

Meeting Agenda
SUD OVERSIGHT POLICY BOARD
Wednesday, June 3, 2020 4:00 PM

MICROSOFT TEAMS MEETING

to join the meeting, please use this [link](#) or the link embedded in the calendar appointment
to participate via phone: (586) 482-8124 Conference ID: 573 715 605#

1. Call to Order – Chair
2. Roll Call/Introductions – Chair
3. Public Comment – Chair
4. Conflict of Interest – Chair
Opportunity for declaration by any member to whom it may apply
5. Review/Approval of Agenda – Chair (*Attachment 1*)
Suggested Motion: To approve the June 3, 2020 LRE Oversight Policy Board meeting agenda as presented
6. Review/Approval of Minutes – Chair (*Attachment 2*)
Suggested Motion: To approve the March 4, 2020 LRE Oversight Policy Board meeting minutes as presented
7. Regular Committee Business
 - a. Budget Status Report – Maxine Coleman
 - i. Statement of Activities – April 2020 (*Attachment 3*)
8. Old Business
 - a. Revised Bylaw Review and Approval (*Attachment 4*)
Suggested Motion: To adopt the Lakeshore Regional Entity Oversight Policy By-laws as amended.
9. New Business
 - a. Review Strategic Plan (*Attachment 5*)
10. SUD Director Update – Stephanie VanderKooi (*Attachment 6*)
 - a. Talk Sooner Update (*Attachment 7*)
 - b. Legislative Update (*Attachment 8*)
 - c. FY20 Funded Agency Prevention Guide (*Attachment 9*)

11. Data Reports

- a. Prevention Data (*Attachment 10*)
- b. Treatment Data (*Attachment 11*)

12. Regional Updates – Greg Hofman, LRE CEO; Mark DeYoung

13. Roundtable Discussion – Chair

14. Next Meeting – September 2, 2020 4:00 PM

Discussion: Virtual or larger venue to accommodate social distancing

15. Adjournment – Chair

Meeting Minutes (proposed)
SUD OVERSIGHT POLICY BOARD
 Wednesday, March 4, 2020 4:00 PM
 Board Room – CMH of Ottawa County
 12265 James Street, Holland, MI 49424

CALL TO ORDER – Chair

Mr. Sweeney, LRE Oversight Policy Board Chair, called the March 4, 2020 meeting to order at 4:00 p.m.

ROLL CALL/INTRODUCTIONS – Chair

NAME	ATTENDANCE			NAME	ATTENDANCE		
	Present	Absent	Phone		Present	Absent	Phone
Tom Antor		X		Bryan McKissack	X		
Shelly Cole-Mickens			x	Stan Ponstein	X		
Al Dannenberg		x		David Parnin	X		
Mark DeYoung	x			Molly Reid		x	
Marcia Hovey-Wright	x			Andrew Sebolt	X		
Richard Kanten	x			Sarah Sobel	X		
Kate Kesteloot-Scarborough	x			James Storey	X		
Rebecca Lange	x			Patrick Sweeney	x		
Dawn Martin		x					

PUBLIC COMMENT – Chair

No public comment

CONFLICT OF INTEREST – Chair

No conflicts declared

REVIEW/APPROVAL OF AGENDA – Chair

OPB 20-001 Motion: To approve the March 4, 2020 LRE Oversight Policy Board meeting agenda as presented

Moved by: Sebolt Support: Parnin

MOTION CARRIED

REVIEW/APPROVAL OF MINUTES – Chair (*Attachment 2*)

OPB 20-002 Motion: To approve the December 4, 2020 LRE Oversight Policy Board meeting minutes as presented

Moved by: Hovey-Wright Support: Ponstein

MOTION CARRIED

REGULAR COMMITTEE BUSINESS

Budget Status Report – Maxine Coleman

Statement of Activities – January 2020

Ms. Coleman reviewed the January 2020 SUD Financial statements, commenting on actual budget to variance due to additional grant funds received. SOR and Gambling Disorder Grant are within budget expectations. Budget amendment #1 will address these areas. The first FY2020 PA2 distribution is expected in April. Healthy Michigan is on target, Medicaid is slightly below expectations.

FY2020 Budget Amendment #1

OPB 20-003 Motion: To approve the amended allocation of PA2 funds as presented and recommends that the LRE Board of Directors approve the non-PA2 fund budgets for SUD services as presented

Moved by: DeYoung Support: Ponstein

Ms. Hovey-Wright declared a conflict of interest and abstained from this vote.

MOTION CARRIED

Budget Amendment #1 incorporates additional funding that was requested from the state for SOR and STR grant funding. Additional Gambling Disorders Grant and MiTYE funds were also received. SUD treatment funds also increased to each CMHSP. Ms. Coleman provided details of the amendment to both revenue and expenses.

OLD BUSINESS

No Old Business

NEW BUSINESS

Welcome new members

New members were not present. Dawn Martin replacing Joan Runnels; Tom Antor replacing Stan Stek

Election of officers 2020

Nominations for Chair:

Mr. Sebold nominated Mr. Sweeney to serve as chair

OPB 19-004 Motion: To close the nominations and appoint Patrick Sweeney as the 2020 Chairperson of the LRE Oversight Policy Board.

Moved: Ponstein Supported: Storey

MOTION CARRIED

Nominations for Vice - Chair:

OPB 19-005 Motion: To close the nominations and appoint Andrew Sebolt as the 2020 Vice-Chair of the LRE Oversight Policy Board.

Moved: Sobel Supported: Ponstein

MOTION CARRIED

Nominations for Secretary:

OPB 19-006 Motion: To close the nominations and appoint Sara Sebolt as the 2020 Secretary of the LRE Oversight Policy Board.

Moved: Sebold

Supported: Parnin

MOTION CARRIED

Bylaw Review

Meeting frequency – the state statute requires that the board meet twice per year. By-laws will be amended to state a minimum of twice per year. Meetings will be scheduled quarterly. Updated bylaws will be presented for review and approval in June.

