Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
June 28, 2023 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Ms. Garzelloni
    - Mr. DeYoung resignation
2. Roll Call/Conflict of Interest Question – Ms. Garzelloni
3. Public Comment (Limited to agenda items only)
4. Consent Items:
   Suggested Motion: To approve by consent the following items.
    - June 28, 2023, Board of Directors meeting agenda *(Attachment 1)*
    - May 24, 2023, Board of Directors meeting minutes *(Attachment 2)*

5. Closed Session
   Suggested Motion: To approve moving into closed session for the purpose of consulting with LRE attorney regarding MDHHS litigation

6. LRE Board Chairperson Discussion/Nominations
7. Community Advisory Panel *(Attachment 3)*
8. Reports –
    a. LRE Leadership *(Attachment 4,5,6)*

9. Chairperson's Report – Ms. Garzelloni
    a. June 21, 2023, Executive Committee *(Attachment 7)*

10. Action Items –
    i. LRE Strategic Plan *(Attachment 8)*
       Suggested Motion: To approve the LRE 2023 Strategic Plan as presented
    ii. LRE SUD Strategic Plan *(Attachment 9)*
       Suggested Motion: To approve the LRE 2023 SUD Strategic Plan as presented as recommended by the LRE Oversight Policy Board
    iii. Our Hope Contract *(Attachment 10)*
       Suggested Motion: To approve a contract with Our Hope in the amount of $495,000
    iv. New Community Advisory Panel Members *(Attachments 11, 12, 13)*
       Suggested Motion: To approve membership of new Community Advisory Panel members representing Allegan County as recommended by the Community Advisory Panel
        - Robert Curry

- Jennifer Evink
- Sharon Powell

v. LRE Board Resolution – Conflict Free Access and Planning *(Attachment 14)*
Suggested Motion: To approve the LRE Board resolution opposing currently proposed models for implementation of Conflict Free Access and Planning in Michigan as presented

11. Financial Report and Funding Distribution – Ms. Chick *(Attachment 15)*
    a. FY2023, May Funds Distribution *(Attachment 16)*
    Suggested Motion: To approve the FY2023, May Funds Distribution as presented

    b. Statement of Activities as of 4/30/2023 with Variance Reports *(Attachment 17)*
    c. Monthly FSR (*Attachment 18) –*

12. LRE Board Member Conflict of Interest Discussion *(Attachments 19, 20)*
13. CEO Report – Ms. Marlatt-Dumas
14. Board Member Comments
15. Public Comment
16. Upcoming LRE Meetings
    - July 19, 2023 – Executive Committee, 1:00PM
    - July 26, 2023 – LRE Executive Board Meeting, 1:00 PM

17. Adjourn

LAKESHORE REGIONAL ENTITY

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
May 24, 2023 – 1:00 PM
GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Mr. DeYoung
Mr. DeYoung called the May 24, 2023, LRE Board meeting to order at 1:04 PM.

Mr. DeYoung announces that Ms. Jane Verduin (West Michigan CMH) has resigned effective at the end of May.

Mr. DeYoung announces that Mr. Jim Storey was re-appointed to the LRE Board for an additional 3 years by OnPoint.

Mr. DeYoung introduces Ms. Janice Hilleary appointed by HealthWest.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung
In Attendance: Ron Bacon, Mark DeYoung, Jack Greenfield, Linda Garzelloni, Janice Hilleary, Sara Hogan, Alice Kelsey, Susan Meston, Ron Sanders, Stan Stek, Jim Storey, Janet Thomas, Jane Verduin

Absent: Jon Campbell, Richard Kanten

PUBLIC COMMENT
None.

CONSENT ITEMS:
LRE 23-17 Motion: To approve by consent the following items.

- April 26, 2023, Board of Directors meeting minutes

Moved: Ron Sanders Support: Jim Storey

The May 24, 2023, Board of Directors meeting agenda has been removed from the consent items.

Roll Call
MOTION CARRIED

LRE 23-18 Motion: To amend the May 27, 2023, agenda to add the "Status of the CMH Deficit Payment Strategy" as item 8d and remove the LRE Strategic Plan Action Item 7i

Moved: Stan Stek Support: Janet Thomas
Roll Call
MOTION CARRIED

LRE 23-19 Motion: To approve the May 25, 2023, agenda as amended
Moved: Jim Storey Support: Linda Garzelloni
Roll Call
MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in the packet for information.

CHAIRPERSON'S REPORT

May 17, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

ACTION ITEMS

LRE 23-20 Motion: To approve appointment of Ron Bacon to the LRE Executive Committee

Moved: Janet Thomas Support: Jane Verduin
Roll Call
MOTION CARRIED

LRE 23-21 Motion: To approve appointment of Ron Bacon to complete the term of LRE Board Secretary

Moved: Janet Thomas Support: Linda Garzelloni
Roll Call
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2023 April Funds Distribution

LRE 23-22 Motion: To approve the FY2023, April Funds Distribution as presented

Moved: Ron Sanders Support: Stan Stek
Roll Call
MOTION CARRIED

Statement of Activities as of 3/31/2023 with Variance Report-

Included in the Board packet for information. Ms. Chick notes:

- CCBHC supplemental revenue rates were expected to decrease for this fiscal year, which they did for both CCBHCs within the region. The CCBHC general fund payment was received this month and will be reflected in next month's statement of activities.

- A budget amendment will be brought to the board that will include an increase in the legal line.

Monthly FSR (December and January)-
Included in the Board packet for information.

STATUS OF THE CMH DEFICIT PAYMENT STRATEGY
Mr. DeYoung updates that the Executive Committee has been meeting weekly with the LRE CEO/CFO and the CMH CEOs/CFOs to discuss the best process for how and when to distribute the deficit funds. During the last meeting additional financial information was given that the CMHs will review internally. The goal is to determine the best course of action during the next scheduled meeting on May 31. The Executive Committee plans to bring a recommendation to the full Board.

Mr. Stek expresses concern and frustration that the deficit amounts have not been paid to the CMHs by the LRE. Mr. Stek comments that the CMHs have carried this debt for numerous years and LRE has spent $400 thousand in lawyer fees to receive a judgement stating we are allowed to pay the historical debt down with current funds. He states that the LRE is the risk baring entity not the CMHs and the funds should be released immediately to the CMHs as there may be a deadline that could keep LRE from being able to pay if too much time passes. This is due to the FY24 PIHP contract which has been amended to specifically state that past debts cannot be paid with current funds.

Ms. Marlatt-Dumas explains that when the CMHs incurred the debt the LRE had no ISF/Savings so then the payment of that debt would fall to the county of the CMH. LRE would like to pay the CMHs the past deficit amounts and that is why a large amount of funds were paid for litigation. A strategy was agreed to withhold 7.5% off the top to fund the ISF/MC Savings but then some of the CMHs overspent and that full amount has not been collected. Due to this overspending the region's ISF/MC Savings will not be fully funded and is a major concern. The delay in paying the CMHs is to wait for the CMH Compliance Audits to be completed to ensure we have adequate funds. There are historically large swings to the negative at the end of the year. The goal is to be financially stable as a region. LRE estimates that there is $40 million in the ISF/MC Savings, but we cannot be sure until the audits are completed. At present LRE is planning to push out the 45% that would be the region's part of the deficit pay-out minus the $4.3 million cost settlement that the state owes LRE. LRE would then like to wait for the state's response regarding their portion that is stated in the ruling (55% of total). Ms. Marlatt-Dumas recommends gathering all the information to make an informed decision on how to distribute the funds.

Mr. DeYoung states that it is noted that time is of the essence, and we are pressing forward quickly to come to a resolution.

There is further discussion about the risk of moving forward without having the audits completed and not having adequate information. Ms. Marlatt-Dumas comments that the Executive Committee was appointed to review all the information and to give an informed recommendation. She strongly encourages the Board to let that group complete their analysis.

Ms. Lynne Doyle, CEO, CMHOC, commented that she recommends waiting until the audits are completed and Wakely gives their recommendation after completing the ISF analysis. She believes the CMHs should be paid back but it should be a fully informed decision and should not completely drain the ISF.

Mr. Stek comments that to meet the financial need at the regional level cannot be done by not paying our debts, especially when this means making N180 insolvent. LRE should pay the debts owed and then move forward. Mr. Stek recommends amending the motion from 90%/10% to 80%/20%. The maker and second of the motion agree to the amendment.

There is concern from some Board members that we do not have all the information to make an informed decision. The motion made was very detailed and there was no time to enable Board members to read and understand the full implications of the motion. Mr. Storey made a motion seconded by Ms. Hogan to table the discussion to the June 28 meeting, but the motion failed.

LRE 23-23 Motion: To approve that the LRE shall immediately settle FY18, FY19, FY20, and FY21 in the amount of $23,008,109.12 with the CMH's and shall pay the money no later than 7 days from the date of this approval. The payments will be made in the following manner:

1. The CMH's owed money will be paid 80% of the entitled funds into an unrestricted account to resolve the CMH's past liabilities:
2. The CMH's owed money will be paid 20% of funds to be held in an escrow restricted account at the CMH which shall be returned to the LRE under any of the following conditions:
    a. The 20% will be returned to the LRE if a material change is determined after all CMH's compliance audits are finalized and filed with Michigan Department of Treasury for FY 22.
    b. The 20% will be returned if funding is necessary for the ISF; however, this would only occur after the Medicaid Savings account is transferred to the ISF and this request is vetted by the Operations Council and voted on with the approval of the Operations Council. This vote must be unanimous. Further, the LRE will immediately notify the LRE Board of Directors of this transfer at its next regularly scheduled board meeting or special board meeting whichever occurs first.

c. After one year of the date of the transfer of the 20% to the escrow account the funds will be moved to an unrestricted account for the CMH's to use at its discretion.

Moved: Janet Thomas Support: Linda Garzelloni
Roll Call
Yes: 8 No: 5
MOTION CARRIED

CEO REPORT

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

- Mr. Riley is working on the CEO evaluation process and a draft has been sent to the Executive Committee for review.
- LRE continues to discuss allocation of HSW slots with MDHHS. LRE has asked for 269 additional slots.
- Previously DCW was cost settled separately but will no longer be separate which is a positive for the region.
- LRE is having discussions with the state about BHH/OHH eligibility. MDHHS previously informed LRE that we were not eligible but is going to review and possibly make a language amendment that will allow us to be eligible.
- FY21 audit is still outstanding but the goal is to complete FY21 and FY22 by June. RPC will attend in June to present the outcome.
- LRE continues to work with Wakely on the ISF analysis.
- CCBHC – The three CMHs that are currently not in the demonstration have been accepted into the demonstration just this week.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. https://cmham.org/education-events/boardworks/

BOARD MEMBER COMMENTS

- Mr. Greenfield would like to thank Ms. Verduin for all the work she done while on the LRE Board and he also comments on the LRE Community Newsletter and that it was very well done.
- Mr. Stek expresses his thanks to Ms. Verduin and comments that she has always been steadfast and taken on any tasks that were asked of her.
- Jim Storey would like a financial explanation of the motion to be included in the meeting minutes for next month.
- Ms. Verduin comments that she has learned a great deal while being part of this Board and knows that this Board will get through anything coming up.

PUBLIC COMMENT
None.

UPCOMING LRE MEETINGS

- June 8, 2023 – Community Advisory Panel (CAP), 1:00 PM
- June 21, 2023 – Executive Committee, 1:00PM
- June 28, 2023 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN
Mr. DeYoung adjourned the May 24, 2023, LRE Board of Directors meeting at 2:39 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

LAKESHORE REGIONAL ENTITY

CONSUMER ADVISORY PANEL MEETING NOTES

Thursday, June 8, 2023 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Lynette B., Sharon H., Tamara M., Angie K.
Guests: Robert C., Jennifer E., Sharon P.
CMH: Lori Schummer (WM), Anna Bednarek (Ottawa), Cathy Potter (OnPoint), Kelly Betts (HW), Max Knoth (Ottawa), Jodi Bray (WM)
LRE: Mari Hesselink, Stephanie VanDerKooi, Michelle Anguiano

1. Welcome and Introductions.
    a. Review of the June 8, 2023, Agenda
    b. Review of the March 9, 2022, Meeting Minutes

2. Member Stories – Limit 5 minutes
    a. Member Experiences
        - Tamara comments that it was very nice to see Mari at the Board Association conference and enjoyed her collaborating with their group.

3. Consumer Advisory Panel
    i. Recommended New CAP Members representing Allegan County
        1. Robert Curry
        2. Jennifer Evink
        3. Sharon Powell

    Ms. Potter from OnPoint comments that all three members have been extremely dedicated and participate in many different areas in Allegan and OnPoint.

    Motion: To approve membership of Mr. Robert Curry, Ms. Jennifer Evink and Ms. Sharon Powell to the LRE Community Advisory Panel and to recommend to the full LRE Board to approve membership

    Moved: Tamara M. Support: Sharon H.
    MOTION CARRIED
    UNANIMOUS

ii. CAP Newsletter

The group reviews the first edition of the CAP newsletter. The target audience is the community at large and will include individuals' stories, artwork, successes, various information, and spotlight people/organizations in the community. The newsletter will be published, depending on the amount of content, either quarterly or bi-annually.

- If there are any items that could be put included please send them to Mari at marih@lsre.org
- Tamara would like to submit her story for the newsletter.
- Ideas:
  - Write up about 988
  - Upcoming Events such as Mental Health Month.

4. LRE Updates
   i. LRE DEC Action Update
      - Stephanie explains that there had been a deficit in FY18/19 that LRE was willing to settle with the CMHs with the ISF (Internal Savings Fund). Unfortunately, the state took the stance that we would be in contract violation if we paid past deficits with current funds. LRE then brought this in front of the court and after a lengthy proceeding the judge agreed that LRE can pay the CMHs out of current funds. LRE was working with the CMHs on a distribution method, but a motion was passed during the May Board meeting to speed up the process. The LRE has disbursed 80% of the deficit to the CMHs and is waiting for some additional information before settling the 20% of the deficit that is left.

   ii. Customer Services Update
      - CS Survey's will be pushed out this month to as many people as possible. The form is also available online. The purpose of the survey is to determine outcomes for individuals using services. There is a plan to revamp the survey slightly going forward. There are some additional questions about social connectiveness, access to service and the cultural sensitivity question may be broken down into more than one question that will clarify the meaning. There were also wording changes to make it more understandable.
      - There is a comments section that will enable individuals to give more details and individuals filling out the survey can add their contact information if they would like a member of staff to contact them.

5. Regional Updates –
   i. LRE Strategic Planning Update

- LRE has been working on the regional strategic plan which was brought to the Board. The Boards comment was that there was too much information. LRE truncated the plan to take out the operational information. It will go back to the Board in June for final approval.
- LRE is also updating the SUD strategic plan. The OPB approved the SUD plan during the meeting last night and this will go to the full Board for approval in June.
- Both the regional and SUD strategic plans are 3-year plans and will begin on October 1. These documents will be posted on the LRE website.

6. State Updates –
   i. Legislative Update *(Attachment 7)*
      - Stephanie comments that this document can be used at the other meetings. The document outlines SUD and MH bills introduced at the state and federal levels. Yellow is new bills and gray is old (gray will be taken off after 6 months)
   ii. Shirkey Bills Reintroduced
      - https://www.legislature.mi.gov/documents/2023-2024/billintroduced/House/pdf/2023-HIB-4576.pdf
      - https://www.legislature.mi.gov/documents/2023-2024/billintroduced/House/pdf/2023-HIB-4577.pdf
        - These were introduced by Rep. Curt VanderWall in early May and have been referred to a committee. These are very similar to the Shirkey (298) Bills and will revamp the Michigan Public Health Care System. LRE will continue to keep this group updated for any advocacy efforts.

   iii. DCW Listening Sessions *(Attachment 8)*
      - https://publicsectorconsultants.com/direct-care-behavioral-health-workforce/

   iv. MC Enrollment and the Public Health Emergency Unwind *(Attachment 9)*
      - Renewal Month Check at newmibridges.michigan.gov

7. LRE Board Meeting
   June 28, 2023 – LRE Board Meeting
   GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
   Call-in information will be posted on the LRE website
8. Upcoming CAP Meetings for **2023** (2nd Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)
   June 8, September 14, December 14

9. Other:
    - There is a website to find out who your legislator is. Stephanie will put it in the chat and include on her legislative report.
      Find Your State Legislators - Open States
    - HealthWest has a new Director, Rich Francisco.
    - Ottawa CMH:
        - Currently being reviewed by CARF.
        - September 21st at the Civic Center in Holland will be the Recovery Fest.
        - The momentum center is opening in Grand Haven (contact Anna Bednarek to receive info. on their programs).
    - Walk a mile is scheduled for September 13th, more information will be forthcoming so keep an eye on the Board association website.
    - Network180: CAP do not have any budgeted funds and are discussing doing some fund raising such as an art show.
    - The Board Association holds a traveling art show to raise money.
      Art Show • CMHAM - Community Mental Health Association of Michigan

FUTURE AGENDA ITEMS

Chief Operating Officer (Stephanie VanDerKooi)
Report to the Board of Directors
June 24, 2023

Substance Use Disorder Strategic Plan: Significant work has been completed this month by the SUD team to finalize the 3-year SUD Strategic Plan (FY24 – FY26) as required by MDHHS on July 15th. The DRAFT plan was presented to the ***Oversight Policy Board*** during their June 7, 2023 meeting. The Board took action to accept the plan as presented and is recommending that the LRE Board of Director approve the Substance Use Disorder Strategic Plan for FY24-26.

FY 22 Annual Impact Report: This report is being developed with input from LRE subject matter experts. Completion of the report is on hold pending completion of the annual fiscal audit year-end financial reports. The goal is for this report to be completed and presented to this Board during the July meeting.

Health Services Advisory Group (HSAG) prep:
Working in tandem with the LRE Quality department, LRE's Operations team has spent a great deal of time in the past month gathering proof documents in preparation for the upcoming HSAG audit in August.

Legislative Update: An updated version of proposed legislation at both the State and Federal Level, as it relates to Behavioral Health, is included with today's meeting materials *(Attachment 1)*. This grid is updated monthly, and new legislation is highlighted in yellow for ease of identification.

There are two new bills that were recently introduced that the Board might consider acting on. Found on page 1 of the report (highlighted in yellow) are HB4576 and HB457. These bills, proposed by Rep. Curt Vander Wall, are similar to the bills Sen. Shirkey introduced last year. There will also be some tobacco licensing bills introduced very soon. If the Board would like to take action on any of the proposed bills, please advise and the LRE team can formulate a plan.

CCBHC (Certified Community Behavioral Health Center): The most recent update to the CCBHC handbook (version 6) has been released by the state. We continue to hold regional meetings with HealthWest and West Michigan CMH.

CCBHC May enrollments
HW- MCD: 793 Non: 56
WM- MCD: 38 Non: 31

Report Submission Tracking – May 2023
The LRE submitted a total of 23 reports to MDHHS in May 2023. All reports were completed and submitted on or before the deadline.

May 2023

Total Number of Reports	23
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 completed the Network 180 Site Review, and reviewed action plans from West Michigan. We have continued with the production and implementation of the new data file submission format, in lieu of the WSA, for ABA services. We are working on overcoming some roadblocks which have delayed the implementation of this and expect it to be fully functional by next month. We have been reviewing policy bulletins and preparing for the end of the public health emergency, as well as providing technical assistance to CMHSPs. The number of current ABA beneficiaries noted below is still based on April's enrollment numbers. We hope to present updated numbers next month as the new file submission becomes effective.

Again, this month for Autism the numbers have not changed from the previous month as we are still waiting for the data submissions from all 5 CMHs. This data is reflective of the last WSA pull on 4/1/23. We are hoping by July's board report out we will have the full data submission and can provide the updated numbers.

Autism Benefit Enrollments as of 4/1/23:

1,833 children are open to the Autism Benefit.

Current Enrollments:

- On Point – 137
- HealthWest – 172
- Network 180 – 1,175
- Ottawa – 289
- West Michigan – 60

CLINICAL/UM – Liz Totten

During the past month, the UM/Clinical Department reviewed Home Based Certifications submitted by all CMHSPs. CMHSP's worked diligently with the LRE to address required amendments for LRE application approval. All applications were submitted to MDHHS before the May 31 deadline. Thank you to our region for their excellent submissions and timely work!

LRE UM/Clinical Department continued work with the MDHHS Person Centered Planning Workgroup to finalize PCP Core Activities that will be tested by both LRE and CMHSP staff in the month of June. Feedback will be provided to TBD Solutions and MDHHS by July 14. LRE UM/Clinical Department continues to work with member CMHSPs and internal LRE staff to review the Conflict Free Access & Planning Options presented by MDHHS for both system and financial impact. The MDHHS CFA&P Workgroup will be wrapping up "testing" each option and MDHHS plans to choose a statewide mandatory option by September 2023. All options remain controversial, and many regions are voicing their serious concern over the detrimental impact on our current system and those we serve.

INTEGRATED HEALTHCARE – Tom Rocheleau

During May 2023, monthly joint care coordination meetings occurred with each of the six Medicaid Health Plans that serve the LRE region. During the May meetings, 52 consumers were reviewed with their respective MHPs to discuss 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 15 consumers discussed with their MHPs wherein an interactive care plan was not created, but collaboration took place resulting in a Single Episode of Care (SEC). Given this was an increase from May, the data continues to

indicate the CMHSPs and MHPs are working hard to identify new members for integrated care plan discussions. Two new interactive care plans were opened in May.

CUSTOMER SERVICES/PRIORITY POPULATION– Michelle Anguiano & Mari Hesselink

NABD training was presented at the end of April 2023. Since that time Ottawa and West Michigan CMH have requested training to be completed on NABD's to their staff. Appeals and grievances continue to be audited and plans for corrections have been put in place.

Customer Services Phone Log: May 2023

Total Customer Service calls (not including requests for appeal) during business hours: 63

- Total calls after hours (SAMHSA HOTLINE): 144
- Grievances:0
- State Inquiries: 0
- Referrals to SUD: 33
- Billing/claims: 18
- Case Consultation: 7
- Did not understand NABD: 5

Satisfaction Survey Launch

The 2023 LRE Satisfaction Survey "snapshot" month ended on June 15. The Customer Services team will begin compiling the results for analysis. There were a few issues with the survey that came to light during the launch period, which have been noted and addressed with LRE IT and Customer Services.

Additional questions for the survey were brought to the Survey Workgroup last week for approval. These questions fulfilled requirements and recommendations from HSAG for inclusion of children and HCBS.

The survey workgroup will meet on June 29th to discuss administration, results, and any issues encountered during the "snapshot" month.

CREDENTIALING - Pam Bronson (Credentialing Specialist):

The Credentialing Committee reviewed and approved 7 organizational providers for credentialing/re-credentialing in May. The Universal Credentialing system was previewed at the May Improving Outcomes conference. There did not appear to be any new information. However, it was reported that LRE will be the third PIHP to go live once the system is released.

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

In the past month, PN Managers attended an Open House/Tour of the new state psychiatric facility in Caro. Several legislators, MDHHS Administrators, and Governor Whitmer were present to speak and offer their gratitude for the work that has gone into the project. The state-of-the-art facility has comfortable living and treatment areas with lots of natural light and a patient-focused design. Governor Whitmer reported the aim is to update other state psychiatric facilities in the future.

PN Managers are evaluating the value-based contracts implemented in FY23 and are working toward refining the model for FY24. PN Managers continue to work to update/revise the FY24 PIHP/CMHSP contracts and the FY24 provider common contract.

SUD TREATMENT - Amanda Tarantowski, SUD Treatment Manager

LRE SUD Treatment Manager has been involved in the following activities during the past month:

- Completed an Interview on the 1115 Waiver
- Continued to assist in development of the FY 24-26 SUDStrategic Plan
- Participated in audit of Salvation Army Turning Point
- Attended Ottawa County Meeting about Methamphetamine

SUD/GAMBLING PREVENTION – Amy Embury

SUD Prevention Procurement: LRE issued the SUD Prevention Procurement materials on May 19, 2023. Answers to questions were posted on LRE's website on June 5. All information and documentation related to the RFP can be found on the LRE website.

The Lakeshore Regional Entity Prevention Providers FY2022 summary is attached *(Attachment 2)*. This document highlights regional prevention providers by each county in the LRE region and by individual contracted Prevention Providers.

LRE has convened a Regional Training workgroup toward ensuring evidence-based training that supports workforce development needs. The group identifies training activities to support SUD related issues in the region to leverage funded dollars. The LRE is an approved Social Work CEUs and MCBAP training credits provider and supports providers requests for oversight of these trainings. Any related opportunities for workforce development initiatives are shared through the SUD ROAT and Prevention Providers communications. Please see training opportunity flyer *(Attachment 3)*.

WAIVERS – Kim Keglovitz / Melanie Misiuk/Stewart Mills

The following is a chart of overdue recertifications and guardian consents. Recertifications are due annually and guardian consents are due every three years. Please note those numbers below do not include any currently pending with MDHHS due to staffing changes.

CMHSP	Overdue Certifications	Overdue Guardian Consents	Inactive Consumers
Onpoint	1	0	1
HealthWest	0	3	
Network180	1	0	3
Ottawa	0	0	
West Michigan	0	1	

In May there were three slots to be filled. The slots were distributed as follows:

- Two to N180 (1 Children's Waiver age off)
- One to Ottawa

Four slots were available for the month of June and were distributed as follows:

- Two to Network 180 (1 CWP age-off has been approved by MDHHS, resulting in the three available slots reflected in the chart below)
- To slots to Health West

There are 19 complete packets and 9 packets pending due to goals, objectives, or needing updates to other required documents. Below is a chart of slot utilization in region 3.

	October	November	December	January	February	March	April
Used	629	628	628	628	628	628	629
Available	0	1	1	1	1	1	0
% Used	100	99.8	99.8	99.8	99.8	99.8	100
	May	**June**					
Used	629	626					
Available	0	3					
% Used	100	99.5					

The enrollment deadline is always the 15th of the month. If the LRE is not notified of a disenrollment immediately, there is potential of missing the deadline for the month and the associated payment while there are individuals 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.

With the PHE unwinding, there will be a greater focus from MDHHS on making sure that recertification documents and pendbacks are submitted in a timely manner. All recertifications are due within 365 days and any pendbacks of recertifications or initial enrollment packets are due within 15 business days.

MDHHS will conduct a 90-day review for the waiver audit corrective action plan June 21-30. All proof documents were uploaded to MDHHS on June 20, 2023.

Children's Waiver Program (CWP)

For the month of June, 84 children are open and enrolled in the Children's Waiver Program. There are five children that have been invited to enroll on the Children's Waiver, one for an April start date, one for a May start date and three with a July start date. Six prescreens were submitted to MDHHS in May and two prescreens have been submitted in June thus far. There are currently eighteen scored prescreens that are on the weighing list and have not yet to be invited to join the CWP. Of these eighteen prescreens, two have been submitted by OnPoint, twelve by Network 180, one by HealthWest, and 3 by Ottawa.

CMHSP	# Enrolled
HealthWest	6 (2 invited)
Network 180	63 (2 invited)
On Point	4
Ottawa	10 (1 invited)
West Michigan	1

1915(i)SPA:

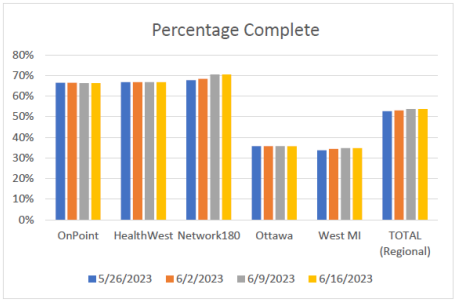
MDHHS Updates:

- 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 MPM was updated on 4/1/23 to include the 1915(i)SPA language from the 11/1/22 Memo. The B3 and B3W language has been removed.
- The next goal is 75% enrollment by July 1. Three of the five CMHSPs are very close to this goal.
- MDHHS continues to push the PIHPs and CMHSPs to reach these benchmarks. MDHHS is also working on updates continuously in the WSA so that cases can be recertified when needed.
- Case approvals in the WSA from MDHHS have slowed a bit, as MDHHS reported Friday that they have over 800 cases pending in their queue, including 73 from our Region as of Friday 6/16.

Regional Updates:

- The Regional iSPA Workgroup continues to meet monthly, with representation from each CMHSP, as well as attending the statewide meetings. The CMHSP Leads and staff assisting them for this program are doing a tremendous amount of work, and the LRE is appreciative of the time and effort put towards this program. Time and staffing continue to be the most reported roadblocks to CMHSPs being able to identify cases and enter data into the WSA.
- As of the last state report, the LRE has the second highest number of enrollments statewide, and the second highest percentage of enrollments. Based on the CMHSPs reported expected number of enrollees, 3 of 5 CMHSP already have over 60% enrollment, and are on track to meet the 75% enrollment goal by 7/1. See the attached graphs for more details on enrollment progress in the Region. 01553040

1915(I)SPA ENROLLMENT PROGRESS (CMH REPORTED DATA)



GOAL:

50% Enrollment by April 1, 2023

75% by July 1, 2023

100% by October 1, 2023

CMHSP	5/26/2023	6/2/2023	6/9/2023	6/16/2023
OnPoint	66%	66%	66%	66%
HealthWest	67%	67%	67%	67%
Network180	68%	68%	71%	71%
Ottawa	36%	36%	36%	36%
West MI	34%	34%	35%	35%
TOTAL (Regional)	**53%**	**53%**	**54%**	**54%**

CMHSP	Total Expected Cases Reported by CMH	Currently Enrolled - 6/9/23	Currently Enrolled - 6/16/23	Withdrawn - 6/9/23	Withdrawn - 6/16/23	Total Pending in WSA Queue - 6/16/23
OnPoint	170	112	112	275	275	8
HealthWest	500	334	334	367	420	17
Network180	831	586	587	299	314	22
Ottawa	*650*	232	232	22	24	11
West MI	567	197	197	191	236	15
TOTAL (Regional)	**2468**	**1461**	**1461**	**1154**	**1269**	**73**

**Ottawa's total cases are estimated. Numbers have been updated based on new information and what was reported to MDHHS, however we are still waiting to confirm the total numbers.*

SEDW:

- There are currently 92 open cases.
  - Allegan – 6
  - HealthWest – 16
  - Network180 – 47
  - Ottawa – 20
  - West MI – 3
- LRE is working to reinstate the Regional SEDW Workgroup on a quarterly basis. Currently we are working to schedule a meeting for September 2023 with the CMHSP SEDW Leads and Arbor Circle.
- Post-Covid PHE Changes for the SEDW include the push to move all Wraparound services back to in-person.

ATTACHMENT 1

Lakeshore Regional Entity's Legislative Update – 6/5/2023

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

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

Highlight = new updates
Highlight = old bill, no longer active

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy
	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey's legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services.	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy

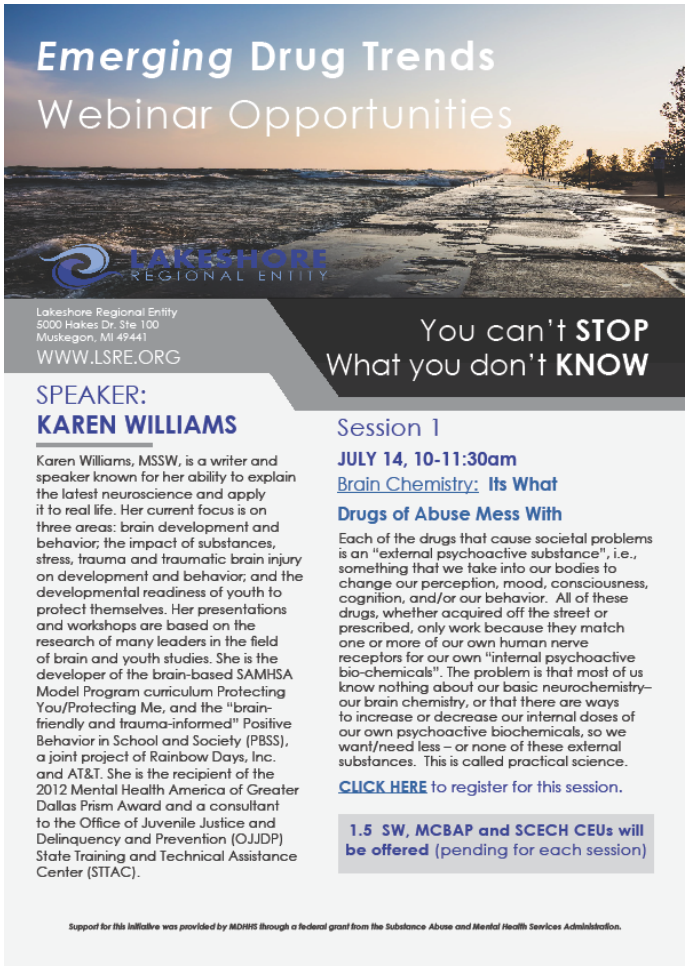
BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 6474	*A bill to prohibit municipalities from adopting ordinances that would require caregivers or qualified medical marijuana patients to report use or growth, pay a tax to municipality, grow marijuana according to the MRTMA, forced inspections of property by municipality, among other requirements that would create an undue burden on caregiver or qualified medical marijuana patient*	*Steve Carra*	*11/9/22-Introduced and referred to Committee on Regulatory Reform*
	S 1170/1171	*Bills to make prescribers and agencies who are trained to distribute naloxone immune from prosecution for distribution, administration, or failure to administer naloxone.*	*Dale Zorn*	*9/20/22-Introduced and referred to Committee on Health Policy and Human Services*

ATTACHMENT 2

Substance Use Disorder Prevention
Funded Agency Guide
2022-2023

LAKESHORE REGIONAL ENTITY

ATTACHMENT 3



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STATE LEGISLATION

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BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
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	S 1170/1171	*Bills to make prescribers and agencies who are trained to distribute naloxone immune from prosecution for distribution, administration, or failure to administer naloxone.*	*Dale Zorn*	*9/20/22-Introduced and referred to Committee on Health Policy and Human Services*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	SB 1222-1223	*A two-bill package designed to extend the capture of liquor tax revenue that counties use for substance abuse programs. Beginning in 2023, the baseline allocation in liquor tax dollars for counties will increase by approximately 48 percent ($25 million). It is an amendment to the State Convention Facilities Authority Act. Current law states 50 percent of the liquor tax revenue received by counties must be allocated to substance abuse programs. SBs 1222-23 will change that requirement to 40 percent (though no less than the amount allocated in FY22). This will be a significant increase in funds toward substance abuse programs, and an increase in the amount counties can allocate to their general funds. 2021-SFA-1222-F.pdf (mi.gov)*	*Wayne Schmidt*	*12/29/22 – signed by the Governor*
	TBD	Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh	Preemption one pager (d31hzlhk6di2h5.cloudfront.net) *Note* - Introduction of the bill package may be pushed back until the fall, due to the limited amount of days left in the legislature before the summer break.
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 8454	***Medical Marijuana and Cannabidiol Research Expansion Act:*** *Establishes a new, separate registration process to facilitate research on marijuana; directs DEA to follow specified procedures to register practitioners to conduct marijuana research, and manufacturers to supply marijuana for research; Bill also includes various other provisions including: require the DEA to assess whether there is an adequate and uninterrupted supply of marijuana for research purposes; prohibit the Department of Health and Human Services (HHS) from reinstating the interdisciplinary review process for marijuana research; allow physicians to discuss the potential harms and benefits of marijuana and its derivatives (including CBD) with patients; and require HHS, in coordination with the National Institutes of Health and relevant federal agencies, to report on the therapeutic potential of marijuana for various conditions such as epilepsy, as well as the impact on adolescent brains and on the ability to operate a motor vehicle.*	*Earl Blumenauer*	*11/16/22-Passed Senate* *12/2/22 – Became Law* *H.R.8454 - 117th Congress (2021-2022): Medical Marijuana and Cannabidiol Research Expansion Act | Congress.gov | Library of Congress*
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				Pensions
	HR 2867 & S 1235	Bruce's Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

LEGISLATIVE CONCERNS

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

MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
FY24 State Budget Recommendations	Governor Whitmer's FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD: • $300 million for student mental health to ensure students' needs can be identified and provided with the right support. • $210.1 million for Direct Care Worker Wages ($74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about $1.50 / hour (10%) • $5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.		Access budget material at: https://www.michigan.gov/budget
MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)
CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)

Act No. 275
Public Acts of 2022
Approved by the Governor
December 29, 2022
Filed with the Secretary of State
December 29, 2022
EFFECTIVE DATE: Sine Die

STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022

Introduced by Senator Schmidt

ENROLLED SENATE BILL No. 1222

AN ACT to amend 2008 PA 554, entitled "An act to create and provide for the incorporation of certain regional convention facility authorities; to provide for the membership of the authorities; to provide for the powers and duties of the authorities; to provide for the conveyance of ownership of and operational jurisdiction over certain convention facilities to authorities and to provide for the transfer of certain real and personal property utilized as convention facilities to authorities; to provide for the assumption of certain contracts, bonds, notes, and other evidences of indebtedness and liabilities related to convention facilities by authorities; to authorize the creation of certain funds; to authorize expenditures from certain funds; to finance the acquisition of land and the development of certain convention facilities and of public improvements or related facilities; to provide for the issuance of bonds and notes; to authorize certain investments; to provide for the transfer of public employees to the employment of authorities; to provide for the allocation of liabilities related to employee benefits; to protect certain rights of local government employees; and to impose certain powers and duties upon state and local departments, agencies, and officers," by amending sections 5, 17, and 23 (MCL 141.1355, 141.1367, and 141.1373), section 5 as amended by 2009 PA 63.

The People of the State of Michigan enact:

Sec. 5. As used in this act:

(a) "Authority" means a regional convention facility authority created under section 7.

(b) "Board" means the board of directors of an authority.

(c) "Convention facility" means all or any part of, or any combination of, a convention hall, auditorium, arena, meeting rooms, exhibition area, and related adjacent public areas that are generally available to the public for lease on a short-term basis for holding conventions, meetings, exhibits, and similar events, together with real or personal property, and easements above, on, or under the surface of real or personal property, used or intended to be used for holding conventions, meetings, exhibits, and similar events, together with appurtenant property, including walkways, bicycle paths, plazas, green space, parking lots or structures, and roads necessary or convenient for use in connection with the convention facility. Convention facility includes an attached arena with a seating capacity not exceeding 13,000. Convention facility does not include any arena with a seating capacity exceeding 13,000.

(d) "Develop" means to plan, acquire, construct, improve, enlarge, maintain, renew, renovate, repair, replace, lease, equip, or furnish.

(e) "Fiscal year" means an annual period that begins on October 1 and ends on September 30 or the fiscal year for an authority established by the board of the authority.

(f) "Legislative body" means the elected body of a local government possessing the legislative power of the local government.

(g) "Local chief executive officer" means the mayor or city manager of a city or the county executive of a county or, if a county does not have a county executive, the chairperson of the county board of commissioners.

(h) "Local government" means a county or city. For purposes of sections 17(1)(t) and 19, other than section 19(1)(f), local government includes a building authority or downtown development authority created by a county or city under part 2 of the recodified tax increment financing act, 2018 PA 57, MCL 125.4201 to 125.4230.

(i) "Public-private arrangement" means an agreement between an authority and a private entity that relates to researching, planning, studying, designing, developing, financing, acquiring, constructing, renovating, operating, maintaining, or charging rent or other fees for a convention facility.

(j) "Qualified city" means a city with a population of more than 550,000 according to the most recent decennial census that contains a qualified convention facility.

(k) "Qualified county" means a county that contains a qualified city.

(*l*) "Qualified convention facility" means a publicly owned convention facility with not less than 600,000 square feet of usable exhibition area and that is located in a qualified city.

(m) "Qualified metropolitan area" means a geographic area of this state that includes a qualified city, a qualified county, and the 2 counties bordering the qualified county with the largest populations according to the most recent decennial census.

(n) "Transfer date" means the earlier of the following:

(*i*) The date 90 days after the creation of an authority under section 7 on which the right, title, interest, ownership, and control of a qualified convention facility are conveyed and transferred from a qualified city to an authority, only if the transfer is not disapproved as provided under section 19(1).

(*ii*) The effective date of a lease agreement providing for the lease of a qualified convention facility to an authority created under section 7 as provided under section 19(1). In the event that the qualified convention facility is transferred to the authority by way of a lease, references in this act to transfer of title or conveyance of title must be interpreted to mean the effectuation of the transfer or conveyance by way of a lease and not in fee.

Sec. 17. (1) Except as otherwise provided in this act, an authority may do all things necessary or convenient to implement the purposes, objectives, and provisions of this act and the purposes, objectives, and jurisdictions vested in the authority or the board by this act or other law, including, but not limited to, all of the following:

(a) Adopt and use a corporate seal.

(b) Adopt, amend, and repeal bylaws for the regulation of its affairs and the conduct of its business.

(c) Sue and be sued in its own name and plead and be impleaded.

(d) Borrow money and issue bonds and notes according to the provisions of this act.

(e) Make and enter into contracts, agreements, or instruments necessary, incidental, or convenient to the performance of its duties and execution of its powers, duties, and jurisdictions under this act with any federal, state, local, or intergovernmental governmental agency or with any other person or entity, public or private, upon terms and conditions acceptable to the authority.

(f) Engage in collective negotiation or collective bargaining and enter into agreements with a bargaining representative as provided by 1947 PA 336, MCL 423.201 to 423.217.

(g) Solicit, receive, and accept gifts, grants, labor, loans, contributions of money, property, or other things of value, and other aid or payment from any federal, state, local, or intergovernmental government agency or from any other person or entity, public or private, upon terms and conditions acceptable to the authority, or participate in any other way in a federal, state, local, or intergovernmental government program.

(h) Apply for and receive loans, grants, guarantees, or other financial assistance in aid of a convention facility from any state, federal, local, or intergovernmental government or agency or from any other source, public or private, including, but not limited to, financial assistance for purposes of developing, planning, constructing, improving, and operating a convention facility.

(i) Procure insurance or become a self-funded insurer against loss in connection with the property, assets, or activities of the authority.

(j) Indemnify and procure insurance indemnifying board members from personal loss or accountability for liability asserted by a person with regard to bonds or other obligations of the authority, or from any personal liability or accountability by reason of the issuance of the bonds or other obligations or by reason of any other action taken or the failure to act by the authority.

(k) Invest money of the authority, at the discretion of the board, in instruments, obligations, securities, or property determined proper by the board and name and use depositories for authority money. Investments must be made consistent with an investment policy adopted by the board that complies with this act and 1943 PA 20, MCL 129.91 to 129.97a.

(*l*) Contract for goods and services as necessary and as provided under this act. An authority may contract with a management firm, either corporate or otherwise, to operate a qualified convention facility, under the supervision of the authority.

(m) Employ legal and technical experts, other officers, agents, employees, or other personnel, permanent or temporary, as considered necessary by the board as provided under this act.

(n) Contract for the services of persons or entities for rendering professional or technical assistance, including, but not limited to, consultants, managers, legal counsel, engineers, accountants, and auditors, as provided under this act.

(o) Establish and maintain an office.

(p) Acquire by gift, devise, transfer, exchange, purchase, lease, or otherwise on terms and conditions and in a manner the authority considers proper property or rights or interests in property. Property or rights or interests in property acquired by an authority may be by purchase contract, lease purchase, agreement, installment sales contract, land contract, or otherwise. The acquisition of any property by an authority for a convention facility in furtherance of the purposes of the authority is for a public use, and the exercise of any other powers granted to the authority is declared to be public, governmental, and municipal functions, purposes, and uses exercised for a public purpose and matters of public necessity.

(q) Hold, clear, remediate, improve, maintain, manage, protect, control, sell, exchange, lease, or grant easements and licenses on property or rights or interests in property that the authority acquires, holds, or controls.

(r) Except as provided in section 19(13), convey, sell, transfer, exchange, lease, or otherwise dispose of property or rights or interest in property, excluding the sale or transfer of a qualified convention facility, to any person or entity on terms and conditions, and in a manner and for consideration the authority considers proper, fair, and valuable.

(s) Develop a convention facility.

(t) Assume and perform the obligations and covenants of a local government related to a qualified convention facility.

(u) Enter into contracts or other arrangements with persons or entities, for granting the privilege of naming or placing advertising on or in all or any portion of a convention facility.

(v) Receive financial or other assistance from a person licensed under section 6 of the Michigan Gaming Control and Revenue Act, 1996 IL 1, MCL 432.206.

(w) Establish and fix a schedule of rents, admission fees, or other charges for occupancy, use of, or admission to any convention facility operated by the authority and provide for the collection and enforcement of those rents, admission fees, or other charges.

(x) Adopt reasonable rules and regulations for the orderly, safe, efficient, and sanitary operation and use of a convention facility owned by the authority or under its operational jurisdiction.

(y) Enter into a public-private arrangement.

(z) Do all other acts and things necessary or convenient to exercise the powers, duties, and jurisdictions of the authority under this act or other laws that related to the purposes, powers, duties, and jurisdictions of the authority.

(2) Notwithstanding any other provision of law to the contrary, an authority does not have the power to impose or levy a tax.

Sec. 23. (1) Except as provided in subsection (3), an authority may raise revenues to fund all of its activities, operations, and investments consistent with its purposes. The sources of revenue available to the authority may include, but are not limited to, any of the following:

(a) Rents, admission fees, or other charges for use of a convention facility which the authority may fix, regulate, and collect.

(b) Federal, state, or local government grants, loans, appropriations, payments, or contributions.

(c) The proceeds from the sale, exchange, mortgage, lease, or other disposition of property that the authority has acquired.

(d) Grants, loans, appropriations, payments, proceeds from repayments of loans made by the authority, or contributions from public or private sources.

(e) Distributions from the convention facility development fund of the state pursuant to the state convention facility development act, 1985 PA 106, MCL 207.621 to 207.640.

(f) Investment earnings on the revenues described in subdivisions (a) to (e).

(2) The revenues raised by an authority may be pledged, in whole or in part, for the repayment of bonded indebtedness and other expenditures issued or incurred by the authority.

(3) Notwithstanding any other provision of law to the contrary, an authority does not have the power to impose or levy a tax.

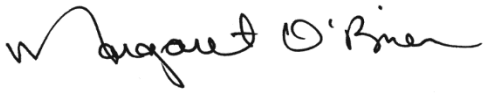
(4) The board by resolution may establish a regional convention facility operating trust fund for the purpose of accumulating funds to pay for the cost of operating and maintaining a qualified convention facility. Money for operating and maintaining a qualified convention facility, at the authority's discretion, may be provided from this fund or any other money of the authority. The resolution establishing the fund must include all of the following:

(a) The designation of a person or persons who shall act as the fund's investment fiduciary.

(b) A restriction of withdrawals from the fund solely for the payment of reasonable operating and maintenance expenses of a convention facility and the payment of the expenses of administration of the fund.

(5) An investment fiduciary shall invest the assets of the fund in accordance with an investment policy adopted by the board that complies with section 13 of the public employee retirement system investment act, 1965 PA 314, MCL 38.1133. However, the investment fiduciary shall discharge the investment fiduciary's duties solely in the interest of the authority. The authority may invest the fund's assets in the investment instruments and subject to the investment limitations governing the investment of assets of public employee retirement systems under the public employee retirement system investment act, 1965 PA 314, MCL 38.1132 to 38.1141.

(6) A financial obligation of an authority is a financial obligation of the authority only and not a financial obligation of this state, a qualified city, a qualified county, or a county bordering a qualified county. A financial obligation of the authority shall not be transferred to this state, a qualified city, a qualified county, or a county bordering a qualified county.



Secretary of the Senate

Clerk of the House of Representatives

Approved_____

_____

Governor

Senate Fiscal Agency
P.O. Box 30036
Lansing, Michigan 48909-7536

BILL ANALYSIS

Telephone: (517) 373-5383
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Senate Bill 1222 (as discharged)
Senate Bill 1223 (as discharged)
Sponsor: Senator Wayne A. Schmidt
Committee: Economic and Small Business Development

CONTENT

Senate Bill 1222 would amend the Regional Convention Facility Authority Act to do the following:

-- Amend the definition of "convention facility" to include bicycle paths, plazas, green spaces, and roads to be used in connection with the convention facility.
-- Amend the definition of "develop" by removing the words "market, promote, manage, or operate".
-- Define "public-private arrangement" as an agreement between an authority and a private entity that relates to researching, planning, studying, designing, developing, financing, acquiring, constructing, renovating, operating, maintaining, or charging rent or other fees for a convention facility.
-- Amend the definition of "qualified city" from reducing the population threshold from more than 700,000 to more than 550,000.
-- Allow an authority to enter into a public-private arrangement to implement the purposes, objectives, and provisions of the Act.
-- Eliminate a prohibition against an authority's spending more than $279.0 million to develop an expanded or renovated convention facility, and that a contract for the development of an expanded or renovated convention facility could not exceed $279.0 million in total.

Senate Bill 1223 would amend the State Convention Facility Development Act to do the following:

-- Define "public-private arrangement" as a public-private arrangement authorized under the Regional Convention Facility Authority Act.
-- Amend the maximum amount the State Treasurer can distribute from the Convention Facility Development Fund to a qualified local governmental unit.
-- Specify that for the fiscal years (FYs) 2022-23, 2025-26, 2028-29, 2031-32, 2034-35, and 2037-38, the amount distributed from the Convention Facility Development Fund to counties would have to equal the amount of the tax collected under the Michigan Liquor Control Code in the immediately preceding fiscal year.
-- Extend, from September 30, 2022, to September 30, 2039, the period of time in which an amount of up to $5.0 million must be distributed each fiscal year to the operator of a street railway system for the operations of a street railway system if the revenue in the Convention Facility Development Fund exceeds the amount already distributed in accordance with the Act.
-- Allow the excess revenue distributed to a qualified local government unit that is a metropolitan authority to be used by that qualified local governmental unit for capital expenditures, including payments under a public-private arrangement, in addition to the retirement of outstanding bonds, obligations, or other evidences of indebtedness.

-- Modify, if the governing body of a taxing unit approved the additional millage rate, the distribution to a county that must be used for substances abuse treatment within the taxing unit from an amount equal to 50% of the distribution to not less that either 40% of the distribution or the amount used for substance abuse treatment within the taxing unit in the fiscal year ending September 30, 2022.
-- Exclude bonds issued by a metropolitan authority that became a qualified local government unit after December 1, 2008, from specified requirements regarding the refunding of bonds, obligation, or other evidences of indebtedness.
-- Allow a metropolitan authority that became a qualified local government unit after December 1, 2008, after the effective date of the bill, to issue bonds, obligations, or other evidences of indebtedness to which distributions were pledged in an aggregate principal amount not to exceed $299.0 million, with specified limitations.
-- Include payment under a public-private arrangement to the set of limitations to the bonds, obligations, or other evidences of indebtedness issued by a metropolitan authority that became a qualified local government unit after December 1, 2008.

MCL 141.1355 et al. (S.B. 1222)
207.623 et al. (S.B. 1223)

Legislative Analyst: Olivia Ponte

FISCAL IMPACT

Senate Bill 1222 would have an indeterminate fiscal impact on local units of government and no fiscal impact on the State. The bill would allow for public-private arrangements relating to "researching, planning, studying, designing, developing, financing, acquiring, constructing, renovating, operating, maintaining, or charging rent or other fees for a convention facility". The bill also would modify the definition of "convention facility" to expand the types of allowable appurtenant property to include bicycle paths, plazas, green space and roads, which could result in an increased cost to local units of government. The bill also would eliminate a cap of $279.0 million total spending on the facility, which could increase the cost to a local unit of government.

Senate Bill 1223 would have no fiscal impact on the State and an indeterminate fiscal impact on local units of government. The bill would change the distribution for substance abuse treatment from 50% to not less than 40% of the distribution or the amount used for substance abuse treatment within the taxing unit in FY 2021-22. This could reduce revenue for the counties for substance abuse treatment if the cost of substance abuse treatment were less than 50% of the distribution. For FYs 2022-23, 2025-26, 2028-29, 2031-32, 2034-35, and 2037-38, the amount distributed would have to equal the amount of the tax collected under the Liquor Control Code in the immediately preceding fiscal year, rather than the amount collected in the immediately preceding fiscal year times 1.01, which would reduce revenue to counties.

The bill also would allow for payments for capital expenses, including payments under a public-private arrangement, to be added to the list of allowable expenses from the excess funds from the convention facility development fund. The bill also would allow a qualified city that became qualified after December 1, 2008, to issue bonds or other obligations, not to exceed $299.0 million, which could increase revenue and costs depending on the choices a qualified city made.

