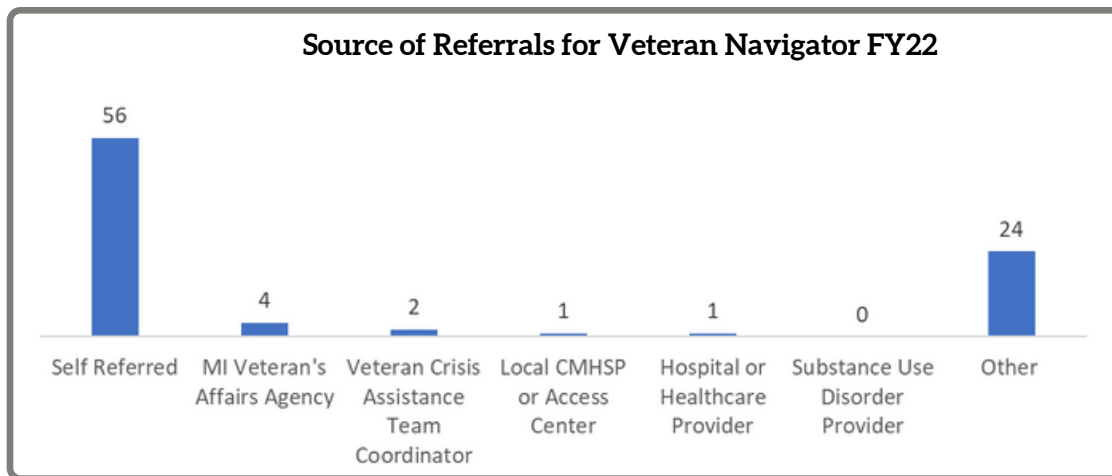
- Assisted 8 individuals with mental health related needs and 3 individuals with substance use disorder related needs.
- Assisted 3 Veterans and their families with end-of-life issues such as funerals and hospice support.
- Assisted 9 Veterans with financial issues to help with car repairs, utility bills, etc.
- 10 Veterans were assisted in accessing healthcare or related needs including in-home care, dementia, traumatic brain injury, and acquiring wheelchairs.
- 3 Veterans received assistance with legal issues.
- 3 Veterans were connected to the VN in other regions.

REFERRAL NETWORK:

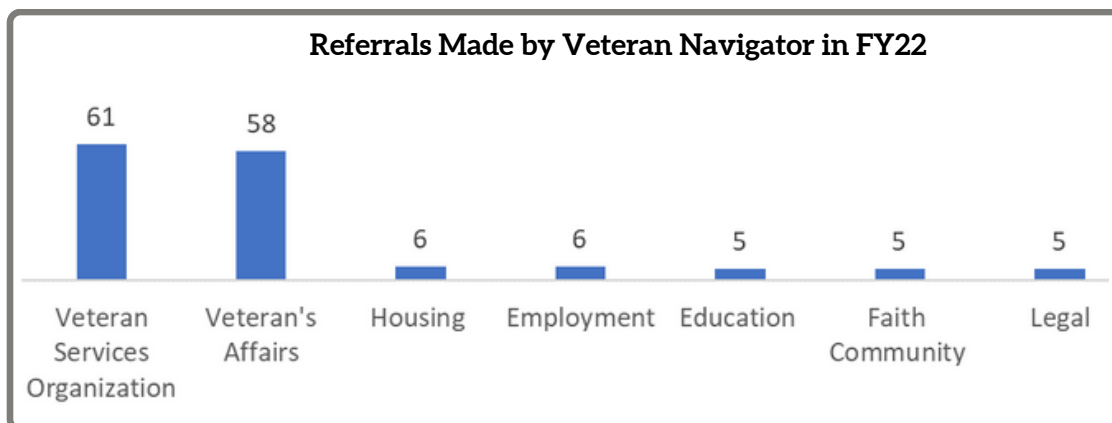
To support veterans and their families in accessing supports and resources, the Veteran Navigator works to identify, review and build relationships with organizations that can support the needs of veterans and military families. This includes establishing strong working relationships with publicly funded systems for behavioral health services, other local providers of services such as housing and transportation, and developing partnerships with volunteer groups that support veterans.

These relationships allow the VN to coordinate warm-handoff referrals to services as well as increase the referrals to the VN for additional support from these organizations.

During FY22, the majority of referrals to the VN were from local community mental health service providers (CMHSPs). The referrals were received from the Veteran Crisis Assistance Team, healthcare providers, and one substance use disorder provider.



During FY22, the majority of referrals made by the VN were to veteran's organizations.



Referral Resources Established:

Since FY17, the Veteran Navigator (VN) has worked to establish and maintain relationships throughout the region to allow for effective referrals to meet the needs of veterans served.

The largest proportion of Veteran populations in the region are currently living in Kent, Muskegon, and Ottawa Counties, thus, priority for identifying and establishing referral agreements was given to these counties. During FY22, the VN prioritized development of referral relationships in the remaining counties, resulting in 22 newly established referral agreements for Allegan (8), Lake (4), Mason (5), and Oceana (5) counties.

The matrix below reflects the referral agreements in place:

| Resource Type | Allegan | Kent | Lake | Mason | Muskegon | Oceana | Ottawa |
|------------------------------------|------------------|------|------------------|------------------|----------|------------------|--------|
| Housing | ★ ^{new} | ★ | | | ★ | ✓ ^{new} | |
| Employment | ★ ^{new} | ★ | ✓ ^{new} | ✓ ^{new} | ★ | | ★ |
| Education | ★ ^{new} | ★ | | | ★ | | ★ |
| Faith Based Community | ★ ^{new} | ★ | | ✓ ^{new} | ★ | ✓ ^{new} | ★ |
| Transportation | | ✓ | | | | | |
| Food/Basic Needs | ✓ ^{new} | ✓ | | ✓ ^{new} | ✓ | ✓ ^{new} | |
| Healthcare | ★ ^{new} | ★ | ✓ ^{new} | ✓ ^{new} | ★ | ✓ | ★ |
| Substance Use Disorder/Recovery | ★ ^{new} | ✓ | ✓ ^{new} | ✓ ^{new} | ✓ | ✓ ^{new} | ★ |
| Veteran Affairs | ★ | ★ | | ✓ | ★ | ✓ | ★ |
| Volunteer groups that support vets | ★ ^{new} | ★ | ★ ^{new} | | ★ | ★ ^{new} | ★ |

Legend:



Organization identified



Organization identified and a relationship established with identified contact person

EXPERTISE:

The Veteran Navigator (VN) supports local organizations and groups to increase involvement in providing Veteran care and improve their ability to effectively engage with Veteran and military families.

Activity Highlights



State Policy

Participated in statewide effort for Veteran Navigators to support the Veteran's Affairs (VA) Community Outreach Team to implement system changes to remove barriers making it difficult for Veterans to access services and to establish procedures that allow Veterans to receive community-based care which is reimbursed by the VA.



Faith-Based Leaders

Statewide, there has been a call for faith-based leaders to support Veterans and their needs. To address this priority, the VN met with several faith-based organizations throughout the region. These leaders demonstrated a passion for helping Veterans heal not only physically,, but mentally and spiritually as well. This initiative is in the early stages but the success to date is encouraging.



Service Access

Supported Veteran Affairs social workers to assist Veterans in accessing services and supports that are not available through the VA. Met with Kent County Veteran Office to improve ability to work together while serving Veterans. Met with local Clubhouse in Holland to discuss services available to Veterans through their resources.



Collaboration

Led Ottawa County Veterans Alliance to engage community partners in preventing Veteran suicide and improve connections to resources. This resulted in law enforcement increasing their referrals to the VN and established a program for Veterans to temporarily turn their guns into a local gun range during a crisis.



Trainings

Delivered two Military Cultural Competency trainings for Ottawa County Community Mental Health's staff. The training supported staff in developing an understanding and compassion for Veterans who are leaving the service and skills to effectively assist Veterans when they present for services.



Support Other Veteran Navigators

Assisted the Veteran Navigator of a neighboring region to establish a local Military Cultural Competency Training course for their area. Provided support to the newly hired Veteran Navigator for West Michigan Community Mental Health Services who is supporting Veterans and improving local network of resources.

NEXT STEPS:

To determine programming priorities, the VN seeks to understand local Military families' needs and gaps in services. Based on data collected for Veterans served during FY22, the following needs have been identified:

| Veteran Needs Identified | | Priorities |
|--------------------------|---|--|
| VA Service Access | Accessing healthcare services through the VA continues to be a challenge for many Veterans, especially those most in need of services. In FY22, 10% of the Veterans served needed assistance accessing care through the VA for various health related problems. | Continue to support state-level efforts to improve navigability of the VA system and to assist Veterans to access specific services as needed. |
| Housing | Housing issues were identified as an increasing issue among Veterans served in FY22 with 11% requiring assistance related to housing. The cost of living has risen dramatically in recent years which is impacting the ability of Veterans, especially those on a fixed income, to afford housing. Local resources to support Veterans at risk of homelessness are not adequate. | Work to identify community resources that assist with homelessness, advocate for Veterans as a priority population. |
| Female Veterans | According to the Michigan Veteran's Affairs Agency, female Veterans make up nearly ten percent of the Veteran population in the United States and are the fastest growing Veteran group at 2 million and rising. In Michigan, there are almost 50,000 women Veterans. As well as being being 'overlooked as Veterans', female Veterans face many challenges including: military sexual trauma, high rates of homelessness, PTSD and suicide. Locally, the VN notes that some female Veterans struggle as single parents. These types of challenges can exacerbate mental health challenges. | Ensure that adequate referral agreements are in place to address the unique needs of female Veterans. |
| Suicide | Nationally, the suicide rate for Veterans is 1.5 times higher than that of the general population. Among female Veterans compared to non-Veteran adult women, the rate is 2.5 times higher. Among Veterans served in FY22, nine reported having experienced suicidal ideation in their lifetime, and three reported suicidal ideations within the last three months. | Continue to identify community groups working to prevent suicide and encourage them to address Veteran's needs. |

Veteran Navigators assist Veterans and military families of ALL eras and discharge types. They work to connect Veterans and their families to federal, state and local resources to address issues regarding mental health, substance abuse, housing and other common problems that impact veterans in order to support healthier lifestyles and provide support.

MI Dept. of Health & Human Services

Contact Information:

Eric Miller, Veteran Navigator

Lakeshore Regional Entity

Phone: 231-260-0721

Email: ericm@lsre.org

Website: lsre.org/community/veteran-services



Information Officer Report – January 2023

Summary:

1. **MCIS Software:**

PCE Systems has deployed updated grievance and appeals reporting to better meet the needs of the CMS required "Managed Care Program Annual Report" (MCPAR).

2. **Data Analytics and Reporting:**

New efforts currently underway in this area include:

- Inpatient Psychiatric Hospital Provider Details dashboard (for CMHSP use).
- A "Dashboard of Dashboards" has been deployed. This shows all the users of each CMH who have access to a particular dashboard, and/or for a specific PIHP or CMHSP "user role" it can show the list of dashboards which can be accessed within that role. This will assist with requesting, granting, and removing dashboard access as appropriate for users region-wide and for monitoring access.

3. **FY22 data reporting to MDHHS:**

FY22 Encounter reporting overall is showing good volumes from most CMHs. Some corrections and late encounters are still being submitted with a goal of having all FY22 services in the MDHHS data warehouse by 01/27/2023. Please see also the encounter graphs attached.

FY23 Encounter reporting is showing good volume for October and initial results November, as would be expected at this point in time.

FY22 BH-TEDS: MDHHS made corrections to their FY22 completeness reports and re-published corrected stats on 1/06/2023. LRE submitted additional data on 1/11/2023 that was not taken into consideration in those calculations. We are currently show as below the 95% standard (at **94.89 %**) for the Mental Health measure. We anticipate that we are actually in a better position that this shows as a result our 1/11/2023 BHTEDS data submission. We are above standard on the other 2 measures. See "Additional Details" on pages 2 and 3 below for the MDHHS calculated measures across all PIHPs.

FY23 BH-TEDS: MDHHS will begin BH-TEDS completeness reporting for FY23 related records later this month.

4. **Master Provider Data Roadmap:**

Work has begun on a Master Provider Data roadmap. We are working to define the requirements, relationships and workflow for region-wide collection of provider information needed for various PIHP and CMHSP business functions and compliance targets including: Provider onboarding and identification, Provider Network Management, Provider Directory, Credentialing, Provider Site Reviews, Quality Oversight, Encounter Data Validation and quality assurance, MDHHS reporting, Provider API requirements, Financial Management, Waiver Coordination, HCBS Compliance/POC monitoring & CCBHC. As key guiding principles of this effort, our goal is to encourage data collection processes that are more automated, more timely and more efficient with workflows that support region-wide needs, making information available seamlessly to those who need it in the timeframe that supports each business function and each compliance requirement.

Additional Details - BHTEDS:

BHTEDS Completeness – FY22 – per MDHHS as of 1/06/2023:

| FY22 MH Encounters w/BH-TEDS records | | | | |
|--------------------------------------|--------------|---|--|-------------------------|
| Encounters: 10/01/2021 - 09/30/2022* | | BH-TEDS: 07/01/2020 - 01/06/2023 | | |
| 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 | 11,538 | 394 | 96.59% |
| Detroit/Wayne | 00XH | 60,838 | 4,290 | 92.95% |
| Lakeshore Regional Entity | 00ZI | 21,229 | 1,085 | 94.89% |
| Macomb | 00GX | 13,411 | 348 | 97.41% |
| Mid-State Health Network | 0107 | 43,422 | 1,360 | 96.87% |
| NorthCare Network | 0101 | 6,485 | 51 | 99.21% |
| Northern MI Regional Entity | 0108 | 13,156 | 283 | 97.85% |
| Oakland | 0058 | 23,891 | 623 | 97.39% |
| Region 10 | 0109 | 19,811 | 71 | 99.64% |
| Southwest MI Behavioral Health | 0102 | 22,644 | 740 | 96.73% |
| Statewide | | 236,425 | 9,245 | 96.09% |
| 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 | | | | |

| FY22 Crisis Encounters w/BH-TEDS records | | | | |
|--|--------------|--|--|--------------------|
| Encounters: 10/01/2021 - 09/30/2022** | | BH-TEDS: 07/01/2020 - 01/06/2023 | | |
| Region Name | Submitter ID | Distinct Count of Individuals With | | Current Completion |
| | | Crisis Encounters | Crisis Encounters But NO BH-TEDS Record Since 07/01/2020 | |
| CMH Partnership of SE MI | 00XT | 2,602 | 91 | 96.50% |
| Detroit/Wayne | 00XH | 9,871 | 77 | 99.22% |
| Lakeshore Regional Entity | 00ZI | 6,759 | 184 | 97.28% |
| Macomb | 00GX | 1,870 | 17 | 99.09% |
| Mid-State Health Network | 0107 | 12,046 | 377 | 96.87% |
| NorthCare Network | 0101 | 2,167 | 4 | 99.82% |
| Northern MI Regional Entity | 0108 | 4,763 | 187 | 96.07% |
| Oakland | 0058 | 3,427 | 13 | 99.62% |
| Region 10 | 0109 | 2,223 | 6 | 99.73% |
| Southwest MI Behavioral Health | 0102 | 4,120 | 36 | 99.13% |
| Statewide | | 49,848 | 992 | 98.01% |
| Key | | | | |
| 95.00+ = Compliant | | **Encounters include H2011, S9484, T1023, 90839, 90840 | | |
| 90.00-94.99 | | | | |
| 85.00-89.99 | | | | |
| <85.00 | | | | |

| FY22 SUD Encounters w/BH-TEDS records | | | | |
|--|--------------|---|--|-----------------|
| | | | Does Not Have Open Admission at Time of | |
| SUD Encounters from 10/01/2021-09/30/2022*** | | | Encounter as of 01/06/2023 | |
| | | Distinct Count of Individuals With | | |
| Region Name | Submitter ID | Non-Health Home Encounters | Non-Health Home Encounters But NO BH-TEDS Record | Completion Rate |
| CMH Partnership of SE MI | 00XT | 2,834 | 29 | 98.98% |
| Detroit/Wayne | 00XH | 7,904 | 1 | 99.99% |
| Lakeshore Regional Entity | 00ZI | 5,925 | 74 | 98.75% |
| Macomb | 00GX | 3,770 | 17 | 99.55% |
| Mid-State Health Network | 0107 | 10,277 | 10 | 99.90% |
| NorthCare Network | 0101 | 1,865 | 3 | 99.84% |
| Northern MI Regional Entity | 0108 | 3,797 | 43 | 98.87% |
| Oakland | 0058 | 3,404 | 2 | 99.94% |
| Region 10 | 0109 | 5,416 | 21 | 99.61% |
| Salvation Army | 002Y | NO FY22 Encounters Submitted Yet at 12/27/2022 | | |
| Southwest MI Behavioral Health | 0102 | 5,971 | 184 | 96.92% |
| Statewide | | 51,163 | 384 | 99.25% |
| Key | | | | |
| 95.00+ = Compliant | | ***Encounters = All SUD encounters excluding H2034, S0280 & T1040 | | |
| 90.00-94.99 | | | | |
| 85.00-89.99 | | | | |
| <85.00 | | | | |

BHTEDS Completeness – FY23 – per MDHHS as of 1/11/2023:

| FY23 MH Encounters w/BH-TEDS records | | | | |
|--------------------------------------|--------------|---|--|-------------------------|
| Encounters: 10/01/2022 - 11/30/2022* | | BH-TEDS: 07/01/2020 - 01/06/2023 | | |
| 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 | 7,614 | 551 | 92.76% |
| Detroit/Wayne | 00XH | 38,757 | 1,592 | 95.89% |
| Lakeshore Regional Entity | 00ZI | 11,957 | 435 | 96.36% |
| Macomb | 00GX | 5,097 | 116 | 97.72% |
| Mid-State Health Network | 0107 | 23,761 | 1,313 | 94.47% |
| NorthCare Network | 0101 | 4,437 | 73 | 98.35% |
| Northern MI Regional Entity | 0108 | 8,038 | 230 | 97.14% |
| Oakland | 0058 | 16,716 | 211 | 98.74% |
| Region 10 | 0109 | 13,549 | 387 | 97.14% |
| Southwest MI Behavioral Health | 0102 | 11,895 | 42 | 99.65% |
| Statewide | | 141,821 | 4,950 | 96.51% |
| 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 - 11/30/2022** | | | BH-TEDS: 07/01/2020 - 01/06/2023 | |
| Region Name | Submitter ID | Distinct Count of Individuals With | | Current Completion |
| | | Crisis Encounters | Crisis Encounters But NO BH-TEDS Record Since 07/01/2020 | |
| CMH Partnership of SE MI | 00XT | 579 | 26 | 95.51% |
| Detroit/Wayne | 00XH | 2,377 | 42 | 98.23% |
| Lakeshore Regional Entity | 00ZI | 1,053 | 54 | 94.87% |
| Macomb | 00GX | 154 | 2 | 98.70% |
| Mid-State Health Network | 0107 | 2,227 | 109 | 95.11% |
| NorthCare Network | 0101 | 344 | 2 | 99.42% |
| Northern MI Regional Entity | 0108 | 840 | 57 | 93.21% |
| Oakland | 0058 | 585 | 10 | 98.29% |
| Region 10 | 0109 | 626 | 116 | 81.47% |
| Southwest MI Behavioral Health | 0102 | 658 | 4 | 99.39% |
| Statewide | | 9,443 | 422 | 95.53% |
| 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 10/01/2022-11/30/2022*** | | | Does Not Have Open Admission at Time of Encounter as of 01/11/2023 | |
| 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 | 1,287 | 15 | 98.83% |
| Detroit/Wayne | 00XH | 3,423 | 3 | 99.91% |
| Lakeshore Regional Entity | 00ZI | 2,525 | 86 | 96.59% |
| Macomb | 00GX | NO FY22 Encounters Submitted Yet at 01/11/2023 | | |
| Mid-State Health Network | 0107 | 4,359 | 1 | 99.98% |
| NorthCare Network | 0101 | 784 | 2 | 99.74% |
| Northern MI Regional Entity | 0108 | 1,034 | 19 | 98.16% |
| Oakland | 0058 | 1,564 | 1 | 99.94% |
| Region 10 | 0109 | 2,442 | 13 | 99.47% |
| Salvation Army | 002Y | NO FY22 Encounters Submitted Yet at 01/11/2023 | | |
| Southwest MI Behavioral Health | 0102 | 2,465 | 61 | 97.53% |
| Statewide | | 19,883 | 201 | 98.99% |
| Key | | | | |
| 95.00+ = Compliant | | ***Encounters = All SUD encounters excluding H2034, S0280 & T1040 | | |
| 90.00-94.99 | | | | |
| 85.00-89.99 | | | | |
| <85.00 | | | | |



Data Source: LRE_DW_CorporateInfo.LRE_Encounters

Purpose: Show Distinct client counts along with counts of Encounter Lines and Claim Units for both Mental Health and Substance Use Disorder by FY and Service Month.

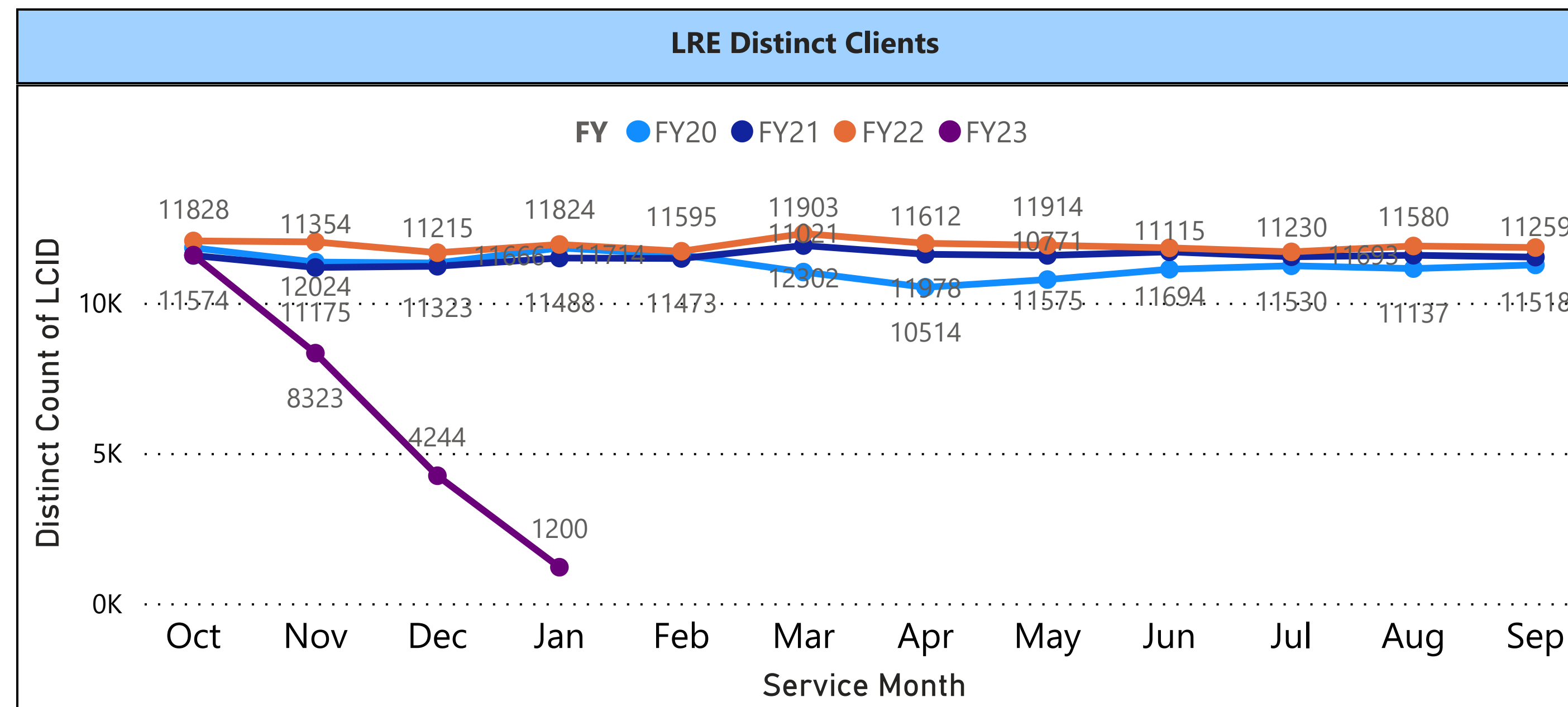
Reports in Dashboard:

1. **LRE - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the LRE as a whole.
2. **LRE - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional type transactions for the LRE as a whole.
3. **LRE - SUD** - Shows distinct client count and both SUD encounter line totals and SUD encounter claim unit totals for the LRE as a whole.
4. **CMHSP - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the individual CMHSP.
5. **CMHSP - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional type transactions for the individual CMHSP.
6. **CMHSP - SUD** - Shows distinct client count and both SUD encounter line totals and SUD encounter claim unit totals for the individual CMHSP.

Notes: Items 4-6 above are repeated for each individual CMHSP.



LRE Behavioral Health

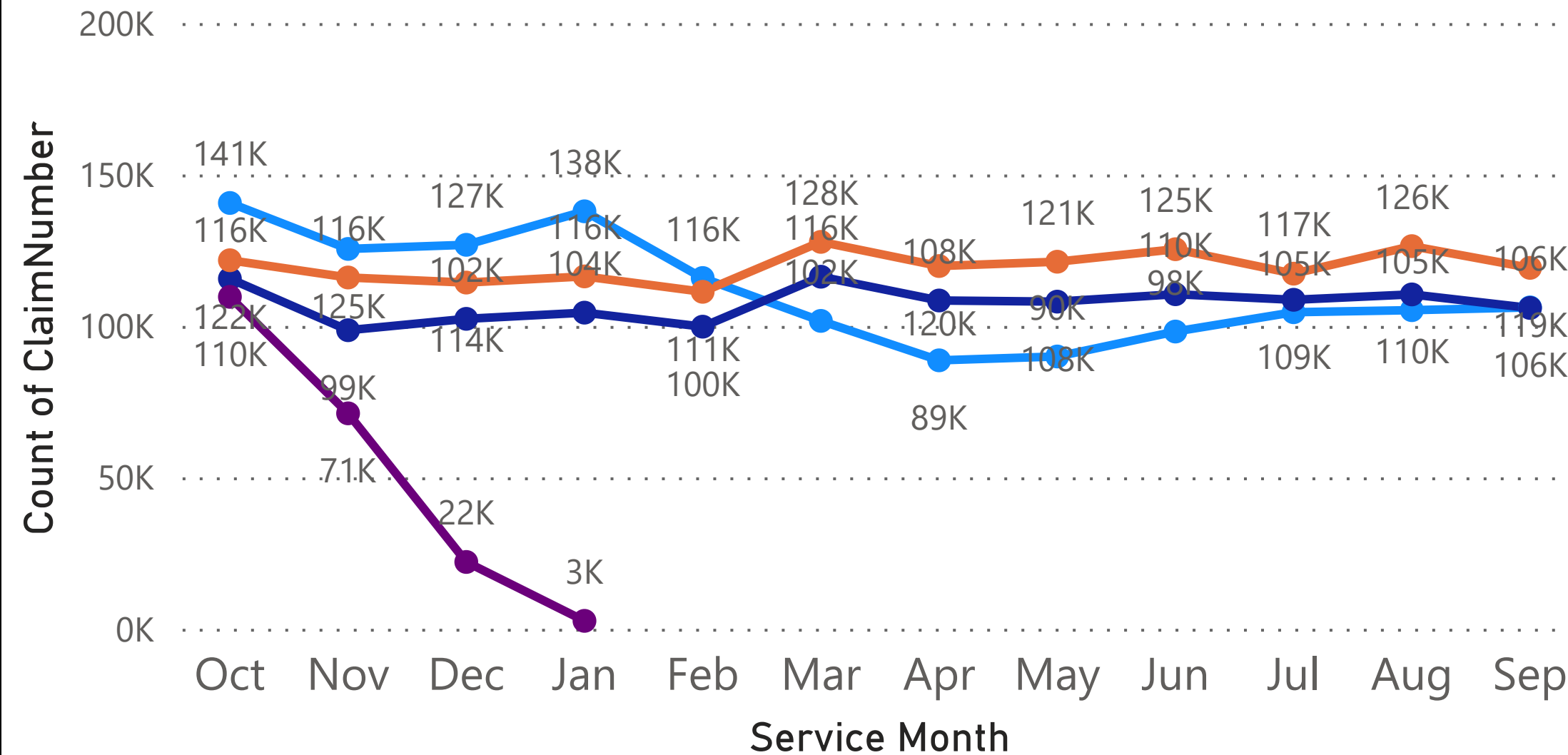


FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

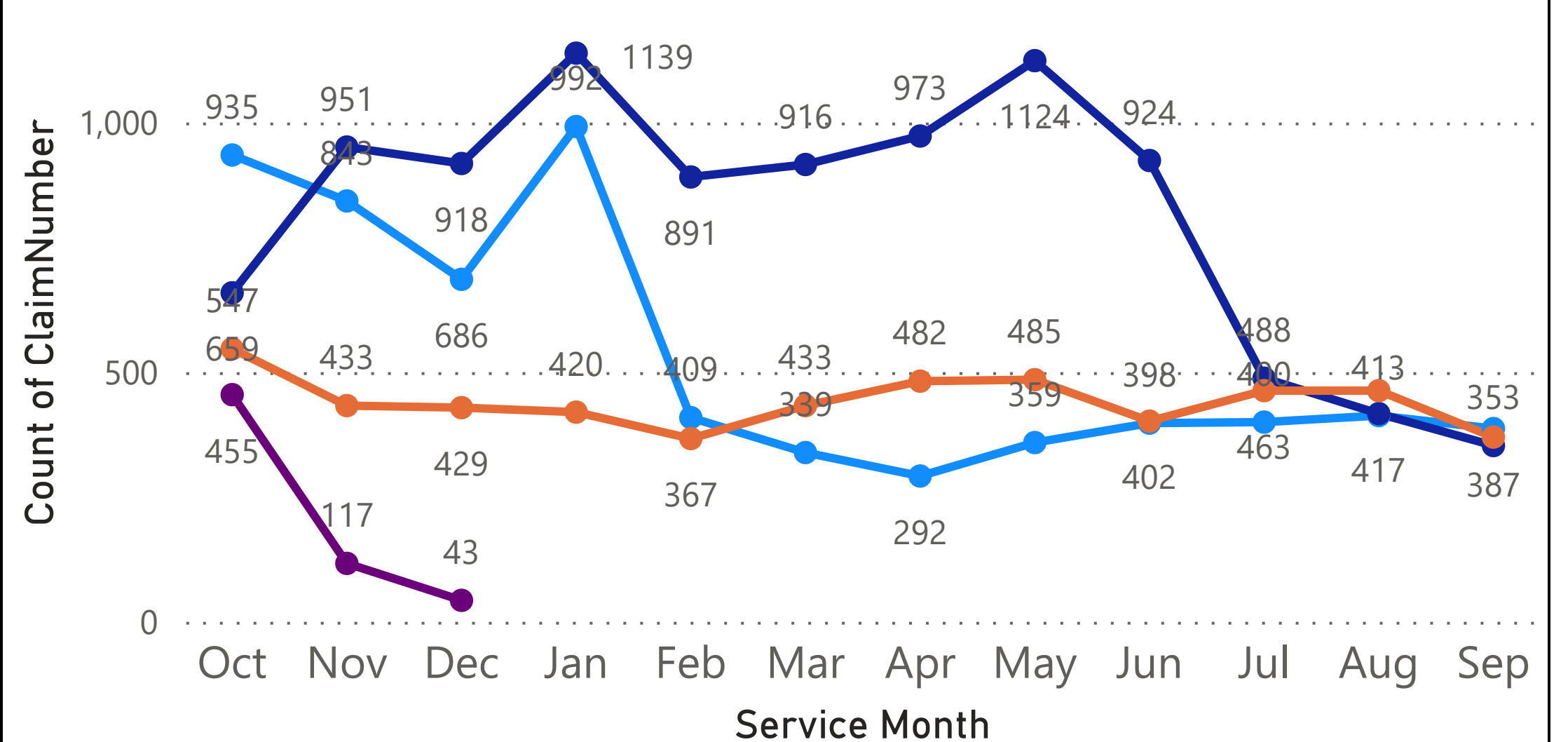
LRE Professional Encounter Lines

FY ● FY20 ● FY21 ● FY22 ● FY23



LRE Institutional Encounter Lines

FY ● FY20 ● FY21 ● FY22 ● FY23

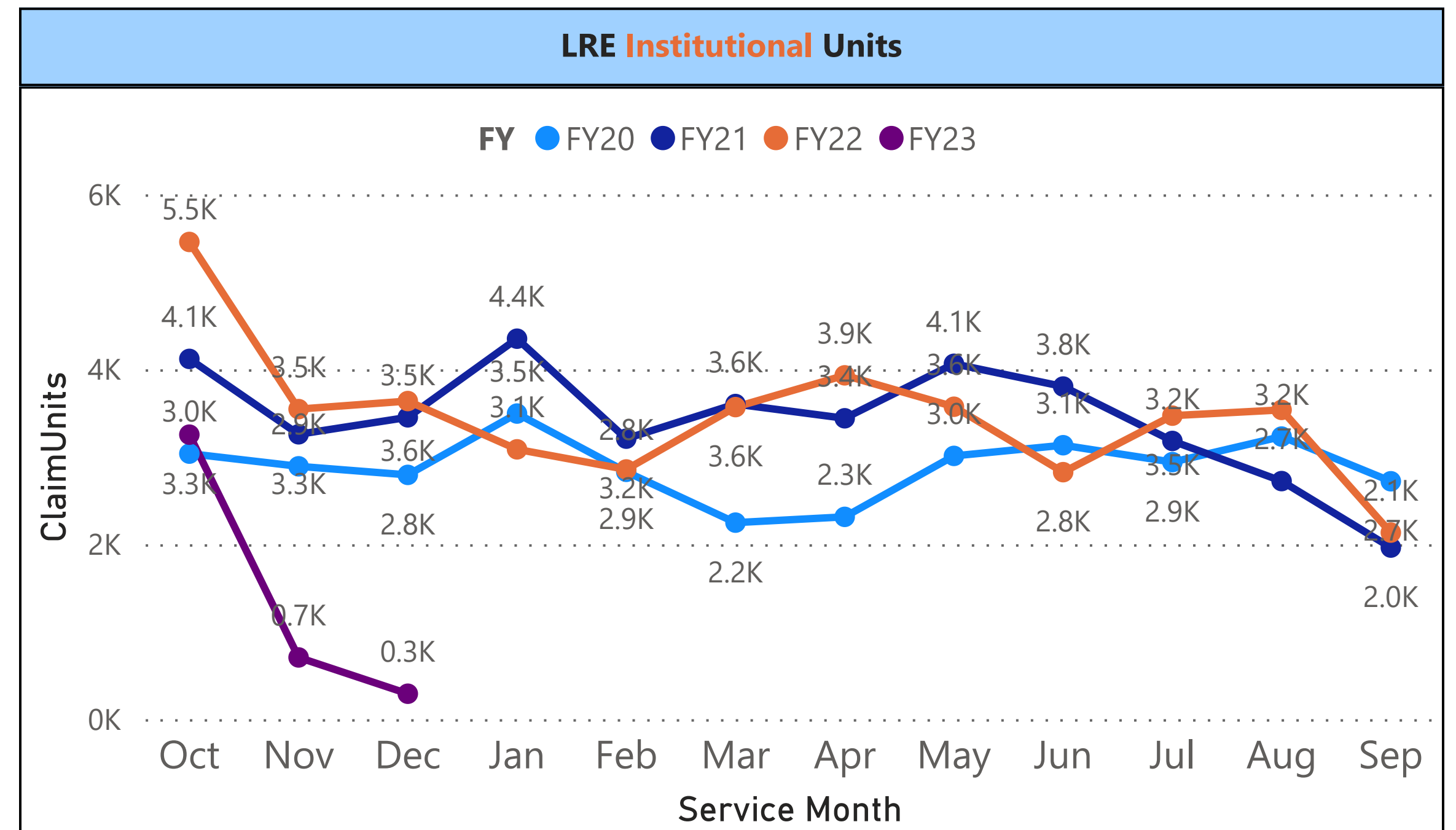
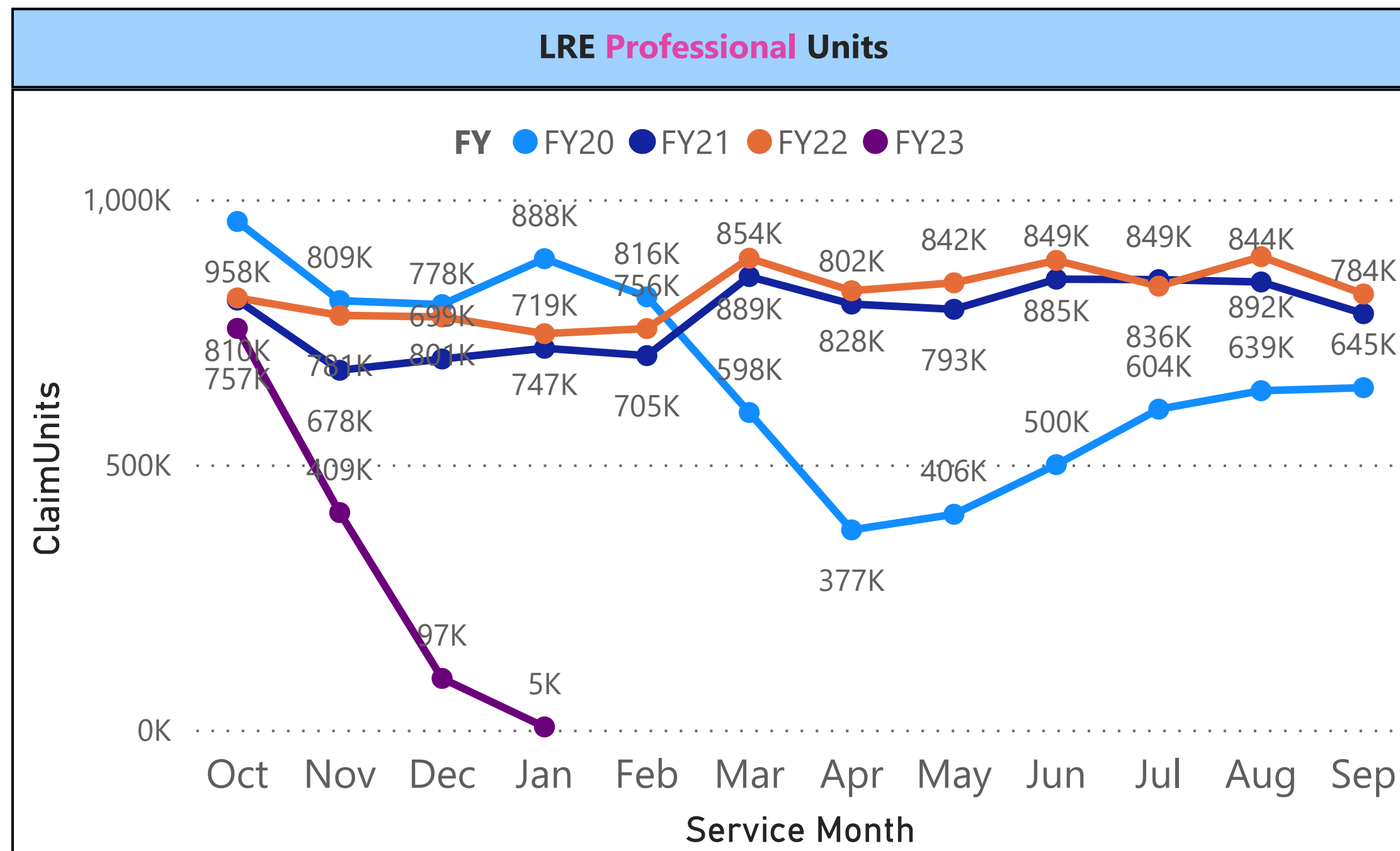
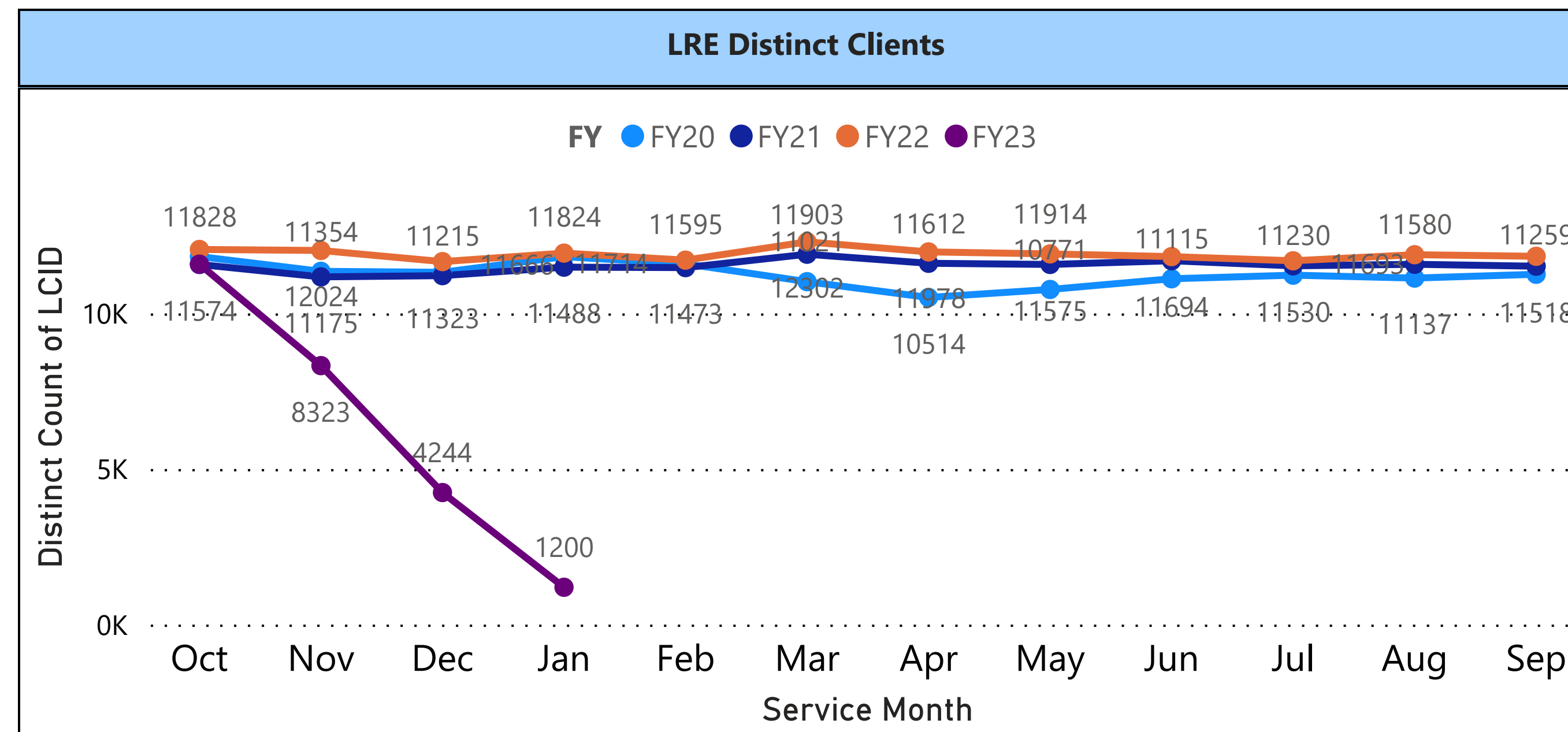