Licensing application process

Quite often providers presenting to the OPB have already been granted a license. Is it beneficial to continue to invite providers to present to the Board? Ms. VanDerKooi recommended that license applications be forward to members for review via e-mail with a request to provide their recommendations or concerns within a defined time frame. Mr. Storey expressed concerns about making recommendations to LARA without formal action by the Board.

Mr. Sweeney suggested a two-tiered process: If there are no concerns with the application, proceed with forwarding a recommendation to LARA. However, if any Board member expresses concerns with an application, a formal vote would occur during the next meeting. Additionally, if concerns are noted, consideration might be given to contacting LARA to recommend that the decision be pended until the OPB has opportunity to review the application and meet with the provider.

It was recommended that Ms. VanDerKooi continue to invite providers to attend the meeting to introduce themselves and provide an overview of the program and service.

OPB 19-007 Motion: The LRE Oversight Policy Board will conduct an initial review of all SUD License applications. Applications will be distributed electronically and members will provide comment related to areas of concern within five business days. Noted concerns will be reported to LARA. Formal recommendations will not be submitted to LARA until such time as a presentation has been made to the Board by the applicants and formal action has been taken.

Moved: Ponstein

SUPPORT: Storey

MOTION CARRIED

Muskegon Family Care - Muskegon/HW Plan

Muskegon Family Care is ending operations. HealthWest has proposed assuming MAT services from that facility. They plan to hire a physician one day per week, plus a full-time clinician and case manager. It is expected that 20 – 50 individuals to be served. Funds have been approved and was shared with the OPB for information.

Change in Regional Prevention Service Providers

Cherry Health has requested to be released from their prevention services contract. Effective April 1, Kent County Health Department will assume the programs and services currently being provide by Cherry Health.

SUD DIRECTOR UPDATE – Stephanie VanderKooi

MDOC - Effective April 1, 2020, PIHPs will be responsible to manage the SUD population coming out of MDOC. Language has been added to the MDHHS/PIHP contract and this population has been designated as a priority population. Regional service descriptions have been developed. MDOC has been creating referral and reporting forms. LRE has had no success in obtaining information from MDOC related to the anticipated number to be served, making it difficult to understand budgetary impact. Update will be provided to the OPB in June. Services will only be provided to those who meet medical necessity.

Tobacco21 Legislation

- Federal Law in December increasing the age to purchase/use tobacco to 21. Michigan law is 18. States are not required to match the federal law. Michigan is delaying the law increasing the legal age from 18 to 21. Multiple bills have been introduced. A state meeting was held related to the bills.
- **SYNAR** – the details are not clear whether the age for checks will be 18 or 21.

Fifty-seven prevention agencies have signed on to the “Keep Michigan Tobacco Free” alliance and have suggested language additions to the bills. Ms. VanDerKooi inquired as to the Board’s desire to support this endeavor and be included on the list. Activity would include contacting bill sponsors and identifying specific issues from the legislation to bring to legislators.

The consensus of the Board is that they do not want to endorse the alliance. It was recommended that the alliance and bill sponsors be informed of specific concerns.

ACTION: Ms. VanDerKooi will draft questions to be submitted to Keep MI Kids Toabacco Free Alliance and will forward to the OBP members

Talk Sooner Campaign

GAIN Implementation – currently on hold

Vaping Prevention Strategies

Consideration is being given to developing a teen quit line and engaging in geo-fencing.

Gambling Disorder Regional Meeting July 29

Dr. Corey Waller Presentation

Data Reports

- a. Prevention Data
- b. Treatment Data

Most recent data through the end of February was provided

REGIONAL UPDATES – Greg Hofman, LRE CEO; Mark DeYoung

Mr. Hofman provided the following updates:

- LRE was notified in June 2019 that MDHHS planned to terminate the contract with LRE due to material breach. An appeal was requested and scheduled for October. Subsequent to that, the department invited negotiations rather than litigation. Since that time the LRE and MDHHS have been engaged in contract and settlement negotiations. These discussions have stalled on two key points that are preventing settlement: Board Governance model and settlement of past deficit. LRE is currently under a rolling 30-day contract with MDHHS.
- Beacon Health Options continues to provide managed care functions for the region
- Revenue for FY2020 was projected to increase up to 12 percent for the region. The state determined that they would only implement the increase at 50 percent in FY2020. Due to the reduced allocation along with issues with revenue, the current projected revenue deficit for the region is approximately \$10 million. This is a statewide issue and significant work is being done to ensure that the region is funded appropriately.
- Medicaid/HM Work requirements. Federal court has declared this to be illegal and will likely suspend any implementation of those requirements.
- MDHHS has been marketing their plan for system reform that would result in the elimination of the PIHPs and create Specialized Integrated Plans (SIPs) to be responsible for managing physical and behavioral health services for Medicaid enrollees.

ROUNDTABLE DISCUSSION – Chair

Mr. Ponstein: Debbie Stabinaw is involved in developing a bi-partisan bill toward getting Medicaid services available for individuals in the jail that have not been convicted.

Next Meeting – June 3, 2020 4:00 PM at CMH of Ottawa County

ADJOURNMENT – Chair

OPB 19-007 Motion: To adjourn the March 4, 2020 LRE Oversight Policy Board Meeting

Moved: Storey

Support: Ponstein

MOTION CARRIED

Mr. Sweeney adjourned the March 4, 2020 LRE Oversight Policy Board meeting at 5:48 PM

Patrick Sweeney, Chair

**Lakeshore Regional Partners
Substance Abuse Oversight Policy Board**

BYLAWS

I. Name/Legal Basis, Area, Authority

- A. Name/Legal Basis: This body shall be known as the Substance Use Disorder Oversight Policy Board for the Lakeshore Regional Entity, as specified by the Intergovernmental Contract established 10/1/2014 by and among the Lakeshore Regional Entity, d/b/a Lakeshore Regional Entity (“LRE”), Allegan County, Kent County, Lake County, Mason County, Muskegon County, Oceana County and Ottawa County.
- B. Area: The Substance Use Disorder Oversight Policy Board for the LRE shall be responsible for the geographic areas encompassed by Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.
- C. Authority: These Bylaws (including revisions as applicable) were adopted at a regular meeting of the Substance Use Disorder Oversight Policy Board for the LRE, and enable the capacity of the LRE to perform its functions under the provisions of the Michigan Mental Health Code (Public Act 258 of 1974, as amended). They provide for area-wide comprehensive planning, development and coordination of a regional array of publicly accessible substance abuse prevention and substance use disorder treatment and recovery support services. The provisions of these Bylaws are established consistent with the Intergovernmental Contract.