Date Completed: 12-1-22

Fiscal Analyst: Bobby Canell
Cory Savino, PhD

Substance Use Disorder Prevention Funded Agency Guide 2022-2023

LAKESHORE REGIONAL ENTITY

Allegan County

Provider: OnPoint

- **Parent/Family Initiatives** include several different programs to reach parents and families in Allegan County. The Allegan County Substance Abuse Prevention Coalition (ASAP) implements and promotes Talk Sooner outreach, participates in Talk Sooner media campaigns and implements prescription drug prevention strategies as identified in their strategic plan. Additionally, OnPoint works with community collaboratives to provide information regarding trauma, increase access to services for youth and families regarding substance use, while supporting the social-emotional development of children. Lastly, the Allegan County Suicide Prevention Coalition works to provide resources and supports for youth and families at risk of suicide to increase awareness and decrease risk.
- **Prevention for At-Risk Youth/Behaviors** includes several groups at county elementary and middle schools, focusing on prevention for at-risk youth/behaviors. Programming supports youth in various stages of development. All groups provide population-specific skills focusing on healthy relationships, substance abuse, coping, communication and decision-making. Additionally, Prime for Life is a motivational prevention, intervention and pre-treatment program that worksto change attitudes, risk perceptions, motivations, and risk reduction among youth that have been caught using substances at school and/or school-based functions.
- **Peer Assistant Leadership (PAL) Program** is a school-based youth mentoring program. Students complete a selection process and then receive training in communication and decision-makingskills, as well as teen social issues. The program trains the peer during a one to two-trimester class,for which they will receive high school credit. Following training, PALs are available to provide listening, support, and mentoring to any students in the school district. PRIDE is a program developed by PALs to provide mentoring to girls in 6th-8th grades.
- **School-Based Non-ATOD Use Organizations** in Allegan County include Allegan County Pro YouthTeam, which is a county-wide youth substance abuse coalition to help coordinate and initiateyouth-developed and led prevention projects to correct the misperception that most youth use alcohol, tobacco, and other drugs. Additionally, OnPoint provides technical assistance to middle schools seeking to develop or strengthen school-based non-Alcohol, Tobacco, and Other Drug (ATOD) use groups for general population students in Allegan County school districts.
- **The Prescription Drug Misuse Prevention Project** works to prevent youth abuse of prescription and over-the-counter medications, as well as adult misuse of prescription medications by reducing access and increasing awareness of the dangers of misusing medications. Effortsto decrease youth access to prescription and over-the-counter medications will focus on encouraging parents and other family members to store medications properly and to disposeof unused medications at the eight permanent disposal drop-off sites within Allegan County. Community education on the danger of misuse will continue through informational materials and working with media outlets.This project will also include efforts of the Allegan County Suicide Prevention Coalition. The Suicide Coalition will collaborate with schools to increase early identification and referral for individuals at risk of suicide.
- **Tobacco Program:** Serves as the Designated Youth Tobacco Use Representative (DYTUR) in Allegan County and implements the No Cigs for Our Kids Program.

Kent County

Provider: Arbor Circle

- **Arbor Circle's Prevention Services Program** provides screening and youth education groups for high risk for youth/young adults to prevent alcohol and marijuana use. Youth education groups are specifically focused on building youth capacity and strengthening their peer refusal skills and healthy coping mechanisms. Arbor Circle's Prevention Programming also strives to enhance and support the community-based process of the systems of which they are a part, including neighborhoods, schools, community, and family. The program integrates multiple strategies and interventions aimed at developing and strengthening effective and sustainable prevention-focused relationships, skills, and activities across the community, school, family, peer, and individual domains to prevent the onset and reduce the progression of substance use disorders.

Provider: Family Outreach Center

- **Beating the Odds** is a program focused on preventing problem gambling among youth. Alongwith improving treatment availability for those with gambling disorders in Kent County, this project focuses on increasing community awareness about the risks and effects of problem gambling by providing education that problem gambling is preventable and treatable. It aimsto reduce gambling behavior among youth by addressing the risk factors that may increase the risk of problem gambling and promoting the protective factors that may minimize the risk of problem gambling.
- **Strong Voices, Bold Choices (SVBC)** aims at educating individuals, families, and the communityabout alcohol and the effects it can have. The overall goal of the program is to prevent and decrease youth alcohol use. To do this, SVBC's strategies concentrate on informing, empowering, and equipping parents to have discussions with their children regarding substance use, while providing youth with the information and tools necessary for them to make bold and positive choices. The program provides youth with school and community-based educational groups that provide accurate information regarding alcohol and its effects while teaching refusal skillsand encouraging youth to make healthy choices. The program also focuses on empowering youth to be a positive influence in their environment and among their peers. To achieve this, youth may participate in contests or other workshops, where they strengthen leadership skills and work together to create positive messages for their peers. Parents receive information through community events such as resource fairs and parent-teacher conferences.

Provider: Kent County Health Department (KCHD)

- **About Last Night** is an annual campaign designed to prevent adult heavy drinking by reminding people a night out does not have to end with a hangover or regrets the next morning. Excessive alcohol consumption can cause potentially harmful short- and long-term effects and lead to risky behavior. Long-term, it can lead to obesity, a higher risk of certain cancers, and organ damage. Knowing these risks early, and taking a proactive approach to preventing them, can help individuals stay healthy. Using primarily social media, KCHD employs a broad-based public health campaign to reach the priority population of residents 21 years of age and older.

- **Botvin LifeSkills Training (LST)** is a research-validated substance abuse prevention program

proven to reduce the risks of alcohol, tobacco, drug abuse, and violence. The major social and psychological factors that promote the initiation of substance use andother risky behaviors are addressed with students and parents. The student LST programs are for 3rd through 10th graders and the parent LST program involves parents at participating schools. The student and the parent curriculum focus on providing skills to successfully handle challenging situations and conversations. Students and parents complete pre-and post-tests that are matched to measure perception of harm outcomes and an increased knowledge of the issues related to youth substance use. Multiple Health Educators coordinate service delivery with schools in urban, rural and suburban districts throughout Kent County. Elementary, middle and high school curriculums are designed to address the unique developmental of each age group.

The focus of the LifeSkills Training is to:

- Teach students the necessary skills to resist social (peer) pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase students' knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of healthrisk behaviors
- Enhance positive decision-making skills

- **Yo Puedo** means "I Can" in English. This comprehensive substance use prevention program for 7th through 12th graders consists of weekly educational sessions, virtual visits to local college and universities, and presentations from a variety of volunteer Latino adult professionals. The students, including a high percentage of Latino, are enrolled in the program from September through May. The curriculum modules include information about alcohol, tobacco, and other drugs and materials to help students make healthy choices in all areas of their life. A parent program is additionally offered throughout the school year of schools and churches, including 6 hours of educational sessions that focus on increasing knowledge of substance use behaviors, life choices, and health consequences. Annually, three newsletters are sent electronically to teachers and enrolled students. Yo Puedo service are delivered at middle and high schools in the Grand Rapids and Wyoming Public School Districts. Student and parent education is offered in Spanish as needed by a bilingual Health Eduator.
- **Minor In Possession (MIP)** is a 6-hour program designated for youth, ages 13 to 17, who have been involved in an alcohol, marijuana, vaping or other drug-related incident. The purpose of the program is to offer an alternative to further legal procedures for teens who receive an MIP. Elements of the program include increasing knowledge and awareness of underage substance use issues, improving communication, strengthening decision-making skills, and recognizing the family as the center of influence in the future. A key program component is for youth to complete a parent/guardian interview, supporting the importance of communication in their home space.
- **Tobacco Program:** Serves as the Designated Youth Tobacco Use Representative (DYTUR) in Kent County and implements the No Cigs for Our Kids Program.

- **Kent County Prevention Coalition (KCPC)** is a coalition committed to People, Passion, Partnerships, and Performance. Its vision is to promote a healthier community for all by developing a substance abuse prevention system that fills gaps in services, prioritizes resources, and reduces overlap. The role of this coalition is to impact community-level change via a change in knowledge, attitudes, and behaviors. The KCPC brings together a team of 30+ member organizations fromvarious sectors who share a genuine concern for building a healthier community in Kent County by preventing and reducing harmful substance use behaviors with a special focus on youth. This village-like framework has changed community conditions, norms, systems, and policies inlandmark ways.
- **ATI-Kent County Youth Summit**—an annual town hall-style youth summit, is a youth-driven conference of the KCPC "Above the Influence-Kent County" initiative. Annually, KCPC Youth Summit serves nearly 1,300 teens from urban, suburban, and rural communities within West Michigan. Birthed out of a vision to empower community youth, the Summit is designed to equip, educate, and engage middle and high school students to think critically about personalchoices and future ambitions, emerging community health and wellness trends related to underage substance use, and the power community teens have individually and collectively toimpact peers, family and community norms and the world by making a personal commitmentto living Above the Influence.
- **ATI-Kent County Youth Coalition**—powered by network180, spearheads the Above the Influence-Kent County Youth Coalition. The purpose of Youth Coalition is to expand and enhance the vision and reach of Above the Influence-Kent County under the umbrella mission of the KCPC.Youth Coalition aims to see students share their gifts, expertise, and resources to birth and support the work, and authentically care about the wellness of the community we call home.
- **Community Lunch and Learn Series:** Annually, the KCPC sponsors interactive educational forums to educate, empower, and engage all sectors of the community in the effort to reduceand prevent substance use disorders in Kent County. Lunch and Learn Community Forums aremeant to help us uncover issues and work together to improve health outcomes for all who callKent County home, with a special focus on youth and underage substance use.
- **Family Day** is a national movement based on years of research that prove children and teens whose parents are engaged and hands-on in their daily lives—relaxing with them, fellowshippingover a meal or family activity, etc. perform better academically and are significantly less likelyto drink, smoke, or use drugs. The KCPC, powered by network180, in partnership with community stakeholders who serve as event sponsors of the event in September as a collaborative venture in celebration of families. To date, the event has served over 10,000 Kent County residents.
- **Project Sticker Shock** is designed to reach adults who might purchase alcohol legally and provide it to minors. Stickers warning about the penalties for furnishing alcohol to minors are on multi- packs of beer, alcopops, and other alcohol products that might appeal to underage drinkers.The project represents a partnership between youth, retailers, concerned parents, communitymembers, prevention professionals, and law enforcement with the goals of educating potentialfurnishers, raising public awareness about underage drinking, and strengthening the deterrent effect of the law against providing alcohol to minors.
- **Red Ribbon Week** includes activities at several area middle schools and high schools, including urban, suburban, and rural communities throughout Kent County. Students

receive a budget with which to create a week of programming and interactive activities designed to empowerand engage their student body to live ATI as a lifestyle. Red Ribbon Week is nationally recognizedand is the largest, most visible prevention awareness campaign observed annually in the UnitedStates.

Provider: Wedgwood

- **Project SUCCESS** is an evidence-based multi-strategy approach designed to prevent andreduce substance use among youth based on the following principals:
  1. Increasing perception of risk of harm.
  2. Changing adolescents' norms and expectations about substance use.
  3. Building and enhancing social and resistance skills.
  4. Changing community norms and values regarding substance use.
  5. Fostering and enhancing resiliency and protective factors, especially in high-risk youth.

  The target population of the program is Kent County youth between the ages of 12 and 18 in school and community settings. Problem areas addressed include youth alcohol use, binge drinking, and youth marijuana use.

  Intervening variables include social norms that support alcohol use, the media depiction of alcohol use, and lack of perception of harm.

  There are five program components to Project SUCCESS:
  1. The Prevention Education Series
  2. Individual Meetings and Small Intervention Groups
  3. School-wide and Community Awareness and Outreach Activities
  4. Parent Programs
  5. Referral

Lake/Mason/Oceana Counties

Provider: District Health Department #10

- **Early Initiation to Alcohol, Tobacco, and Other Drugs** program aims to reduce youth use of a variety of substances including tobacco, alcohol, marijuana, and prescription drugs. Activities include in-school programming (LifeSkills and Project Alert), an annual youth summit, general community education, tobacco retailer compliance checks and education, medicationdisposal projects, and an at-risk youth intervention program (Prime for Life).
- **Gambling Prevention Through Education & Awareness:** This project aims at reducing problem gambling in youth, adults, and seniors through education and community awareness. A youth gambling curricula will be taught in local schools along with a media campaign to address gambling warning signs, risks, how to identify a problem, and strategies to address problem gambling.
- **The Leeward Initiative** (Mason County Substance Abuse Prevention Coalition) is the communitycoalition for Mason County, focused on reducing substance use by increasing understanding,ensuring treatment services, and supporting local families and community. The coalition addresses substance use through the efforts of individual workgroups for alcohol, marijuana, opiates, synthetic drugs, and recovery/treatment. The Leeward Initiative reaches Mason County residents through outreach and educational events, as well as through specific projects— including a medication lock box and disposal access project,

medication take-back events, substance use treatment resources and recovery guides, along with parent prevention toolkits. The Youth Prevention Ambassador project brings together youth from the county's various school districts to work on prevention-focused projects for Mason County youth.

- **Oceana LEADS (Leading Efforts Against Alcohol and Drugs)** is the substance abuse prevention coalition for Oceana County. Coalition priorities include underage alcohol use, youth marijuana use, and opiate overdoses. Activities include a yearly social hosting awareness campaign, a mock teen bedroom (Keep Out: The Teen Room Project) that educates adults about identifying teen drug and alcohol use, and a lock box project to reduce easy access to prescription pain medication within the home. The coalition meets quarterly and has workgroups that help to plan and implement coalition activities.

Muskegon County

Provider: Mercy Health-The Health Project

- **Coalition for a Drug Free Muskegon** directly works to reduce substance abuse in the Muskegon area while establishing and strengthening collaboration among all sectors of the community with an interest in reducing and preventing substance abuse. It acts as an organizational hub focused on reducing drug abuse, bringing together individuals, youths, and over 25 community organizations including schools, health providers, law enforcement, the faith community, and business and civic leaders. These interested parties come together to solve emerging problems in their community that are too big for one person or organization to solve alone, without broader support and resources.
- **Drug Abuse Prevention Initiatives:** Working with multiple organizations, the Coalition for Drug Free Muskegon County has assisted the launch of multiple initiatives that address targeted substance abuse related challenges in Muskegon, including:
    - Muskegon Alcohol Liability Initiative
    - Tobacco Reduction Coalition
    - Substance Abuse Treatment Committee
    - Muskegon Area Medication Disposal Project

Provider: Arbor Circle

- **Gambling Prevention Services** is a project that focuses on preventing problem gambling among youth in Ottawa and Muskegon counties. By integrating curricula into other existing programs such as Bavolek Nurturing Parenting Program, the Strengthening Families 10-14 program (for both parents and youth), SFP 10-14 booster sessions, Botvin Life Skills, Raise Your Voice and TotalTrek Quest, this project will educate parents about the risks of on on-line gambling, and how to support their youth in avoiding risky behavior. It will also educate youth on gambling risks and to off-set 'magical thinking'.
- **Muskegon Parenting Initiative (MPI)** is a growing coalition of service providers, concerned community members, parents, faith leaders, and other informal area leaders that are working to transform the way Muskegon County views parenting classes and offers parenting classes that are responsive to community needs.
- **Parent Education Services** provides evidence-based parent education classes in Muskegon County. Classes cover a variety of parenting topics but include tools for parents on discipline, setting family rules, and building strong and positive relationships. Current curricula being used are the Nurturing Parenting program by Dr. Stephen Bavolek, Conscious

Discipline, and the SFP 10-14 program. Circle of Parents, and other parent education and engagement services. All curricula have been found to significantly improve parenting skills and family relationships, and reduce problem behaviors, delinquency, and alcohol and drug abusein children. Child maltreatment also decreases as parents learn effective parenting skills and strengthen the bond with their children.

- **Total Trek Quest (TTQ)** is an after school program that uses running and a substance abuse prevention-based curriculum to teach 3rd through 5th-grade male-identifying students positive decision-making and goal setting skills. TTQ is delivered by community volunteers.
- **Reducing Risk and Increasing Protective Factors** is primarily focused on young adults and building skillsets to reduce risky behaviors. Programming includes Botvins Lifeskills© for elementary through high school and Prime for Life©, which are two evidence-based programs shown to reduce alcohol, tobacco, and drug use.

Provider: Public Health Muskegon County

- **Alcohol Retailer Education** targets reducing the incidence of alcohol sales to minors and intoxicated adults. Includes responsible beverage service TiPS© certification at no charge for on premise and off premise retailers as well as individualized policy and procedure development assistance designed to reduce minor and intoxicated patron access.
- **ATOD Use Consequence Reduction** targets residents, specifically young adults in helping them understand the risk of using misusing drugs and alcohol. These activities specifically focus on reducing the incident of drunk/drugged driving, binge drinking, and overdose.
- **Tobacco Retailer Education** educates and provides one to one technical assistance for retailers that can help reduce the incident of tobacco and vaping sales to youth.
- **Suicide Prevention** provision of QPR© (Question, Persuade, Refer) training services known to help people recognize warning signs of a suicide crisis and how to question, persuade and refer someone to help.
- **Parent Support** provides the community with a series of resources to help parents be the best they can be. Facilitated evidence-based programming includes Parent Café© and Nurturing Fathers©.
- **Older Adult Gambling Disorder Prevention** concentrates on raising awareness of the risks associated with gaming among senior and young adult populations as well as providing information on treatment resources.
- **Perinatal Substance Use Prevention** working with community agencies to reduce the incident of perinatal substance use by encouraging use of evidence-based screening tools in healthcare environments, education on the hazards of toddler access and drug diversion, and referral to credible resources for SUD treatment.
- **Tobacco Program:** Serves as the Designated Youth Tobacco Use Representative (DYTUR) in Muskegon County, and implements the No Cigs for Our Kids Program.

Ottawa County

Provider: Arbor Circle

- **Botvin Life Skills Training** is geared toward older students in the 11th and 12th grades who are at high risk for substance abuse. The program provides seven weeks of classroom instruction forschools, youth-serving organizations, and other groups of youth who may need this information.The program focuses on decision making and the skills necessary to transition from high schoolto adulthood. Several schools offer this as an alternative to suspension for substance abuse issues, while others simply give it to their students.
- **Gambling Prevention Services** is a project that focuses on preventing problem gambling amongyouth in Ottawa and Muskegon counties. By integrating curricula into other existing programs such as Bavolek Nurturing Parenting Program, the Strengthening Families 10-14 program (for both parents and youth), SFP 10-14 booster sessions, Botvin Life Skills, Raise Your Voice and TotalTrek Quest, this project will educate parents about the risks of on on-line gambling, and how tosupport their youth in avoiding risky behavior. It will also educate youth on gambling risks andto off-set 'magical thinking'.
- **Ottawa Substance Abuse Prevention Coalition (OSAP)** is a diverse group of community members, agencies, and service providers who come together to develop a comprehensive,community-wide strategy and action plan to address the issues of youth substance use and abuse. OSAP works to address prescription drug misuse, marijuana and alcohol misuse/abuse,early age of onset, and emerging drug trends. The Coalition has four quadrant subcommitteesand three task forces including the Reducing Ottawa Area Drunk Driving coalition, Building Resilient Youth coalition, and Marijuana Prevention Taskforce. OSAP supports and partners with community education and promotes responsible prescription drug disposal.
- **Parent Education Services** provides evidence-based parent education classes in Muskegon and Ottawa County. Classes cover a variety of parenting topics but include tools for parents on discipline, setting family rules, and building strong and positive relationships. Current curricula being used are the Nurturing Parenting Program by Dr. Stephen Bavolek, 24/7 Dads and Inside out Dads. Conscious Discipline, the SFP 10-14 program, Circle of Parents and other parent education and engagement services. All curricula have been found to significantly improve parenting skills and family relationships while reducing problem behaviors, delinquency, and substance use.
- **Reducing Ottawa Area Drunk Driving Taskforce (ROADD)** is a coalition of law enforcement, universities, community members, and other interested parties who come together to preventimpaired driving. The group updated its strategic action plan in 2019 and is focusing on high- risk use of substances and the negative impacts of substance misuse by young adults. The plan includes reducing teen access to alcohol. ROADD is a key component of the community trials to prevent underage drinking strategy that is co-implemented in Ottawa County.
- **Total Trek Quest (TTQ)** is an after-school program that uses running and a substance abuse prevention-based curriculum to teach 3rd through 5th-grade male identifying students positive decision-making, and goal-setting skills. TTQ is delivered by community volunteers.
- **Youth Leadership and Youth Coalitions** include SLIC-Student Leaders Initiating Change, a youth-led coalition. The youth work to develop leadership skills and encourage peers to make healthy choices. SLIC creates projects to help educate their peers about the risks of

substance use/ abuse and to be a support not to use substances. Arbor Circle supports the SLIC CORE Team, which includes representatives from across Ottawa County, and provides support, guidance, and technical assistance to school based SLICs throughout the county. School-based SLICs implement the initiatives created by SLIC CORE and work to address other issues directly facing their community. In most schools in Ottawa County, Arbor Circle also coordinates and provides the Raise Your Voice Program. This program trains high school students on peer refusal skills and teaches them to go into middle school classrooms to teach these same skills to students. Arbor Circle will establish other youth development opportunities as needed, or as opportunities arise.

Provider: Community Mental Health of Ottawa County

- **Ottawa County Opiate Taskforce** works to minimize the impact of the opioid epidemic within our community. The team is comprised of medical providers, substance use treatment agencies, community members, and individuals in recovery. Our focus is on increasing access to treatment, medication disposal and harm reduction within Ottawa County.

Provider: Ottawa County Department of Public Health

- **CRAVE -**Cannabis Reduction And prevention Education is an OSAP (Ottawa Substance Abuse Prevention) subcommittee chaired by one of the Ottawa County Health Educators. The work of this subcommittee focuses on reducing youth access to cannabis. The subcommittee focuses on safe storage through the 'Safe Homes: Lock It Up' campaign, while also educating community members on the dangers of cannabis use and addiction through community events and other educational resources.
- **Prime for Life** is a highly effective program for helping people of any age reduce high risk choices around the use of drugs or alcohol. This includes but is not limited to impaired driving offenders, high school/college students exposed to drug use, *and young people charged with alcohol and/or drug offenses. OCDPH is working* specifically with the Juvenile Courts and Ottawa County Public Schools to provide classes to those who may benefit. Prime For Life® is designed for these individuals to change drinking and drug use behaviors by changing beliefs, attitudes, risk perceptions, and motivations. This class aims to help develop the knowledge of how to reduce their risk of alcohol and drug related problems throughout their lives.
- **Youth and Parent Vape Education Class** is a court ordered course of instruction. Developed in coordination with the Ottawa County Intermediate School District, the course is for youth and parents of youth who are currently in the Juvenile Court System for use of Electronic Nicotine Delivery Systems (ENDS). The course provides a familiarization of products, trends, hazards, and proven health impacts related to adolescent use of nicotine in order to prevent continued use.
- **Trainings for Intervention Procedures (TIPS)** provides education and training for the responsible service, sale and consumption of alcohol. Proven effective by third-party studies, TIPS is a skills-based program that is designed to prevent intoxication, underage drinking, and drunk driving.
- **Tobacco Program** Serves as the Designated Youth Tobacco Use Representative (DYTUR) in Ottawa County and implements the No Cigs for Our Kids Program.

Emerging Drug Trends Webinar Opportunities

LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity
5000 Hakes Dr. Ste 100
Muskegon, MI 49441
WWW.LSRE.ORG

You can't **STOP** What you don't **KNOW**

SPEAKER: **KAREN WILLIAMS**

Karen Williams, MSSW, is a writer and speaker known for her ability to explain the latest neuroscience and apply it to real life. Her current focus is on three areas: brain development and behavior; the impact of substances, stress, trauma and traumatic brain injury on development and behavior; and the developmental readiness of youth to protect themselves. Her presentations and workshops are based on the research of many leaders in the field of brain and youth studies. She is the developer of the brain-based SAMHSA Model Program curriculum Protecting You/Protecting Me, and the "brain-friendly and trauma-informed" Positive Behavior in School and Society (PBSS), a joint project of Rainbow Days, Inc. and AT&T. She is the recipient of the 2012 Mental Health America of Greater Dallas Prism Award and a consultant to the Office of Juvenile Justice and Delinquency and Prevention (OJJDP) State Training and Technical Assistance Center (STTAC).

Session 1

JULY 14, 10-11:30am

Brain Chemistry: **Its What Drugs of Abuse Mess With**

Each of the drugs that cause societal problems is an "external psychoactive substance", i.e., something that we take into our bodies to change our perception, mood, consciousness, cognition, and/or our behavior. All of these drugs, whether acquired off the street or prescribed, only work because they match one or more of our own human nerve receptors for our own "internal psychoactive bio-chemicals". The problem is that most of us know nothing about our basic neurochemistry– our brain chemistry, or that there are ways to increase or decrease our internal doses of our own psychoactive biochemicals, so we want/need less – or none of these external substances. This is called practical science.

CLICK HERE to register for this session.

1.5 SW, MCBAP and SCECH CEUs will be offered (pending for each session)

Support for this initiative was provided by MDHHS through a federal grant from the Substance Abuse and Mental Health Services Administration.

LAKESHORE
REGIONAL ENTITY

Lakeshore Regional Entity
5000 Hakes Dr. Ste 100
Muskegon, MI 49441
WWW.LSRE.ORG

If you need accomodations to attend this training please email your request to **amye@lsre.org** 10 business days before the event. If you have concerns about using Zoom platform you can reach out to **amye@lsre.org** at anytime prior to the training to discuss your concern.

Session 2

AUGUST 4, 10-11:30am

The Teen Brain & Drugs: Why They Are at the Greatest Risk!

This presentation will provide an overview of the neurological description of adolescent development and why teens are at the highest risk of addiction. Also included are teens' increased sensitivity to distress, the difference in their bio-chemicals, and why drugs and alcohol matter so much during this time period.

CLICK HERE to register for this session.

1.5 SW, MCBAP and SCECH CEUs will be offered (pending for each session)

Session 3

August 11, 10-11:30am

The Science of Hope: The Foundation of Resilience, Motivation & Recovery.

Hope is not some nebulous concept; instead, it has the power to prevent suicide, improve our ability to recover from trauma, increase our resilience and motivation, and define our ability to succeed in life. Science shows that just the thought of a positive belief or a potential positive experience produces a series of essential neuro-chemical-biological reactions that produce a "state of positive anticipation", i.e., "hope". Hope is the foundation on which resilience and motivation are built. This session provides the science but also focuses on where adults can place their focus and energies to make the biggest difference for the most teens.

CLICK HERE to register for this session.

Support for this initiative was provided by MDHHS through a federal grant from the Substance Abuse and Mental Health Services Administration.

Lakeshore Regional Entity's Legislative Update – 6/5/2023

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

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

Highlight = new updates
Highlight = old bill, no longer active

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy
	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey's legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services.	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 6474	*A bill to prohibit municipalities from adopting ordinances that would require caregivers or qualified medical marijuana patients to report use or growth, pay a tax to municipality, grow marijuana according to the MRTMA, forced inspections of property by municipality, among other requirements that would create an undue burden on caregiver or qualified medical marijuana patient*	*Steve Carra*	*11/9/22-Introduced and referred to Committee on Regulatory Reform*
	S 1170/1171	*Bills to make prescribers and agencies who are trained to distribute naloxone immune from prosecution for distribution, administration, or failure to administer naloxone.*	*Dale Zorn*	*9/20/22-Introduced and referred to Committee on Health Policy and Human Services*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	SB 1222-1223	*A two-bill package designed to extend the capture of liquor tax revenue that counties use for substance abuse programs. Beginning in 2023, the baseline allocation in liquor tax dollars for counties will increase by approximately 48 percent ($25 million). It is an amendment to the State Convention Facilities Authority Act. Current law states 50 percent of the liquor tax revenue received by counties must be allocated to substance abuse programs. SBs 1222-23 will change that requirement to 40 percent (though no less than the amount allocated in FY22). This will be a significant increase in funds toward substance abuse programs, and an increase in the amount counties can allocate to their general funds. 2021-SFA-1222-F.pdf (mi.gov)*	*Wayne Schmidt*	*12/29/22 – signed by the Governor*
	TBD	Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh	Preemption one pager (d31hzlhk6di2h5.cloudfront.net) *Note* - Introduction of the bill package may be pushed back until the fall, due to the limited amount of days left in the legislature before the summer break.
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 8454	***Medical Marijuana and Cannabidiol Research Expansion Act:*** *Establishes a new, separate registration process to facilitate research on marijuana; directs DEA to follow specified procedures to register practitioners to conduct marijuana research, and manufacturers to supply marijuana for research; Bill also includes various other provisions including: require the DEA to assess whether there is an adequate and uninterrupted supply of marijuana for research purposes; prohibit the Department of Health and Human Services (HHS) from reinstating the interdisciplinary review process for marijuana research; allow physicians to discuss the potential harms and benefits of marijuana and its derivatives (including CBD) with patients; and require HHS, in coordination with the National Institutes of Health and relevant federal agencies, to report on the therapeutic potential of marijuana for various conditions such as epilepsy, as well as the impact on adolescent brains and on the ability to operate a motor vehicle.*	*Earl Blumenauer*	*11/16/22-Passed Senate* *12/2/22 – Became Law* *H.R.8454 - 117th Congress (2021-2022): Medical Marijuana and Cannabidiol Research Expansion Act | Congress.gov | Library of Congress*
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				Pensions
	HR 2867 & S 1235	Bruce's Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

LEGISLATIVE CONCERNS

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

MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
FY24 State Budget Recommendations	Governor Whitmer's FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD: • $300 million for student mental health to ensure students' needs can be identified and provided with the right support. • $210.1 million for Direct Care Worker Wages ($74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about $1.50 / hour (10%) • $5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.		Access budget material at: https://www.michigan.gov/budget
MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)
CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)

Information Officer Report – June 2023

6/21/2023

Summary:

1. **MCIS Software**:
   Implementations currently underway (or to be initiated very soon and completed by 10/1/2023):
   - MDHHS required changes to EQI reporting for new/revised FY23 EQI Period 2.
   - MDHHS required changes/additions to BHTEDS for FY24.
   - MDHHS required changes to encounters for FY24 enhancements to Coordination of Benefits reporting (detailed implementation specifications are not out yet but are anticipated soon – will involve TPL reporting in association with direct run services).

2. **Data Analytics and Reporting:**
   New implementations:
   - Audits Dashboard has been completed.
   - MMBPIS Dashboard has been completed.
   - Critical Incidents Dashboard is in development.

   Recently updated/enhanced:
   - CCBHC Dashboard (add PPS trend chart, add Mild-Moderate slicer, add visual specifically for daily visits).
   - Served Demographics (add break-out for adults 55+).
   - Enrolled Demographics (add page for fund source by month).
   - High Level of Care Authorization Data Integrity (add slicer by CMH to aid in tracking data improvements).

3. **Encounter reporting to MDHHS**:
   FY23 Encounter reporting is showing good volume through April 2023, as would be expected at this point in time. Please see also the encounter graphs attached. It is noted that for 2 CMHSPs (Network180 and Ottawa) no institutional encounters for April dates of service were received up through 06/07/2023. This has been called out to them and they are investigating this reporting delay.
   BH-TEDS reporting to MDHHS: FY23 BH-TEDS: Completeness measurement recently received from MDHHS (6/15/2023) shows that LRE BH-TEDS continue to be reported above the 95% compliance threshold regionally on all measures (Mental Health, Mental health Crisis Only, and SUD). Additionally, we are higher in every category than we were at the last report in April. See additional detail (pages 2-3).

4. **LRE submitted its Performance Measure Validation (PMV) Audit materials to HSAG on May 19th.** Our virtual review with HSAG is scheduled for July 13th. The PMV audit includes a though review of all IT systems (and associated business processes) which gather and submit data used in calculating the quality indicators used in the **M**ichigan **M**ission **B**ased **P**erformance **I**ndicator **S**ystem (**MMBPIS**). MDHHS posts these quality indicators online at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/reportsproposals/michigans-mission-based-performance-indicator-system

Additional Details: BHTEDS Completeness Measures, FY23 per MDHHS as of 6/15/2023:

FY23 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 04/30/2023*			BH-TEDS: 07/01/2021 - 06/15/2023	
		Distinct Count of Individuals With		
Region Name	Submitter ID	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	Current Completion Rate
CMH Partnership of SE MI	00XT	10,353	509	95.08%
Detroit/Wayne	00XH	52,718	3,270	93.80%
Lakeshore Regional Entity	00ZI	17,596	530	96.99%
Macomb	00GX	12,127	443	96.35%
Mid-State Health Network	0107	35,938	1,508	95.80%
NorthCare Network	0101	5,657	49	99.13%
Northern MI Regional Entity	0108	11,276	317	97.19%
Oakland	0058	22,035	399	98.19%
Region 10	0109	18,359	209	98.86%
Southwest MI Behavioral Health	0102	19,882	208	98.95%
Statewide		205,941	7,442	96.39%
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 - 04/30/2023**			BH-TEDS: 07/01/2021 - 06/15/2023	
		Distinct Count of Individuals With		
Region Name	Submitter ID	Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2020	Current Completion
CMH Partnership of SE MI	00XT	1,866	63	96.62%
Detroit/Wayne	00XH	6,699	49	99.27%
Lakeshore Regional Entity	00ZI	4,306	68	98.42%
Macomb	00GX	1,377	51	96.30%
Mid-State Health Network	0107	7,509	223	97.03%
NorthCare Network	0101	1,282	6	99.53%
Northern MI Regional Entity	0108	2,895	84	97.10%
Oakland	0058	1,648	13	99.21%
Region 10	0109	2,272	57	97.49%
Southwest MI Behavioral Health	0102	2,458	2	99.92%
Statewide		32,312	616	98.09%
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 10/01/2022-04/30/2023***			Does Not Have Open Admission at Time of Encounter as of 06/15/2023	
		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	2,239	24	98.93%
Detroit/Wayne	00XH	6,005	1	99.98%
Lakeshore Regional Entity	00ZI	4,409	101	97.71%
Macomb	00GX	2,962	10	99.66%
Mid-State Health Network	0107	7,640	6	99.92%
NorthCare Network	0101	1,385	2	99.86%
Northern MI Regional Entity	0108	3,074	39	98.73%
Oakland	0058	2,267	0	100.00%
Region 10	0109	4,010	18	99.55%
Salvation Army	002Y	NO FY23 Encounters Submitted Yet at 06/15/2023		
Southwest MI Behavioral Health	0102	4,314	98	97.73%
Statewide		38,305	299	99.22%
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:

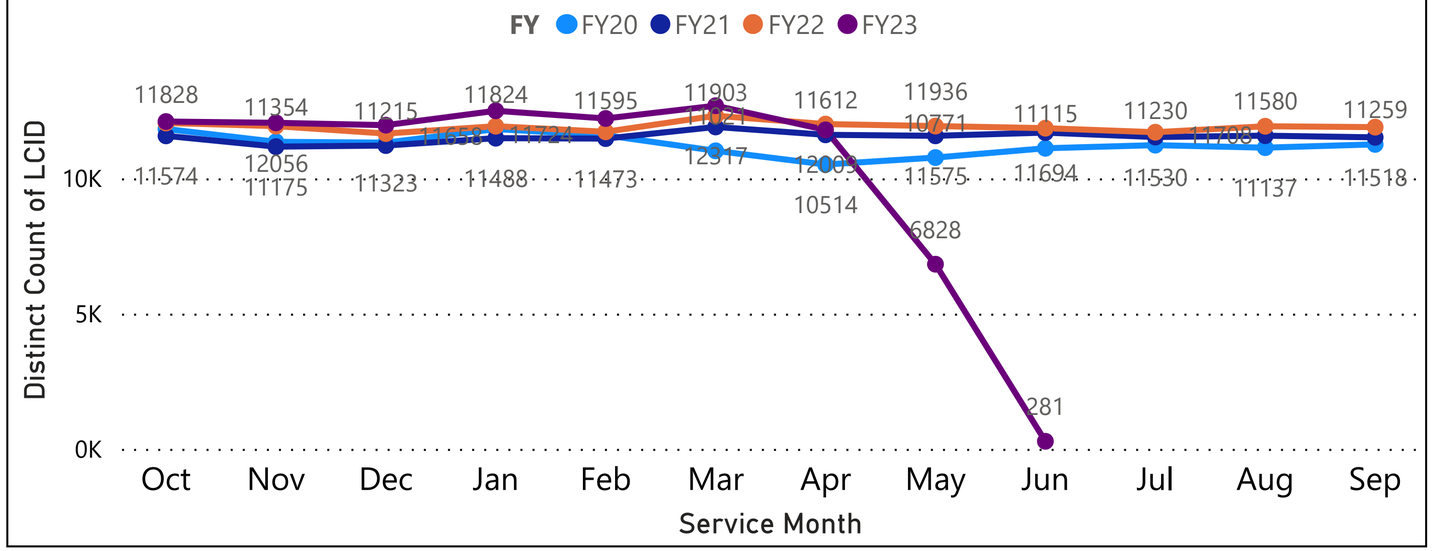
1. **LRE - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the LRE as a whole.
2. **LRE - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional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

LAKESHORE REGIONAL ENTITY

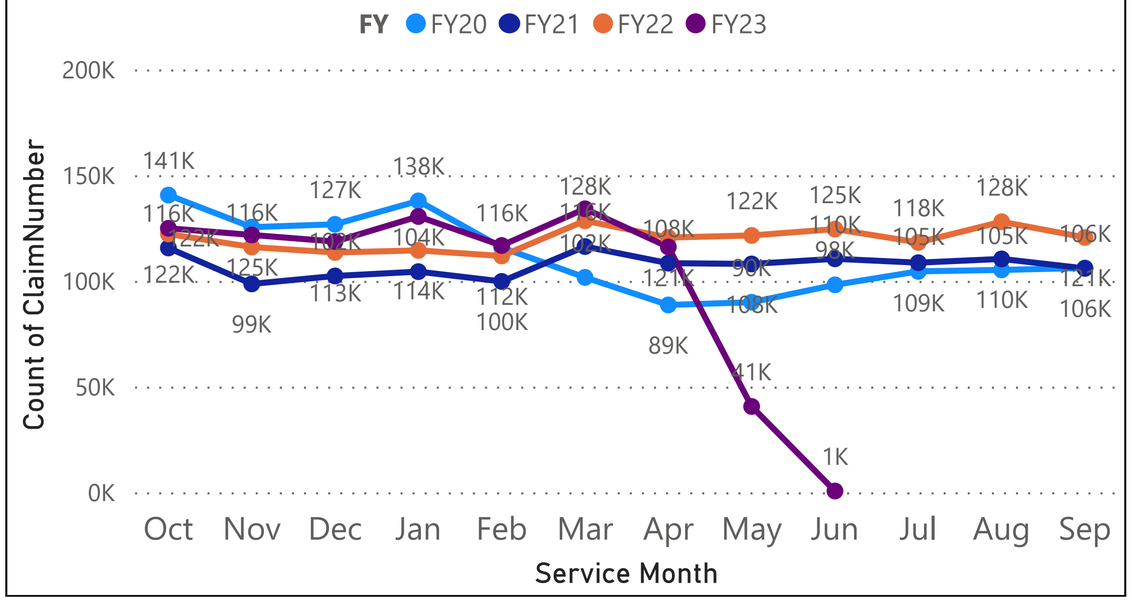
LRE
Behavioral Health

LRE Distinct Clients

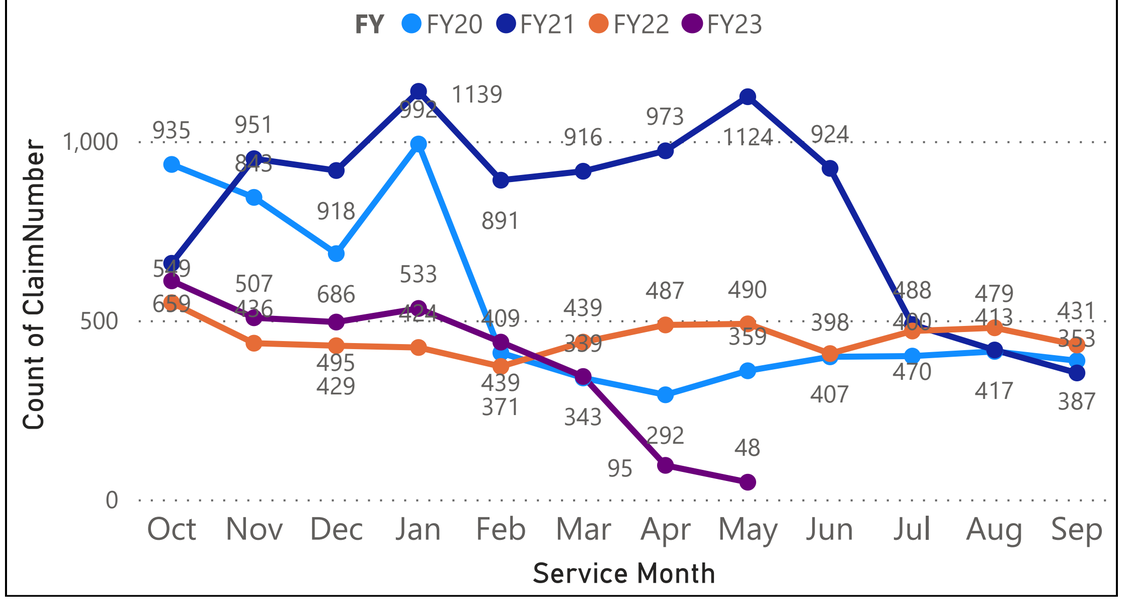


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

LRE Professional Encounter Lines



LRE Institutional Encounter Lines



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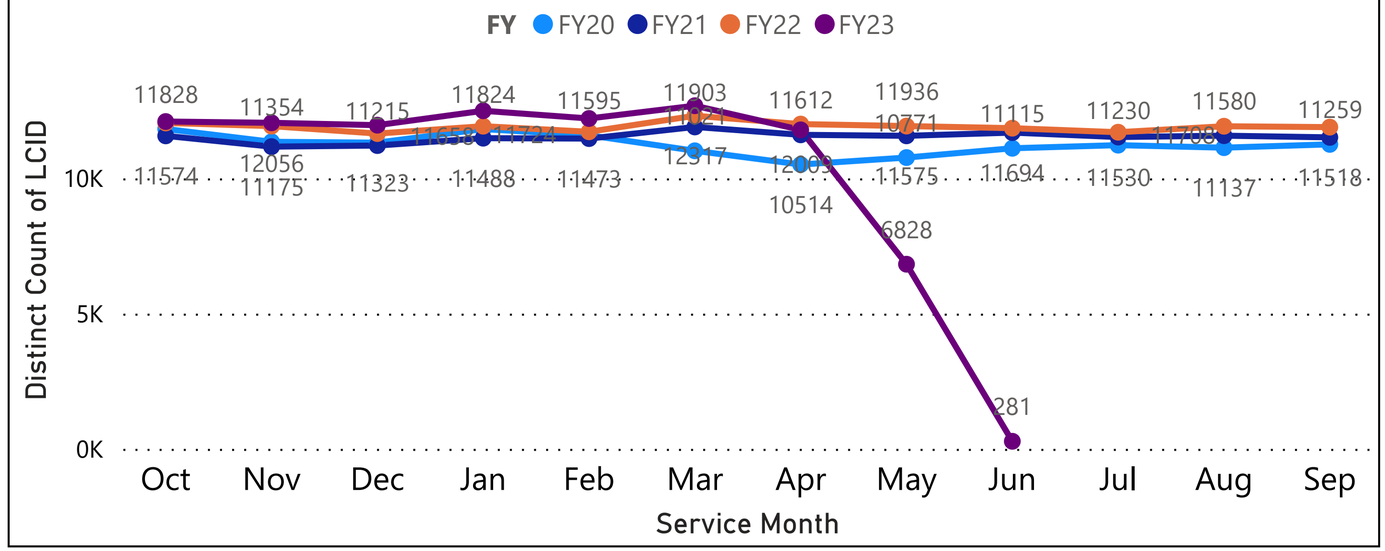
Latest ProcessDate

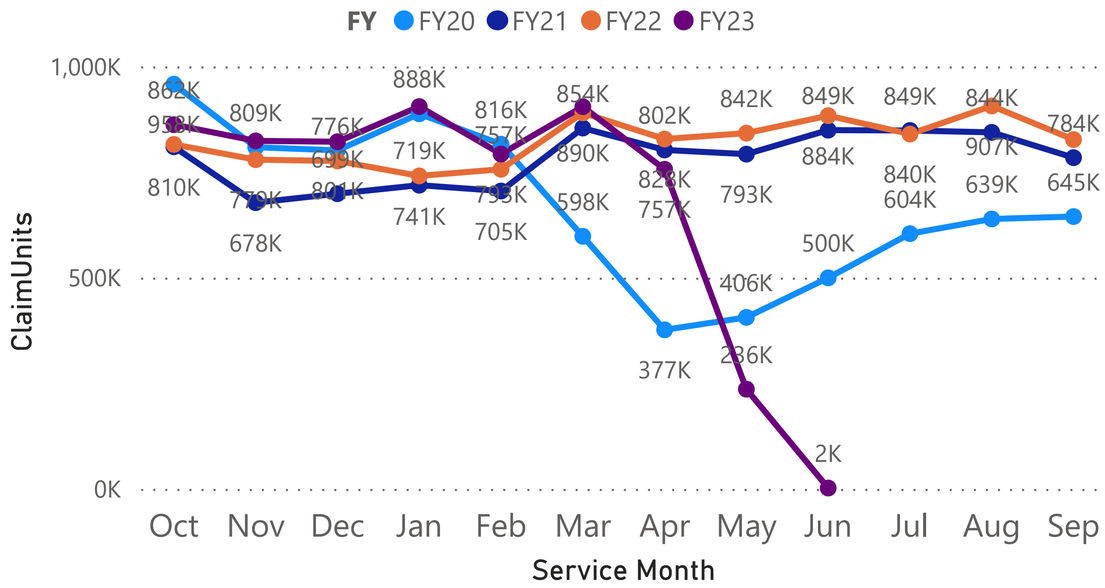
LRE
Behavioral Health

LRE Distinct Clients

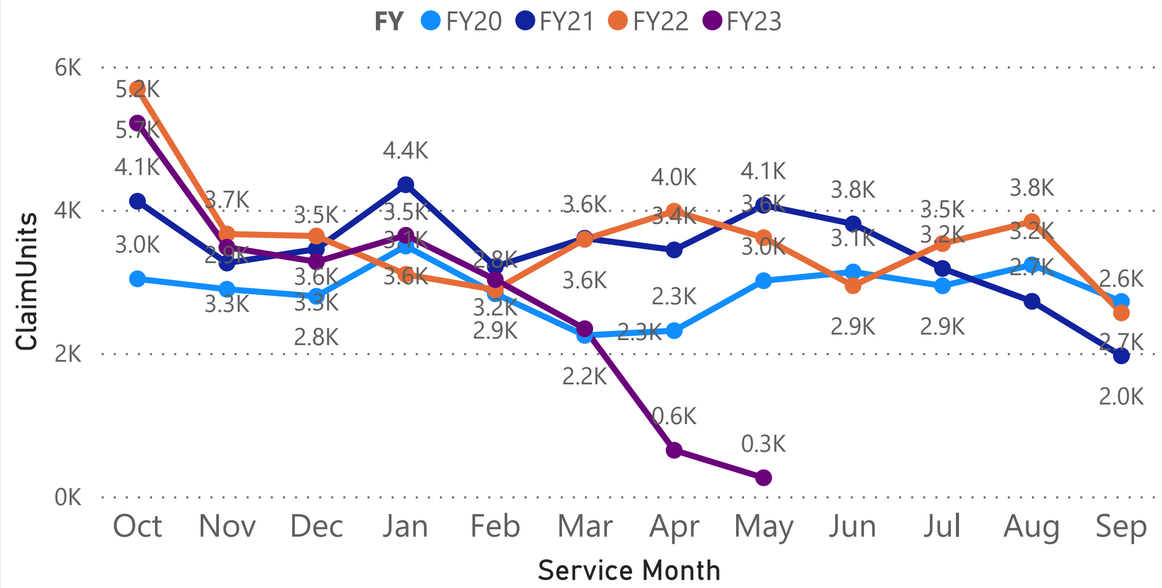


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

LRE Professional Units



LRE Institutional Units



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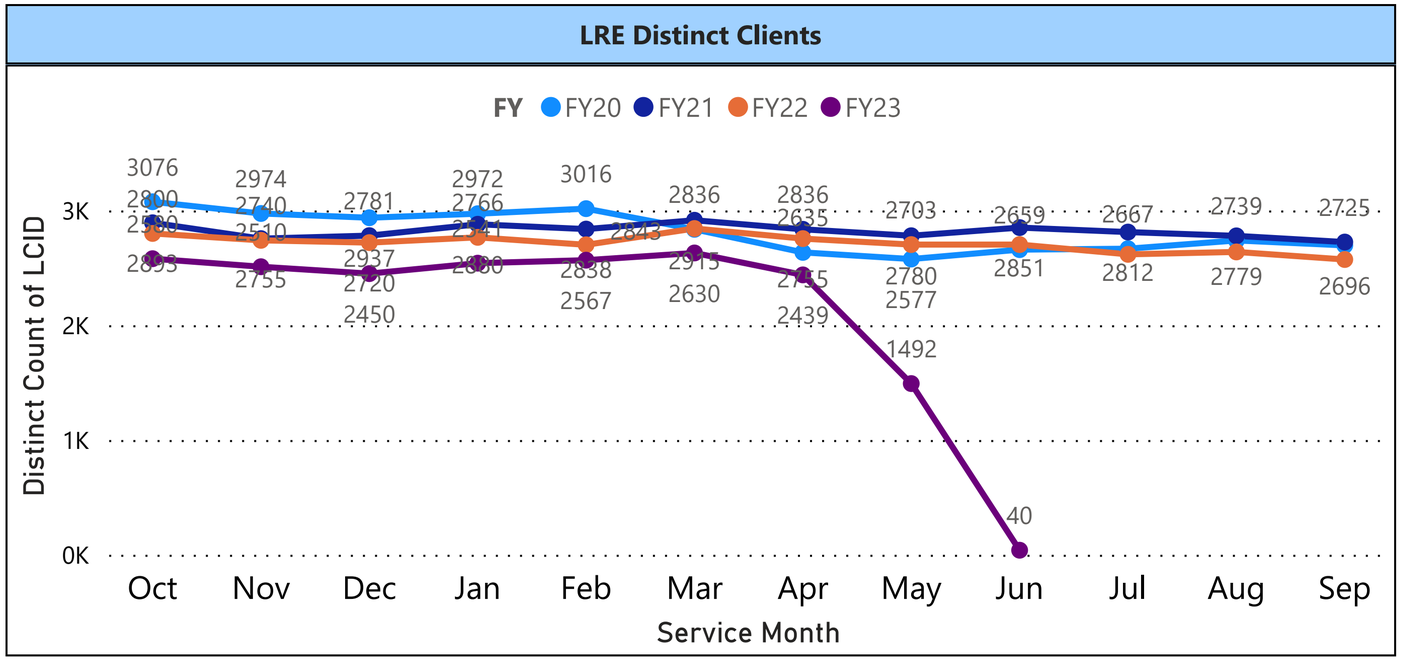
Latest ProcessDate