1/11/2023 2:27:41 PM

Latest ProcessDate



LRE Behavioral Health

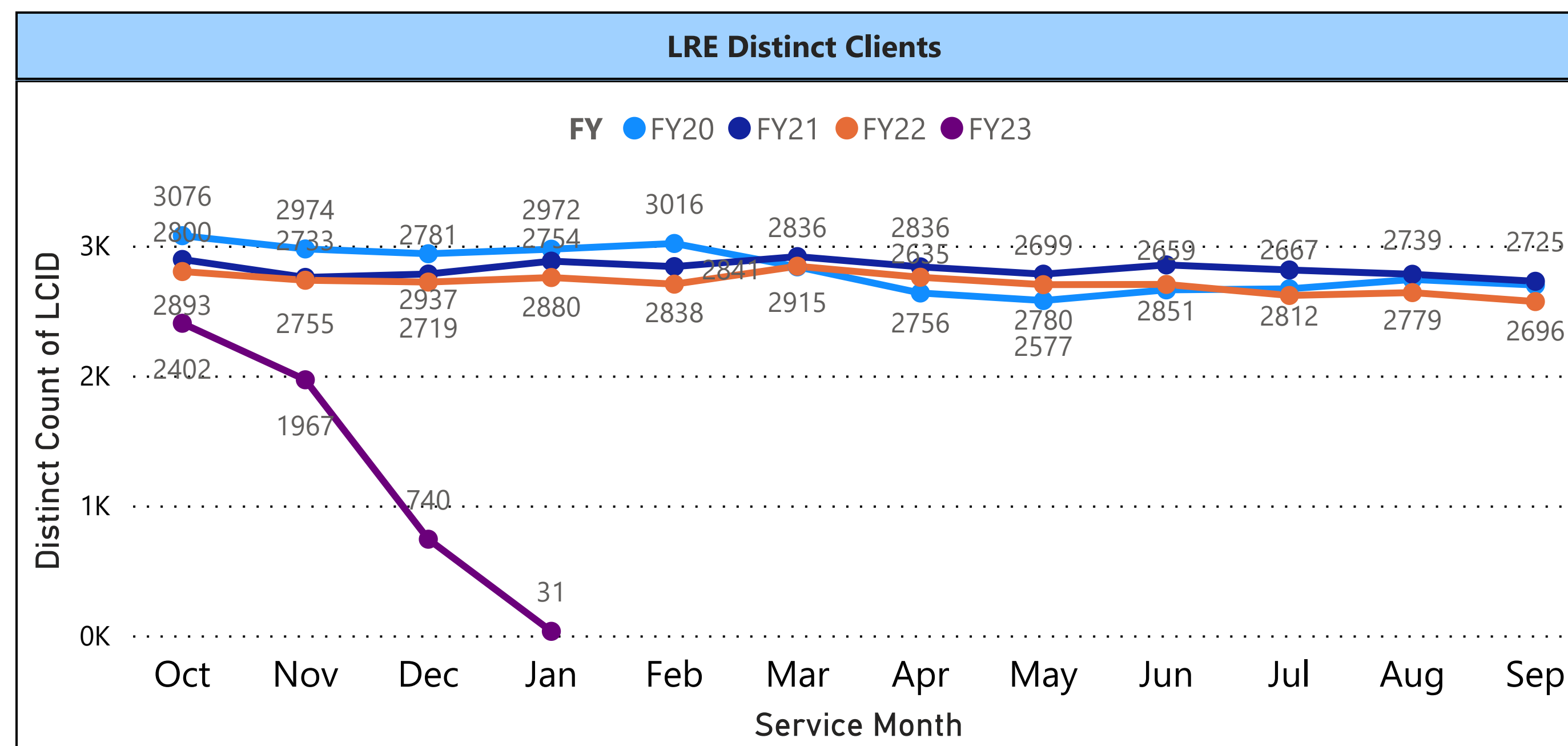


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Latest ProcessDate

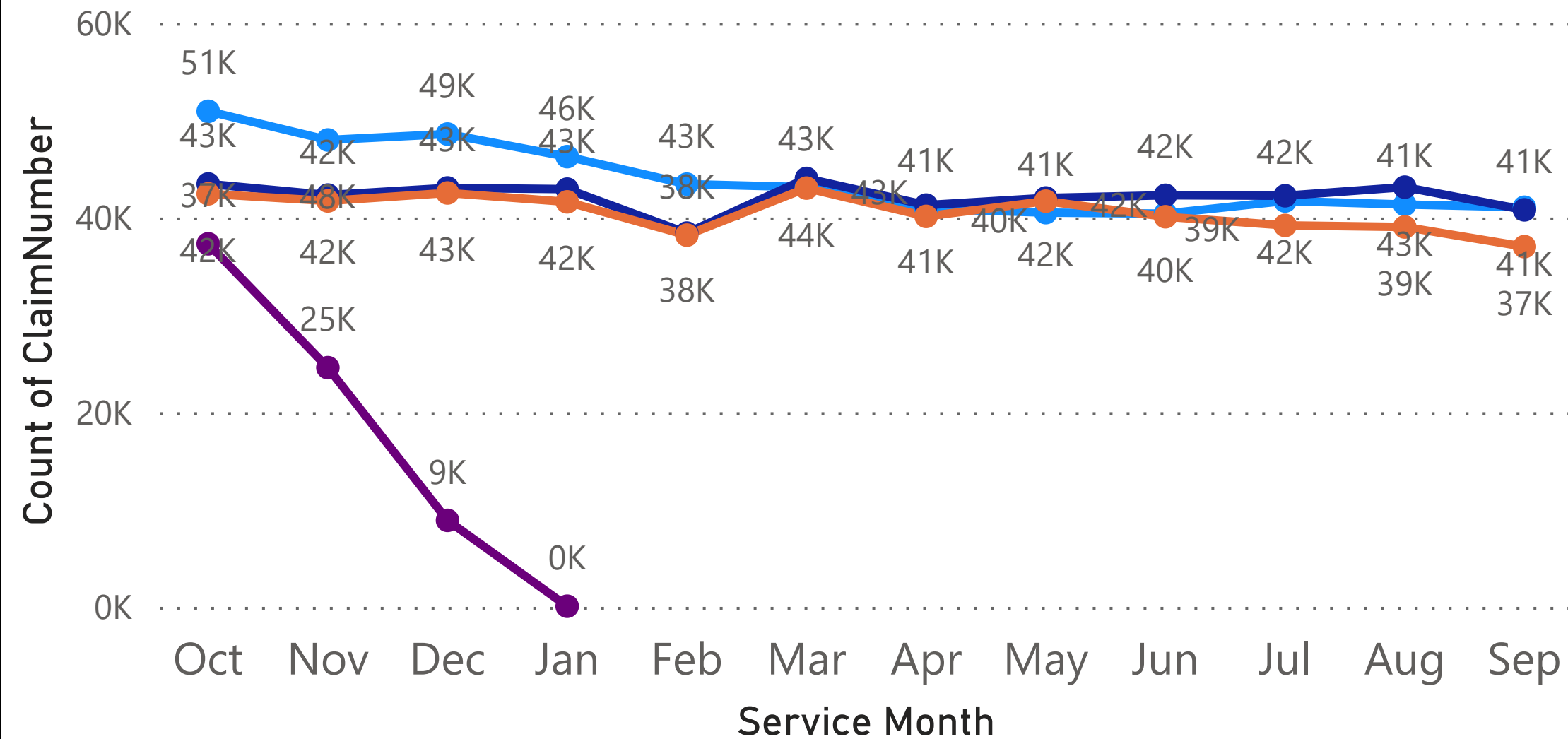


LRE Substance Use Disorder



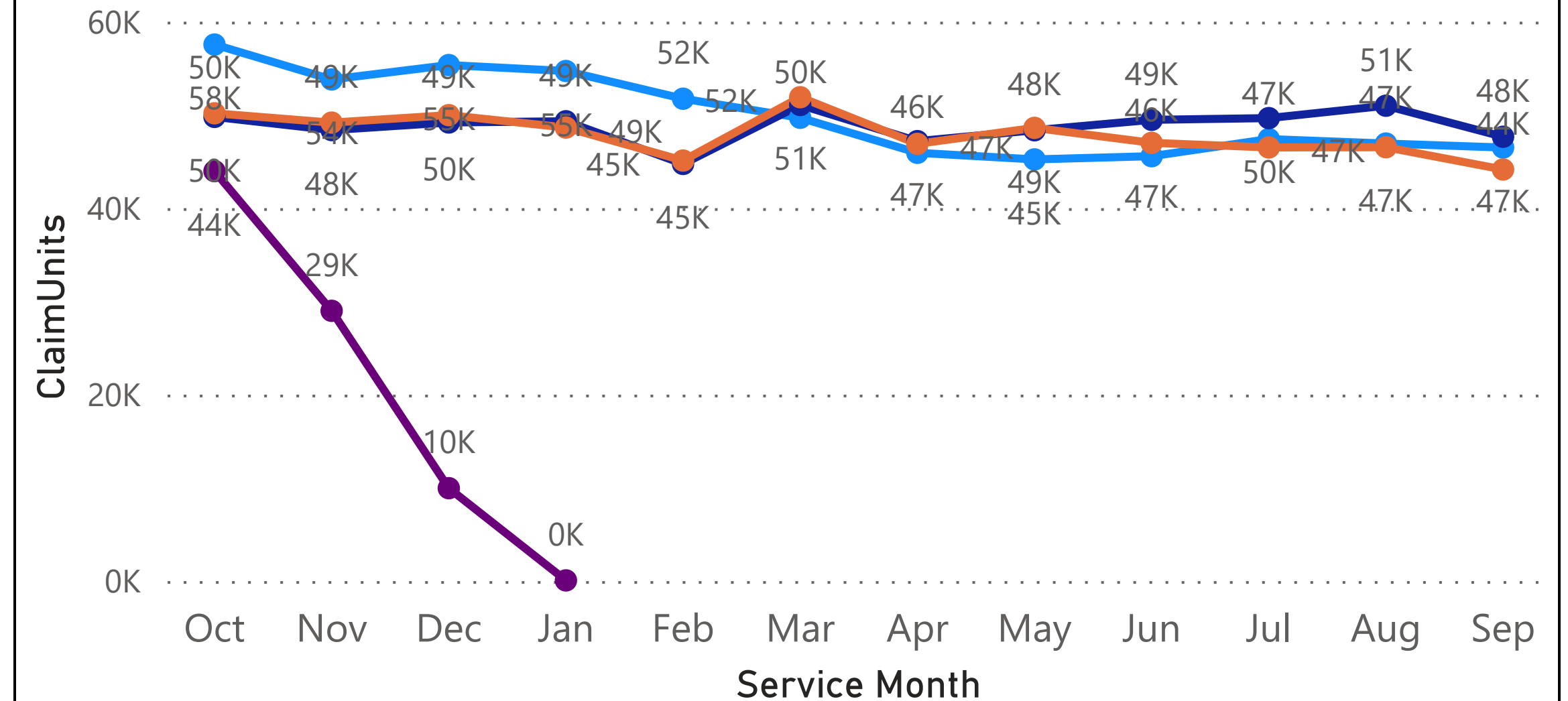
LRE Professional Encounter Lines

FY: FY20 FY21 FY22 FY23



LRE Professional Units

FY: FY20 FY21 FY22 FY23

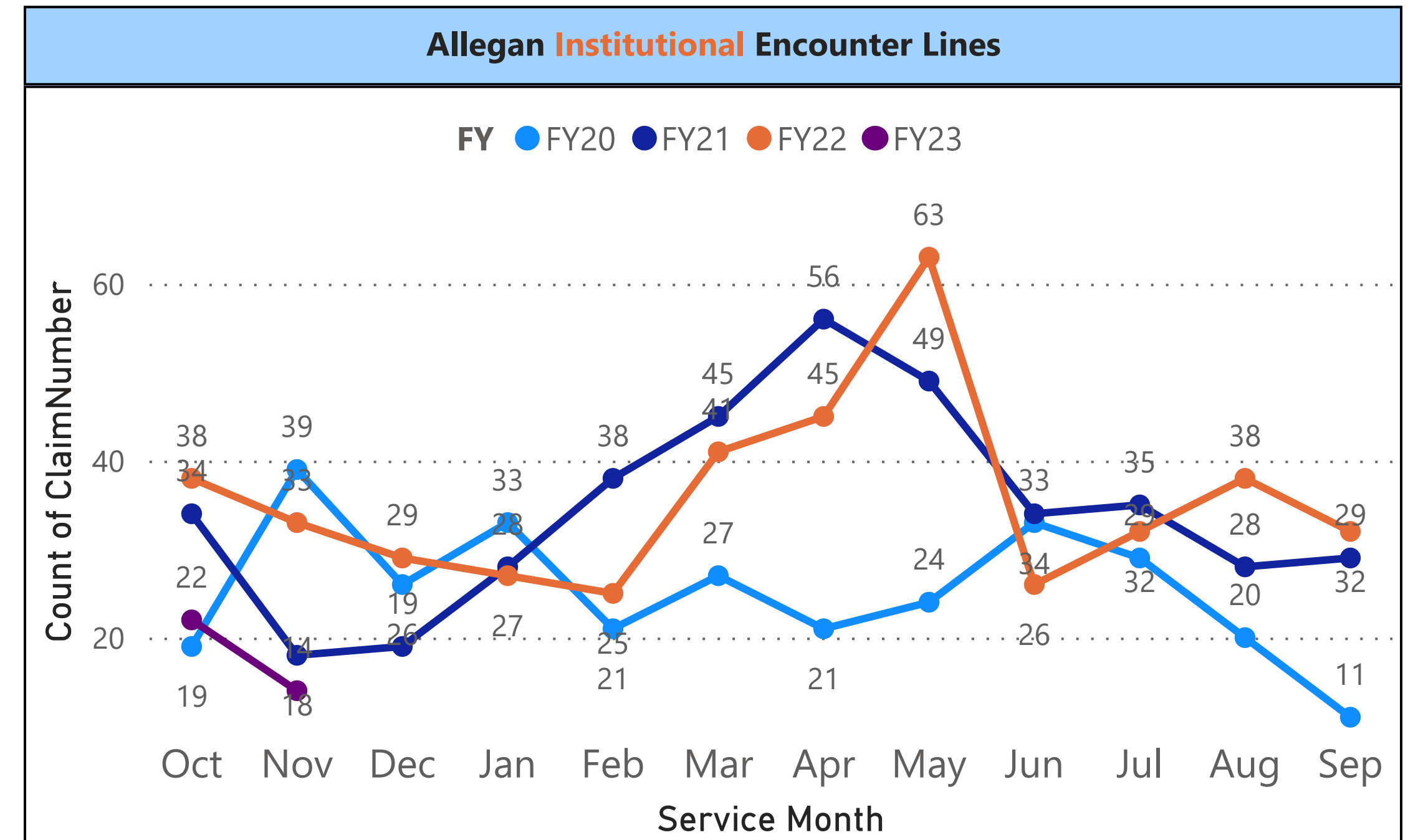
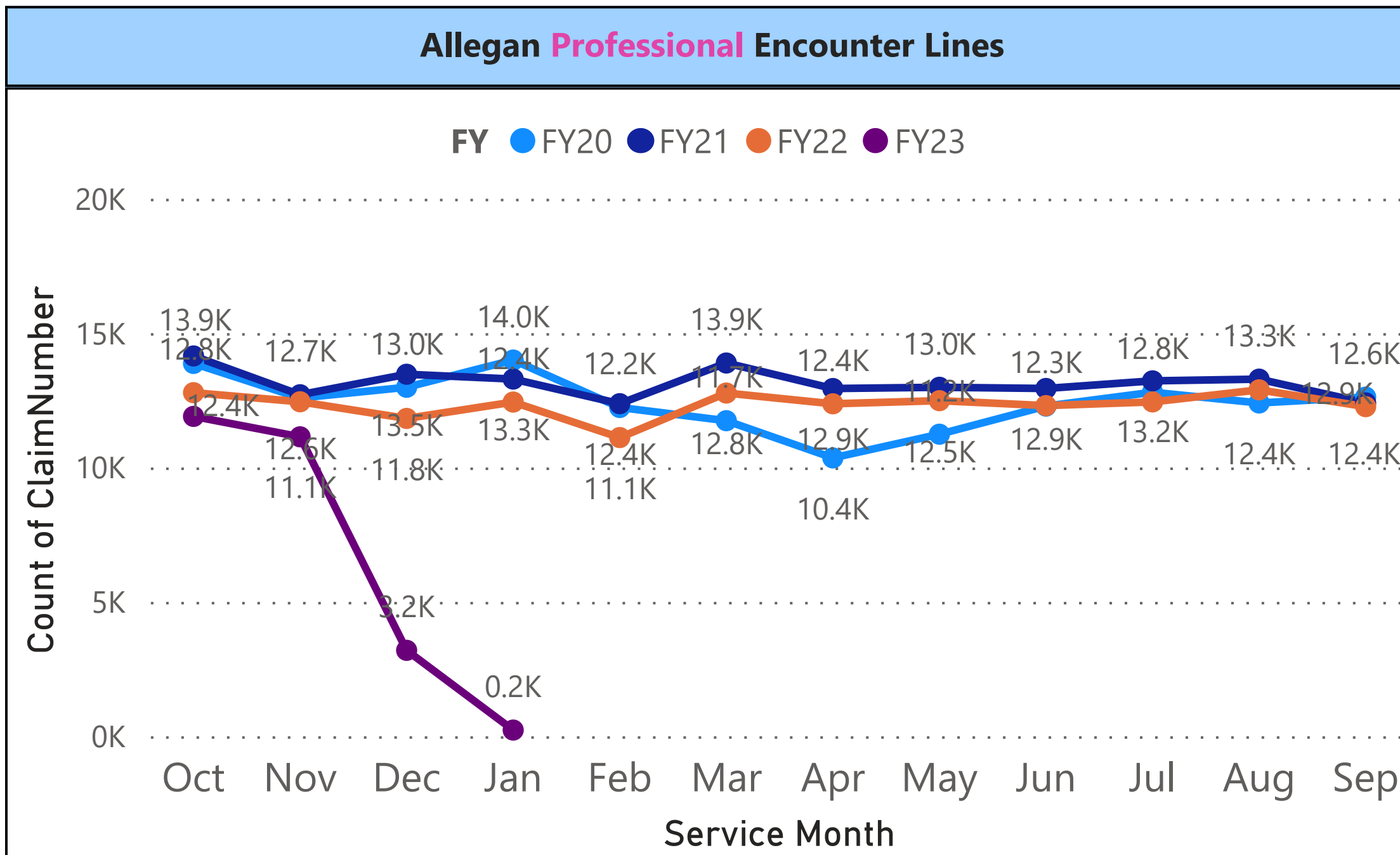
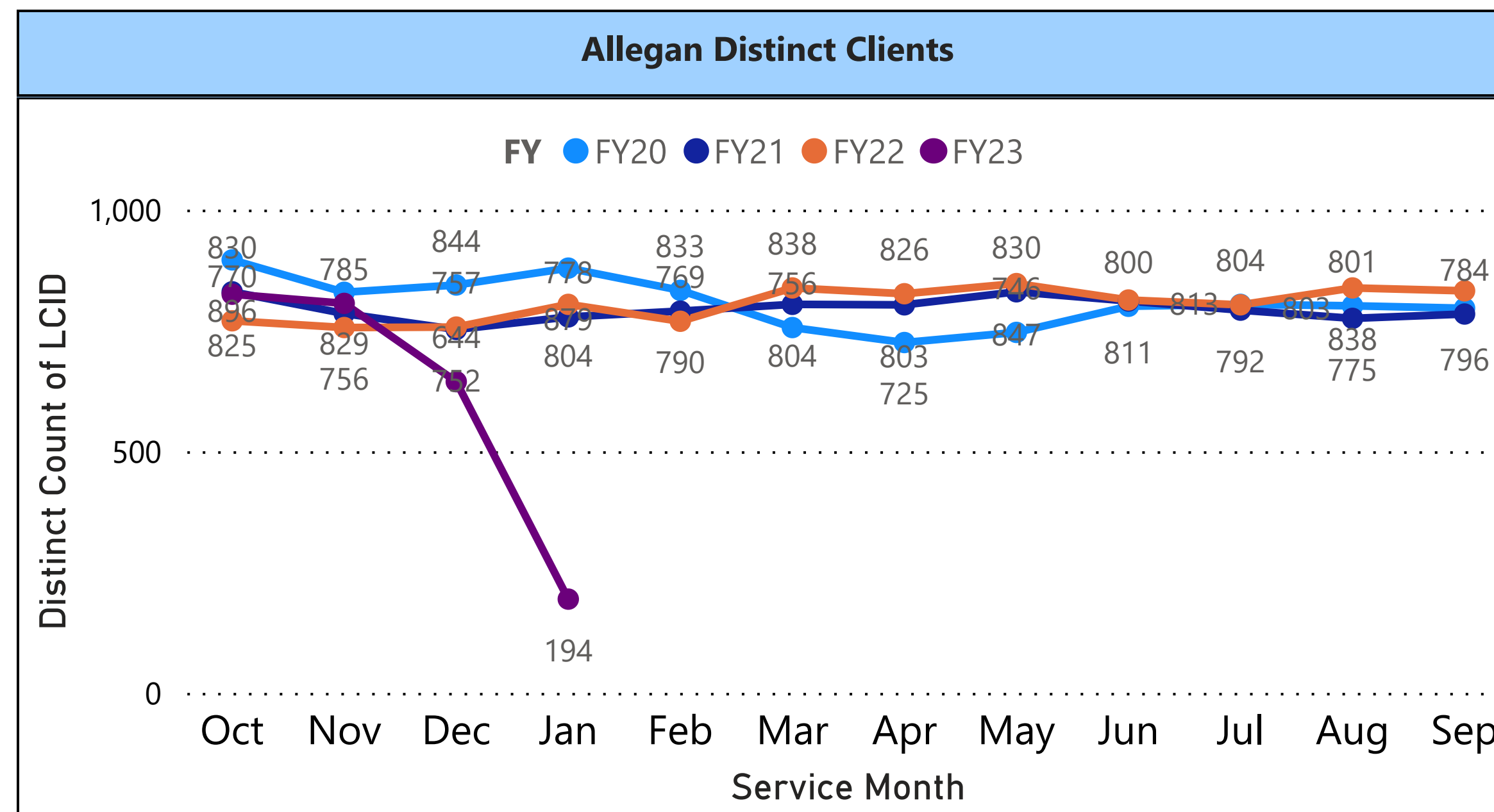


1/11/2023 2:30:10 PM

Latest ProcessDate



Allegan Behavioral Health

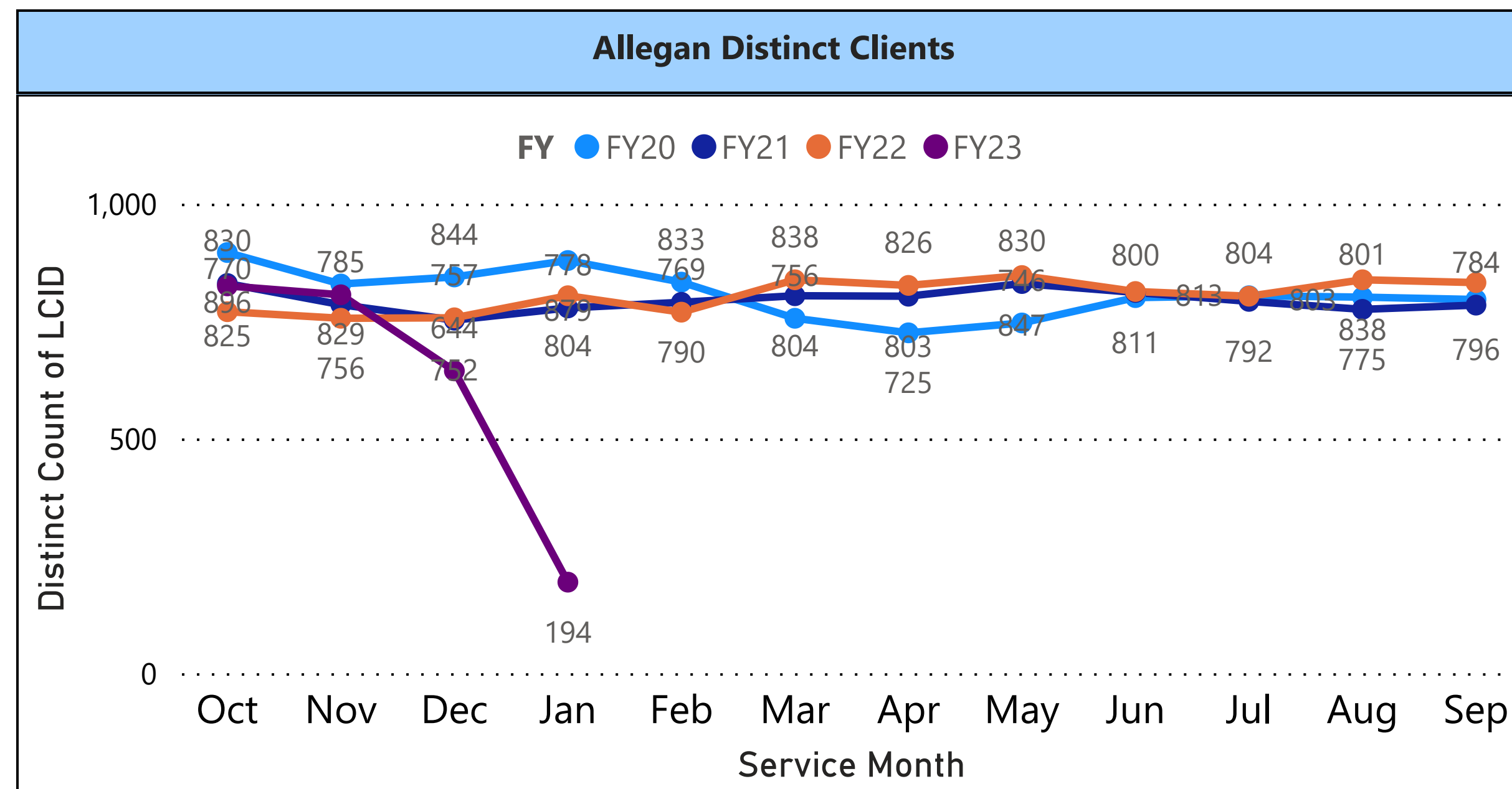


1/11/2023 2:21:53 PM

Latest ProcessDate

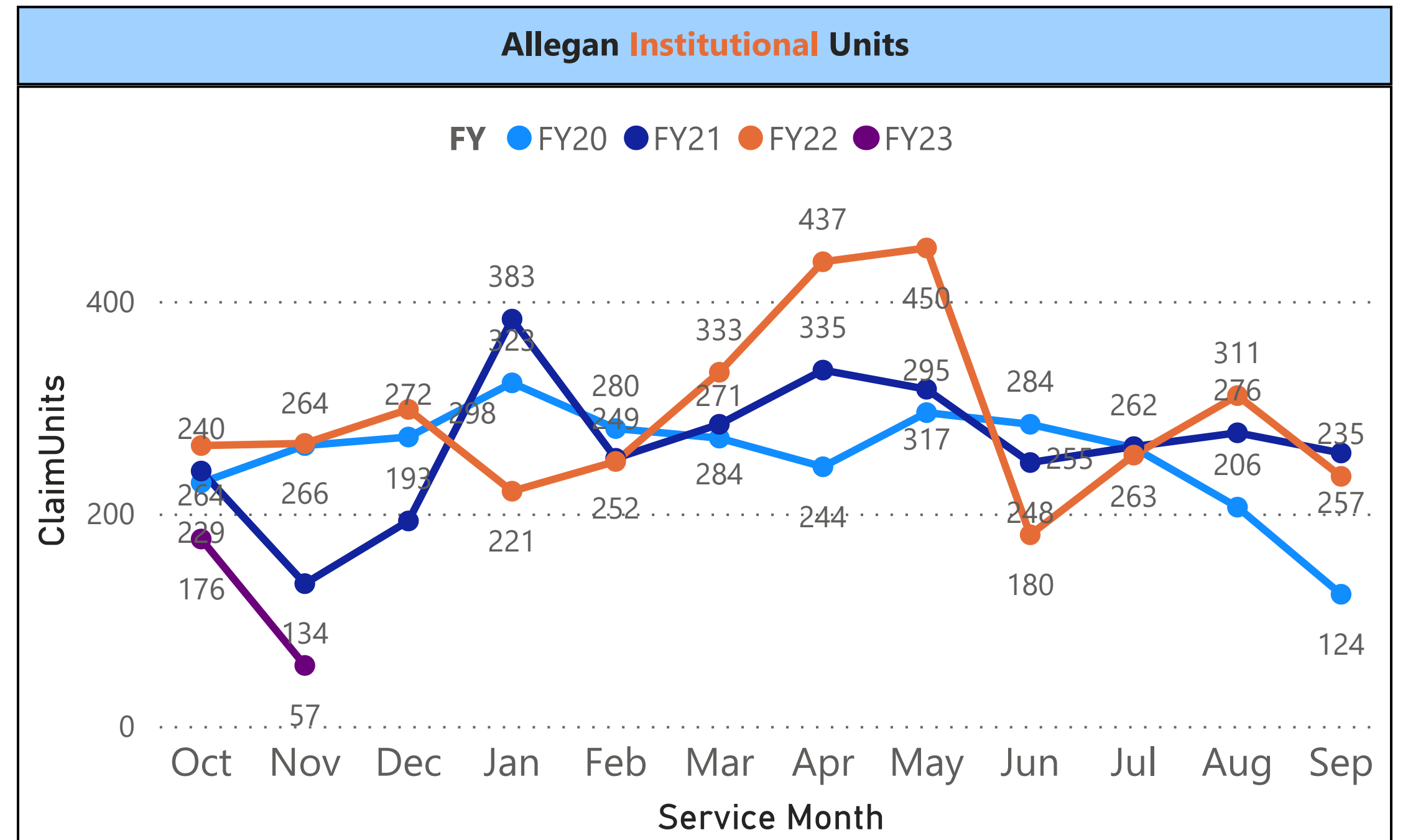
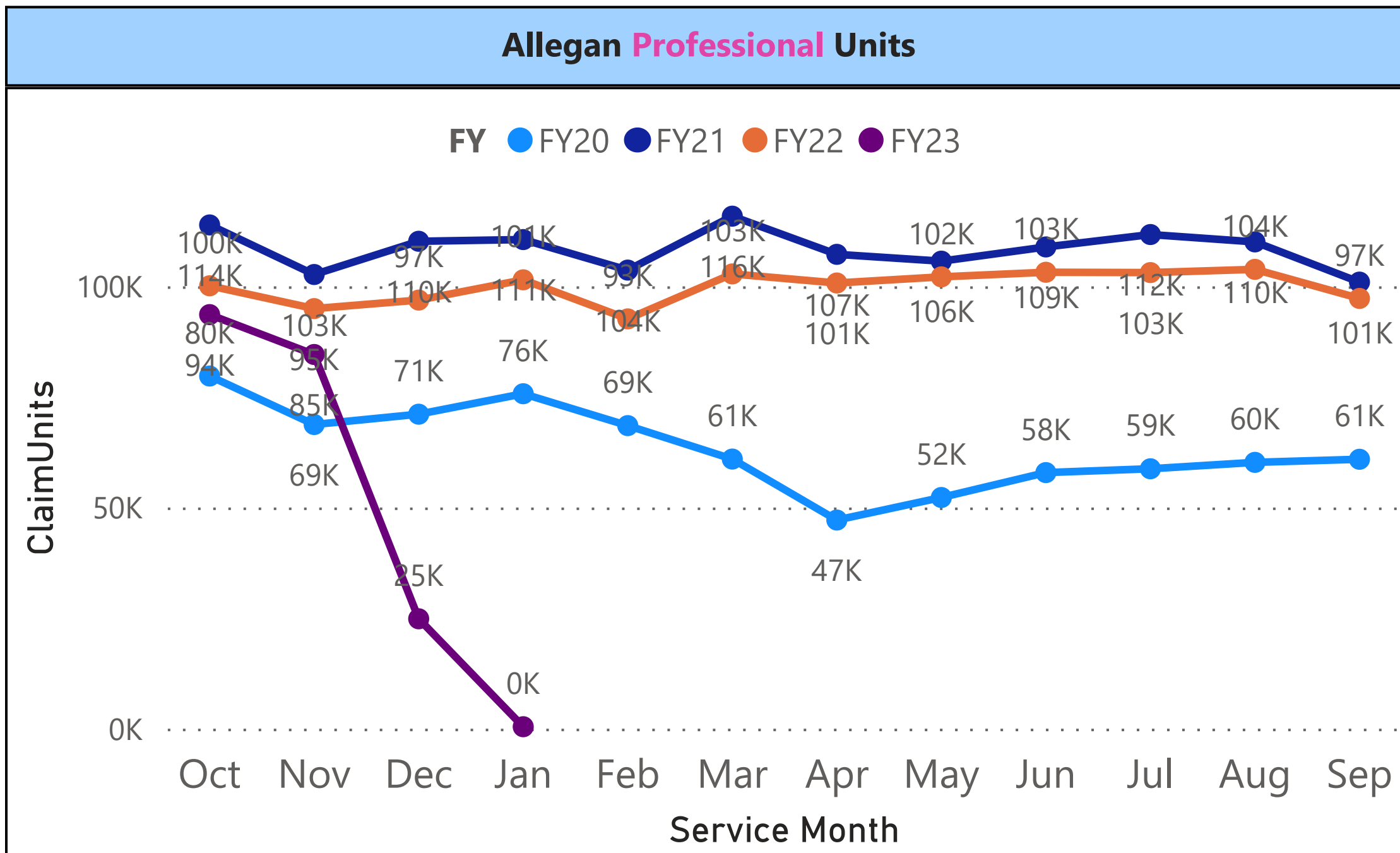