II. Purpose and Goals

- A. The Oversight Policy Board shall have the following functions and responsibilities:
 - 1. Approval of any portion of LRE’s budget that contains 1986 PA 2 (MCL 211.24e(11)), funds (“PA 2 Funds”) for the treatment or prevention of substance use disorders. PA 2 Funds are to be used for substance use disorder treatment and prevention in the Counties from which the PA 2 Funds originated; the Oversight Policy Board will use the definition of these services from Public Act 500 of 2012, which may be amended by the Legislature:
 - a. Substance use disorder prevention services are “services that are intended to reduce the consequences of substance use disorders in communities by preventing or delaying the onset of substance abuse and that are intended to reduce the progression of substance use disorders in individuals. Substance use disorder prevention is an ordered set of steps that promotes individual, family, and community health, prevents mental and behavioral disorders, supports resilience and recovery, and reinforces treatment principles to prevent relapse” (PA 500 of 2012, Sec. 100d(12)).

- b. Substance use disorder treatment and rehabilitation services are “identifiable recovery-oriented services including: (a) early intervention and crisis intervention counseling services for individuals who are current or former individuals with substance use disorder, (b) referral services for individuals with substance use disorder, their families, and the general public, and (c) planned treatment services, including chemotherapy, counseling, or rehabilitation for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs” (PA 500 of 2012, Sec. 100d(13)).
 - c. Recovery is defined as “a highly individualized process of healing and transformation where the individual gains control over his or her life. Related services include recovery management, recovery support services, recovery houses or transitional living programs, and relapse prevention. Recovery involves the development of a new meaning, purpose, and growing beyond the impact of addiction or a diagnosis. Recovery may include the pursuit of spiritual, emotional, mental, or physical well-being (PA 500 of 2012, Sec. 100c(14)).
- 2. Advise and make recommendations regarding LRE’s budgets for substance use disorder treatment or prevention using non PA 2 Funds;
- 3. Advise and make recommendations regarding contracts with substance use disorder treatment or prevention providers.
- 4. To be a voice for the various communities within the boundaries of the LRE relative to substance abuse issues and needs.
- 5. To evaluate financial performance of providers – for purposes of fiscal accountability as well as for purposes of helping providers to improve their capabilities to be effective.
- 6. To make recommendations for changes in policies or laws to improve efficient delivery of services to the population targeted for service with funds entrusted to the board.
- 7. To recognize exceptional providers and/or their staff for good things being done in the region.
- 8. To communicate with constituent counties – through OPB members, but also as an entity (e.g., develop meeting synopses that OPB members can use for local reports).
- 9. Assist LRE in carrying out the following statutory duties of LRE under MCL 330.1274, which may be amended by the Legislature:
 - a. Developing comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the Michigan Department of Health and Human Services.

- b. Reviewing and commenting to the Michigan Department of Licensing and Regulatory Affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
- c. Providing technical assistance for local substance use disorder service programs.
- d. Collecting and transferring data and financial information from local programs to the Michigan Department of Community Health.
- e. Submitting an annual budget request to the Department of Community Health for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the Department of Community Health.
- f. Making contracts necessary and incidental to the performance of the LRE's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
- g. Annually evaluating and assessing substance use disorder services in the LRE's region in accordance with guidelines established by the Department of Community Health.

III. Membership and Meetings

- A. Oversight Policy Board Membership: The Oversight Policy Board members shall be appointed by the county commissions of the respective counties in the geographic boundaries of the Lakeshore Regional Entity and in the following numbers:

Allegan County	2 persons
Kent County	7 persons
Lake County	1 person
Mason County	1 person
Muskegon County	2 persons
Oceana County	1 person
Ottawa County	3 persons
TOTAL	17 persons

Counties may also designate alternates for their appointed member(s).

- B. Term of Membership: To provide for proper continuity of membership and effective membership, the Lakeshore Regional Entity will request that county commissions aim to appoint members to the Oversight Policy Board who are able to commit to three (3) year terms (January to December).
- C. Cultural Competence: Oversight Policy Board members must support and respect the cultural diversity of the communities within geographic region of the Lakeshore Regional Entity, and shall foster positive engagement by welcoming and appreciating all persons who are involved with prevention, treatment and recovery support services, including persons who are themselves participating in such services and/or

who are in recovery or those who represent related constituencies such as education, health, and social services agencies; local foundations and advocacy organizations; members of the general public, including civic organizations and the business community.

- D. Staff Members: Staff support services for the Oversight Policy Board shall be provided by or through the Lakeshore Regional Entity.
- E. Terminations and Resignation:
 - 1. An Oversight Policy Board member who wishes to leave his or her appointment prior to the conclusion of his or her term must resign in writing to the Oversight Policy Board.
 - 2. The Oversight Policy Board may recommend that a County vacate the seat of any member of the Oversight Policy Board if the member is absent without notification from three (3) consecutive, regularly scheduled Oversight Policy Board meetings.
- F. Meetings: The Oversight Policy Board shall meet according to a schedule of meetings adopted at the last meeting of the previous year. The OPB will meet a minimum of twice per calendar year. Meetings shall be scheduled four (4) times per year, with additional meetings subject to the call of the Chairperson. At least 10 days' notice shall be given to all members of the Oversight Policy Board, licensed substance abuse service providers and the general public. Members may attend in person or via electronic means (e.g., teleconference).
- G. Voting and Quorum:
 - 1. A simple majority (1/2) of the total number of appointed members is a quorum; seats that are vacant without appointed members do not count in the total.
 - 2. A simple majority (1/2) of those present at any meeting is all that is required to take actions, adopt motions, etc. ... provided a quorum is present as described above.
 - 3. A super-majority of two-thirds (2/3) of the total number of appointed members is required to approve changes in Bylaws; seats that are vacant without appointed members do not count in the total.
- H. Absences: Members who will be absent from a scheduled meeting are expected to notify the chairperson/designee of their anticipated absence, ordinarily at least 24 hours in advance of the meeting.
- I. Conflict of Interest: Any Oversight Policy Board member with a conflict of interest (defined as the personal impact on the member, a family member, or a business associate) from any item coming before the Oversight Policy Board shall announce the conflict and refrain from participating in the discussion and from voting on the subject item.