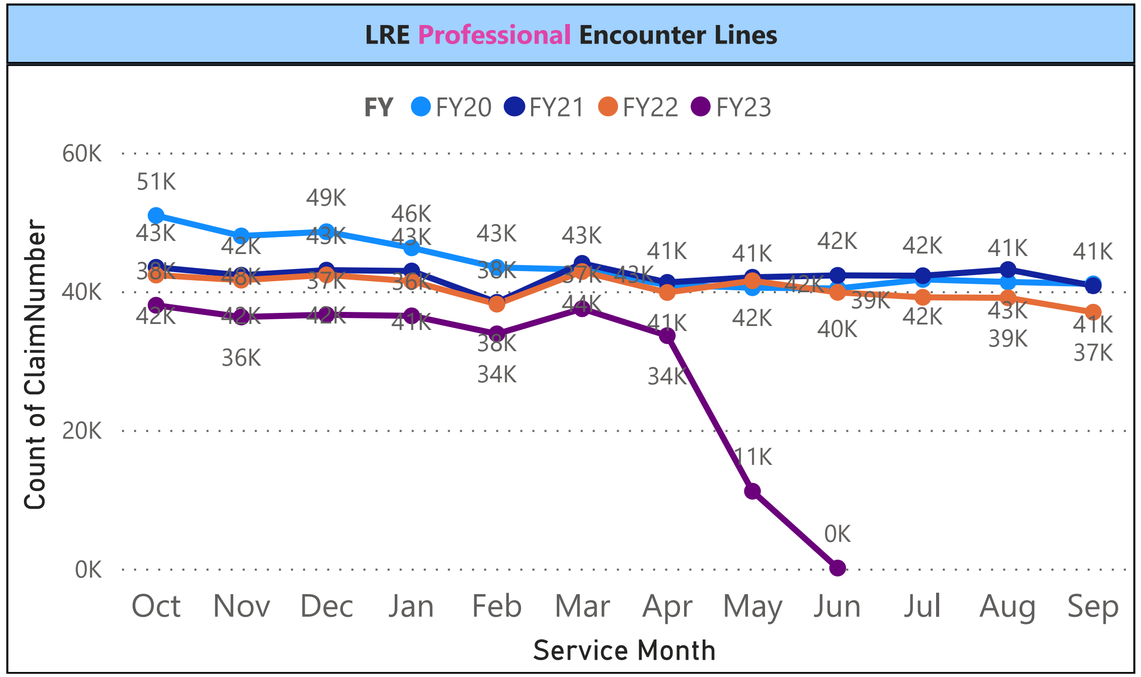
LAKESHORE REGIONAL ENTITY

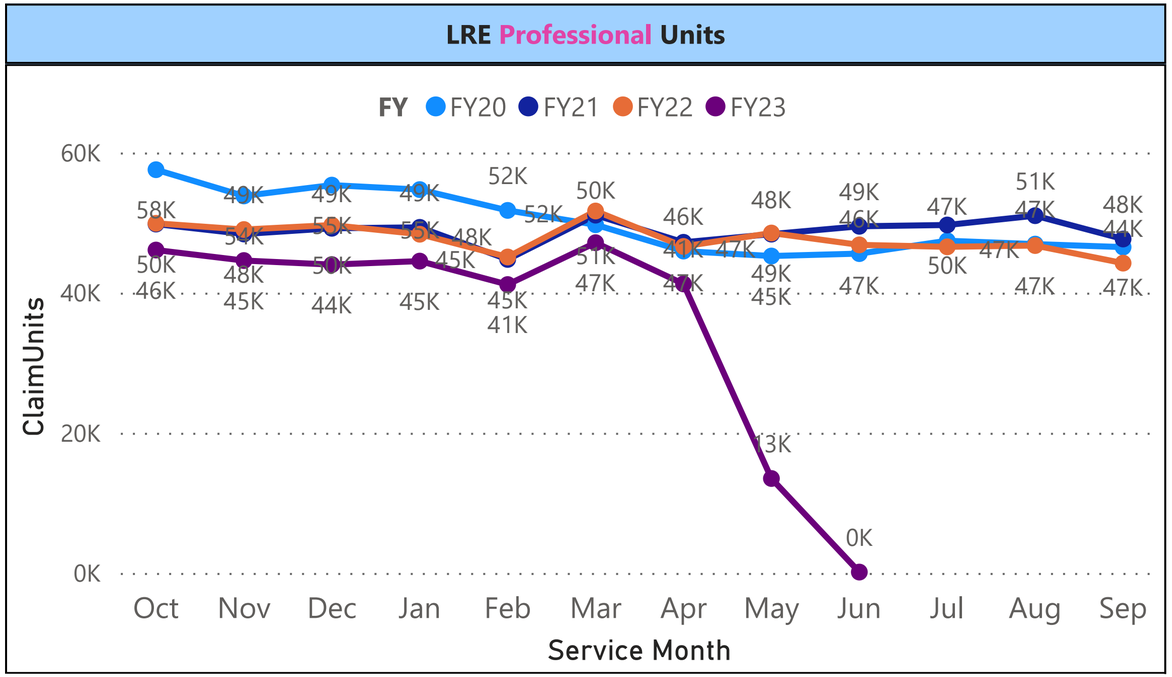
LRE

Substance Use Disorder



FY: All
- Select all
- FY20
- FY21
- FY22
- FY23





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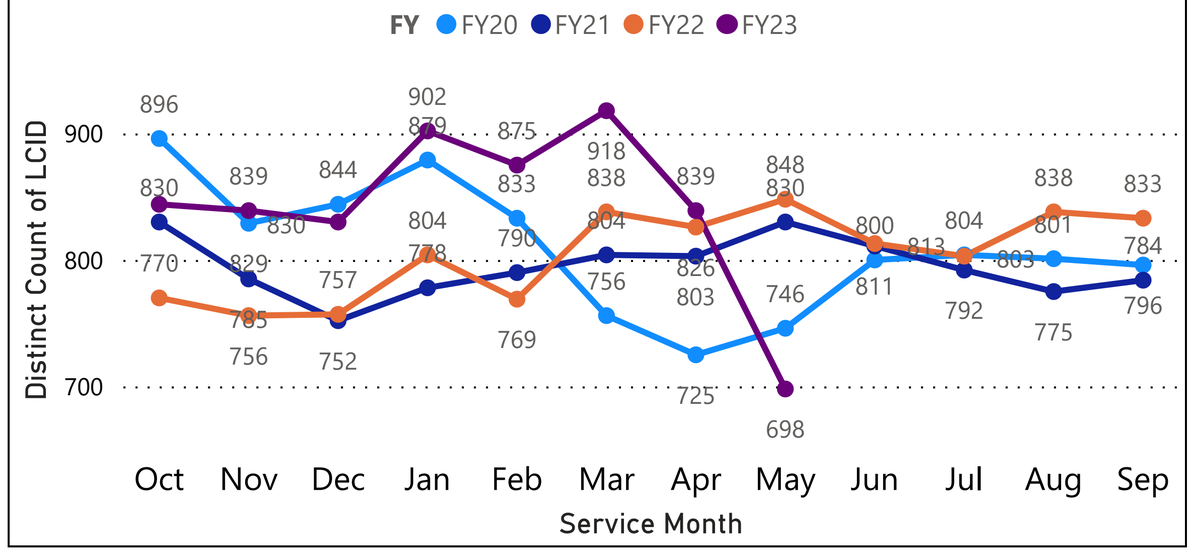
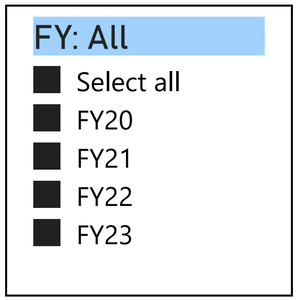
Latest ProcessDate

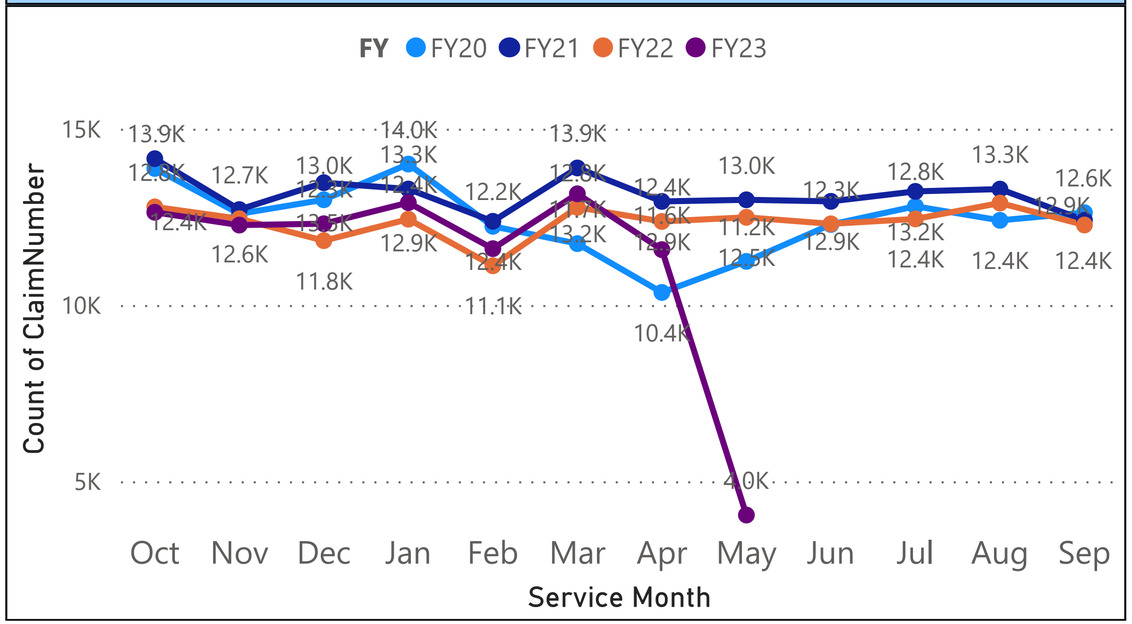
Allegan
Behavioral Health

Allegan Distinct Clients

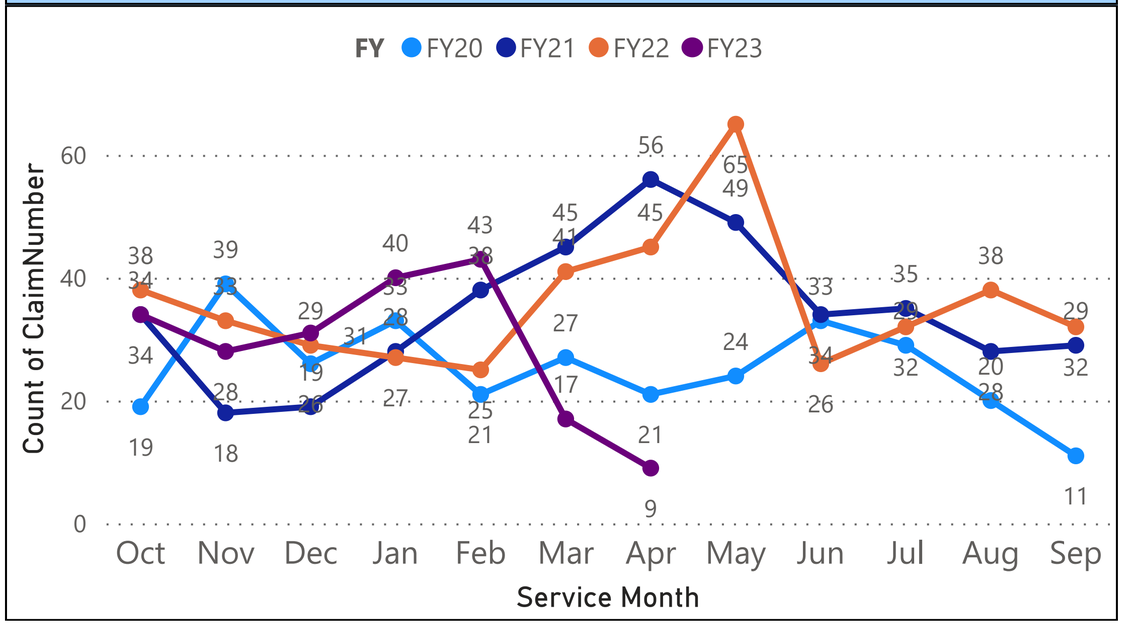




Allegan Professional Encounter Lines



Allegan Institutional Encounter Lines



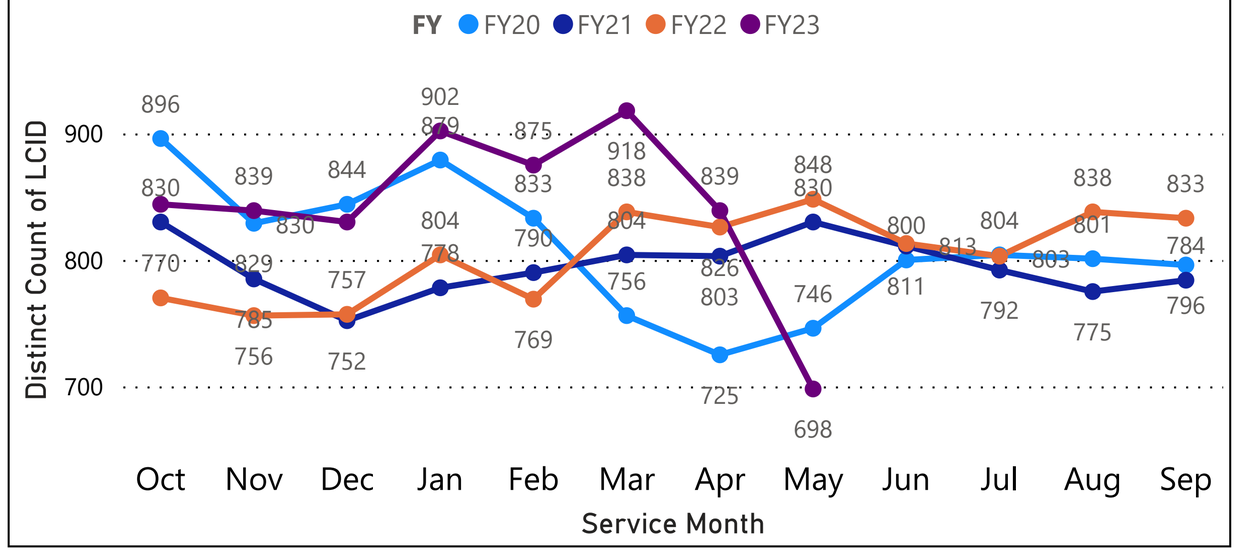
6/7/2023 2:55:42 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

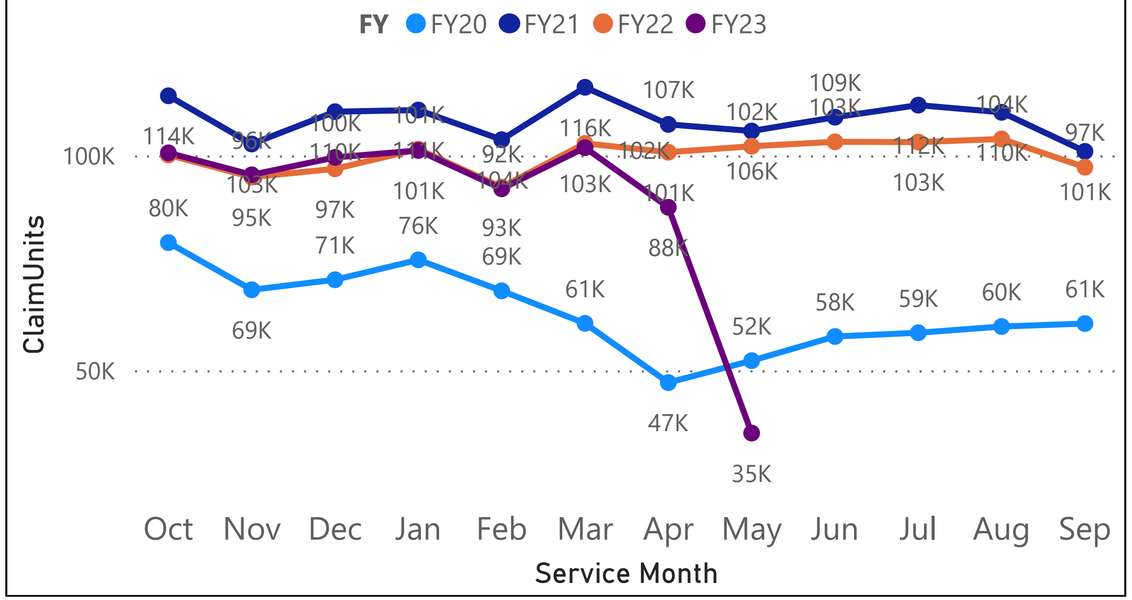
Allegan Behavioral Health

Allegan Distinct Clients

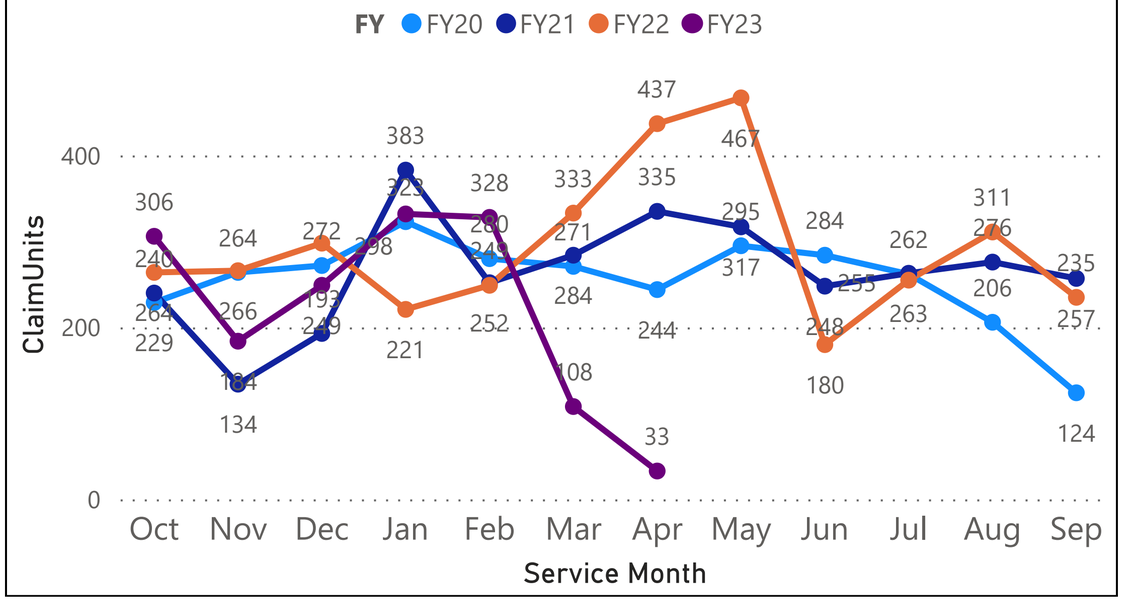


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

Allegan Professional Units



Allegan Institutional Units



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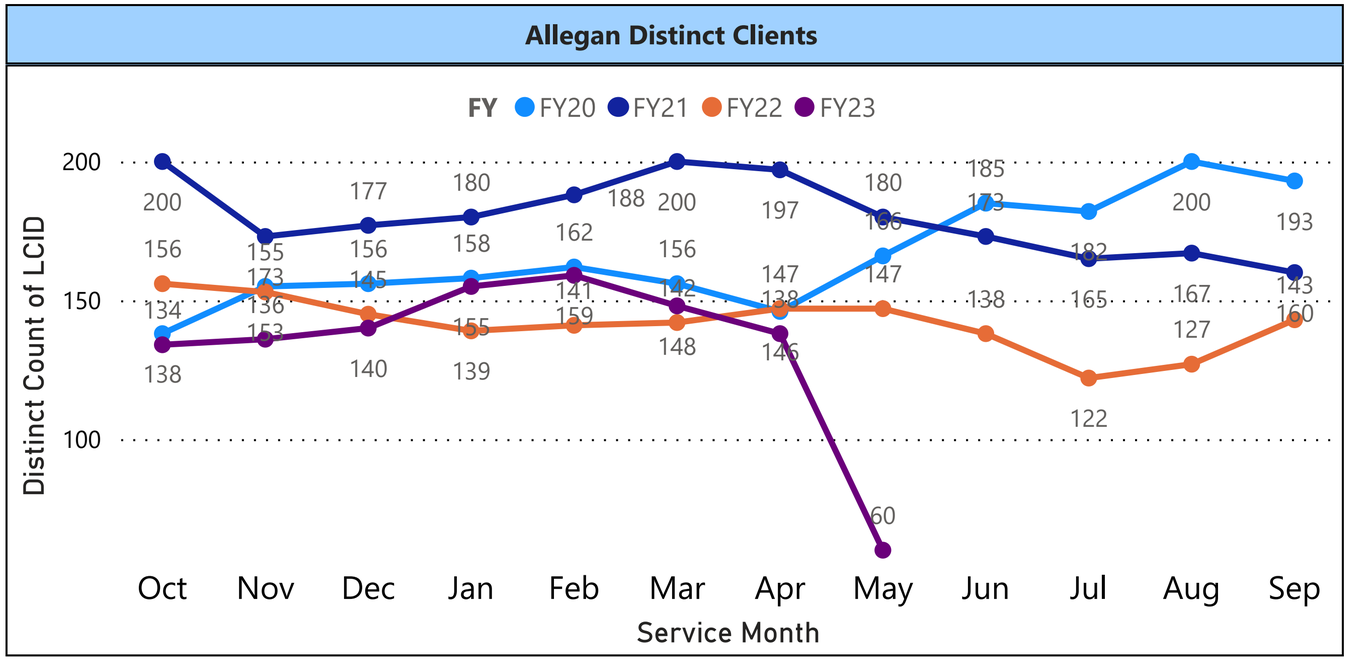
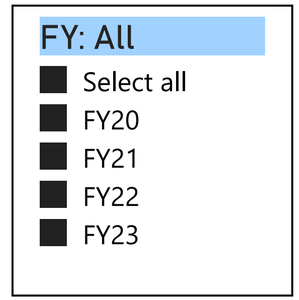
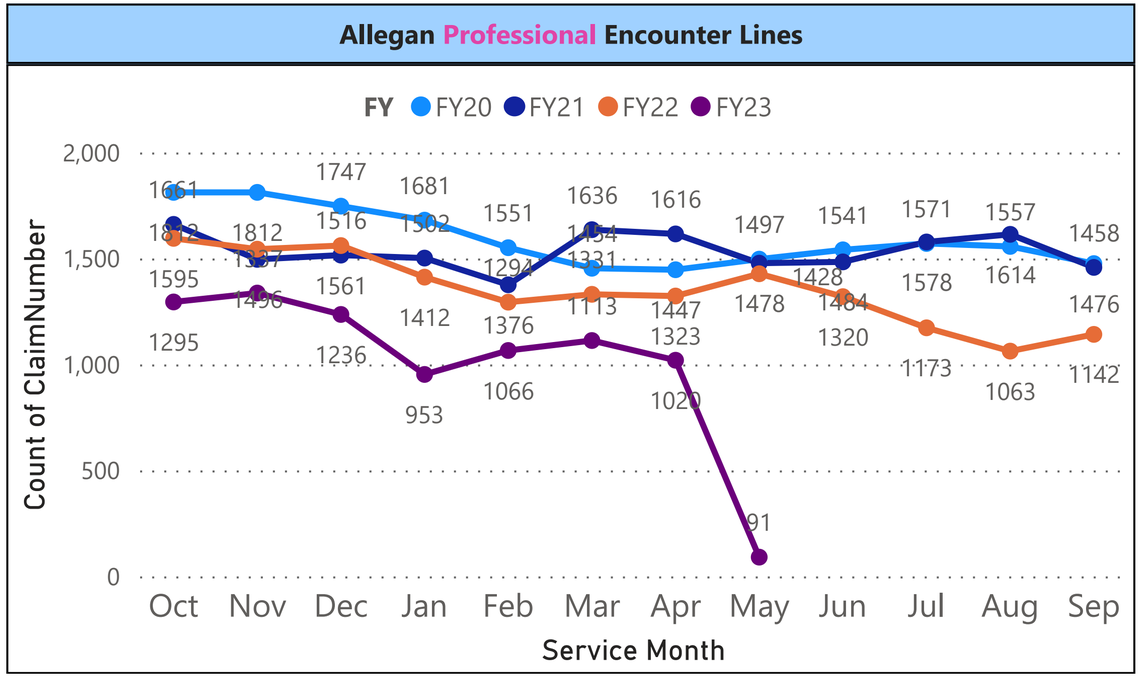
Latest ProcessDate

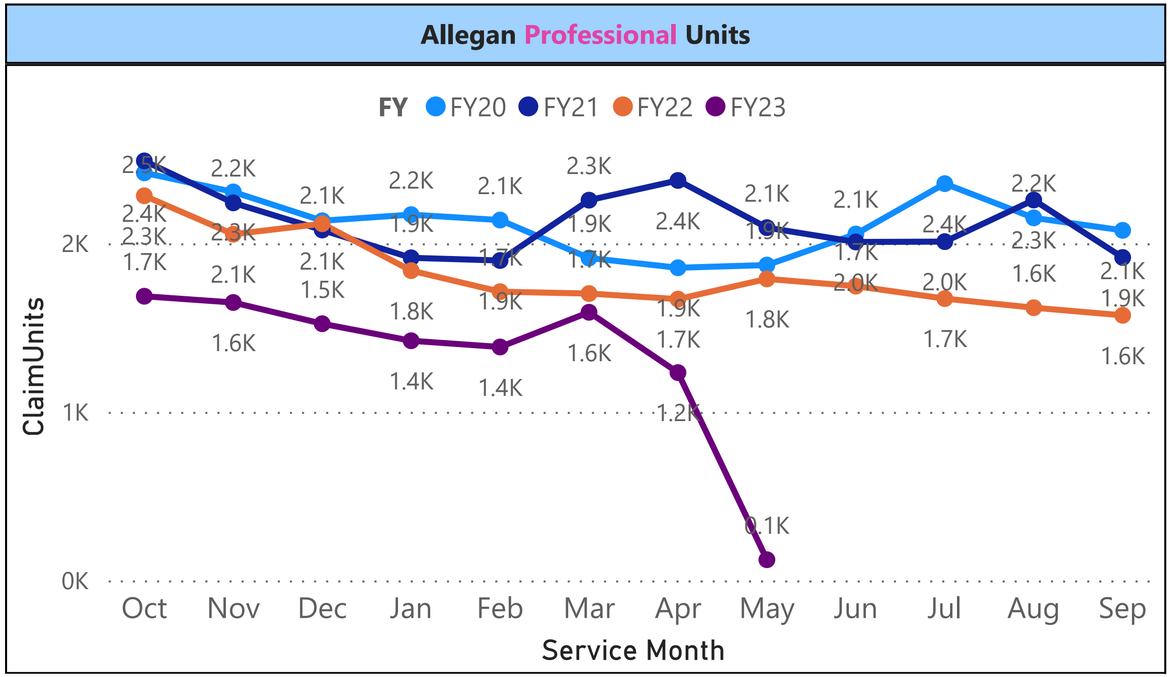
LAKESHORE REGIONAL ENTITY

Allegan
Substance Use Disorder









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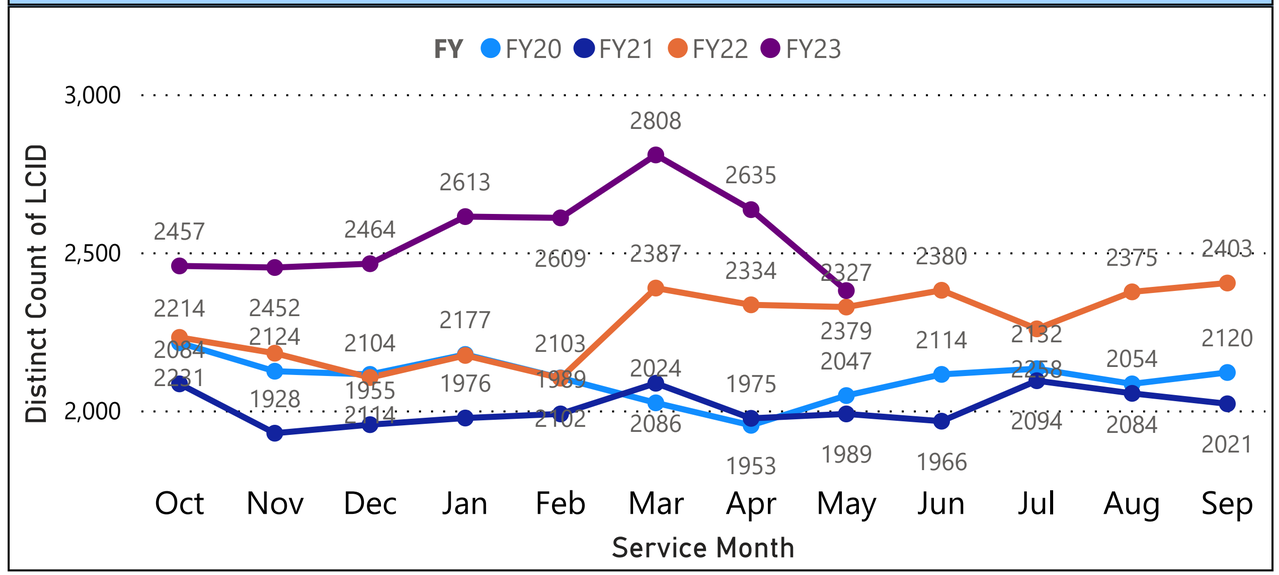
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

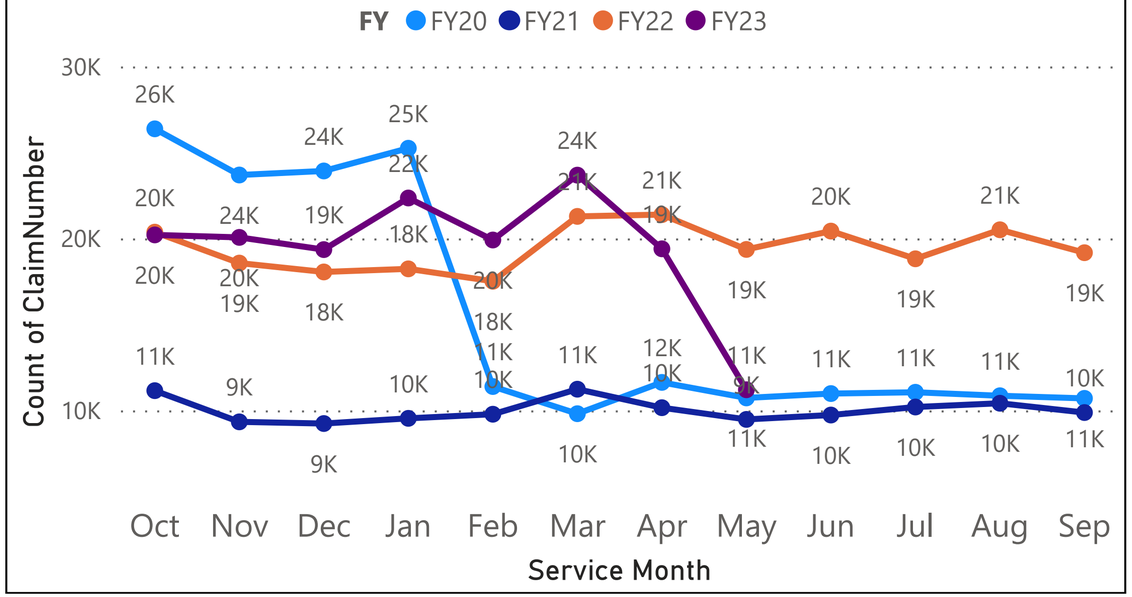
HealthWest Behavioral Health

HealthWest Distinct Clients

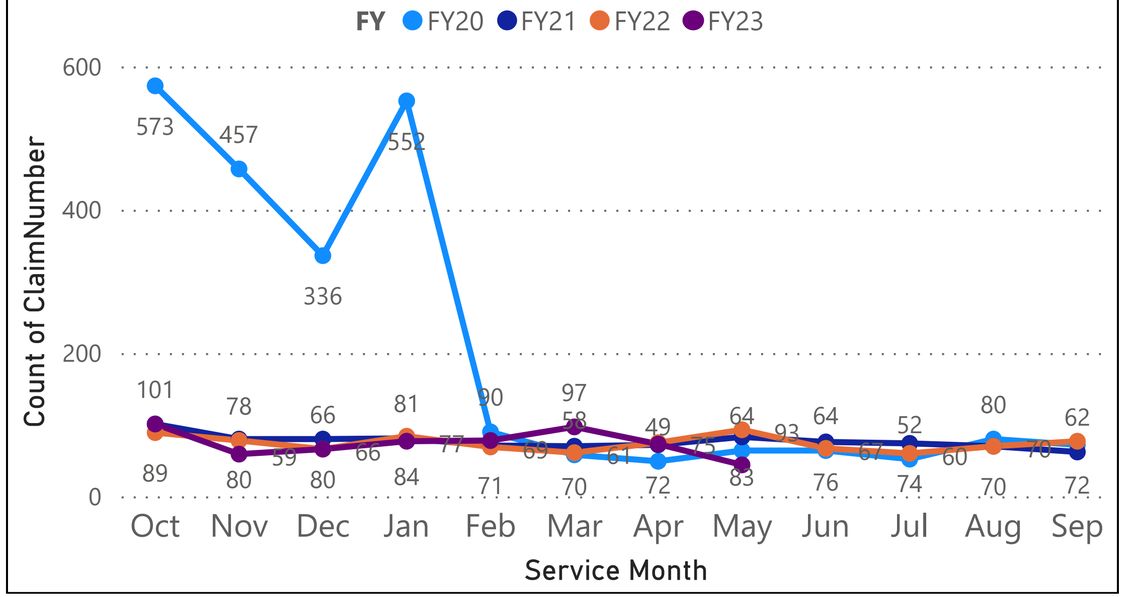


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

HealthWest Professional Encounter Lines



HealthWest Institutional Encounter Lines



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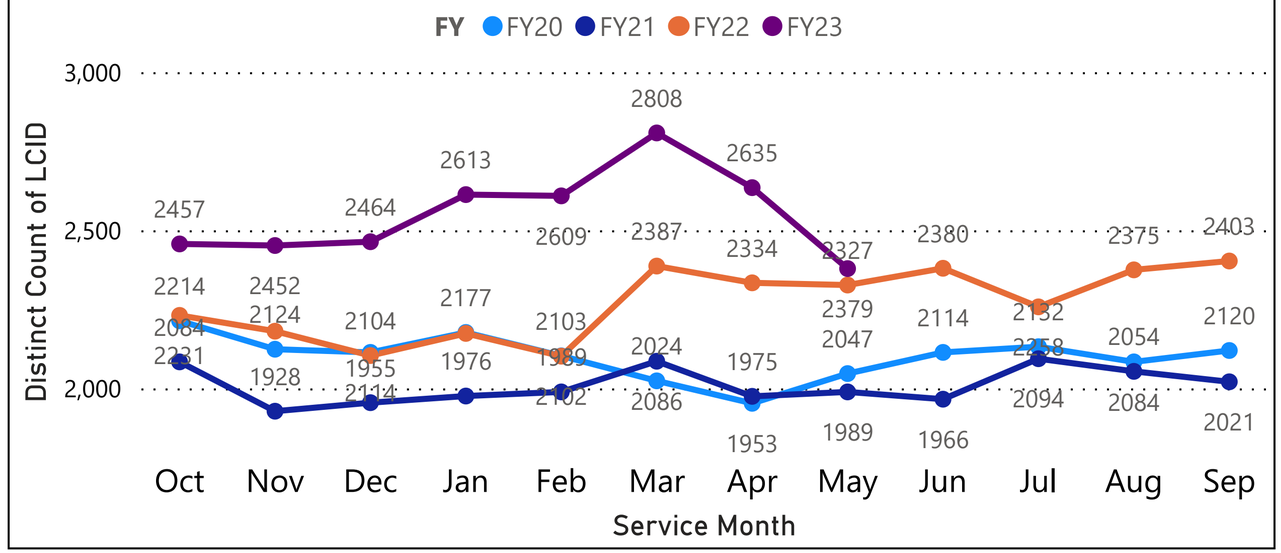
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

HealthWest Behavioral Health

HealthWest Distinct Clients



FY: All
- Select all
- FY20
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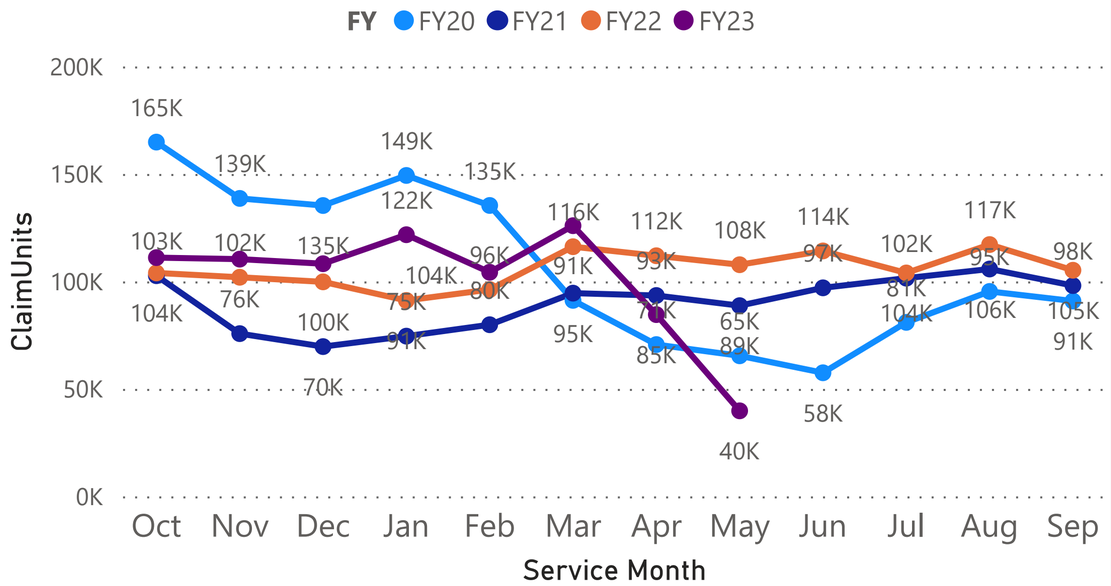
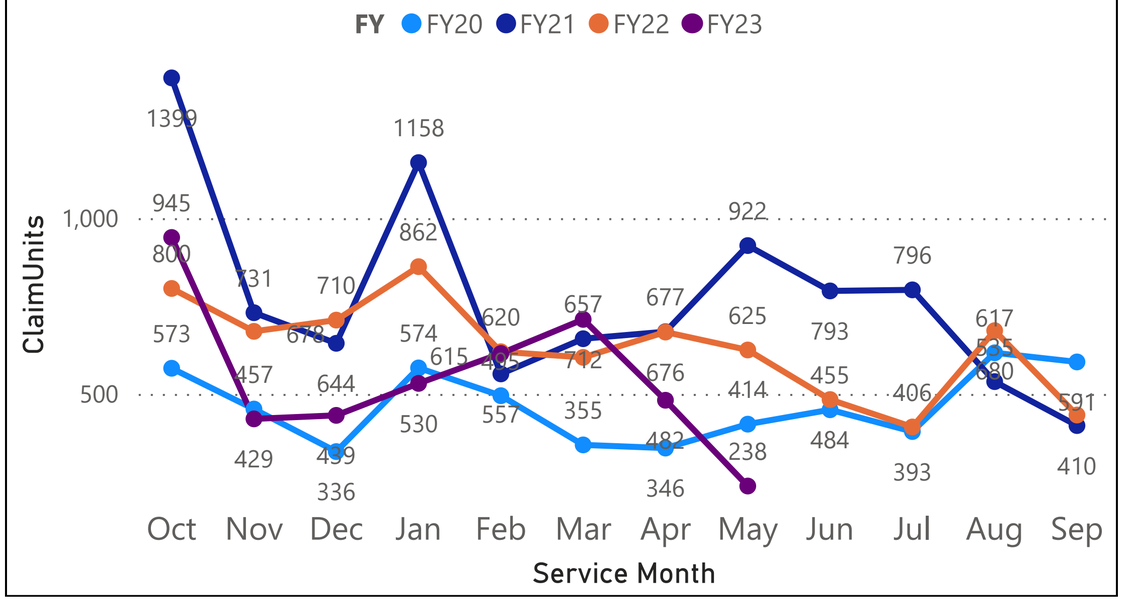
- FY22
- FY23

HealthWest Professional Units



HealthWest Institutional Units



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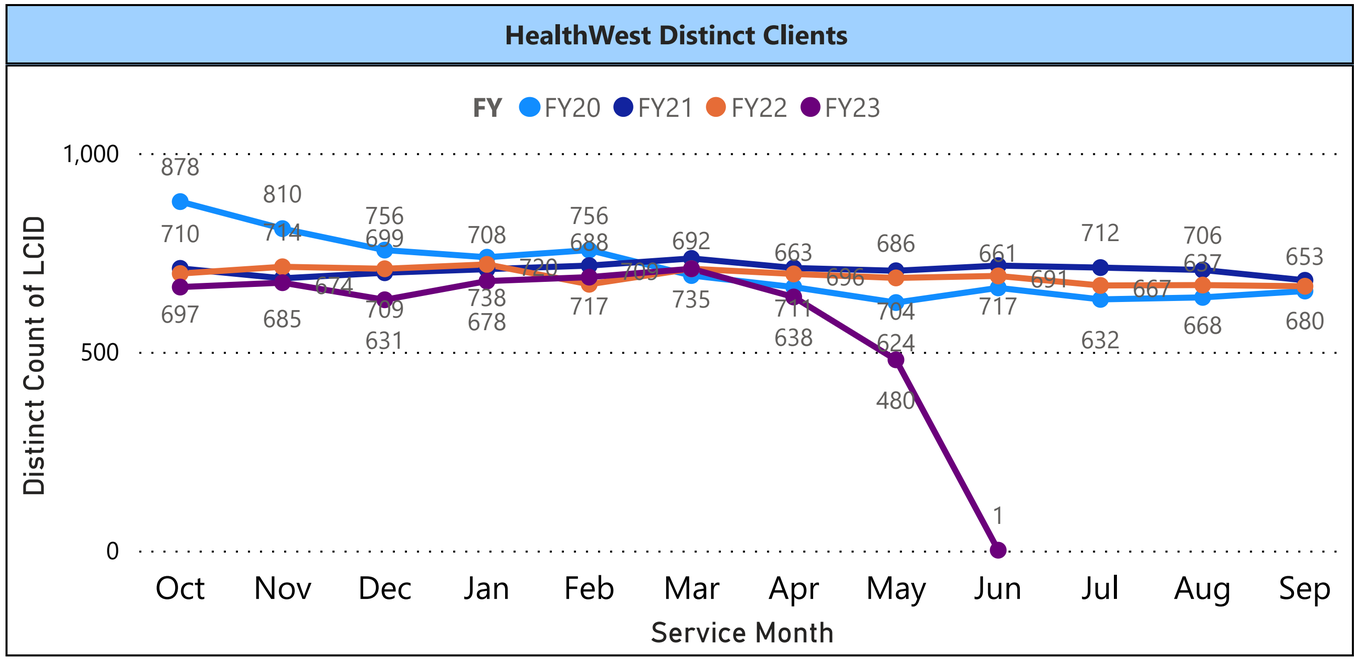
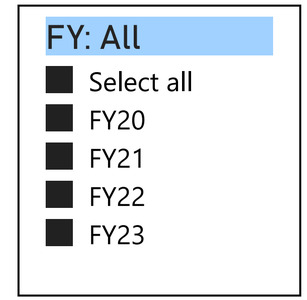
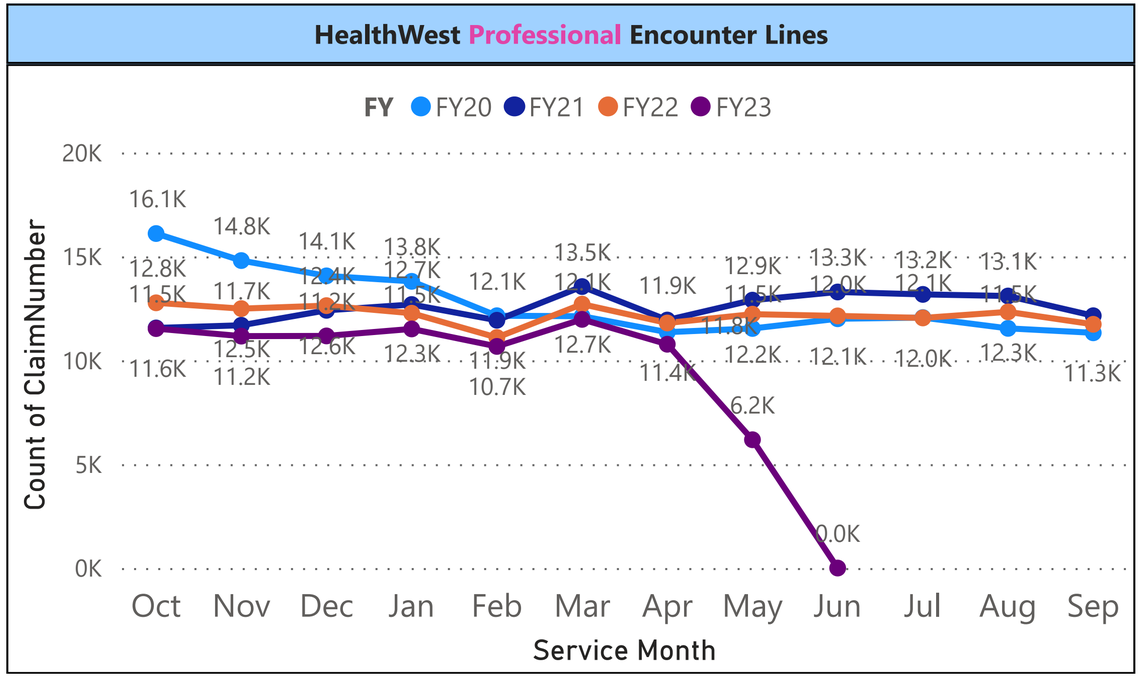
Latest ProcessDate

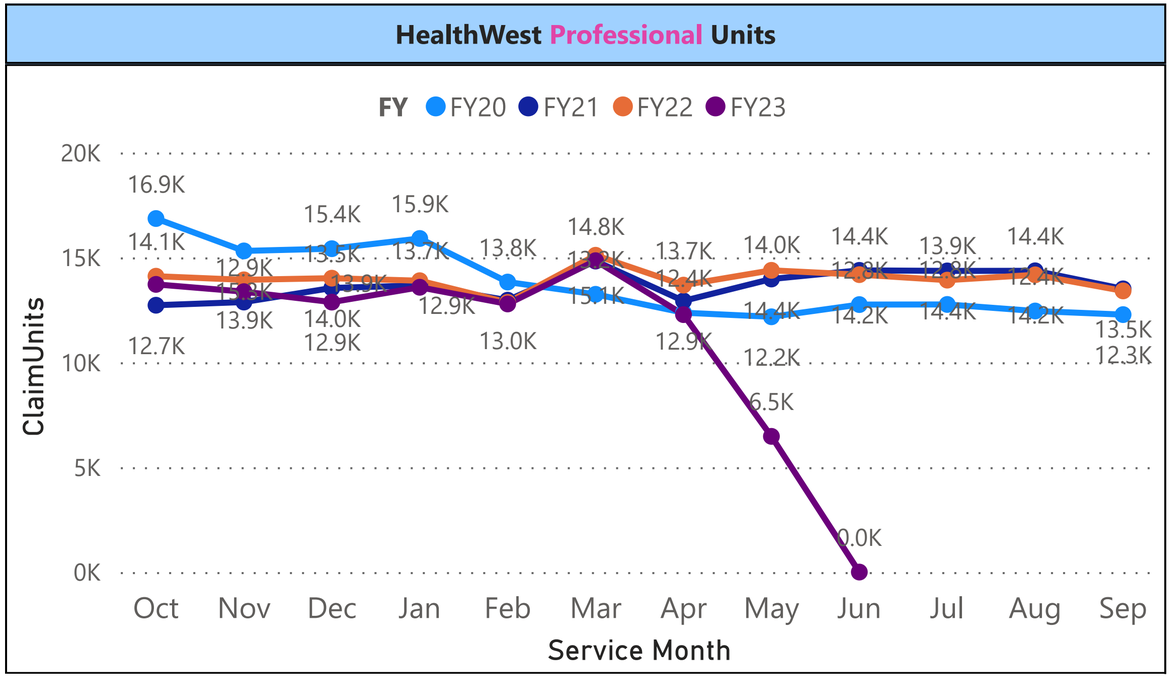
LAKESHORE REGIONAL ENTITY

HealthWest
Substance Use Disorder









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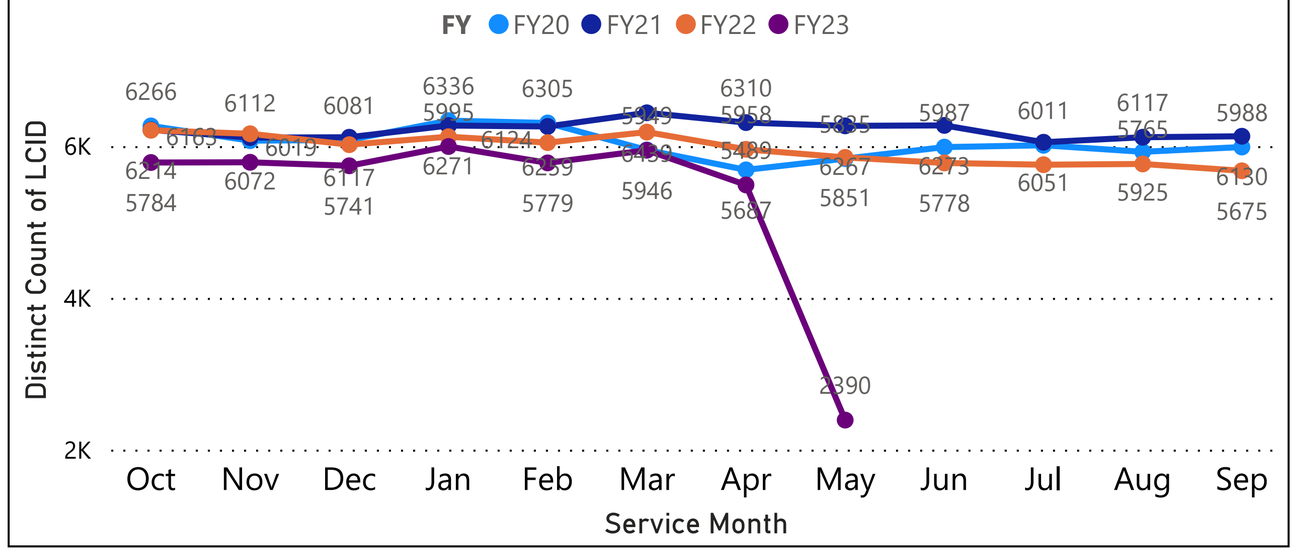
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

Network180 Behavioral Health

Network180 Distinct Clients



FY: All
- Select all
- FY20
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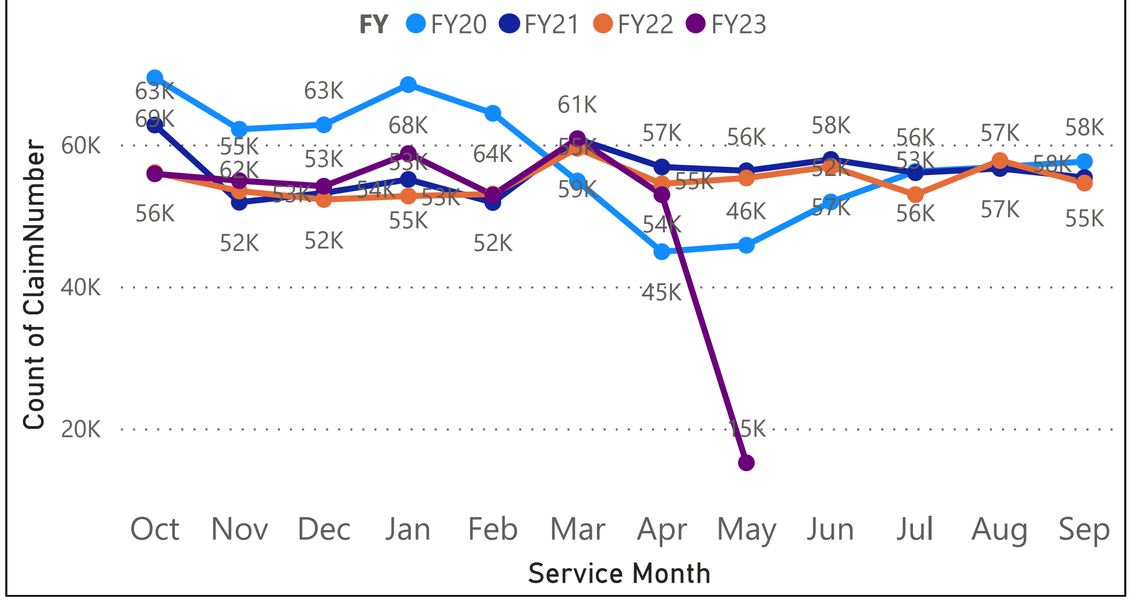
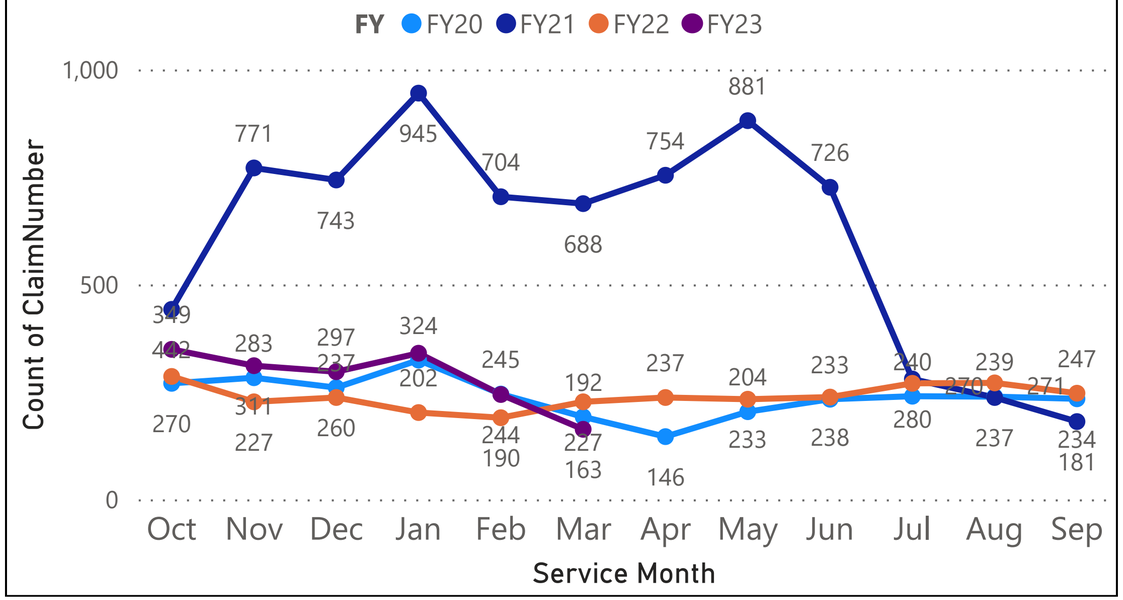
- FY22
- FY23