Allegan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

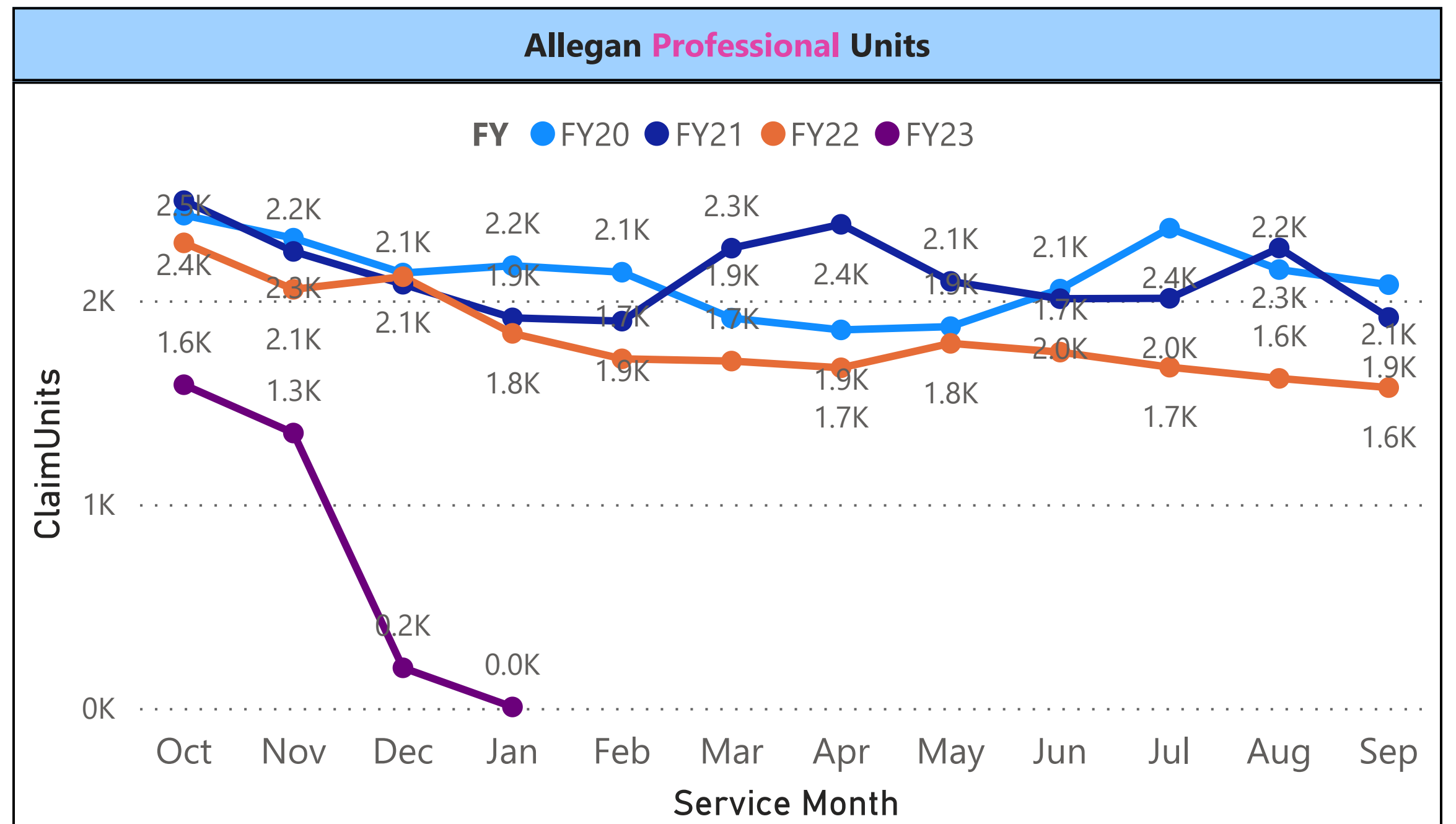
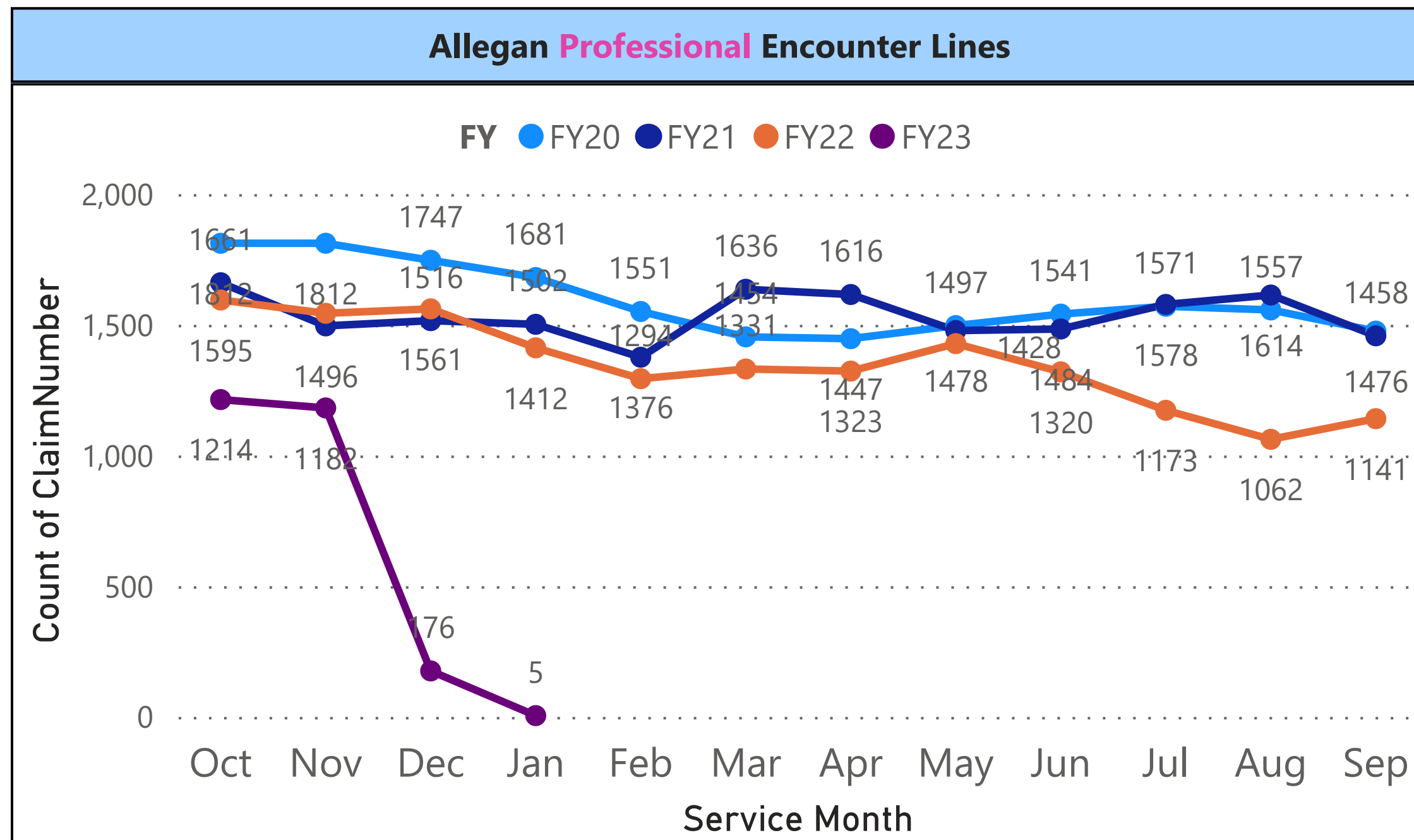
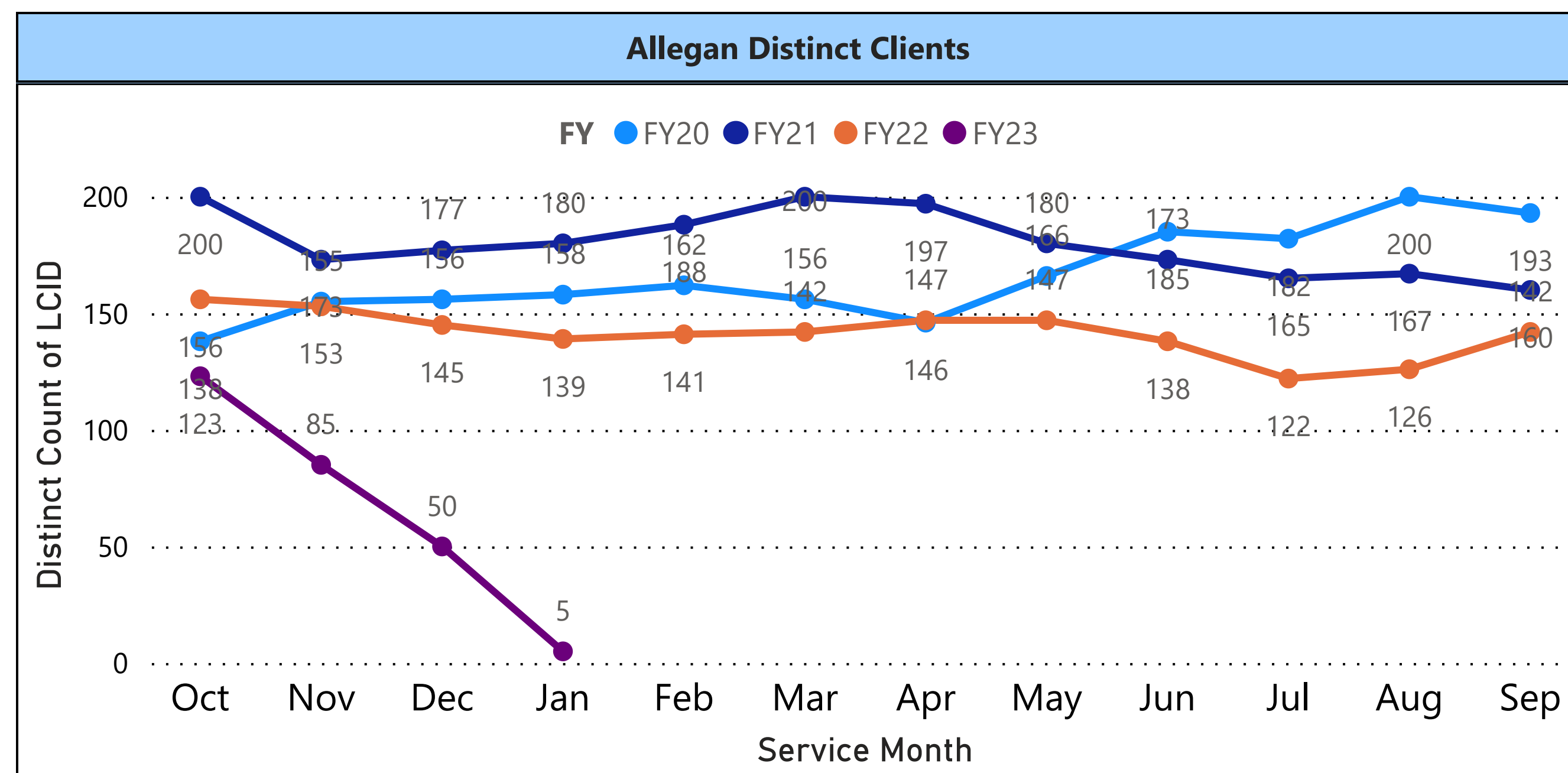


1/11/2023 2:21:53 PM

Latest ProcessDate



Allegan Substance Use Disorder

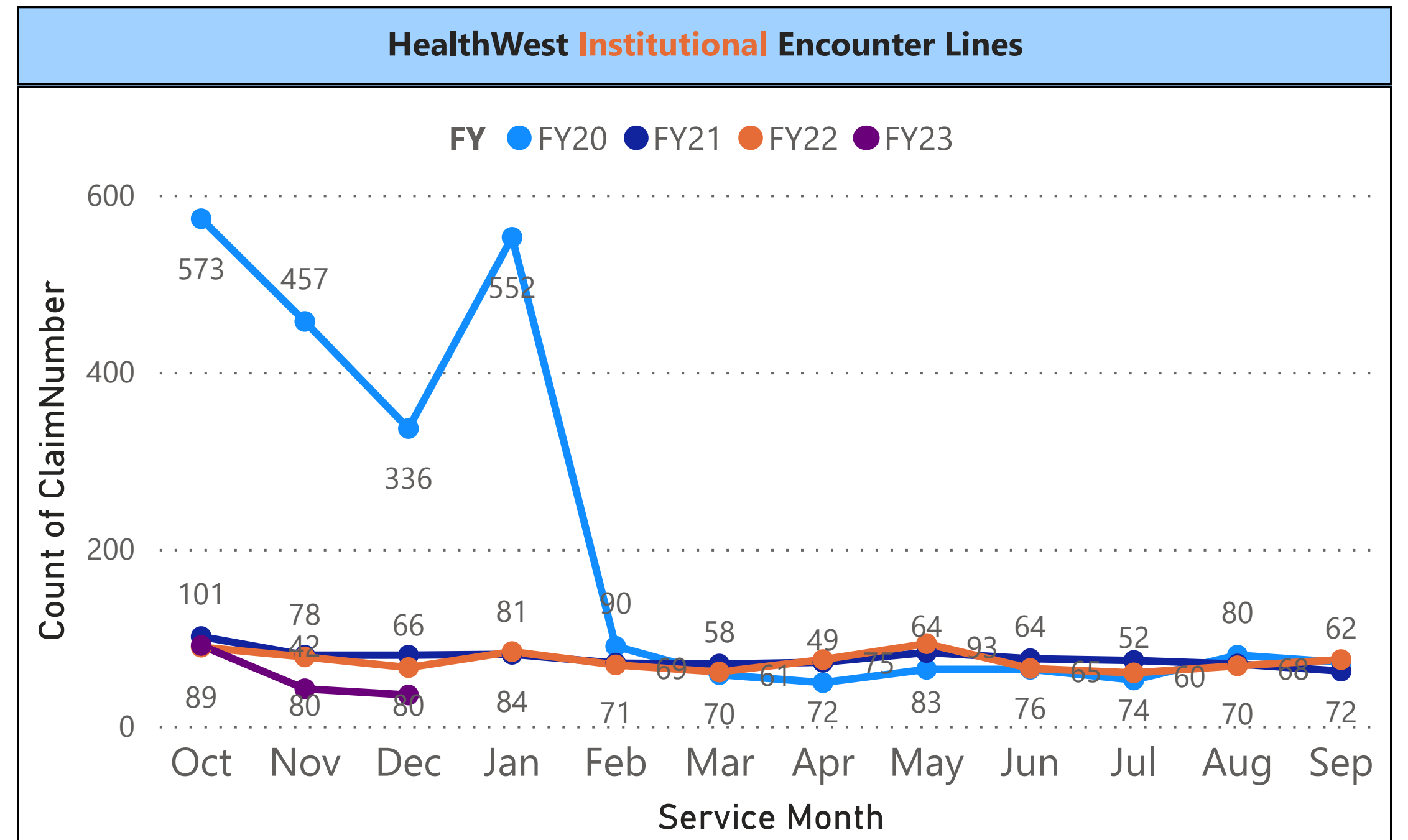
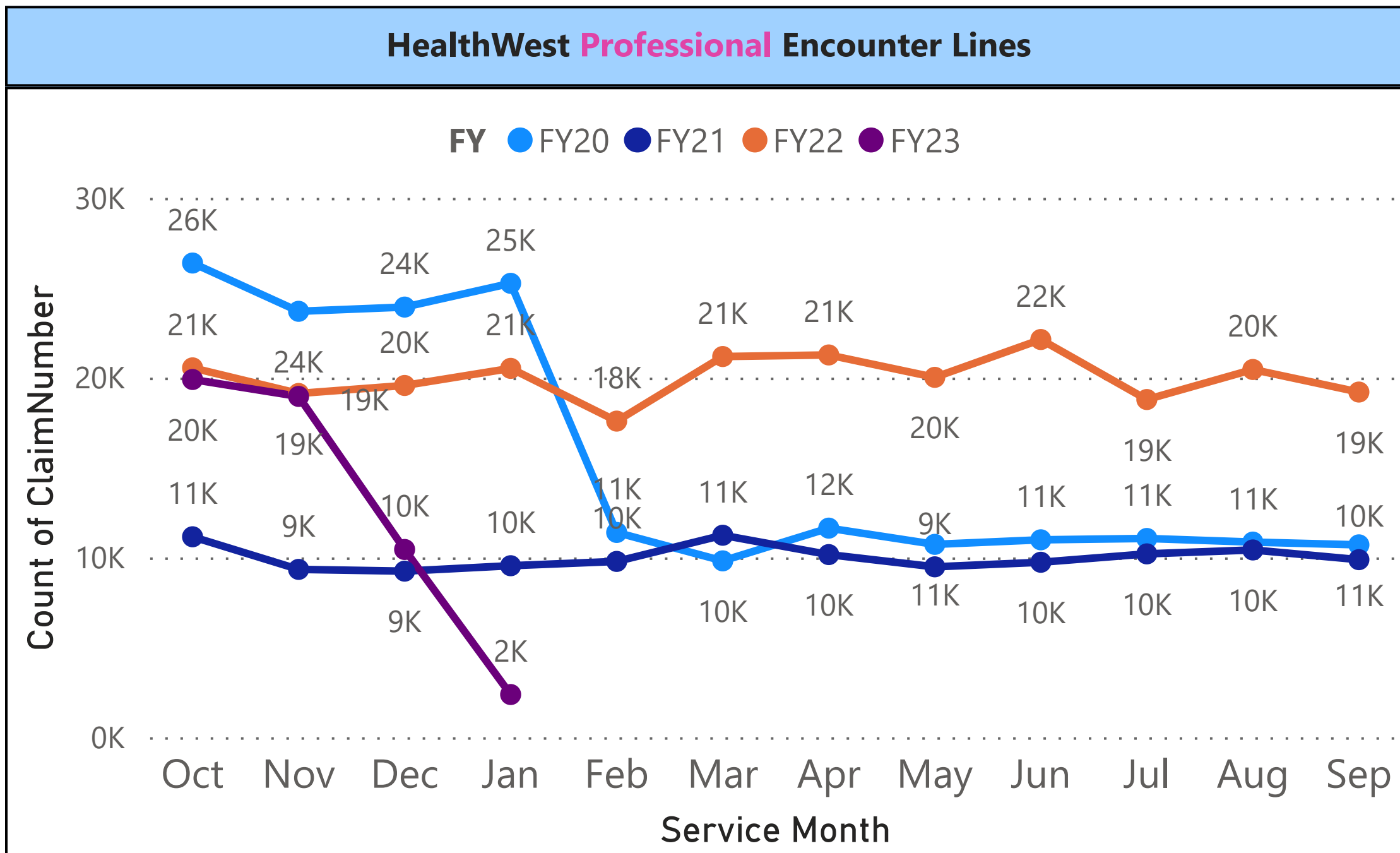
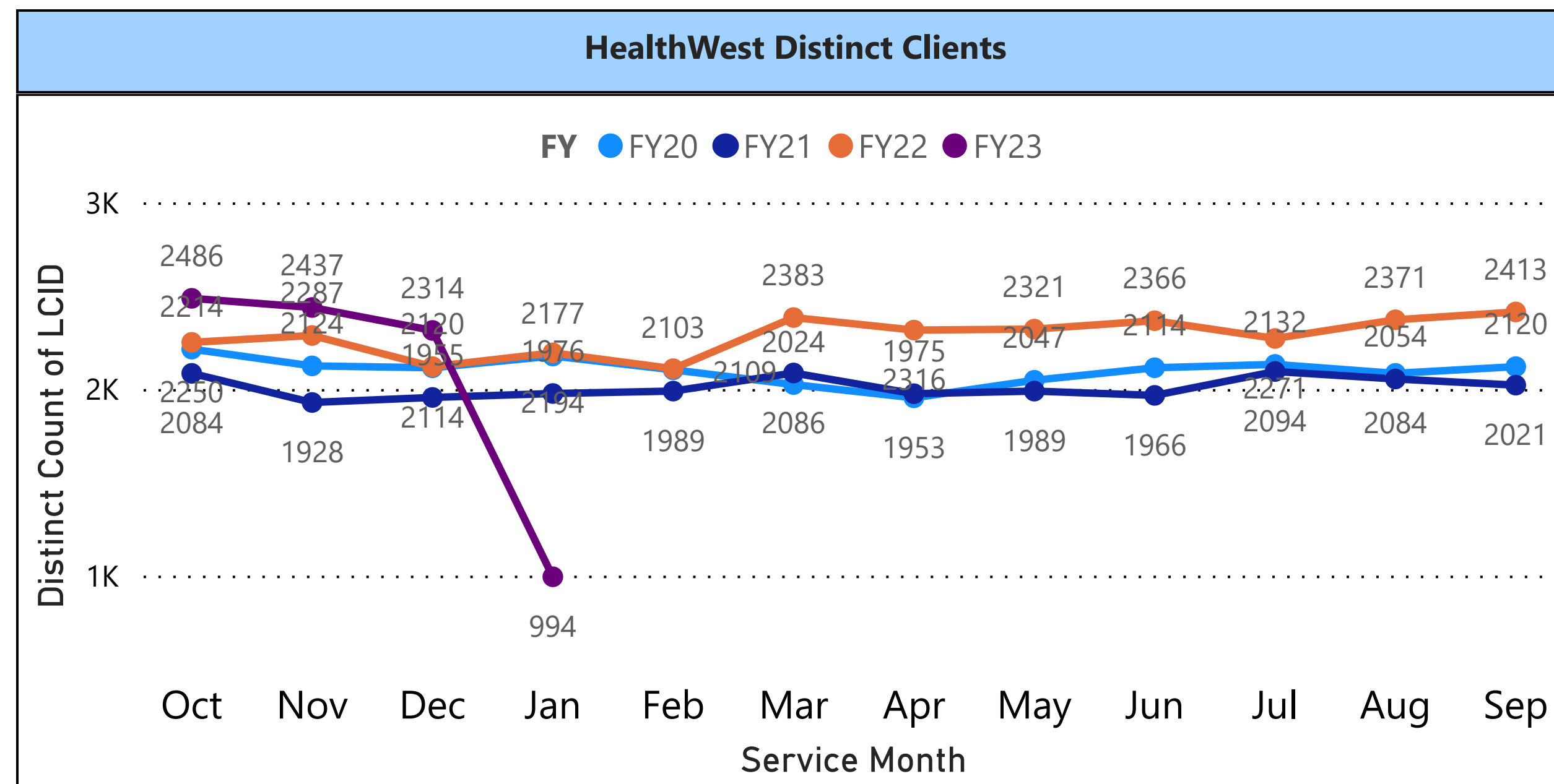


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Latest ProcessDate



HealthWest Behavioral Health

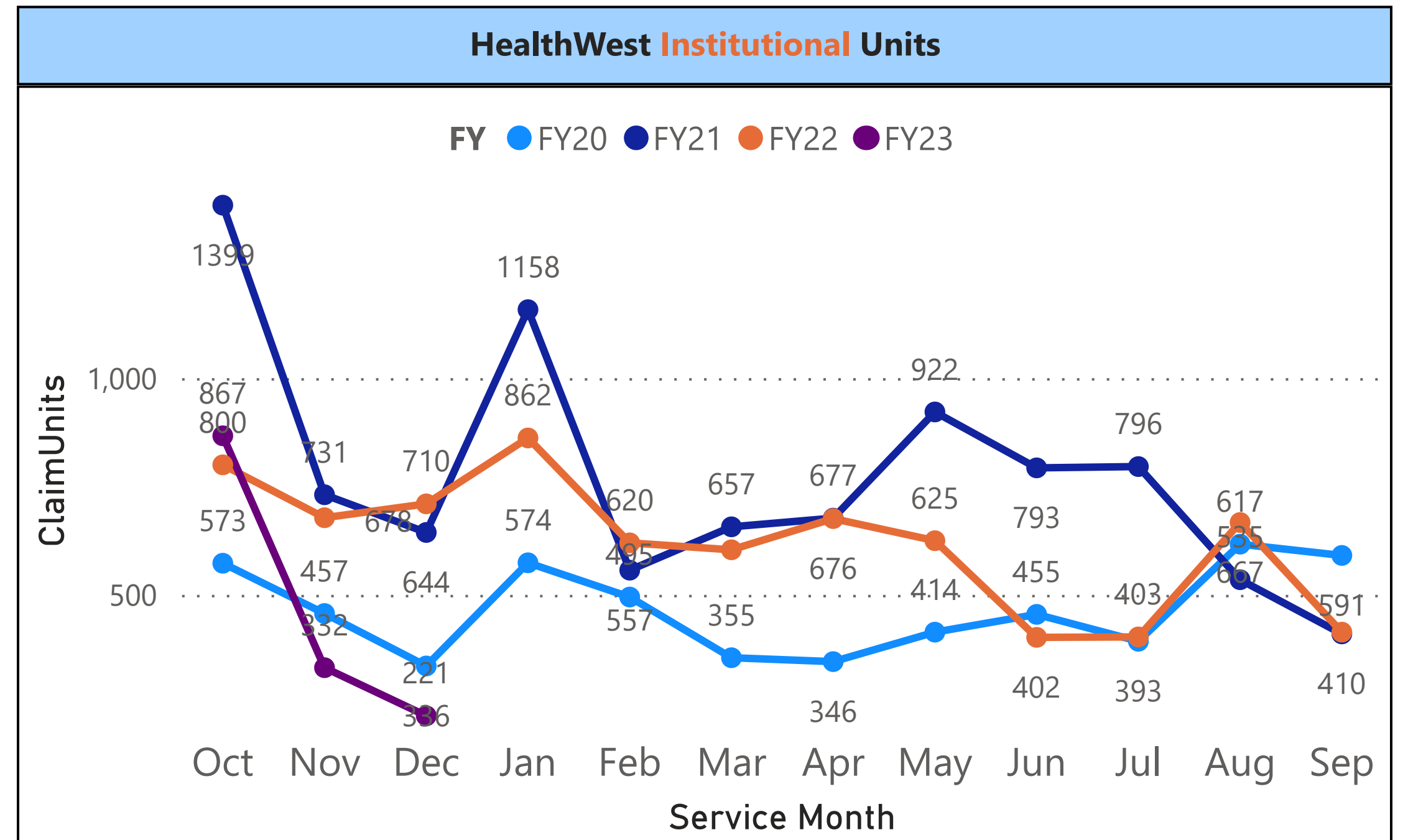
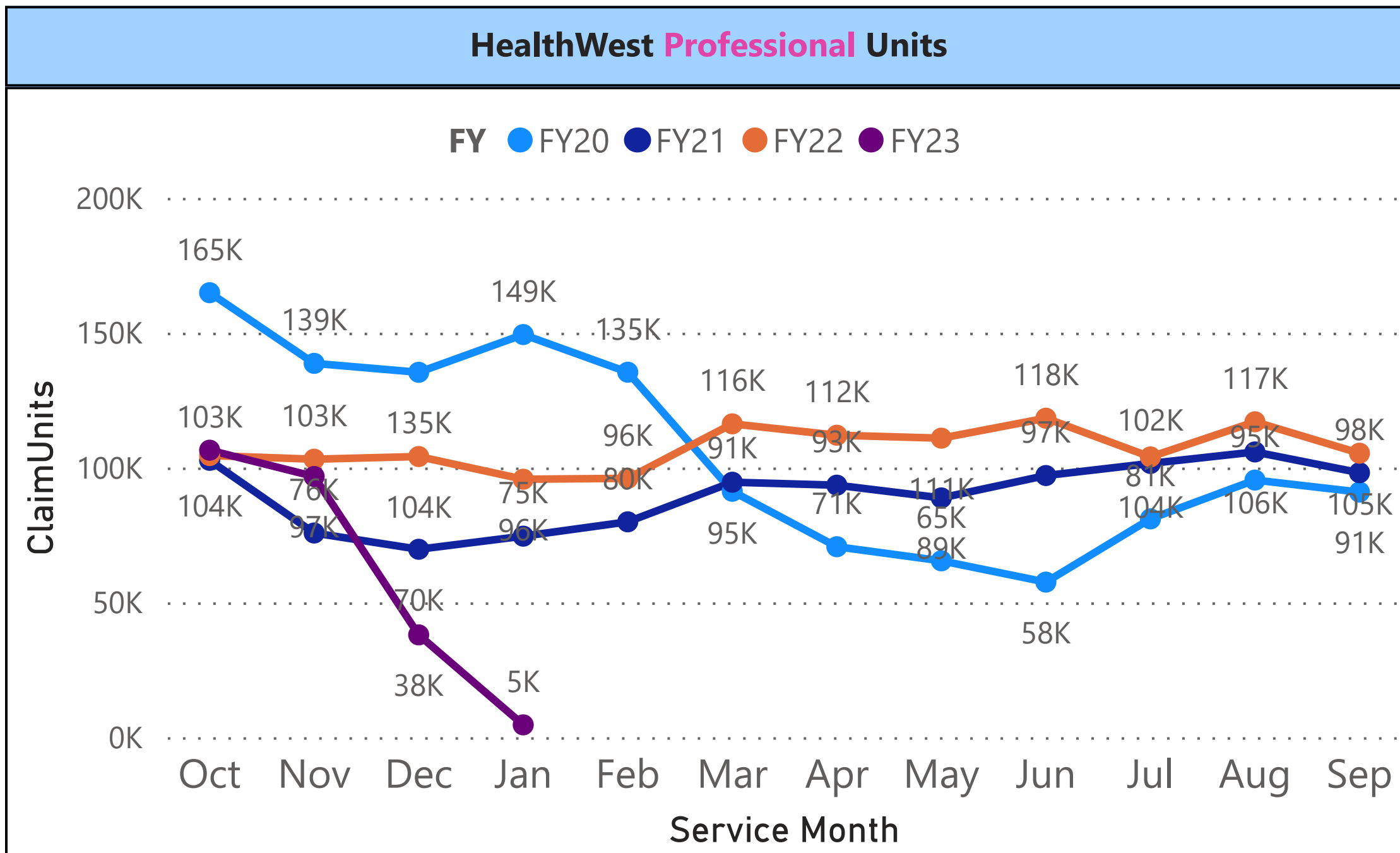
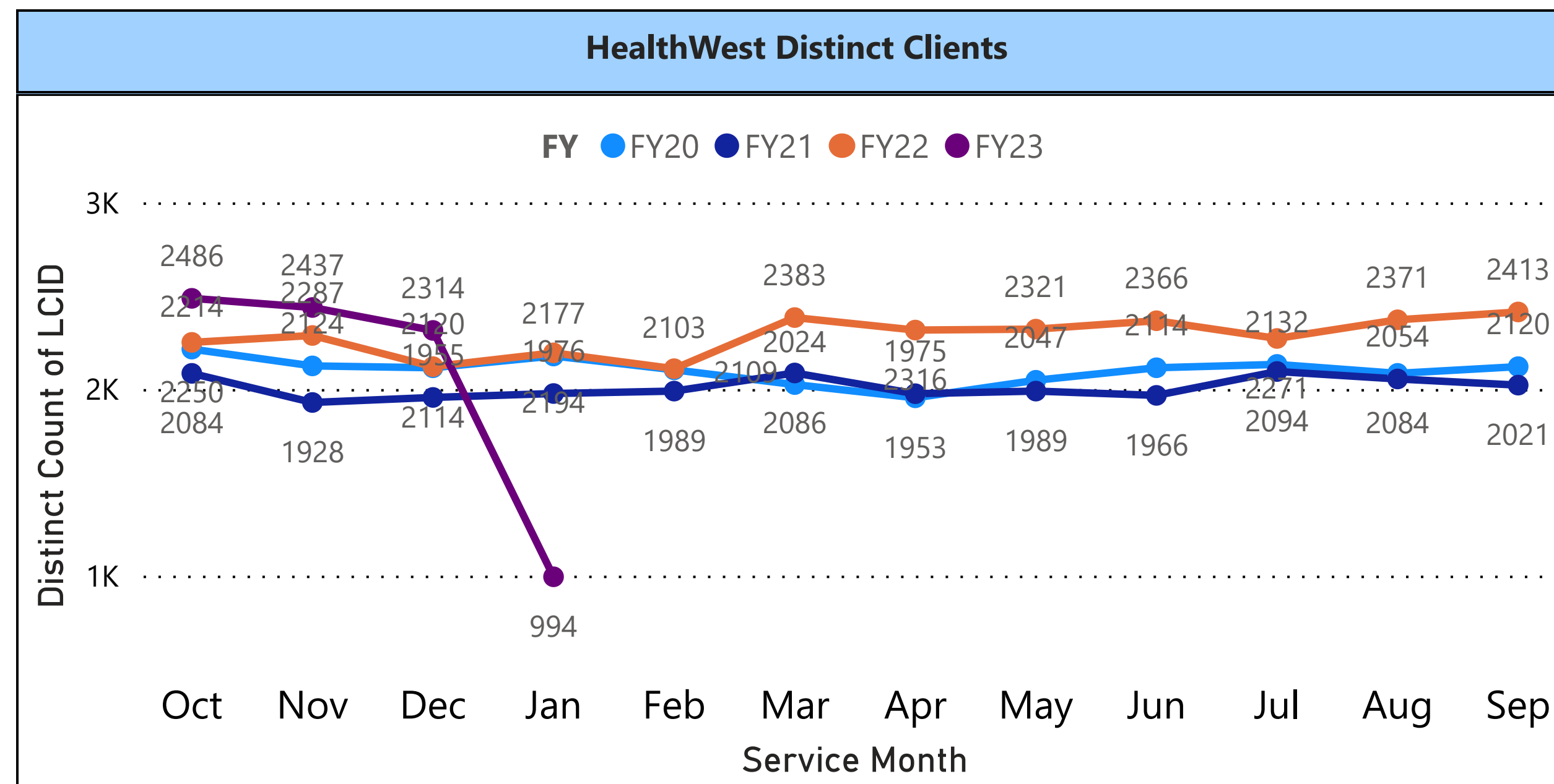