IV. Officers

- A. Election: The Oversight Policy Board shall have three (3) officers: Chairperson, Vice-Chairperson, and Secretary. These officers shall be elected by the Oversight Policy Board from among its members at the first meeting held after January 1 of each year.
- B. Term of Office: Officers shall serve for a period of one year, commencing with a meeting of the Oversight Policy Board to be held each year for the purpose of electing officers. Officers shall assume their offices immediately upon election.
- C. Chairperson: The Chairperson shall preside at all meetings of the Oversight Policy Board and may form such committees as are necessary to assist in the execution of the functions and responsibilities of the Oversight Policy Board.
- D. Vice-Chairperson: The Vice-Chairperson shall assume the responsibilities of the Chairperson in the event of his/her absence. Should the active Chairperson vacate his/her seat or should become unable to perform the duties of his/her office, the Vice-Chairperson shall become the Chairperson for the unexpired term and assume all powers and responsibilities of the office. A vacancy in the office of Vice-Chairperson shall be filled by the Oversight Policy Board at its next meeting.
- E. Secretary: The Secretary shall see to it that minutes are taken at all official meetings of the Oversight Policy Board are provided to the members prior to the next meeting. The Secretary shall assume the responsibilities of the Vice-Chairperson in the event of his/her absence.

V. Parliamentary Procedures

- A. The Rules contained in Roberts Rules of Order, Revised shall govern the procedures of the Oversight Policy Board. However, when these rules of procedures are inconsistent with the Bylaws or any special rule of the Oversight Policy Board, the Bylaws or special rules of order shall prevail over Roberts Rules of Order, Revised.

VI. Amendments

- A. Oversight Policy Board Bylaws may be amended upon the affirmative vote of two-thirds (2/3) of all currently appointed members at any regular or special meeting of the members. The notice of the meeting shall set forth a summary of the proposed amendment(s) at least 14 days prior to the date of the meeting.

These Bylaws were adopted by the Lakeshore Regional Partners Substance Use Disorder Oversight Policy Board at a regularly scheduled meeting held on August 5, 2015.

These Bylaws were reviewed and revised by the Lakeshore Regional Entity Substance Use Disorder Oversight Policy Board at a regularly scheduled meeting held on June 3, 2020.

LRE Strategic Plan Information

LRE Prevention Logic Model 2021 thru 2024

The prevention logic model is developed in partnership with the provider network and updated every two years. The prevention logic model is used to guide evaluation of initiatives as well as summarize efforts across the region by priority issue. This most recently updated version being submitted for the OROSC strategic plan was enhanced to incorporate new efforts to address the emerging issues of vaping and legalization of recreational marijuana use. In addition, expansions to address prevention among older adults were added within the alcohol and opioid sections to address this new OROSC priority. The SUD prevention workgroup reviewed the draft and provided feedback and recommendations for improvement.

LRE Treatment and Recovery Logic Model 2021 thru 2024

The treatment and recovery logic model is newly developed and required for the OROSC Strategic Plan submission. Development of this logic model was designed to address each of the applicable OROSC identified priority areas and findings identified in the LRE Evaluation of SUD Treatment conducted by Dr. Lubbers in March of 2019. Information was collected in partnership with the SUD ROAT to better understand current initiatives, service gaps, and opportunities for each OROSC 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. This logic model will provide a framework in the coming years to guide evaluation and monitoring for targeted improvement areas.

Attachment 1: Lakeshore Regional Entity/Region #3-Prevention Logic Model, Fiscal Years 2021 thru 2023

Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/ County	Intermediate Outcome (s)
Marijuana Use Regionally, 13.8% of HS students report recent use of marijuana (MIPHY and OYAS 2018) Long Term Goal: Reduction in Past 30 day use by 5%	Youth Access: Almost half (45%) of HS students in region report it would be easy to get marijuana (MIPHY 2018)	People with marijuana are not storing and monitoring marijuana in the home safely	Support medical marijuana patients in safe storage in the home to prevent youth use.	<i>Promote Safe Storage in the Home:</i> <ul style="list-style-type: none">Educate medical marijuana consumers on how to store in the home and why it’s importantDistribute lockboxes to medical marijuana consumers.	LARA Grants: KCHD, OCPHD, PHMC	Reduction in % of HS students reporting it would be easy’ to get marijuana.
		Local dispensaries - requirements and restrictions related to local dispensaries for marijuana are not yet developed	Ensure appropriate monitoring and oversight related to marijuana sales and distribution	Advocate for LARA to put in place appropriate measures to ensure dispensaries have appropriate standards for packaging, distribution, sales, etc. and adequate supervision/monitoring for compliance.	Region-wide	
				Promote local policies that restrict or disallow Retailer density, Dispensaries near places frequented by youth such as schools and churches, and/or free samples and community events with marijuana		
	Perception of Risk: Legalization of recreational marijuana use normalizes use and makes it seem safe. More than half of HS students (55%) report regular marijuana use is low-risk (MIPHY 2018)	Due to the newness of legislation, policies are not in place	Develop and promote model policies for local adoption	<ul style="list-style-type: none">Encourage public organizations such as schools and businesses to add marijuana to their no-smoking policiesEncourage businesses with drug-free policies to maintain marijuana restrictions.	Region-wide	Reduce the % of HS students that report using marijuana 1 or 2x / week is low risk.
		Youth do not understand the risks of marijuana use.	Incorporate marijuana info into existing educational efforts	Prime For Life – expand use of new curricula component that addresses marijuana	DHD10 Mason & Oceana	
		People don’t understand the risks of marijuana use while pregnant.	Provide information on the risks of marijuana use while pregnant.	<ul style="list-style-type: none">Educate medical marijuana providers on the risks of marijuana use by pregnant women and children. (LARA)Provide education materials to pregnant women and their families thru WIC and perinatal care providers (LARA)Edu health care professionals on risks of MJ use by pregnant women.	LARA Grants: KCHD, PHMC DHD10 Mason	
	People don’t understand the risks of driving after using marijuana.	Raise awareness of the risks of driving after using marijuana.	<ul style="list-style-type: none">Community education on the consequences of driving after using marijuana.Raise awareness of improvements in ability to catch/prosecute impaired driving for marijuana and other drugs.Enhance messaging about what impaired means; coordinate timing with high visibility enforcement times.Encourage residents to report impaired driving to 911	OCPHD, AC Ott		