Network180 Professional Encounter Lines



Network180 Institutional Encounter Lines



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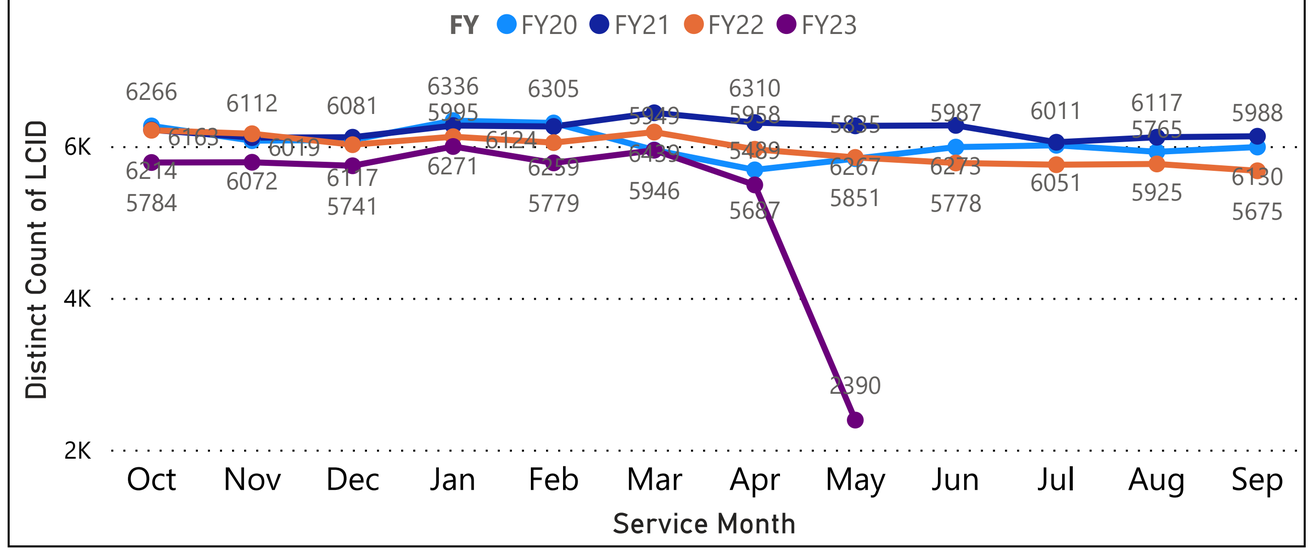
Latest ProcessDate

Network180
Behavioral Health

Network180 Distinct Clients



FY: All
- Select all
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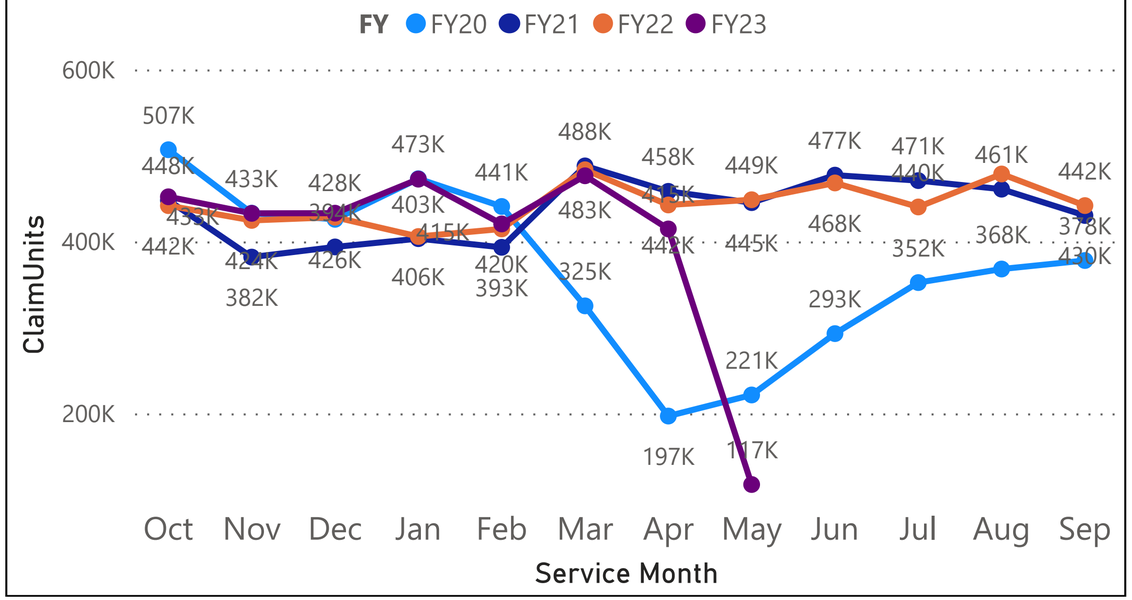
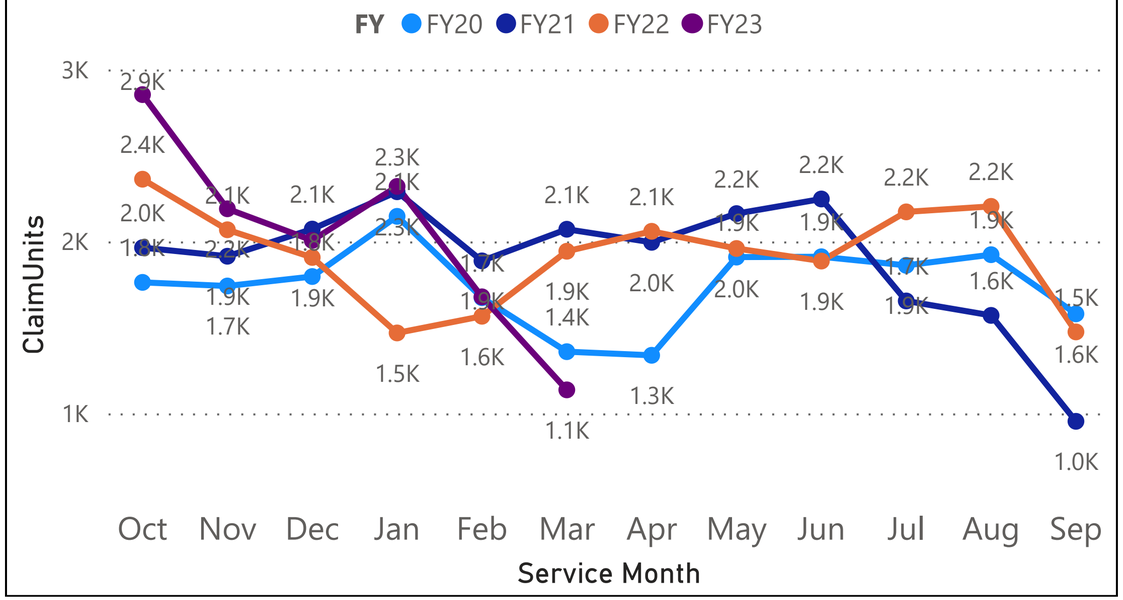
- FY23

Network180 Professional Units



Network180 Institutional Units



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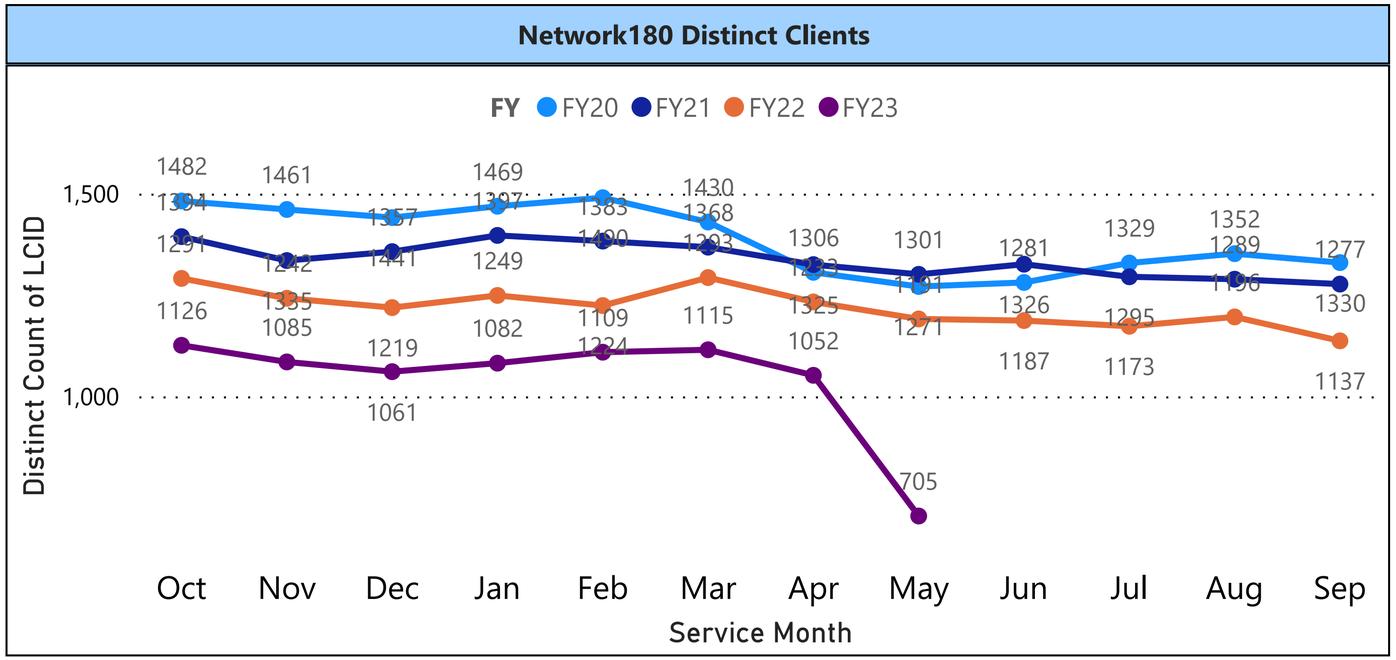
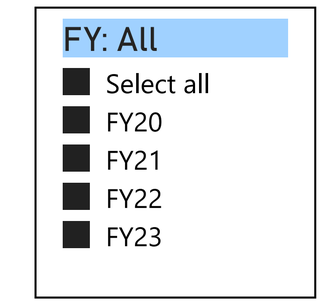
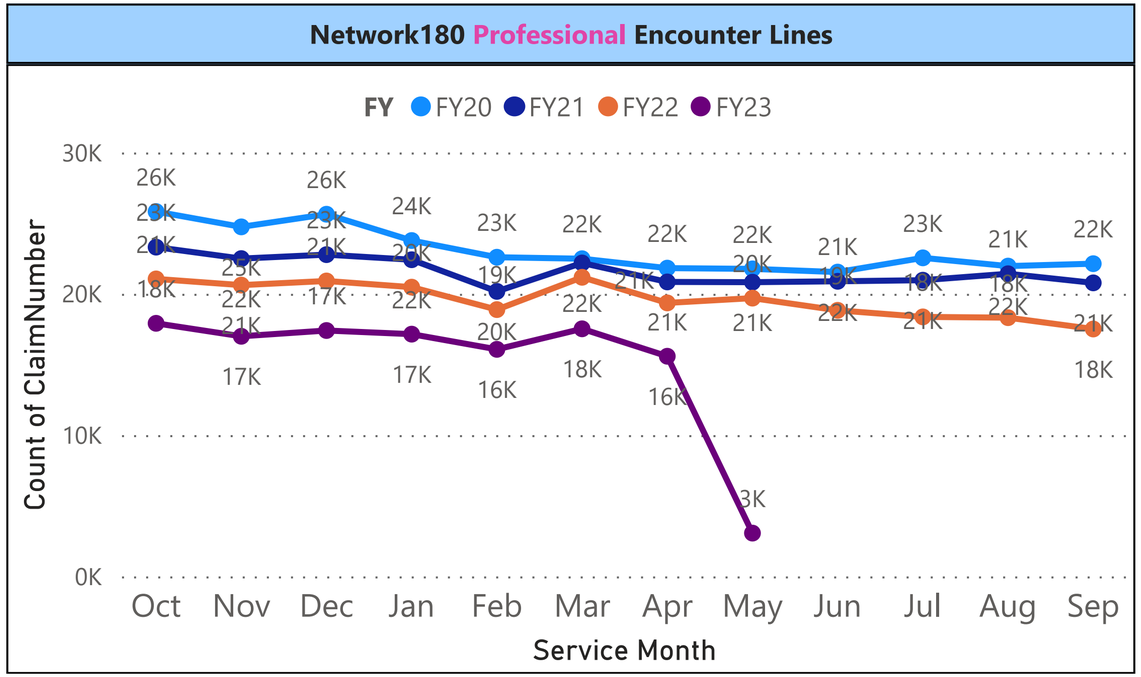
Latest ProcessDate

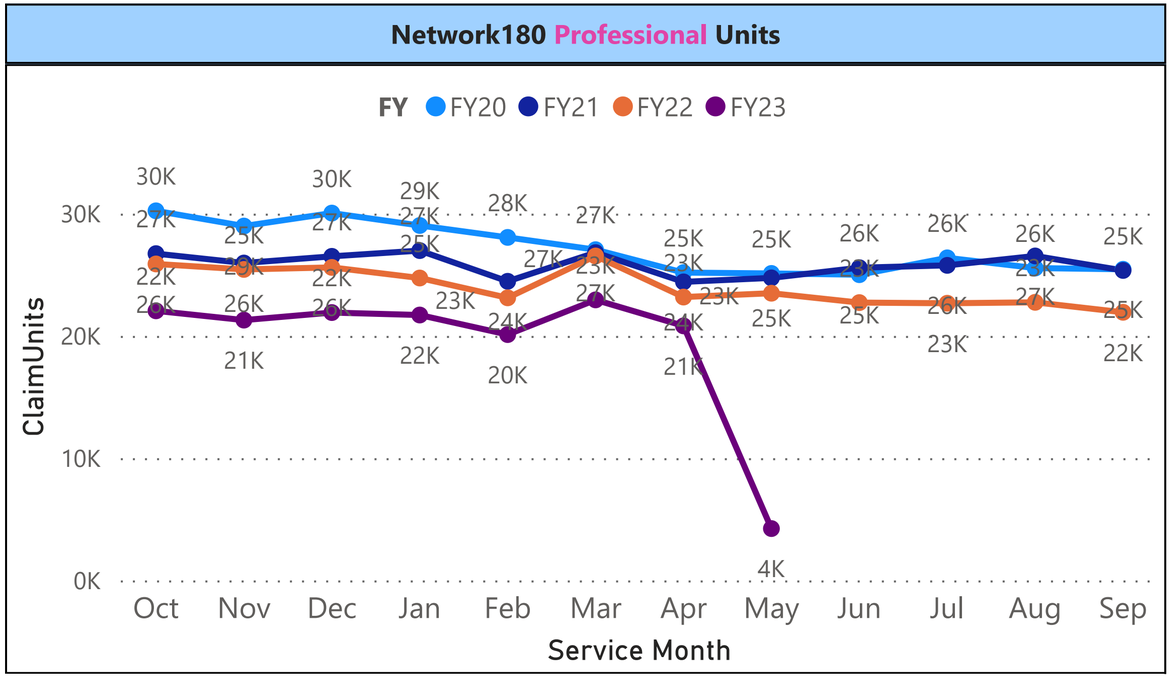
LAKESHORE REGIONAL ENTITY

Network180
Substance Use Disorder









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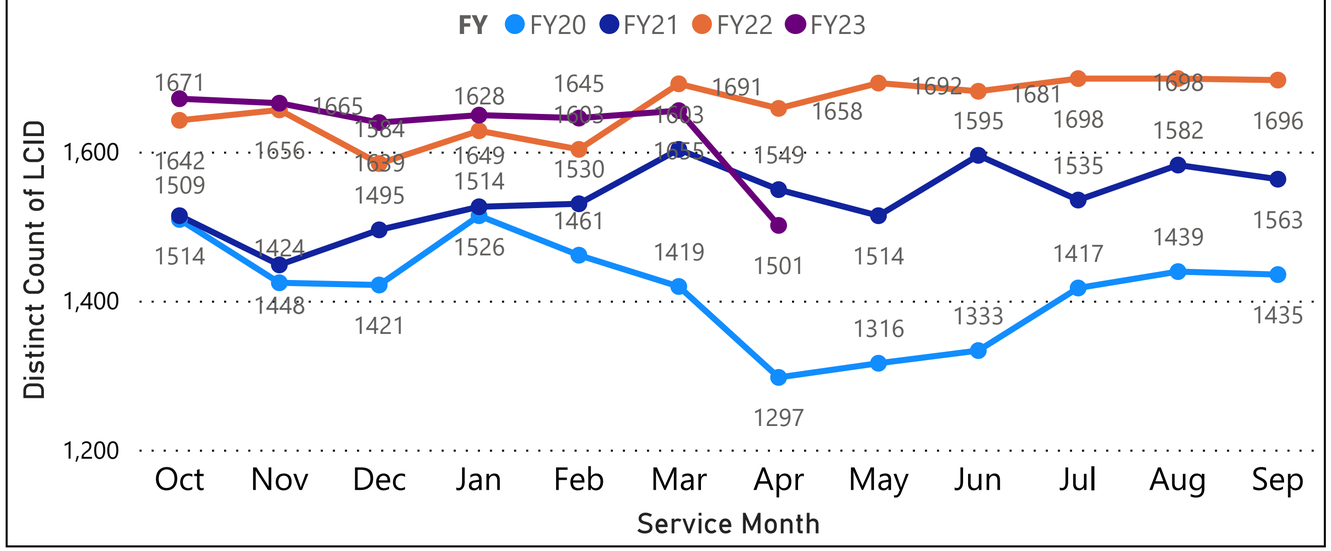
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

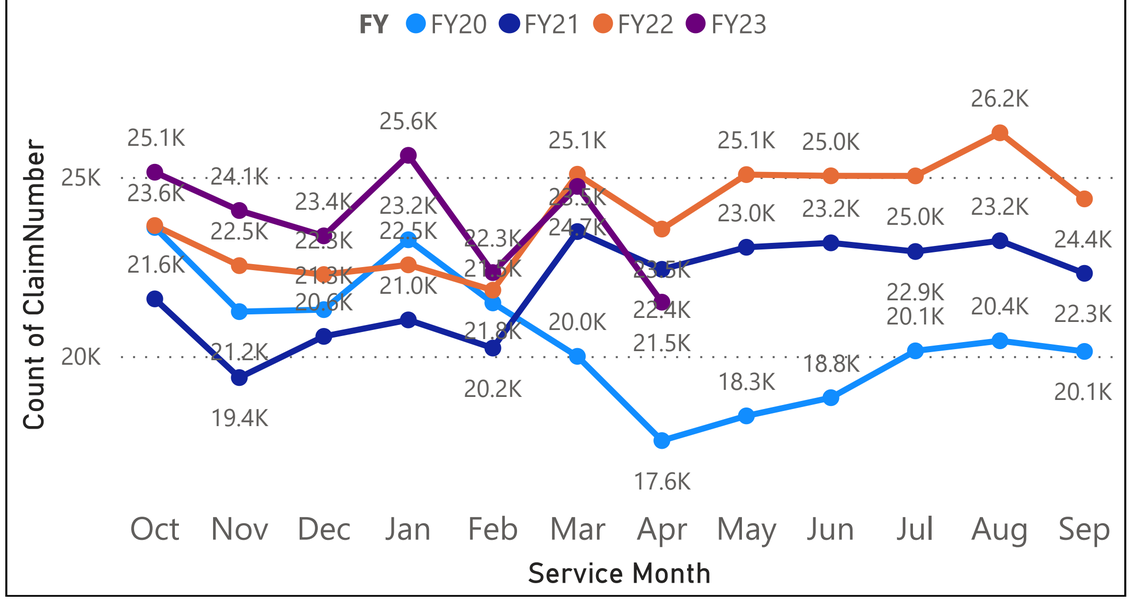
Ottawa Behavioral Health

Ottawa Distinct Clients

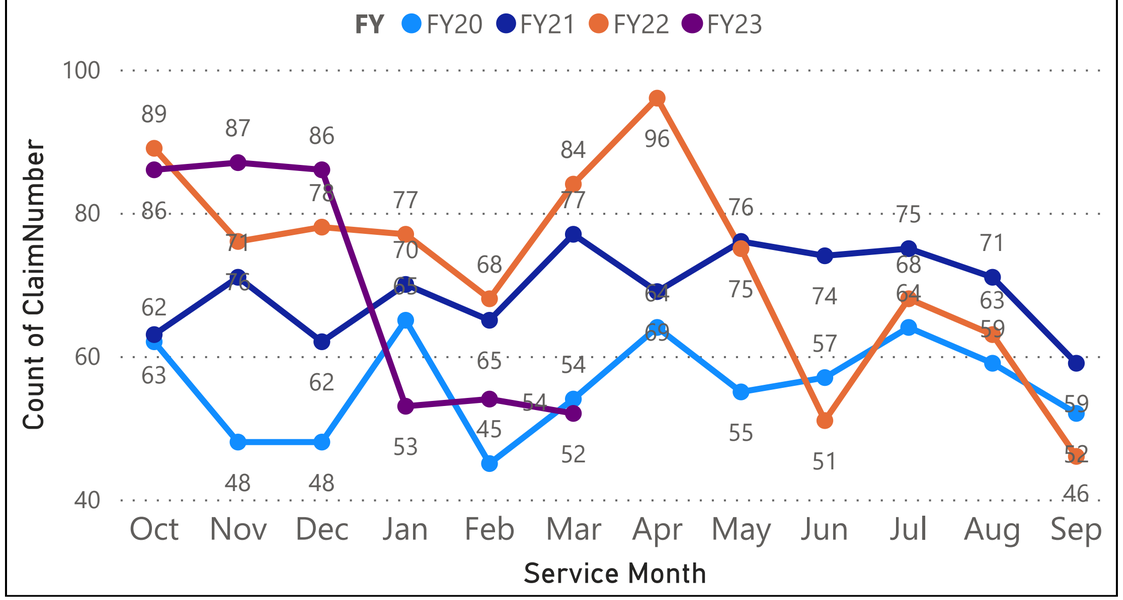


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

Ottawa Professional Encounter Lines



Ottawa Institutional Encounter Lines



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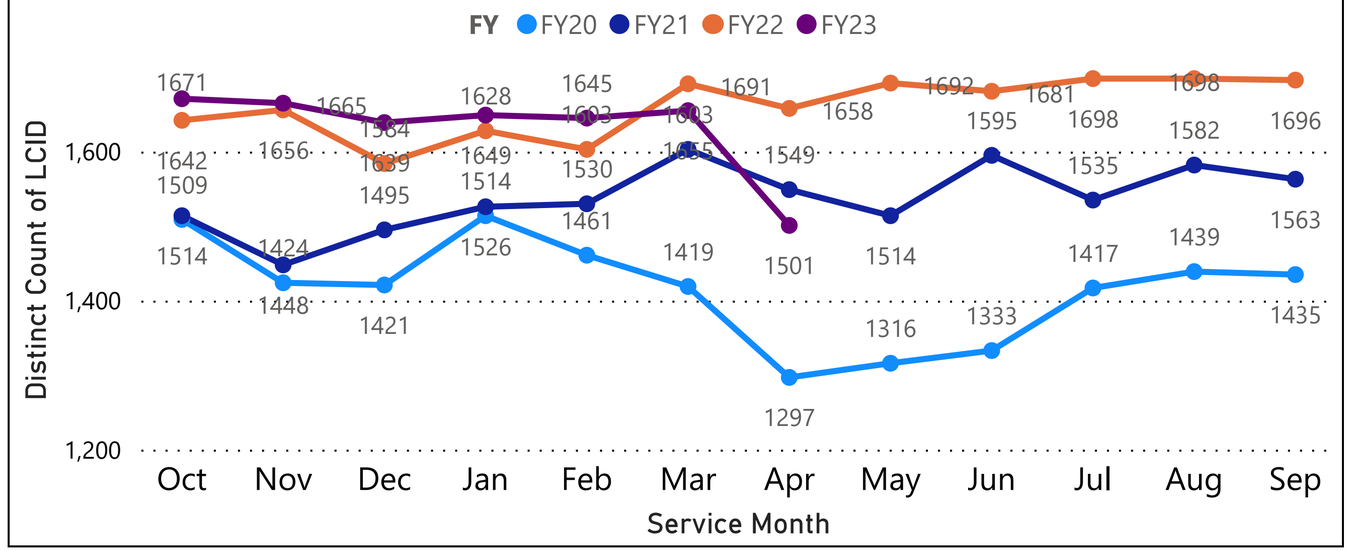
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

Ottawa Behavioral Health

Ottawa Distinct Clients



FY: All
- Select all
- FY20
- FY21
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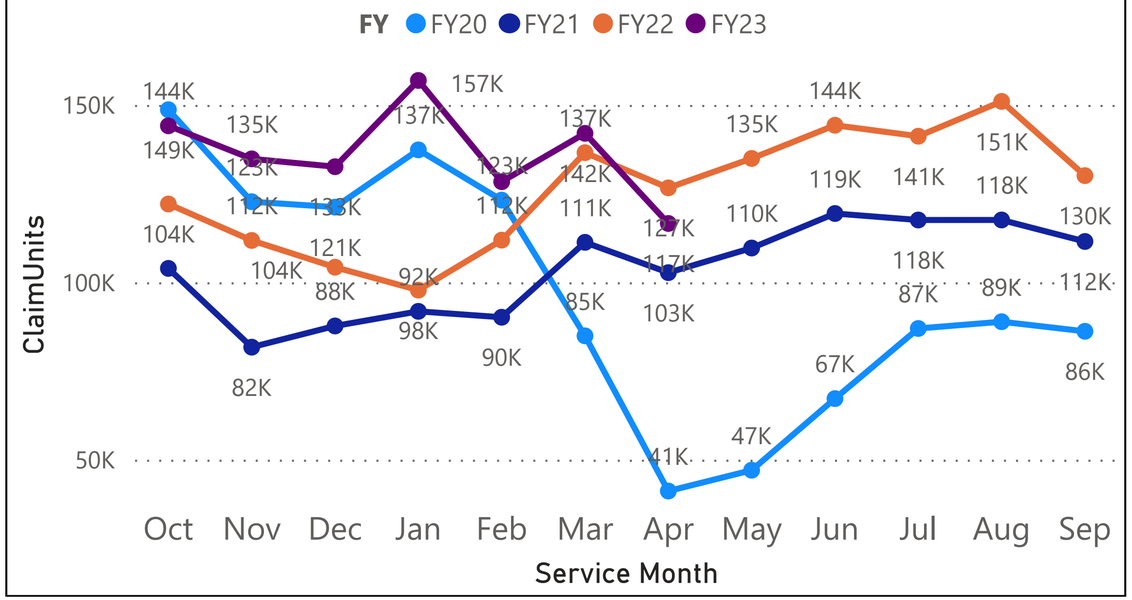
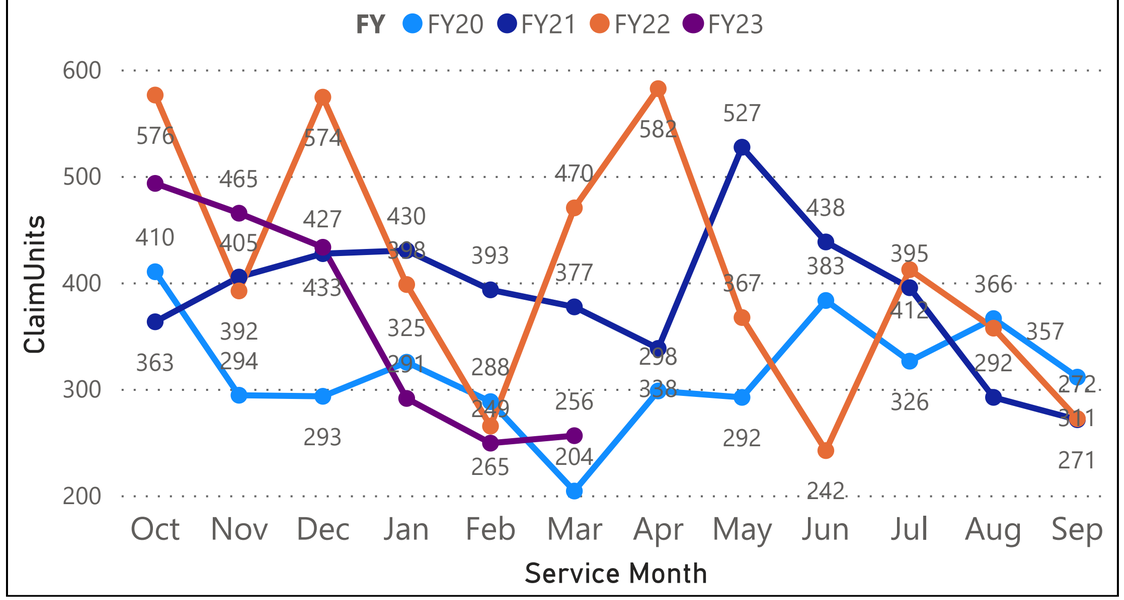
- FY23

Ottawa Professional Units



Ottawa Institutional Units



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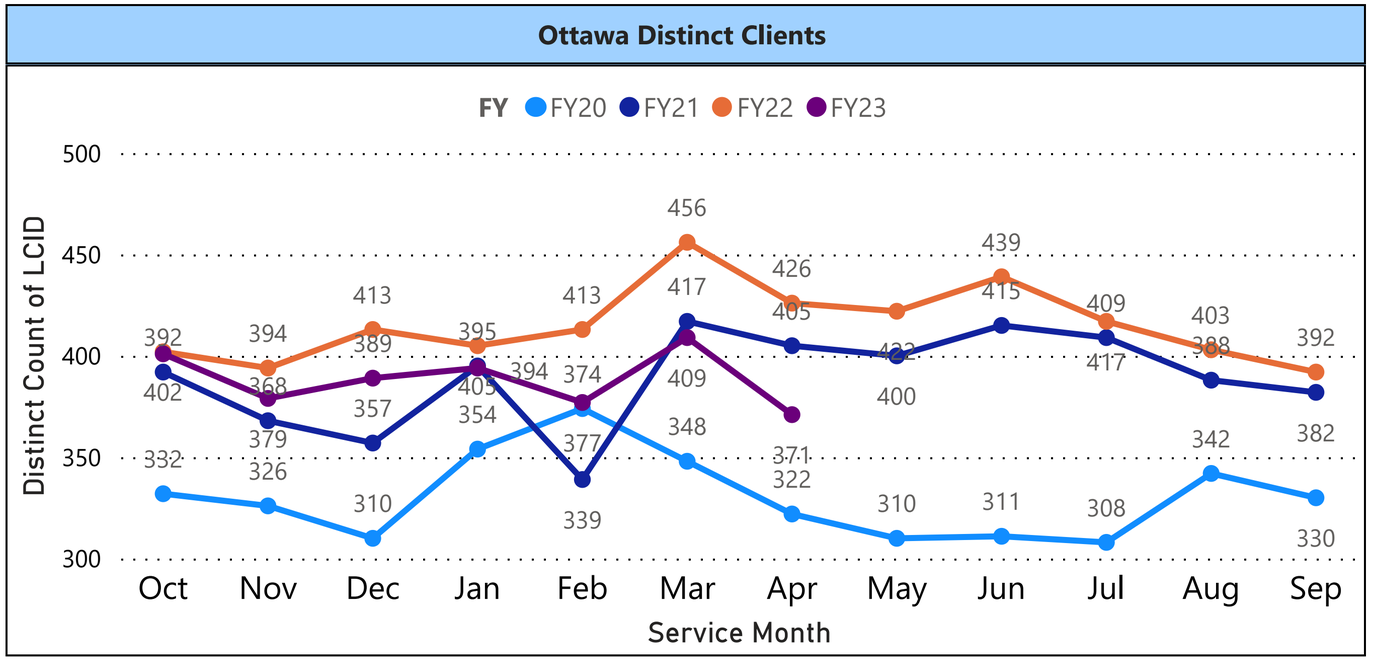
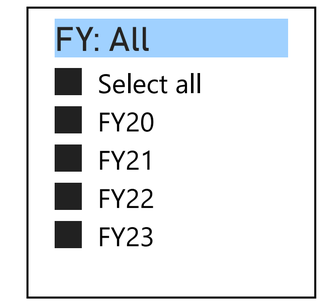
Latest ProcessDate

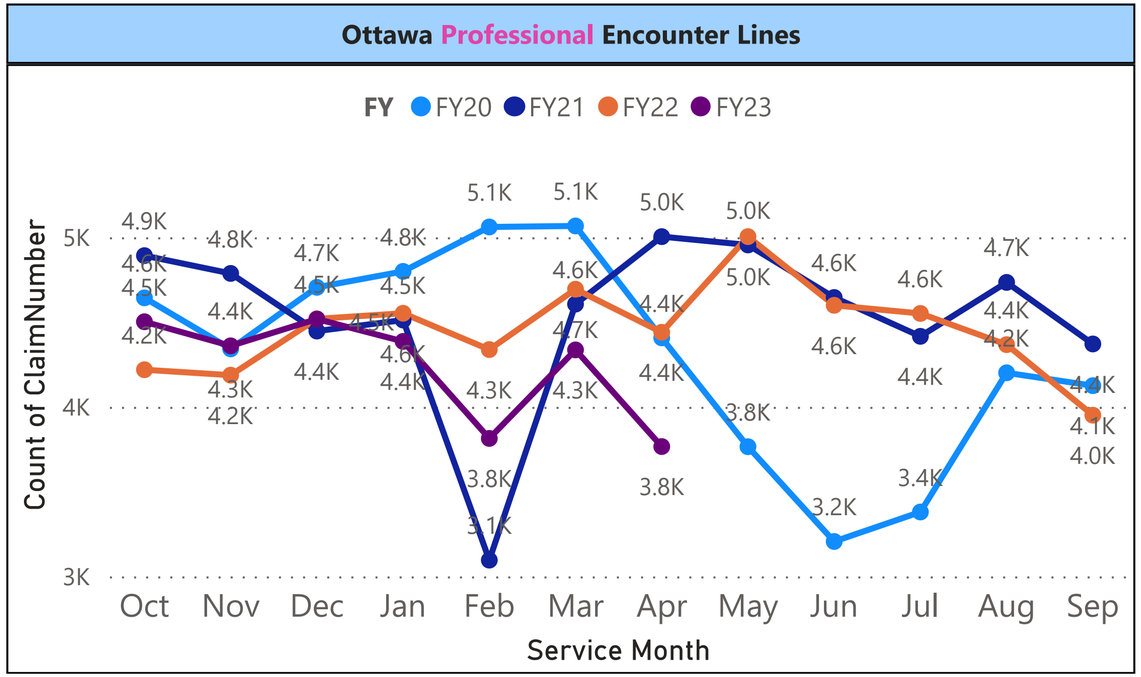
LAKESHORE REGIONAL ENTITY

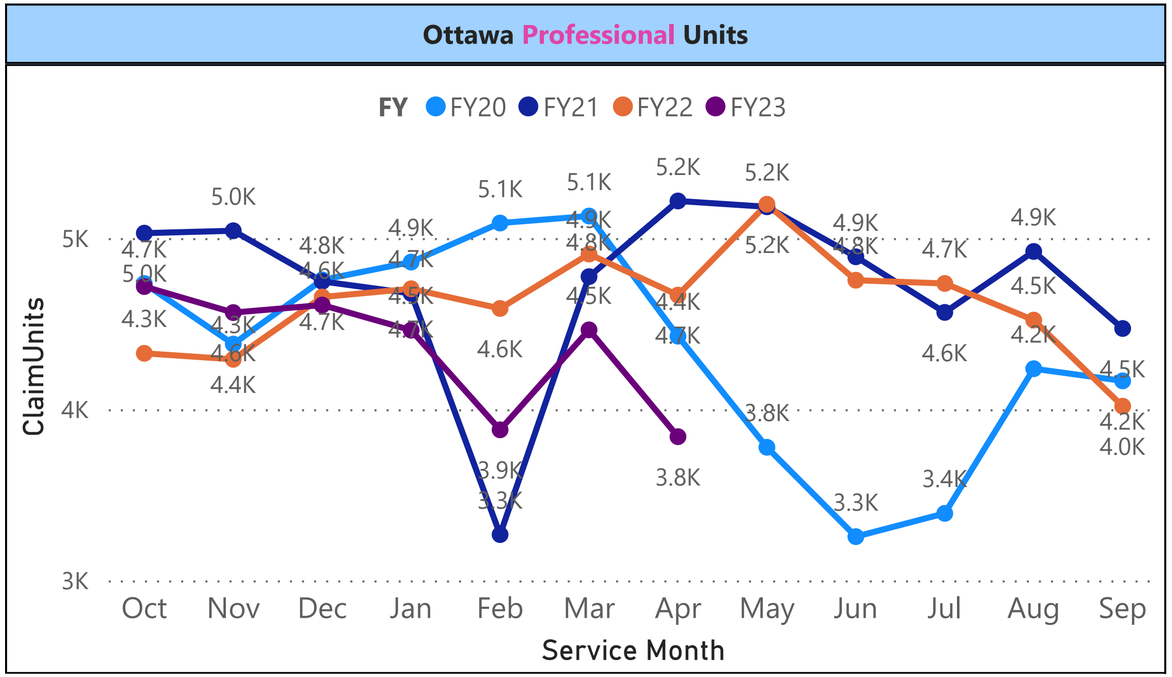
Ottawa

Substance Use Disorder









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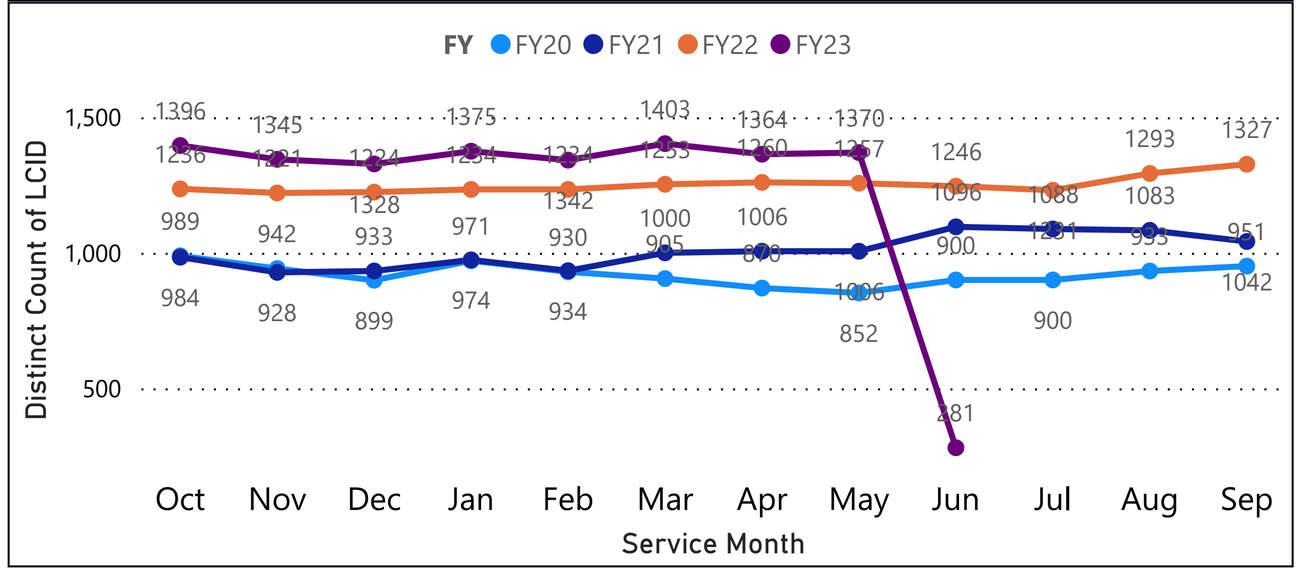
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

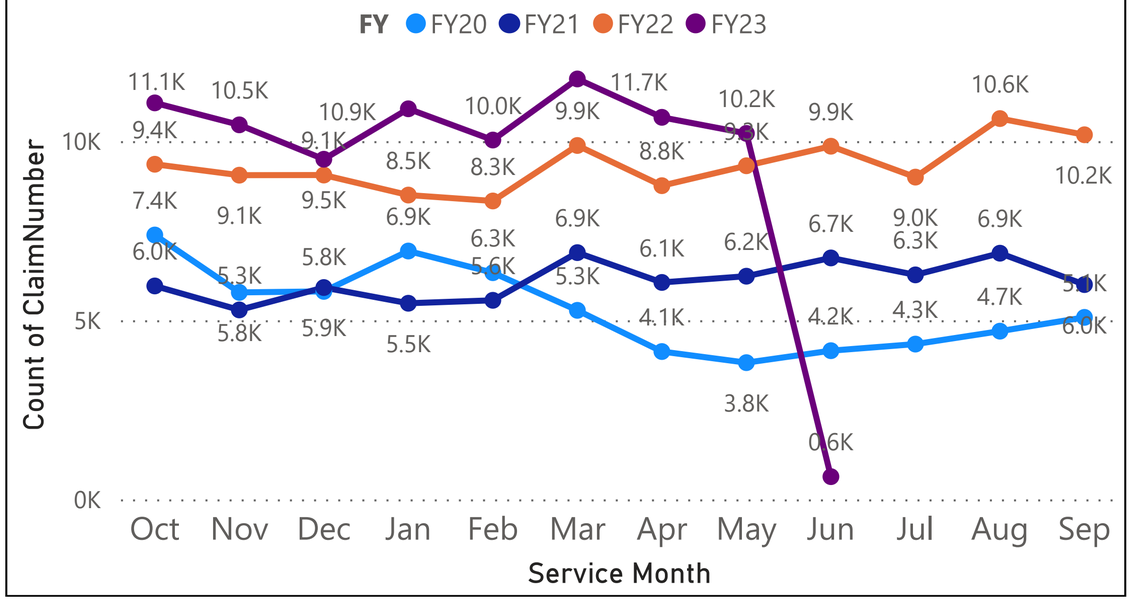
West Michigan Behavioral Health

West Michigan Distinct Clients

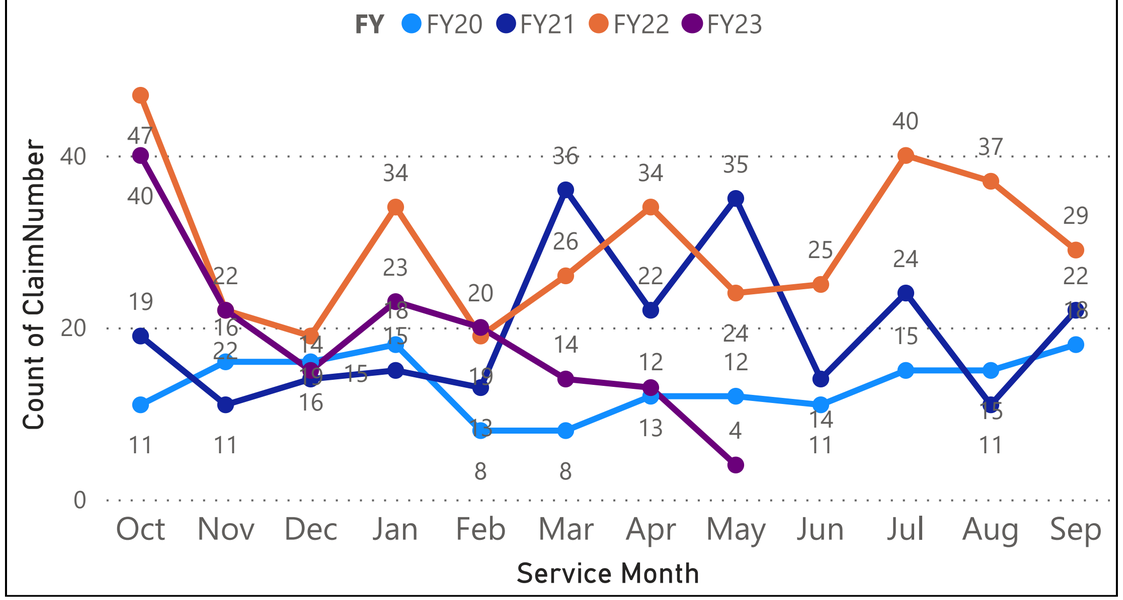


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

West Michigan Professional Encounter Lines



West Michigan Institutional Encounter Lines



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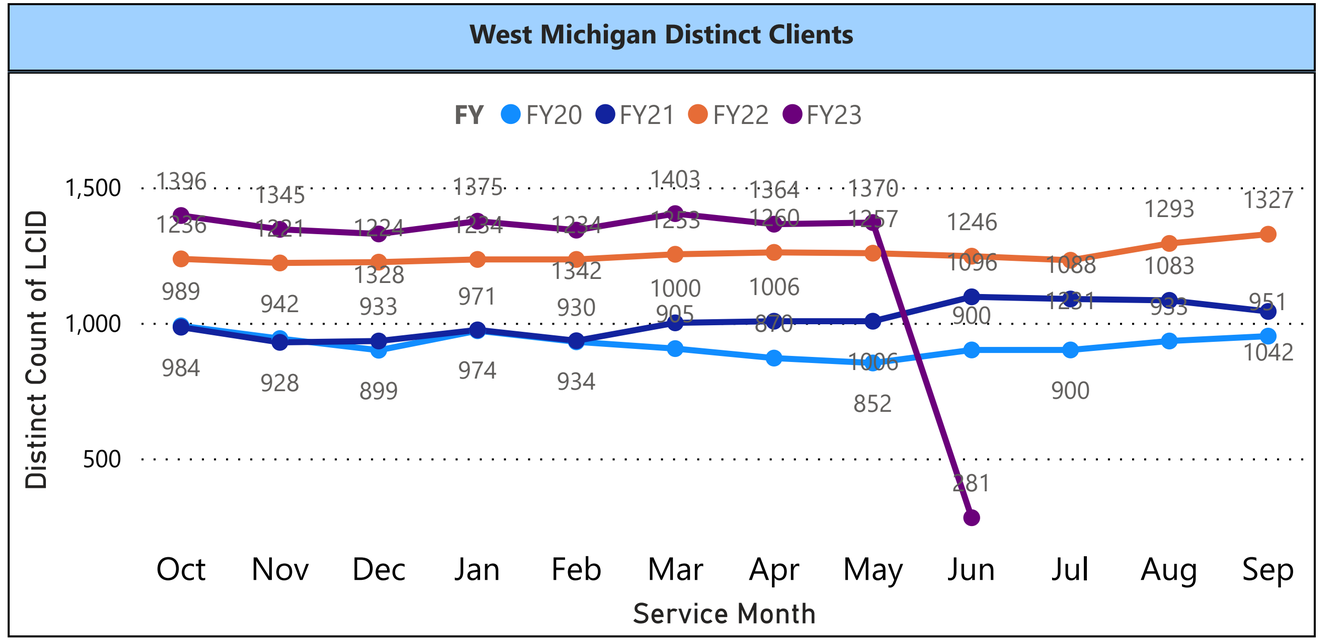
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