1/11/2023 2:24:18 PM

Latest ProcessDate



HealthWest Behavioral Health

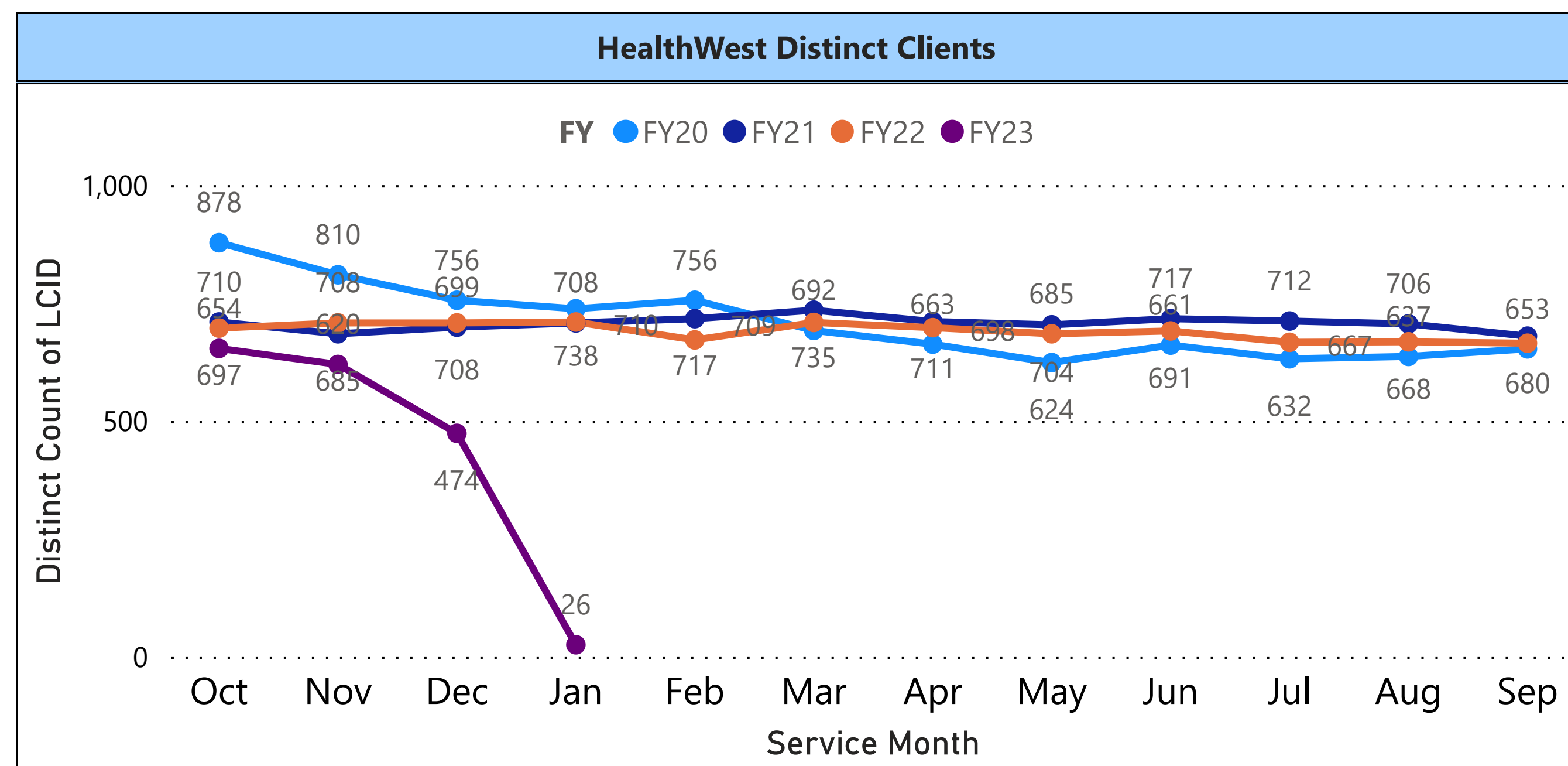


1/11/2023 2:24:18 PM

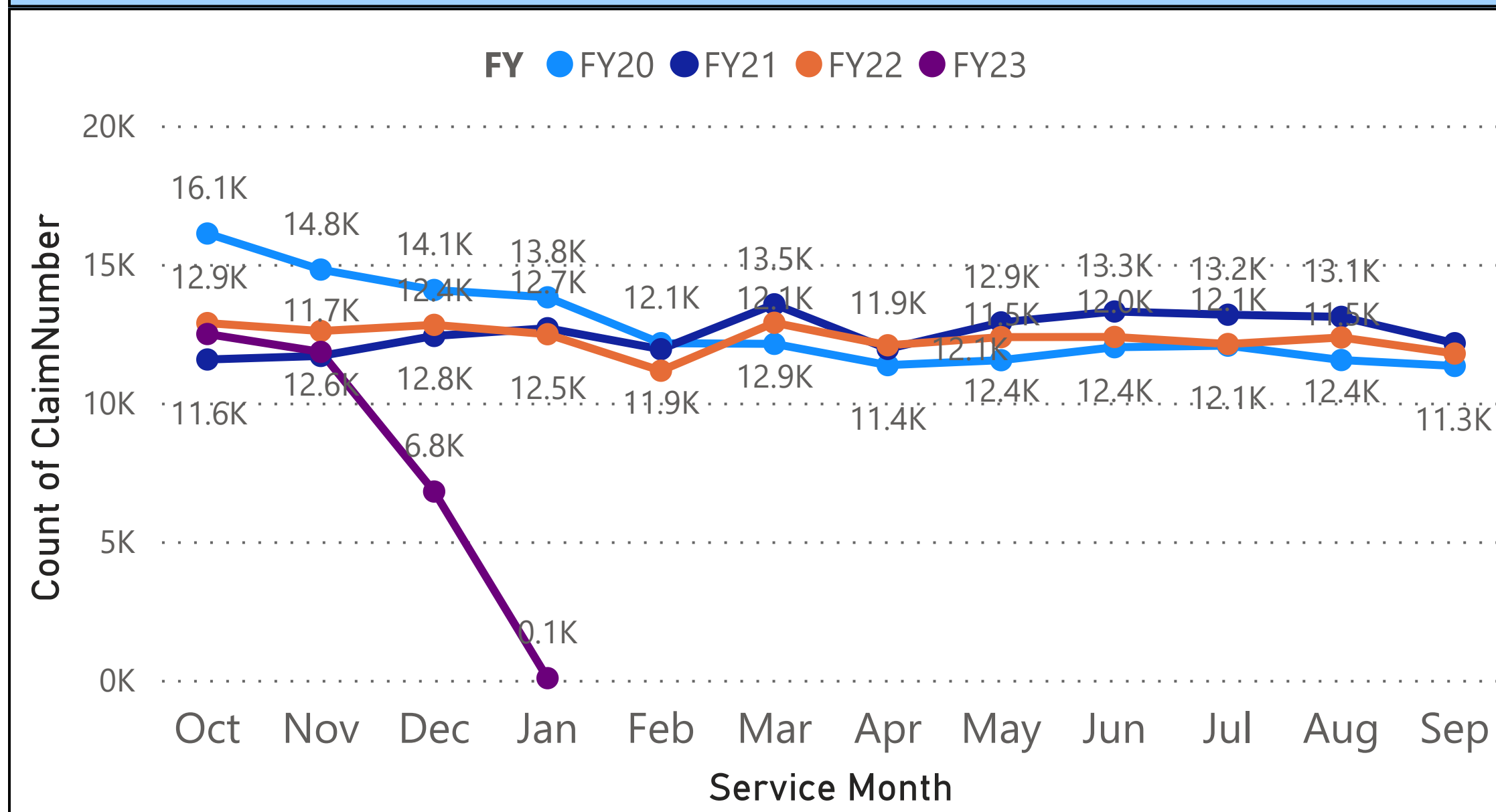
Latest ProcessDate



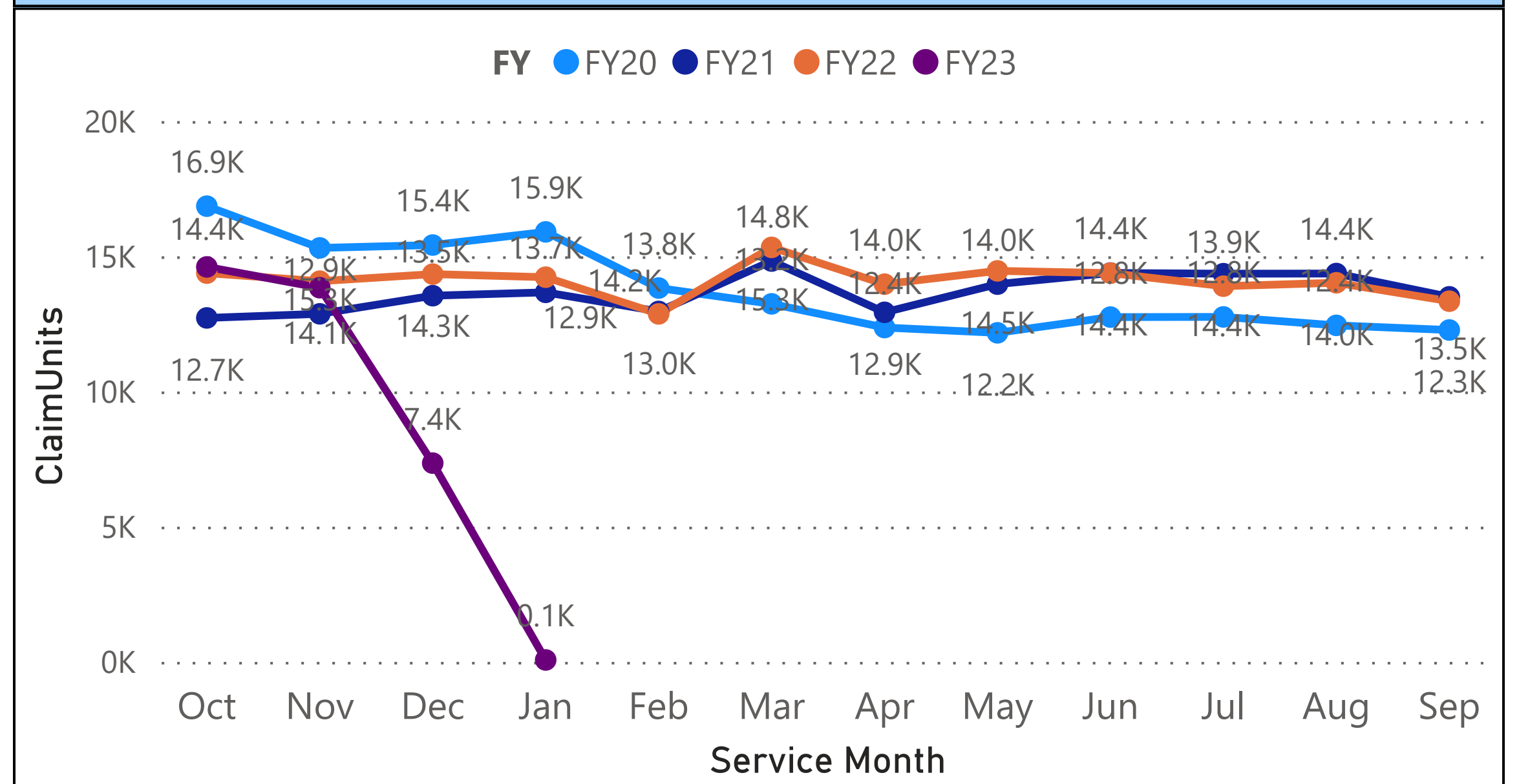
HealthWest Substance Use Disorder



HealthWest Professional Encounter Lines



HealthWest Professional Units

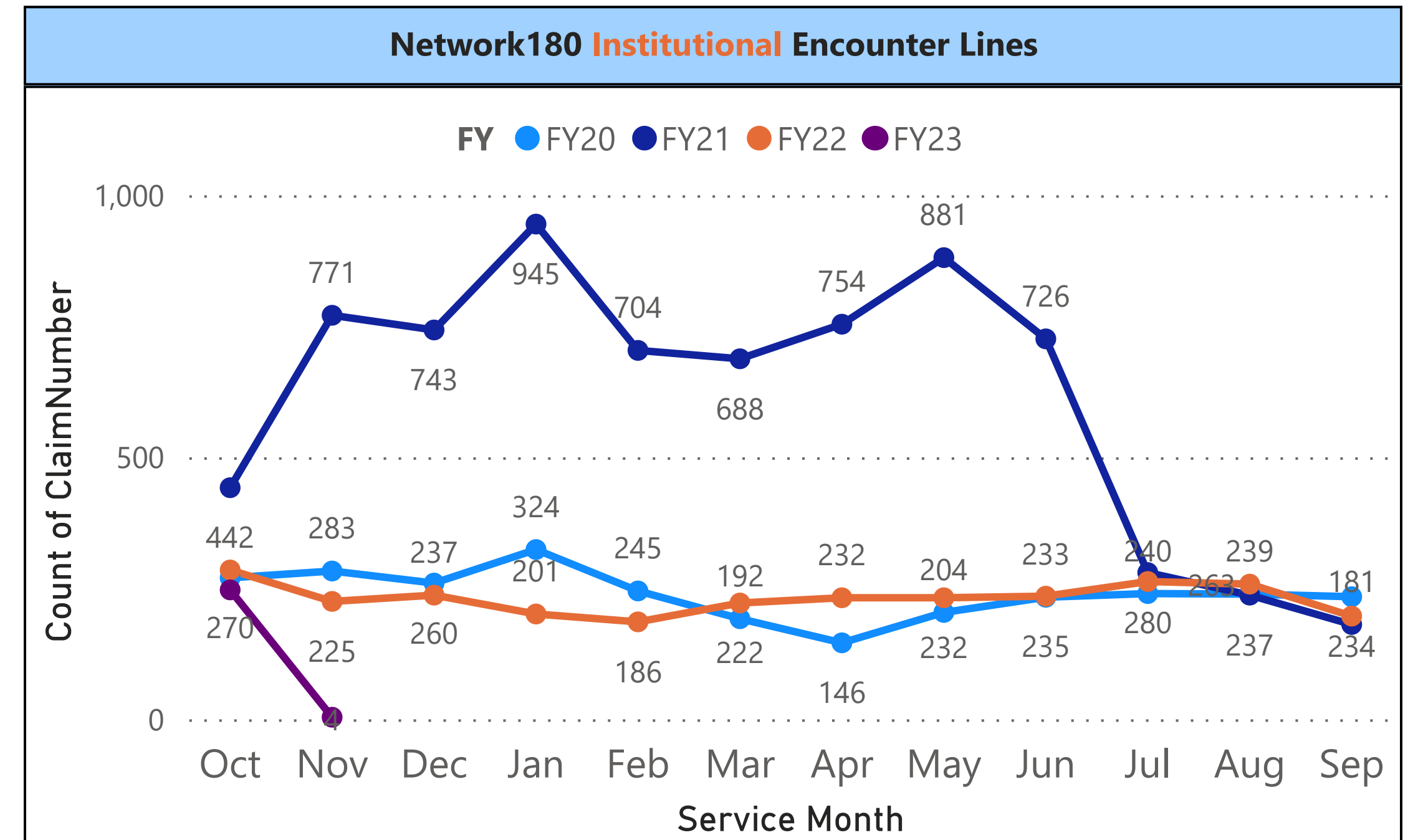
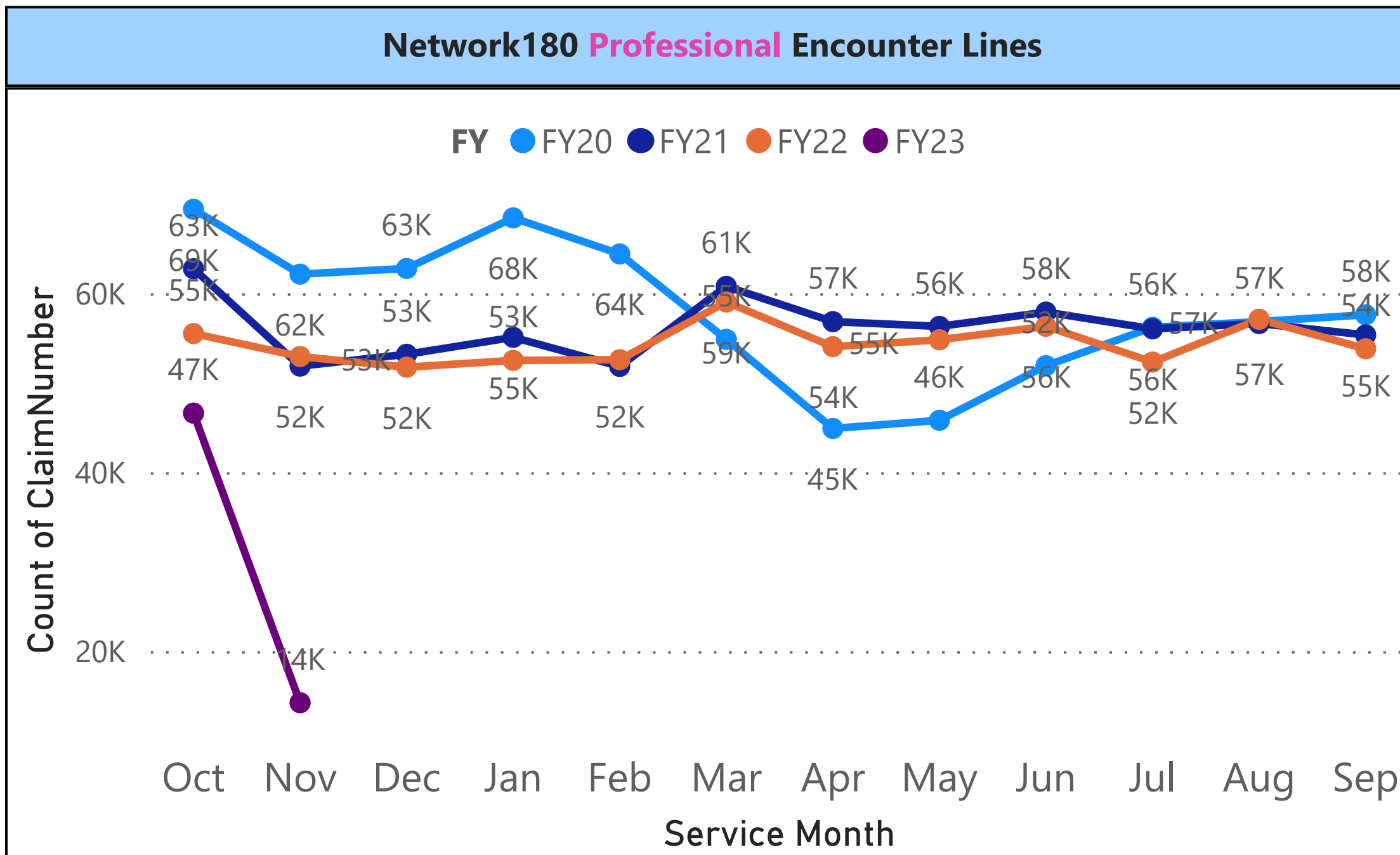
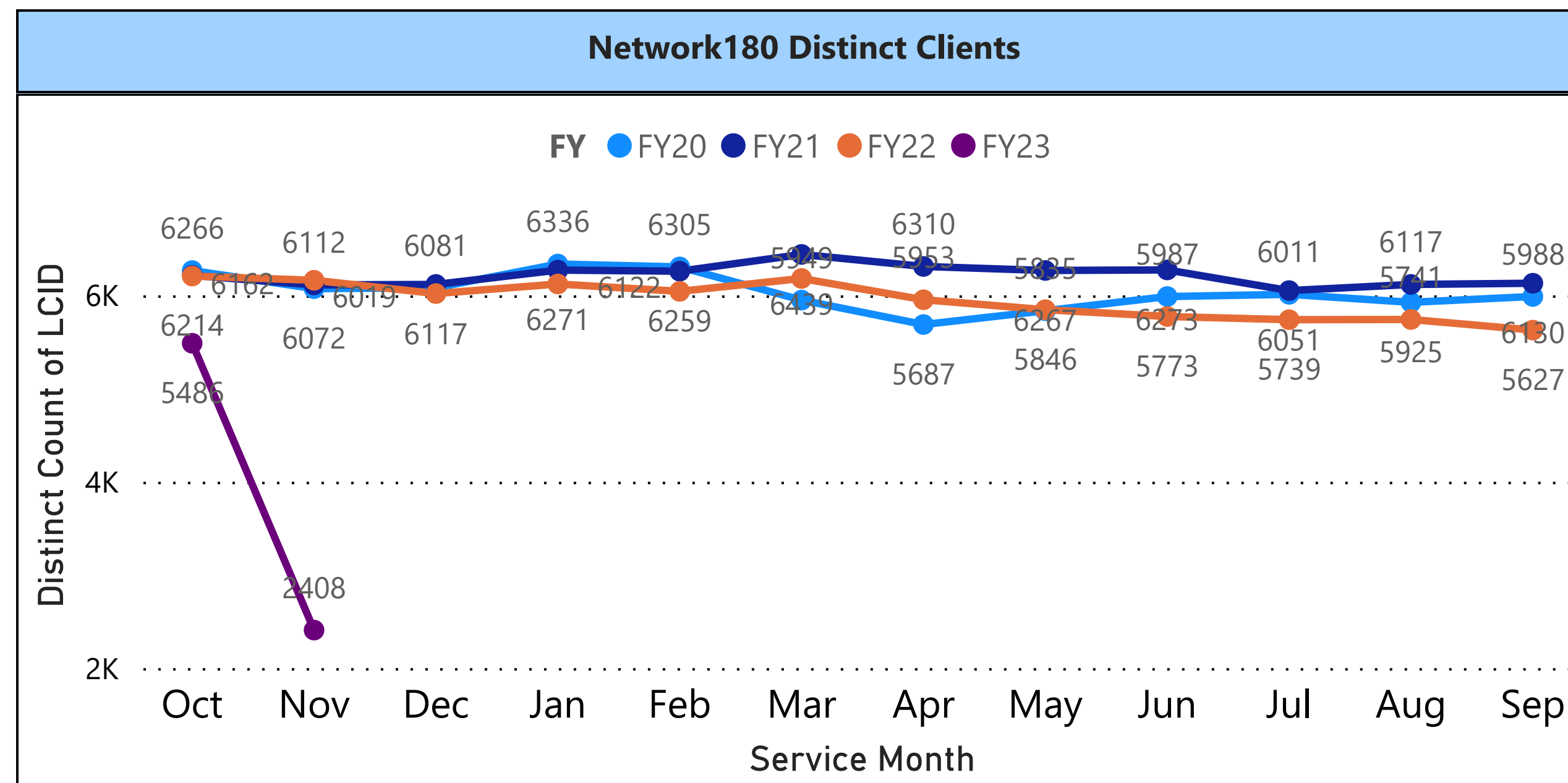


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Latest ProcessDate



Network180 Behavioral Health

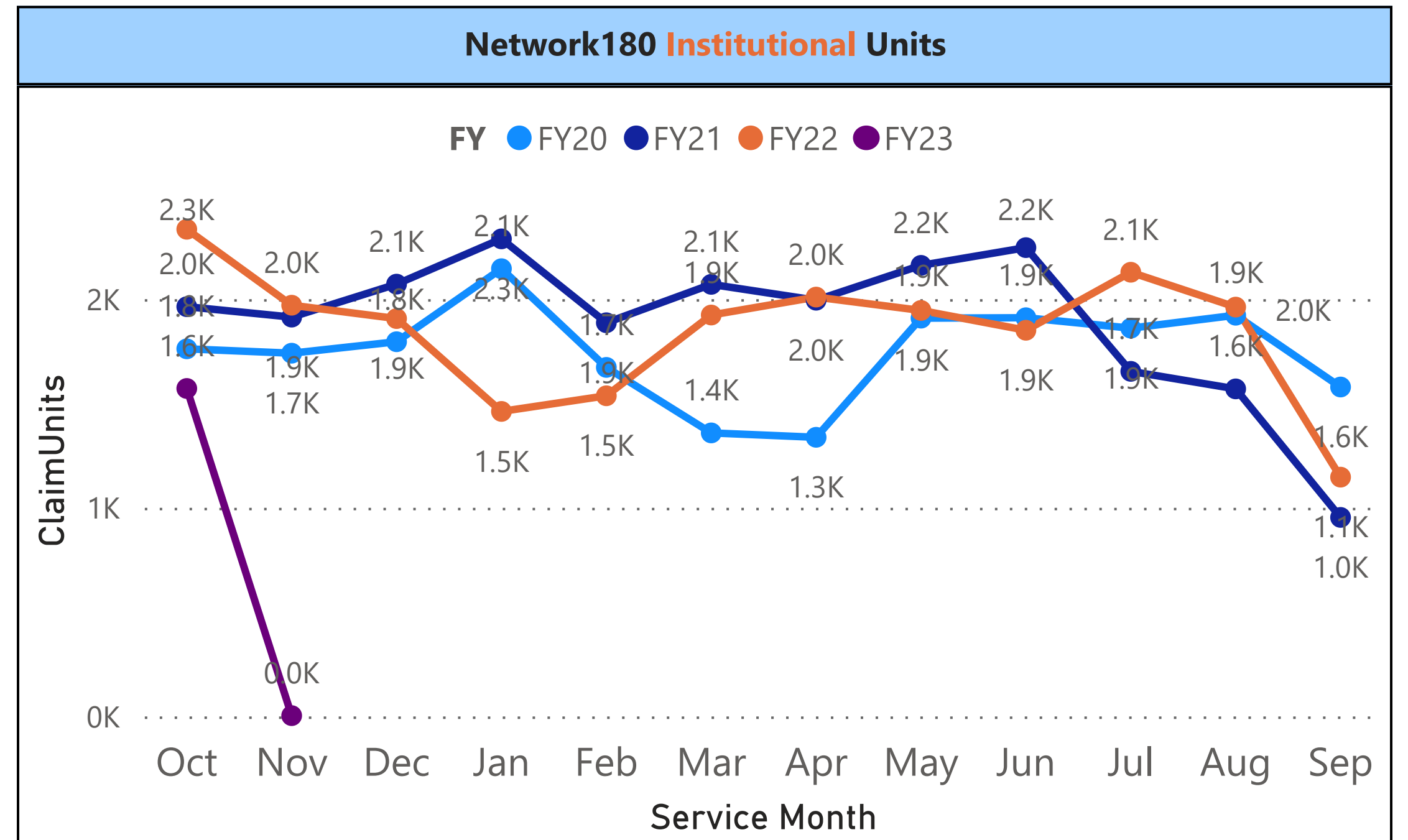
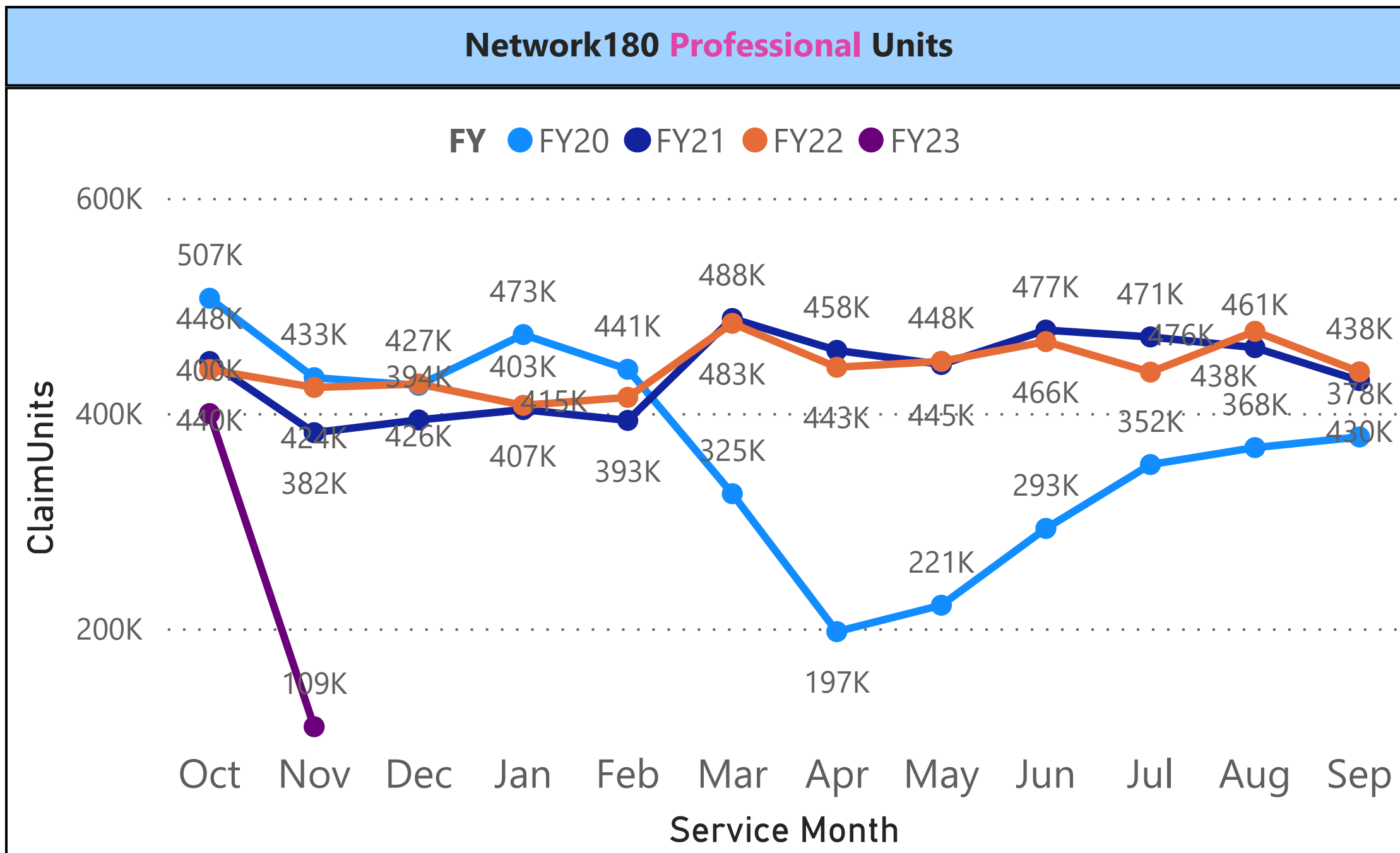
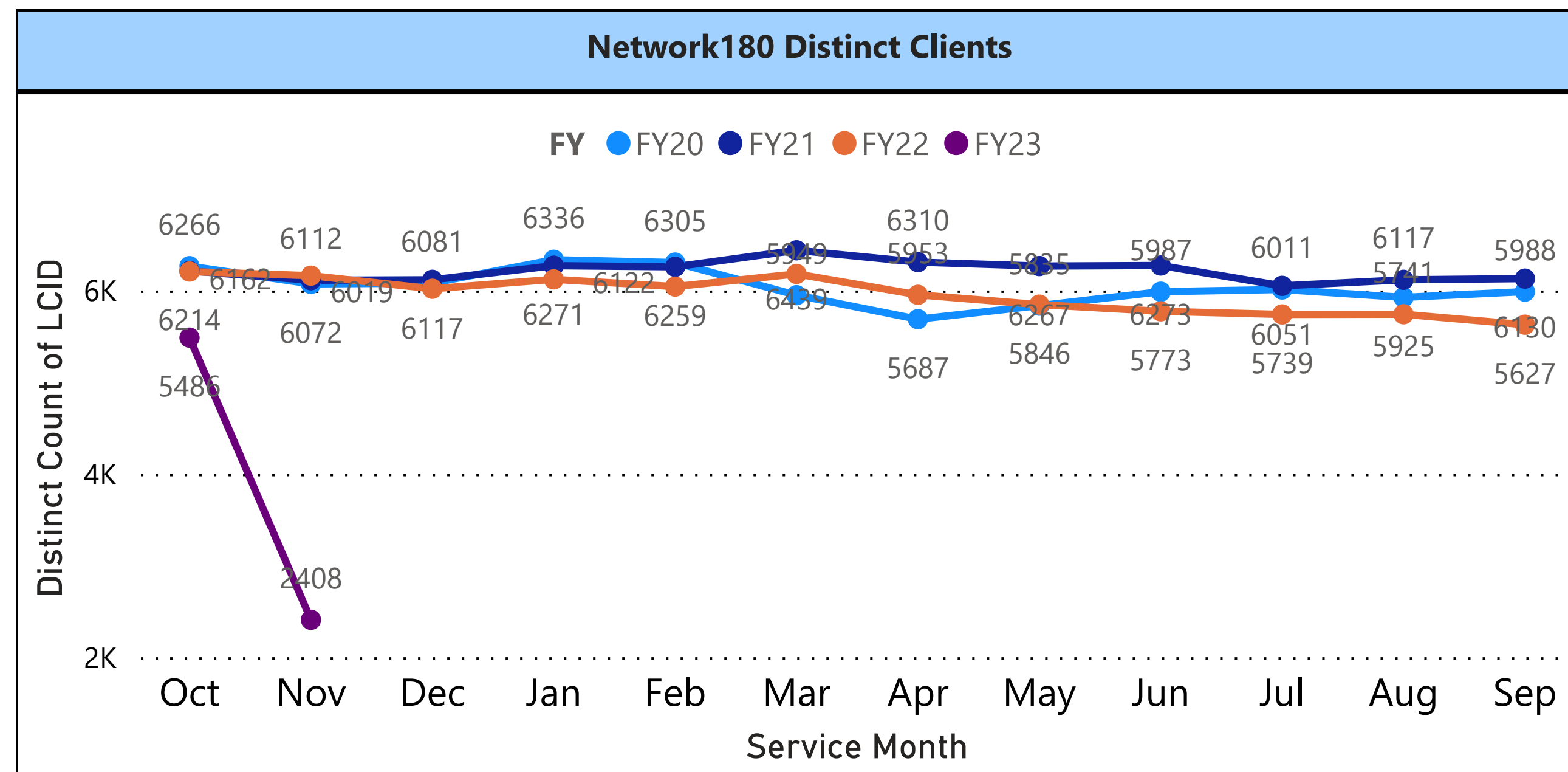


1/11/2023 2:13:20 PM

Latest ProcessDate



Network180 Behavioral Health

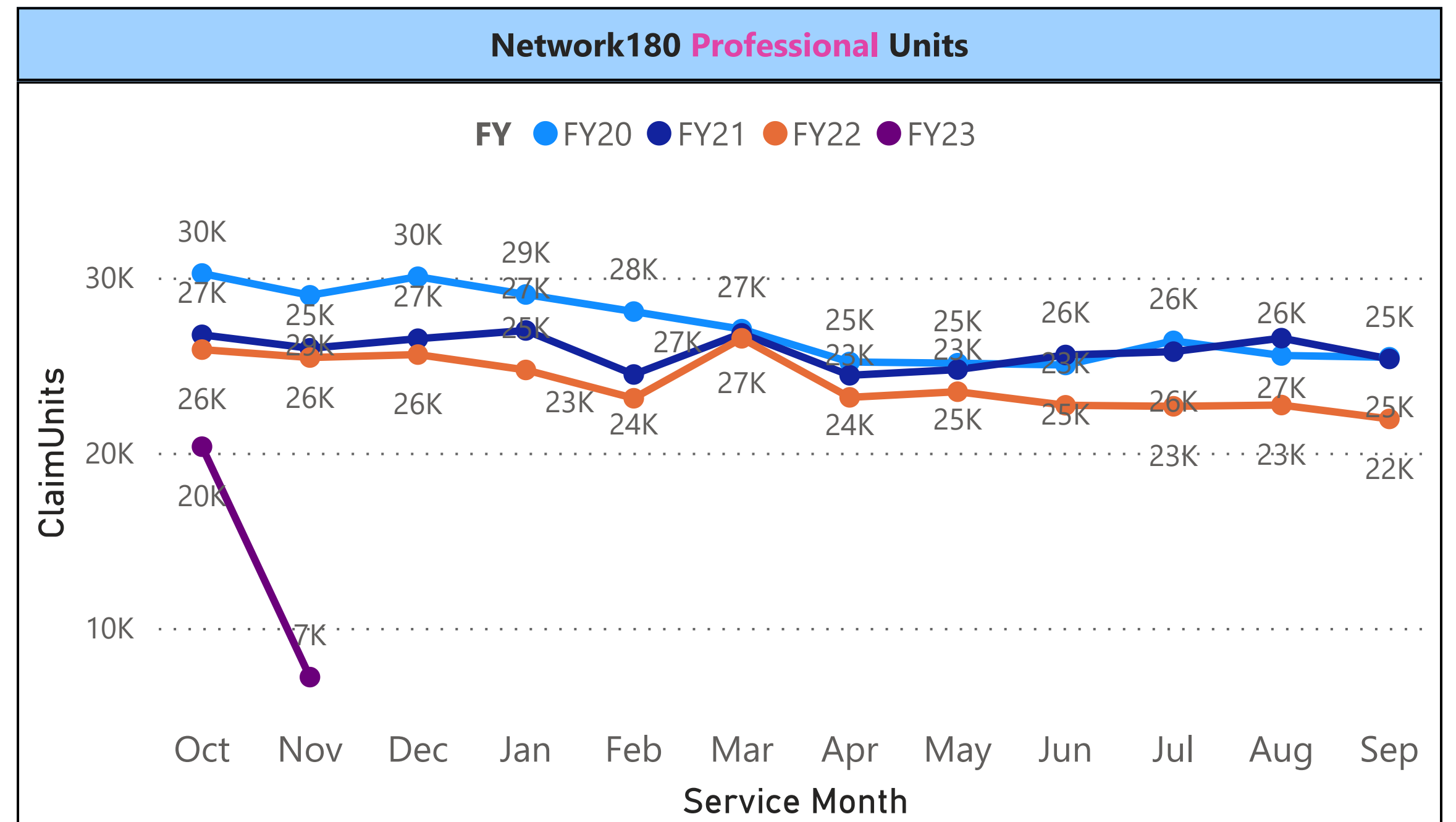
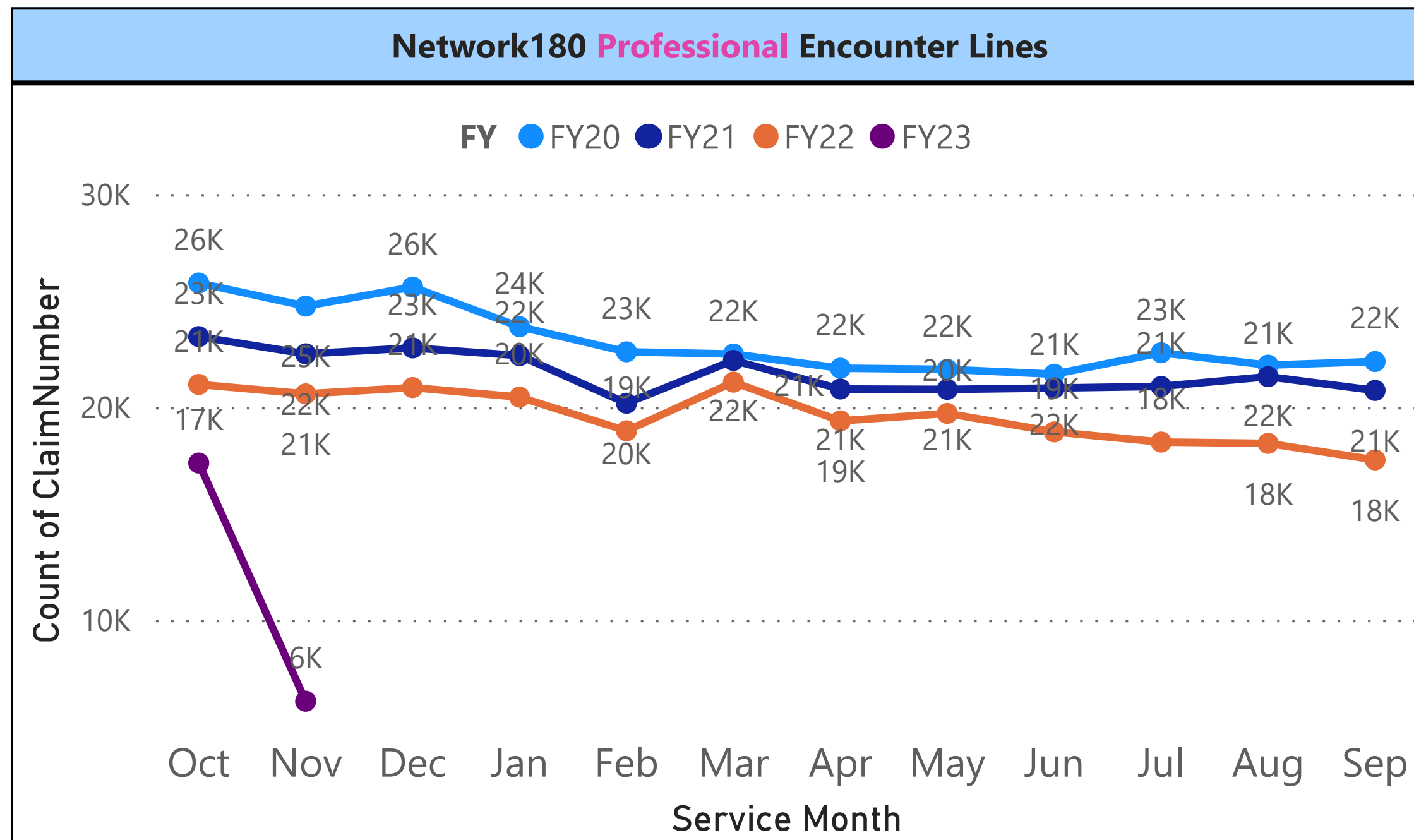
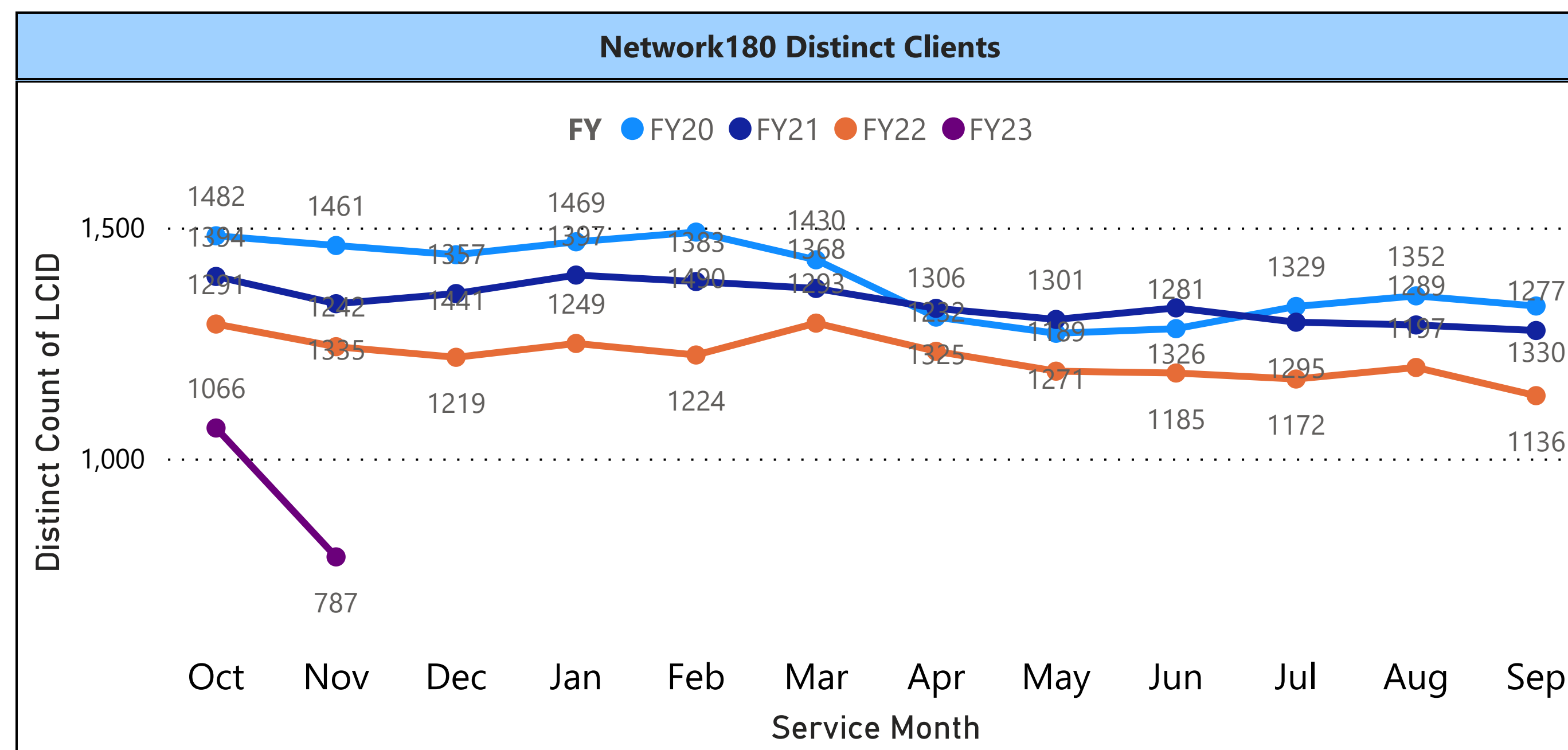