Attachment 1: Lakeshore Regional Entity/Region #3-Prevention Logic Model, Fiscal Years 2021 thru 2023

Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/ County	Intermediate Outcome (s)	
Reduce Childhood and Underage Drinking Regionally, 16.6% of HS students report recent use of alcohol (MIPHY and OYAS 2018) Long Term Goal: Reduction in Past 30 day use by 5%	Easy Access: Regionally, 57.9% of students report it would be ‘sort of’ or ‘very easy’ to get alcohol, (MIPHY and OYAS 2018)	Parents not monitoring: Regionally, 20.0% of HS students who drank recently report they usually get their alcohol by taking it from a family member (MIPHY 2018 exc. Ottawa)	Increase awareness of social host laws and the legal consequences	Conduct Parents Who Host Lose the Most Campaign	N180	<ul style="list-style-type: none">• Reduction in % of students reporting it would be easy’ to get alcohol. *• Reduction in % students who drank recently that report they usually get their alcohol by taking it from home.• Maintain the low rate of recent drinkers reporting they usually buy it at a store or gas station.	
				Raise parental awareness of the consequences of providing to a minor by working with youth to place stickers on alcohol at local retailers (Kent) and on pizza boxes.	N180, DHD10 Mason & Oceana		
				Incorporate parental responsibility info into existing programs that work with parents (MIP Classes), drug trends presentations	DHD#10 (Mason & Oceana), KCHD, ACCMHS, OCPHD, AC Ott., PHMC		
				Enhance enforcement for social host laws and underage drinking parties: <ul style="list-style-type: none">• Promote consistent and active enforcement• Publicize enforcement activities and the results• Encourage community resident to report underage parties to law enforcement for targeted party patrols.	ACCMH, AC Ott., OCDPH, DHD#10, N180		
				Partner with colleges to educate students on the social host consequences to prevent legal age young adults from providing to minors.	PHMC, AC Ott(ROADD)		
		Retail Access: Regionally, 1.4% of HS students who drank in the past month report they usually get their alcohol by buying it from a store or gas station. (MIPHY 2018 excl Ottawa)	Educate and support retailers to prevent sales to minors	Retailer education including responsible beverage service (TIPS TAMS), Vendor Education for alcohol retailers and trainings events with the MLCC; incorporate info on the harms of overserving older adults	ACCMHS, OCDPH, DHD#10 (Lake, Mason, Oceana), PHM, MCHP, N180 AC Ott, PHMC		
				Safe Prom/Graduation Initiatives to inform retailers of local events increasing likelihood of youth attempts to purchase alcohol.			
			Increased enforcement	Conduct law enforcement compliance checks	ACCMHS, PHMC, MCHP OCDPH		
			Favorable Attitudes 17% of students believe friends feel regular alcohol use is ‘not wrong’ or ‘only a little bit wrong’ (MIPHY 2018)	Low perception of risk: 29.4% of students report binge drinking is low-risk (MIPHY and OYAS 2018)	Increase awareness of the legal consequence of underage alcohol use.		Increase efforts and visibility of MIP enforcement at prom, graduations, and underage drinking parties, MIP brochure distribution with local law enforcement, and FaceTheBook
Social norms: Regionally, 31.9% of HS students report that more than 1/2 of peers drank recently; only 16.6% have. (MIPHY and OYAS 2018)	Engage area high school groups in development and distribution of messaging to correct the inaccurate perception of peer use			Youth developed messaging to their peers: <ul style="list-style-type: none">• Train local and SLIC groups on youth leadership, media messaging and having an influence on their peers.• Partner with local SLIC groups to implement social messaging. (Above the Influence, Sober Life is Cool, Safe Prom, Etc.)• ATI Mobile Experience (Kent county only)• Coordinate SADD Groups (Kent county only)	AC Ott, N180/Kent, WW, PHMC	Decrease the % of students reporting more than half their peers drank alcohol in the past month. *	

Attachment 1: Lakeshore Regional Entity/Region #3-Prevention Logic Model, Fiscal Years 2021 thru 2023