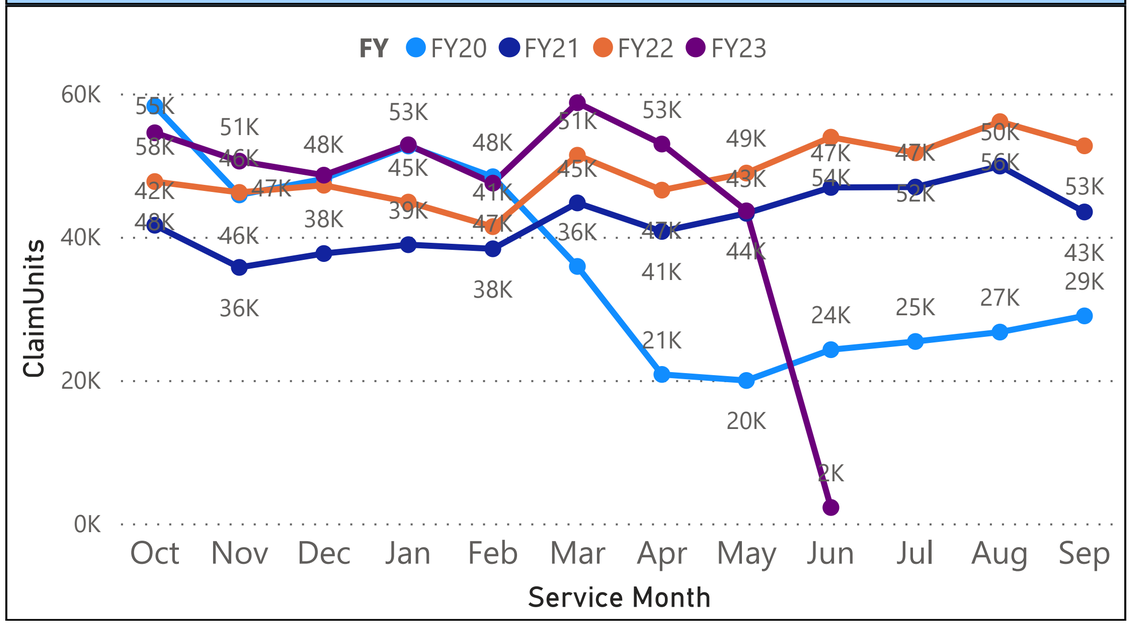
West Michigan Behavioral Health

West Michigan Distinct Clients

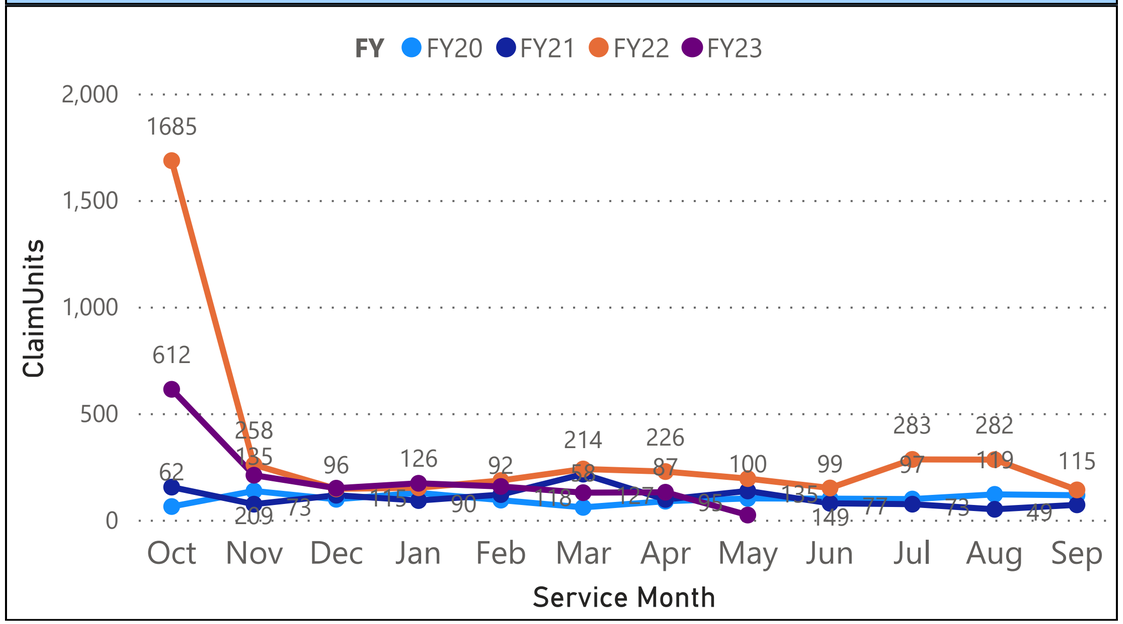


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

West Michigan Professional Units



West Michigan Institutional Units



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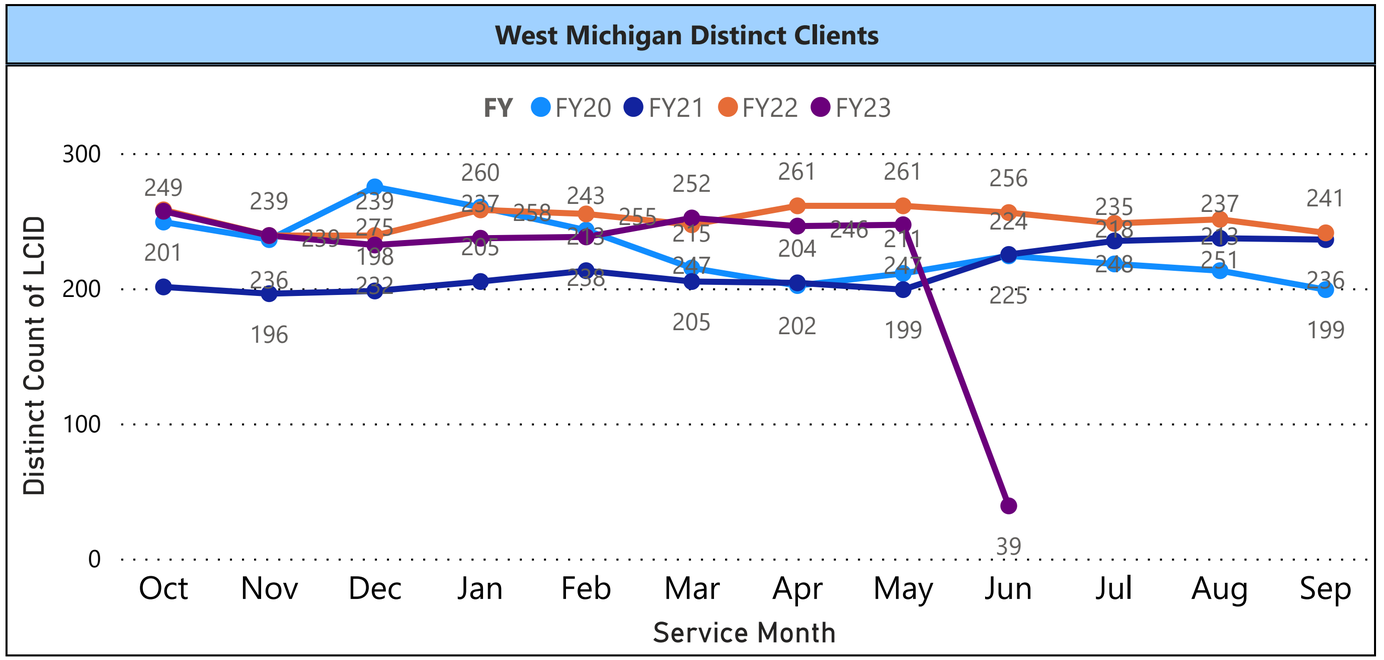
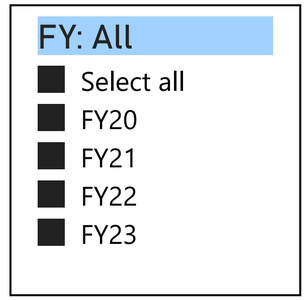
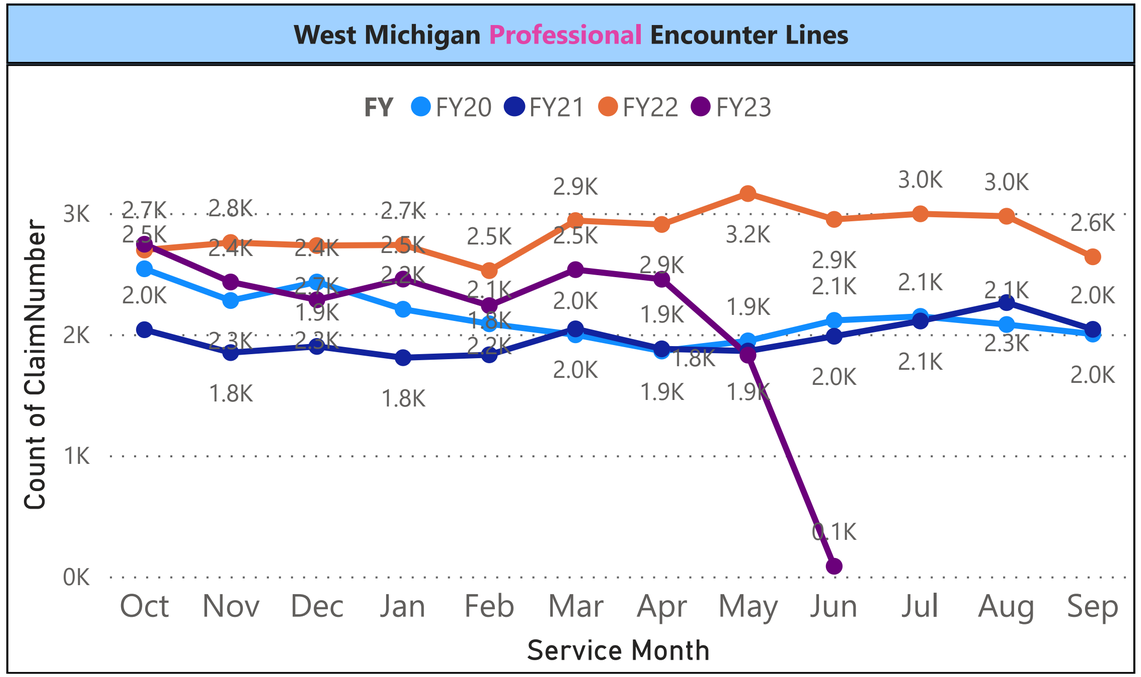
Latest ProcessDate

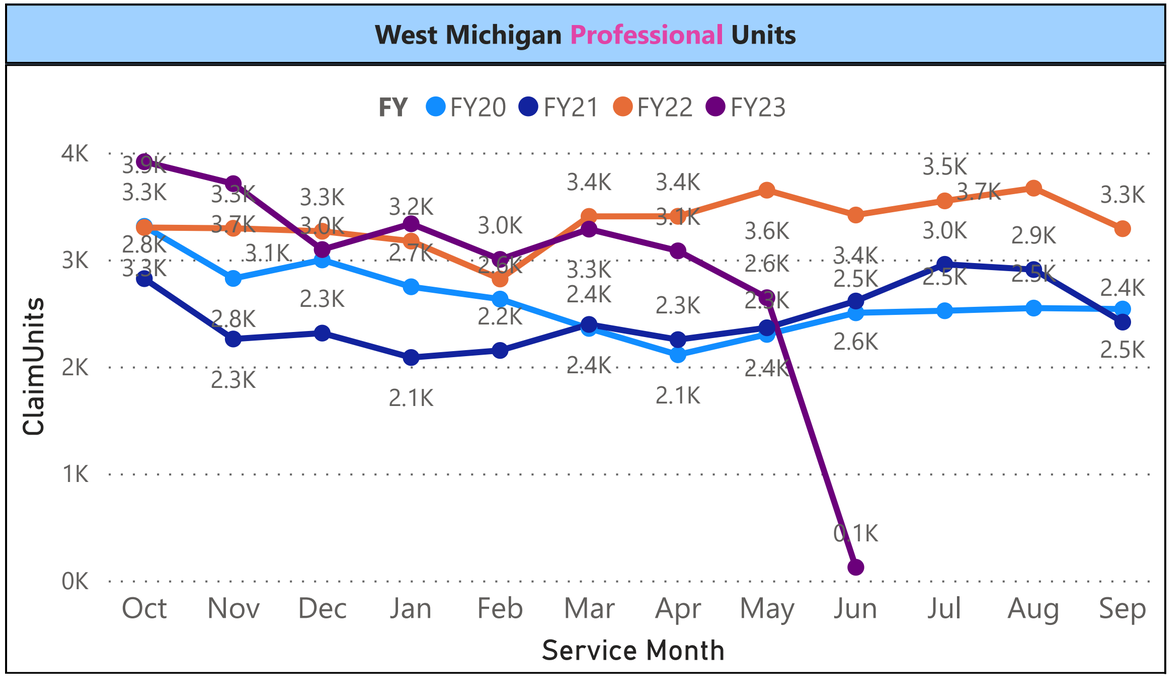
LAKESHORE REGIONAL ENTITY

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

June 28, 2023

HSAG:

1. Performance Measurement Validation (PMV): In collaboration with the CMHSPs, LRE timely submitted its PMV proofs to HSAG on June 16, 2023. HSAG will conduct its virtual PMV audit of LRE on July 13, 2023,
2. Compliance Review (CR): LRE received the HSAG CR Tool and attended HSAG training in early June. LRE Subject Matter Experts (SME) have submitted proofs to Quality, which is performing a gap analysis to determine what additional proofs, if any, are needed prior to the HSAG submission date of July 25, 2023. For FY23 HSAG CR, HSAG will be validating the remediation for FY21 and FY22 Corrective Action Plans (CAPs). HSAG will conduct its virtual CR audit of LRE on August 16, 2023,
3. Performance Improvement Program (PIP): LRE awaits data from MDHHS CC360 (MDHHS's Data Warehouse) regarding this PIP season's metric of Follow-up after Hospitalization for Mental Illness, which is expected on or about July 3, 2023.[1] Upon receipt of the data, LRE will conduct a statistical analysis and submit its finding to HSAG by July 14, 2023.

FY24 Proposed MDHHS Policy and CMS Rule Changes (FY24 Proposed Changes): LRE SME's are working diligently reviewing and analyzing the FY24 Proposed Changes.

1. FY24 MDHHS Proposed Policy Changes:
   a. As of June 20, 2023, LRE SME's have reviewed the FY24 MDHHS Proposed Policy Changes and made recommendations to LRE's CEO for consideration.
   b. LRE submission for Public Comment will be submitted on or before July 14, 2023.
2. FY24 CMS Proposed Rule Changes for Access, Finance, and Quality:
   a. LRE CFO|Finance SMEs and CQO have reviewed the FY24 CMS Proposed Rule Changes for Access, Finance, and Quality.
   b. LRE CFO and CQO has provided a high-level draft summary of the Access and Quality Rule Changes to LRE Leadership and relevant SMEs.
   c. LRE Leadership and SMEs are meeting next week to further analyze the FY24 CMS Proposed Rule Changes for Access, Finance, and Quality draft LRE's submission for Public Comment on or before July 14, 2023.

Michigan Mission Based Performance Incentive System (MMBPIS): MDHHS has announced new compliance thresholds for MMBPIS Indicators 2, 2e, and 3, which MDHHS will implement starting October 1, 2023.[2] LRE is assembling a MMBPIS Indicator Workgroup in collaboration with the CMHSP Access, Clinical, and Quality staff to determine how best to position LRE so that it achieves the new compliance thresholds as quickly as possible. LRE has also identified the challenges that Indicators 2, 2e, and 3 present when viewed through the CCBHC lenses. LRE is collaborating with the CMHSPs to prepare for a Technical Assistance conference with HSAG and

[1] MDHHS CC360 FUH data availability is subject to a 6-month delay, meaning in July 2023, LRE will be able to access its FUH data for all of FY22.
[2] Indicator 2 measures the percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service; Indicator 2e measures the percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.; Indicator 3 measures Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment

MDHHS to discuss the CCBHC challenges. In addition, LRE is preparing its Public Comment, which will be submitted on or before July 3, 2023.

CMHSP SITE REVIEWS:

1. Status of CMHSP Site Reviews:
   a. Ottawa: LRE is finalizing Ottawa's CAP approvals/denials for the second cycle.
   b. West Michigan: LRE is finalizing CAP approvals/denials for the first cycle.
   c. N180: N180 is developing its CAP after the completion of LRE's CMHSP Site Review.
   d. OnPoint: OnPoint is in the proofs preparation phase.
   e. HealthWest: HealthWest is in a holding pattern and will receive its notification letter on August 1, 2023, which will commence its proofs preparation phase.
2. CMHSP Site Review Results as of June 21, 2023: For FY23 thus far, CMSHPs have performed equal to better than FY22 at an overall level and for the vast majority of the audit types.

	FY23				FY22				
CMHSP	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit	Year over Year Change
CMH of Ottawa County	97.7%	87.5%	93.7%	96.6%	97.6%	96.7%	91.2%	92.4%	0.09%
network180	99.4%	100.0%	95.7%	96.7%	98.3%	98.6%	96.1%	94.4%	1.04%
West Michigan CMH	100.0%	100.0%	96.1%	90.1%	99.0%	94.9%	93.2%	93.9%	1.03%
Region 3 Overall	99.0%	95.8%	95.2%	95.3%	98.3%	96.9%	94.2%	93.8%	0.69%

LRE is aggregating and reviewing FY22 Site Review data on a Regional-level in an attempt to identify any systemic issues, if they exist. LRE commences FY23 CMHSP Site Reviews beginning March 2023. A master FY23 CMHSP Site Review calendar has been created and forms/templates have been standardized for a more efficient process. Throughout this Site Review season, LRE is developing procedures and job aids to ensure proper documentation of the CMHSP Site Review process. Quality continues to interface with LRE IT to develop standardized reports for improved data analysis and report communications with CMHSPs.

NON-CMHSP REVIEWS:

1. **SUD Treatment Providers:**
   a. Status of SUD Site Reviews:
      - Since October 1, 2022, LRE has completed almost 16 SUD Site Reviews using the new SUD Site Review Tools.
      - LRE continues to conduct SUD Treatment Site Reviews.
      - LRE has distributed Corrective Action Plans following the results of the Desk, Clinical, and Credentialing Audits.
   b. SUD Site Review Results as of June 21, 2023: Overall, SUD Treatment Providers are performing very well given the considerable change in auditing standards within the new SUD Site Review Tools. The greatest opportunities for improvement are within the Desk and Credentialing Audits. LRE is working closely with the CMHSPs and SUD Treatment Providers to communicate expectations, conduct trainings, and develop tools, when needed, to ensure these Providers continue to improve given the rigorous SUD Site Review Tool standards.

SUD Audit Type	Compliance Rate
Clinical	91.1%
Credentialing	84.2%
Desk	81.6%
Program Specific	95.7%

2. **Specialized Residential, Non-AFC, & Autism Providers:**
   a. Status of Specialized Residential, Non-AFC, and Autism Facilities Reviews:
      - Since October 1, 2022, LRE has completed almost 260 Facilities Reviews of Specialized Residential, Non-AFC, and Autism Providers.
      - LRE continues to conduct Facilities Reviews at the rate of about 30 per month.

   b. Facilities Reviews Results as of June 21, 2023: Overall, Specialized Residential, Non-AFC, and Autism Providers performed very well with a ***98.2% compliance rate***, which should be applauded. The greatest opportunities for improvement relate to the understanding of how to operationalize the HCBS Final Rule. LRE continues to coach these providers on the HCBS Final Rule Regulations and how best to demonstrate compliance, which is now required by MDHHS and CMS as of March 17, 2023.

3. **Inpatient Providers:**
   a. Status of Inpatient Site Reviews:
      - Since October 1, 2022, LRE has completed two Inpatient Provider Site Reviews.
      - LRE continues to conduct Inpatient Site Review with several scheduled during the summer months due to the CMHSP Site Reviews, which started in January 2023.

   b. Inpatient Site Reviews Results as of June 21, 2023: Overall, Inpatient Providers performed very well with a ***98.3% compliance rate***.

LRE continues to develop the policy, procedure, and workflows for all Non-CMHSP Reviews. LRE continues to review and revise its Facilities Review Tool, which incorporates pinpoint citations and expectations related to proofs to demonstrate compliance, for implementation starting October 1, 2023. QI ROAT will review the revised Tool in July 2023 and anticipates recommending its adoption to Operations Council in August 2023.

HOME AND COMMUNITY-BASED SERVICES ("HCBS"): MDHHS and all PIHPs continue to wait for CMS to provide guidance regarding the more than 440 provider files MDHHS sent to CMS for consideration of removal from the Heightened Scrutiny status. Recall that if CMS does not agree with MDHHS' recommendations, MDHHS will inform LRE and the setting that it must immediately begin discharging consumers. MDHHS has stated it is finalizing HCBS job aids/FAQs and preparing an HCBS training for stakeholders.

LRE continues to work with providers that are non-compliant with the HCBS Final Rule as it relates to door locks. Lock manufacturers have resolved the backorder issue and locks are arriving in the hands of providers, who are quickly installing said locks.

LRE has conducted HCBS training for all but one Member CMHSP and in some cases, CMHSPs have asked LRE to conduct multiple trainings to various groups depending on their charter (Case Managers, Behavior Treatment Committees, Office of Recipient Rights, etc.). LRE is also preparing to conduct the HCBS Final Rule training to the Customer Services (CS) ROAT next month. LRE has finalizing efforts to posted the trainings on

the LRE website. LRE is revising its HCBS Policies and developing HCBS Procedures.

LRE has completed the survey process for all providers and consumers who received a HCBS Provisional Survey from September 4, 2021 to December 31, 2022, and all providers de-escalated from the Heightened Scrutiny designation. LRE is preparing to launch its quarterly survey for those groups identified by MDHHS.

CRITICAL INCIDENT REBOOT: LRE has been electronically uploading the Critical Incident (CI) data into MDHHS' CRM Platform. LRE continues to work with MDHHS by making recommendations for enhancements. MDHHS appreciates LRE's collaboration with the CRM implementation.

MASTER PROVIDER DIRECTORY ROAD MAP: LRE's Master Provider Directory Workgroup has finalized all workflows, identified all unmet needs, and prioritized all unmet needs. LRE is preparing to meet with its EHR vendor to negotiate next steps towards developing IT technical specifications and their eventual implementation over the next 24 months.

MEDICAID VERIFICATION ("MEV"): LRE is on schedule with its MEV audits.

Audit Timeframe	Audit Month – Member CMHSP	Status
FY23 Q1 Oct 2022 – Dec 2022	January 2023: OnPoint, West Michigan, HealthWest February 2023: N180 March 2023: Ottawa, SUD	Complete
FY23 Q2 Jan 2023 – March 2023	April 2023: OnPoint, West Michigan, HealthWest May 2023: N180 June 2023: Ottawa, SUD	Complete
FY23 Q3 April 2023 – June 2023	July 2023: OnPoint, West Michigan, HealthWest August 2023: N180 September 2023: Ottawa, SUD	Finalizing
FY23 Q4 July 2023 – Sept 2023	October 2023: OnPoint, West Michigan, HealthWest November 2023: N180 December 2023: Ottawa, SUD	On-Deck

EXECUTIVE COMMITTEE SUMMARY
Wednesday, June 21, 2023, 1:00 PM

Present: Ron Bacon (online), Linda Garzelloni, Jack Greenfield, Richard Kanten (online)
LRE: Mary Marlatt-Dumas, Stacia Chick

WELCOME and INTRODUCTIONS

i. Review of June 21, 2023, Meeting Agenda
ii. Review of May 17, 2023, Meeting Minutes

The June 21, 2023, agenda and the May 17, 2023, meeting minutes are accepted as presented.

MDHHS UPDATES

i. Jeff Wieferich Meeting
    - The meetings with Jeff W. are now done as he has taken his new position. Ms. Marlatt-Dumas is scheduled to meet with Meghan Groen, on Friday, who is taking Jeff's place until a permanent replacement is found.
    - LRE is working with MDHHS on completing the compliance audits (FYs 21 and 22). The FSRs have to be approved before the audit can be completed and submitted.
        - Ms. Marlatt-Dumas updates that LRE could not submit the FY21 audit as we do not have the FSRs approved by the State. LRE will revisit the $200 thousand sanction because of this.

DEFICIT PAYMENT/MOTION 23-23 UPDATE

- Ms. Marlatt-Dumas updates that 80% of the deficit payment went out to the CMHs within 7 days of receiving the signed cost settlement statements. There is an addendum that must be signed and escrow account information needs to be given before sending out the additional 20%.
    - The addendum is on the Ops agenda to discuss.
    - N180 drafted a different agreement from the addendum that was sent out by LRE legal and is being reviewed by LRE legal.
- N180 and HealthWest will not drop their lawsuits against the LRE until the 20% of unpaid funds is paid to them.
- LRE legal reached out to the MDHHS regarding the deficit elimination plan and the language that was in that plan to have the state fund part of the deficit. The state communicated that was not in the original agreement and they will not be sending any additional funding.
    - The Board will have to make the decision if LRE should pursue this legally. The lawyers have quoted that it will be est. $50-$100 thousand to pursue it.
    - Dickinson and Wright (Greg Moore/Chris Ryan) are willing to meet with the LRE Board to discuss options.

LRE BOARD MEMBERSHIP/OFFICER PROCESS

- With the Chair resignation there needs to be a replacement. Ms. Garzelloni, Vice Chair will be acting Chairperson until a replacement is approved.
- OnPoint is in the process of finding a replacement Board member to represent Allegan County.

N180 LETTER/LRE RESPONSE

- Attached is the letter that was sent to the LRE Board from N180 legal and the response from LRE legal. There has been no further response from N180.

LRE BOARD MEMBER CONFLICT OF INTEREST DISCUSSION

- It has come to the attention of the LRE that an LRE board member was under contract with a CMH which is a violation of the Conflict-of-Interest (COI) policy and LRE bylaws. This will be brought to the full Boards attention during the June Board meeting.
- The process regarding this type of situation is outlined in the COI policy/procedure.

LRE CEO EVALUATION PROCESS/TOOL

- Ms. Marlatt-Dumas is working with Mr. Riley on completing the process.
- The Executive committee would like to schedule a separate meeting to include Ms. Marlatt-Dumas and Ms. Chick to discuss the evaluation and the process.
- Ms. Garzelloni would like to have all the documents sent to Executive Committee including the original evaluation tool.

LRE POLICIES

i. 10.4 LRE Board Governance
    - Combined numerous policies into one.
    - Ms. Garzelloni would like the role of the Executive Committee to be clarified. Ms. Garzelloni would also like a copy of the redlined policy draft.
    - Mr. Greenfield comments that with so many new members it is a good opportunity to discuss what the Executive Committee charge is.
    - Will be reviewed during the next meeting.

ii. 10.22/10.22a New Board Member Orientation Policy/Procedure
    - Will review during the next meeting.

iii. 10.5 LRE Board Member Conduct and Board Meetings
    - Will review during the next meeting.

BOARD MEETING AGENDA ITEMS

i. Conflict Free Resolution
    - The 4 pilots that are being proposed are not viable and we are asking the LRE Board to put forth a resolution opposing this. Other PIHPs have put forth the same resolution. The recommendation would be to tweak the process that is already in

place. The proposed pilots have a large financial burden with no additional funds tied to it.
    - The Executive Committee will recommend to the Board approve the resolution.

ii. New CAP Members
    - The group recommends having this brought to the Board for approval.

iii. Closed Session – 20-30 minutes – Chris Ryan or Greg Moore from Dickinson and Wright to explain options regarding the deficit lawsuit/judgement.

iv. Add the COI issue and include the policy/procedure – Ms. Marlatt-Dumas will draft a summary.

v. Take off the Governance policies.

BOARD WORK SESSION AGENDA

i. Corporate compliance Training
    - George Motakis will complete the annual training.

OTHER

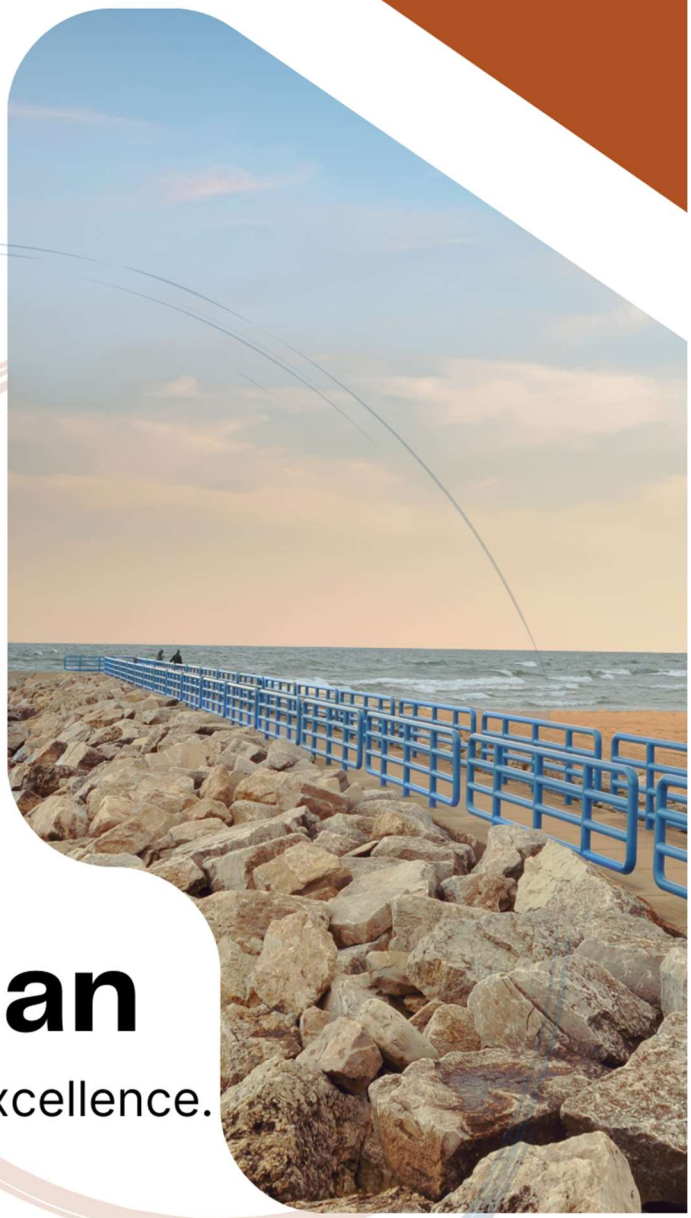
- Discussion regarding the CMH CEOs attending the Executive Committee. Ms. Garzelloni recommends continuing to let the CEOs attend and will manage any issues that may arise.
- Future Executive Committee meeting agenda items – ongoing updates of ISF, Expenditures vs. Revenue.

UPCOMING MEETINGS

- June 28, 2023 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- July 19, 2023 – Executive Committee, 1:00PM
- July 26, 2023 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

LAKESHORE REGIONAL ENTITY



Strategic Plan

Regional Leadership. Local Excellence.

JUNE 2023

Facilitated by: Kori Bissot

KWB Strategies

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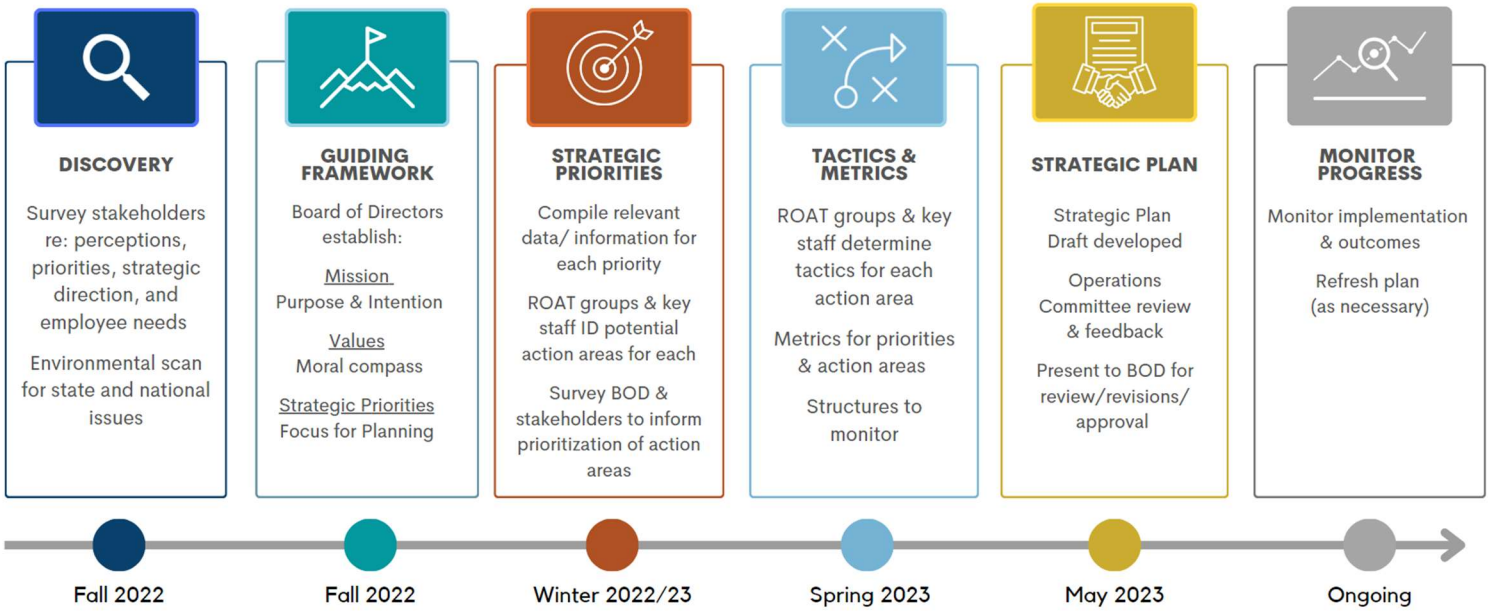
As a Prepaid Inpatient Health Plan (PIHP), the Lakeshore Regional Entity (LRE) manages specialty Medicaid services under contract with the Michigan Department of Health and Human Services (MDHHHS) for residents in the region who have Medicaid and who are eligible for services as defined in the Michigan Mental Health Code and MDHHS standards for access to care. LRE is responsible, under 42 CFR §438.68, for assuring the adequacy of its provider network to meet the behavioral health needs for people with mental illness, developmental disability, and/or substance use disorders over its targeted area. LRE is a member-sponsored health plan comprised of the following Community Mental Health Services Programs (CMHSP):

- Community Mental Health of Ottawa County
- HealthWest – serving Muskegon County
- Network180 – serving Kent County
- OnPoint – serving Allegan County
- West Michigan Community Mental Health – serving Lake, Mason, and Oceana counties

For the provision of Medicaid funded specialty supports and services the LRE subcontracts with each CMHSP, who in turn directly operates or subcontracts for their defined geographic area. In addition to the management of Medicaid specialty supports and services, LRE is responsible for substance use disorder treatment and prevention services across the seven-county area, including Medicaid, PA2, MI Child, and related Block Grant. The LRE is responsible for the management and oversight of delivery of required services.

This plan was developed to guide the work of LRE leadership, staff, and working groups to enhance operations and to provide oversight and support for the service delivery system. As such, this plan does not address programmatic aspects of service delivery or delegated functions of the CMHSPs. Each Member CMHSP develops plans related to delegated services for their service area. For non-delegated services, additional planning to inform service development is conducted outside of this process and informed by the service specific planning guidelines and Strategic Priorities as issued by the Michigan Department of Health and Human Services, including regional strategic plans for Substance Use Disorder Services, Autism Services, and Gambling Disorder Prevention Services.

Development of this plan involved information gathering, development of a guiding framework, and identification of strategic priorities to identify action areas and prioritize tactics. Input from internal and external stakeholders, leadership, and staff was incorporated throughout each stage of development (as detailed in the graphic below). The robust input and guidance provided throughout the process resulted in the compilation of a plan to guide the work of the organization, as summarized on the following pages.

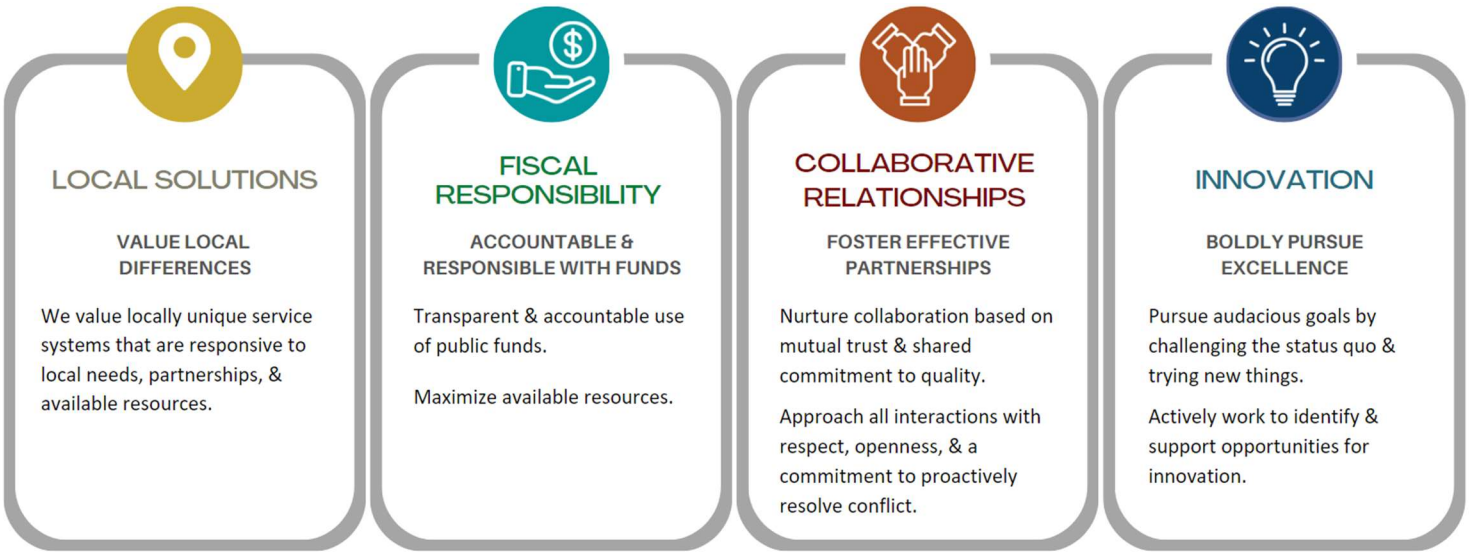


Throughout the duration of the plan, progress will be reviewed quarterly by LRE staff to ensure implementation and identify course corrections, as necessary. As necessary adjustments may be identified to achieve the intended aims.

The following were developed by the LRE Board of Directors as a framework to guide planning.

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

Values:



The strategic plan is designed to guide the organization in putting these values into action in the coming years.

Within each value, the plan seeks to enhance the following foundational priorities:

- Fulfill the responsibilities essential to a managed care organization with excellence.
- Ongoing enhancement of coordinated regional efforts to support and partner with Member Community Mental Health Service Providers (CMHSPs).

The following page provides an overview of LRE strategic priorities. A corresponding action plan has been developed to guide implementation and detail how these strategies will be completed. For more information regarding implementation contact Stephanie VanDerKooi at svanderkooi@lsre.org.

Collaborative Relationships

METRICS:

By the end of FY24, and annually thereafter:

- A majority of Operations Advisory Council (OAC) members will agree that the LRE effectively coordinates advocacy for the region.
- A majority of each Regional Operation Advisory Team's (ROAT) members will agree that the team is an effective tool to support local efforts and foster regional coordination.
- A majority of Board Directors will agree that the board functions effectively.

Annual the LRE will achieve a staff retention rate of at least 90%.

Support and coordinate efforts with local Member Community Mental Health Service Programs (CMHSP).

Strategies:

- Develop timely and compelling analysis and communications to support advocating with one voice regarding the impact of new or proposed unfunded mandates or legislation.
- Establish key metrics and acceptable parameters for monitoring financial and service delivery standards for CMHSP Members.

Regional Operation Advisory Teams support local efforts & foster regional coordination.

Strategies:

- Reduce duplicative planning among ROAT groups and ensure information is shared effectively with each group as appropriate.
- Each ROAT will identify priorities for their work annually.
- Provide opportunities for CMHSP ROAT members to support their peers.
- Support lead staff for each ROAT in planning and facilitating effective team meetings.
- LRE staff attending state workgroups provide updates to relevant ROAT workgroups.

Enhance engagement of the Board of Directors.

Strategies:

- Ensure new members receive information necessary to fulfill their role effectively.
- Foster positive working relationships among Directors.
- Identify opportunities to improve effectiveness of board operations and provide support as indicated.
- Facilitate meaningful discussion and exploration of key issues.

Support staff engagement & retention.

Strategies:

- Promote meaningful training opportunities for staff and provide additional reimbursement for participation.
- Assess leadership qualities and skills to identify strengths and deficits for members of the Executive Team; develop skill-building and growth.

Support Local Service Quality

METRICS:

By the end of FY24, and annually thereafter, a majority of members of the Operations Advisory Council will agree that Regional Operations Advisory Teams effectively use data to inform service improvement efforts.

The Provider Network Adequacy report for FY26 will identify no substantial gaps in service availability.

Proactively identify and address constituent concerns.
Strategy:

- Work with CMHSP Members to identify areas of concern and develop plans of action.

Data and performance trends drive development and improvement.
Strategies:

- Conduct ongoing meaningful data reviews for each service area.
- Improve data accuracy by encouraging timely reporting by Members and providers.
- Improve reconciliation process for Members to review submitted encounter data and make corrections.

Consistent access to services for all eligible individuals.
Strategies:

- Ensure service provider network (PN) adequacy by monitoring critical providers to identify those that lack financial stability; establish special arrangements as necessary to support continuation of services.
- Support local implementation of consistent utilization management procedures.

Innovative Service Development

METRICS:

By end of FY24, and annually thereafter, a majority of members of the Operations Advisory Council will agree that:

- The LRE fosters regional discussion to explore potential innovation.
- The LRE supports regional coordination in response to emerging threats.

By end of FY24, and annually thereafter, a majority of Regional Operations Advisory Team members will agree that the ROATs provide opportunities to explore innovation.

Elevate and support opportunities for local solutions.
Strategies:

- Provide ongoing opportunities for identifying and exploring innovations throughout the region.
- Identify potential system threats and develop a regional response.

Fiscal Responsibility

METRICS:

Region spending will not exceed revenue in FY26.

By close out of FY26, the LRE Internal Services Fund will be 5 percentage points closer to the goal established in FY23.

Improve the region's ability to manage within projected revenue levels.

Strategies:

- Annually review state actuarial rate certification letter and work with an actuarial firm to conduct local review if rates seem inaccurate. Advocate as appropriate for reconsideration.
- Work with the Finance Regional Operations Advisory Team to increase predictability of service expenditures.
- Implement improved financial procedures to ensure consistency of cash flow and payment timing.

Improve the region's ability to develop accurate expense projections.

Strategies:

- Develop multi-year financial forecasting at the regional and Member level with estimated revenue and funding needs.
- Ongoing financial monitoring that provides clear, easily understandable reporting that accurately reflects the financial status and reserves.

Maintain adequate financial reserves.

Strategies:

- Determine appropriate level of Internal Service Fund (ISF) balance (within state defined standards).
- Direct funds to the ISF as available until target is achieved.

LAKESHORE REGIONAL ENTITY

July 14, 2023

Sandra Bullard
Bureau of Specialty Behavioral Health Services
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
400 S. Pine St.
Lansing, MI 48933

Re: TRANSMITTAL LETTER FOR 3 YEAR SUD STRATEGIC PLAN

This transmittal letter is a required component of the attached 3-year Strategic Plan for Substance Use Disorder Prevention, Treatment and Recovery Services for Fiscal Years 2024-2026 for Lakeshore Regional Entity (LRE), Region 3 PIHP. This plan responds to the requirements specified in the MDHHS/OROSC guidelines for developing the 3-year strategic plan for SUD as published on March 31, 2023. The submitted plan has been formally approved by the LRE Oversight Policy Board on June 7, 2023, and the LRE Executive Board of Directors on June 28, 2023.

If you have any questions related to the LRE Strategic Plan, please contact Stephanie VanDerKooi, Chief Operating Officer at stephaniev@lsre.org; Amanda Tarantowski, SUD Treatment Manager at amandat@lsre.org and Amy Embury, SUD Prevention Manager at amye@lsre.org.

Sincerely,

G. Mary Marlatt-Dumas,
CEO Lakeshore Regional Entity

Chairperson Lakeshore Regional Entity
Board of Directors

THREE-YEAR SUBSTANCE USE DISORDER (SUD) STRATEGIC PLAN

Fiscal Years 2024-2026

Table of Contents

1. Identification and Prioritization of Problems

The mission of Lakeshore Regional Entity (LRE) is: "Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services." Mission and Values - Lakeshore Regional Entity (lsre.org) LRE serves persons with developmental disabilities, adults with mental illness, children with emotional disturbance and persons with substance use disorders in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa Counties. Lakeshore Regional Entity will promote performance that supports and advocates for and is informed by the needs of the individuals the Entity serves across the region. This 3-year Strategic Plan will provide a detailed summary of the region's demographics, unique challenges the region faces, a focused logic model, an implementation plan and evaluation methods.

Attachment 1 (Lakeshore Regional Entity/Region #3-Logic Model SUD Continuum, Fiscal Years 2024 - 2026), identifies and prioritizes the substance use disorder problems that impact the region's community the most. Areas of focus include alcohol, tobacco, marijuana, vaping, methamphetamine, and opioid misuse.

1.1 Demographic Profile

The demographic profile for our population shows that the region's total population was last estimated in 2023 at 1,348,651 with 88% of the population being White, 8.4%, Hispanic/or Latino, 5.3% African American, .9 % Asian, 2.8% Multi-racial, and 0.9% as American Indian/Alaska Native (US Census). The majority of the population for the LRE region resides in Kent County with 50% of the total population. Kent and Oceana counties include the highest number of English as a second language-speakers in the county (see table 5). Federally recognized tribes in the region include The Nottawaseppi Huron Band of the Potawatomi (NHBP), Little River Band of Ottawa Indians, and the Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan.

The LRE region is made up of 50% female and 50% male residents. The high school graduation rate for the region is 90.8% and 30.7% of residents hold a bachelor's degree or higher. It should be noted that at the time of this report, regional demographics including literacy and sexual identity were not able to be obtained as they were significantly out of date or nonexistent.

There is great variation in the demographic profile throughout the region. Kent County is the largest in the region and has half of the regional population. Ottawa County is one of the fastest growing counties in the state of Michigan with regards to population and is also one of the wealthiest with a median household income in 2023 of $79,116, which is $16,000 higher than state-wide. In contrast, the LRE region also includes Lake County with only 12,264 residents, and the poorest county in Michigan, with a median household income of $40,753 and 19.4% of persons living below the poverty level. Lake county is also an 'aging' county with 30% of its population over the age of 65. Compared to the region's average, this is 10% higher. 16.5% of Lake County residents are under the age of 18, compared to the region's average of 20.7%.

Table 1: Population Distribution

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region
Population	123,229	674,579	12,264	29,157	176,916	26,686	305,920	1,348,651
Percent of Total	10%	50%	0.9%	2.2%	13%	1.9%	22%	100.0%

Source: US Census Bureau, 2023 Population Estimates

Table 2*:* **Socioeconomic Characteristics**

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Median household income	$74,371	$72,071	$40,753	$55,035	$55,462	$56,454	$79,116	$61,894	$63,498
Per capita income	$34,191	$36,714	$22,234	$31,382	$27,278	$26,289	$37,184	$26,270	$35,353
Persons below poverty level	9.6%	9.8%	19.4%	14.8%	14.2%	13.0%	7.7%	12.6%	13.1%
Owner-occupied housing	88.0%	70.95%	84.5%	77.4%	75.2%	86.1%	79.0%	80%	72.2%
Persons w/out health insurance	4.5%	4.9%	6.7%	6.0%	4.6%	9.7%	2.9%	5.6%	5%

Source: US Census Bureau, 2020 Population Estimates

Table 3. Race/Ethnicity

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
White	85%	81.8%	88.3%	95.1%	81.1%	95%	92.3%	88.4%	79%
African American	1.6%	10.7%	7.1%	1%	13.8%	1.2%	2%	5.3%	14.1%
Amer.Indian/ Alaska Native	0.7%	1.7%	1%	1%	.9%	1.5%	0.1%	0.9%	0.7%
Asian	0.9%	.7%	0.3%	0.8%	0.7%	0.3%	2.9%	.9%	3.4%
2+ Races	3.9%	3.2%	3%	2%	3.5%	1.9%	2.1%	2.8%	2.7%
Hispanic or Latino	7.8%	11.3%	3%	4.8%	6.2%	15.5%	10.4%	8.4%	5.6%

Source: US Census Bureau, 2023 Population Estimates

Table 4. Language and Foreign Born

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Language other than English at home	5.2%	8%	3%	2.1%	2.9%	6.5%	5.9%	4.8%	7.3%
Foreign born persons	3.3%	7.8%	0.6%	2.0%	2.3%	6.5%	5.9%	5.9%	6.8%

Source: US Census Bureau, 2023 Population Estimates

Table 5. Gender

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Female	50.0%	50.0%	48%	50%	51%	49%	51%	50%	50%
Male	50.0%	50.0%	52%	50%	49%	51%	49%	50%	50%

Source: US Census Bureau, 2023 Population Estimates

Table 6. Age

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Persons < 18	23.7%	23.7%	16.5%	20.4%	22.8%	22.4%	23.5%	23.7%	20.7%
Persons 65+	17.6%	14.5%	30%	24%	18.5%	20.7%	15.7%	17.6%	19.6%

Source: US Census Bureau, 2023 Population Estimates

1.2 Population of Focus

The population of focus for treatment services includes all persons who have a diagnosable substance use disorder and who are covered by one or more of the several public funding streams managed by the Region 3 PIHP. The relationship of the population of focus to the overall population in the PIHP catchment area is that they will be drawn from the same population in varying amounts based on the prevalence of use for various addictive substances in the region. Any individual who meets medical necessity criteria in our region will be served.

LRE provides ongoing workforce development to enhance provider capacity to improve outreach, engagement, and quality of care for minority and underserved populations. In addition to ensuring culturally competent services, LRE also requires providers to address social influencers of health, such as employment, housing, and access to physical healthcare within treatment plans because these are known to positively impact treatment outcomes among disparate populations.

As documented in Table 7, LRE has successfully engaged minority populations in treatment services. When comparing LRE SUD Treatment Admissions to population estimates, LRE successfully engaged African American/Black and multi-racial populations with the rate of admissions 2x that of the population. Admission rates for Hispanic and American Indian populations were in-line with population estimates while the Asian population was underrepresented in treatment, like state level admissions compared to population estimates.

Table 7: SUD Treatment Admissions, Minority Populations

	LRE Region		Michigan	
	% Admissions FY22	% of Population	% Admissions FY22	% of Population
American Indian/ Alaskan Native	0.9%	0.8%	1.1%	0.9%
Asian	0.6%	0.7%	0.2%	0.5%
African American/ Black	18.1%	17.1%	23.2%	23.3%
Native Hawaiian or Pacific Islander	0.1%	0.2%	0.1%	0.1%
Other	4.5%	5.7%	2.8%	3.7%
Refused to Provide	0.9%	2.6%	0.3%	1.4%
2+ Races	3.9%	5.1%	3.9%	4.7%

Source: US Census Bureau, BHTEDS

1.3 Current System for SUD prevention, treatment, and recovery services

The LRE region and its providers offer a full array of evidence-based prevention, treatment and recovery support services. It is our hope to continue expansion of the provider network and expand services in the coming years as needs arise in our region. LRE follows a conceptual framework for comprehensive system development which is intended to comport favorably with a medical model for responding to chronic disease. Scott Monteith, Chief Medical Officer and Dr. Richard Tooker, Medical Director, provide support and guidance in ensuring a robust system which addresses the following:

- Robust Prevention (from universal to targeted)
- Comprehensive Screening (early identification)
- Early Intervention
- Effective Treatment
- Continuous Care for Chronic Conditions
- Recovery Supports
- Community Advocacy

LRE will continue to offer a comprehensive system of care in the region which is fully capable of performing each of these functions for every person in every county in the

region. The primary goal is to avoid onset in the first place through a robust prevention service system. The next step would be to find those with disease onset and to respond as quickly and effectively as possible to restore health and function. We strive to assist those with the most serious forms of the illness to achieve optimal health and wellness through intensive and extensive interventions. Overall, we intend to foster an optimal environment for all of the above and, in fact, achieve the ideal of a prevention-prepared community to prevent onset and provide a supportive environment for persons in recovery.

Prevention

The Lakeshore Regional Entity manages prevention centrally with LRE overseeing priorities for programming and contracting directly with prevention providers. LRE requires that all prevention programming is evidence-based and data-driven. To support this requirement, LRE provides ongoing training and technical assistance to support providers in finding and initiating evidence-based programming and models.

LRE contracts with the following 11 prevention providers. A summary of programming and initiatives supported by LRE at each of these providers is provided as Attachment 2.

- OnPoint formerly Allegan County Community Mental Health Services
- Arbor Circle
- Community Mental Health of Ottawa County
- District Health Department #10 (3 locations)
- Family Outreach Center
- Kent County Health Department
- Mercy Health-the Health Project
- Network 180
- Wedgewood Christian Services
- Ottawa County Department of Public Health
- Public Health Muskegon County
- Wedgwood Christian Services

Each of these providers is required to coordinate services with the local substance abuse prevention coalition, and to document how the planned prevention activities align and support the strategic plan for the coalition serving their county. To strengthen these coalitions, LRE provides funding to support the development and coordination of these county coalitions through this provider network when other funding is not available.

The Strategic Planning Framework is used by each of these coalitions to develop data-driven strategic plans to increase capacity and efforts to prevent and reduce substance abuse in the communities. This planning process increases capacity (skills and abilities) and organizes infrastructure (agencies, staff, and other resources) in local communities to create positive, lasting population level change involving substance use and abuse. Our focus is to engage local communities in Data Driven Decision Making to reach prevention outcomes. Communities utilize local, regional, state, and national data to identify needs, develop plans, and allocate resources.

When LRE was formed, Mason and Oceana counties did not have coalitions and Lake County's coalition was relatively new and did not have a strategic plan. Since then, LRE has provided assistance to strengthen these services. Currently, each of the counties in the region has a robust prevention coalition complete with strategic and evaluation plans and key stakeholder engagement.

In addition to local initiatives LRE develops and supports regional initiatives through partnership with the prevention providers. Ongoing regional initiatives include:

- No Cigs for Our Kids: A responsible tobacco retailing campaign that focuses on educating the retailers on the importance of compliance with the youth tobacco act. The campaign has been an ongoing joint effort with local law enforcement to combat the problem of vendors selling tobacco to our kids. Local compliance checks along with vendor educations have been completed on a regular basis in all 7 counties, to bring awareness to retailers on the sales of tobacco to minors.
- TalkSooner is another regional project and is the product of the region, with numerous coalitions from county's around the State joining in the effort. This campaign works together to send out a common message to parents of youth ages 10-18 about alcohol, tobacco, and other substances. The goal of TalkSooner is to delay the onset of substance use through encouraging positive, honest conversations with youth that are centered on factual information.

One area of prevention that continues to impact our region along with the state, is vaping and marijuana. As these substance trends continue, the LRE has found that overwhelmingly schools are requesting support for evidence-based programming to address these issues appropriately. In response, LRE is working to enhance evidence-informed interventions and ensure evaluation to monitor the effectiveness of these critical services.

Treatment

On October 1, 2014, PA 500 of 2012 took effect in Michigan, changing the way the public SUD system was managed, moving from SUD Coordinating Agency regional management to PIHP regional management. Since that time, in the PIHP Region 3, the Lakeshore Regional Entity has maintained their current system for providing substance use disorder treatment and recovery services which delegates responsibility for managing treatment and recovery services to each of the 5 Member Community Mental Health Service Programs (CMHSP's) through subcontracts. This design allows for improved integration of Substance Use Disorder treatment within the CMH system. In addition, the CMHSPs ensure local priorities are quickly identified and addressed in partnership with community stakeholders. The 5 CMHSPs subcontracted to manage these services include:

- OnPoint
- Community Mental Health of Ottawa County
- Healthwest (Muskegon County)
- Network180 (Kent County)
- West Michigan Community Mental Health System (Lake, Mason and Oceana Counties)

Each of these CMHSPs has established a provider network to fulfill the required continuum of treatment and recovery services and continues to support and incentivize new or enhanced services in their area on behalf of the LRE region. A complete list of treatment providers within this provider network is available at mirecovery.org.

In recent years, the rate of opioid use and the need for treatment has increased significantly. Additional providers have been added and work continues to address service gaps. Of note, is the need for increased medication assisted treatment throughout the region. State Opioid Response (SOR) and the COVID-19 and American Rescue Plan Act (ARPA) grants have allowed the LRE region to expand services greatly in the past few years, including enhanced MAT for those incarcerated, expanded recovery homes and peer recovery coaches. Narcan distribution has been expanded and office hours are now available to all counties via the Red Project through these grants. A Mobile Health Unit and an Engagement Center have also been added to the region.

Over the next year, LRE will work to better understand the rising admissions for methamphetamine use and support the provider network in responding accordingly. When methamphetamine was an issue in the early 2000's it presented very differently. Community stakeholders have requested support in better understanding what is contributing to the increase and guidance on how to respond accordingly to prevent further problems. In addition, treatment for methamphetamine requires unique methods and providers need support to ensure competence.