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Latest ProcessDate



Network180 Substance Use Disorder

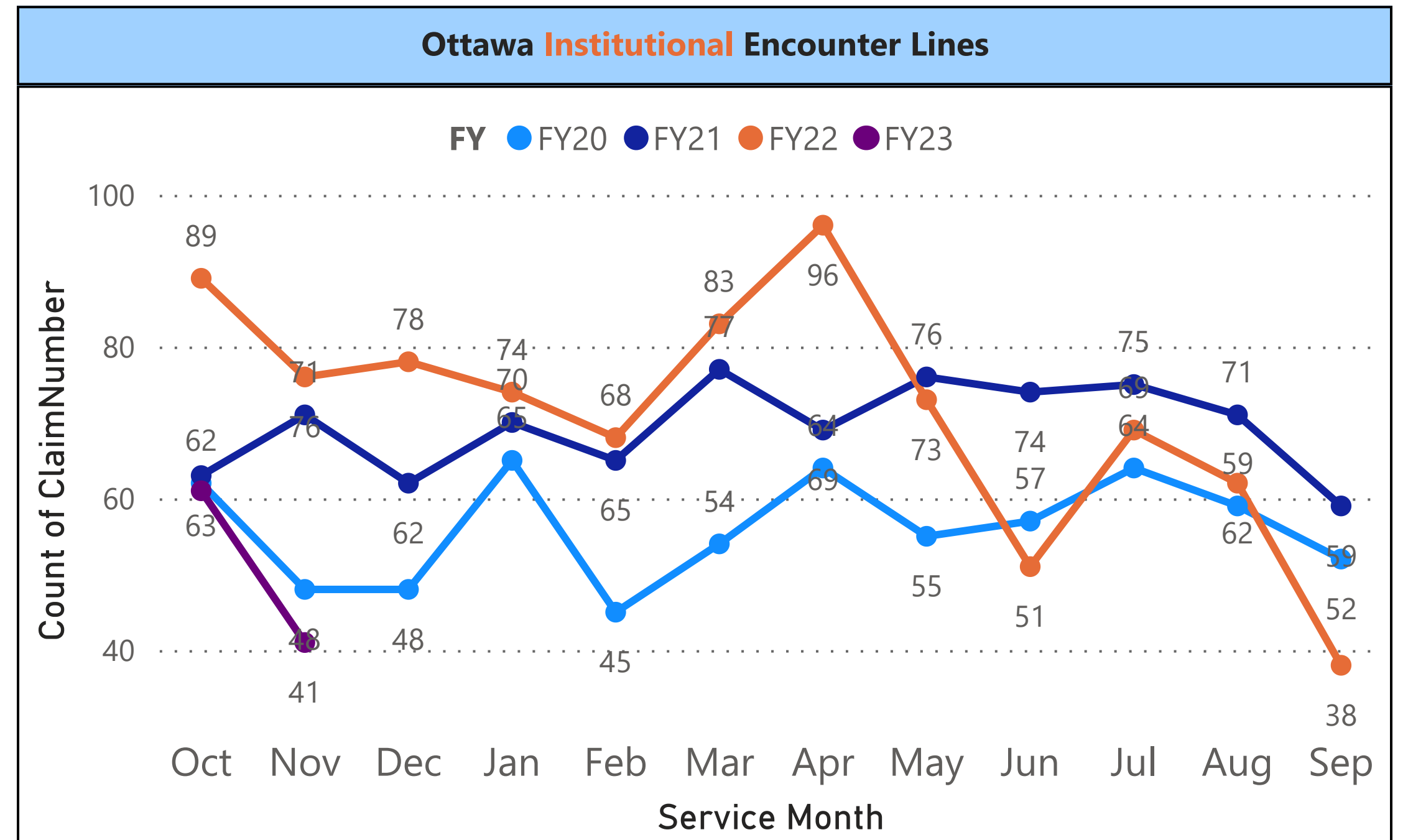
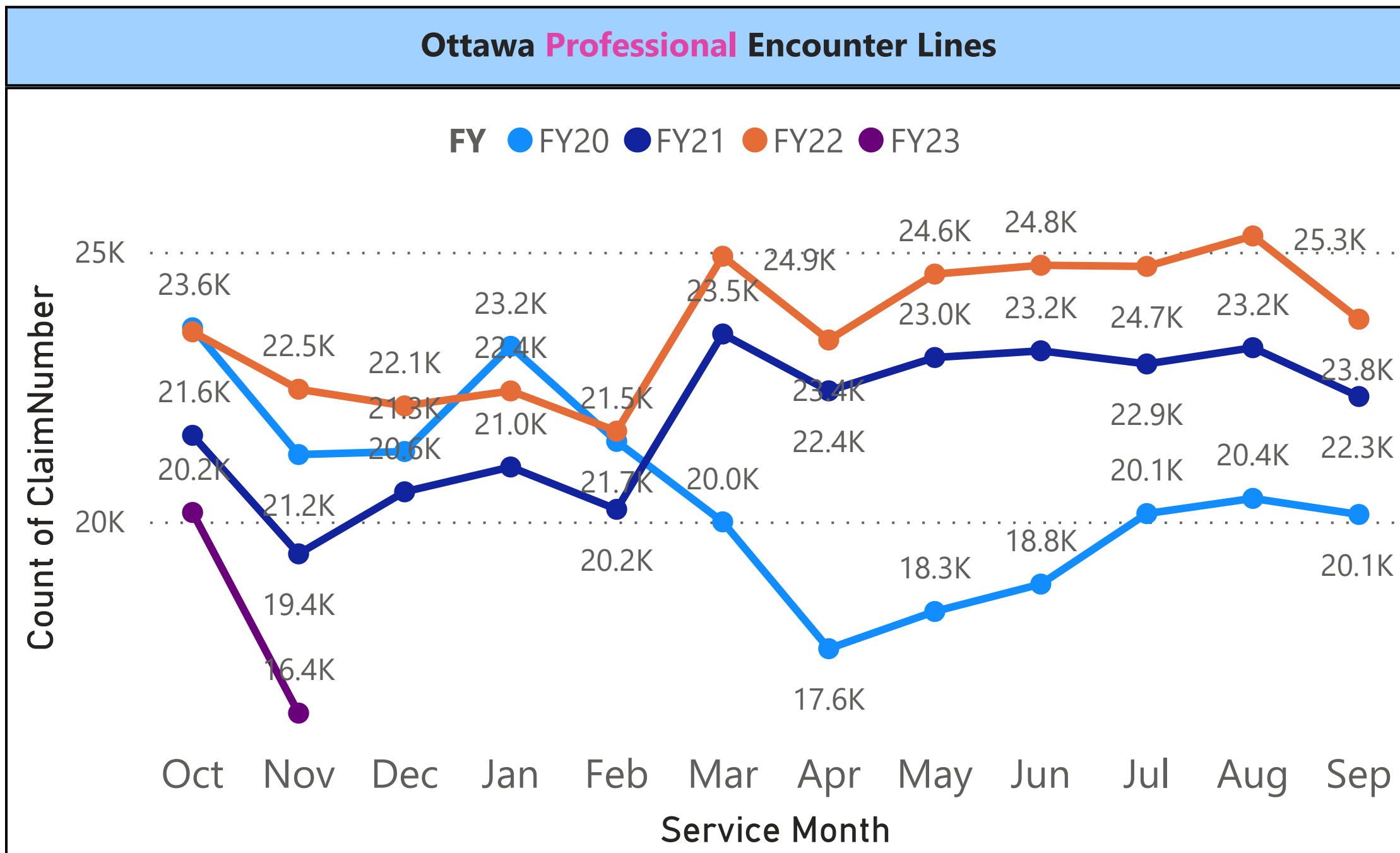
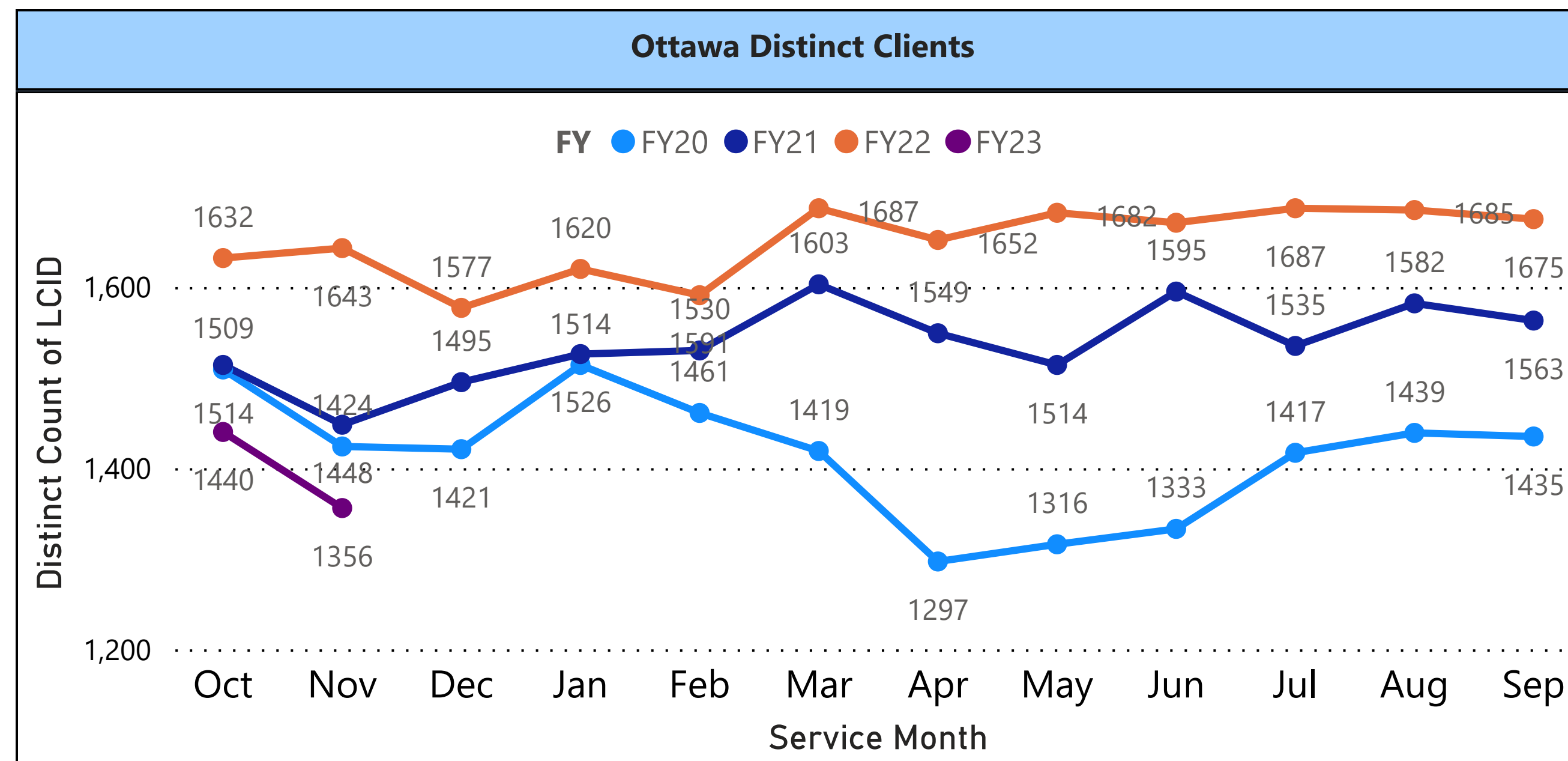


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Latest ProcessDate



Ottawa Behavioral Health

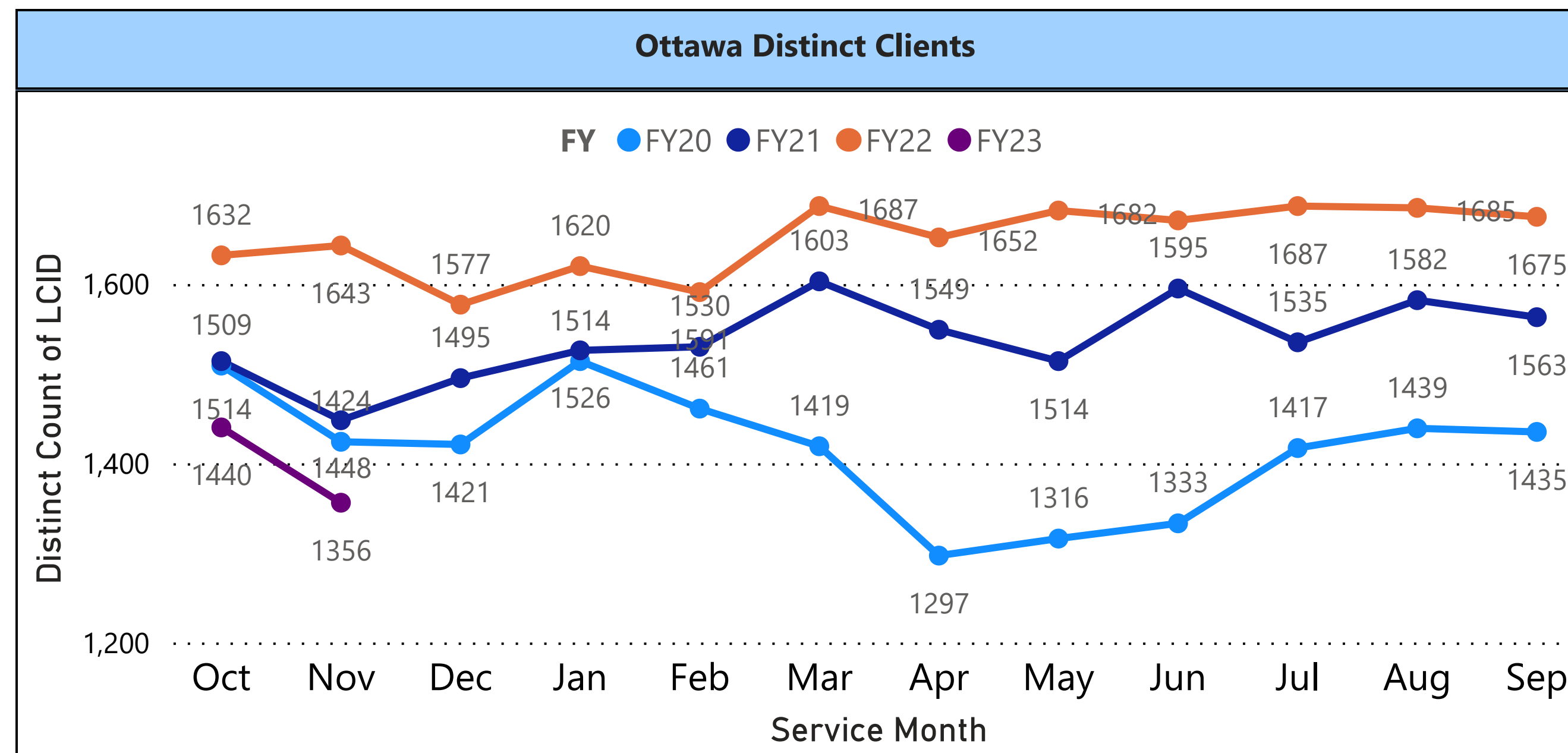


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Latest ProcessDate

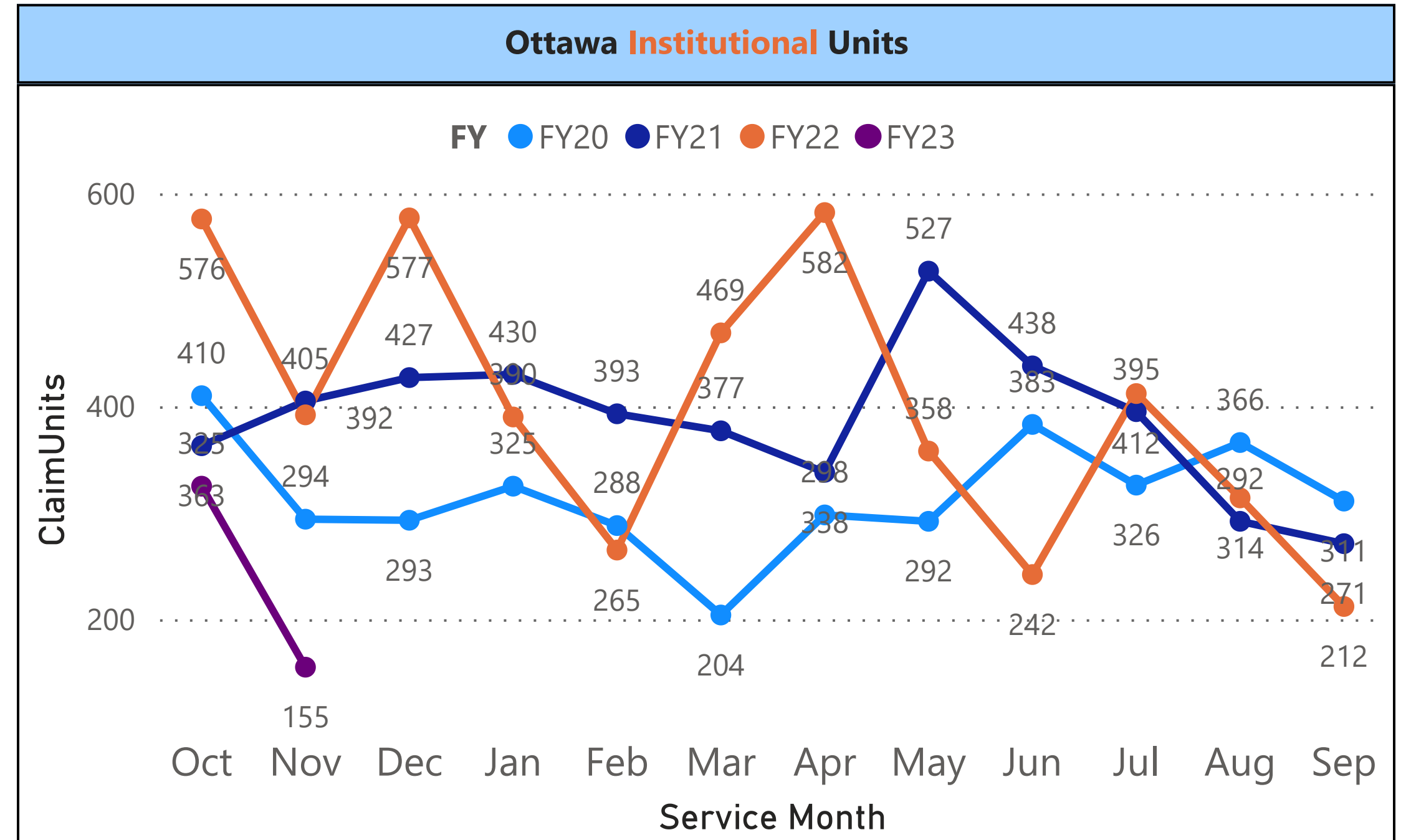
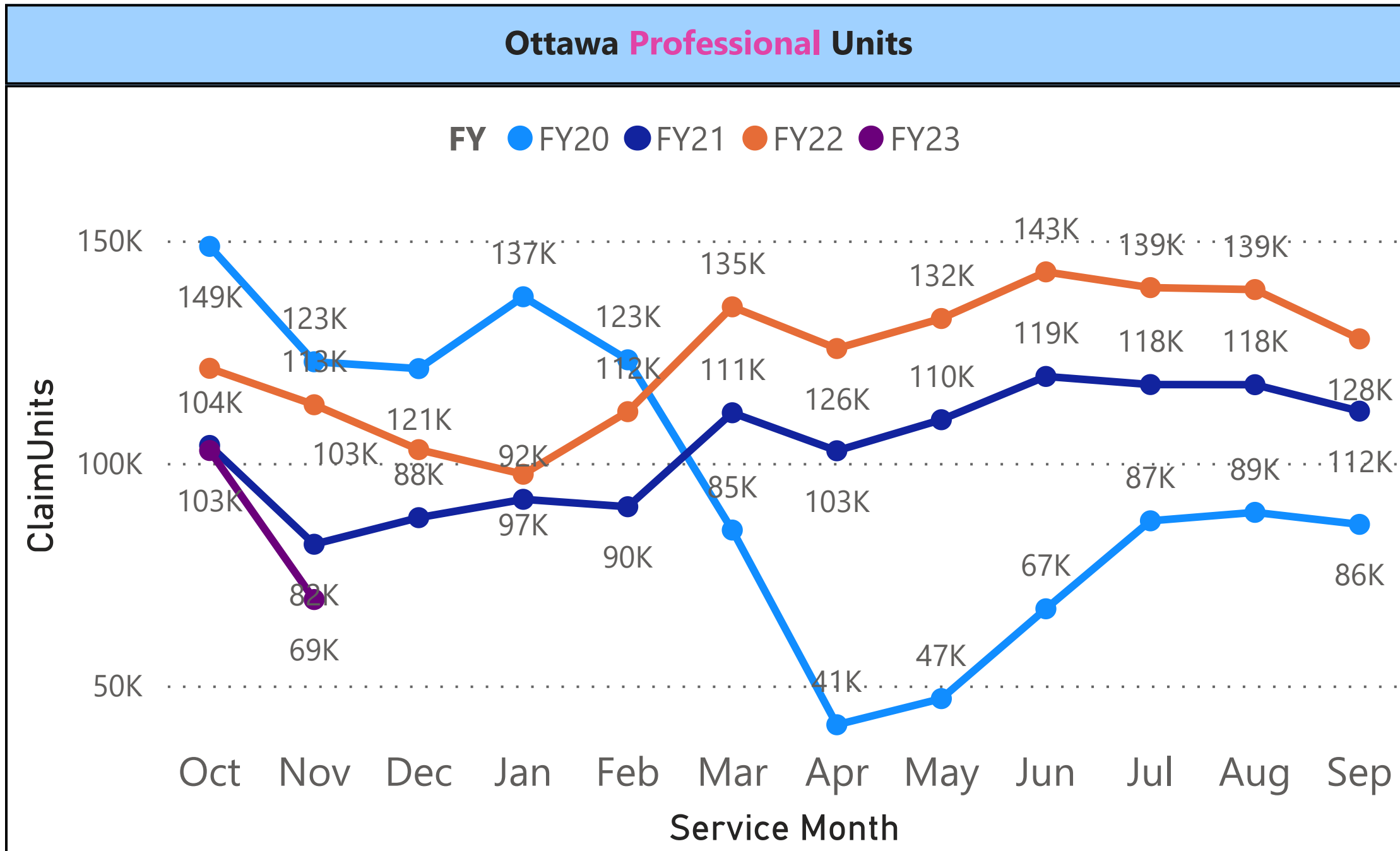


Ottawa Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

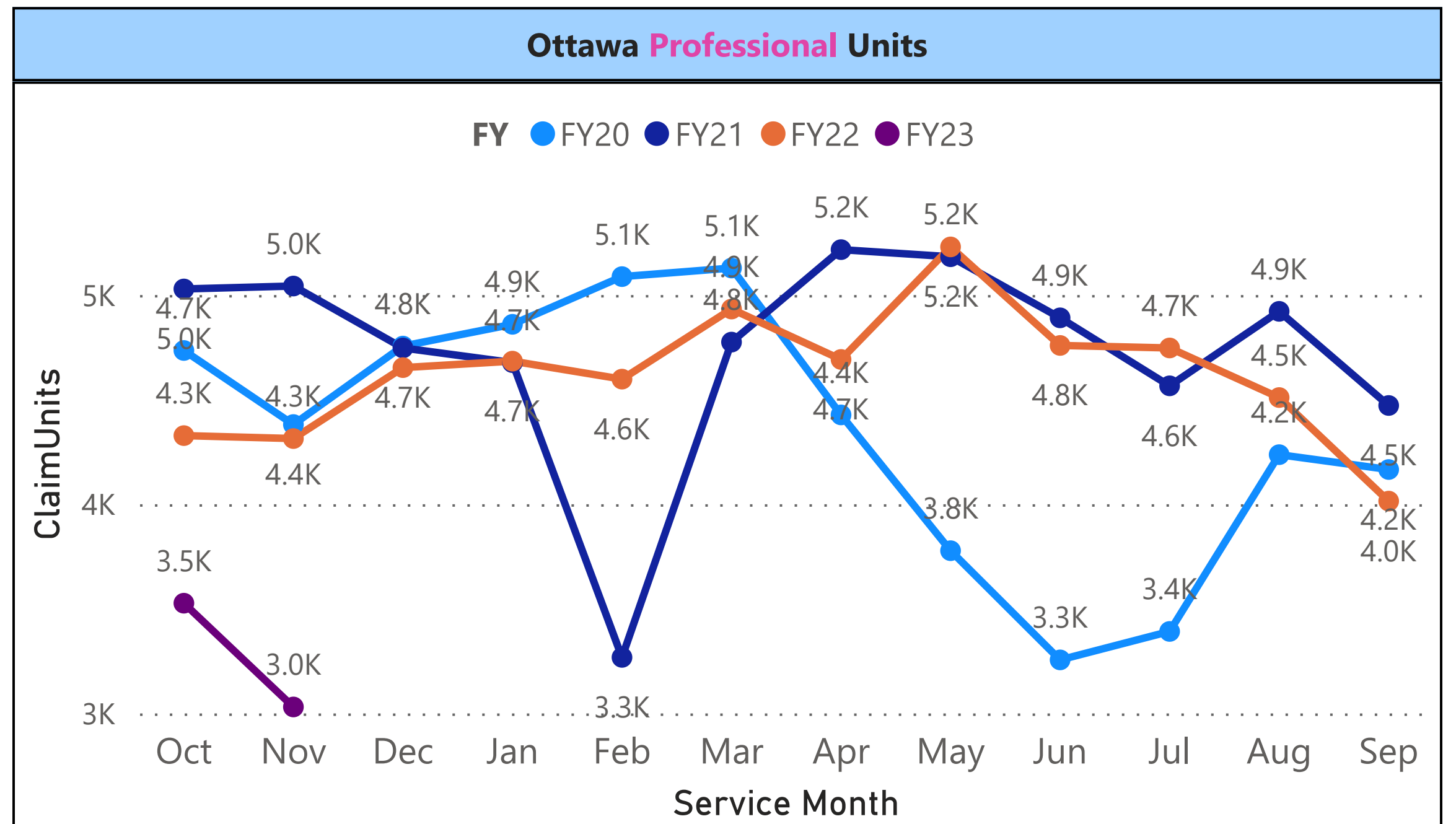
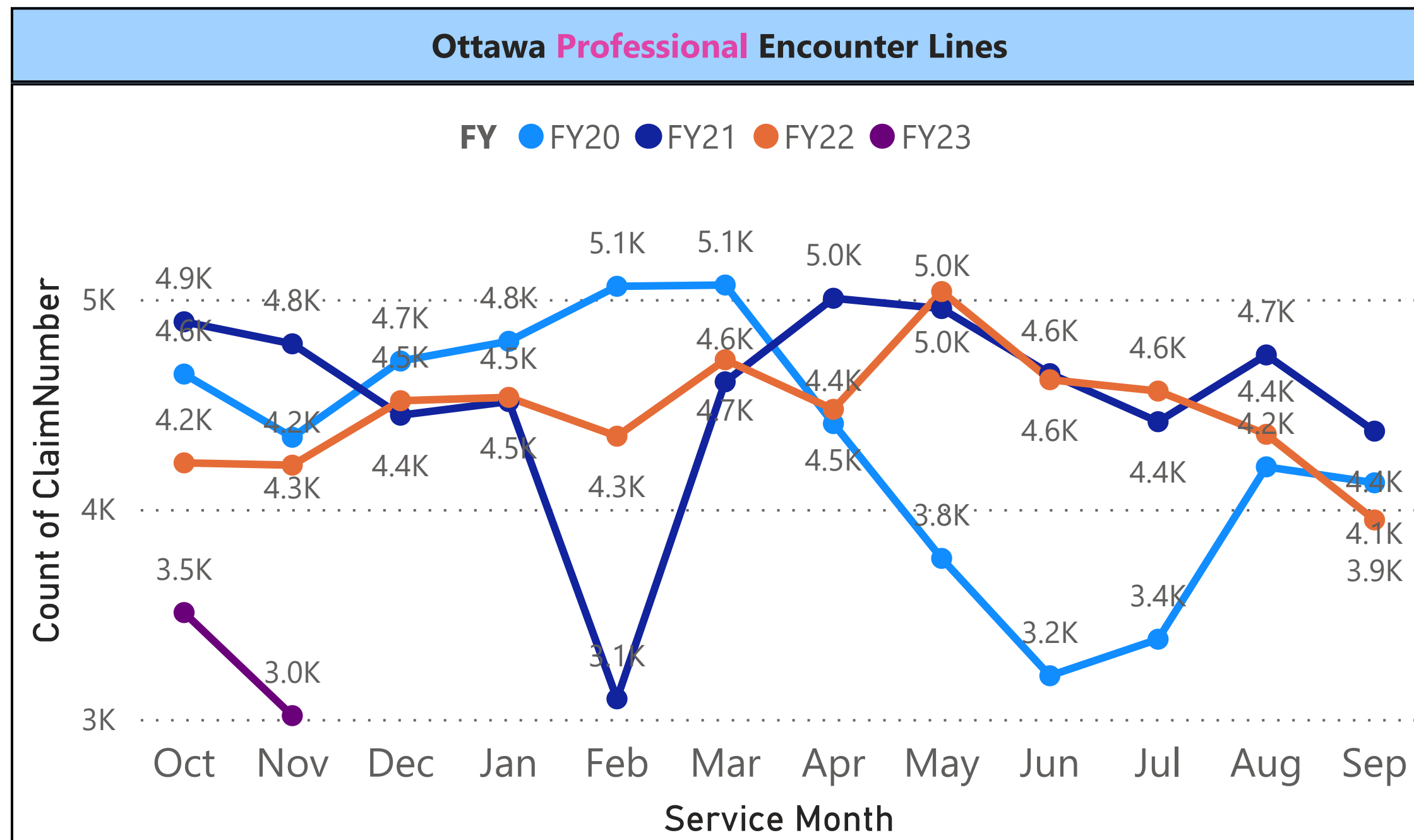
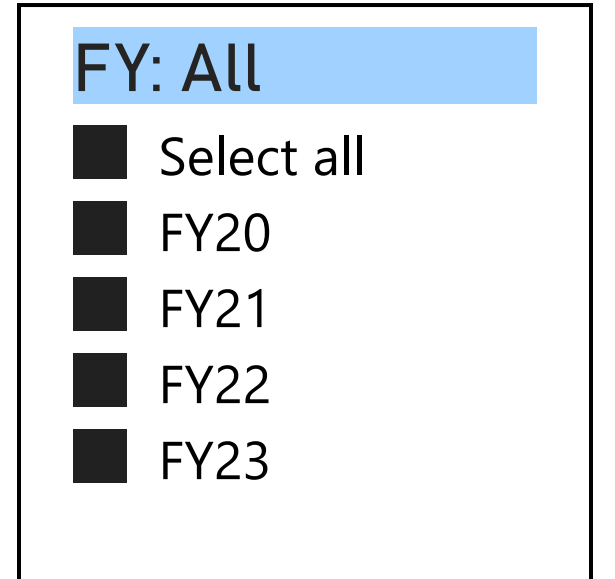
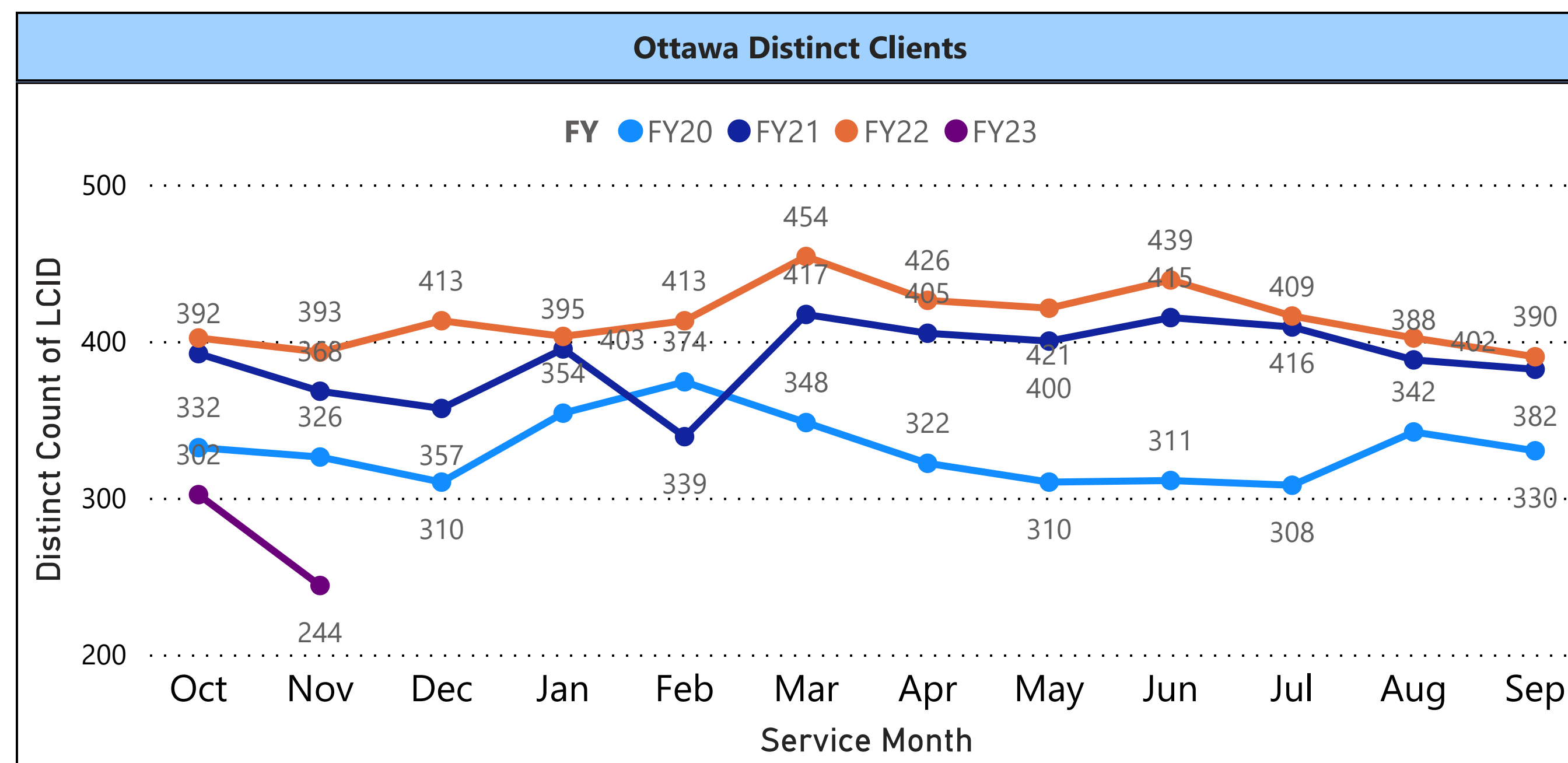


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Latest ProcessDate



Ottawa Substance Use Disorder

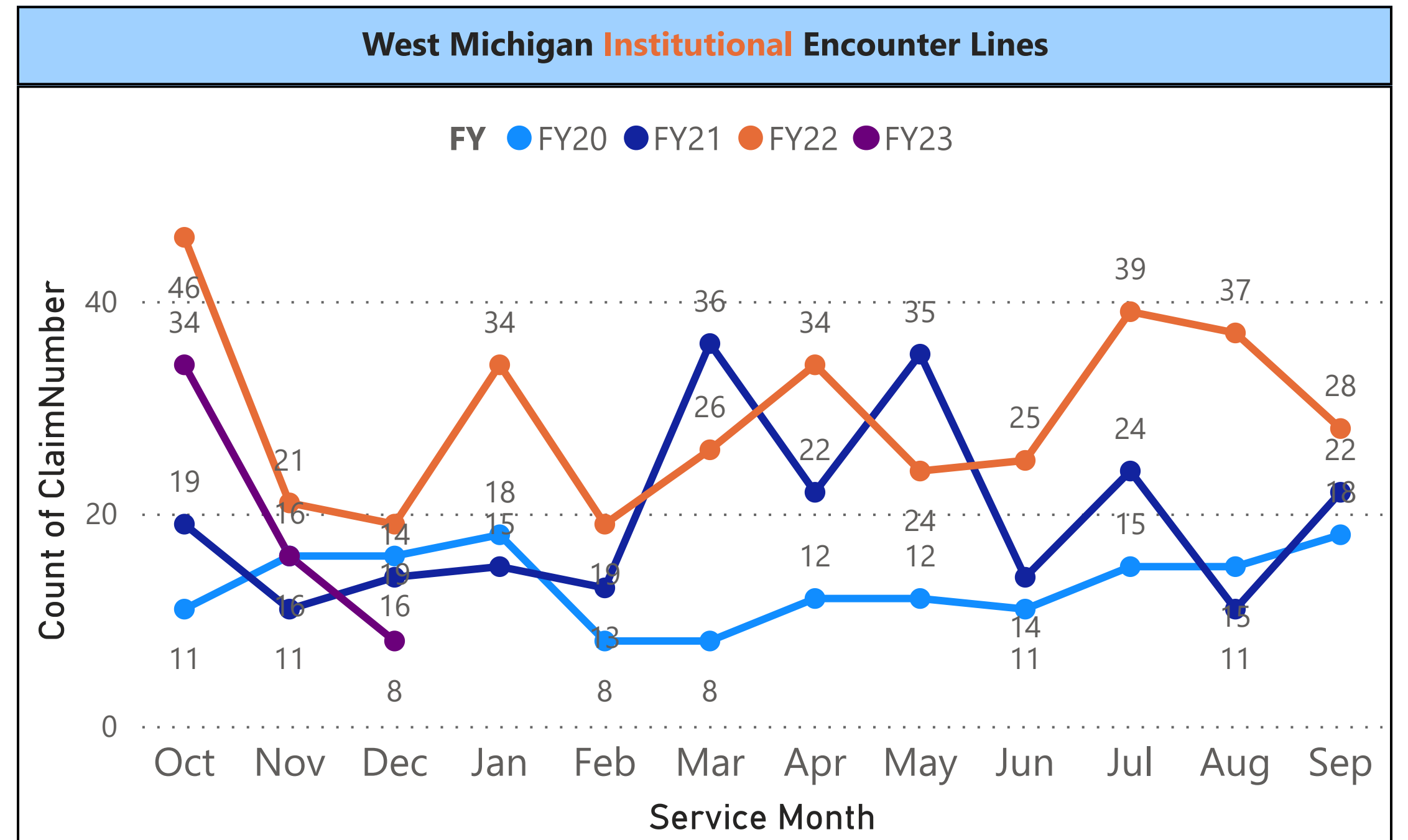
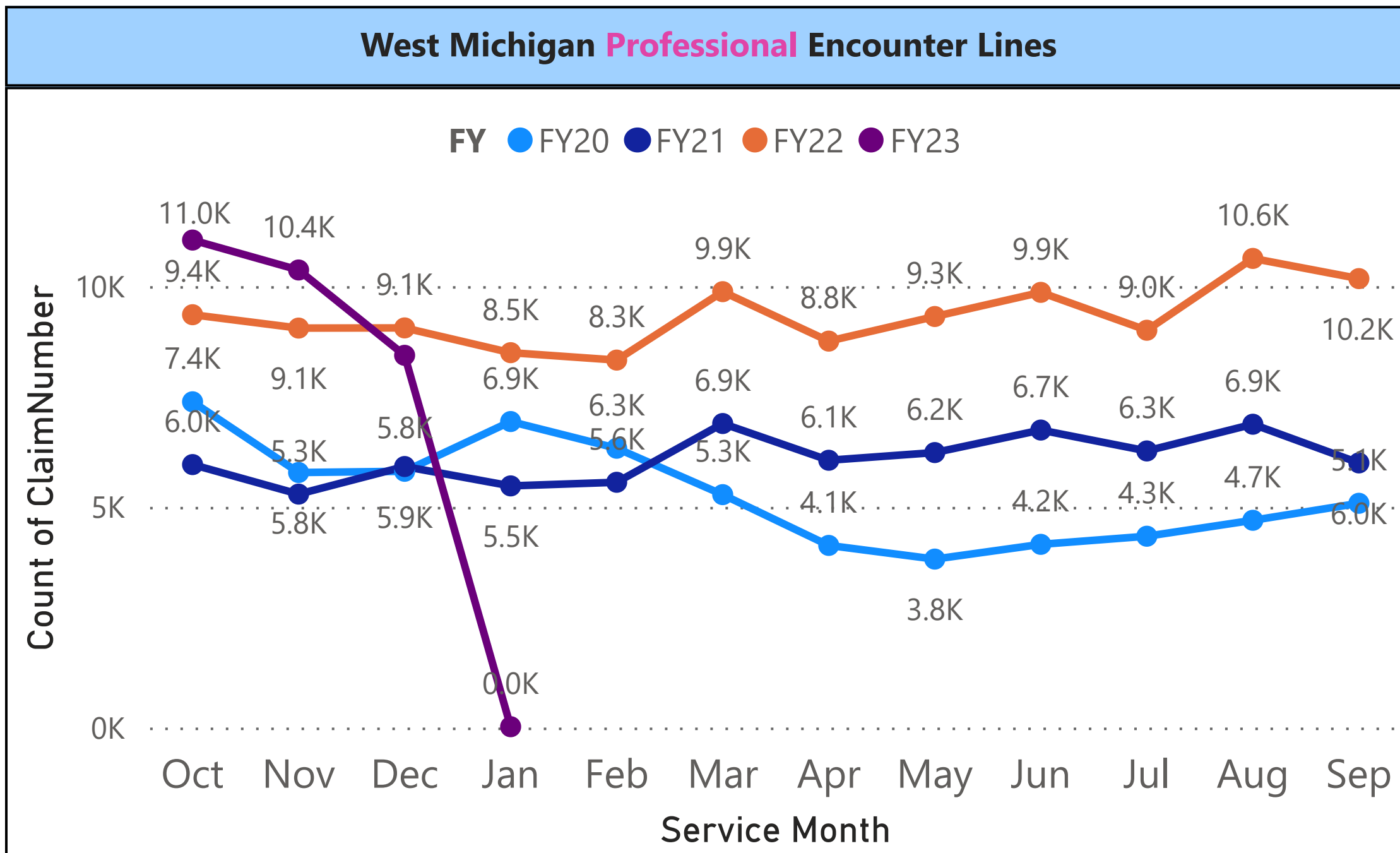
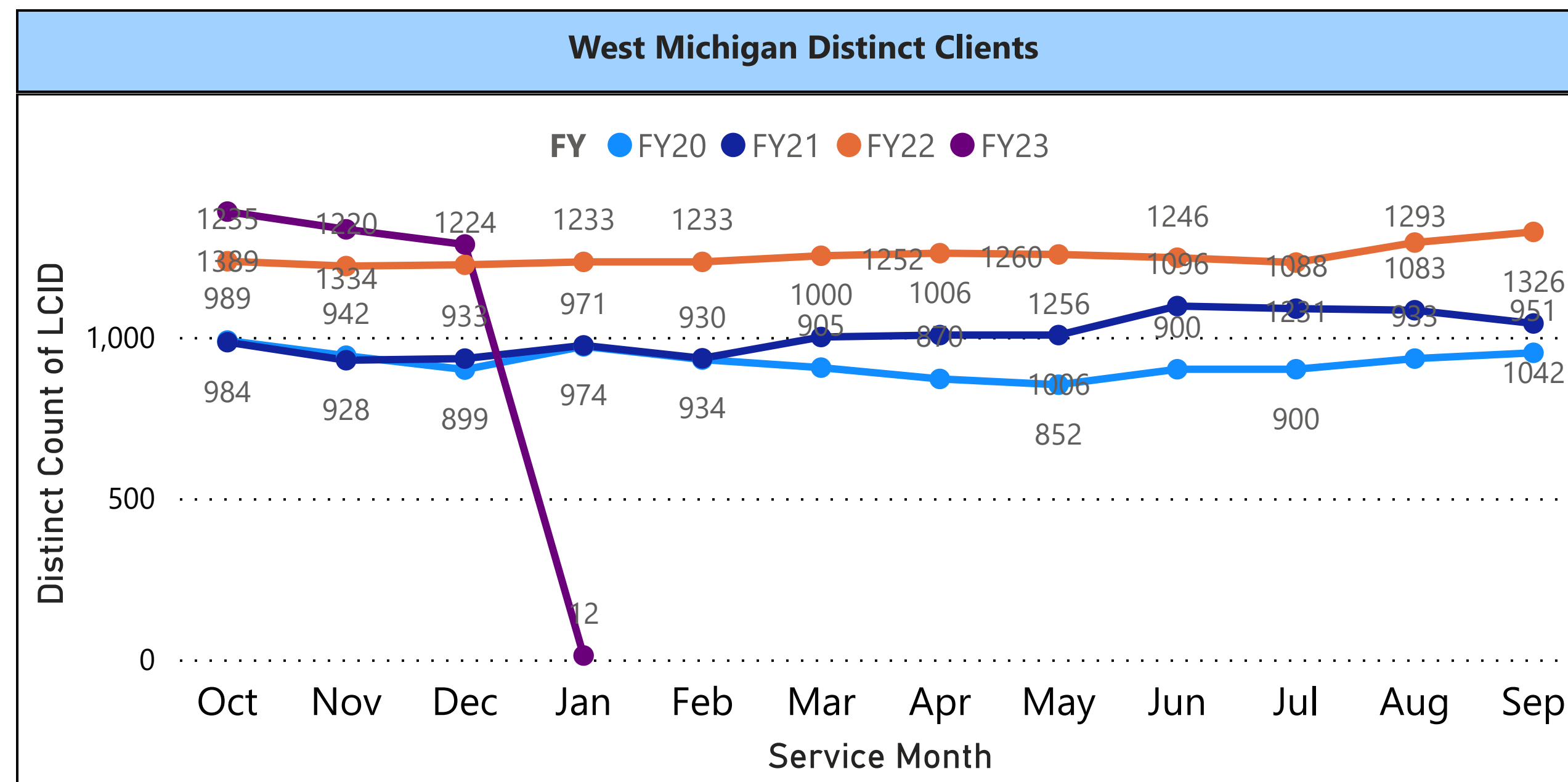