			Decrease normality of heavy/excessive drinking among adults to improve community norms.	Rethink Drinks: Reduce excessive alcohol consumption through education on responsible drinking through social media and education.	KCHD	
				Raise awareness among older adults of the impact of changing metabolism as one ages on the effects of alcohol consumption.		
Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/ County	Intermediate Outcome (s)
Opioid related overdoses (prescription, and illicit) are increasing with 1.7 hospitalizations/10k residents in 2017 and 145 deaths in 2018. Methamphetamine use is on the rise w/ a 68% increase in treatment admissions between 2015 and 2017 in the region. Stakeholders report persons addicted to opioids are turning to meth as an alternative. Long Term Goal: Reduction in opioid related deaths.	Easy Access to prescription opioids: 25.7% of Ottawa county students report it would be 'sort of' or 'very easy' for them to get a Rx drug w/out a Rx. (OYAS 2017) <i>Data not available regionally</i>	Over-prescribing: <i>1.2 opioid Rx's were dispensed per resident in 2017.</i>	Educate prescribers and pharmacists	Educate pharmacists and doctors from a broader perspective of safe prescribing practices and encourage prescribing practitioners to check the MAPS system before prescribing medications with abuse potential,	DHD#10 Mason ACCMHS, KCHD, PHMC, MCHP, OCCMHS	Decrease youth reporting easy access to prescription drugs. (data not available)
				Educate pharmacists on proper medication disposal and to distribute talk sooner information to customers	DHD #10 Mason, KCHD, ACCMHS, PHMC, MCHP, OCCMHS	Decrease the rate of opiate prescriptions written per 10,000 residents.*
				Educate doctors and pharmacists on screening for addiction and encourage referral to treatment;	DHD#10 Oceana & Mason, PHMC, MCHP, OCCMHS	
		Youth take/steal from home and other's homes (Misc. focus group reports)	Increase RX takeback disposal opportunities	Educate the community of the dangers of misusing prescription drugs so that they will appropriately store and dispose of their prescription medications	N180, DHD#10 Oceana & Mason, ACCMHS, AC Ott, PHMC, MCHP	
				Identify and promote appropriate methods for community residents to dispose of prescription medications	DHD#10 Oceana & Mason, ACCMHS, AC Ott, PHMC, MCHP, OCCMHS	
				Work to establish additional disposal locations including non-law enforcement locations such as hospitals and hospice facilities	DHD #10 Mason, ACCMHS	
			Educate parents on proper disposal and storage of RX's within the home.	Talk Sooner Campaign to educate parents on proper prescription medication management and how to talk to their kids about not misusing Rx drugs.	Region	
				Provide resources to help parents properly manage, monitor and dispose of Rx medications thru parent workshops, info at community events & communications.	DHD #10 Mason & Oceana, ACCMHS, AC Ott, PHMC, MCHP	
				Promote the use of lock boxes for monitoring of medications within the home	DHD #10 Mason & Oceana, ACCMHS, PHMC	
		Youth sell and/or share Rx medications	Educate youth on legal consequences of sharing or selling a Rx medication	Compile information about the risks and develop materials; disseminate through various groups and programs	N180, DHD #10 Mason & Oceana, ACCMHS, AC Kent, PHMC	
				Educate parents on the legal consequences of youth selling or sharing their prescription medications through Talk Sooner, events and communications.	N180, DHD #10 Mason & Oceana, ACCMHS, PHMC, MCHP	

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	Perception of Risk: Regionally, 22.0% of HS students report using a Rx drug w/out a Rx is low-risk (MIPHY and OYAS 2018)	Rx drugs are considered safe because they are a 'medicine'	Support parents & adults who work w/ youth to id and respond	Develop materials for schools and organizations to share with families on signs, symptoms, consequences of RX abuse, and resources for youth who need help.	DHD #10(Mason), WW, ACCMHS, AC(Kent), PHMC, MCHP, AC Ott	Decrease MS and HS students reporting low risk for using Rx drugs without a Rx.*
			Education on the consequences of using someone else's RX; health and legal.	Provide resources and tools to schools and youth serving organizations to incorporate into their programming; promote MI Model Rx misuse lesson.	N180, DHD #10 Mason & Oceana, ACCMHS, AC Ott & Kent, PHMC, OCCMHS	
				Incorporate information on the risks into presentations to health education classes and other community presentations; <i>include information specific to older adults where appropriate.</i>	N180, DHD #10 Mason & Oceana, KCHD, ACCMHS, AC Ott, PHMC	
				Provide the Botvin's Life Skills opioid lesson	KCHD	
				Promote the risks of Rx drug misuse through the Talk Sooner Campaign.	Region	
				Partner with pharmacists to develop and promote information to patients on the risks of Rx opioids	OCCMHS	
				<i>Incorporate information for older adults age 55+ into informational materials and presentations on the impact of changing metabolism, drug interactions, and addictive nature of Rx drugs.</i>	<i>Region</i>	
	Low perception of risk for meth	Community does not understand meth risks.	Increase awareness of the risks of methamphetamine use.	Incorporate the risks of methamphetamine into presentations and curricula.		Increased perception of risk for methamphetamine
				Provide info and resources to people who work w/youth to communicate the risks		
	Persons with untreated opioid addiction at high risk of overdose	People with addiction are not identified and connected to services and supports.	Promote access to treatment.	Provide tools and/or referral resources to increase ATOD screening for women and men of childbearing age (4Ps Plus)	PHMC	Increase in persons admitted to treatment.
				Encourage additional physicians trained and registered to provide suboxone.	OCCMHS	
			Monitor issues contributing	Death review teams identify underlying issues contributing to overdoses	Region	
			Promote availability and reduce stigma re Naloxone.	Encourage PCPs and Emergency Depts to prescribe Naloxone alongside opiate prescriptions esp. for patients with Red Flags such as an OD history, or co-prescriptions of benzos or stimulants.	OCCMHS, DHD10 Mason	Increased availability of naloxone.
				Promote awareness and availability of Naloxone through community education and reduced stigma	OCCMHS, DHD10 Mason	