Another issue that continues to be a challenge to those in rural areas of the region is access to reliable transportation to and from treatment. Although we have made strides in this area through incentives for volunteers to drive individuals to and from treatment facilities, we are continually looking for ways to expand participation to more individuals in need of transportation.

Progress is being made regarding expanding services in jails in each county of the region. MAT is available for those in need, as well as peer recovery coaches. In April of 2020, LRE became responsible for recovery for individuals in the region who are transitioning back into the community after being incarcerated. Working together with the Michigan Department of Corrections, LRE is partnering with the SUD Regional Operations Advisory Team (ROAT) and our new Priority Population Manager to identify ways to improve coordination and services for this population as they return to their communities.

The region also has a network of Women's Specialty Service (WSS) providers to ensure the unique needs and challenges of women who are pregnant, parenting, and/or at risk of losing custody of their children are met. A list of WSS providers and services available at each is provided in section 8, Table 15. The LRE region plans to enhance this area of focus during the next 3 years. We've made WSS issues a standing agenda item on our monthly SUD ROAT meetings and the LRE intends to provide support, training, technical assistance, and resources as issues arise. These meetings will also provide an opportunity for providers to identify and work on challenges as well as to highlight successful initiatives. The LRE SUD ROAT will develop regionally agreed upon policy to guide WSS procedure and administrative oversight with the goal of ensuring consistent, quality WSS service availability throughout the region. We will also work to expand WSS in Lake, Mason and Oceana counties.

Michigan anticipates it will receive over $1.45 billion from opioid settlements which will be divided between local subdivisions and the State of Michigan. The opioid settlement funds that the State receives will be directed to the Michigan Opioid Healing and Recovery Fund (MCL 12.253) created by the Legislature in 2022 at which time it also created the Opioid Advisory Commission (MCL 4.1851) to make recommendations for use of the State's opioid settlement funds.

PIHPs will not for the most part be direct recipients of opioid settlement funds. We will nonetheless continue to be guided by the values we share with the Opioid Advisory Commission (OAC) like advancing health equity, reducing stigma and cross-system collaboration, and we fully endorse the OAC's recommendation in its 2023 Annual Report that opioid settlement funds be applied to best practice strategies for SUD prevention, treatment, harm reduction and recovery, and in particular to strategies with otherwise limited fund streams, e.g., jail-based services which currently can't be funded by Medicaid. LRE will continue to collaborate with the OAC, MAC, and other statewide and local stakeholders, including the local subdivisions in our regions involved directly in the receipt and deployment of opioid settlement funds.

1.4 Extent (morbidity and mortality) and prevalence of substance use disorder problems

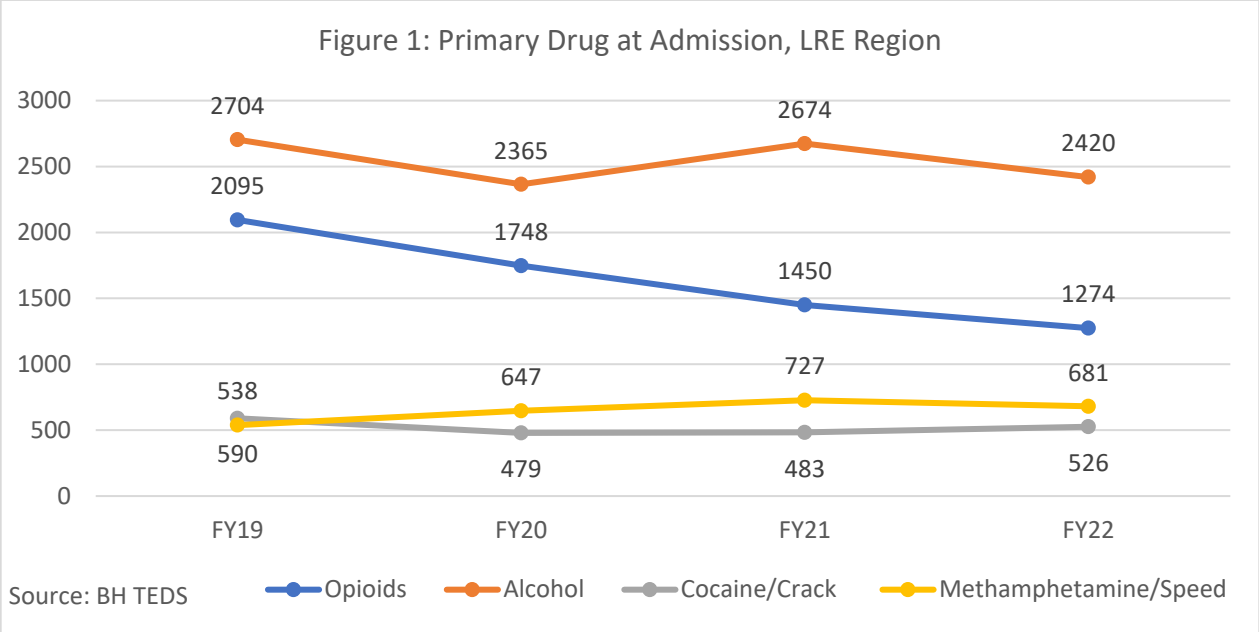
As shown in Table 8, the region's primary substances reported by persons admitted to publicly funded substance use disorder treatment are as follows: Alcohol (45.2%), Heroin (18.5%), Prescription Opioids (5.5%), Cocaine (9.8%) Marijuana (5.8%), and Methamphetamine (12.7%). All other substances represented less than 1% of admissions.

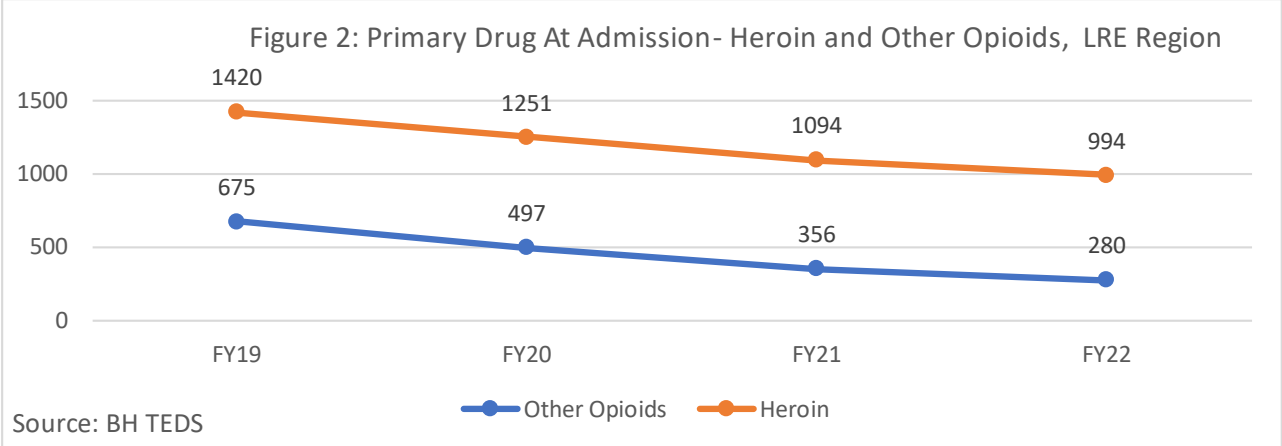
Table 8: Primary Substances of those admitted to publicly funded SUD treatment

Primary Drug	LRE Region		Michigan	
Alcohol	2,396	45.2%	26,744	42.7%
Heroin	979	18.5%	14,246	22.7%
Cocaine	519	9.8%	6,524	10.4%
Marijuana	307	5.8%	2,643	4.2%
Methamphetamine	676	12.7%	6,468	10.3%
Benzodiazepines	30	0.6%	520	.8%
MDMA Ecstasy	16	0.3%	182	0.3%
Stimulants	36	0.7%	138	0.2%
Others	18	0.3%	339	0.5%
Rx Opiates	294	5.5%	4,532	7.2%
None	35	0.7%	355	0.6%

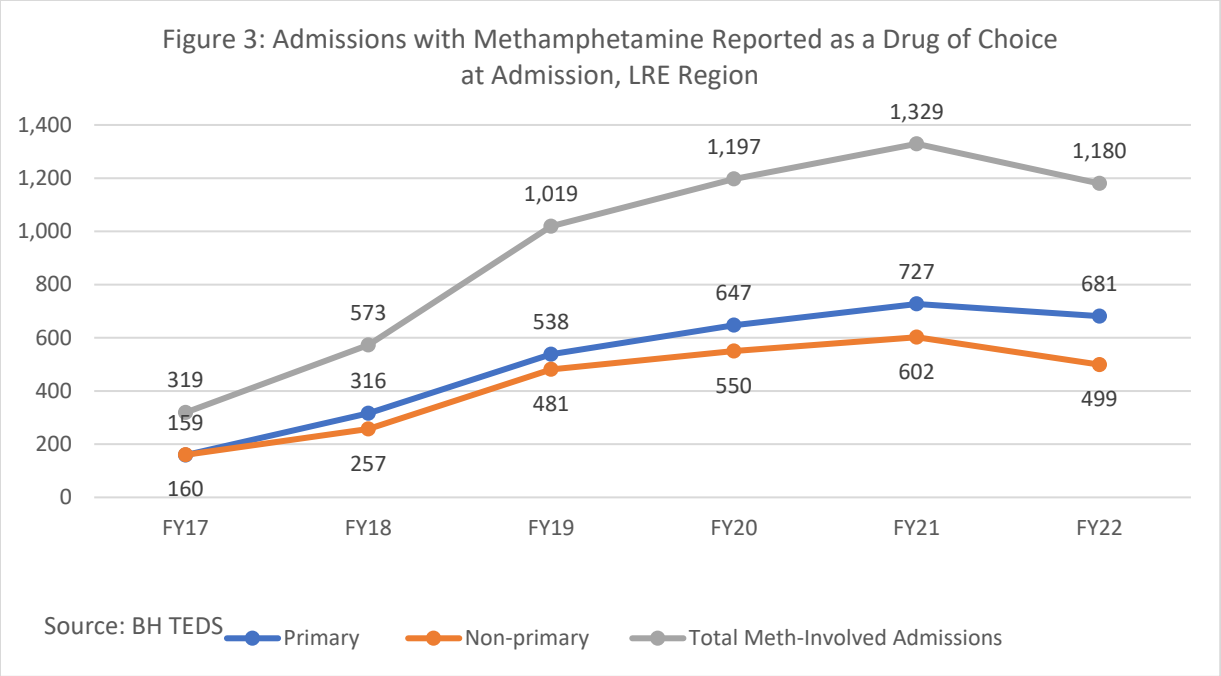
Source: BH TEDS FY 2022

As shown in Figure 1, the number of admissions with methamphetamine and alcohol as the primary drug are increasing while admissions for opiates and cocaine have remained relatively stable. Admissions for heroin and other opioids combined represent the second most reported substance of abuse at admission, with alcohol having the most admissions.





Of concern, is the increase in methamphetamine primary admissions increasing 450% between FY17 and FY21 (Figure 3). It should be noted that in 2005, the admissions for methamphetamine were heavily concentrated in Allegan county, whereas admissions are now more equitably distributed throughout the region- thus necessitating a region-wide strategy for education, prevention and treatment related to methamphetamine use. As seen in Figure 2, Opioid use is steadily decreasing throughout the region, a trend that will hopefully continue.



LRE has secured an independent evaluator to assess the system of care, to identify variations in the quality of substance use treatment and to determine competencies and concerns within the system. The treatment and recovery support logic model provided as (Attachment 1) has incorporated priorities identified through this assessment and the data used to determine priority actions to address the system's service gaps and ensure a quality, comprehensive system able to provide adequate care, achieve positive outcomes, and reduce health disparities.

Priorities are ensuring that services address a wide array of treatment concerns and approaches, including:

- Ability for clients to begin treatment quickly, including MAT;
- Engagement and continued success of clients in treatment, including successful transitions between level of care; and
- Ensuring client connections to community supports to maintain recovery.

LRE recognizes that provider capacity must be sufficient to avoid lengthy waiting lists, which implies the need for the region to offer adequate choice of quality/stable service providers, and to operate within budgetary resource limits. It is anticipated that the recently revised allocation formula, which has increased funds available to support services in the LRE region will greatly enhance our ability to ensure adequate capacity to support a full continuum of care to address these needs.

The prevention logic model for the region provides the framework for determining the prioritized consequences and intervening variables for underage drinking, underage tobacco use, youth and young adult marijuana use, and prevention of opioid misuse. The logic model is developed in partnership with the provider network and updated every two years to reflect emerging issues and changing priorities determined throughout the region. Every two years, when updated Michigan Profile for Healthy Youth (MIPHY) becomes

available, the LRE region conducts a regional analysis to identify trends in targeted issues and emerging areas of concern. This data is reviewed by the Regional Prevention Supervisor Workgroup and a discussion of issues being identified locally drives further data collection or analysis as necessary. The most recent version of the prevention logic model is being submitted for the SUGE strategic plan. Using this process, this version was enhanced to incorporate new efforts to address the emerging issues of vaping and the legalization of recreational marijuana in 2019. In addition, expansions to address prevention among older adults were added within the alcohol and opioid sections to address the SUGE continuation of this priority. The SUD prevention workgroup reviews each updated logic model and provides feedback and recommendations for improvement.

1.5 Communicable Disease

LRE will implement communicable disease screening and testing in accordance with requirements set forth in Prevention Policy #2: Addressing Communicable Disease Issues in the Substance Abuse Network. To do so, LRE will assure that screening for HIV/AIDS and other STI's will occur through its Access Centers and SUD Provider Network using a standardized Communicable Diseases screening tool. Persons screening positively are referred for testing. In addition, persons engaging in higher risk activities will receive health education on risk reduction.

Contracts with providers issued through LRE specify that *all clients* are to be screened at assessment for risk of TB, STD, HIV, and Hepatitis in a manner that is consistent with MDHHS standards. If the screen identifies high risk behavior, the individual must be referred for testing. Referral for Hepatitis C testing is required for persons with a history of IV drug use. Referral for STD and HIV testing is required for all pregnant women. Persons entering residential treatment must receive TB testing within 48 hours of admission.

Providers have referral agreements with communicable disease testing sites, including local health departments, which ensures that the agency to which the individual has been referred has the capacity to accept the referral. In addition, we require that providers have a protocol for linking infected individuals with appropriate treatment/support resources and/or recording the screening, referral, and linking activities in the client's clinical record. Finally, providers complete the communicable disease reporting requirement as specified by MDHHS.

Compliance with communicable disease requirements are monitored during annual site visits and providers not achieving compliance are required to submit a corrective action plan.

2. Data-Driven Goals and Objectives

2.1 Prevention

Based on the epidemiological profile, the following goals and objectives have been identified for the LRE region for prevention services. Unless otherwise specified, the data source is county-level youth surveys and these survey results will be used to monitor progress. Baseline data is provided from 2021-2022 survey results with regional rates calculated using county level results. Survey tools include the Michigan Profile for Healthy Youth for each county except Ottawa, where the Ottawa Youth Assessment Survey provides the necessary information.

Attachment 1 provides an overview of the data that was used to prioritize the selected problems and related intervening variables that resulted in the development of these goals and objectives. This logic model also provides an overview of the actions to be taken by LRE and providers to impact these goals and objectives.

Table 9: Prevention Service Goals and Objectives

Priority	**Metrics**	**Baseline provided by MIPHY 2021**(unless otherwise specified)
Marijuana Use	**Goal 1**: Decrease in HS students reporting recent use of marijuana by 5% by 2026	11.9%
	Obj. 1.1: Reduction in % of HS students reporting it would be easy' to get marijuana by 5% by 2026	42.8%
	Obj 1.2: Reduce the % of HS students that report using marijuana 1 or 2x / week is low risk by 5% by 2026	55.2%
Underage Alcohol Use	**Goal 2:** Reduction in Past 30-day alcohol use by HS students by 5% by 2026	13.8%
	Obj 2.1: Reduction in % of HS students reporting it would be 'easy' to get alcohol by 5% by 2026	57.8%
	Reduce the % of HS Students reporting binge-drinking as low risk by 5% by 2026	30.4%
	Decrease the % of HS students reporting more than half their peers drank alcohol in the past month by 5% by 2026	28.7%
Prescription drug misuse, including Opioid Misuse	**Goal 3:** Reduction in opioid related deaths in the region by 10% by 2026 (Source: MI SUD Data Repository).	197
	Decrease the rate of opiate prescriptions written per 10,000 residents by 5% by 2026 (Source: MAPS via MI SUD Data Repository).	73.7/100 residents in 2021
	Decrease MS and HS students reporting low risk for using Rx drugs without a Rx by 5% by 2026	21.7%
Tobacco	**Goal 4:** Reduction in past 30-day use of electronic vaping products by HS students by 5% by 2026.	14%
	Goal 5: Maintain low rate of cigarette use at 1.8% or below through 2026.	
	Maintain a formal Synar compliance rate of 80% or greater each year through 2026.	9.6%
	Decrease % of students (MS and HS) reporting low risk for cigarette use by 5% by 2026.	17.4%
Early age of initiation and onset	**Goal 6**: Decrease the percent of HS students who report use of alcohol and marijuana before age 13 by 5% by 2026.	Alcohol – 10.8% MJ – 3.5%
	Increase in % of HS students reporting that they could ask their mom/dad for help w/ personal problems by 5% by 2026.	77.9%

	Increase % of students reporting adults in family have talked about what they expect when it comes to alcohol and other drugs by 5% by 2026.	77.8%
	Reduction in % of HS students seriously considering suicide by 5% by 2026.	17.7%
	Reduction in % of MS and HS students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past months by 5% by 2026.	31.8%
Prevention services for older adults	Key educational opportunities will be offered to target this population and those that serve this population (MHFA Older Adult curricula, Emerging Drug Trends, Gambling Prevention & Resources)	MPDS Numbers served

2.2 Treatment and Recovery

Based on the epidemiological profile, the following goals and objectives have been identified for the LRE region for treatment and recovery services. Unless otherwise specified, the data source is Behavioral Health Treatment Episode Data Set (BH TEDS) and encounter data reported to LRE and will be used to monitor progress. Baseline data is provided from FY 2019 unless otherwise noted. Attachment 1 gives an overview of the data that was used to establish the following priority areas and the metrics selected. This logic model also provides an overview of the actions that will be taken by LRE, the CMHSPs, and the provider network to impact these goals and objectives. Additional process measures are identified throughout the logic model as appropriate to monitor progress related to designated activities.

Table 10: Treatment and Recovery Service Goals and Objectives

Priority	**Metrics**	**Baseline FY 22** (unless otherwise specified)
Increase access to treatment for persons living with Opioid Use Disorder	Decrease average days between request for service and first service for persons living with OUD	5.7 days
	Increase # MAT providers	9
	Increase geographic coverage of MAT providers	Mobile Health Unit
	Increase # counties that have MAT provider located within the county	5 of 7
Increase access to treatment services for older adults (55+)	Increase in # of admissions for individuals age 55-69	583 Admissions
Increase access to treatment for criminal justice involved	Increase in # admissions with legal status as on parole or probation	21.9% of admissions
	Increase # admissions with legal status as diversion pre or post booking	0.5% of admissions

population returning to communities.	Increase # admissions with legal status as 'in jail'	6.8% of admissions
	Sustain county arrangements in place with Jail systems to support re-entry connection to services at 100%	100%
	Sustain counties with services provided in the jails at 100%	100%
Improve access to SUD for individuals with IVDU	Maintain an average wait time of less than 3 days for persons with IVDU for detox.	7.1 days
	Decrease average time to service for clients w/ IVDU entering outpatient with MAT.	6.7 days
Increase access to SUD for rural communities.	Decrease average days' time to service for Outpatient Level of Care (not including MAT)	OP = 10.3 days
Increase engagement in treatment	Reduce % of discharges with reason as 'dropped out' for all LOC.	37.9%
	Increase % of outpatient clients w/ discharge reason of completed treatment.	41.7%
	Increase % of clients seen for a second appointment within 14 days of initial service.	92.4%
	Increase in % of clients w/ co-occurring diagnosis that received integrated services.	13.8%
	Decrease discharges from detox and/or residential LOC with reason identified as 'completed treatment'.	ST Res =54.3% Detox = 18.2%
	Increase capacity (as measured by # beds and # of residence locations) for Recovery Houses with agreements in place.	29 residences 170 beds
Clients establish <u>connections to community supports</u> to assist them in maintaining recovery	Increase # clients that live in Recovery Housing following treatment.	TBD
	Increase % of clients at discharge reporting attendance at support group in past 30 days	22%
	# counties with adequate (type, locations, frequency) of support groups in place	4 of 7
	% of pregnant clients served at WSS provider with a drug-free birth.	TBD
Pregnant and parenting women receive support to reduce barriers to treatment and assist them in maintaining recovery	Increase # of pregnant women served	52
	Decrease % of drug exposed births in Lake County	37/1000 live births

3. <u>Goals, objectives, and strategies for coordinating services</u>

As required in P.A. 500, LRE ensures collaboration and coordination with adult and children's services, faith-based communities, education, housing authorities; agencies serving older adults,

agencies serving people who inject drugs/Syringe Service Programs, military and veteran organizations, foundations, and volunteer services. The LRE hosts Joint Care Coordination Meetings monthly to provide the opportunity for coordination of care on behalf of members who are enrolled in a health plan and who also receive services provided by our partner CMHSP's.

CMHSP's are tasked with reviewing the Risk Stratification report which provides information related to members who have been placed into a HIGH Risk Category. These members status is reviewed at the CMHSP to determine whether opening the member for an Integrated Care Plan would be beneficial. If opened, members are reviewed at the Joint Care Coordination Monthly meetings where Health Plans and CMHSP staff coordinate care to engage members in treatment and care.

3.1 Prevention

LRE partners with community providers to support local coalitions and ensures coordination and collaboration are integral to prevention service development. These coalitions serve as the primary mechanism for enhancing local input, collaboration, and stakeholder engagement in prevention efforts. LRE supports the work of these coalitions to implement the Strategic Planning Framework to guide substance abuse prevention in the local communities. Since its inception, LRE has sought to strengthen local coalitions and has succeeded in establishing a coalition for each county of the region. All but 3 are mature coalitions with 13-15 years of success. All have established representation of the 12 key sectors recommended by the Community Anti-Drug Coalitions of America (CADCA).

To support these coalitions and ensure locally driven prevention services, LRE contracts with 11 prevention provider organizations throughout the region. Each of these providers is required to work in partnership with their local coalition to prevent substance abuse and each funded initiative must align with the data-driven strategic plan developed by their local coalition. Many of these providers are funded by LRE to support the work and coordination of their county coalition. More information about each coalition, their mission statements and activities may be found at Partners - TalkSooner:

County/Coalition:

Allegan/Allegan Substance Abuse Prevention Coalition (ASAP) Est 2004

Funded Provider: OnPoint

Kent/Kent County Prevention Coalition (KCPC) Est 2006

Funder Providers: Network 180, Kent County Health Department, Arbor Circle, Wedgwood, Family Outreach Center

Ottawa/Ottawa Substance Abuse Prevention Coalition (OSAP) Est 2001

Funded Providers: Arbor Circle, Ottawa Community Mental Health Services, Ottawa County Public Health Department

Muskegon/Muskegon Coalition for a Drug Free Muskegon (DFC) Est. 2005

Funded Providers: Trinity Health – the Health Project, Public Health Muskegon County, Arbor Circle

Lake/Lake County Communities that Care Coalition Est. 2013

Funded Provider: DHD#10

Oceana/ Oceana LEADS Est. 2016

Funded Provider: DHD#10

Mason/ Leeward Initiative Est. 2016

Funded Provider: DHD#10

LRE's regional prevention logic model (Attachment 1) was developed in partnership with the provider network while data is updated every two years to reflect youth survey cycles (MIPHY, Youth Assessment Survey (YAS), regional data). The prevention logic model is used to guide evaluation of initiatives as well as summarize efforts across the region by priority issue. Within this logic model, the county(s) addressing each area are identified. This most recent version was enhanced to incorporate new efforts to address the emerging issues of vaping and legalization of recreational marijuana use. The logic model/evaluation efforts will also identifies which prevention providers are working to address each goal and objective area.

For information on which county(s) are implementing activities related to each goal and objective, refer to Attachment 1. In addition, a summary of programming offered at each prevention provider is provided in Attachment 2.

To monitor coordination of services with public and private sectors, LRE has established the following goals, objectives, and strategies:

- Each county in the LRE region maintains a viable community coalition with the mission of reducing and preventing substance use.
- Each of these coalitions will:
    - Collect and review local data to inform planning processes.
    - Engage local stakeholders as necessary to impact prioritized issues.
    - Maintain representation from each of the following 12 sectors: youth, parents, businesses, media, schools, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, state, local, or tribal governmental agencies with expertise in substance misuse, other organizations involved in reducing substance misuse.
- Each prevention provider receiving LRE funds will align services with the priorities and plans established by the coalition in their county.

3.2 Treatment and Recovery

Each of the 5 CMHSPs coordinates services with public and private service delivery systems in the managing and oversight of SUD Treatment and recovery services. The SUD Regional Operations Advisory Team (SUD ROAT) provides a mechanism to connect the work of these CMHSPs and provides the LRE with the ability to identify common priorities and supports needed to enhance collaboration.

The SUD ROAT includes representatives from each of the five Member CMHSPs and meets monthly to discuss provider network capacity, service gaps, and quality improvement initiatives. The discussions focus on whether providers have capacity to meet community need, if there are any problems associated with a provider (and address solutions), and ongoing review of BH TEDS data to identify issues in a timely manner. Possible solutions for any inaccuracies or outliers are discussed and addressed. In addition to monthly SUD ROAT meetings, provider network meetings are also held, and all Mental Health, Developmental Disabilities and SUD Providers are invited to share information that aid in problem solving any systematic or quality issues. This monthly meeting is an opportunity for LRE to have direct communication with providers to gain insight into emerging issues or challenges being experienced by the provider network.

The work of this group has resulted in the treatment and recovery logic model provided in Attachment 1. This newly developed model will be used to provide a framework in the coming years to guide evaluation and monitoring for targeted improvement areas. Development of this logic model was done in partnership with the SUD ROAT and is designed to address each of the applicable SUGE identified priority areas and findings identified in the evaluation of LRE SUD treatment conducted by KWB Strategies in 2022. Information was collected in partnership with the SUD ROAT to better understand current initiatives, service gaps, and opportunities for each SUGE identified priority. Results were used to develop a regional approach to address priorities while working to improve access to services, engagement in services, and connection to community supports to support recovery. The SUD ROAT was then given an opportunity to provide additional feedback and recommend revisions for the logic model.

4. Key decision-making undertaken by the SUD Oversight Policy Board

In accordance with Public Act 500 of 2012, Section 287(5), the Lakeshore Regional Entity Board of Directors established a Substance Use Disorder Oversight Policy Board (SUD OPB). The SUD OPB includes at least 1 member appointed by the county Board of Commissioners for each county served in the LRE region. SUD OPB performs the following functions and responsibilities: (a) Approval of any LRE budget containing local funds for treatment or prevention of substance use disorders. (b) Advice and recommendations regarding department-designated community mental health entities' budgets for substance use disorder treatment or prevention using other non-local funding sources. (c) Advice and recommendations regarding contracts with substance use disorder treatment or prevention providers.

The LRE OPB meets minimally four times per year with specific agenda items identified such as an annual review of the OPB bylaws and approval of the SUD budget.

The annual organizational meeting to elect officers of the OPB is held during the first meeting of each calendar year. New members are appointed by the member county Board of Commissioners in December of each year, and each new member is provided an orientation on the role and functions of the OPB. Bylaws are reviewed annually and updated as necessary.

5. Evidence-Based Programs, Policies and Practices

The LRE's partnerships with member CMHSPs and prevention provider network enables a system which is nimble enough to make rapid changes to respond to emerging issues. For

example, when COVID-19 occurred, most prevention programming was able to move to a virtual system and treatment providers embraced the use of telehealth to continue serving clients.

5.1 Prevention

The Prevention Logic Model (Attachment 1) is developed in partnership with the provider network and updated every two years when new MIPHY data is related. A regional summary of county and regional level indicators for substance use and risk factors among youth is compiled and reviewed to inform identification of emerging issues that need to be addressed.

This most recently updated logic model, being submitted for the SUGE strategic plan, was enhanced to incorporate new efforts to address the emerging issues of vaping and legalization of recreational marijuana use. In addition, to address the continuation of the SUGE priority, expansions regarding prevention among older adults were added within the alcohol and opioid sections. The SUD prevention workgroup reviewed the draft and provided feedback and recommendations for improvement.

The prevention logic model identifies prioritized goals, related objects for intervening variables, activities designed to impact these issues, agencies responsible for implementation, and short-, intermediate- and long-term outcomes that will be monitored to track progress.

5.2 Treatment and Recovery

The Treatment and Recovery Logic Model shown in Attachment 1 is newly developed and was designed to address each of the applicable SUGE identified priority areas and findings identified in the LRE Evaluation of SUD Treatment conducted KWB Strategies in 2022.

Information was collected in partnership with the SUD ROAT to better understand current initiatives, service gaps, and opportunities for each SUGE identified priority. Results were used to develop a regional approach to address priorities while working to improve access to and engagement in services, as well as connection to community resources to support recovery. The SUD ROAT was then given an opportunity to provide additional feedback and recommend revisions for the logic model. This logic model will provide a framework in the coming years to guide evaluation and monitoring for targeted improvement areas. The SUD Oversight Policy Board also reviewed and provided feedback on the draft logic model prior to submission.

6. Allocation Plan

Region 3 PIHP has centralized SUD administration/management/planning functions for the substance use disorder services. LRE employs a team of SUD Managers who are responsible, under the PIHP Chief Operations Officer, to implement the legal and contractual obligations of the entity related to SUD services. LRE delegates SUD Treatment and Recovery services to its five-member CMHSPs who are responsible for the following:

- SUD Treatment and Recovery Services

- Provider network evaluation, procurement, contracting and management
- Screening, authorization, and referral for services to all levels of care
- Data reporting
- Budget management
- Claims payment
- Overall treatment system development to meet the needs of our communities.

The CMHSPs ensure that there is a full continuum of evidence-based care available to individuals seeking treatment and recovery support services. SUD Prevention is managed directly by the PIHP and the Manager of SUD Prevention manages 11 contracted prevention agencies and several regional prevention projects.

SUD Medicaid and Healthy Michigan will be allocated to the member CMHSPs using the same methodology that MDHHS uses to allocate the dollars to the Entity. MDHHS Block Grant dollars will be allocated first by the allocation set by MDHHS to the splits between Prevention and Treatment Dollars. Prevention will be retained by the Entity and used for the centralized management of prevention services and functions.

Prevention funds are allocated to provide representative funds proportional to the population of the region residing in the respective counties. Within each county when multiple providers are funded, funds are allocated to various organizations based on justification of need provided during the procurement process and to ensure that priorities are addressed adequately.

Treatment funds will be divided between the Member CMHSPs based on General Fund (GF) need as calculated based on the population for each of the counties. The ACS 200% Federal Poverty Level (FPL) –(American Community Survey-United States Census Bureau) will be used to determine the base for initial need and subtracting the following: Medicaid Eligible, Healthy Michigan Eligible and Marketplace Enrollment (Less than or equal to 200% FPL). This method will determine the base for SUD GF Block Grant Distribution.

Public Act 2 (PA2) Liquor Tax funds will be approved for distribution by the Entity SUD Oversight Policy Board. PA2 funds will be allocated back to the county from which the funds originated. Any surpluses will be sent back to the Entity for distribution in the following years from which the funds originated.

The Oversight Policy Board Meets every year in September to review the allocation recommendations developed by LRE staff, based on the current year's spending and projections for the next fiscal year. After the OPB approves the PA2 funds and provides recommendations for other funding sources, the LRE Board of Directors reviews and approves the entire regional SUD budget. This process is designed to ensure each board has an opportunity to discuss and pose any questions or concerns. After allocations have been approved by the LRE Board of Directors, the LRE issues contracts to prevention providers directly and to each CMHSP for treatment and recovery for an October 1 start date.

Substance Abuse Block Grant Funds for treatment and recovery services are allocated based on population as well to the CMHSPs who work to identify and expand services to address local priorities. Local PA2 funds are allocated for use in the county for which the revenue was collected. Priority populations receive preference for SABG funded services as

required. A wait list is maintained by each CMHSP's. The SUD ROAT uses this information to discuss service gaps and collaborate to enhance capacity to address unmet needs.

Prevention Services

Prevention services have been funded at or above 20% in the region for the entirety of the region's existence. This is well beyond what is required because this region values prevention and knows that if prevention is successful, we can reduce the demand for treatment and recovery. Procurement will occur in FY 22-23 for SUD prevention services to ensure a robust panel is operating in the region and will be planned for future years as needed. Priorities for prevention funds ensure inclusion of efforts targeting environmental change and integration of SUD prevention and health promotion. During this procurement process, any Michigan Tribal entities meeting requirements to contract as a prevention provider will be notified of the opportunity and the procurement process will require all prevention providers to identify planned collaboration with tribal entities in their service area.

LRE allocates a portion of prevention funds to support region-wide prevention initiatives such as TalkSooner.org. Regional meetings of the provider network include efforts to work with community stakeholders to highlight emerging trends for parents/caregivers. Additionally, when other issues arise regionally, LRE convenes meetings to work on issues such as marijuana use, Family Meals Month, data tracking, vaping, opiates and stimulants. The LRE convenes a Regional Training workgroup to ensure current evidence-based trainings to support workforce development needs. This groups also identifies activities to support SUD related issues in the region in order to leverage funded dollars. The LRE is an approved Social Work CEUs and MCBAP training credits provider. Any related opportunities for workforce development initiatives are shared through the SUD Roat and LRE Prevention Providers communications.

Additional funds from several grants (SOR3, Gambling Prevention) and supplement funding (COVID 19, ARPA) have helped to train the workforce in many programs such as: Life Skills, Prime for Life, Strengthening Families, emerging drug trends, evidence-based parenting programs and needs of older adults. These funds are procured through LRE contracted prevention providers through a supplement funding request process.

Treatment and Recovery Services

The 5 CMHSP's have been budgeting and managing the SUD treatment services since 2014. LRE convenes the Finance ROAT (Regional Operations Advisory Team) monthly to review allocations and budgets for the region. In addition, the SUD Rate Group meets monthly to ensure regional rates are adequate and to address provider concerns regarding rates and capacity. This regional approach allows the region to establish and justify the rates for each service in a fair and consistent manner. These processes include managing the funds for Healthy Michigan, Medicaid, Block Grant, PA2 as well as Specialty Grants such as the State Opioid Response grant. These regional groups monitor spending throughout the year and develop a regional response to manage risk and reduce deficits while ensuring service delivery continues to meet requirements as established by OROSC.

The region will maintain current contracts moving forward. LRE will continue to allocate funds to implement a full continuum of evidence-based care for individuals in need of treatment and recovery support services through the 5 Community Mental Health

Service Programs (CMHSPs) through subcontracts. A comprehensive array of outpatient, intensive outpatient, detox, residential, medication assisted treatment exists within reasonable geographic reach of all persons needing SUD treatment. A range of outreach-based services exist to bridge the access gap for persons in rural regions of the network. For those with transportation barriers, LRE will continue to support community-based Recovery Management teams. The region employs teams that specialize in corrections, pregnant women who are using, and women who are pregnant or at risk of losing custody of dependent minors. An array of specialized case/recovery management services exists and is consistently being monitored for adequacy across the region. Included in this array are case management services for persons with chronic SUD, women with SUD – including those caring for dependent children, and persons involved in medication assisted treatment.

During the past several years, the region has achieved significant expansion of services to better meet the needs of the community and ensure a full continuum of services. Outcomes of expansion efforts that will be sustained, include:

- Establishment of local Medication Assisted Treatment providers for both Vivitrol and Buprenorphine (Ottawa, Lake, Mason, Oceana, and Muskegon).
- Addition of Recovery Management Services (Allegan, Ottawa, Lake, Mason, Oceana, and Muskegon) and expansion (Kent) which includes case management and peer recovery coaching.
- Establishment of new community-based mutual aid recovery groups in the community as alternatives to AA/NA, namely Life Ring and Celebrate Recovery groups (Lake, Mason and Oceana), and Smart Recovery (Muskegon).
- Initiation and several years of sustained Naloxone training and kit distribution to both the public and all law enforcement departments, which has resulted in many saved lives in all counties. As well as Naloxone Administration Follow-up Teams.
- Grant awards to address issues include: MAT Service enhancement in corrections settings, a Mobile Health Unit, Expansion of Recovery Residences, Engagement Center funding, expansion of recovery coach services at access centers, community-based models and within public housing complexes, expansion of naloxone and Fentanyl-test strip distribution, as well as the LEAD program.

LRE will ensure that there is knowledge of the problem and related research to be addressed, and that the services plan consists of evidence-based interventions that will impact the issue. Expertise is required at both planning and service implementation levels, which will be provided in part by the continuing participation of LRE's Medical Directors: Scott Monteith, Chief Medical Officer and Dr. Richard Tooker, Medical Director. In these roles, they assist the LRE in assessing and addressing the problem and developing service plans consisting of evidence-based services appropriate to impact the identified issues.

The long-standing capacity of members to link with Native American tribal organizations (e.g., Nottawaseppi Huron Band of the Potawatomi (NHBP), Grand River Band of Ottawa Indians (GRBOI), and other federally recognized or unrecognized tribes) in developing and providing culturally competent services will continue. As tribal organizations express the desire and capacity to provide services, LRE will encourage and support their efforts to do so through CMHSP provider panel opportunities.

Through multicultural grants obtained by LRE under Mental Health Block grant funding, robust training is available to support working with Native Americans under the guidance of Family Outreach Center who is the regional lead in working with this population. This effort has led to all providers being trained in how to improve our relationships and services with the local Native American population. This resource also provides enhanced opportunity to continue improving integration of Mental Health and SUD providers. The program itself delivers education, therapy and opportunities for community connection (i.e. talking circles) and utilizes culturally relevant practices as a space to improve mental health and provide harm reduction for SUD for Native individuals.

The LRE works to ensure a trauma informed system of care by providing training to the provider network. Monitoring delivery of services and requiring the provider network to document how they ensure delivery of trauma-informed care during planning and procurement processes is also a fundamental requirement. Each of the CMHSPs ensures their Access Management System has staff and procedures that are trauma-informed and the regional clinical ROAT discusses issues related to trauma-informed care, as necessary.

The LRE includes the special provisions for Priority Populations in all contracts and regularly monitors not only the Priority Population Wait List Report, but as well ensures that Priority Populations are receiving care within expected timelines both through IT data extraction and at SUD ROAT. Priority Population expectations are also monitored through annual audits. This year the LRE filled the Priority Population Manager position to assist the SUD Treatment Manager in monitoring the flow of these individuals through the treatment continuum.

7. Implementation Plan

LRE employs a managers of both Prevention and Treatment Services who is responsible, under the PIHP Chief Operations Officer, to implement the legal and contractual obligations of the entity related to SUD services. LRE delegates SUD Treatment and Recovery services to its 5 member CMHSPs who are responsible for the following: SUD Treatment and Recovery Services provider network evaluation, procurement, contracting and management, screening, authorization, and referral for services to all levels of care, data reporting, budget management, claims payment, and overall treatment system development to meet the needs of our communities. SUD Prevention is managed directly by the PIHP and the manager of SUD Prevention manages all 11 contracted prevention agencies and several regional prevention projects.

7.1 Prevention

Prevention providers develop and submit annual plans for the LRE that adhere to the regional strategic plan. A regional meeting is held to discuss new ideas providers may have and any new trends the region wants to see the prevention providers address in the coming FY in their annual plans. These plans are then reviewed by the SUD Prevention Manager to be approved or modified to ensure that they meet the needs of the region and will help achieve the outcomes established in the strategic plan. Annually LRE conducts a site visit/audit of each prevention provider to ensure they are meeting all required expectations and a plan of correction is required for any non-compliant findings. Providers are required to submit quarterly reports to document they are meeting established benchmarks and performing as expected. MPDS (Michigan Prevention Data System) activity is reviewed quarterly by LRE to ensure accuracy of data and achievement of adequate performance. Providers are given an annual report of MPDS activity that assesses units provided for each

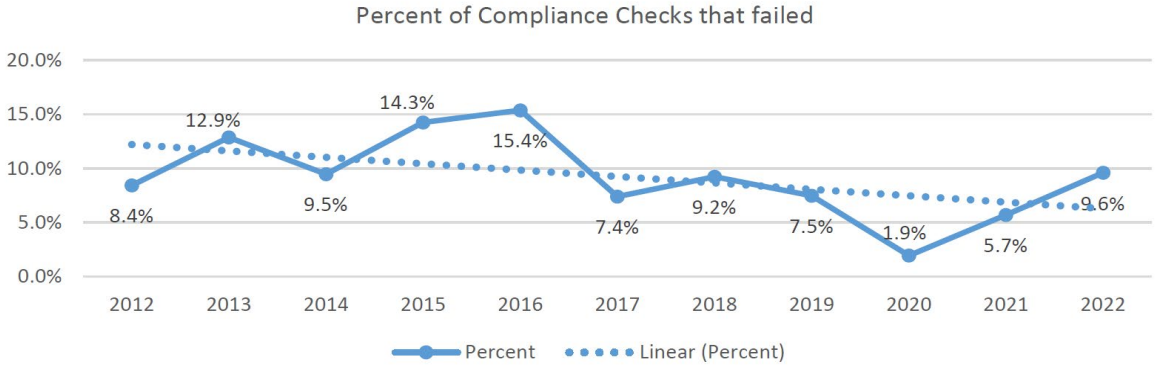
strategy, cost per unit of service, and units completed for each full-time staff equivalent. When necessary, corrective action plans are used as necessary to ensure providers meet contractual obligations.

An overview of planned key prevention services is detailed in the Prevention Logic Model (Attachment 1).

As noted earlier, LRE provides regional coordination of the TalkSooner Campaign and has initiated partnerships with all area hospitals in the region to promote. The hospital systems will promote at all of their locations our TalkSooner collateral material (posters, prescription pads, and table tents). Campaign materials will be developed regionally, with the support of contracted marketing consultants, and distribution of messaging will be purchased by LRE for coverage throughout the region.

LRE also coordinates the regional No Cigs for Our Kids campaign with the goal of ensuring LRE achieves 80% compliance during formal Synar investigations each year. The "No Cigs For Our Kids" campaign focuses on educating tobacco vendors in the region regarding the importance of compliance with the Youth Tobacco Act. Funding is provided to enable the substance abuse prevention coalitions in the region to work with local law enforcement agencies to ensure that tobacco retailers do not sell tobacco products to minors. These compliance checks have been occurring in several of the region's counties since 2011 and, over the last three years, have occurred in each of the region's seven counties.

This campaign has been in place since 2004 and has been shown to have successfully achieved the required compliance during formal Synar inspections. Figure 4 displays the percent of compliance checks reported per year in the LRE region that failed. Tobacco sales to minors have remained below the twenty percent (20%) threshold established by the Synar Amendment since 2012, with the most recent percentage being 9.6%.



7.2 Treatment and Recovery

Implementation of Treatment and Recovery Programming is coordinated by the LRE SUD Director in partnership with the SUD Directors at each of the 5 regional CMHSPs. These individuals, with support from other departments such as finance, utilization management, and provider networks ensure that this strategic plan is implemented successfully.

The LRE convenes a clinical standards ROAT group to work on regional implementation of common clinical practices. This group consists of the designated Manager from the PIHP and the designated clinical lead from each of the five CMHSPs to

establish and monitor implementation of a common system of care with common standards for admission and treatment, with common contract language and payment standards.

The SUD Treatment ROAT meets monthly to review the provider network. This includes any areas of concern as to provider performance and or needs. The group also reviews each month the BH TEDS submission to look for trends, data outliers, proper data population, and overall usage patterns. This group also reviews the strategic plan and evaluation efforts to ensure that they are on track. Data reports will be developed and provided to the SUD ROAT quarterly that monitor trends in targeted goals and objectives as defined in the Treatment and Recovery Logic Model. Review of this data will allow for quick identification and response to ensure continued improvement.

Each CMHSP has a utilization management department that manages all authorizations and requests for higher levels of care. Although SUD treatment and recovery services are managed by each of the CMHSPs, LRE has established a 'no wrong door' access model to improve accessibility for individuals seeking services. LRE utilizes responsible screening and admission criteria to assure that MDHHS priority populations contractual standards are being met to comply with SUD Block Grant fund requirements. Each CMHSP will monitor their local needs but collaborate across CMHSP boundaries through designated leads to assure that no need goes unmet while a capacity for service exists anywhere within (or outside of) the region. Routine reporting on the instances of demand for priority population services will be produced by CMHSPs and collated by the Region 3 PIHP to monitor demand and the need for increased capacity. Each CMH meets with their respective provider network quarterly, at a minimum, to ensure that the needs of the consumers are being heard, provide technical assistance, and provide guidance to ensure compliance with contractual obligations.

Audits are conducted of each SUD Provider and CMHSP annually to ensure they are meeting contractual requirements. Problematic findings are reviewed by the SUD ROAT and corrective action plans developed as necessary.

Implementation priorities will continue to include:

- Continued development of evidence-based management, auditing/oversight, financial risk management, and network management.
- Continued coordinated planning for utilization management, auditing/accountability, financial risk management, etc. through SUD ROAT, Finance and Rate groups.
- Focused development of evidence-based practices and best standards of service and care (e.g., co-occurring capability development, trauma informed care, cultural competence, etc.)
- Capacity management for priority populations.
- Implementation of common outcomes tools and systems, including regional evaluation efforts.
- Provider education and technical assistance
- Budget management for providers and services

An overview of key treatment and recovery support initiatives have been detailed in the Treatment and Recovery Support Logic Model (Attachment 1). The timeline for achievement of goals and objectives has been provided under question 2.

7.3 Timeline

Table 11

	Responsible	FY24	FY25	FY26
Prevention Annual Plan Submission	Prevention Providers	September 2024	September 2025	September 2026
Provider Audit/Site Visits - Treatment and Recovery Providers	LRE Internal Team	Ongoing	Ongoing	Ongoing
Provider Audit/Site Visits- Prevention Providers	SUD Prevention Manager	Ongoing	Ongoing	Ongoing
SUD Treatment ROAT Workgroup	SUD TX Manager	Quarterly	Quarterly	Quarterly
Regional Prevention Workgroup	SUD Prevention Manager	Quarterly	Quarterly	Quarterly
Prevention Reporting MPDS	Prevention Providers	Monthly	Monthly	Monthly
Prevention Progress Reporting	Prevention Providers	Quarterly	Quarterly	Quarterly
Prevention Annual Reports - (Prevention Activities Summary and Tobacco Compliance Analysis)	LRE evaluator(s) SUD Prevention Manager	Yearly	Yearly	Yearly
SUD Treatment Evaluation Reports	LRE Evaluator SUD TX Manager	Quarterly	Quarterly	Quarterly

8. Evaluation Plan

LRE has consistently implemented evaluation processes that support identification of opportunities for improvement in implementation of a recovery-oriented system of care. An outside evaluator has and will continue to assist the SUD Managers in establishing data tracking mechanisms to monitor and review the effectiveness and impact on targeted outcomes for regionally planned services. In addition, discussions to facilitate provider and stakeholder review of evaluation findings will support engagement in developing regional plans to inform improvements across the region in response to findings.

8.1 Prevention

An evaluator has provided evaluation for prevention services in the past and will be retained to do so again. The FY22 evaluation report for prevention services is provided as Attachment 3.

For this evaluation process, the regional logic model (Attachment 1) provides the framework for monitoring effectiveness and outcomes of the regional plan to improve targeted community indicators. Identified long-term goals and objectives for each targeted issue have been provided under question 2.

As data becomes available, data trends are reviewed and summary reports are created that include calculations for regional rates based on county MIPHY results. Any issues that have worsened or are not showing adequate improvement will be noted and discussed during Regional Prevention Provider meetings. Action steps will be developed to document what will be done to strengthen the likelihood of improvement in these areas.

In addition to regional evaluation, each provider establishes an evaluation plan with identified outcomes for local initiatives. Methods used to administer outcome surveys are based on evidence-based program. Several prevention providers in the LRE region use Qualtrics or Survey Monkey to administer their pre/posttests and many coalitions use a contract evaluator to complete a formative assessment as needed. Progress toward achievement of these outcomes is reported to LRE in annual and quarterly reporting. For initiatives implemented at the regional level, evaluation tools and procedures will be developed prior to implementation and findings reviewed by the Regional Prevention Providers to inform improvement of efforts.

An annual evaluation of efforts to prevent youth access to tobacco will also continue to be provided by an evaluator (Attachment 4). The purpose of this evaluation is to utilize the data that each county has collected through the compliance check process to analyze results, find possible trends, make recommendations for improvements to the compliance check process, and ensure compliance with the Synar Amendment of 1992. A standardized database has been developed for providers to enter each compliance check record which is used for analysis.

In addition, the LRE SUD Prevention Manager will monitor the following each quarter:

- Percent of evidence-based programming at each provider, and regionally, as measured by MPDS data records.
- Units of service provided per funded full-time equivalent (FTE) sustained at required level.
- MPDS Outcome Survey completion rate for each provider for programming that meets criteria.

8.2 Treatment and Recovery

The treatment and recovery support logic model provided as Attachment 1 displays a framework for monitoring and evaluating the effectiveness of the region in improving targeted issues. Goals and objectives identified for the intermediate and long-term outcomes for targeted improvement areas have been provided under question 2 and are referenced throughout this section as appropriate.

An evaluator will be retained to support ongoing monitoring and evaluation of treatment and recovery initiatives, including monitoring of data trends, progress, and identification of corrective action plans or enhancements as applicable.

Data for each indicator will be monitored and the SUD ROAT will receive quarterly reports summarizing the trends related to each of the identified goals and objectives for each county and as a region. For issues that are not showing improvement, the evaluator will assist the group in further analysis of available data to understand the issue. Action items will be developed to address the issues of concern. Annually, an evaluation summary will be done to review trends in targeted data indicators, a summary of efforts undertaken to address each, and to provide recommendations for future improvement.

In addition, LRE will monitor and track performance in the following indicators:

Table 12

Domain	Measure	Evaluation Mechanism
Health and Safety	Sentinel Events	LRE data system reporting
Administration: use of public funds	On-time reporting	SUGE reporting
	Withdrawal Management Subsequent Services	BH TEDS
	Outpatient Continuation	
	Treatment Outcome: – Housing – Employment – Education – Recidivism	
	Funds spent on services	LRE Financial Reporting System
	Funds spent on integrated services	
	Funds spent on recovery supports	
Treatment Penetration Rates for Selected Populations	Youth ages 12-17	BH TEDS
	Young adults age 18-25	
	Women of childbearing age	
	African Americans	
	Hispanic	
	Native American	
	Persons with Opioid Use Disorder	

8.3 Evidence-Based Interventions and Integration of Trauma Responsive Services

LRE requires that all prevention, treatment and recovery support programming is evidence-based and data-driven. To support this requirement, LRE provides ongoing training and technical assistance to support providers in finding and initiating evidence-based programming and models. Just some of the evidence-based programs currently implemented in the LRE region include:

- Strengthening Families Program for Youth ages 10-14
- Prime for Life
- Botvin's Life Skills

- Project Alert
- Community Trials to Reduce High Risk Drinking
- Compliance checks with alcohol and tobacco retailers
- Vendor education for alcohol and tobacco retailers
- Michigan Model
- No Cigs for Our Kids Responsible tobacco retailing campaign
- Motivational interviewing
- Matrix Model
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy (DBT)
- Trauma Informed Cognitive Behavior Therapy
- Medication Assisted Treatment including Vivitrol, Suboxone, Methadone, Buprenorphine
- Contingency Management
- Eye Movement Desensitization Training (EMDR)
- Seeking Safety
- Smart Recovery
- LEAD Program

The LRE has worked to integrate trauma-responsive services throughout the entire continuum of services and each CMHSP is required to ensure that their Access Management System has staff and procedures that are trauma informed. LRE supports these requirements by providing ongoing training to the provider network. Providers are required to document how they ensure delivery of trauma-informed care during planning and procurement processes. LRE monitors delivery of services to ensure compliance during annual site review visits.

8.4 Women's Specialty Services (WSS)

There are currently 11 Women's Specialty Service programs throughout the LRE region. Strengths of the WSS network are the collective diversity of treatment offerings and the geographic coverage of the provider network. Of primary focus for the region is continuing efforts to strengthen trauma-informed services within WSS provider agencies, including expansion of the evidence-based programs Seeking Safety and Beyond Trauma. In addition, the LRE encourages providers to attend WSS state meetings where resources and training for trauma informed services are often provided. A list of providers and the services available is provided in Table 13.