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Latest ProcessDate



West Michigan Behavioral Health

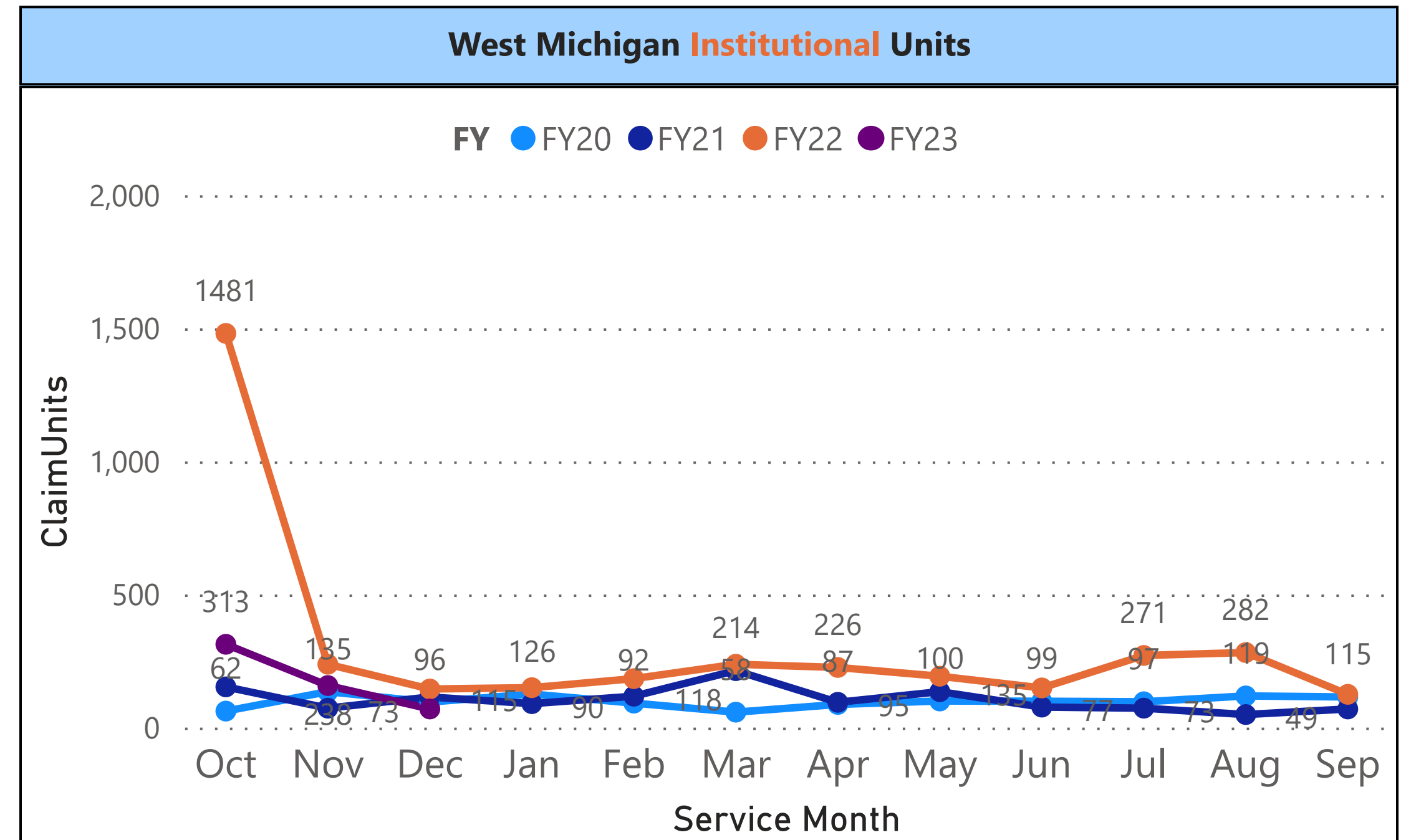
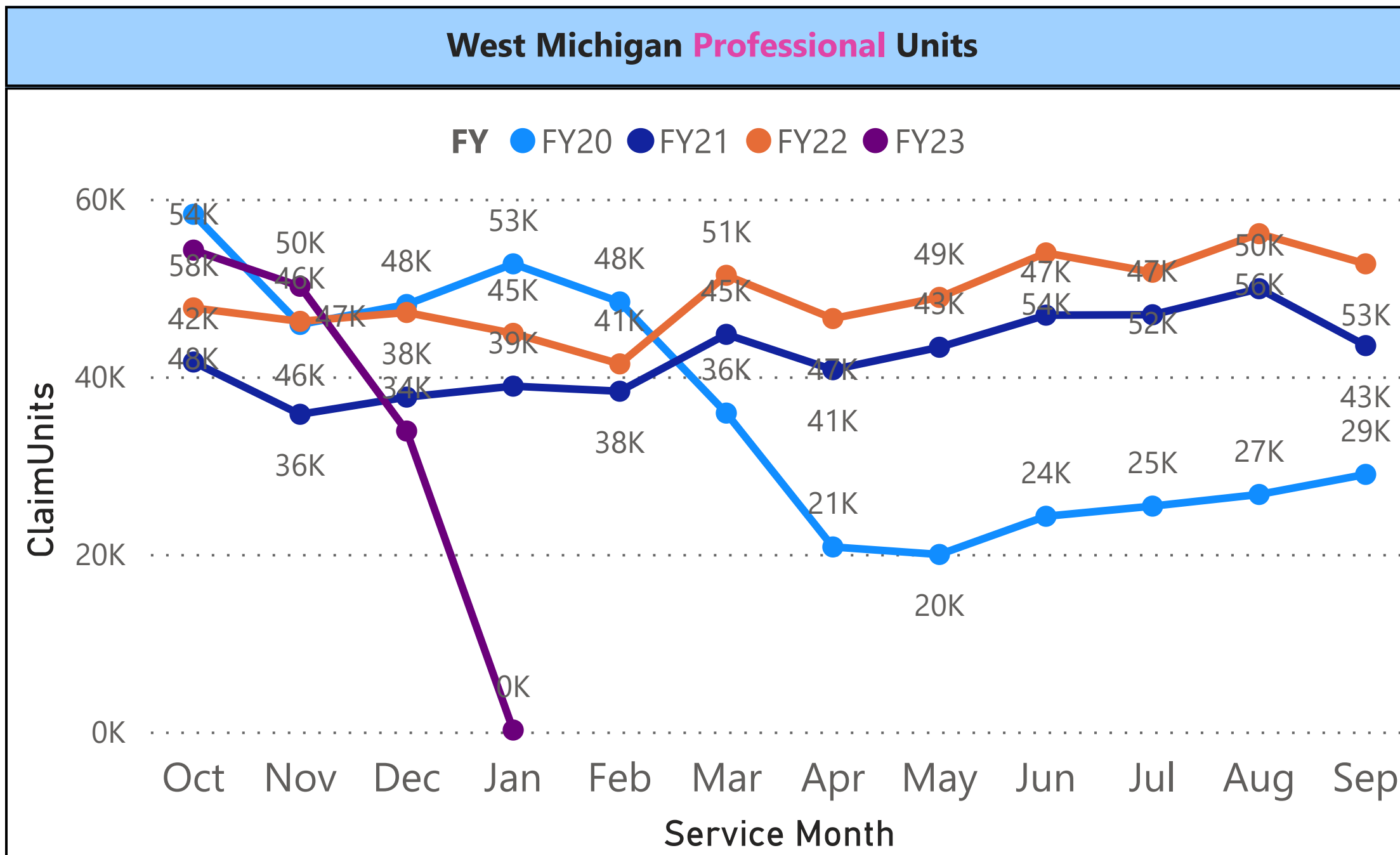
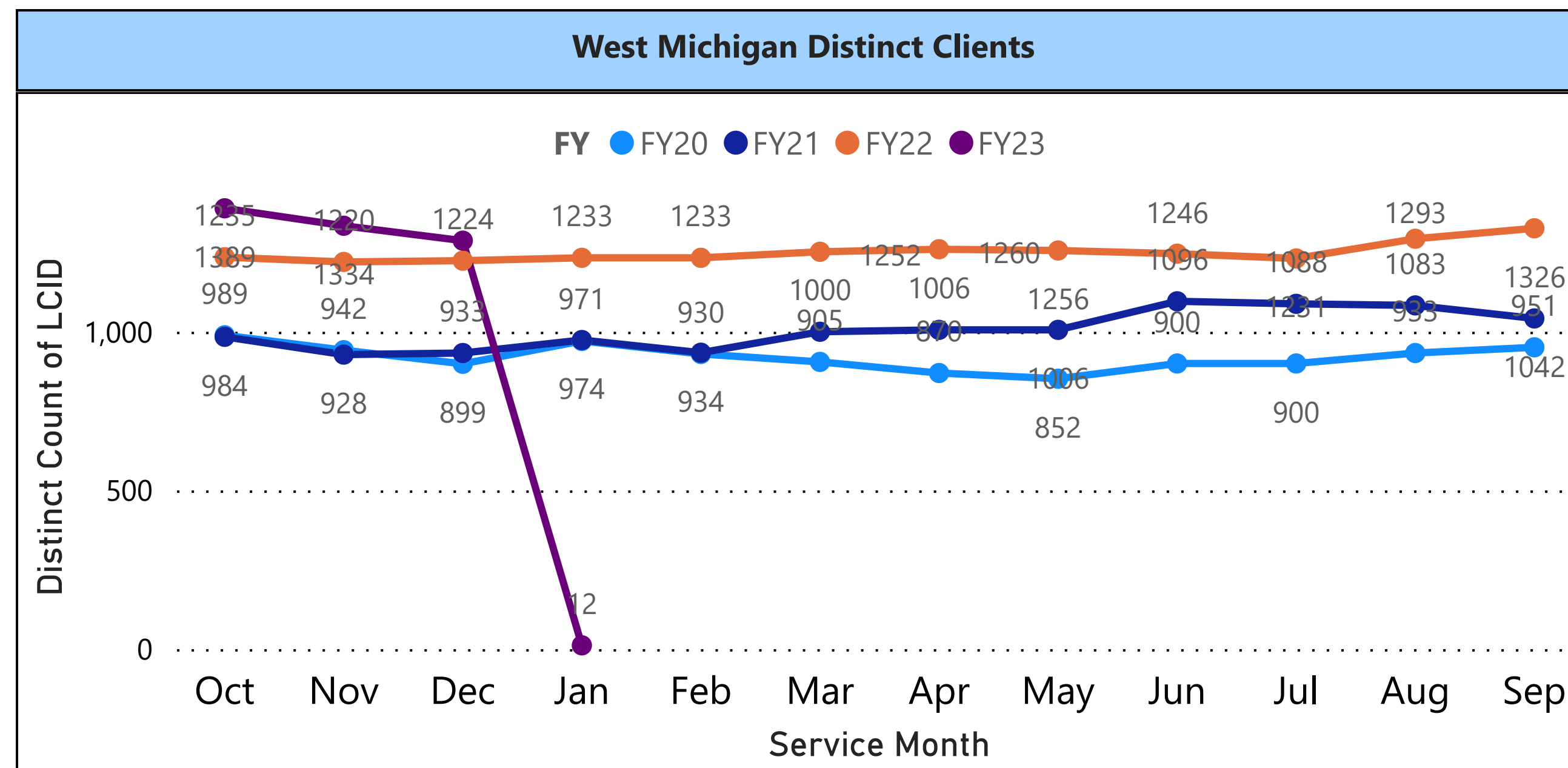


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Latest ProcessDate



West Michigan Behavioral Health

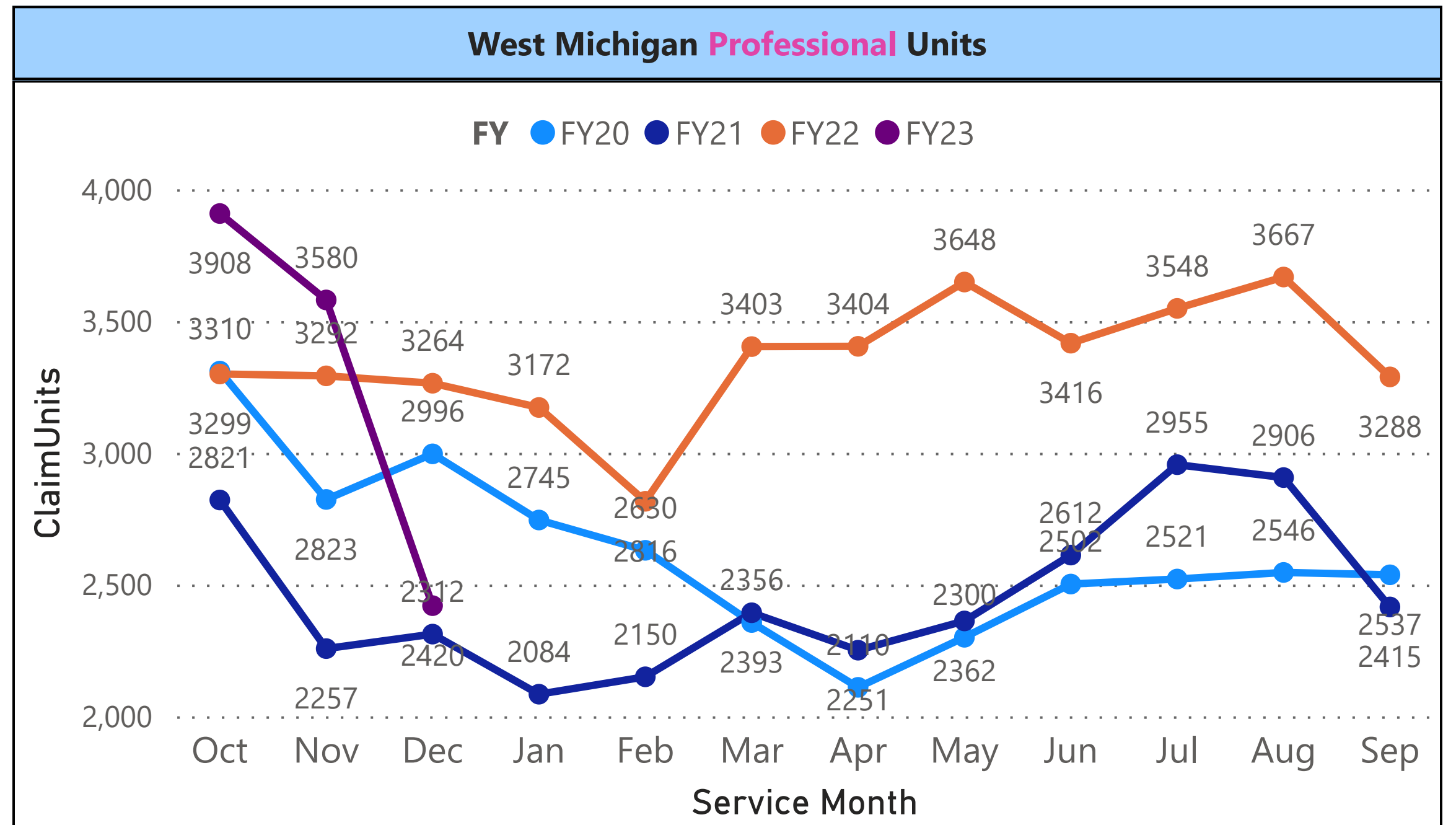
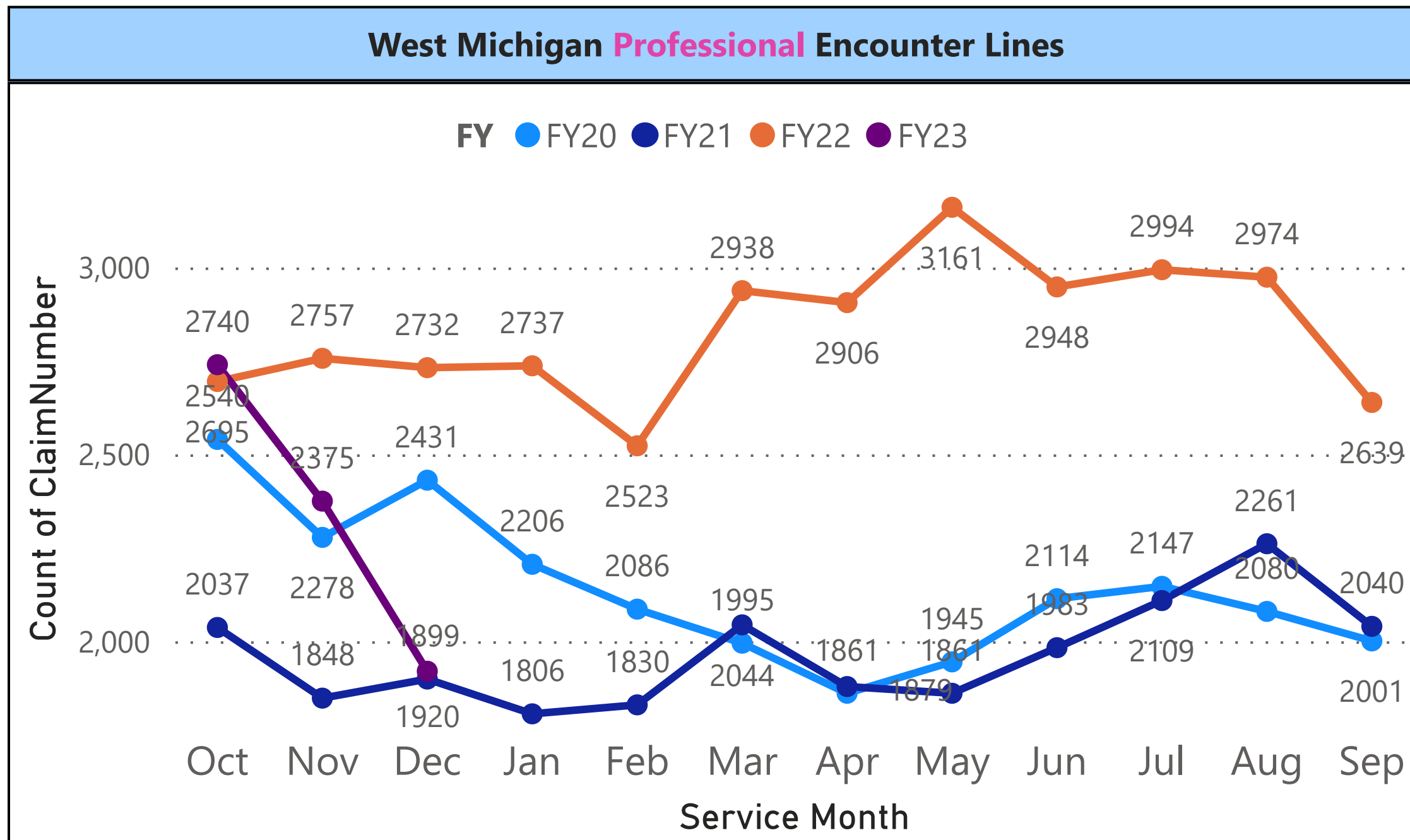
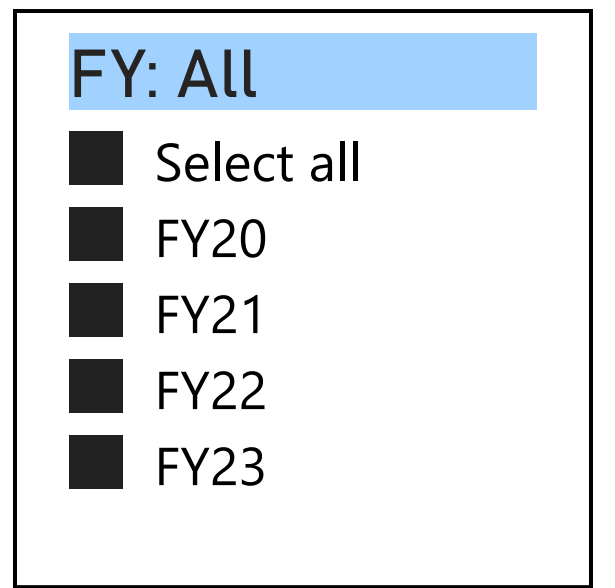
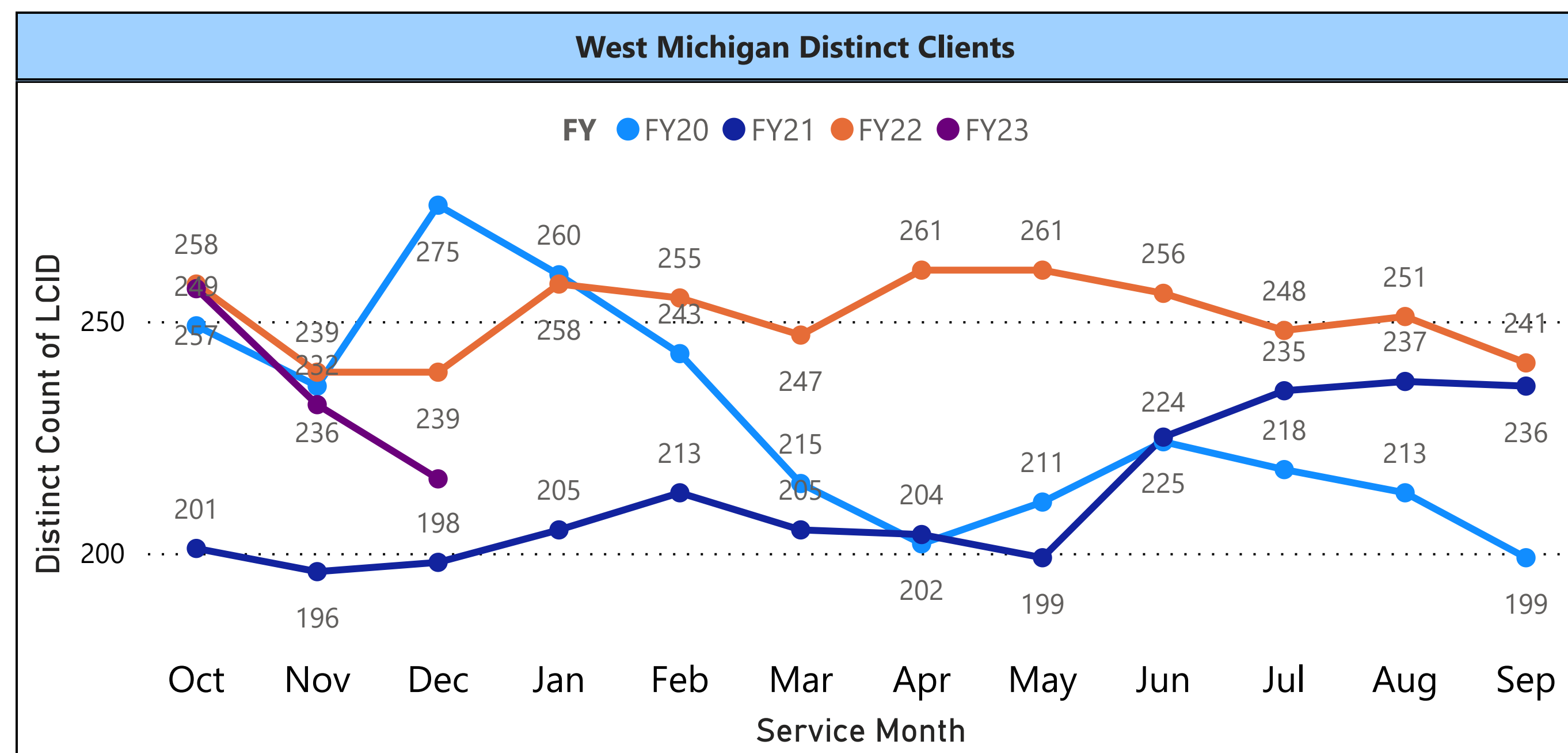


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Latest ProcessDate



West Michigan Substance Use Disorder



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Latest ProcessDate



Data Sources and Definitions

Data Source

LRE_DW_CorporateInfo.LRE_Encounters

Definitions

Distinct Clients: Distinct Count of LCID (Unique Regional Consumer ID)

Service Month: MMM (ex. Oct) pulled from ServiceFromFullDate

Encounter Lines: Count of ClaimNumber

Units: Sum of ClaimUnits

CMHSP: LRE visuals are using ALL MemberCodeCombined

Individual CMHSP visuals using Individual MemberCodeCombed (ALGN, MKG, N180, OTT, WMCH)

Division: Behavioral Health (MH) using Mental Health Division

Substance Use Disorder using Substance Abuse Division

Professional Lines and Units: TransactionType = Professional

Institutional Lines and Units: TransactionType = Institutional

Fiscal Year: FY

Chief Quality Officer - Report to the Board of Directors**January 25, 2023**

HSAG: On January 9, 2023, HSAG approved LRE's correction action plans for FY22 audit. LRE continues to remediate it FY21 and FY22 CAPs. LRE continues to review and, where possible, implement HSAG's recommendations for all "Met" Elements, which will be audited by HSAG in July 2023 along with the FY21 & FY22 CAPs.

CMHSP SITE REVIEWS: HealthWest is finalizing their CAP Process. All other CMHSP Site Reviews are complete for FY22. LRE will commence FY23 CMHSP Site Reviews beginning in March 2023. LRE is in the process of sending out "Save the Date" reminders.

NEW LRE SITE REVIEW MODEL: With LRE's new CMHSP Site Review Model, LRE continues to review and revise its CMHSP Site Review tools. LRE continues to work with PCE to streamline and customize the Site Review Tools contained in LIDS for more efficient utilization, reports, and CAP process.

NON-CMHSP SITE REVIEWS:

- **SUD FACILITIES:**
 - ✓ LRE has paused updating its SUD Site Review tools as Operations SUD Treatment manager attends and accesses the progress of a State-wide workgroup's efforts to standardize a SUD Site Review tool that will allow for reciprocity across the State.
 - ✓ LRE continues to conduct SUD Treatment Site Reviews.
- **SPECIALIZED RESIDENTIAL:**
 - ✓ Since May 1, 2022, LRE has completed more than over 350 Facilities Review.
 - ✓ LRE's compliance rate for Specialized Residential AFCs continues to average 98%.
 - ✓ LRE continues finalizing reports and plans of correction, while working closely with each provider to educate and train in resolving any non-compliant element.
 - ✓ Region 3's most out of compliance elements are related to HCBS requirements and mostly center around lack of documentation supporting practices deemed restrictive by the HCBS Final Rule and use of locks preventing access to common spaces (cabinets, refrigerators) or lack of locks on private spaces (bathrooms, bedrooms).

LRE continues to develop the policy, procedure, and workflows for all Non-CMHSP Site Reviews. LRE continues to review and revise its Non-CMHSP Review tools for implementation by February 1, 2023.

HOME AND COMMUNITY-BASED SERVICES ("HCBS"): With the March 17, 2023, deadline less than 60 days away, LRE remains in communication with MDHHS regarding HCBS concerns. While LRE has completed facilities reviews for all settings currently on Heightened Scrutiny or those setting that have had HCBS Provisionals, LRE continues to work with providers to ensure all settings come into compliance by March 17, 2023. One caveat is that the locks necessary to comply with the HCBS Final Rule have been on back-order for months. If a provider is waiting on back-ordered locks, LRE ensures proper documentation is collected evidencing the provider's (and LRE's) efforts to comply but inability to comply due to situations beyond its control.

LRE developed trainings for the “Understanding the HCBS Rule” and “How to Write an HCBS Compliant IPOS,” and conducted trainings with CMHSP HCBS and clinical staff at almost all CMHSP. CMHSPs provided positive feedback on the trainings and is encouraging all CMHSPs to take advantage of these training.

MDHHS has submitted to CMS all of Region 3’s provider settings that are on HCBS or HCBS out of compliance that it perceives as being able to come into compliance with the HCBS Final Rule in the near future. CMS is evaluating whether it can support MDHHS’ recommendations to allow these settings more time to comply with the HCBS Final Rule. If CMS does not agree with MDHHS’ recommendations, MDHHS will inform LRE and the setting that it must immediately begin discharging consumers. CMS nor MDHHS have provided a timeline as to when CMS will render its decisions.

QAPIP – FY23: LRE is finalizing its FY23 QAPIP for the LRE Executive Team’s and Board’s review in February 2023. LRE must submit the FY23 QAPIP and the FY22 QAPIP Annual Effectiveness Review to MDHHS on February 28, 2023.

CRITICAL INCIDENT REBOOT: On December 31, 2022, LRE submitted its Critical Incidents using MDHHS’ new Critical Incident module. LRE manually entered its critical incident data while it works with PCE to implement a technology solution. During its manual entry of critical incidents for the December 31, 2022, submission, LRE experienced “bugs” in the MDHHS Critical Incident module, which is hosted by Accenture. On January 20, 2022, LRE met with MDHHS and discussed LRE’s experience with the MDHHS Critical Incident module. MDHSS will be enhancing its Critical Incident module to remedy the “bugs.” LRE has offered to assist MDHHS in any future technology solutions in an effort eliminate enhancements in the future.

MASTER PROVIDER LIST: LRE Quality Department is working very closely with LRE IT Department to operationalize a Region 3 Master Provider List and subsequent modules within the PCE LIDS environment.

MEDICAID VERIFICATION (“MEV”): On December 31, 2022, LRE submitted its MEV Final Report to MDHHS for Non-SUD and SUD services (Attachment A). LRE’s FY22 MEV Final Report Template was revised to comport with MDHHS’ MEV Policy and HSAG requirements.

Non-SUD Services:

For Fiscal Year 2022, LRE’s Medicaid Services Verification audit efforts encompassed 7,186 claims/encounters across 30 different service types, 1,565 consumers, and five distinct population groups for 80 unique providers.

In Fiscal Year 2022, Region 3 providers performed well during the LRE Medicaid Services Verification audits. Overall, LRE audited a total of 7,186 claims/encounters and found a total of 39 non-compliant claims/encounter. Of these 39 claims/encounters, the following issues were found:

| REASON FOR NON-COMPLIANCE | COUNT | CAUSE | OUTCOME |
|-----------------------------------|--------------|---|-----------------|
| Claim/Encounter was Double Billed | 16 | CMHSP Implemented New EMR/Billing Process | Recoupment |
| Insufficient Documentation | 7 | | Recoupment |
| Missing Documentation | 12 | Documentation found in 8 of 12 cases | Recoupment of 4 |
| Services not in IPOS | 4 | Crisis Services | Recoupment |

One CMHSP mistakenly double billed 15 claims/encounters, which were immediately recouped. The

CMHSP stated that the double billing was attributed to the implementation of a new EMR and billing process that has since been resolved with the EMR vendor.

LRE recouped all funds related to the seven (7) claims/encounters where documentation was insufficient to support the claim/encounter. For the 12 claims/encounters where no documentation could be located, CMHSPs/Providers were able to locate missing documentation that supported the service in eight (8) of the 12 claims/encounters; LRE recouped funds for four (4) remaining claims/encounters. Finally, LRE recouped funds for the four (4) claims/encounters where the services provided were not included in the IPOSs.

LRE did not issue any corrective action plans for Non-SUD providers.

SUD Services:

For Fiscal Year 2022, LRE's Medicaid Services Verification audit efforts for SUD Services encompassed 159 claims/encounters across 15 different service types, 69 consumers, and two distinct population groups for 23 unique providers.

In Fiscal Year 2022, Region 3 SUD providers performed below expectations during the LRE Medicaid Services Verification audits. Overall, LRE audited a total of 159 encounters and found a total of 39 non-compliant claims/encounters. Of these 39 claims/encounters, the following issues were found:

| <i>REASON FOR NON-COMPLIANCE</i> | <i>COUNT</i> | <i>CAUSE</i> | <i>OUTCOME</i> |
|---|---------------------|--|-----------------------|
| Insufficient Documentation | 1 | | Recoupment |
| Missing Documentation | 14 | Non-Responsive Provider or Non-Retreivable Chart | Recoupment |
| Services not in IPOS | 9 | | Recoupment |
| Invalid IPOS at Date of Service | 9 | | Recoupment |
| Provider not Qualified to Render Services | 6 | | Recoupment |

LRE experienced lower than expected engagement from SUD providers and communicated this concern to the CMHSPs. Each CMHSP has contacted those SUD providers with non-compliant audit results in an effort to collect clinical documentation for LRE's secondary review. LRE is collaborating with its Member CMHSPs to ensure engagement by SUD providers in this and future audits. CMHSPs are also reviewing the documentation standards and contractual obligations with the SUD providers. By February 1, 2023, LRE will finalize its secondary review of any subsequent documentation submission and determine what, if any, recoupments are necessary.

At this time and pending progress of the CMHSP's discussion with SUD provider, LRE has not issued any corrective action plans for SUD providers.

Medicaid Claims/Encounters Verification Process

Fiscal Year 2022 Annual Report

Report Date: December 29, 2022

I. BACKGROUND

MDHHS requires all PIHPs to submit an annual report, due December 31, covering the claims/encounters verification process for the prior fiscal year and must describe the PIHP's Medicaid Services Verification methodology and summarize the audit results, which must contain the following required elements:¹

1. Population of providers,
2. Number of providers tested,
3. Number of providers put on corrective action plans,
4. Number of providers on corrective action for repeat/continuing issues,
5. Number of providers taken off corrective action plans,
6. Population of claims/encounters tested (units & dollar value),
7. Claims/Encounters tested (units & value), and
8. Invalid claims/encounters identified (units & dollar value).

Lakeshore Regional Entity ("LRE"), also known as Region 3, is responsible for the financial and administrative management of Medicaid Specialty Behavioral Health and Substance Use Disorder services for adults and children who reside in one of seven (7) county areas: Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa.

In January 2022, LRE increased the frequency of its Medicaid Services Verification audits from semi-annually to quarterly as well as its sampling size to 5% across all service types. Additionally, LRE revised its report template for the Medicaid Claims/Encounters Verification Process Annual Report.

II. MEDICAID SERVICES VERIFICATION METHODOLOGY

LRE established and published a written policy for monitoring and evaluating the claims/encounters submitted by its Provider Network for Medicaid and Healthy Michigan Plan recipients ensuring compliance with federal and state regulations as well as the MDHHS Medicaid Services Verification technical requirements, as identified below.²

A. Conflicts of Interest.

To mitigate the risk of any conflicts of interest, LRE contracts with an independent contractor to conduct its Medicaid Services Verification audits.

¹ MDHHS Medicaid Verification Process Policy, [Behavioral Health and Developmental Disabilities Administration, Medicaid Services Verification \(michigan.gov\)](#), Section V. Reporting, p. 3, revised July 29, 2020.

² *Id.*

B. Validity of Claims/Encounters Data.

LRE utilizes PCE Systems for validating the integrity of its claims/encounter data and specifically tests for multiple per diem charges for the same day, overlapping services, multiple providers providing same service to the same individual in the same day, etc. If the LRE PCE System determines that a/an claim/encounter is invalid, it rejects the invalid claim/encounter and LRE requires CMHSPs to resubmit a valid claim/encounter or void the invalid claim/encounter.

C. Sampling Methodology.

LRE conducts Medicaid Services Verification audits on a quarterly basis for the following time periods:³

- Quarter 1: October 1 – December 31
- Quarter 2: January 1 – March 31
- Quarter 3: April 1 – June 30
- Quarter 4: July 1 – September 30

Initially, LRE aggregates and analyzes its claims/encounters, by both units and dollars, by provider to identify any major providers.⁴ If LRE identifies a major provider, LRE utilizes Fastlane to randomly select samples for each major provider rendering services to Region 3 consumers and verifies compliance with the required auditing criteria, which is outlined below.

LRE then utilizes FastLane to pull a random sample of 5% of claims/encounters per consumer per CMHSP for the quarter being audited. If LRE determines that the random sampling is not sufficient in terms of consumer demographics, service codes, service types, providers, etc., LRE pulls additional random samples to meet the Medicaid Services Verification technical requirements.

D. Auditing Criteria.

LRE audits to the following criteria and validates each individual claim/encounter against clinical records with a possible score of “Yes,” “No,” or “Not Applicable” assigned to each criteria:

1. Is the provided service eligible for payment under Medicaid?
2. Is the individual eligible for payment under Medicaid?
3. Was the service delivered by a staff person qualified to provide the service?
4. Was the Individual Plan of Service (“IPOS”) in effect for the date of service available for review?
5. Was the service identified in the IPOS?

³ For FY22, LRE conducted quarterly Medicaid Services Verification audits for non-SUD services and an annual audit for SUD services.