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Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/ County	Intermediate Outcome (s)
Tobacco Use Regionally 4.5% of HS students report smoking cigarettes and 24.1% report use of an electronic vapor product in the past month (MIPHY and OYAS 2016) Long Term Goal: Reduction in Past 30day use of vaping & Maintain low rate of cigarette use.	Easy Access: Regionally, 44.5% of HS students report it would be ‘sort of’ or ‘very easy’ to get cigarettes, (MIPHY and OYAS 2018)	Retail Access: Regionally, 9.1% of HS students who smoked in the past month report they usually get their cigarettes by buying at a store or gas station (MIPHY 2018 excl. Lake, Mason and Oceana)	Increase enforcement of YTA thru compliance checks	<ul style="list-style-type: none"> Conduct law enforcement compliance checks with tobacco retailers. Work with the court to ensure that the maximum penalties are imposed for YTA related violations. 	ACCMHS, KCHD, DHD#10, OCPHD, PHMC	Maintain a formal Synar compliance rate of 80% or greater.*
			Educate and support retailers to prevent sales to minors	<ul style="list-style-type: none"> Educate retailers on responsible tobacco retailing practices. Increase the perception of consequences for selling tobacco to minors 		
		E-Cigs: Regionally, 9.6%of HS students who vaped in past month report they usually get them by buying at a store or gas station (MIPHY 2018).	Educate and support retailers to comply with age restrictions on sales of electronic vapor products.	<ul style="list-style-type: none"> Incorporate e-cig information into retailer education and No Cigs for Our Kids materials Conduct compliance checks for electronic vapor products. 	DHD#10, KCHD, ACCMHS, OCPHD, PHMC	Retailers will not sell e-cigs to minors. Measure via compliance checks.
			Advocate for improved regulations and oversight	<ul style="list-style-type: none"> Advocate for improved legislative requirements for retailer training, product placement, and oversight to ensure compliance 		
	Perception of Risk: Regionally 18.7% of students report smoking 1+ packs/day as low-risk (MIPHY and OYAS 2018) Teens in focus groups report the belief that vaping is safe.	Youth don’t understand the physical risks of using tobacco, including electronic vapor products.	Educate youth about the risks of tobacco use	<ul style="list-style-type: none"> Tobacco prevention education on risks of use Incorporate info on e-cigs into educational programming, materials and presentations. 	MCHP, KCHD, ACCMHS, OCPHD, PHMC, DHD10 Mason	Decrease % of MS and HS students reporting low risk for cigarette use.*
			Educate parents so they communicate risks of vaping to their youth.	<ul style="list-style-type: none"> Presentations, workshops and informational materials to help parents and caregivers understand the health risks of vaping, identify use in their child, and communicate risks to their youth. 	AC Ott, DHD10 Mason	Decrease in teens reporting vaping is ‘safe’ during focus groups.
		Youth are able to use at school without consequences	Promote enhanced school policy and enforcement for vaping.	<ul style="list-style-type: none"> Develop model policies re vaping and promote adoption. Support school personnel in identifying vaping use and providing appropriate consequences and support to youth found using. 	AC Ott, DHD10 Mason	

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Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/	Intermediate Outcome (s)
<p>Early Initiation of ATOD use contributing to addiction in later life.</p> <p>Regionally, 9.1% of HS Students report drinking alcohol before the age of 13 and 4.3% report trying marijuana before the age of 13 (MIPHY and OYAS 2018)</p> <p>GOAL: Reduce the % of HS students reporting use of alcohol and marijuana before the age of 13.</p>	<p>Low perception of risk: Regionally, 30.7% of MS students report that binge drinking is low risk; 38.2% report smoking marijuana is low risk and 24.2% report using a Rx medication w/out a Rx is low risk (MIPHY and OYAS 2018)</p>	<p>MS youth don't understand negative impacts of using substances at a young age and messaging often waits to communicate risks to older ages that have already initiated use.</p>	<p>Educate elementary and MS students about the immediate and long-term effects of alcohol and other drug use</p>	Strengthening Families youth component (PFS)	AC Mkg (PFS), DHD #10 Mason & Oceana (PFS), ACCMHS (STR), AC Ott (STR), KCHD (STR)	<p>Decrease % of students reporting 'no risk' or 'slight risk' for:</p> <ul style="list-style-type: none"> • Binge drinking 1 or 2x/weekend* • Smoking marijuana 1 or 2x/week* • Using a Rx medication w/out a Rx*
				Total Trek Quest -Provide lessons on the negative impact of alcohol use on youth choices and coping skills	AC Ott	
				Peer refusal skills training of high school students and their presentations to younger students and counseling of peers (including suicide prevention)	AC Ott & Kent, N180, PHMC	
				Project Success educational series to help students identify and resist pressures to use, correct misperceptions about prevalence and acceptability of use, and consequences of use. Includes Red Ribbon Week and National Drug Fact week campaigns w/ assemblies, social media campaigns and daily activities.	WW	
				Yo Puedo - weekly educational sessions	KCHD	
				Life Skills Programming – curricula addresses risks of substance use.	DHD #10, KCHD(SOR), AC Kent & Ott (SOR)	
				Project ALERT – curricula addresses risks of substance use.	DHD #10 Mason & Oceana	
				Provide Drug Risk Teaching Toolkit to teachers to provide relevant content on the risks of youth substance abuse.	N180, AC Ott	
				Strong Voices, Bold Choices – Provide education on risks of alcohol and other drugs (FOC Kent)	FOC	
				Participate in national awareness weeks to promote true alcohol facts and educate youth on the risks of underage drinking (i.e. National Drug Facts Week, Red Ribbon Week, etc.)	AC Ott, N180, DHD #10, ACCMHS	
				Prime 4 Life programming to help youth understand the risks and potential for development of addiction w/ alcohol and marijuana use	ACCMHS (SOR), DHD #10(Mason, Oceana (PFS), PHMC(PFS), KCHD (SOR)	
	<p>Regionally 27.2% of students report they do NOT have any best friend committed to being drug free in the past year (MIPHY 2018, excludes Ottawa)</p>	<p>Youth lack opportunities to engage w/ positive peers and give back to their communities in a meaningful way.</p>	<p>Provide opportunities for youth to build relationships w/ positive peers thru leadership development opportunities and pro-social activities.</p>	Peer refusal skills training of high school students and their presentations to younger students and counseling of peers (including suicide prevention)	Region (minus Lake, Oceana, and Mason)	<p>Increase in students reporting at least one best friend who made a commitment to be drug free in the past year.</p>
				<ul style="list-style-type: none"> • Youth Leadership Groups (SLIC, Dream Team, TOPPC, PRIDE, PALS, PYT, AIM, SADD) to develop leadership skills and provide opportunities for projects. • Youth Summit 	ACCMH, PHMC, DHD#10, N180, WW, AC Kent & Ott., MCHP	
				Project Success- School wide awareness and community outreach activities including alcohol free activities, campaigns to increase awareness and student developed pro social messaging.	WW	