Table 13:

WSS Providers	County/Location	Type of Care
Arbor Circle	Allegan	Outpatient (OP), Intensive Outpatient (IOP), Recovery Management (Women's services embedded), Women's Reentry
	Ottawa	OP

WSS Providers	County/Location	Type of Care
	Kent	OP, IOP, Enhanced Women's Services, Family Engagement Program, Women's case management, Women's Reentry
	Muskegon	OP, Recovery Management (Women's Services Embedded)
Family Outreach Center	Kent	OP, Family Engagement Program
Hackley Life Counseling, DBA Mercy Health Life Counseling	Muskegon	IOP, OP; Women-only groups; Childcare: onsite 0-10 years; Family Therapy: 0-17 years; transportation covered: Enhanced Women's Services
Reach for Recovery - Harbor House	Ottawa	Women's residential; Childcare: 0-1 years; Family Therapy: 0-17 years, infants may stay in residence with mom; transportation
Reach for Recovery. - Women's Services	Ottawa	IOP (w/domicile), OP; Childcare: 0-12 years; Family Therapy: 0-17 years; transportation
Our Hope Association	Kent	Residential, Childcare: 0-10 years of age
Wedgwood	Ottawa	OP, IOP Family Engagement Program
	Muskegon	Family Engagement Program, SPA

While much progress has been made to strengthen the WSS service provider network, the following deficits have been identified:

- the need to improve capacity for childcare arrangements for the number of children and ranges of ages as realistically presented for service.
- Ensuring that WSS programs fully identify and address the preventative and developmental needs of children, focusing especially on the offering of trauma-informed services/groups such as Seeking Safety.
- Expansion of EWS into WMCMH.

To address these deficits, and enhance effectiveness of WSS services, planned initiatives include:

- Establish consistent training for WSS providers to ensure clinicians and supervisors understand WSS requirements, expectations, and best-practices.
- Add WSS to standing agenda for SUD ROAT to ensure issues are addressed throughout treatment systems and increase awareness and visibility of program; establish agreements for how to implement consistently throughout region and monitoring procedures.

- Assess each county's relationship with Child Protective Services to identify opportunities for coordination and enhanced partnerships.
- Work specifically with WMCMH on introducing an EWS program to work to decrease the number of infants born with substance exposure.

LRE has established the following metrics to monitor progress and improvement for WSS services:

- Increase number of pregnant women served,
- Increase percent of pregnant clients served at WSS provider with a drug-free birth.
- Increase number of counties in the LRE region with at least one WSS service provider.
- Increase WSS providers that demonstrate effective coordination with CPS as documented during Site Visit reviews.
- Regional consistency in services and supports available to WSS eligible clients as documented during LRE Site Visit reviews.

8.5 Persons with Opioid Use Disorder.

All treatment providers in the LRE region's network are able to provide treatment services for persons abusing or dependent on opioids. Programs specializing in the treatment of opioid dependence that provide medication assisted treatment include:

Table 14

MAT Providers	County	MAT offered
ACAC	Muskegon	Suboxone
Cherry Street Health Services	Kent	Methadone
Healthwest	Muskegon	Suboxone
Muskegon Recovery Center of Cherry Health Services	Muskegon	Methadone
Eastside Clinic	Muskegon	Methadone
Reach for Recovery	Ottawa	Suboxone
Wedgwood	Ottawa	Suboxone
West Michigan Treatment Center	Ottawa	Methadone
West Michigan CMH	Lake, Mason, Oceana	Suboxone

To evaluate the effectiveness of efforts to enhance and improve outcomes for persons with opioid use disorder, LRE will monitor the following:

Table 15

Metrics	Baseline FY22 (unless otherwise specified)
Decrease average days between request for service and first service for persons living with OUD	5.6 days
Increase # MAT providers	9
Increase geographic coverage of MAT providers	TBD
Increase # counties that have MAT provider located within the county	5 of 7
Maintain an average wait time of less than 3 days for persons with IVDU for detox.	2.5 days
Decrease average time to service for clients w/ IVDU entering outpatient with MAT.	7.1 days

9. Cultural Competency of Policies, Programs and Practices

LRE ensures that policies, programs and practices are conducted in a culturally competent manner for LRE as well as each CMHSP and provider in the network. LRE requires planning documents to demonstrate how providers will ensure culturally competent implementation of programs and monitors related issues during each provider site visit.

As stated in the LRE's Organizational Values and Principles, LRE, CMHSP members and provider network maintain 'Mutual commitment to ensuring the voice of Persons Served, their families and their supporters is solicited, heard, honored and reflected in the work of the Entity, Members, and regional service providers in a meaningful and substantive manner.'

Member CMHSPs and providers are encouraged to incorporate the recommended action steps outlined in the *Transforming Culture and Linguistic Theory into Action: A Toolkit for Communities* and CADCA's *Cultural Competence Primer* into daily practices for achieving cultural competence. Specific actions to ensure cultural-competent services include:

- Develop support for change throughout the coalition and represented organizations.
- Identify the cultural groups to be involved.
- Identify barriers to cultural competence.
- Assess current level of cultural competence – (defining what knowledge, skills and resources to build on, as well as define gaps and barriers).
- Identify the resources needed – (define what is needed to bring about the change).
- Develop goals, implementation steps, and deadline for achieving cultural competence.
- Commit to an ongoing evaluation of progress and be willing to respond to change.

LRE monitors issues related to cultural competence during annual site visits. Technical assistance and trainings are provided by LRE to address identified local need. Additionally, LRE has obtained a grant for staff training on DEI efforts for FY23-26. Currently all staff have taken the Implicit Bias Training, and each year another training will be required/provided. As noted earlier, the Native American and Hispanic Services grants obtained by LRE under Mental Health Block grant funding enables LRE to offer enhanced

training in relation to service provision for these specific populations. In light of recent events, the LRE plans to work with each ROAT workgroup and provider network to identify how the region can improve services for minority populations, reduce health disparities, and address systemic racism and its impact on the health and well-being of those we serve.

*Data indicator being tracked regionally for evaluation purposes

Attachment 1: Lakeshore Regional Entity/Region #3-Logic Model SUD Continuum, Fiscal Years 2024 - 2026

PREVENTION SERVICES

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
Youth use of – Alcohol – Marijuana – E-cigarettes – Rx misuse In 2022, too many high school students reported recent use of alcohol (13.8%), marijuana (11.9%), E-cigs (14.0%), cigarettes (1.8%), and Rx painkillers (2.6%) and stimulants (2.6%) not prescribed to them.	**Low perception of risk:** Among HS students, too many report the following is low risk: – Binge drinking (30%), Marijuana use (50.1%), – Rx misuse (21.7%), and – Smoking (17.4%) (LRE Region, MIPHY 2022). In Lake County, 48% reported vaping w/ nicotine was low risk (LYS 2022), and in Ottawa, 20% reported vaping was low risk (OYAS 2021)	Raise youth awareness of the potential health and legal consequences of substance misuse.	Encourage parents to communicate the risks of substance misuse with their youth by promoting TalkSooner and parent educational presentations and programming.	Region	Increase in youth reporting a parent or other adult in their family has spoken to them about alcohol or other drug use.	Increase the % of HS students reporting moderate or great risk for the following, by 2026 as measured by the MIPHY: – Binge drinking – Regular marijuana use – Rx misuse *Baseline data not available for vaping.*	Decrease in HS students reporting recent use of the following in the region by 2026 as measured by the MIPHY: – Alcohol use – Marijuana use – E-cigarette use – Rx misuse
			Support schools and youth serving organizations to incorporate education and information into their programming.	Region	# of schools incorporating SUD education into programming across the region		
			Provide information to youth on the risks through educational programming and presentations. Raise youth awareness of the risks of substance misuse to correct inaccurate beliefs and enhance refusal skills.	Region	# Presentations # educational series		
		Improve the ability of adults to identify when youth are misusing substances and provide support.	Support schools to improve identification of substance misuse among students and enhance penalties and connection to services.	Allegan, Ottawa	Creation of referral pathway for youth using substances.		
			Support parents and other adults who work with youth on how to identify and respond to youth substance misuse.	Allegan, Kent, Lake, Ottawa	# of parent's education on substance use identification and resources available		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	Easy access to substances: Among HS students in the region too many report easy access to alcohol (58%), marijuana (43%), cigarettes (20%), e-cigs, and Rx medications not prescribed for them. In 2020 there were 57 Opioid prescriptions dispensed for every 100 residents in the region.	**Encourage responsible prescribing of Opioids to decrease l**ikelihood of diversion.	Educate pharmacists and doctors on the risks of over prescribing and how to support patients. Raise community awareness of the risks of opioid prescriptions to decrease patient demand.	Region	# of trainings provided to healthcare providers on opioid prescribing.	Reduce the % of HS students reporting it would be sort of or very easy to get the following by 2026 as measured by the MIPHY: – Alcohol – Marijuana – Cigarettes *Baseline not available for vaping and Rx drugs*	
		Decrease youth access to legal substances in their homes (Rx, Alcohol, and Marijuana): Among HS students who drank recently, 16% report they usually got alcohol by taking from a family member, 42% report they usually drank at home, and 50% report they usually drank at another person's home. (LRE Region, MIPHY 2022)	Promote proper storage of substances in the home to prevent youth access.	Allegan, Muskegon, Oceana, Ottawa	# of medication lock boxes distributed % HS students reporting they usually get their alcohol by taking it from home		
			Promote proper disposal of Rx and OTC medications.	Muskegon, Oceana, Ottawa	# of pounds of medication collected.		
			Raise awareness of the consequences of providing youth with substances to use.	Allegan, Kent, Oceana, Ottawa	# of individuals receiving information and/or attending presentations		
		Encourage responsible retailing of legal substances. (Alcohol, Marijuana, e-cigs, tobacco): Among HS students who drank recently, 5% usually got it bought from a retailer (LRE Region, MIPHY 2022). In Ottawa, 9% of 12 graders bought vape products in a store in the past year (OYAS 2021)	– Retailer (tobacco, alcohol, and cannabis) compliance checks. – Retailer education (tobacco, alcohol, and cannabis) – Advocate for improved regulations and oversight of retailers.	Allegan, Kent, Muskegon, Oceana, Ottawa	# of retailers participating in education # compliance checks completed.		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	Youth lack **protective factors** necessary to prevent substance use and mental health problems.	**Promote positive peer groups/social norms**: Among HS students, many youth believe that more than half of their peers had used substances in the past 30 days with 29% reporting this for alcohol, 60% for marijuana, and 11% for cigarettes even though the rate of recent use was much lower (14%,12%, and 2% respectively). (LRE Region, MIPHY 2022)	Opportunities to engage with peers at fun substance free activities. Raise visibility of peers who choose not to use substances.	Allegan, Kent, Muskegon, Oceana, Ottawa	# of substance free activities available to youth.	Reduce the % of HS students reporting more than half of their peers have used the following, by 2026 as measured by the MIPHY: – Alcohol – Marijuana	
		Promote prosocial involvement: Almost 1-in-5 HS students (18%) report not having any best friend who participated in clubs, organizations, or activities at school in the past year. (LRE Region, MIPHY 2022)	Coordinate youth groups to develop leadership skills and messaging for their peers.	Allegan, Lake, Ottawa	# of youth presentations delivered to their peers.	Increase the % of HS students reporting at least one best friend who participated in activities at school in the past year by 2026 as measured by the MIPHY.	
			Youth leadership training.	Region-wide	# of youth participate in leadership training		
			Provide youth community service opportunities (not part of a standing leadership group).	Ottawa	# of community service opportunities provided to youth.		
		Support Positive Family Dynamics In 2022, 22.1% of HS students in the region reported they could not ask their mom or dad for help with a personal problem.	Parenting skills training programs to support effective parenting and positive family dynamics	Allegan, Lake, Oceana, Ottawa	# of parents to receive education on positive family dynamics	Increase the % of HS students reporting they could ask their mom or dad for help with a personal problem by 2026 as	
			Promote opportunities for families to participate in positive activities together.	Region-wide	# of family events offered		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
		Youth with families that provide the following are less likely to develop addiction or mental illness:[1] – Structure, limits, rules, monitoring, and predictability – Supportive relationships w/family members – Clear expectations for behavior & values	Promote awareness of ways to foster positive family dynamics.	Region-wide	Estimated reach	measured by the MIPHY:	
		Enhance Skills: Youth with good coping, problem-solving, and social emotional regulation skills are less likely to develop addiction or mental illness.[i]	Provide youth and/or families with opportunities to improve their social/emotional, coping, and/or life skills.	Allegan, Lake, Muskegon, Oceana, Ottawa	# of youth to participate in positive coping, problem solving and social emotional regulation skills training.	Increase in % of youth with improved skills as demonstrated at post test.	
Mental, emotional, and behavioral (MEB) disorders—which include depression & substance abuse, affect almost 20% of young people at any given time. Many disorders have life-long effects	The ability to **access services, support, and community resources** can reduce the likelihood of addiction related harms.	Improve early identification of substance misuse or mental health challenges early so we can provide or connect individuals to preventative interventions.	Improve problem identification and referral processes within community organizations.	Allegan, Lake, Mason, Muskegon, Oceana, Ottawa)	% of individuals referred into treatment through referral pathway within community organizations	<u>Increase in referrals to services</u>	Decrease in youth and young adults with untreated mental illness or addiction.
			Integrate screening procedures in prevention programming to identify and refer youth as appropriate.	Lake	# of screenings administered to youth in prevention programming		
			Increase availability of mental health training for individuals who work with youth (MHFA & QPR).	Ottawa	# of scheduled mental health trainings for individuals who work with youth		
			Educate youth on recognizing signs of	Oceana	# of youth provided with information on		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
that include high psychosocial and economic costs, not only for the young people, but also for their families, schools, and communities.[ii]			suicide in their peers and how to find help.		suicide prevention resources.		
		Support the communities in identifying and addressing social determinants of health, including trauma, to support individuals and families, and ensure effective service systems.	Promote and support development of trauma-informed systems and services. Raise community awareness of the effects of trauma and how to prevent intergenerational patterns.	Allegan, Ottawa	# of providers specializing in trauma informed systems and services.	Increase in community awareness of social determinants of health, including trauma and its impacts.	
		Improve the ability of residents to access services, support, and community resources is necessary to reduce related harms.	Educational programming for youth who have initiated substance misuse or their families.	Allegan, Mason, Ottawa	# of youth and/or families who participate in substance use education once use has initiated	Increase in youth and young adults accessing behavioral health services.	
			Promote availability of services.	Allegan, Lake, Mason, Muskegon, Oceana	Reach of marketing around services available across the region		
			Anti-stigma messaging and education to improve the willingness of persons with addictions to seek help.	Lake, Muskegon, Oceana, Ottawa	% of Community exposure to anti-stigma messaging and treatment resources		
			Train students to provide support to their peers.	Allegan, Oceana	# of youth who receive peer support training		
			Advocate for enhanced capacity of local services and/or reduced barriers to accessing services.	Allegan, Kent, Mason, Muskegon, Oceana, Ottawa	Barriers to access services are reduced		

HARM REDUCTION SERVICES

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
Individuals who misuse substances have an increased likelihood of high-risk behaviors that put themselves at risk of personal or community-level harm.	During 2021 there were 1,478 alcohol-involved & 411 drug-involved traffic crashes in the region.	Raise awareness of the risks of driving under the influence of substances.		Allegan	# of individuals receiving info on risks of driving under the influence of substances	Increased community awareness of the risks of driving under the influence.	Decreased in alcohol and drug-involved traffic crashes.
	In 2020, MI had 11 newborns with NAS per 1,000 newborn hospital stays, higher than national with 6 per 1,000. [iii]	Raise awareness of the risks of using substances while pregnant, even those which are legal for adult use.	Distribute information in the community and through health care providers.	Region	# of women of childbearing age exposed to messaging about risks of using substances while pregnant.	Increased community awareness of risks of prenatal substance misuse	Decrease in drug affected births.
	Alcohol is the leading cause of AOD-related death among Michigan older adults[iv]	Raise awareness of the risks associated with alcohol and/or substance misuse for older adults.	Promote availability of treatment to adults ages 55+ Disseminate information about the risks of alcohol use for older adults	Region	# of older adults exposed to messaging about risks of using substances.	Increased awareness of risks of alcohol use among older adults	Decrease in alcohol related deaths among older adults
	Persons with untreated opioid addiction are at high risk of overdoses. In 2021 there were 197 overdose deaths in the region.[v]	Overdose survivors are at high risk of a subsequent overdose in the days that follow. [vi]	Post overdose visits to OD survivors to provide resources and offer treatment resources	Ottawa, West MI, Kent	% of overdoses that receive a post-overdose visit.	Increase in individuals with overdose prevention resources. Increase # of individuals connected to treatment through community-	Decrease accidental overdose poisonings by 2026.
		Research suggests that high rates of naloxone distribution among laypersons and emergency personnel could avert 21 percent of opioid overdose deaths, and the majority of overdose death reduction would result from	Promote use of Narcan to reverse overdoses. – Promote awareness & availability of Naloxone and/or fentanyl testing strips, to prevent opioid overdose deaths.	Region-wide Vending: West MI, Muskegon	# of Narcan kits and fentanyl testing strips distributed # of Narcan administrations by a first responder.		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
		increased distribution to laypersons.[vii]	– Dispense in vending machines at no cost. – Promote use of Naloxone by first responders.			based supports.	
		Provide outreach to provide resources and encourage linkages to treatment when ready.	Recovery Management, Community-Based Recovery Coaching Services	Region-wide	# of SUD clients accessing recovery management/Community-based Recovery Coaching Services		
			Community-based support and outreach to provide resources and connection to treatment services – Recovery coaches in homeless shelters – 24/7 drop-in center to support readiness for treatment – Mobile unit – Pilot program to place a coach and therapist in a public housing complex with high rates of substance misuse problems to provide ongoing services for residents	*Ottawa, Kent, Allegan*	# client contacts # of individuals connected to treatment through community-based supports.		

TREATMENT SERVICES

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
Improve access to SUD Treatment Services.	Increase access to services for pregnant women. In the LRE region the # of pregnant women served has decreased each year since FY19, with only 54 admissions for pregnant women in FY22.	Support identification and engagement of pregnant women who use substances to provide support and promote healthy births	Partner with healthcare systems to implement universal screening for pregnant moms.	Kent, Muskegon	% of healthcare providers adopting the universal screening	↑ # of pregnant women served	↑ % of pregnant clients served at WSS provider with a drug-free birth.
			Staff of recovery management trained in model that cares for expecting mothers in treatment (birth plans, support, etc.)	Lake, Mason, Oceana, Allegan	# of recovery management staff trained in supporting expectant mothers.		
			Enhanced women's services– work with women who are pregnant and using drugs to increase readiness for treatment with the aim of reducing drug exposed births.	Kent	# of pregnant women referred to specialty resources		
	Increase access to MAT services for persons living w/ Opioid Use Disorder- In FY22 the avg time to service (TTS) for MAT was 5.6 days for clients w/OUD ranging from 4.7 in Muskegon to 9.0 in Allegan.	Expand availability of Medication Assisted Treatment (MAT) services.	– Expand MAT providers to areas without current coverage. – Provide transportation to MAT services through bussing services, gas cards, etc.* – Continue providing MAT in jails with specialty grants as available*. – Launch mobile MAT for difficult to engage populations.	Region	# of clients accessing medication assisted treatment.	Decrease avg TTS for MAT services	Decrease average days between request for service and first service for persons w/ OUD

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	Increase access to service for persons with intravenous drug use (IVDU) . The average number of days between request and 1st service for individuals with IVDU was 7.1 days in FY22.	Expand capacity for higher levels of care. Among admissions w/ IVDU the average time to service in FY22 was 3.9 days for detox, 17.3 days for LT residential	Expand the number of detox and residential providers in the region	Region	# of detox and residential providers in the region.	Decrease avg TTS for Detox. Decrease avg TTS for LT Res.	Maintain an average wait time of less than 3 days for persons with IVDU.
		Among admissions w/ IVDU the average time to service in FY22 was 6.6 days for non-intensive outpatient.	Promote the use of Recovery Coaches as interim services providers	Region	# of clients accessing care through recovery coaches.	Decrease avg. TTS for clients w/ IVDU entering outpatient	
	Increase access to treatment services for <u>older adults</u> (55+) In FY22 there were 584 admissions for persons age 55-69 representing 10.9% of admissions.	Promote availability of services and how to access services.	Develop informational materials and disseminate. Add information to LRE and other websites .	Region	# of materials developed & number distributed.	# Persons reached with messaging re availability and access to treatment.	Increase in # of admissions for individuals age 55-69
		Provide training for providers on addressing behavioral health needs of older adults.	– Ensure access centers are knowledgeable and prepared to assist older adults in accessing services funded by Medicare. – Identify and promote relevant trainings; with at least one training related to older adult SUD	Region	# of access centers with procedures to assist older adults. # training attendees. # trainings offered.	Number of older adults accessing SUD services	
	Increase access to treatment for <u>criminal justice involved</u> population returning to	Improve <u>coordination w/ probation</u> officers to connect to community-based services upon release.	– Coordinate w/ specialty courts	Allegan, Kent, Muskegon, Ottawa	# of probation officers that SUD Clinicians coordinate with.	Sustain existing county arrangements with jail systems to	Increase in # admissions with legal status as on probation at admission.
			– MiREP Program (Kent) .	Kent	# individuals served		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	communities on probation: In FY22 21.9% of admissions were for clients on probation, ranging from a low of 17% in Oceana to a high of 35% in Allegan.		– Community Health Workers connect individuals coming out of the jail with community resources (Muskegon) .	Muskegon	# individuals receiving resources	support re-entry connection to services.	
			– Region ROAT team discuss management of MDOC clients on parole and establish guidance and best-practice procedures for these clients.	Region	LRE Policy established	LRE policy consistently implemented for MDOC clients. Increase # of individuals on probation served	
			– -Priority population manager will monitor engagement in treatment for MDOC identified individuals following return to the community to increase accountability, oversight and coordination.	Region			
		Maintain <u>service provision for inmates in jail</u> to improve engagement and active referrals for community-based services upon release.	Recovery Coach address SUD issues w/ jail inmates to connect with resources when released from jail	Ottawa	# of individuals accessing SUD treatment within jail.	Sustain counties with services provided in the jails at 100%.	
			Designated SUD therapist and a peer providing SUD services in county jails & 'discharge' planning to improve connection to resources upon release from jail	Lake, Mason, Oceana			
			MAT provided in the jail	Region			

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			Full OP program including MAT, Recovery Management, and regular OP available to all returning CJ population	Region			
Improved continuity of care across treatment continuum	Increase engagement in services: In FY22, 38.3% of discharges were for clients who 'dropped out' and 18.2% of treatment episodes had only one encounter. Of treatment episodes with more than one encounter, 82.7% had a second service within 14 days.	Increase in the use of integrated services for persons with co-occurring substance use and mental health disorders: In FY22 14% of clients at discharge who had a co-occurring SUD and MH problems were recorded as having received integrated treatment.	Cross-training of staff	Ottawa	# of trainings provided on integrated services # of corrective action(s) distributed across the region on integrated services.	↑ in % of clients w/ co-occurring diagnosis that received integrated services.	↓ % of discharges with reason as 'dropped out' for all LOC. ↓ % of treatment episodes with only one encounter.
			Explore feasibility of increasing availability of MAT in MH programming and psychiatry services in SUD programs. (Ottawa).	Ottawa			
			Provide training for clinicians and provider agencies on integrated services.	Region			
			Establish expectations for provision of integrated services; annual review with corrective action plans required for those not meeting benchmark.	Region			
			Monitor provider data entry to improve our ability to record and monitor delivery of integrated care.	Region			
		Enhance trauma-responsive services.	– Provider training for provision of trauma responsive services. – Support WSS staff in attending trauma-related trainings – Pilot trauma-responsive outreach	Region	# Attendees trained # trainings held.	# of supportive resources/ opportunities provided to treatment clinicians by the LRE.	

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			and groups with grant funding.				
		Support providers in preventing and responding to methamphetamine use among clients, including those with an opioid use disorder.	– Incentive-based process with MAT clients also using methamphetamines. – Provide materials and training to existing staff as best practice treatment options become known for this population. – Provide training for providers on evidence-based treatment for methamphetamine (e.g. Matrix Model). – Monitor issue and provide forum(s) to identify emerging issues and develop coordinated response and supports. – Promote availability of treatment for methamphetamine and that it can work. – Maintain MA specific benefit package for individuals admitted to treatment to extend time in short-term res to allow for stabilization and	Region	# of providers in the region utilizing incentive based programs with MAT clients using methamphetamines. # of trainings for providers on evidence -based treatment for methamphetamine across the region.		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			addressing MA-related psychosis.				
		Improve process for discharge from ST residential levels of care to improve entry to subsequent level of care. In FY22, only 55% of clients were admitted to a lower level of care within 30 days. Among those that were admitted to the next LOC, 33% were admitted to the next LOC within 7 days.	Work with providers to ensure they assist client in making appt in next LOC prior to discharge. – Discuss issue with SUD ROAT and develop a plan to improve quality of discharge planning for detox and ST Residential. – Review data quarterly to identify issues and respond as necessary. – Monitor recidivism for clients to multiple detox episodes to understand issue and improve procedures.	Region	% of clients who successfully transferred into the next LOC prior to discharge.	↑ % discharges from ST Res with reason as 'transfer/ completed level of care'.	Among individuals discharged from ST residential, ↑ the % admitted to the next LOC w/in 30 days Of those admitted within 30 days, ↑ the % admitted w/in 7 days.
		Women's Specialty services providers work with pregnant and parenting women to reduce barriers to treatment, ensure appropriate medical care, and connect to community resources for other needs.	Ensure pregnant clients in treatment have access to transportation, childcare and other resources. – Establish consistent training for WSS providers to ensure clinicians and supervisors understand WSS requirements, expectations and best-practices.	Region	# of trainings provided throughout the region to WSS Providers	– Regional WSS meeting 2x/year – Region-wide agreement of how to implement w/ monitoring procedures	Regional consistency in services and supports available to WSS eligible clients as documented during LRE Site Visit reviews.

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			– Bi-annually regional meetings with WSS providers that include training content. – Add WSS to standing agenda for SUD ROAT to ensure issues are addressed throughout treatment systems and increase awareness and visibility of program; establish agreements for how to implement consistently throughout region and monitoring procedures. – Assess each county's relationship with Child Protective Services to ID opportunities for coordination and enhanced partnerships.			– ↑ in WSS providers that demonstrate effective coordination with CPS as documented during Site Visit reviews.	Increase # of pregnant women served.
			Continue Specialized Pregnancy Assistance (SPA) programs and expand to additional areas.	Muskegon, Kent	# of pregnancy assistance programs in the region.		
Recovery Services							
Problem	**Intervening Variables**	**Strategy**	**Activities**	**Counties**	**Outputs**	**Intermediate Outcomes**	**Long-term outcomes**
Increase clients that maintain recovery	Clients establish connections to community	Expand availability of Recovery Housing.	– Continue current partnerships with recovery houses* (all 7 counties).	Kent, Lake, Mason, Oceana	# of recovery houses within the region.	↑ capacity (as measured by # beds and # of residence	Increase in individuals sustaining recovery

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	supports to assist them in maintaining recovery		– Incentivize establishment of new Recovery Residences and pursuing MARR certification* – Develop plan to continue support of Recovery Housing after SOR Funding.			locations) for Recovery Houses in the region.	
		Opportunities for persons in recovery to develop community connections.	Recovery organization funded in Ottawa to launch a social center for sober activities in the community.	Ottawa	# of prosocial activities that are substance free and/or promote recovery	# of individuals in recovery engaging in prosocial opportunities within the community.	
			Partner and support local coalitions that support prosocial activities in their community that are substance free and/or promote recovery.	Mason, Muskegon, Ottawa	# of prosocial activities that are substance free and/or promote recovery		

Attachment 2: SUD Prevention Funded Agency Guide

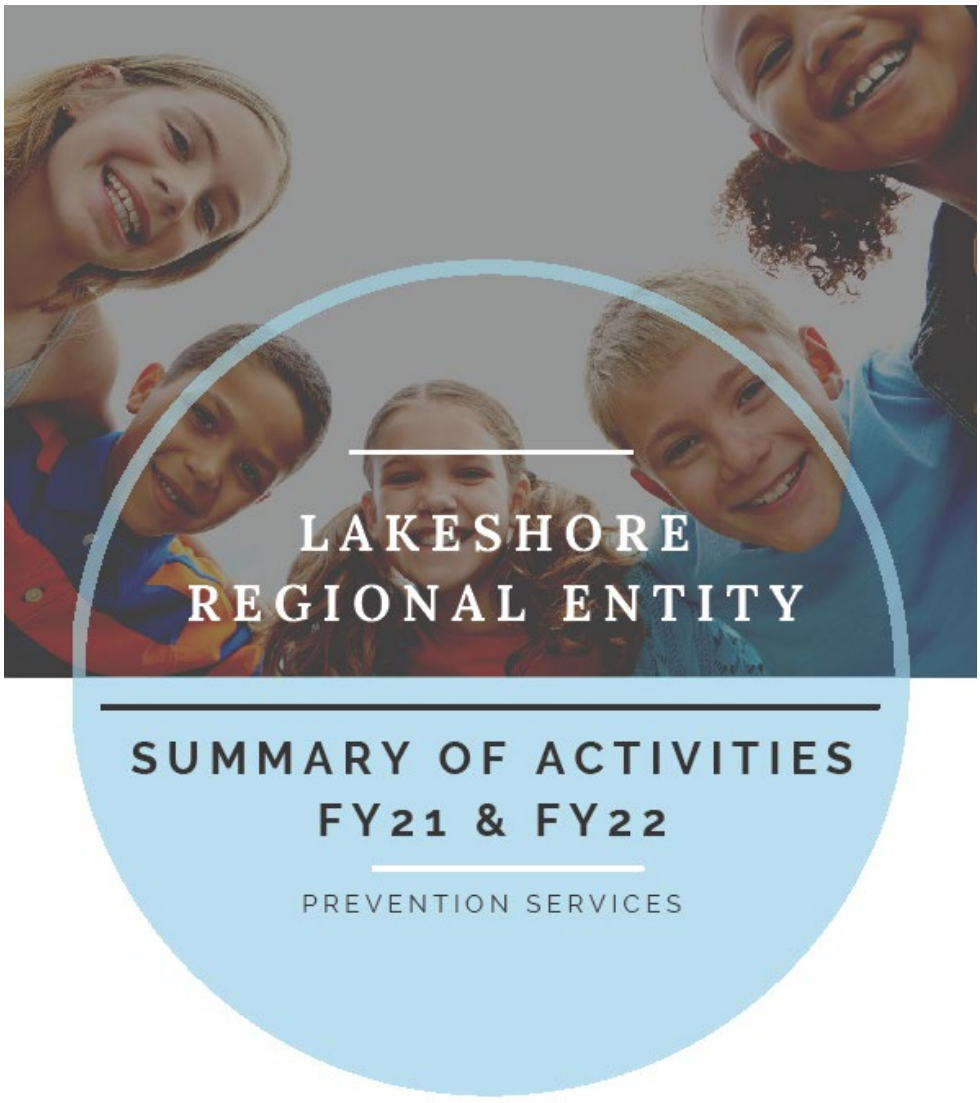
To open the document below, right-click on the image and select 'open link'.

Substance Use Disorder Prevention
Funded Agency Guide
2022-2023

LAKESHORE REGIONAL ENTITY

Attachment 3: SUD Prevention Evaluation Report

To open the document below, right-click on the image and select 'open link'.



Attachment 4: Youth Access to Tobacco, Evaluation Report

To open the document below, right-click on the image and select 'open link'.

[i] [i] Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle (csifdl.org)

[ii] Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle (csifdl.org)

[iii] Data and Statistics About Opioid Use During Pregnancy (cdc.gov)

[iv] Michigan Older Adult Wellbeing Initiative Strategic Plan: Focusing on Our Future

[v] www.mi.suddr.com

[vi] [3] Weiner SG, Baker O, Bernson D, Schuur JD. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. Ann Emerg Med. 2020 Jan;75(1):13-17. doi: 10.1016/j.annemergmed.2019.04.020. Epub 2019 Jun 20. PMID: 31229387; PMCID: PMC6920606.

[vii] FDA. *FDA approves first generic naloxone nasal spray to treat opioid overdose [news release].* 2019; Available from: https://www.fda.gov/news-events/press-announcements/fda-approves-first-generic-naloxone-nasal-spray-treat-opioid-overdose.

LAKESHORE REGIONAL ENTITY

Executive Summary

Tha Our Hope grant timeframe is June 1, 2023, through September 30, 2023. It is a grant from MDHHS called "Substance Use Disorder Treatment and Recovery Infrastructure Support" and is in the amount of $495,000.

The LRE will act as the fiduciary, with the total award being allocated to Our Hope Association's new campus in Walker, to assist with service expansion offering more long-term residential beds to women and opening a new withdrawal management unit for women in October.

The grant's timeline is currently June 1, 2023- September 30, 2023, with the possibility of continuation of funding. While Our Hope's clients primarily reside in Region 3 (LRE), they also serve individuals from Regions 4 (SWMBH) and 5 (Midstate). We celebrate this step forward for women's treatment in West Michigan and will continue to work toward expanded access for other populations within our care.

5000 Hakes Drive, Norton Shores MI 49441
Phone: 231-769-2050
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LAKESHORE REGIONAL ENTITY

Application for Membership on (choose):

[ ] Legislative & Advocacy Committee (LAC)
[ ] Consumer Advisory Panel (CAP)

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

Contact Information

Name	Robert Curry
Street Address	[redacted]
City ST ZIP Code	
Cell Phone	
Home Phone	—
Work Phone	—
E-Mail Address	

Regional Representation

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

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

Interest in Serving

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

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

Consumer Population Relationship:

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

Time Commitment

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

- [X] Yes
- ___ Yes, with accommodation
- ___ No

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

Special Skills or Qualifications

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

A member of Onpoint Coap Group

Previous Board/Committee Experience

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

A member of Onpoint Coap Group
Was a member of health and safety Group

How Did You Hear About Us?

- X From a current LAC/CAP Member (Their name: _____)
- X CMH/Customer Services
- ___ Social Media
- ___ CMH Website
- ___ LRE Website
- ___ Other: _____

Person to Notify in Case of Emergency (optional)

Name	[redacted], Sharon Powell
Street Address	[redacted]
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

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

Name (printed)	Robert Cuppy
Signature	X Robert Cuppy
Date	3-31-23

Our Policy

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

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

LAKESHORE REGIONAL ENTITY

Application for Membership on (choose):

[ ] Legislative & Advocacy Committee (LAC)
[ ] Consumer Advisory Panel (CAP)

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

Contact Information

Name	Jennifer Eunk
Street Address	[redacted]
City ST ZIP Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

Regional Representation

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

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

Interest in Serving

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I am:
- ✱ a [ ] Primary or [ ] Secondary Consumer
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- ___ Community Member/Representative

Consumer Population Relationship:

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- ___ Services for persons with Mental Illness
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- ___ Services for persons with Substance Use Disorders
- ___ Other services (describe):

Time Commitment

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- ✱ Yes
- ___ Yes, with accommodation
- ___ No

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

Special Skills or Qualifications

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

A member of onPoint Coop group.
Serines for 20 YRS.

Previous Board/Committee Experience

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

A member of onPoint Coop group.

How Did You Hear About Us?

__X__ From a current LAC/CAP Member (Their name: _____)
__X__ CMH/Customer Services ___ Social Media
___ CMH Website ___ LRE Website
___ Other: _____

Person to Notify in Case of Emergency (optional)

Name	Dorothy Jorgensen
Street Address	[redacted]
City ST ZIP Cod	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

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

Name (printed)	Jennifer Estlick
Signature	Jennifer Estlick
Date	3-31-2023

Our Policy

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

LAKESHORE REGIONAL ENTITY

Application for Membership on (choose):

[ ] Legislative & Advocacy Committee (LAC)
[ ] Consumer Advisory Panel (CAP)

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

Contact Information

Name	Sharon Powell
Street Address	[redacted]
City ST ZIP Code	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

Regional Representation

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

- X Allegan County (served by Allegan CMH)
- ___ Kent County (served by Network180)
- ___ Muskegon County (served by HealthWest)
- ___ Ottawa County (served by Ottawa CMH)
- ___ Lake County (served by West Michigan CMH)
- ___ Oceana County (served by West Michigan CMH)
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Interest in Serving

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- ___ Yes, with accommodation
- ___ No

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Special Skills or Qualifications

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A member of Onpoint Coap Group

Previous Board/Committee Experience

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

A member of Onpoint Coap Group
was a member of health and
Safty Group

How Did You Hear About Us?

X From a current LAC/CAP Member (Their name: _____)
X CMH/Customer Services ___ Social Media
___ CMH Website ___ LRE Website
___ Other: _____

Person to Notify in Case of Emergency (optional)

Name	Robert Curry
Street Address	[redacted]
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

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

Name (printed)	Sharon Powell
Signature	Sharon Powell
Date	3-31-23

Our Policy

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

LAKESHORE REGIONAL ENTITY

RESOLUTION OF THE LAKESHORE REGIONAL ENTITY BOARD OF DIRECTORS OPPOSING CURRENTLY PROPOSED MODELS FOR IMPLEMENTATION OF CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN

WHEREAS Lakeshore Regional Entity (LRE) is a regional entity created in 2014 by the five community mental health services programs (CMHSPs), HealthWest, Network180, OnPoint, Ottawa CMHSP and West Michigan CMHSP, and functions as a Pre-Paid Inpatient Health Plan (PIHP) for seven West Michigan Lakeshore counties under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services. The LRE Board of Directors is comprised of three appointees from each of the CMH Participants in the LRE region, including primary or secondary consumers of public behavioral health services.

WHEREAS the LRE Board recognizes and stipulates that the federal Affordable Care Act and Social Security Act mandates that States "establish standards for the conduct of the independent evaluation and the independent assessment to safeguard against conflicts of interest."

WHEREAS the LRE Board recognizes and stipulates that federal regulations implementing these statutory requirements compel states to require that services are accessed, planned, and delivered in a conflict-free manner.

WHEREAS The LRE Board recognizes and stipulates that the "conflict free access and planning" federal statues, federal regulations, and compliance issues are complex and that State compliance with federal requirements is a responsibility of the State.

WHEREAS The LRE Board acknowledges that, to determine the course(s) the State would pursue to comply with federal statutory and regulatory requirements, it organized and convened a workgroup of stakeholders to advise it on such matters. The result of this workgroup process was the publication of four options that the State indicated it would select among to implement or demonstrate compliance.

WHEREAS The LRE Board has studied each option proposed by the State. The conclusions of the LRE Board **are that all currently proposed options**:

- Increase barriers to effective and efficient access to specialty behavioral health services and supports;
- Increase the system complexity and confusion of current and future beneficiaries;

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- Compromise the formation of the therapeutic alliance by deemphasizing the critical role of consistency and continuity in evidence-based care;
- Unnecessarily adds costs and fiscal irresponsibility with public dollars, redundancy, duplication and ignores thoughtful application of trauma sensitive systems of care;
- Degrades quality and accountability;
- Increase marginalization of highly vulnerable populations, detrimentally affecting engagement and social determinants of health;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval contained in each of the four state-proposed options to date;
- Ignore Michigan's current capitated system which already mitigates against conflict and self-interest;
- Are significantly at odds with the Certified Community Behavioral Health (CCBHC) initiative and requirements.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, i**n the strongest possible terms**, and for the reasons noted herein, the LRE Board of Directors **opposes all four of the currently proposed structural strategies** for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT the LRE Board of Directors can support, and where necessary modifying (for the purpose of strengthening) existing procedural safeguards. The changes proposed by MDHHS are extreme, rushed, and in our view will not achieve the goal of ensuring that beneficiary services are free from conflict of interest and guided only by the desires of beneficiaries and their best interests.

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LAKESHORE REGIONAL ENTITY

Analysis of MDHHS-presented Conflict Free Access and Planning (CFAP) Options on Michigan's CCBHC Demonstration Model

The scope of this analysis is intended to provide a comprehensive discussion of the impact of the CFAP Options, as presented by MDHHS in March 2023, on the long-term sustainability and success of Michigan's current CCBHC Demonstration Model[1]. The analysis below is based on MDHHS's updated CCBCH Guidance, titled "MI Certified Behavioral Health Clinical (CCBHC) Handbook Version 1.6," published May 2023, which can be found on MDHHS's CCBHC website[2].

Based on this review, it appears the proposed CFAP options are structurally opposed to and in direct conflict with the intentions and goals of CCBHC Demonstration. Where CCBHC seeks to reduce access barriers for people with mental health and substance use disorder treatment service needs, the CFAP Options create artificial and unnecessary additional requirements which risk complicating accessibility, reducing timeliness, and discouraging engagement with the fully array of treatment options. Generally, the implementation of any of the presented CFAP Options threatens to:

(1) Undermine CCBHCs ability to comply with MDHHS-defined certification criteria requirements to provide nine comprehensive services.
(2) Minimize or undo advances in expansion of the social safety net inherent in the CCBHC model's financial incentive to serve anyone regardless of residency.
(3) Restrict PIHP functionality and effectiveness to monitor, manage, and develop CCBHC Demonstration.
(4) Fragment care coordination responsibilities and disincentivize development of comprehensive infrastructure to share health information across treatment providers.
(5) Diffuse responsibility for performance based on quality bonus payment measures identified by CMS/MDHHS.
(6) Contradict the requirements for CCBHCs to establish formal arrangements with a Designated Collaborating Organization (DCO) to provide CCBHC services on the CCBHCs behalf.

Concern: Undermine CCBHCs ability to comply with MDHHS-defined certification criteria to provide specified comprehensive services.

[1] The broader implications on CFAP have not been considered within the scope of this discussion. An analysis of this implementation on the public behavioral health system and legal opinions have been provided by the Community Mental Health Association (CMHA) and Adam Falcone of Feldesman, Tucker, Leifer, and Fidell, via CMHA.
[2] CCBHC Demonstration (michigan.gov)

Context/Source:

1.C.1, "In accordance with PAMA, CMS requires CCBHCs, directly or through designated collaborating organizations, to provide a set of nine comprehensive services to address the complex and myriad needs of persons with mental health or SUD diagnoses services. This full array of services must be made available to all consumers and represent a service array necessary to facilitate access, stabilize crises, address complex mental illness and addiction, and emphasize physical/behavioral health integration. These services include the following: (1) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization. (2) Screening, assessment, and diagnosis, including risk assessment. (3) Patient-centered treatment planning or similar processes, including risk assessment and crisis planning. (4) Outpatient mental health and substance use services. (5) Outpatient clinic primary care screening and monitoring of key health indicators and health risk. (6) Targeted case management. (7) Psychiatric rehabilitation services. (8) Peer support and counselor services and family supports. (9) Intensive, community-based mental health care for members of the armed forces, and veterans, particularly those members and veterans located in rural areas."

2.C.7, Availability and Accessibility "The CCBHC must provide a functional, safe, clean, and welcoming environment for consumers and staff…."

Applies to CFAP Option(s): ALL

Analysis: Under each CFAP Option, direct services delivery (#4, #5, #7, #8, and #9) is separated from screening, access, and planning, and crisis services (#1, #2, #3, #6). By design, a CCBHC would be unable to provide the full array of required CCBHC services. Whereas, CCBHC seeks the seamless integration of access, planning, and treatment, CFAP Options restrictively prevent CCBHCs from complying with certification criteria that is foundational to building a more integrated, comprehensive system of care. The CFAP models also create artificial and unnecessary barriers to service access; is misaligned with a philosophy of "no wrong door," that seeks to prevent people "falling between the cracks."

Concern: Minimize or undo advances in expansion of the social safety net inherent in the CCBHC model's financial incentive to serve anyone regardless of residency.

Context/Source: 1.D.3, Residency, "CCBHCs must serve all individuals regardless of residency or ability to pay….For individuals residing out of state, CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services and should have protocols developed for coordinating care across state lines."

Applies to CFAP Option(s): ALL

Analysis: There is a significant potential for the (re)creation of significant gaps in the social safety net which have been tightened by CCBHC. The availability of PPS funding to support non-Medicaid recipients served by CCBHCs in accordance with the above residency guidance ensures people receive services regardless of residency, ability to pay, or other arbitrary social factors, and offers the financial incentive/support for CCBHCs to comply. Under current guidance, PPS payments could not be made to an organization that is not a MDHHS-certified CCBHC or under contract as a Designated Collaborating

Organization, as regulated by CMS and the MDHHS Handbook. Absent the availability of PPS payments, a situation arises where either the Direct Service Provider or the Access and Planning Provider is a CCBHC, thus bound to comply with CCBHC requirements, and financially incentivized to do so, while the other is neither bound to those requirements nor financially incentivized to do so. The party not eligible for PPS payments faces a severe financial liability.

Concern: Restrict PIHP functionality and effectiveness to monitor, manage, and develop CCBHC Demonstration.

Context/Source: 2.A- 2.B.6

Applies to CFAP Option(s): Option 3, Option 4

Analysis: MDHHS prescribes responsibilities to PIHP in the sharing of CCBHC Model oversight, monitoring, and development. CFAP Option 3 and CFAP Option 4 propose direct MDHHS/BPHASA oversight of Access and Planning Providers, eliminating any contractual and/or obligatory connection between PIHPs and CCBHC services/functions. PIHPs will be unable to satisfy the CMS and MDHHS requirements assigned to it as part of the CCBHC Demonstration Model. Looking ahead, implementation of either of these options is directly detrimental to the long-term sustainability and success of the CCBHC model.

Concern: Fragment care coordination responsibilities and disincentivize development of comprehensive infrastructure to share health information across treatment providers.

Context/Source:

2.C.7 Care Coordination, “The CCBHC must provide care coordination across a spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary….”

Applies to CFAP Option(s): ALL

Analysis: None of the CFAP Options clearly place care coordination, a key activity central to CCBHCs service provision, responsibility. Since care coordination is defined as a function, and not a service, its costs are built into the PPS payment model, which, as previously discussed, is only available to certified CCBHC sites. Non-CCBHCs would not be incentivized to built infrastructure necessary to effectively coordinate care, including effective and efficient workflows, coordination agreements, and personnel to facilitate the smooth sharing of critical, and sensitive, health information. Additionally, adding more providers with fragmented care coordination responsibilities reduces the likelihood critical health information is shared effectively, in a manner conducive to be meaningfully incorporated into treatment planning, or timely as part of health care decision-making.

Concern: Diffuse responsibility for performance based on quality bonus payment measures identified by CMS/MDHHS.

Context/Source:

5.D Quality Bonus Payment (QBP), "MDHHS affords a QBP for CCBHCs meeting CMS-defined quality benchmarks…."

Applies to CFAP Option(s): ALL

Analysis: It is not clear within the CFAP Options how responsibility for metric attainment (quality performance on selected measures) would be attributed. CCBHC reported measures include a metric for service delivery (e.g., depression remission at twelve months) and others for timely screening. As with other CCBHC-related financial measures, QBP payments are only available to certified CCBHC Demonstration sites.

Concern: Contradict the requirements for CCBHCs to establish formal arrangements with a Designated Collaborating Organization (DCO) to provide CCBHC services on the CCBHCs behalf.

Context/Source: Section 3, Designated Collaborating Organizations

Applies to CFAP Option(s): ALL

Analysis: CMS, and subsequently MDHHS, allows CCBHCs to establish formal agreements for the provision of CCBHC services with DCOs. DCOs are the only permissible way for CCBHC services to be provided on behalf of, rather than directly by, a CCBHC. Requirements dictate the arrangement must be directly between the CCBHC and the DCO, with the CCBHC maintaining all financial and clinical responsibility for the services the DCO provides on its behalf. PIHPs are not able to contract with DCOs for the direct provision of CCBHC services on behalf of the CCBHC entity.

Summary

The bifurcation of CCBHC requirements across multiple entities and/or functionalities jeopardizes the ongoing sustainability and viability of Michigan's CCBHC Demonstration Model and devalues years of effort and immeasurable time by many to advance and overhaul treatment for the state's most vulnerable people. In light of Michigan's commitment to CCBHC expansion, and national recognition CCBHC's potential to create integrated, whole-person care, initiatives that oppose those efforts are particularly concerning.

As noted, the CFAP Options are structurally opposed to CCBHC requirements. Implementation of any of the proposed Options, without modification, poses significant barriers for compliance with contractual and legal requirements of the Demonstration Model for both PIHPs and, particularly, CCBHCs. Failure to give significant consideration to how the CFAP Options will interact—philosophically and technically—with CCBHC Guidance, reverses years of work to create a vibrant, sustainable CCBHC Demonstration and threatens to destabilize Michigan's entire public mental health system.

6/22/23, dga

LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity Board
Financial Officer Report for June 2023
6/22/2023

- **Disbursements Report** – A motion is requested to approve the May 2023 disbursements. A summary of those disbursements is included as an attachment.

- **Statement of Activities** – Report through April 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.

- **LRE Combined Monthly FSR –** The April LRE Combined Monthly FSR Report is included as an attachment for June's meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through April of $9.1 million, a projected annual surplus of $4.4 million and a budgeted surplus of $10.9 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month's report. All CMHSPs have an actual surplus, except Network180 with an actual deficit of $1 million. All CMHSPs have a projected surplus, except Network180 with a projected deficit of $1.6 million. All CMHSPs have a budgeted surplus.

  CCBHC activity is included in this month's report showing no actual, projected or budgeted surplus or deficit. 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 was reviewed by Finance ROAT on June 21, 2023, and reviewed by Operations Advisory Council on June 21, 2023. This reporting template is still a work in progress and changes throughout the year are anticipated.

- **FY2022 Cost Settlements –** FY2022 Cost Settlement notices were sent to the CMHs on 6/21/23. The notices are due back from the CMHs to the LRE by 7/6/23 and settlement payments (either to the LRE or from the LRE) are to be made within 30 days of the settlement notice. Preliminary Settlement figures are as follows but are subject to change based on the reconciliation with the individual CMHs and are subject to audit adjustments:

	Medicaid (Due To) / Due From CMHSP	HMP (Due To) / Due From CMHSP	Subtotal (Due To)/ Due From CMHSP	CCBHC Medicaid (Due To) / Due From CMHSP	CCBHC HMP (Due To) / Due From CMHSP	DCW (Due To) / Due From CMHSP	Total (Due To) / Due From CMHSP
Allegan	(37,982.90)	960,262.15	922,279.25	[redacted]	[redacted]	515,672.68	**1,437,951.93**
Healthwest	(11,213,153.40)	4,196,273.53	(7,016,879.87)	(611,968.06)	(188,808.25)	3,983,683.32	**(3,833,972.86)**
N180	(9,585,772.76)	6,560,508.96	(3,025,263.80)	[redacted]	[redacted]	4,491,506.03	**1,466,242.23**
Ottawa	(2,694,284.25)	2,683,499.04	(10,785.21)	[redacted]	[redacted]	1,127,231.59	**1,116,446.38**
West MI CMH	(1,553,543.23)	1,132,793.78	(420,749.45)	(764,325.43)	(419,237.19)	977,155.74	**(627,156.33)**
Total (Due To)/Due From CMHSP	**(25,084,736.53)**	**15,533,337.46**	**(9,551,399.08)**	**(1,376,293.49)**	**(608,045.44)**	**11,095,249.36**	**(440,488.65)**

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

- **ISF/Medicaid Savings Estimate –**

ISF/Savings Estimates thru April 2023
FY2023
6/21/2023

Medicaid	Healthy Michigan	Total	
$ 23,016,692.00	$ 5,233,397.00	$ 28,250,089.00	Projected FY22 ISF Ending Balance
$ 9,024,818.00	$ 9,808,574.00	$ 18,833,392.00	Projected FY22 Savings Ending Balance
$ 2,513,385.00	$ (864,609.00)	$ 1,648,776.00	Projected FY23 ISF Contribution
$ (5,677,000.00)	$ 8,439,655.00	$ 2,762,655.00	Projected FY23 Savings Contribution
$ 28,877,895.00	**$ 22,617,017.00**	**$ 51,494,912.00**	**Total Projected FY23 ISF/Savings Ending Balance**
$ 25,530,077.00	$ 4,368,788.00	$ 29,898,865.00	Total Projected FY23 ISF Ending Balance
$ 25,530,077.00	$ 4,368,788.00	$ 29,898,865.00	7.5% ISF Maximum Allowable Funding
$ -	**$ -**	**$ -**	**ISF Over (Under) Maximum**
		$ 21,596,047.00	Total Projected FY23 Savings Ending Balance
		$ 20,032,239.55	5% Savings Maximum Allowable Funding (Band 1)
		$ 9,866,625.45	2.5% Savings Maximum Allowable Funding (Band 2)
		$ 29,898,865.00	Total Savings Maximum Allowable Funding
		$ (8,302,818.00)	**Savings Over (Under) Maximum**
		$ 51,494,912.00	Total Projected ISF/Savings FY23 Ending Balance
		$ 59,797,730.00	Maximum Allowable Funding
		$ (8,302,818.00)	**ISF/Savings Over (Under) Maximum**

This report is for internal use only. It has not been audited, no assurance is provided.