⁴ Major Provider means all providers paid via a sub-capitation arrangement and any other providers that represent more than 25% of the PIHP claims/encounters in either unit volume or dollar value, whether directly contracted through the PIHP or subcontracted through a CMHSP, etc. *Id.*

6. Does the service information in IPOS include the following?
 - a. Amount
 - b. Scope
 - c. Duration
7. Is there documentation indicating the service was provided on the date billed?
8. Does the documentation include the following?
 - a. Signature and credentials of service provider
 - b. Unit based services have start and stop times
 - c. All Medicaid documentation supports the services as reported
9. Do the billed services amounts/units match provided documentation?

E. Review, Reporting, & Documentation.

LRE aggregates and analyzes the Medicaid Services Verification audit results for issues, trends, and outliers. LRE then reviews the results with LRE Leadership, QI ROAT, and, when necessary, other ROATs or contracted providers, and discusses improvement opportunities. LRE also reports the annual audit results to the LRE Board of Directors and MDHHS by way of this Medicaid Claims/Encounters Verification Process Annual Report as well as the QAPIP Annual Effectiveness Review.

LRE will report any suspected fraud or abuse discovered during its Medicaid Services Verification audit to MDHHS-Office of Inspector General.

LRE maintains all documentation supporting the Medicaid Services Verification process for 7 years.

III. RECOUPMENT & CORRECTIVE ACTION PLANS FOR NON-COMPLIANT AUDITS

LRE distributes the Medicaid Services Verification audit results, via email, to each CMHSP within ten business days of completing the audit.

If the LRE Medicaid Services Verification audit demonstrates that a provider is not compliant with the audit criteria, meaning the provider receives a “No” score for any given audit criteria, LRE requires recoupment and may require a Corrective Action Plan (“CAP”) if the occurrence of non-compliance indicates a systemic issue at the CMHSP/provider level. Providers may appeal any Medicaid Services Verification audit result within ten business days after distribution of the audit results.

A. Recoupment.

LRE requires each CMHSP to reconcile any non-compliant claim/encounter via recoupment with written notification to the LRE of the recoupment date no later than ten business days after distribution of the audit results. For services provided by a contracted provider, CMHSPs initiate a claim adjustment and take back the funds from the contracted provider. For direct run services, CMHSPs reverse the Medicaid payment and bill using General Funds.

B. Corrective Action Plans.

If LRE determines that a CMHSP's/provider's claims/encounters are not in substantial compliance with federal and state standards, LRE notifies the CMHSP/provider in writing, via email, of its substantial non-compliance. CMHSPs/providers may appeal LRE's findings within ten business days following notification of substantial non-compliance. Following notification, LRE requires that the CMHSP/provider submit a CAP within ten business days of LRE's notification of substantial non-compliance, unless a timely appeal is filed in which case the CAP is due twenty business days following notification of substantial non-compliance. LRE then requires full remediation within ten business days, unless otherwise agreed upon by LRE, following receipt of the CMHSP's/provider's CAP and monitors the CMHSP/provider progress towards full remediation. If a CMHSP/provider chooses not to engage in remediation, LRE may choose to remove the provider from Region 3's Provider Panel.

IV. SUMMARY OF MEDICAID SERVICES VERIFICATION AUDITS

1. NON-SUD SERVICES

A. Claims/Encounters Tested & Invalid Claims/Encounters Identified.

During Fiscal Year 2022, LRE performed Medicaid Services Verification audits on 7,186 claims/encounters totaling \$1,474,378.90 Medicaid dollars. LRE determined that \$6,301.78, or 0.43%, was subject to recoupment.

| <i>Audit Period</i> | <i>Total Medicaid Dollars</i> | <i>Amount Recouped</i> | <i>% Recoupment</i> |
|----------------------------|--------------------------------------|-------------------------------|----------------------------|
| FY 22 Quarter 1 | \$670,348.10 | \$318.07 | 0.05% |
| FY 22 Quarter 2 | \$460,237.88 | \$4,748.68 | 1.03% |
| FY 22 Quarter 3 | \$273,021.00 | \$1,062.59 | 0.39% |
| FY 22 Quarter 4 | \$343,519.90 | \$172.44 | 0.05% |
| Total | \$1,474,378.90 | \$6,301.78 | 0.43% |

B. Number & Population of Providers, Claims, Encounters Tested.

For Fiscal Year 2022, LRE's Medicaid Services Verification audit efforts encompassed 7,186 claims/encounters across 30 different service types (Table 1), 1,565 consumers (Table 2), and five distinct population groups (Tables 2 & 3) for 80 unique providers (Table 4).

| <i>Number of Audits Completed by Service Type</i> | | | | | |
|--|-----|--------------------------|-----|-------------------------|------|
| ACT | 377 | Crisis Residential | 28 | Psychiatric Services | 723 |
| Autism | 411 | Family Training | 165 | Residential CLS | 384 |
| Behavior Treatment | 52 | Fiscal Intermediary | 61 | Respite | 34 |
| CCBHC | 76 | Home Based | 211 | Screening for Inpatient | 66 |
| Child Crisis | 13 | Infant & Early Childhood | 1 | Skill Building | 86 |
| Child Waiver Activity | 11 | Med Injections | 136 | SUD | 4 |
| Clinical Assessments | 112 | Nursing/Health Services | 90 | Supported Employment | 42 |
| CLS (H2015) | 686 | Outpatient Services | 833 | Supports Coordination | 1830 |
| Clubhouse | 24 | Peer Support | 54 | Treatment Planning | 245 |
| Crisis Assessments | 27 | Personal Care | 374 | Wrap Around | 30 |

Table 1.

| <i>Number of Consumers by Population Group</i> | | | | | |
|--|----------------|----------------|----------------|-----------------|-------|
| Population | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
| | Oct – Dec 2021 | Jan – Mar 2022 | Apr – Jun 2022 | Jul – Sept 2022 | |
| MI Adult | 156 | 186 | 102 | 123 | 567 |
| MI Child | 107 | 100 | 59 | 48 | 314 |
| I/DD Adult | 125 | 184 | 112 | 109 | 530 |
| I/DD Child | 55 | 38 | 29 | 19 | 141 |
| SUD Adult | 11 | 0 | 0 | 2 | 13 |
| <i>Totals Reviewed</i> | 454 | 508 | 302 | 301 | 1565 |

Table 2.

| <i>Number of Encounters Completed by Population Group</i> | | | | | |
|---|----------------|----------------|----------------|-----------------|-------|
| Population | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
| | Oct – Dec 2021 | Jan – Mar 2022 | Apr – Jun 2022 | Jul – Sept 2022 | |
| MI Adult | 530 | 733 | 454 | 503 | 2220 |
| MI Child | 621 | 290 | 215 | 68 | 1194 |
| I/DD Adult | 1167 | 814 | 436 | 636 | 3053 |
| I/DD Child | 301 | 130 | 52 | 214 | 697 |
| SUD Adult | 12 | 0 | 0 | 10 | 22 |
| <i>Totals Reviewed</i> | 2631 | 1967 | 1157 | 1431 | 7186 |

Table 3.

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| <i>Providers Audited by Service Type</i> | | | |
|--|----------------------|------------------------------|------------------------------|
| ACORN | Autism | Hope Discovery ABA | Autism |
| Amy Breckon | Psychology | Hope Network | OP, Autism, Residential, SC |
| Applied Behavioral Analysis | Autism | Indian Trails | CLS, SB, SE |
| Arbor Circle | OP, Autism, SC | LA Benediction Co | Residential |
| Beacon Support Services | Residential, SC, OP | Lakeshore Services | Occupational Therapy |
| Benjamins Hope | Residential | Lisa Fox, LMSW | OP |
| Bethany Christian Services | OP | Marlene Arthur | Residential |
| BHT Gusco | Fiscal Intermediary | Merakey | Autism |
| Bolden AFC | Residential | MOKA | Residential, CLS, SB, SE, SC |
| Braintrust (now ACORN) | Autism | NeuroRestorative East Bay | Residential |
| Brightside Living AFC | Residential | New Hope Group Home | Residential |
| Caring Meadows Living Center | Residential | North Kent Guidance Services | Residential |
| Castle Kingdom | Residential | Orchard Hill Enterprises | Residential |
| Center for Autism | Autism | Our Haus | Residential |
| Centra Wellness | SC, SB | Pine Rest | Residential, OP, Inpatient |
| Centria | Autism | Pioneer Resources | CLS, SB, SE |
| Cherry Health | OP, SUD, SC, | Positive Behavior Supports | Autism |
| Chrysalis Service | CLS | Preferred PELS | CLS, SB, SE |
| Community Living Services | SC | R.B Living Services | Residential |
| Cornerstone AFC | Residential | Real Life Services | CLS |
| Covenant Hope House | Residential | Regency Assisted Living | Residential |
| DA Blodget | Autism, OP | Robert AFC | Residential |
| David's House | Residential | Sakshawg Group Home | Residential |
| Developmental Enhancements | Autism | Samaritas | Residential |
| Dignified Care | Residential | Schieles AFC | Residential |
| Easter Seals | OP, SC | Second Story | OP |
| Eden Prairie Welch Home | Residential | Shirley Bergsma | Residential |
| Eva's AFC | Residential | Snug Harbor Adult Day Care | CLS |
| Family Outreach | OP, SC | Sparks Behavioral Health | Psychology, Behavior Tx |
| Goodwill | SB, SE | Spectrum | OP, SC |
| GT Financial Services | Fiscal Intermediary | St. John's Healthcare | CLS |
| Guardian Trac | Fiscal Intermediary | Stuart Wilson, FI | Fiscal Intermediary |
| Hansma AFC | Residential | Thresholds | OP, SC |
| Harbor Residential | Residential | Trinity Home Health | CLS |
| Harmony Enterprises | Residential | Turning Leaf | Residential |
| Heidi Baweja, OT | Occupational Therapy | Way Points | Autism |
| Heritage Homes | Residential, CLS | Willowbrook | Residential |
| Heritage Homes | CLS, Residential | Wilson & Wynn | Psychology, Behavior Tx |
| Hernandez Home | Residential | Woodland Park Manor | Residential |
| HGA Morningside | Residential | Zawadi AFC | Residential |

Table 4.

C. Status of Corrective Action Plans.

In Fiscal Year 2022, LRE's Medicaid Services Verification audits found all CMHSPs/providers to be in substantial compliance with federal and state regulations. Therefore, LRE did not put any CMHSP/provider on corrective action plans. Because LRE does not currently have any CMHSPs/providers on Medicaid Services Verification corrective action plans, LRE did not take any providers off corrective action plans nor did LRE cite any provider for repeat/continuing issues.

| STATUS OF CORRECTIVE ACTION PLANS - NON-SUD SERVICES | COUNT |
|---|--------------|
| Number of Providers Reviewed | 80 |
| Number of Claims/Encounters Reviewed | 7,186 |
| Number of Consumers Reviewed | 1,565 |
| Number of Service Types Reviewed | 30 |
| Number of Consumer Population Groups Reviewed | 5 |
| Number of Providers Put on Corrective Action Plans | 0 |
| Number of Providers on Correction Action for Repeat/Continuing Issues | 0 |
| Number of Providers Taken Off Correction Action Plans | 0 |

D. Summary of Medicaid Services Verification.

In Fiscal Year 2022, Region 3 providers performed well during the LRE Medicaid Services Verification audits. Overall, LRE audited a total of 7,186 claims/encounters and found a total of 39 non-compliant claims/encounter. Of these 39 claims/encounters, the following issues were found:

| REASON FOR NON-COMPLIANCE | COUNT | CAUSE | OUTCOME |
|-----------------------------------|--------------|---|-----------------|
| Claim/Encounter was Double Billed | 16 | CMHSP Implemented New EMR/Billing Process | Recoupment |
| Insufficient Documentation | 7 | | Recoupment |
| Missing Documentation | 12 | Documentation found in 8 of 12 cases | Recoupment of 4 |
| Services not in IPOS | 4 | Crisis Services | Recoupment |

One CMHSP mistakenly double billed 15 claims/encounters, which were immediately recouped. The CMHSP stated that the double billing was attributed to the implementation of a new EMR and billing process that has since been resolved with the EMR vendor.

LRE recouped all funds related to the seven (7) claims/encounters where documentation was insufficient to support the claim/encounter. For the 12 claims/encounters where no documentation could be located, CMHSPs/Providers were able to locate missing documentation that supported the service in eight (8) of the 12 claims/encounters; LRE recouped funds for four (4) remaining claims/encounters. Finally, LRE recouped funds for the four (4) claims/encounters where the services provided were not included in the IPOSs.

2. SUD SERVICES

A. Claims/Encounters Tested & Invalid Claims/Encounters Identified.

During Fiscal Year 2022, LRE performed Medicaid Services Verification audits on 159 claims/encounters totaling \$21,990.80 Medicaid dollars. LRE determined that \$1,648.07, or 7.4%, was subject to recoupment.

| Audit Period | Total Medicaid Dollars | Amount Recouped | % Recoupment |
|---------------------------|-------------------------------|------------------------|---------------------|
| FY 22 Oct 2021 - Jun 2022 | \$21,990.80 | \$1,648.07 | 7.40% |
| Total | \$21,990.80 | \$1,648.07 | 7.40% |

B. Number & Population of Providers, Claims, Encounters Tested.

For Fiscal Year 2022, LRE’s Medicaid Services Verification audit efforts for SUD Services encompassed 159 claims/encounters across 15 different service types (Table 1), 69 consumers (Table 2), and two distinct population groups (Table 2) for 23 unique providers (Table 3).

| <i>Number of Audits Completed by Service Type</i> | | | |
|---|----|---------------------------|----|
| CCBHC | 12 | Psychiatric Services | 11 |
| Clinical Assessments | 1 | Recovery Coach | 8 |
| Crisis Residential | 4 | Recovery Support Services | 3 |
| Injections/Health | 1 | Residential/Housing | 13 |
| Laboratory Drug Testing | 2 | Sub Acute Management | 24 |
| Medication Training and Support | 2 | Treatment Planning | 1 |
| Methadone Services | 20 | Withdrawal Management | 2 |
| Outpatient Services | 55 | | |

Table 1.

| | <i>Number of Encounters Completed by Population Group</i> | <i>Number of Consumers Completed by Population Group</i> |
|-----------------------|---|--|
| SUD Adult | 148 | 66 |
| SUD Child | 11 | 3 |
| Total Reviewed | 159 | 69 |

Table 2.

| <i>Providers Audited by Service Type</i> | |
|--|---------------------------------|
| ACAC | Psychiatric, OP |
| Addiction Treatment Services | Residential, Crisis Residential |
| Arbor Circle | OP, Residential, Recovery |
| Bear River | Residential |
| Building Men For Life | Recovery Coach |
| Catholic Charities | OP |
| Cherry Health | OP, SC, Methadone |
| Community Healing Center | OP, Residential, Crisis Res |
| Family Outreach Center | OP, Recovery Coach, |
| Great Lakes Recovery | Residential |
| Harbor Hall | Residential |
| Mercy Life Counseling | OP |
| No One Lives Alone | Med Training & Support |
| Ottagon Addictions Recovery | OP |
| Pine Rest | OP, Recovery, Withdrawal |
| Reach For Recovery | OP, Residential |
| Sacred Heart | Sub Acute Management |
| Salvation Army | OP, Residential, |
| Samaritas | OP |
| Victory Clinic | OP, Methadone |
| Wedgwood | OP |
| Wedgwood Christian Services | OP |
| West Michigan Treatment Center | OP, Methadone |

Table 3.

C. Status of Corrective Action Plans.

In Fiscal Year 2022, LRE's Medicaid Services Verification audits found all CMHSPs/providers providing SUD services to be in substantial compliance with federal and state regulations. Therefore, LRE did not put any CMHSP/provider on corrective action plans. Because LRE does not currently have any CMHSPs/providers on Medicaid Services Verification corrective action plans, LRE did not take any providers off corrective action plans nor did LRE cite any provider for repeat/continuing issues.

D. Summary of Medicaid Services Verification Audits.

In Fiscal Year 2022, Region 3 SUD providers performed below expectations during the LRE Medicaid Services Verification audits. Overall, LRE audited a total of 159 encounters and found a total of 39 non-compliant claims/encounters.⁵ Of these 39 claims/encounters, the following issues were found:

| REASON FOR NON-COMPLIANCE | COUNT | CAUSE | OUTCOME |
|---|--------------|--|----------------|
| Insufficient Documentation | 1 | | Recoupment |
| Missing Documentation | 14 | Non-Responsive Provider or Non-Retreivable Chart | Recoupment |
| Services not in IPOS | 9 | | Recoupment |
| Invalid IPOS at Date of Service | 9 | | Recoupment |
| Provider not Qualified to Render Services | 6 | | Recoupment |

LRE experienced lower than expected engagement from SUD providers and communicated this concern to the CMHSPs. Each CMHSP has contacted those SUD providers with non-compliant audit results in an effort to collect clinical documentation for LRE's secondary review. LRE is collaborating with its Member CMHSPs to ensure engagement by SUD providers in this and future audits. CMHSPs are also reviewing the documentation standards and contractual obligations with the SUD providers. By February 1, 2023, LRE will finalize its secondary review of any subsequent documentation submission and determine what, if any, recoupments are necessary.

⁵ Note that if an IPOS is not valid on the date of service, LRE must also score other criteria as "No," which may inflate the number of non-compliant claims/encounters.

EXECUTIVE COMMITTEE SUMMARY

Wednesday, January 18, 2023, 3:00 PM

Present: Mark DeYoung, Linda Garzelloni, Jack Greenfield, Jane Verduin

LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi

WELCOME

- i. Review of January 18, 2023, Meeting Agenda
- ii. Review of December 7, 2022, Meeting Minutes

Motion: To approve the January 18, 2023, meeting agenda and the December 7, 2022, meeting minutes as presented

Moved: Jack Greenfield

Support: Linda Garzelloni

MOTION CARRIED

NETWORK180 UPDATES

- i. Request for Revenue Increase

There is discussion regarding a miscommunication between N180 and LRE concerning N180 revising their spending plan and what was thought to be a request for additional funding above N180s capitated rate. Mr. Ward has explained that this has not been brought to his Board therefore it is not a formal request but was only a request for an internal LRE/N180 discussion. If this becomes a formal request it will be brought back for further discussion.

- Are there established guidelines when a CMH asks for funding above their capitated rate?
 - The OA includes language for a PM/PM funding allocation that gives CMHs autonomy. The practice has been that when a CMH requests above that amount it is discussed with the Operations Committee and brought to LRE Board.
- LRE will put a procedure in place for CMH requests for additional funding.
 - Reviews would include internal, Operations Committee and Finance ROAT. Then it would be brought to LRE Board with recommendations.
- Additionally, the state has asked for LRE to submit the process the is used to determine provider rates. A meeting has been scheduled to review the rate process with MDHHS.
- LRE is also working with Wakely on a cost analysis of direct run services vs. contracting services out. A presentation will be scheduled for the Board.

- ii. Communication

- There is an ongoing conflict between LRE and N180 and Ms. Marlatt-Dumas continues to recommend moving forward with mediation. However, N180 has not yet rescheduled.

- Mr. Ward comments that N180 is seeing signs of the provider network cracking because homes cannot be staffed, and they are trying to get ahead of it. The document that was sent to LRE was a talking point and was not sent as a request. He explains that there was a lack of communication and stresses the importance of writing everything down as opposed to conversation.
 - Mr. Ward also explains that Judge Gardner did not resign from the LRE board. He states that she may if N180 files a lawsuit against LRE and then it would be due to a conflict of interest.
 - Mr. DeYoung would like to have formal resignations from Board members.
 - He also comments that moving forward meeting requests etc. must be in writing.
- iii. Contract Compliance
NA

MDHHS UPDATES

- i. Request for Evaluation
 - The evaluation has been completed with the help of the CMHs. LRE will present some of this information to the Board. This will be presented to MDHHS on January 27.
- ii. Financial Audit MDHHS Sanction
 - LRE has a finance audit that is due annually. There was an issue with the information that the auditors pulled resulting in a late submission. The state communicated \$200,000 will be withheld. LRE has asked for a hearing.
- iii. Dec Action Update
 - The hearing is set for January 23, 2023. LRE Board will be updated after.

LRE POLICIES

Mary explains that these have been brought for review to the EC on the recommendation of Patricia Gardner. This has not previously been the procedure.

Mr. Greenfield notes that it is important that CMHs through ROATs and Operations Committee review and approve policies/procedures of the LRE.

The EC agree that this group should vet Board Governance, finance and any other policies that are required to have full Board approval.

- Board Governance – 10.2, 10.4, 10.5, 10.12, 10.13, 10.17, 10.19
 - EC will review and send any feedback to Ms. Dyga.
 - Executive Committee will review at the February meeting and then bring to February Board meeting with a recommendation.

Policy 1. And 10.6 will be updated and sent to the EC for review to go to Board in January.

- Policy Promulgation Policy – 1.3 – add clarifications –
 - Board Governance Policies, financial and state statute/treasury dept. policies that are required to have full board approval will be reviewed by the Executive Committee who will give any recommendations for changes/updates to the Board.
 - Policies that pertain to CMHs will be reviewed by ROATs and Operations Committee with approval by Operations Committee
 - LRE CEO approves operational policies and will not be required to be approved by the board as this is a delegated function of the board to the LRE CEO.
- ADA Accommodations – 10.6
 - – add language
 - Determined by Board Chair on a case-by-case basis
 - Shorter turnaround time 7 days (?) – 30 days is too long
 - How did we receive this information – give to legal for review (?) Could add in “purpose” section language such as the “the purpose of this policy is to understand the legal/federal regulation and public health implications and policies and what qualifies for ADA exemptions. Show how it was created for the EC to be able to recommend it to full board with legal authority and references.

BOARD MEETING AGENDA ITEMS

- New Board Member – Susan Meston (Ottawa CMH)
- Ottawa appoints a member to the Executive Committee.

BOARD WORK SESSION AGENDA

- FSR Report
- Bylaw Refresh

OTHER

Mr. DeYoung and Ms. Garzelloni will not be at the Board meeting. Ms. Verduin will fill in as Board Chair.

UPCOMING MEETINGS

- January 25, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- February 15, 2023 – Executive Committee, 1:00PM
- February 22, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN



Policy 1.3

| POLICY TITLE: | POLICY PROMULGATION | POLICY #1.3 | ADAPTED FROM | |
|------------------------------|-----------------------------|---|---------------------------|---------|
| Topic Area: | GENERAL MANAGEMENT | Page 1 of 4 | REVIEW DATES | |
| Applies to: | All CMHSP Programs | ISSUED BY: Chief Executive Officer | 9/18/14 | 2/12/20 |
| Review Cycle: | Annually | APPROVED BY: Board of Directors | 12/16/21 | |
| Developed and Maintained by: | LRE Chief Executive Officer | | | |
| Supersedes: | N/A | Effective Date: 9/18/14 | Revised Date: 12/16/21 | |

I. POLICY

It shall be the policy of the Lakeshore Regional Entity (LRE) that all policies will be developed, reviewed, and revised in accordance with the policy procedures listed.

A. The CEO shall manage the annual review of policy and procedures and shall provide for maintenance of an electronic policy and procedure manual. The policy and procedure approval process shall be a collaborative effort inclusive of CMHSP Participants as appropriate. Policy review shall be led by a designated author with review and input being facilitated through appropriate councils and committees. A compliance and/or legal review shall be conducted as necessary.

~~A.~~

B. Policies shall be developed, maintained, organized, and approved in a consistent, easily accessible format.

1. Policy Header includes:

- a. LRE Approved Logo
- b. Policy Chapter
- c. Policy/Procedure Title
- d. Page
- e. Review Cycle
- f. Developed and Maintained By
- g. Review Date
- h. Revision Effective Date

~~h.~~

2. Policy Body includes:

- a. Policy- The governing principle and/or senior leadership expectations, plan or understanding that guides the action. It states what we do, but not how.
- b. Purpose- The rationale for the policy.
- c. Applicability and Responsibility- Defines who the policy or procedure applies to.
- d. Monitoring and Review- Defines who will monitor the policy/procedure and how often it will be reviewed.

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- e. Definitions- Explanation of key terms/phrases not obvious or otherwise self-explanatory.
- f. Related Policies and Procedure- Other source documents that provide context of support the need for the policy.
- g. Reference(s)/Legal Authority- Provide a summary of related laws, regulations, and other institutional policies.
- h. Change Log: Provides a history of the policy/procedure, including evidence or regular review and rationale for related changes.
 - i. Date of Change
 - ii. Description of Change
 - iii. Responsible Party

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3. Procedure Body includes:

- a. Purpose- The rationale for the procedure.
- b. Procedure- The governing principle and/or senior leadership expectations, plan or understanding that guides the action. It states what we do, but not how.
- c. Applicability and Responsibility- Defines who the policy or procedure applies to.
- d. Monitoring and Review- Defines who will monitor the policy/procedure and how often it will be reviewed.
- e. Definitions- Explanation of key terms/phrases not obvious or otherwise self-explanatory.
- f. Related Policies and Procedure- Other source documents that provide context of support the need for the policy/procedure.
- g. Reference(s)/Legal Authority- Provide a summary of related laws, regulations, and other institutional policies.
- h. Change Log- Provides a history of the procedure, including evidence or regular review and rationale for related changes.
 - i. Date of Change
 - ii. Description of Change
 - iii. Responsible Party

4. Formatting:

- a. Calibri (Body), 12 pt. font; bold for headings
- b. One-inch margins on all sides
- c. Paragraphs are left justified (i.e., left aligned with a ragged right edge)
- d. Single spacing for paragraphs
- e. Use position titles (e.g., Chief Executive Officer/CEO) rather than names
- f. Acronyms should be used only after the full compound terms have been written out
- g. Policies submitted for approval of revisions shall be submitted in Microsoft Word, 'Track Changes' format

5. Policy Development and Approval:

- a. Policies shall be ~~established~~developed/reviewed by the responsible LRE employee and subject matter expert(s);
- b. ~~Policies are reviewed by designated appropriate~~ councils, ~~/committees and/or ROATS with-~~in the LRE organizational structure ~~(as appropriate); and vetted by the Board's Policy Committee. Policies are not effective until formal Board action has occurred.~~
 - i. Operational Policies are approved by the Chief Executive Officer (or designee).
 - ii. Board Policies and other policies as required by the Treasury Department and/or state statute and all revisions to Board Policies are approved by the Board of Directors.

~~5-c.~~ After approval and posting to the official website, LRE policies are in effect unless a specific date on which they become effective is noted.

- 6. Procedures: LRE personnel shall maintain operating procedures for all important organizational processes. Procedures shall be reviewed annually and approved by CEO or designee. Procedures shall be accessible and shall be communicated to involved personnel and LRE's provider network as part of the regular professional development/training and contract management practices. Any changes in procedures shall be consistent with and supportive of associated LRE policy.
- 7. Annual Policy Review: Annually, within 30 days prior to the required review date, the Functional Area Lead will review the current policy and will seek input from LRE staff, workgroups, ROAT's and committees, as applicable. The Functional Area Lead will make changes, if necessary and follow the "Revision of Policies" process listed above.

II. PURPOSE

To provide standards and guidelines for the development, review, approval and publishing of Lakeshore Regional Entity (LRE) policies. LRE develops and maintains policies and procedures to support achievement of the organization's Mission, Vision and Values; to meet the changing needs of LRE; to achieve compliance with applicable laws, rules, and funding requirements and; to assure responsiveness to customer/stakeholder needs.

Policies that require approval are those that, if not followed, represent a risk to LRE. The Board has authorized the Chief Executive Officer (CEO) to recommend policies necessary to carry out the Mission of the organization and to accomplish the objectives established by the Board. ~~Policies require Board approval and shall be reviewed annually.~~ Policy shall be easy to understand, communicated broadly, and enforceable.

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Procedures are established by LRE staff/designees to assure effective and efficient implementation of ~~Board~~-approved policies and business practices. Procedures may be developed in consultation with Community Mental Health Service Programs (CMHSP) Participants as necessary.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to all LRE staff and operations.

IV. MONITORING AND REVIEW

This policy will be reviewed by the Executive Operations Team, with input from the Operations Committee and Functional Area Leads, on an annual basis.

V. DEFINITIONS

N/A

VI. RELATED POLICIES AND PROCEDURES

A. Policy Promulgation Operational Procedure

VII. REFERENCES/LEGAL AUTHORITY

N/A

VIII. CHANGE LOG

| Date of Change | Description of Change | Responsible Party |
|----------------|---|--------------------------------|
| 9/18/2014 | New Policy | Chief Executive Officer |
| 2/12/2020 | Annual Review | Chief Executive Officer |
| 2021 | Language additions/changes | Chief Executive Officer |
| 2022 | <u>Updated Policy Approval Process and Organizational Procedure</u> | <u>Chief Operating Officer</u> |
| | | |
| | | |

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Policy 10.6



| | | | |
|--|--|---|---------------------------|
| POLICY TITLE: OPEN MEETINGS, AND FREEDOM OF INFORMATION ACTS AND REASONABLE ACCOMMODATION | | POLICY # 10.6 | ADAPTED FROM SWMBH |
| Topic Area: Governance/Management | | Page 1 of 4 | REVIEW DATES |
| Applies to: LRE Executive Board | | ISSUED BY: Chief Executive Officer | |
| Developed and Maintained by: LRE Executive Board, LRE CEO | | APPROVED BY: Board of Directors | |
| Supersedes: N/A | | Effective Date: | Revised Date: |

I. PURPOSE

To provide the LRE Board the specific requirements for operating in compliance with Michigan's Open Meetings Act, 1976 PA 267, and the Freedom of Information Act, 1976 PA 422; Title VII of the Civil Rights Act of 1964; Americans with Disabilities Act, and the ADA Amendments Act of 2008.

II. POLICY

The Regional Lakeshore Regional Entity and its Participant CMHSP Boards, members of the Regional Entity Board of Directors members, officers, staff and other employees shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the "Open Meetings Act"), and 1976 PA 422 (the "Freedom of Information Act"), Title VII of the Civil Rights Act of 1964; Americans with Disabilities Act, and the ADA Amendments Act of 2008. The Regional Entity shall develop such compliance policies and procedures. In the event that any such noncompliance is found, immediate corrective action as defined in the Lakeshore Regional Entity Operating Agreement shall be taken by the appropriate source to ensure compliance. Compliance policies and procedures will be defined in the Operating Agreement.

III. PURPOSE

To provide the LRE Board the specific requirements for operating in compliance with Michigan's Open Meetings Act, 1976 PA 267, and the Freedom of Information Act, 1976 PA 422.

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III. APPLICABILITY AND RESPONSIBILITY

This policy applies to the LRE CEO and Board.

IV. MONITORING AND REVIEW

~~IV.~~ This policy will be reviewed annually by the LRE CEO.

V. DEFINITIONS

Closed Session: A meeting or part of a meeting of a public body that is closed to the public.

Decision: A determination, action, vote, or disposition upon a motion, proposal, recommendation, resolution, order, ordinance, bill, or measure on which a vote by members of a public body is required and by which a public body effectuates or formulates public policy

Disability: a mental or physical impairment, or a record or history of such an impairment, that prevents participation in major life activities.

Disabled Person: Someone who has a mental or physical impairment, or a record or history of such an impairment, that prevents participation in major life activities.

Public Body: Any state or local legislative or governing body, including a board, commission, committee, subcommittee, authority, or council, that is empowered by state constitution, statute, charter, ordinance, resolution, or rule to exercise governmental or proprietary authority or perform a governmental or proprietary function; a lessee of such a body performing an essential public purpose and function pursuant to the lease agreement; or the board of a nonprofit corporation formed by a city under section 4o of the home rule city act, 1909 PA 279, MCL 117.4o.

Meeting: The convening of a public body at which a quorum is present for the purpose of deliberating toward or rendering a decision on a public policy, or any meeting of the board of a nonprofit corporation formed by a city under section 4o of the home rule city act, 1909 PA 279, MCL 117.4o.

Reasonable Accommodation: A reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. An equal employment opportunity means an opportunity to attain the same level of performance or to enjoy equal benefits and privileges of employment as are available to an average similarly-situated employee without a disability.

The ADA requires reasonable accommodation in three aspects of employment:

- 1) to ensure equal opportunity in the application process,

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- 2) to enable a qualified individual with a disability to perform the essential functions of a job, and
- 3) to enable an employee with a disability to enjoy equal benefits and privileges of employment.

Mental impairment: Any psychological or mental disorder, such as emotional or mental illness, mental retardation, organic brain syndrome, and learning disabilities. These include, but are not limited to:

- Muscular dystrophy
- Orthopedic, speech, and hearing impairments
- Visual impairments
- Hearing impairments
- Heart disease
- Epilepsy
- Cerebral palsy
- Intellectual/Developmental disability
- Drug addiction
- Specific learning disabilities

Physical Impairment: A physiological disorder or condition, anatomical loss, or cosmetic disfigurement that impacts one or more of these body systems:

- Neurological
- Special-sense organs
- Musculoskeletal
- Digestive
- Cardiovascular
- Respiratory
- Reproductive
- Hemic and lymphatic
- Endocrine
- Skin
- Genitourinary

N/A

VI. PROCEDURES

LRE shall operate in compliance with the procedures prescribed in Michigan's Open Meetings Act, 1976 PA 247, ~~and the procedures prescribed~~ in Michigan's Freedom of Information Act, 1976 PA 442, Title VII of the Civil Rights Act of 1964; Americans with Disabilities Act, and the ADA Amendments Act of 2008

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Board members seeking reasonable accommodations will submit a formal request using the "Reasonable Accommodations Request Form" to the LRE Board Executive Committee. The request will be reviewed by the Executive Committee during the next regularly scheduled Executive Committee meeting and a disposition provided to the requesting Board member within seven (7) days of the date of review.

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VII. RELATED POLICIES AND PROCEDURES

1. Michigan's Open Meetings Act, 1976 PA 247.

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2.

2. Michigan's Freedom of Information Act, 1976 PA 442

[http://www.legislature.mi.gov/\(S\(getco1pddofdrjvlfahpbl\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-442-of-1976](http://www.legislature.mi.gov/(S(getco1pddofdrjvlfahpbl))/mileg.aspx?page=GetObject&objectname=mcl-Act-442-of-1976)

3. Lakeshore Regional Entity Operating Agreement

Operating agreement

- ~~REQUIRED BY:~~ Title VII of the Civil Rights Act of 1964;
- Americans with Disabilities Act;
- ADA Amendments Act of 2008
- ~~and~~ Michigan Elliott-Larsen Civil Rights Act
- LRE Policy
- LRE Reasonable Request for Accommodation

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BOARD MEMBER REQUEST FOR REASONABLE ACCOMMODATION

| | |
|--|---|
| BOARD MEMBER NAME | REQUEST DATE |
| | |
| TYPE OF ACCOMMODATION REQUESTED | |
| | |
| DATE(S) ACCOMMODATION NEEDED | |
| Is this request for: | |
| Single Occurrence | Time Limited Permanent |
| JUSTIFICATION FOR REQUEST <i>(Include specific condition that meets the ADA definition and provide regulation/legal citations)</i> | |
| | |
| LIST SUPPORTING DOCUMENTATION <i>(Physician report, other – document must be attached)</i> | |
| | |

This section to be completed by the LRE BOARD Executive Committee

| | | |
|--|-----|----|
| Is the condition covered under the ADA and/or the ADAAA of 2008? | Yes | No |
| Is the request reasonable as defined in the ADA and the ADAAA of 2008? | Yes | No |
| Is the accommodation requested covered under the ADA and/or the ADAAA of 2008? | Yes | No |
| Is the accommodation available? | Yes | No |
| Is this allowable under the Open Meetings Act? | Yes | No |
| Review date: | | |






Disposition: Approved Denied


Explanation (if denied)


Board Approval date:

Signature of Board Chair


Lakeshore Regional Entity Board Financial Officer Report for January 2023

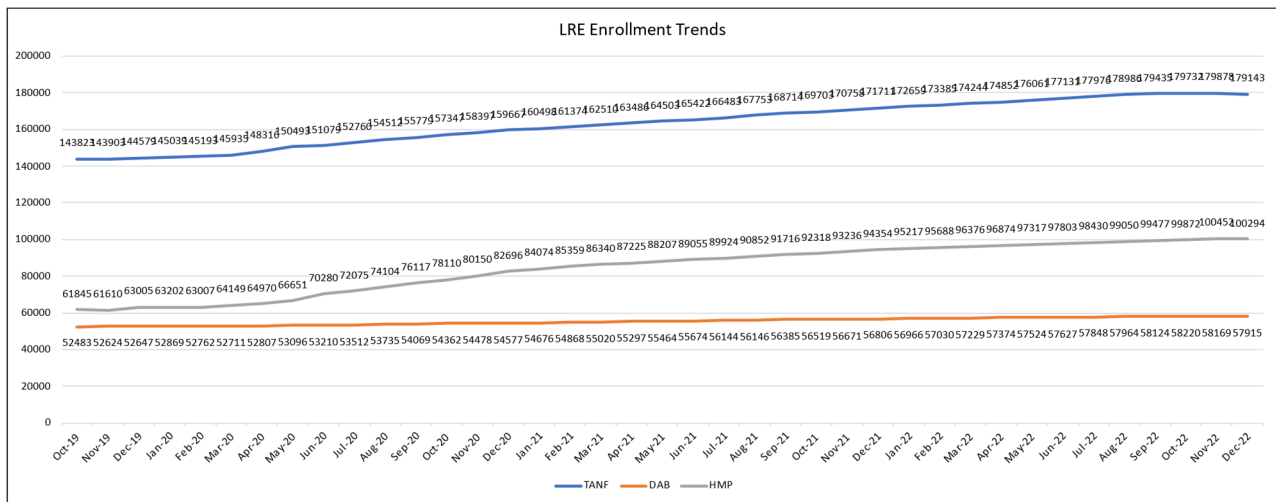
-  **Disbursements Report** – A motion is requested to approve the December 2022 disbursements. A summary of those disbursements is included as an attachment.
-  **Statement of Activities** – Report through November is included as an attachment. This is a preliminary report. Figures will change based on the final FY2022 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs that are due in February.
-  **LRE Combined Monthly FSR** – The new reporting format for FY2023, November LRE Combined Monthly FSR Report is included as an attachment for today's meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through November of \$7 million, a projected annual surplus of \$10.5 million and a budgeted surplus of \$12.8 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month's report. CCBHC activity is included in this month's report showing an actual surplus of \$30 thousand, a projected annual deficit of \$1.5 million, and a budgeted surplus (deficit) of \$0. The projected annual deficit for CCBHC is due to utilizing FY22 rate certification projections for revenue and daily visits. MDHHS/Milliman did not provide updated amounts for FY23. LRE projections will be updated after we have a full quarter's worth of actual data to base new projections on. The CCBHC activity is for the LRE only and does not reflect the activity at the CCBHC level due to different reporting requirements for the PIHP versus the CCBHC. This report has been reviewed by the Finance ROAT and Operations Committee. This reporting template is still a work in progress and changes throughout the year are anticipated.
-  **Finance ROAT** – The Finance ROAT is currently undertaking several projects:
 - Ongoing review and refinement of the Monthly FSR
 - FY22 Year-end reporting that is due in February
 - Review of CMHSP Standard Cost Allocation Methodology and implementation
 - Review and revise existing policies and procedures
 - Development of new procedures
-  **Cash Flow Issues** – The CMHSPs were asked if any of them were having cash flow issues. Of the four CMHSPs that responded (OnPoint, Network 180, Ottawa and West Michigan CMH), none of them indicated that they were currently experiencing cash flow issues.

 **Risk Management Strategy Plan** – The LRE’s Risk Management Strategy (RMS) Plan was Board approved on 12/15/22 and was submitted to MDHHS prior to the 12/30/22 deadline. On 1/20/23, the LRE received notification from MDHHS indicating that the RMS is **not** considered approved. At this time, the LRE is unaware of any other PIHP receiving a similar response. Further discussion with the PIHP CFOs, PIHP CEOs and/or legal counsel will occur before a response to MDHHS is provided. The RMS Plan and the response letter are attached for your reference.

 **FY 2023 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are below. The FY23 December revenue projection includes an overall increase of approximately \$911,000 from the November projections. The increased revenue is primarily due to an increase in the current month payments received for DAB and TANF membership.

| FY 2023 Revenue Projection | | | | | | | | | | |
|----------------------------|-------------------------|---------------------------------|-----------------------------|-----------------------|--------------------------------|-----------------------------|-------------------------------|--------------------------------|---------------------------------|---|
| Total LRE | | | | | | | | | | CMHSPs Breakdown |
| | FY 22 Budget Projection | FY 23 Initial Budget Projection | FY22 to FY23 Initial Change | FY22 to FY23 % Change | FY23 Current Budget Projection | FY22 to FY23 Current Change | FY22 to FY23 Current % Change | FY23 Initial to Current Change | FY23 Initial to Current %Change | |
| MCD - MH | \$ 213,135,026 | \$ 230,503,748 | \$ 17,368,722 | 8.15% | \$ 229,011,144 | \$ 15,876,118 | 7.45% | \$ (1,492,604) | -0.65% | |
| MCD - SUD | \$ 8,189,247 | \$ 8,922,063 | \$ 732,815 | 8.95% | \$ 10,026,687 | \$ 1,837,439 | 22.44% | \$ 1,104,624 | 12.38% | Allegan \$ 18,459,689 |
| HMP - MH | \$ 32,718,689 | \$ 35,267,839 | \$ 2,549,150 | 7.79% | \$ 38,253,648 | \$ 5,534,959 | 16.93% | \$ 2,985,809 | 8.47% | Healthwest \$ 43,665,225 |
| HMP - SUD | \$ 18,546,066 | \$ 20,373,667 | \$ 1,727,601 | 9.27% | \$ 19,075,734 | \$ 429,668 | 2.30% | \$ (1,297,933) | -6.37% | Network180 \$ 106,890,686 |
| Autism | \$ 41,587,466 | \$ 44,763,182 | \$ 3,175,717 | 7.64% | \$ 43,576,943 | \$ 1,989,477 | 4.78% | \$ (1,186,240) | -2.65% | Ottawa \$ 28,593,576 |
| Waiver | \$ 41,989,313 | \$ 46,509,162 | \$ 4,519,850 | 10.76% | \$ 45,533,326 | \$ 3,544,013 | 8.44% | \$ (975,836) | -2.10% | West Michigan \$ 15,525,850 |
| LRE Admin | \$ 12,451,370 | \$ 8,451,024 | \$ (4,000,346) | -32.13% | \$ 13,922,556 | \$ 1,471,186 | 11.82% | \$ 5,471,532 | 64.74% | Total MCD - MH \$ 213,135,026 |
| ISP | \$ 28,393,407 | \$ - | \$ (28,393,407) | -100.00% | \$ - | \$ (28,393,407) | -100.00% | \$ - | - | FY 23 Initial Budget Projection \$ 230,503,748 |
| IPA | \$ 4,711,498 | \$ 4,902,840 | \$ 191,342 | 4.06% | \$ 4,950,916 | \$ 239,418 | 5.08% | \$ 48,076 | 0.98% | FY23 Current Budget Projection \$ 229,011,144 |
| Total Region | \$ 401,822,082 | \$ 399,693,525 | \$ (2,128,557) | -0.53% | \$ 404,350,953 | \$ 2,528,871 | 0.63% | \$ 4,657,428 | 1.17% | Change \$ (1,492,604) |
| Total CMHSPs | | | | | | | | | | |
| | FY 22 Budget Projection | FY 23 Initial Budget Projection | FY22 to FY23 Initial Change | FY22 to FY23 % Change | FY23 Current Budget Projection | FY22 to FY23 Current Change | FY22 to FY23 Current % Change | FY23 Initial to Current Change | FY23 Initial to Current %Change | |
| Allegan | \$ 31,638,150 | \$ 34,101,811 | \$ 2,463,661 | 7.79% | \$ 34,442,502 | \$ 2,804,352 | 8.86% | \$ 340,691 | 1.00% | MCD - SUD |
| Healthwest | \$ 70,438,581 | \$ 80,471,573 | \$ 10,032,992 | 14.24% | \$ 80,325,551 | \$ 9,886,970 | 14.04% | \$ (1,066,022) | -0.18% | Allegan \$ 671,848 |
| Network180 | \$ 180,590,423 | \$ 190,822,853 | \$ 10,232,430 | 5.67% | \$ 189,754,548 | \$ 9,164,125 | 5.07% | \$ (1,068,305) | -0.56% | Healthwest \$ 1,749,475 |
| Ottawa | \$ 49,281,634 | \$ 53,873,029 | \$ 4,591,395 | 9.32% | \$ 53,873,550 | \$ 4,591,916 | 9.32% | \$ 521 | 0.00% | Network180 \$ 4,108,629 |
| West Michigan | \$ 24,317,020 | \$ 27,070,395 | \$ 2,753,376 | 11.32% | \$ 27,081,330 | \$ 2,764,311 | 11.37% | \$ 10,935 | 0.04% | Ottawa \$ 1,038,301 |
| Total CMHSPs | \$ 356,265,807 | \$ 386,339,661 | \$ 30,073,854 | 8.44% | \$ 385,477,481 | \$ 29,211,674 | 8.20% | \$ (862,180) | -0.22% | Total MCD - SUD \$ 8,189,247 |
| Total HMP - MH | | | | | | | | | | |
| | FY 22 Budget Projection | FY 23 Initial Budget Projection | FY22 to FY23 Initial Change | FY22 to FY23 % Change | FY23 Current Budget Projection | FY22 to FY23 Current Change | FY22 to FY23 Current % Change | FY23 Initial to Current Change | FY23 Initial to Current %Change | |
| Allegan | \$ 97.34 | \$ 100.97 | \$ 3.63 | 3.73% | \$ 100.10 | \$ (0.87) | -0.87% | \$ (0.87) | -0.87% | HMP - MH |
| Healthwest | \$ 92.56 | \$ 101.53 | \$ 8.97 | 9.69% | \$ 101.17 | \$ (0.36) | -0.36% | \$ (0.36) | -0.36% | Allegan \$ 2,508,410 |
| Network180 | \$ 89.80 | \$ 91.31 | \$ 1.51 | 1.68% | \$ 90.11 | \$ (1.20) | -1.20% | \$ (1.20) | -1.20% | Healthwest \$ 6,590,924 |
| Ottawa | \$ 87.08 | \$ 90.89 | \$ 3.81 | 4.38% | \$ 88.66 | \$ (2.24) | -2.24% | \$ (2.24) | -2.24% | Network180 \$ 16,644,528 |
| West Michigan | \$ 89.29 | \$ 95.99 | \$ 6.70 | 7.51% | \$ 95.63 | \$ (0.36) | -0.36% | \$ (0.36) | -0.36% | Ottawa \$ 4,645,779 |
| Total CMHSPs | \$ 90.53 | \$ 94.34 | \$ 3.81 | 4.21% | \$ 93.23 | \$ (2.30) | -2.30% | \$ (2.30) | -2.30% | Total HMP - MH \$ 32,718,689 |
| Total HMP - SUD | | | | | | | | | | |
| | FY 22 Budget Projection | FY 23 Initial Budget Projection | FY22 to FY23 Initial Change | FY22 to FY23 % Change | FY23 Current Budget Projection | FY22 to FY23 Current Change | FY22 to FY23 Current % Change | FY23 Initial to Current Change | FY23 Initial to Current %Change | |
| Allegan | \$ 1,412,762 | \$ 1,541,824 | \$ 129,062 | 9.14% | \$ 1,451,397 | \$ (90,427) | -6.49% | \$ (90,427) | -6.49% | HMP - SUD |
| Healthwest | \$ 3,868,962 | \$ 4,222,890 | \$ 353,928 | 9.15% | \$ 3,942,873 | \$ (280,016) | -6.63% | \$ (280,016) | -6.63% | Allegan \$ 1,412,762 |
| Network180 | \$ 9,498,255 | \$ 10,362,966 | \$ 864,711 | 9.11% | \$ 9,677,112 | \$ (685,855) | -7.24% | \$ (685,855) | -7.24% | Healthwest \$ 3,868,962 |
| Ottawa | \$ 2,525,248 | \$ 2,794,857 | \$ 269,609 | 10.68% | \$ 2,622,805 | \$ (172,051) | -6.16% | \$ (172,051) | -6.16% | Network180 \$ 9,498,255 |
| West Michigan | \$ 1,340,839 | \$ 1,451,130 | \$ 110,291 | 8.23% | \$ 1,381,546 | \$ (69,584) | -5.11% | \$ (69,584) | -5.11% | Ottawa \$ 2,525,248 |
| Total HMP - SUD | \$ 18,446,066 | \$ 20,373,667 | \$ 1,927,601 | 10.45% | \$ 19,075,734 | \$ (670,332) | -3.47% | \$ (670,332) | -3.47% | Total HMP - SUD \$ 18,446,066 |
| Total Autism | | | | | | | | | | |
| | FY 22 Budget Projection | FY 23 Initial Budget Projection | FY22 to FY23 Initial Change | FY22 to FY23 % Change | FY23 Current Budget Projection | FY22 to FY23 Current Change | FY22 to FY23 Current % Change | FY23 Initial to Current Change | FY23 Initial to Current %Change | |
| Allegan | \$ 3,522,099 | \$ 3,937,779 | \$ 415,680 | 11.80% | \$ 3,892,353 | \$ (45,427) | -1.15% | \$ (45,427) | -1.15% | Allegan \$ 3,522,099 |
| Healthwest | \$ 4,686,111 | \$ 9,028,145 | \$ 4,342,034 | 92.66% | \$ 8,931,905 | \$ (156,240) | -1.73% | \$ (156,240) | -1.73% | Healthwest \$ 4,686,111 |
| Network180 | \$ 25,577,745 | \$ 22,522,287 | \$ (3,055,458) | -11.94% | \$ 21,827,673 | \$ (694,615) | -3.10% | \$ (694,615) | -3.10% | Network180 \$ 25,577,745 |
| Ottawa | \$ 6,155,560 | \$ 6,591,085 | \$ 435,525 | 7.09% | \$ 6,375,027 | \$ (216,058) | -3.28% | \$ (216,058) | -3.28% | Ottawa \$ 6,155,560 |
| West Michigan | \$ 1,645,950 | \$ 2,683,886 | \$ 1,037,936 | 63.14% | \$ 2,549,985 | \$ (133,901) | -5.02% | \$ (133,901) | -5.02% | West Michigan \$ 1,645,950 |
| Total Autism | \$ 41,587,466 | \$ 44,763,182 | \$ 3,175,717 | 7.64% | \$ 43,576,943 | \$ 1,989,477 | 4.78% | \$ (1,186,240) | -2.65% | Total Autism \$ 41,587,466 |
| Total Waiver | | | | | | | | | | |
| | FY 22 Budget Projection | FY 23 Initial Budget Projection | FY22 to FY23 Initial Change | FY22 to FY23 % Change | FY23 Current Budget Projection | FY22 to FY23 Current Change | FY22 to FY23 Current % Change | FY23 Initial to Current Change | FY23 Initial to Current %Change | |
| Allegan | \$ 5,063,342 | \$ 6,224,816 | \$ 1,161,474 | 22.94% | \$ 6,225,025 | \$ 209 | 0.00% | \$ 209 | 0.00% | Allegan \$ 5,063,342 |
| Healthwest | \$ 9,877,884 | \$ 11,401,115 | \$ 1,523,231 | 15.42% | \$ 11,263,494 | \$ (137,620) | -1.21% | \$ (137,620) | -1.21% | Healthwest \$ 9,877,884 |
| Network180 | \$ 17,870,579 | \$ 18,466,274 | \$ 595,695 | 3.33% | \$ 17,691,450 | \$ (179,129) | -1.02% | \$ (179,129) | -1.02% | Network180 \$ 17,870,579 |
| Ottawa | \$ 6,323,169 | \$ 7,394,670 | \$ 1,071,501 | 16.94% | \$ 7,205,033 | \$ (189,637) | -2.57% | \$ (189,637) | -2.57% | Ottawa \$ 6,323,169 |
| West Michigan | \$ 2,854,338 | \$ 3,022,287 | \$ 167,949 | 5.88% | \$ 3,148,324 | \$ 126,037 | 4.01% | \$ 126,037 | 4.01% | West Michigan \$ 2,854,338 |
| Total Waiver | \$ 41,989,313 | \$ 46,509,162 | \$ 4,519,850 | 10.76% | \$ 45,533,326 | \$ 3,544,013 | 8.44% | \$ (975,836) | -2.10% | Total Waiver \$ 41,989,313 |

 **Financial Data/Charts** – Below, this chart contains an annual and monthly comparison of the number of individuals in our region who are eligible for each program. The number of eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – December 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).



- ✦ **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 DECEMBER 31, 2022 | | |
|--|--|----------------------|
| | | |
| 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 |
| | GENERAL/OTHER TOTAL | 325.00 |
| | | |
| 10/31/2021 | HEALTWEST LITIGATION | 5,368.74 |
| 3/31/2022 | HEALTWEST LITIGATION | 2,016.00 |
| 4/30/2022 | HEALTWEST LITIGATION | 9,388.80 |
| 6/24/2022 | HEALTWEST LITIGATION | 13,782.40 |
| | HEALTWEST LITIGATION TOTAL | 30,555.94 |
| | | |
| 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 |
| 8/25/2022 | 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) |
| | MANAGED CARE/MDHHS CONTRACT TOTAL | 225,838.06 |
| | | |
| | GRAND TOTAL | \$ 269,731.50 |



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

January 20, 2023

Ms. Mary Marlatt-Dumas, CEO
Lakeshore Regional Entity
5000 Hakes Drive, Suite #250
Norton Shores, MI 49441

Dear Ms. Marlatt-Dumas:

We have completed a review of Lakeshore Regional Entity's (LRE) FY 2023 Risk Management Strategy. The components 1-5 of LRE's Risk Management Strategy are in compliance with PIHP contract sections 4.I Internal Service Fund, 7.I Risk Corridor and the Policy and Practice guideline *Internal Service Fund Technical Requirement* at: www.michigan.gov/documents/mdhhs/Internal-Service-Fund-Technical-Requirement_704454_7.pdf and the MDHHS policy regarding risk management strategies as established in the Technical Advisory issued October 10, 2008.

Please revise Component 6 and resubmit. Component 6 seeks a brief description of the PIHP arrangement with its CMHSPs in sharing financing responsibility for Medicaid risk exposure. At this point the RMS is not considered approved.

We would also like to clarify that it is the position of MDHHS that Medicaid savings and the ISF can be used for future risk and may not be used for past years liabilities.

If there are any anticipated changes to LRE's FY 2023 Risk Management Strategy during the fiscal year, please submit a revised plan to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

Sincerely,

Jackie Sproat
Director
Division of Contracts and Quality Management
Bureau of Specialty Behavioral Health Services

cc: Jeff Wieferich, MDHHS
June White, MDHHS
David Waldo-Levesque, MDHHS
Amanda Zabor, MDHHS
Ashley Seeley, MDHHS
Stacia Chick, LRE

State of Michigan, Department of Health and Human Services
Risk Management Strategy Submission for State Fiscal Year 2023
Provider Attestation

FY2023 RISK MANAGEMENT STRATEGY SUBMISSION ATTESTATION

| | |
|-------------------|--|
| | Lakeshore Regional Entity |
| | Name of Entity |
| Name of Preparer: | Stacia Chick |
| Title: | CFO |
| Phone Number: | (231) 747-0904 |
| E-mail Address: | staciach@lsre.org |

I hereby attest that the information submitted in the report herein is current, complete, accurate, and in compliance with MDHHS/PIHP Contract Requirements to the best of my knowledge. I understand that failure to attest (as indicated by the completed section below) will result in non-acceptance by the Michigan Department of Health and Human Services.

| | |
|--------------|--------------|
| Name: | Stacia Chick |
| Title: | CFO |
| Signature: | Stacia Chick |
| Date Signed: | 12/15/2022 |

Michigan Department of Health and Human Services

PIHP Risk Management Strategy Submission for State Fiscal Year 2023 as defined in MDHHS / PIHP Contract; Schedule A, Statement of Work; Section 6, Contractor Risk Management Strategy

PIHP Name: Lakeshore Regional Entity

#1 For Fiscal Year ended 9.30.2022, report the following:

| | | Amount |
|---------------|---|-----------------|
| A. | Expected balance of the Medicaid ISF | \$ 23,016,692 |
| B. | Projected Medicaid Savings | \$ 9,024,818 |
| C. | Expected balance of the Healthy Michigan Plan ISF | \$ 5,233,397 |
| D. | Projected Healthy Michigan Plan savings | \$ 9,808,574 |
| E. | The PIHP's expected unrestricted fund balance | \$ (19,265,783) |
| F. | Public Act 2 (P.A.2) fund balance | \$ 14,480,158 |
| G. | Performance Bonus Incentive Program (PBIP) fund balance | \$ 4,611,913 |
| Total: | | \$ 46,909,769 |

#2 For Standalone PIHPs only, Fiscal Year ended 9.30.2022:

| | | |
|----|---|------|
| A. | Projected GF redirected for Unfunded Medicaid Costs | \$ - |
| B. | Projected GF carryforward Earned | \$ - |

#3 For Fiscal Year ending 9.30.2023, report the following:

| | | |
|------------------------------------|---|-----------------|
| A. | Projection of Medicaid/HMP capitation payments for PIHP and affiliates in total | \$ 386,043,834 |
| B. | Projection of Medicaid/HMP waiver expenditures for PIHP and affiliates in total | \$(368,168,539) |
| Surplus or (Deficit) Total: | | \$ 17,875,295 |

#4 Is FY23 Medicaid Revenue expected to be below projected expenditures?

NO GO TO NEXT QUESTION (#5)

YES ANSWER LETTERS A - D BELOW

| | |
|----|--|
| A. | Provide a brief summary of the expected change in Medicaid revenue and costs from FY22 to FY23: |
| B. | Provide the amount of projected local and state risk obligations the plan covers: |
| C. | Provide a detailed description of the funds (ISF, local, etc.) that will be used to satisfy the risk obligation: |

D.

Provide a description of any related actions such as plans to increase efficiency or reduce costs:

#5

Is FY23 Medicaid Revenue expected to exceed projected expenditures?

A.

Provide how much will be allocated to Medicaid savings, ISF deposit, or lapse.

NOTE: The planned utilization of this difference must be specified below.

| | | Amount |
|--|--|---------------|
| | Projected Earned Medicaid Savings ending balance | \$ 17,875,295 |
| | Projected Medicaid ISF ending balance | \$ - |
| | Projected Medicaid Lapse | \$ - |

LRE plans to work with affiliates to develop a plan to utilize any remaining funds within the current fiscal year or will be utilized to settle historical deficits with affiliates.

B.

Standalone PIHPs only:

Provide any general fund allocations that are expected to exceed expenditures for FY23, for the PIHP in total, whether they will be included in carry-forward or lapsed and the expected amounts of each.

| | | Amount |
|--|-----------------------------------|--------|
| | General Fund Carry-Forward Earned | \$ - |
| | General Fund Lapse to MDHHS | \$ - |

#6

Briefly describe PIHP/CMHSP affiliate risk management relationships, including the PIHP responsible CMHSP arrangements with affiliate CMHSPs in sharing financing responsibility for the projected Medicaid risk exposure.

The CMHPSM is waiting for MDHHS to settle FY2018/FY2019 shared risk management requirements related to Medicaid expenditures and to review and approve revised FSRs. LRE, is the sole managed care risk bearing entity for Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties and does not share risk with its CMHSPs. In the event that medical costs and/or service demand in our region exceeds the available premium revenues, we will first utilize the available Medicaid Savings and/or positive Internal Service Fund balance. If these sources are insufficient, in accordance with GASB Statement No. 10, the internal service fund will continue to be used to account for cost overruns and, in accordance with GASB Statement No. 54, will report a fund deficit at the end of the fiscal year. In accordance with the deficit elimination requirements from the Michigan Department of Treasury and state law, LRE will file a deficit elimination plan where contributions from surplus Medicaid premiums in subsequent fiscal years will first be utilized to eliminate the deficit in the internal service fund and then be used to rebuild an appropriate risk reserve.



BOARD ACTION REQUEST
Subject : December 2022 Disbursements

Meeting Date January 25, 2023

RECOMMENDED MOTION:

To approve the December 2022 disbursements of \$34,140,631.60 as presented.

SUMMARY OF REQUEST/INFORMATION:

| | |
|---------------------------------------|------------------------|
| <u>Disbursements:</u> | |
| Allegan County CMH | \$2,928,227.04 |
| Healthwest | \$7,329,468.25 |
| Network 180 | \$15,286,509.84 |
| Ottawa County CMH | \$4,398,633.76 |
| West Michigan CMH | \$3,018,674.14 |
| SUD Prevention Expenses | \$416,297.43 |
| Local Match Payment | \$0.00 |
| Hospital Reimbursement Adjuster (HRA) | \$0.00 |
| MICHIGAN IPA TAX - QUARTERLY | \$0.00 |
| SUD Public Act 2 (PA2) | \$70,709.20 |
| Beacon Health Options | \$0.00 |
| Administrative Expenses | \$692,111.94 |
| Total: | \$34,140,631.60 |

97.97% 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: 1/19/2023



Statement of Activities - Actual vs. Budget
Fiscal Year 2022/2023

As of Date: 11/30/22

| | Year Ending 10/31/2022 | 11/30/2022 | | |
|---|---------------------------|-------------------|-------------------|------------------------------|
| Change in Net Assets | FY23 Budget | Budget to Date | Actual | Actual to Budget Variance |
| Operating Revenues | | | | |
| Medicaid, HSW, SED, & Children's Waiver | 283,537,885 | 47,256,314 | 48,434,114 | 1,177,800 |
| Autism Revenue | 45,693,399 | 7,615,567 | 7,575,626 | (39,941) |
| DHS Incentive | - | - | - | - |
| Healthy Michigan | 65,136,849 | 10,856,142 | 9,831,467 | (1,024,675) |
| Performance Bonus Incentive | 2,419,516 | 403,253 | - | (403,253) |
| Hospital Rate Adjuster (HRA) | 10,523,333 | 1,753,889 | - | (1,753,889) |
| Local Match Revenue (Members) | 2,040,096 | 340,016 | 251,887 | (88,129) |
| CCBHC Supplemental Revenue | 9,345,739 | 1,557,623 | 1,628,932 | 71,308 |
| MDHHS Grants | 12,912,418 | 2,152,070 | 276,356 | (1,875,713) |
| PA 2 Liquor Tax | 3,249,131 | 541,522 | - | (541,522) |
| Non-MDHHS Grants: DFC | 125,000 | 20,833 | 34,820 | 13,986 |
| Interest Revenue | 81,024 | 13,504 | 37,874 | 24,370 |
| Miscellaneous Revenue | 15,500 | 2,583 | - | (2,583) |
| Total Operating Revenues | 435,079,891 | 72,513,315 | 68,071,075 | (4,442,240) |
| Expenditures | | | | |
| Salaries and Fringes | 3,871,353 | 645,226 | 643,059 | (2,166) |
| Office and Supplies Expense | 259,630 | 43,272 | 26,844 | (16,428) |
| Contractual and Consulting Expenses | 888,445 | 148,074 | 94,604 | (53,470) |
| Managed Care Information System (PCE) | 305,200 | 50,867 | 49,200 | (1,667) |
| Legal Expense | 242,153 | 40,359 | 38,030 | (2,329) |
| Utilities/Conferences/Mileage/Misc Exps | 8,355,776 | 1,392,629 | 43,213 | (1,349,417) |
| Grants - MDHHS & Non-MDHHS | 989,860 | 164,977 | 54,033 | (110,944) |
| Taxes, HRA, and Local Match | 16,137,514 | 2,689,586 | 251,887 | (2,437,699) |
| Prevention Expenses - Grant & PA2 | 3,034,456 | 505,743 | 407,842 | (97,901) |
| Contribution to ISF/Savings | - | - | - | - |
| Member Payments - Medicaid/HMP | 379,996,954 | 63,332,826 | 60,854,403 | (2,478,422) |
| Member Payments - CCBHC | 9,345,739 | 1,557,623 | 929,745 | (627,878) |
| Member Payments - PA2 Treatment | 2,001,942 | 333,657 | 63,817 | (269,840) |
| Member Payments - Grants | 9,650,869 | 1,608,478 | 707,088 | (901,390) |
| Total Expenditures | 435,079,891 | 72,513,315 | 64,163,765 | (8,349,550) |
| Total Change in Net Assets | (0) | (0) | 3,907,310 | 3,907,310 |



Statement of Activities Budget to Actual Variance Report

For the Period ending November 30, 2022

As of Date: 1/19/23

Operating Revenues

| | |
|-----------------------------|--|
| Medicaid/HSW/SED/CWP | N/A - Closely aligned with the current budget projections. |
| Autism Revenue | N/A - Closely aligned with the current budget projections. |
| DHS Incentive | Budget will be included with amendment one. |
| Healthy Michigan | Additional revenues are projected and will be included in amendment one. |
| 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. |
| Local Match Revenue | Local match requirement for FY23 was reduced. |
| CCBHC Supplemental Revenue | Supplemental Revenue is closely aligned with the current budget projections. |
| MDHHS Grants | Grant reimbursements on hold. SUD grant payments changed to quarterly in FY23. |
| PA 2 Liquor Tax | PA2 revenues are received after the Department of Treasury issues payments to the counties. Initial payments are expected in the 2nd quarter. |
| Non-MDHHS Grants: DFC | Budget amendment is expected to carry lapsed FY22 funds over for use in FY23. |
| Interest Revenue | Interest earned on savings, including the LRE's CD, is trending higher than expected. |
| Miscellaneous Revenue | No miscellaneous funds received as of this report. Funds are expected periodically throughout the year for trainings and Talksooner subscriptions. |

Expenditures

| | |
|-----------------------------|--|
| Salaries and Fringes | N/A - Closely aligned with the current budget projections. |
| Office and Supplies | N/A - Closely aligned with the current budget projections. |
| Contractual/Consulting | Spending is under but some budgeted expenditures are planned for later in the year. |
| Managed Care Info Sys | N/A - Closely aligned with the current budget projections. |
| Legal Expense | Spending is under but billings are usually delayed. This line item will be monitored for future amendments. |
| 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. |
| Taxes/HRA/Local Match | IPA & HRA taxes are paid quarterly. Our Local Match requirement for FY23 was reduced. |
| Prevention Exps - Grant/PA2 | SUD grant payments changed to quarterly in FY23. Some billings were delayed due to overlapping FY22 closeout and report submissions. |
| Contribution to ISF | N/A - Spending will be monitored per LRE's Risk Management Plan |
| Member Med/HMP Payments | N/A - Closely aligned with the current budget projections. |
| Member CCBHC Payments | Payments are delayed due to CCBHC Reconciliation Process. This line item will be monitored for future amendments. |
| 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 | MDHHS changed SUD grant payments to quarterly in FY23. No grant payments for SUD Treatment has been received yet. |

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2023
November 2022 Reporting Month
Reporting Date: 1/18/2023

| ACTUAL: | HealthWest | Network180 | OnPoint | Ottawa | West Michigan | LRE | Total |
|---|---|---|---|--|---|-------------------------------------|--------------------|
| Distributed Medicaid/HMP Revenue | | | | | | | |
| Medicaid | 14,130,776 | 20,414,069 | 4,143,541 | 4,892,536 | 2,481,848 | 711,766 | 46,774,535 |
| Autism | 1,385,116 | 3,421,851 | 601,254 | 1,001,728 | 407,472 | 84,107 | 6,901,528 |
| Healthy Michigan | 1,354,800 | 5,859,427 | 662,434 | 837,864 | 358,162 | 99,077 | 9,171,764 |
| Total Distributed Medicaid/HMP Revenue | 16,870,692 | 29,695,347 | 5,407,229 | 6,732,128 | 3,247,482 | 894,950 | 62,847,828 |
| Capitated Expense | | | | | | | |
| Medicaid | 9,106,576 | 23,214,631 | 4,167,815 | 4,664,793 | 2,498,912 | 711,766 | 44,364,493 |
| Autism | 613,139 | 3,656,113 | 291,615 | 467,444 | 129,968 | 84,107 | 5,242,386 |
| Healthy Michigan | 1,282,290 | 3,484,163 | 650,423 | 401,947 | 257,603 | 99,077 | 6,175,503 |
| Total Capitated Expense | 11,002,005 | 30,354,907 | 5,109,853 | 5,534,184 | 2,886,483 | 894,950 | 55,782,381 |
| Actual Surplus (Deficit) | 5,868,687 | (659,560) | 297,376 | 1,197,944 | 360,999 | - | 7,065,446 |
| % Variance | 34.79% | -2.22% | 5.50% | 17.79% | 11.12% | 0.00% | |
| Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%) | The 3% increase, per the spending plan, does not go into effect until January 1st. HW is anticipating some provider stability payments for the first quarter of the fiscal year. | N180 calculates capitated expenses using actual claims submitted at the time of FSR prep + an estimate for IBNR based on experience. YTD, N180 expects a receivable from the LRE to cover the difference. | Actual based on known expenses, plus IBNR for provider network claims, as of date of submission. Actual revenue based on cash received as of report date for period reported. | Oct and Nov claims processing focused more on FY22 payables | Expenditures are under budget due to the delay in hiring for vacant positions. | Less than threshold for explanation | |
| PROJECTION: | | | | | | | |
| LRE Revenue Projections as of: | | | | | | | |
| November | | | | | | | |
| Medicaid | 50,592,580 | 138,477,148 | 26,226,787 | 39,308,314 | 15,685,856 | 14,637,966 | 284,928,652 |
| Autism | 8,877,222 | 21,807,343 | 3,848,342 | 6,357,597 | 2,567,623 | 1,962,200 | 45,420,327 |
| Healthy Michigan | 9,801,631 | 28,885,568 | 4,320,883 | 8,034,599 | 2,412,467 | 2,239,706 | 55,694,855 |
| Total Projected Medicaid/HMP Revenue | 69,271,433 | 189,170,059 | 34,396,012 | 53,700,511 | 20,665,946 | 18,839,873 | 386,043,834 |
| | (0) | - | - | - | - | - | - |
| Expense Projections | | | | | | | |
| Medicaid | 50,501,022 | 143,421,758 | 27,633,137 | 39,188,982 | 16,399,959 | 14,637,966 | 291,782,824 |
| Autism | 3,882,914 | 23,930,255 | 2,107,584 | 6,016,974 | 1,213,176 | 1,962,200 | 39,113,103 |
| Healthy Michigan | 7,980,645 | 21,875,337 | 3,700,611 | 7,489,239 | 1,359,177 | 2,239,706 | 44,644,715 |
| Total Capitated Expense Projections | 62,364,581 | 189,227,349 | 33,441,332 | 52,695,195 | 18,972,312 | 18,839,873 | 375,540,642 |
| Projected Surplus (Deficit) | 6,906,852 | (57,290) | 954,680 | 1,005,316 | 1,693,634 | - | 10,503,192 |
| % Variance | 9.97% | -0.03% | 2.78% | 1.87% | 8.20% | 0.00% | |
| Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%) | HW CFO, met with the Finance staff at WCMCMH and OCCMH to discuss how they calculate projections. One big factor that was missed in HW projections was the spending plan projections. HW's November report was late due to extra time to update projections to take into account the work that HW is planning and that is noted within our spending plan. | Less than threshold for explanation | Expense projections have been updated based on expected utilization changes, all known rate increases (i.e. SUD rates effective 1/1/23, H0020 rate increase, Autism increases), and projected staffing and pay grade changes. | Increased expenses over last month based on current spending trends and implementation of Jan 1 3% SUD rates increase. | Two months into the fiscal year, WM's expenditure projection is based on the spending plan. Projection information will be updated as we move further into the fiscal year. WM has added 5 new FTEs to support operational needs currently not built into the projection. | Less than threshold for explanation | |
| PROPOSED SPENDING PLAN: | | | | | | | |
| Submitted to the LRE as of: | 12/8/2022 | 9/19/2022 | 10/18/2022 | 1/13/2023 | 1/13/2023 | | |
| Medicaid/HMP Revenue | | | | | | | |
| Medicaid | 50,592,580 | 138,477,148 | 26,226,787 | 39,308,314 | 15,685,856 | 14,637,966 | 284,928,652 |
| Autism | 8,877,222 | 21,807,343 | 3,848,342 | 6,357,597 | 2,567,623 | 1,962,200 | 45,420,327 |
| Healthy Michigan | 9,801,631 | 28,885,568 | 4,320,883 | 8,034,599 | 2,412,467 | 2,239,706 | 55,694,855 |
| Total Budgeted Medicaid/HMP Revenue | 69,271,433 | 189,170,059 | 34,396,012 | 53,700,511 | 20,665,946 | 18,839,873 | 386,043,834 |
| Capitated Expense | | | | | | | |
| Medicaid | 52,832,547 | 136,680,342 | 26,869,897 | 39,188,982 | 16,524,118 | 18,839,873 | 290,935,759 |
| Autism | 2,409,949 | 22,686,387 | 1,961,305 | 6,016,974 | 1,213,176 | - | 34,287,791 |
| Healthy Michigan | 8,177,941 | 27,916,973 | 3,063,222 | 7,489,239 | 1,403,241 | - | 48,050,616 |
| Total Budgeted Capitated Expense | 63,420,437 | 187,283,702 | 31,894,424 | 52,695,195 | 19,140,535 | 18,839,873 | 373,274,165 |
| Budgeted Surplus (Deficit) | 5,850,996 | 1,886,358 | 2,501,588 | 1,005,316 | 1,525,411 | - | 12,769,668 |
| % Variance | 8.45% | 1.00% | 7.27% | 1.87% | 7.38% | 0.00% | |
| Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%) | HealthWest created a spending plan with a surplus due to the increase in revenue. A new spending plan is being developed in the second quarter and will go to the HW board for budget approval and then back to the LRE for adoption. | Spending Plan expenses match N180 FY23 Board Approved Budget on 9/19/22, plus increase for H0020 to \$19 per unit and 3% SUD Rate increase | Matches OnPoint board approved budget, plus increase for H0020 to \$19 per unit and 3% SUD Rate increase | Increased expenses based on current spending trend and LRE projection | Typically matches WM board approved budget unless significant changes, changes due to CCBHC haven't been WM board approved yet. | Less than threshold for explanation | |
| Variance between Projected and Budgeted | 1,055,856 | (1,943,647) | (1,546,908) | - | 168,223 | - | (2,266,476) |
| % Variance | 1.52% | -1.03% | -4.50% | 0.00% | 0.81% | 0.00% | |
| Explanation of variances between Projected and Budgeted (Threshold: Surplus of 5% and deficit of 1%) | Less than threshold for explanation | Projection matches LRE revenue projection, which was finalized after the N180 Board approved budget | Spending Plan matches OnPoint Board approved budget. | Less than threshold for explanation | State change for MAT rate changes. | Less than threshold for explanation | |

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2023
November 2022 Reporting Month
Reporting Date: 1/18/2023

| CCBHC ACTIVITY | | | | | | | |
|---|---|------------|------------|-----------|---|-----|-------------|
| ACTUAL: | HealthWest | Network180 | OnPoint | Ottawa | West Michigan | LRE | Total |
| Distributed Medicaid/HMP CCBHC Revenue | | | | | | | |
| Medicaid CCBHC Base Capitation | 1,608,797 | | | | 731,302 | | 2,340,100 |
| Medicaid CCBHC Supplemental | 917,603 | | | | 871,508 | | 1,789,111 |
| Healthy Michigan CCBHC Base Capitation | 416,013 | | | | 258,955 | | 674,969 |
| Healthy Michigan CCBHC Supplemental | 240,483 | | | | 308,953 | | 549,435 |
| Total Distributed Medicaid/HMP CCBHC Revenue | 3,182,896 | - | - | - | 2,170,718 | - | 5,353,614 |
| Capitated CCBHC Expense | | | | | | | |
| Medicaid CCBHC | 2,526,400 | | | | 1,576,167 | | 4,102,566 |
| Healthy Michigan CCBHC | 656,496 | | | | 564,122 | | 1,220,619 |
| Total Capitated CCBHC Expense | 3,182,896 | - | - | - | 2,140,289 | - | 5,323,185 |
| Actual CCBHC Surplus (Deficit) | - | - | - | - | 30,429 | - | 30,429 |
| % Variance | 0.00% | | | | 1.40% | | |
| Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%) | Less than threshold for explanation | | | | Less than threshold for explanation | | |
| PROJECTION: | HealthWest | Network180 | OnPoint | Ottawa | West Michigan | LRE | Total |
| LRE CCBHC Revenue Projections * | | | | | | | |
| Medicaid CCBHC Base Capitation | 9,235,815 | | | | 4,802,256 | | 14,038,070 |
| Medicaid CCBHC Supplemental | 4,547,160 | | | | 5,080,846 | | 9,628,006 |
| Healthy Michigan CCBHC Base Capitation | 1,746,766 | | | | 1,610,877 | | 3,357,643 |
| Healthy Michigan CCBHC Supplemental | 1,467,538 | | | | 1,925,039 | | 3,392,576 |
| Total Projected Medicaid/HMP CCBHC Revenue | 16,997,279 | | | | 13,419,017 | - | 30,416,296 |
| Capitated CCBHC Expense Projections | | | | | | | |
| Medicaid CCBHC | 15,158,400 | | | | 9,456,999 | | 24,615,399 |
| Healthy Michigan CCBHC | 3,938,978 | | | | 3,384,735 | | 7,323,713 |
| Total Capitated CCBHC Expense Projections | 19,097,377 | - | - | - | 12,841,734 | - | 31,939,111 |
| Projected CCBHC Surplus (Deficit) | (2,100,099) | - | - | - | 577,283 | - | (1,522,816) |
| % Variance | -12.36% | | | | 4.30% | | |
| Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%) | Revenue Projections are based on the State's FY22 Rate Certification Letter. After FY22 Cost Settlement, it will be determined if updated projections are needed. | | | | Less than threshold for explanation | | |
| PROPOSED SPENDING PLAN: | HealthWest | Network180 | OnPoint | Ottawa | West Michigan | LRE | Total |
| Submitted to the LRE as of: | 12/8/2022 | 8/6/2022 | 10/18/2022 | 12/6/2022 | 12/6/2022 | | |
| Medicaid/HMP Revenue | | | | | | | |
| Medicaid CCBHC Base Capitation | 9,235,815 | | | | 4,802,256 | | 14,038,070 |
| Medicaid CCBHC Supplemental | 4,547,160 | | | | 5,080,846 | | 9,628,006 |
| Healthy Michigan CCBHC Base Capitation | 1,746,766 | | | | 1,610,877 | | 3,357,643 |
| Healthy Michigan CCBHC Supplemental | 1,467,538 | | | | 1,925,039 | | 3,392,576 |
| Total Budgeted Medicaid/HMP CCBHC Revenue | 16,997,279 | | | | 13,419,017 | - | 30,416,296 |
| Capitated Expense | | | | | | | |
| Medicaid CCBHC | 13,782,975 | | | | 9,883,101 | | 23,666,076 |
| Healthy Michigan CCBHC | 3,214,304 | | | | 3,535,916 | | 6,750,220 |
| Total Budgeted Capitated CCBHC Expense | 16,997,279 | | | | 13,419,017 | - | 30,416,296 |
| Budgeted Surplus (Deficit) | - | | | | - | - | - |
| % Variance | 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 | | |
| Difference between Projected and Budgeted CCBHC | 2,100,099 | | | | (577,283) | - | (1,522,816) |
| % Variance | 12.36% | | | | -4.30% | | |
| Explanation of variances between Projected and Budgeted CCBHC (Threshold: Surplus of 5% and deficit of 1%) | Revenue Projections are based on the State's FY22 Rate Certification Letter. After FY22 Cost Settlement, it will be determined if updated projections are needed. | | | | Revenue Projections are based on the State's FY22 Rate Certification Letter. After FY22 Cost Settlement, it will be determined if updated projections are needed. | | |

*CCBHC Projected Revenue is based on the State's projections in the FY22 Rate Certification Letter.