- **FY 2023 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are below. The FY23 May revenue projection includes an overall decrease of approximately $429,801 from the April projections. The revenue reduction is attributable to a projected decrease in eligibility as Medicaid eligibility re-determinations resume following the end of the Federal Public Health Emergency. Regional enrollment declined by 0.38%. This is first and largest decline in enrollment for the region since February 2020. Revenue is expected to decrease $5.9 million due to eligibility, which is offset by a projected $2.8 million Direct Care Wage increase.

FY 2023 Revenue Projection

Total LRE

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY22 to FY23 Initial Change	FY22 to FY23 Initial % 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%	$ 230,340,417	$ 17,205,391	8.07%	$ (163,331)	-0.07%
MCD - SUD	$ 8,189,247	$ 8,922,063	$ 732,815	8.95%	$ 9,890,977	$ 1,701,730	20.78%	$ 968,915	10.86%
HMP - MH	$ 32,718,689	$ 35,267,839	$ 2,549,150	7.79%	$ 37,483,064	$ 4,764,375	14.56%	$ 2,215,225	6.28%
HMP - SUD	$ 18,646,066	$ 20,373,667	$ 1,727,601	9.27%	$ 18,703,328	$ 57,263	0.31%	$ (1,670,338)	-8.20%
Autism	$ 41,587,466	$ 44,763,182	$ 3,175,717	7.64%	$ 43,325,454	$ 1,737,989	4.18%	$ (1,437,728)	-3.21%
Waiver	$ 41,989,313	$ 46,509,162	$ 4,519,850	10.76%	$ 44,985,731	$ 2,996,418	7.14%	$ (1,523,432)	-3.28%
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%
ISF	$ 28,393,407	$ -	$ (28,393,407)	-100.00%	$ -	$ (28,393,407)	-100.00%	$ -	
IPA	$ 4,711,498	$ 4,902,840	$ 191,342	4.06%	$ 4,912,022	$ 200,524	4.26%	$ 9,182	0.19%
Total Region	**$ 401,822,082**	**$ 399,693,525**	**$ (2,128,557)**	**-0.53%**	**$ 403,563,550**	**$ 1,741,468**	**0.43%**	**$ 3,870,025**	**0.97%**

Total CMHSPs

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY22 to FY23 Initial Change	FY22 to FY23 Initial % 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%	$ 34,164,052	$ 2,525,902	7.98%	$ 62,241	0.18%
Healthwest	$ 70,438,581	$ 80,471,573	$ 10,032,992	14.24%	$ 80,001,875	$ 9,563,294	13.58%	$ (469,698)	-0.58%
Network180	$ 180,590,423	$ 190,822,853	$ 10,232,430	5.67%	$ 189,798,651	$ 9,208,229	5.10%	$ (1,024,201)	-0.54%
Ottawa	$ 49,281,634	$ 53,873,029	$ 4,591,395	9.32%	$ 54,008,149	$ 4,726,515	9.59%	$ 135,120	0.25%
West Michigan	$ 24,317,020	$ 27,070,395	$ 2,753,376	11.32%	$ 26,756,244	$ 2,439,224	10.03%	$ (314,151)	-1.16%
Total CMHSPs	**$ 356,265,807**	**$ 386,339,661**	**$ 30,073,854**	**8.44%**	**$ 384,728,971**	**$ 28,463,164**	**7.99%**	**$ (1,610,690)**	**-0.42%**

Average PMPM

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change
Allegan	$ 97.34	$ 100.97	$ 100.53	$ (0.44)
Healthwest	$ 92.56	$ 101.53	$ 101.90	$ 0.38
Network180	$ 89.80	$ 91.31	$ 90.72	$ (0.58)
Ottawa	$ 87.08	$ 90.89	$ 88.98	$ (1.91)
West Michigan	$ 89.29	$ 95.99	$ 96.04	$ 0.05
Total CMHSPs	**$ 90.53**	**$ 94.34**	**$ 93.78**	**$ (0.57)**

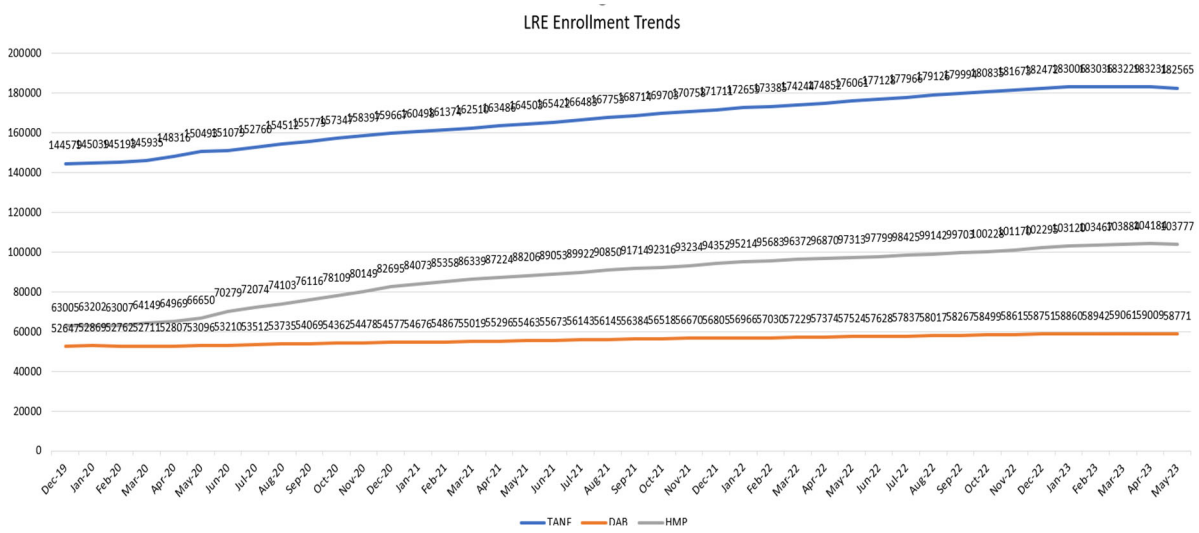
Member Month Projection

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change
Allegan	325,041	337,728	339,823	2,095
Healthwest	761,004	792,624	785,074	(7,550)
Network180	2,010,987	2,089,944	2,092,130	2,186
Ottawa	565,936	592,704	606,947	14,243
West Michigan	272,333	282,012	278,589	(3,423)
Total Member Months	**3,935,299**	**4,095,012**	**4,102,563**	**7,551**

CMHSPs Breakdown

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change
MCD - MH				
Allegan	$ 18,459,689	$ 18,969,153	$ 19,115,338	$ 146,185
Healthwest	$ 43,665,225	$ 46,816,052	$ 46,653,327	$ (162,725)
Network180	$ 106,890,686	$ 117,079,439	$ 116,793,226	$ (286,213)
Ottawa	$ 28,593,576	$ 30,887,650	$ 31,216,544	$ 328,894
West Michigan	$ 15,525,850	$ 16,751,454	$ 16,561,982	$ (189,473)
Total MCD - MH	**$ 213,135,026**	**$ 230,503,748**	**$ 230,340,417**	**$ (163,331)**
MCD - SUD				
Allegan	$ 671,848	$ 730,726	$ 801,958	$ 71,232
Healthwest	$ 1,749,475	$ 1,897,354	$ 2,103,813	$ 206,459
Network180	$ 4,108,629	$ 4,481,652	$ 4,973,273	$ 491,620
Ottawa	$ 1,038,301	$ 1,138,491	$ 1,266,273	$ 127,783
West Michigan	$ 620,994	$ 673,840	$ 745,661	$ 71,821
Total MCD - SUD	**$ 8,189,247**	**$ 8,922,063**	**$ 9,890,977**	**$ 968,915**
HMP - MH				
Allegan	$ 2,508,410	$ 2,697,512	$ 2,839,931	$ 142,418
Healthwest	$ 6,590,924	$ 7,106,018	$ 7,438,839	$ 332,821
Network180	$ 16,644,528	$ 17,910,233	$ 19,140,564	$ 1,230,331
Ottawa	$ 4,645,779	$ 5,066,277	$ 5,457,730	$ 391,453
West Michigan	$ 2,329,049	$ 2,487,798	$ 2,606,000	$ 118,201
Total HMP - MH	**$ 32,718,689**	**$ 35,267,839**	**$ 37,483,064**	**$ 2,215,225**
HMP - SUD				
Allegan	$ 1,412,762	$ 1,541,824	$ 1,414,519	$ (127,305)
Healthwest	$ 3,868,962	$ 4,222,890	$ 3,843,955	$ (378,934)
Network180	$ 9,498,255	$ 10,362,966	$ 9,510,319	$ (852,648)
Ottawa	$ 2,525,248	$ 2,794,857	$ 2,595,881	$ (198,975)
West Michigan	$ 1,340,839	$ 1,451,130	$ 1,338,654	$ (112,475)
Total HMP - SUD	**$ 18,646,066**	**$ 20,373,667**	**$ 18,703,328**	**$ (1,670,338)**
Autism				
Allegan	$ 3,522,099	$ 3,937,779	$ 3,852,928	$ (84,852)
Healthwest	$ 4,686,111	$ 9,028,145	$ 8,919,456	$ (108,689)
Network180	$ 25,577,745	$ 22,522,287	$ 21,676,613	$ (845,674)
Ottawa	$ 6,155,560	$ 6,591,085	$ 6,356,106	$ (234,979)
West Michigan	$ 1,645,950	$ 2,683,886	$ 2,520,352	$ (163,534)
Total Autism	**$ 41,587,466**	**$ 44,763,182**	**$ 43,325,454**	**$ (1,437,728)**
Waiver				
Allegan	$ 5,063,342	$ 6,224,816	$ 6,139,380	$ (85,436)
Healthwest	$ 9,877,884	$ 11,401,115	$ 11,042,484	$ (358,630)
Network180	$ 17,870,579	$ 18,466,274	$ 17,704,656	$ (761,618)
Ottawa	$ 6,323,169	$ 7,394,670	$ 7,115,614	$ (279,056)
West Michigan	$ 2,854,338	$ 3,022,287	$ 2,983,596	$ (38,692)
Total Waiver	**$ 41,989,313**	**$ 46,509,162**	**$ 44,985,731**	**$ (1,523,432)**

- **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 – May 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).



- **Funding Issues –** Bruce Bridges presented the following updated data at the 6/22/2023 CMHAM Contract and Financial Issues (CFI) meeting:

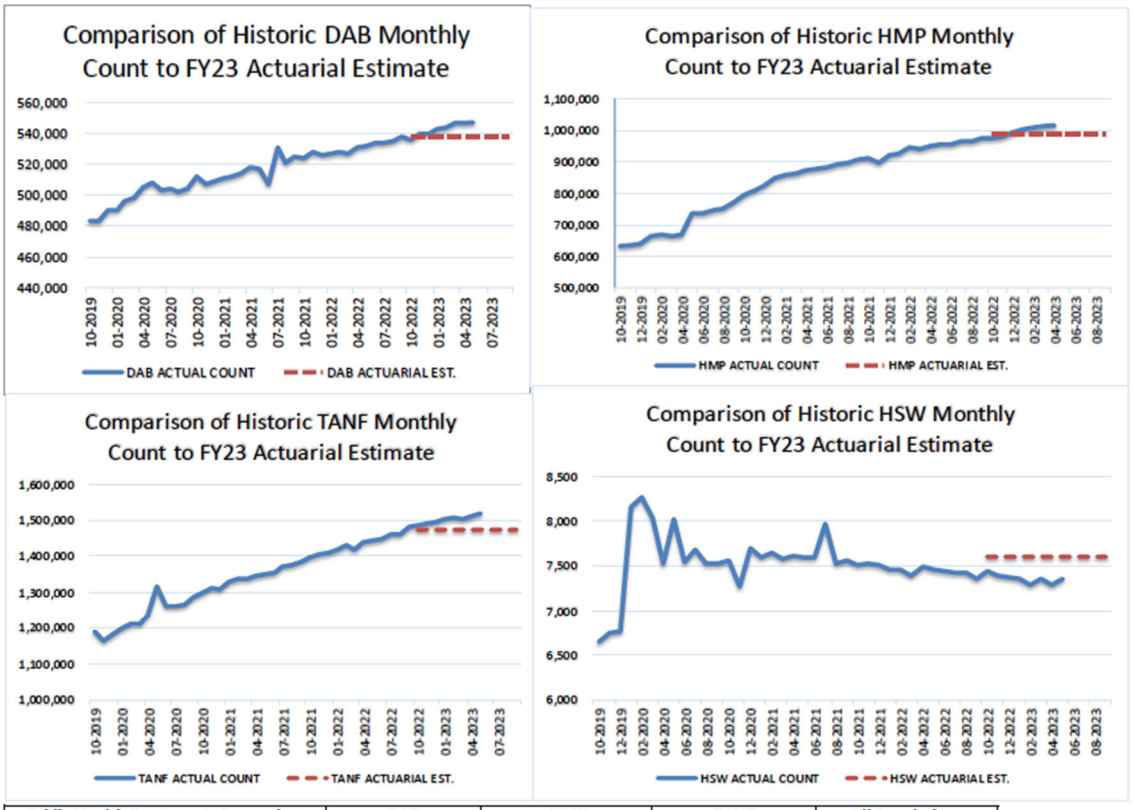
Community Mental Health Association of Michigan - Comparison of Actuarial Projected Funding versus Actual Funding Advances FY23

As of: 6/8/23

Funding per Date Comparison *	YTD of Projected Funding in Certification	Actual Advanced on A YTD Basis	Number of Months of Advances	Year to Date Over+ & (Under -)	Percentage Advanced
DAB Capitation Behavioral Health	$ 1,318,207,320	$ 1,315,977,038	8	($2,230,282)	99.8%
DAB Capitation Substance Use Disorder	$ 27,733,333	$ 26,788,470	8	($944,863)	96.6%
TANF Capitation Behavioral Health	$ 271,326,516	$ 275,039,812	8	$3,713,296	101.4%
TANF Capitation Substance Use Disorder	$ 31,333,333	$ 32,419,297	8	$1,085,963	103.5%
HSW,CWP, & SED Payments	$ 379,212,585	$ 364,306,942	8	($14,905,642)	96.1%
HMP Capitation Behavioral Health	$ 251,300,000	$ 253,180,782	7	$1,880,782	100.7%
HMP Capitation Substance Use Disorder	$ 98,525,000	$ 100,266,087	7	$1,741,087	101.8%
Autism all Populations	$ 180,000,000	$ 180,160,343	8	$160,343	100.1%
CCBHC Demonstration	$ 80,072,736	$ 69,048,676	8	($11,024,060)	86.2%
Total:	**$ 2,637,710,824**	**$ 2,617,187,448**	**8**	**($20,523,376)**	**99.2%**

Capitation Populations	*Projected Per Certification Document	Actual Paid Census	Difference	As a Percentage
DAB Average Population per month	537,992	543,135	5,143	101.0%
TANF Average Population per month	1,473,957	1,502,343	28,386	101.9%
HMP Average Population per month	987,416	998,812	11,396	101.2%
HSW Average paid per month	7,606	7,352	(255)	96.7%

** Population and funding projection is from pages 25 & 412 of the SFY Behavioral Health Capitation Rate Certfication Document and adjusted in May for added wage pass through amounts.*



Public Health Emergency Comparison	DAB	HMP	TANF	All Populations
Aprox. Monthly PHE Start Count	486,718	642,395	1,182,755	2,311,868
Current Actuarial Expectation Count/Mo.	537,992	987,416	1,473,957	2,999,365
Difference	51,274	345,021	291,203	687,498
% Higher than PHE Start:	11%	54%	25%	30%

Based on new guidance from the Centers for Medicare and Medicaid (CMS), the Medicaid deadline for re-enrollment, which was 6/30/23, has been extended to 7/31/23. The LRE developed projections for the decrease in enrollments and revenue that was to begin in June 2023 due to the end of the Public Health Emergency (PHE). That will now be revised based on this new deadline.

- **Rate Setting Update –** Per MDHHS at a Rate Setting Meeting on 5/25/23, the timeline of 2023 and 2024 rate setting activities is as follows:
    - July 10, 2023 Draft Rate Meeting excluding continuous eligibility expiration
    - August 2023 (date TBD) Final July to September 2023 and SFY 2024 Rates (including eligibility expiration/acuity adjustment)

- **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 May 31, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	**12,200.00**
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	**812.50**
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	GENERAL/OTHER TOTAL	**10,575.00**
10/31/2021	HEALTHWEST LIGITATION	5,368.74
3/31/2022	HEALTHWEST LIGITATION	2,016.00
4/30/2022	HEALTHWEST LIGITATION	9,388.80
6/24/2022	HEALTHWEST LIGITATION	13,782.40
3/31/2023	HEALTHWEST LIGITATION	6,992.00
4/30/2023	HEALTHWEST LIGITATION	3,743.20
	HEALTWEST LITIGATION TOTAL	**41,291.14**
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)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,328.80
	MANAGED CARE/MDHHS CONTRACT TOTAL	**310,188.16**
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
	NETWORK 180 LITIGATION TOTAL	**31,841.33**
	GRAND TOTAL	**$ 406,908.13**

LAKESHORE REGIONAL ENTITY

BOARD ACTION REQUEST
Subject: May 2023 Disbursements
Meeting Date: June 28, 2023

RECOMMENDED MOTION:

To approve the May 2023 disbursements of $42,537,777.02 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	$2,925,098.52
Healthwest	$7,335,346.10
Network 180	$19,538,455.87
Ottawa County CMH	$4,599,394.58
West Michigan CMH	$2,167,481.91
SUD Prevention Expenses	$494,694.29
Local Match Payment	$83,962.33
Hospital Reimbursement Adjuster (HRA)	$3,435,124.00
SUD Public Act 2 (PA2)	$118,553.37
Administrative Expenses	$1,839,666.05
Total:	**$42,537,777.02**

87.37% 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: 6/20/2023**

LAKESHORE REGIONAL ENTITY

Statement of Activities - Actual vs. Budget
Fiscal Year 2022/2023
As of Date: 4/30/23

Change in Net Assets	Year Ending 9/30/2023	4/30/2023		
	FY23 Budget *Amendment 1*	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	285,537,018	166,563,261	171,008,496	4,445,236
Autism Revenue	43,517,457	25,385,183	26,570,353	1,185,169
DHS Incentive	471,247	274,894	123,901	(150,993)
Healthy Michigan	62,732,364	36,593,879	35,167,869	(1,426,010)
Peformance Bonus Incentive	2,819,234	1,644,553	-	(1,644,553)
Hospital Rate Adjuster (HRA)	9,518,432	5,552,419	2,379,608	(3,172,811)
Local Match Revenue (Members)	1,007,548	587,736	419,812	(167,925)
CCBHC Supplemental Revenue	13,064,253	7,620,814	5,791,572	(1,829,242)
CCBHC General Funds	693,898	404,774	-	(404,774)
MDHHS Grants	13,155,178	7,673,854	4,287,862	(3,385,992)
PA 2 Liquor Tax	3,249,131	1,895,326	1,985,148	89,821
Non-MDHHS Grants: DFC	125,000	72,917	82,416	9,500
Interest Revenue	299,487	174,701	158,548	(16,153)
Miscellaneous Revenue	15,500	9,042	-	(9,042)
Total Operating Revenues	**436,205,747**	**254,453,352**	**247,975,583**	**(6,477,769)**
Expenditures				
Salaries and Fringes	3,871,353	2,258,289	2,420,577	162,288
Office and Supplies Expense	259,630	151,451	98,209	(53,242)
Contractual and Consulting Expenses	888,445	518,260	372,196	(146,063)
Managed Care Information System (PCE)	305,200	178,033	172,200	(5,833)
Legal Expense	242,153	141,256	155,135	13,879
Utilities/Conferences/Mileage/Misc Exps	8,355,776	4,874,203	155,541	(4,718,662)
Grants - MDHHS & Non-MDHHS	989,860	577,418	204,945	(372,473)
Taxes, HRA, and Local Match	15,503,880	9,043,930	8,643,669	(400,261)
Prevention Expenses - Grant & PA2	3,034,456	1,770,099	1,949,025	178,926
Contribution to ISF/Savings	-	-	-	-
Member Payments - Medicaid/HMP	356,798,513	208,132,466	207,656,930	(475,536)
Member Payments - CCBHC Capitation	20,545,519	11,984,886	13,330,840	1,345,954
Member Payments - CCBHC Supplemental	13,064,253	7,620,814	3,346,306	(4,274,509)
Member Payments - CCBHC General Funds	693,898	404,774	-	(404,774)
Member Payments - PA2 Treatment	2,001,942	1,167,800	427,887	(739,913)
Member Payments - Grants	9,650,869	5,629,674	3,630,330	(1,999,343)
Total Expenditures	**436,205,747**	**254,453,352**	**242,563,789**	**(11,889,563)**
Total Change in Net Assets	**-**	**-**	**5,411,794**	**5,411,794**

Statement of Activities
Budget to Actual Variance Report

For the Period ending April 30, 2023

As of Date: 4/30/23

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	This revenue will be received quarterly beginning in April. Amounts are based on encounter data that supports services to Foster Care and CPS children.
Healthy Michigan	N/A - Closely aligned with the current budget projections.
Peformance 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. Third quarter payment is expected in quarter four.
Local Match Revenue	Local match requirement for FY23 was reduced.
CCBHC Supplemental Revenue	Rates are expected to decrease for FY23. Will be monitored for adjustments during the next amendment when MDHHS provides the new rates.
CCBHC General Funds	Last fiscal year this revenue was received in quarter four.
MDHHS Grants	SUD grant payments changed to quarterly in FY23. Recent allocation increases will be drawn down as the year goes on.
PA 2 Liquor Tax	PA2 revenues are received after the Department of Treasury issues payments to the counties. More payments are expected for 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. Recent budget amendment adjusted for this increase.
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	Increase in recent activity puts these expenditures above target. Expenditures are expected to balance out and be within budget.
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	Proposed amendments will result in a closer alignment of budget to actual in this category.
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 Capitation	Due to recent rate changes, this line item will be monitored for a possible budget amendment.
Member CCBHC Supplemental	CCBHC PPS-1 Supplemental Payments are based on actual eligible daily visits reported. PPS-1 rates were decreased retroactively for FY23. A budget amendment is likely needed.
Member CCBHC GF	Last fiscal year MDHHS did not allow billings against this category until quarter four.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending will be monitored to assess deferrals for future use.
Member Grant Payments	Proposed amendments will result in a closer alignment of budget to actual in this category.

Includes Medicaid, Autism and Healthy Michigan activity only.
Does not inlcude Grant, General Funds, Local or other funding..

LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2023
April 2023 Reporting Month
Reporting Date: 06/21/2023

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP Revenue							
Medicaid	29,685,414	78,239,868	14,750,098	19,490,736	8,784,142	2,622,600	153,572,858
Autism	5,436,695	13,261,693	2,357,993	3,324,141	1,546,834	334,096	26,261,452
Healthy Michigan	5,900,779	17,409,052	2,584,850	4,156,269	(115,611)	417,162	30,352,500
Total Distributed Medicaid/HMP Revenue	41,022,888	108,910,613	19,692,941	26,971,146	10,215,365	3,373,858	210,186,810
Capitated Expense							
Medicaid	28,430,165	82,124,455	14,999,831	19,308,423	8,814,709	2,622,600	156,300,182
Autism	1,414,199	13,908,750	1,155,039	2,647,951	451,202	334,096	19,911,237
Healthy Michigan	4,972,946	13,900,826	2,331,670	2,565,330	673,852	417,162	24,861,787
Total Capitated Expense	34,817,310	109,934,031	18,486,540	24,521,704	9,939,763	3,373,858	201,073,206
Actual Surplus (Deficit)	6,205,577	(1,023,418)	1,206,401	2,449,442	275,602	-	9,113,604
% Variance	15.13%	-0.94%	6.13%	9.08%	2.70%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	HealthWest has updated their projected to exclude grant revenue accurals not received yet.	Less than threshold for explanation	Spending is in line with board approved budget and initial spending plan. Surplus has decreased slightly from prior month, as expected.	Mid-year FY23 contracted and internal rates increases continue to narrow gap between revenues and expenses. Updated Spending Plan based on mid-year budget projection.	Less than threshold for explanation	Less than threshold for explanation	

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of:							
April							
Medicaid	48,610,359	139,802,880	26,147,713	39,715,797	13,885,036	14,563,480	282,725,265
Autism	8,914,688	21,667,027	3,850,936	6,352,937	2,519,256	1,986,944	45,291,788
Healthy Michigan	8,563,571	28,569,975	4,242,517	8,030,827	1,590,865	2,284,155	53,281,911
Total Projected Medicaid/HMP Revenue	66,088,618	190,039,881	34,241,167	54,099,561	17,995,157	18,834,579	381,298,964
	-	-	-	-	-	-	
Expense Projections							
Medicaid	50,247,619	143,705,647	27,354,516	40,534,844	15,015,013	14,563,480	291,421,119
Autism	4,075,184	23,779,953	2,212,105	6,352,937	1,352,427	1,986,944	39,759,549
Healthy Michigan	7,885,618	24,180,970	3,979,674	5,878,693	1,497,756	2,284,155	45,706,866
Total Capitated Expense Projections	62,208,421	191,666,569	33,546,295	52,766,474	17,865,195	18,834,579	376,887,533
Projected Surplus (Deficit)	3,880,197	(1,626,688)	694,872	1,333,087	129,963	-	4,411,431
% Variance	5.87%	-0.86%	2.03%	2.46%	0.72%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	HealthWest projected revenue increased by $373,759 during the month of April. This increased the projected surplus variance by 0.53%. The HealthWest Spending Plan amendment was put on hold until the new Director was hired. With our new Director in place, HealthWest will be bringing a new Spending Plan to the LRE in July.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	

PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	12/8/2022	9/19/2022	10/18/2022	6/9/2023	6/9/2023		
Medicaid/HMP Revenue							
Medicaid	50,592,580	138,477,148	26,226,787	37,997,693	13,748,030	14,637,966	281,680,204
Autism	8,877,222	21,807,343	3,848,342	6,663,994	2,533,303	1,962,200	45,692,404
Healthy Michigan	9,801,631	28,885,568	4,320,883	8,381,507	1,583,863	2,239,706	55,213,158
Total Budgeted Medicaid/HMP Revenue	69,271,433	189,170,059	34,396,012	53,043,194	17,865,195	18,839,873	382,585,766
Capitated Expense							
Medicaid	52,832,547	136,680,342	26,869,897	40,534,844	15,015,013	14,637,966	286,570,609
Autism	2,409,949	22,686,387	1,961,305	6,002,636	1,352,427	1,962,200	36,374,903
Healthy Michigan	8,177,941	27,916,973	3,063,222	5,878,693	1,497,756	2,239,706	48,774,291
Total Budgeted Capitated Expense	63,420,437	187,283,702	31,894,424	52,416,174	17,865,195	18,839,873	371,719,804
	-	-	-	-	-	-	
Budgeted Surplus (Deficit)	5,850,996	1,886,358	2,501,588	627,021	0	-	10,865,962
% Variance	8.45%	1.00%	7.27%	1.18%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HealthWest has updated their spending plan and is waiting to present it once our leadership team and board has had a chance to review and approve.	Less than threshold for explanation	Based on Board approved budget.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	

Variance between Projected and Proposed Spending Plan	(1,970,799)	(3,513,046)	(1,806,716)	706,067	129,962	-	(6,454,531)
% Variance	-2.85%	-1.86%	-5.25%	1.33%	0.73%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Largely due to a revenue decrease.	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. Projection matches LRE revenue projection, which was finalized after the N180 Board approved budget	Budget was prepared at the beginning of the year before SUD rate changes were known.	Less than threshold for explanation	Less than threshold for explanation		

CCBHC Activity is for LRE activity only. Does not reflect the activity at the CCBHC level due to different reporting requirements for the PIHP vs. the CCBHC.

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2023
April 2023 Reporting Month
Reporting Date: 06/21/2023

CCBHC ACTIVITY

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP CCBHC Revenue							
Medicaid CCBHC Base Capitation	6,628,068				3,768,344		10,396,412
Medicaid CCBHC Supplemental	2,351,122				1,059,913		3,411,035
Healthy Michigan CCBHC Base Capitation	1,567,734				1,366,694		2,934,428
Healthy Michigan CCBHC Supplemental	739,790				421,951		1,161,741
Total Distributed Medicaid/HMP CCBHC Revenue	11,286,714	-	-	-	6,616,902	-	17,903,616
Capitated CCBHC Expense							
Medicaid CCBHC	8,979,190				4,828,257		13,807,447
Healthy Michigan CCBHC	2,307,524				1,788,645		4,096,169
Total Capitated CCBHC Expense	11,286,714	-	-	-	6,616,902	-	17,903,616
Actual CCBHC Surplus (Deficit)	-	-	-	-	-	-	-
% Variance	0.00%				0.00%		
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	11,362,402				6,460,018		17,822,420
Medicaid CCBHC Supplemental	4,030,494				1,816,994		5,847,489
Healthy Michigan CCBHC Base Capitation	2,687,544				2,342,903		5,030,447
Healthy Michigan CCBHC Supplemental	1,268,212				723,345		1,991,556
Total Projected Medicaid/HMP CCBHC Revenue	19,348,652				11,343,261	-	30,691,913
Capitated CCBHC Expense Projections							
Medicaid CCBHC	15,392,896				8,277,013		23,669,909
Healthy Michigan CCBHC	3,955,756				3,066,248		7,022,004
Total Capitated CCBHC Expense Projections	19,348,652	-	-	-	11,343,261	-	30,691,913
Projected CCBHC Surplus (Deficit)	-	-	-	-	-	-	-
% Variance	0.00%				0.00%		
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				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	9/19/2022	10/18/2022	6/9/2023	6/9/2023		
Medicaid/HMP Revenue							
Medicaid CCBHC Base Capitation	9,239,326				6,463,513		15,702,839
Medicaid CCBHC Supplemental	4,126,582				1,978,533		6,105,115
Healthy Michigan CCBHC Base Capitation	1,747,430				2,360,375		4,107,805
Healthy Michigan CCBHC Supplemental	1,369,610				731,510		2,101,120
Total Budgeted Medicaid/HMP CCBHC Revenue	16,482,949				11,533,930	-	28,016,879
Capitated Expense							
Medicaid CCBHC	13,365,909				8,442,045		21,807,954
Healthy Michigan CCBHC	3,117,041				3,091,885		6,208,925
Total Budgeted Capitated CCBHC Expense	16,482,949				11,533,930	-	28,016,879
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		
Variance between CCBHC Projected and Proposed Spending Plan	-				-	-	-
% Variance	0.00%				0.00%		
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		

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

Policy 1.1

POLICY TITLE:	CONFLICT OF INTEREST	POLICY #: 1.1	
Topic Area:	**GENERAL MANAGEMENT**		**REVIEW DATES**
Applies to:	LRE Operations, LRE Staff, LRE Board of Directors, All CMHSP Programs, LRE Provider Network	**ISSUED BY:** Chief Executive Officer	11/21/13 / 1/1/2015
		APPROVED BY: Board of Directors	7/1/2019 / 12/16/21
Developed and Maintained by:	LRE Chief Executive Officer		
Supersedes:	N/A	**Effective Date:** 1/1/2014	**Revised Date:** 12/16/21

I. PURPOSE

The purpose of this policy (the "Policy") is to provide an effective oversight process to protect the interests of the LRE when contemplating a transaction, arrangement, proceeding or other matter that might benefit the private interest of an individual or another entity. The Policy accomplishes this objective by defining Conflict of Interest, identifying individuals subject to this Policy, facilitating the disclosure of actual and potential Conflicts of Interest and Financial Interests and setting forth procedures to manage Conflicts of Interest. This Policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interests in governmental entities or charitable, tax exempt, nonprofit organizations.

II. POLICY

It shall be the policy of Lakeshore Regional Entity (LRE) to provide a means for any Covered Person to identify and report to the LRE's Board of Directors (the "Board") any direct or indirect Financial Interest and any actual or potential Conflict of Interest and, based on that information, to permit the Board to review such Financial Interests and Conflicts of Interest and provide a process for the Board to follow when managing Conflicts of Interest, all in accordance with applicable law.

DUTIES OF COVERED PERSONS:

Duty of Care: Every Covered Person shall act in a reasonable and informed manner and perform his or her duties for the LRE in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances.

Duty of Loyalty: Every Covered Person owes a duty of loyalty to act at all times in the best interest of the LRE and not in the interest of the Covered Person or any other entity or person. No Covered Person may personally take advantage of a business opportunity that is

offered to the LRE unless the Board of Directors determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

Conflicts of Interest: No Covered Person may engage in any transaction, arrangement, proceeding or other matter or undertake positions with other organizations that involve a Conflict of Interest, except in compliance with this Policy. Covered Persons should avoid not only actual but the appearance of Conflicts of Interest as well. Every Covered Person shall:

A. Disclose all financial interests as set out below.
B. Unless a Conflict-of-Interest Waiver has been granted, recuse himself/herself from voting on any transaction, arrangement, proceeding or other matter in which he/she has a Financial Interest, and not be present when any such vote is taken; and
C. Comply with any restrictions or conditions stated in any Conflict-of-Interest Waiver granted for the Covered Person's activities.

Duty to Disclose: Each Covered Person has a duty to disclose to the Board the existence of a Financial Interest and all related material facts.

Disclosure of Financial Interests:

A. Each Covered Person shall submit in writing to the Entity's Chief Executive Officer an Annual Financial Interest Disclosure Statement (Attachment A) listing all Financial Interests and affirming compliance with the Conflict-of-Interest Policy.
B. Each Covered Person shall update his/her Annual Financial Interest Disclosure Statement each year on the date designated by the Board for updating, and promptly when any new Financial Interests or potential Conflicts of Interest arise. The Chairperson of the Board shall review and become familiar with all submitted Financial Interest Disclosure Statements and updates in order to guide his/her conduct regarding the disclosed information. The Vice Chairperson of the Board shall review and become familiar with the Financial Interest Disclosure Statement submitted by the Chairperson of the Board.
C. The Board of Directors may request that a Covered Person(s) appear before the Board or submit written information to supplement or to answer questions regarding information disclosed on the Annual Financial Interest Disclosure Statement.

Addressing Financial Interests and Conflicts of Interest:

A. **Board Deliberation**:
   After disclosing the Financial Interest, together with any additional oral or written presentation of material or discussion requested by the Board, the Interested Person shall leave the Board meeting while the Board discusses the information and votes regarding how to manage the Conflict of Interest and whether or not to grant a waiver. The Interested Person shall not take part in the Board's due diligence deliberations.
B. **Appointment of Disinterested Person**:

If the Board determines it is advisable, the Board may appoint a disinterested person to conduct further investigation regarding the reported Financial Interest and Conflict of Interest and make a report back to the Board.

C. **Board Vote:**

The Board, after exercising due diligence regarding the reported Financial Interest and Conflict of Interest, shall, by vote, make a determination as to whether or not the Entity can obtain a more advantageous transaction, arrangement, proceeding or other matter with reasonable efforts from another person or entity that would not involve the Interested Person, and the Financial Interest is so substantial as to be likely to affect the integrity of the services which the Entity may expect from the Interested Person. The Interested Person shall not take part in the Board's due diligence deliberations or any vote on how to manage the Conflict of Interest and whether or not to grant a waiver.

D. **Notice to Interested Person**:

If the Board determines, by majority vote of disinterested members, that it may, with reasonable efforts, obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Interested Person, it shall notify the Interested Person and may pursue such other transactions, arrangements, proceedings, or other matters or restrict the Interested Person's participation in the matter, as the Board determines appropriate.

E. **Granting a Conflict-of-Interest Waiver:**

If the Board determines that it is not able, with reasonable efforts, to obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Interested Person, and that the Financial Interest is not so substantial as to be likely to affect the integrity of the services which the Entity may expect from the Interested Person, the Board may vote to waive the potential Conflict of Interest and proceed with the proposed transaction, arrangement, proceeding or other matter and the Interested Person's participation in the matter. A Conflict-of-Interest Waiver shall be made in writing and signed by the Chairperson of the Board on the Entity's Conflict of Interest Waiver form (Attachment B). The Conflict-of-Interest Waiver may restrict the Interested Person's participation in the matter to the extent deemed necessary by the Board. Further, the Conflict-of-Interest waiver may cover all matters the Interested Person may undertake as part of his/her official duties with the Entity, without specifically enumerating such duties. All Conflict-of-Interest Waivers shall be issued prior to the Interested Person's participation in any transaction, arrangement, proceeding or other matter on behalf of the Entity.

F. **Factors for Consideration When Granting a Waiver:**

In making a determination as to whether a Financial Interest is substantial enough to be likely to affect the integrity of the Interested Person's services to the Entity, the Board shall consider, as applicable

The type of interest that is creating the disqualification (e.g. stock, bonds, real estate, cash payment, job offer or enhancement of a spouse's employment);

1. The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Interested Person, the Interested Person's relationship to that person;
2. The dollar value of the disqualifying Financial Interest, if known and quantifiable (e.g., amount of cash payment, salary of job to be gained or lost, change in value of securities);
3. The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its value in relationship to the individual's assets;
4. The nature and importance of the Interested Person's role in the matter, including the level of discretion which the Interested Person may exercise in the matter;
5. The sensitivity of the matter;
6. The need for the Interested Person's services; and
7. Adjustments which may be made in the Interested Person's duties that would eliminate the likelihood that the integrity of the Interested Person's services would be questioned by a reasonable person.

G. **Waivers Supported by Michigan Law:**

Michigan law specifically provides support for granting a waiver of a Conflict of Interest arising under the following Conflict of Interest exception scenarios:

1. A community mental health services program ("CMHSP") Board member may be a party to a contract with a CMHSP or administer or financially benefit from that contract, if the contract is between the CMHSP and the Entity;
2. A CMHSP Board member may also be a member of the Entity Board, even if the Entity has a contract with the CMHSP;
3. A CMHSP Board may approve a contract with the Entity, if a CMHSP Board member is also an employee or independent contractor of the Entity; and
4. CMHSP public officers (e.g., Board members, officers, executives and employees) may also be Board members, officers, executives and employees of the Entity, even if the Entity contracts with the CMHSP, subject to any prohibition imposed by the Michigan Department of Health and Human Services (MDHHS) in that regard.

H. **Reporting to the State:**

The LRE will promptly notify the Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration (BHDDA) in MDHHS if:

A. Any disclosures are made by providers with regard to the ownership or control by a person that has been convicted of a criminal offense described under sections 1128(a) and Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program 29 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001 (a)(1): or
B. Any staff member, director, or manager of the PIHP, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with the PIHP has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have

had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1))

Policy Enforcement

A. If the Board has reasonable cause to believe that a Covered Person has failed to disclose actual or potential Financial Interests or Conflicts of Interest, the Board shall inform the involved Covered Person of the basis for such belief and afford the Covered Person an opportunity to explain the alleged failure to disclose.
B. If, after hearing the Covered Person's response and after making such further investigation as may be required, the Board determines that the Covered Person has in fact failed to disclose and actual or potential Financial Interest or Conflict of Interest, the Board shall take appropriate corrective action.

Records of Proceeding

The minutes of the Board and all committees with Board-delegated powers shall contain:

A. The names of Covered Persons who disclosed or otherwise were found to have a Financial Interest, the nature of the Financial Interest, any due diligence investigation of the Financial Interest and potential Conflict of Interest, and the Board's decision with regard to the matter. If a written waiver of a Conflict of Interest is granted, a copy of the written waiver shall be attached to the minutes of the meeting at which it was granted.
B. The names of all persons who were present for discussion and votes related to the transaction or arrangement involved in the Financial Interest, a summary of the content of the discussion, including any alternatives proposed to the transaction or arrangement, and a record of any vote taken in connection with the matter.
C. If the Board grants a waiver of a Conflict of Interest, the waiver shall be in writing and shall be signed by the Chairperson of the Board, and shall describe the Financial Interest, the proceeding, transaction or matter to which the Financial Interest applies, the Interested Person's role in the proceeding, transaction or matter, and any restriction on the Interested Person's participation in the proceeding, transaction or matter.

Compensation Committees

A. A voting member of the Board or any Board committee whose scope of authority includes compensation matters and who receives compensation, directly or indirectly, from the LRE, is precluded from voting on matters pertaining to his/her own compensation from the LRE.
B. No voting member of the Board or any Board committee whose scope of authority includes compensation matters and who receives compensation, directly or indirectly, from the LRE, is prohibited, individually or as part of a group, from providing information to the Board or any committee regarding compensation.

Annual Financial Interest Disclosure Statement

Annually, on a date to be determined by the Board, each Covered Person shall complete, sign and date a Financial Interest Disclosure Statement. The Financial Interest Disclosure Statement affirms that the signor:

A. Has received a copy of this Policy;
B. Has read and understands this Policy;
C. Has agreed to comply with this Policy and the requirements of 42 CFR 455 Subpart B;
D. Has disclosed on the Financial Interest Disclosure Statement all Financial Interests which the signor currently may have in accordance with the information identified in 42 CFR 455 Subpart B; and
E. Will update the information on the Financial Interest Disclosure Statement promptly should a new Financial Interest arise, by completing a new Financial Interest Disclosure Statement.
F. Understands that the LRE is required to notify the MDHHS BHDDA Division of Program Development, Consultation and Contracts when any disclosures are made with regard to criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act.
G. Covered persons may submit a current copy of an equivalent disclosure statement previously completed for a CMHSP, provided the disclosure statement complies with the requirements of 42 CFR 455 Subpart B and the information disclosed remains accurate at the time of receipt by the LRE.

III. APPLICABILITY AND RESPONSIBILITY

A. Individuals covered under this Policy include:
   1. Members of the LRE's Board,
   2. LRE officers,
   3. Members of committees of the Board with delegated authority from the Board, and
   4. LRE employees, independent contractors or agents who are responsible for the expenditure of federal or state government funds in excess of $100 on behalf of the LRE.
B. These individuals are collectively referred to in this Policy as "Covered Person(s)."

IV. DEFINITIONS

BHDDA: Behavioral Health and Developmental Disabilities Administration
CMHSP: Community Mental Health Service Program.
Compensation: Compensation includes direct and indirect remuneration, in cash or in kind.
Conflict of Interest: A Conflict of Interest arises when a Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter for the LRE, in which the Covered Person, the Covered Person's Family Member, or an organization in which the Covered Person is serving as an officer, director, trustee or employee has a Financial Interest.
Covered Person: A person subject to the terms of this policy including MSHN Board members, Board Committee members, SUD-OPB members, Officers, Executives and staff.

Family Member: Spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great grandchildren and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest: A Covered Person has a Financial Interest if he or she has, directly or indirectly, actually or potentially, through a business, investment or through a Family Member:

C. an actual or potential ownership, control or investment interest in, or serves in a governance or management capacity for, an entity with which the LRE has a transaction, arrangement, proceeding or other matter;
D. an actual or potential compensation arrangement with any entity or individual with which the LRE has a transaction, arrangement, proceeding or other matter; or
E. an actual or potential ownership or investment interest in, compensation arrangement with, or serves in a governance or management capacity for, any entity or individual with which the LRE is contemplating or negotiating a transaction, arrangement, proceeding or other matter.
F. Compensation includes direct and indirect remuneration, in cash or in kind.

Interested Person: Is a Covered Person who has a Financial Interest.

MDHHS: Michigan Department of Health and Human Services

SUD: Substance Use Disorder

SUD-OPB: Substance Use Disorder Regional Oversight Policy Board responsible for planning, approval and monitoring of the region's use of Public Act 2 (PA2) (Liquor Tax) money, which is restricted to use in the County of fund origin and to be used expressly for SUD treatment and Prevention

V. RELATED POLICIES AND PROCEDURES

A. LRE Compliance Plan
B. Compliance Policies and Procedures
C. LRE Personnel Manual
D. LRE Board Policies and Procedures
E. LRE Provider Network Policies and Procedures

VI. LEGAL AUTHORITIES

The Policy is based on the following legal authorities:

- Mental Health Code, 1974 PA 258, MCL 300.1001 to 300.2106
- 1978 PA 566, MCL 15.181 to 15.185 (incompatible public offices)
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)
- 45 CFR Part 74 (Federal Procurement Regulations)
- 45 CFR Part 92 (Federal Procurement Regulations)
- 42 USC 1396a (Federal Medicaid Statute)
- Michigan Medicaid State Plan
- 18 USC 208 (Federal Conflict of Interest Statute)

- IRS Conflict of Interest Guidelines, Policies and Pronouncements for Charitable Tax Exempt Nonprofit Entities
- 42 CFR 455 Subpart B
- Section 1902 (a)(4)(C) and (D) of the Social Security Act: 41 U.S.C. Chapter 21 (formerly Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. §423): 18 U.S.C. §207: 18 U.S.C. §208: 42 CFR §438.58: 45 CFR Part 92: 45 CFR Part 74: 1978 PA 566: and MCL 330.1222.

VII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
11/21/2013	New Policy	Chief Executive Officer
1/1/2015	Annual Review	Chief Executive Officer
7/1/2019	Annual Review	Chief Executive Officer
12/16/21	Combined Policy/Procedure, Updated legal references/policies	Chief Executive Officer

ORGANIZATIONAL PROCEDURE

PROCEDURE # 1.1a		EFFECTIVE DATE	REVISED DATE
TITLE:	Conflict of Interest Procedure	January 1, 2014	
ATTACHMENT TO		REVIEW DATES	
POLICY #:	1.1	1/1/2015; 7/1/2019	
POLICY TITLE:	CONFLICT OF INTEREST		
CHAPTER:	GENERAL MANAGEMENT		

I. PROCEDURES

Duty to Disclose: Each Covered Person has a duty to disclose to the Board the existence of a Financial Interest and all related material facts.

Disclosure of Financial Interests:

(a) Each Covered Person shall submit in writing to the Entity's Chief Executive Officer an Annual Financial Interest Disclosure Statement (Attachment A) listing all Financial Interests and affirming compliance with the Conflict of Interest Policy.

(b) Each Covered Person shall update his/her Annual Financial Interest Disclosure Statement each year on the date designated by the Board for updating, and promptly when any new Financial Interests or potential Conflicts of Interest arise. The Chairperson of the Board shall review and become familiar with all submitted Financial Interest Disclosure Statements and updates in order to guide his/her conduct regarding the disclosed information. The Vice Chairperson of the Board shall review and become familiar with the Financial Interest Disclosure Statement submitted by the Chairperson of the Board.

(c) The Board of Directors may request that a Covered Person(s) appear before the Board or submit written information to supplement or to answer questions regarding information disclosed on the Annual Financial Interest Disclosure Statement.

Addressing Financial Interests and Conflicts of Interest - Board Deliberation.

After disclosing the Financial Interest, together with any additional oral or written presentation of material or discussion requested by the Board, the Interested Person shall leave the Board meeting while the Board discusses the information and votes regarding how to manage the Conflict of Interest and whether or not to grant a waiver. The Interested Person shall not take part in the Board's due diligence deliberations.

Appointment of Disinterested Person.

If the Board determines it is advisable, the Board may appoint a disinterested person to conduct further investigation regarding the reported Financial Interest and Conflict of Interest and make a report back to the Board.

Board Vote.

The Board, after exercising due diligence regarding the reported Financial Interest and Conflict of Interest, shall, by vote, make a determination as to whether or not the Entity can obtain a more advantageous transaction, arrangement, proceeding or other matter with reasonable efforts from another person or entity that would not involve the Interested Person, and the Financial Interest is so substantial as to be likely to affect the integrity of the services which the Entity may expect from the Interested Person. The Interested Person shall not take part in the Board's due diligence deliberations or any vote on how to manage the Conflict of Interest and whether or not to grant a waiver.

Notice to Interested Person. If the Board determines, by majority vote of disinterested members, that it may, with reasonable efforts, obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Interested Person.

Granting a Conflict of Interest Waiver.

If the Board determines that it is not able, with reasonable efforts, to obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Interested Person, and that the Financial Interest is not so substantial as to be likely to affect the integrity of the services which the Entity may expect from the Interested Person, the Board may vote to waive the potential Conflict of Interest and proceed with the proposed transaction, arrangement, proceeding or other matter and the Interested Person's participation in the matter.

(a) A Conflict of Interest Waiver shall be made in writing and signed by the Chairperson of the Board on the Entity's Conflict of Interest Waiver form (Attachment B).
(b) The Conflict of Interest Waiver may restrict the Interested Person's participation in the matter to the extent deemed necessary by the Board. Further, the Conflict of Interest waiver may cover all matters the Interested Person may undertake as part of his/her official duties with the Entity, without specifically enumerating such duties. All Conflict of Interest Waivers shall be issued prior to the Interested Person's participation in any transaction, arrangement, proceeding or other matter on behalf of the Entity.

Factors for Consideration When Granting a Waiver.

In making a determination as to whether a Financial Interest is substantial enough to be likely to affect the integrity of the Interested Person's services to the Entity, the Board shall consider, as applicable:

(a) The type of interest that is creating the disqualification (e.g. stock, bonds, real estate, cash payment, job offer or enhancement of a spouse's employment);
(b) The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Interested Person, the Interested Person's relationship to that person;
(c) The dollar value of the disqualifying Financial Interest, if known and quantifiable (e.g., amount of cash payment, salary of job to be gained or lost, change in value of securities);
(d) The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its value in relationship to the individual's assets;

(e) The nature and importance of the Interested Person's role in the matter, including the level of discretion which the Interested Person may exercise in the matter;
(f) The sensitivity of the matter;
(g) The need for the Interested Person's services; and
(h) Adjustments which may be made in the Interested Person's duties that would eliminate the likelihood that the integrity of the Interested Person's services would be questioned by a reasonable person.

Waivers Supported by Michigan Law.

Michigan law specifically provides support for granting a waiver of a Conflict of Interest arising under the following Conflict of Interest exception scenarios:

(a) A community mental health services program ("CMHSP") Board member may be a party to a contract with a CMHSP or administer or financially benefit from that contract, if the contract is between the CMHSP and the Entity;
(b) A CMHSP Board member may also be a member of the Entity Board, even if the Entity has a contract with the CMHSP;
(c) A CMHSP Board may approve a contract with the Entity, if a CMHSP Board member is also an employee or independent contractor of the Entity; and
CMHSP public officers (e.g., Board members, officers, executives and employees) may also be Board members, officers, executives and employees of the Entity, even if the Entity contracts with the CMHSP, subject to any prohibition imposed by the Michigan Department of Community Health in that regard.

Policy Enforcement

If the Board has reasonable cause to believe that a Covered Person has failed to disclose actual or potential Financial Interests or Conflicts of Interest, the Board shall inform the involved Covered Person of the basis for such belief, and afford the Covered Person an opportunity to explain the alleged failure to disclose. If, after hearing the Covered Person's response and after making such further investigation as may be required, the Board determines that the Covered Person has in fact failed to disclose and actual or potential Financial Interest or Conflict of Interest, the Board shall take appropriate corrective action.

Records of Proceeding

The minutes of the Board and all committees with Board-delegated powers shall contain:

(a) The names of Covered Persons who disclosed or otherwise were found to have a Financial Interest, the nature of the Financial Interest, any due diligence investigation of the Financial Interest and potential Conflict of Interest, and the Board's decision with regard to the matter. If a written waiver of a Conflict of Interest is granted, a copy of the written waiver shall be attached to the minutes of the meeting at which it was granted.
(b) The names of all persons who were present for discussion and votes related to the transaction or arrangement involved in the Financial Interest, a summary of the content of the discussion, including any alternatives proposed to the transaction or arrangement, and a record of any vote taken in connection with the matter.

(c) If the Board grants a waiver of a Conflict of Interest, the waiver shall be in writing and shall be signed by the Chairperson of the Board, and shall describe the Financial Interest, the proceeding, transaction or matter to which the Financial Interest applies, the Interested Person's role in the proceeding, transaction or matter, and any restriction on the Interested Person's participation in the proceeding, transaction or matter.

Compensation Committees

(a) A voting member of the Board or any Board committee whose scope of authority includes compensation matters and who receives compensation, directly or indirectly, from the Entity, is precluded from voting on matters pertaining to his/her own compensation from the Entity.

(b) No voting member of the Board or any Board committee whose scope of authority includes compensation matters and who receives compensation, directly or indirectly, from the Entity, is prohibited, individually or as part of a group, from providing information to the Board or any committee regarding compensation.

Annual Financial Interest Disclosure Statement

Annually, on a date to be determined by the Board, each Covered Person shall complete, sign and date a Financial Interest Disclosure Statement. The Financial Interest Disclosure Statement affirms that the signor:

i. Has received a copy of this Policy;
ii. Has read and understands this Policy;
iii. Has agreed to comply with this Policy;
iv. Has disclosed on the Financial Interest Disclosure Statement all Financial Interests which the signor currently may have; and
v. Will update the information on the Financial Interest Disclosure Statement promptly should a new Financial Interest arise, by completing a new Financial Interest Disclosure Statement.