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				Yo Puedo Program - Recruitment of high-risk youth, visits to local universities, opportunities for community service projects and recreational activities.	KCHD	
				Strong Voices, Bold Choices – Youth work together to develop messaging aimed at peers to prevent alcohol use.	FOC	
	Family Dynamics including management, conflict, expectations, and communication	Regionally, 21.6% of HS students report they could NOT ask their mom or dad for help w/ personal problems (MIPHY 2018 Excl. Ottawa)	Parental skill training to support effective boundary setting boundaries, monitoring, and preventing substance use	Strengthening Families Program (PFS) and Nurturing Parent program	AC Mkg (PFS), DHD #10 Mason & Oceana (PFS), ACCMHS (STR), AC Ott (STR), KCHD (STR)	Increase in % of HS students reporting that they could ask their mom/dad for help w/ personal problems.*
				Inside out dads (Triple P) program for fathers in jail who will be released soon.	AC Ott.	
				Circle of Parents groups providing parent management skills & linkage to community supports & resources	AC Ott.	
				Parent workshops on how to identify and respond to drug use and/or paraphernalia	N180, DHD #10 Mason & Oceana, PHMC, AC Ott	
				Project Success – Parent Education Programs to teach communication skills and how to prevent substance use and promote healthy choices.	WW	
				Coordinate a collaborative committee to plan and implement enhanced parenting services and supports.	AC Mkg (PFS)	
		Only 78.6% of students report an adult in their family has talked to them about alcohol and other drugs (MIPHY 2018, exc Ottawa).	Encourage parents to talk to their kids and set clear expectations about alcohol, tobacco, and drug use	<ul style="list-style-type: none"> Talk Sooner Campaign to educate parents on the consequences of teen use, how to talk to their youth about the consequences thru community events, social media, lunch and learns, newsletters. Family Meals Month: To promote TalkSooner & family communication/involvement 	Region	Increase % of students reporting adults in family have talked about what they expect when it comes to alcohol and other drugs*
				Cool Parent Campaign to promote responsible parenting as the new ‘cool’ parent.	ACCMHS	
				Provide info to parents on how to talk to their kids about alcohol and other drugs at community events <ul style="list-style-type: none"> Strong Voices, Bold Choices Program Native American Community Services MIP Program/parent section 	FOC, DHD#10, KCHD	
	People are unable to access community resources to address problems before they lead to addiction.	Services inadequate to meet needs	Collaborate to build services in community	Encourage and promote tobacco cessation services.	PHMC, MCHP, DHD10	TEDS increased admission to SUD treatment for persons under age 18 and age 18-25.*
				Assess current service system for SUD and work to enhance.	MCHP, DHD #10 Mason & Oceana	
		Problems are not identified early and persons connected to appropriate services	Problem identification and referral	Identification and referral of youth requiring more intensive interventions/ services to appropriate services, including: Project Success, Yo Puedo, Arbor Circle Homeless and Runaway Youth program, MIP Programming, Project Success Small Group Intervention	WW, KCHD, AC Kent, WW, AC Ott	
			Education for youth experimenting with use	Provide educational programming to support youth experimenting with use to prevent further use and future addiction, including: Minor in Possession programming, and Prime for Life	OCDPH, PHMC, DHD#10 (PFS), ACCMHS (SOR), KCHD (SOR) AC Ott	

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				PHAT Life programming for youth involved with justice system to teach health knowledge and emotional management skills. (PFS)	PHMC (PFS)	
				Prime 4 Life programming for youth and young adults experimenting with use, inc. including as an alternative to suspension for youth caught using marijuana/vaping	PHMC (PFS), DHD#10 Mason & Oceana (PFS)	
				Project Success small groups with youth who are to further engage those who are experimenting and reduce suspensions for these students.	WW	
			Early ID & referral for youth at risk of suicide to reduce self-medicating	<ul style="list-style-type: none"> Conduct Mental Health First Aid (MHFA) and QPR-Question Persuade Refer Classes Educate youth on signs of suicide and how to find help 	N180, PHMC, AC Ott, ACCMHS, DHD10 Oceana	
	Youth use substances to deal with stressors: Regionally, 20.5% of HS students report seriously considering suicide in past year (MIPHY and OYAS 2018)	Elementary, Middle and HS youth lack the skills to cope with life stressors with one-third (32.2%) of students reporting depression in the past year (MIPHY and OYAS 2018)	Education to develop coping and refusal skills that can be utilized to manage life stressors	Disseminate educational prevention material at resource fairs, school events, and other community events.	N180, FOC, DHD#10, KCHD, ACCMHS, AC Ott & Kent, PHMC	Reduction in % of HS students seriously considering suicide.* <i>Note: There are many efforts other than those within this plan working to prevent suicide. This plan is but a small part of larger community efforts to address this complex issue.</i>
				Native American Community Services - Collaborate with the Straight School to engage 6-10 youth in student leader program (FOC Kent)	FOC	
				<ul style="list-style-type: none"> Strong Voices, Bold Choices Program – provide youth education teaching refusal skills and encouraging healthy choices. (FOC Kent) Yo Puedo (Cherry Health Kent) 	FOC, KCHD	
				Collaborate with recovery programs to educate parents using the Program Kit for Children of Addicted Parents.	FOC	
				PALS program – Trained students provide one-on-one support/mentoring to other students.	ACCMHS	
				Conduct Red Cliff Wellness Program (Native American only)	AC Kent	
				Early Risers program for HR elementary youth to teach social emotional skills	ACCMHS	
				STAR program to support teen parents with life skills and educational support to achieve a HS diploma	ACCMHS	
				Education on coping and refusal skills provided within early intervention groups and Prevention Education Series.	WW	
			Provide support for homeless and runaway youth to manage trauma and develop coping skills.	Provide family sessions for these indicated youth	AC Kent	
				Seeking Safety psychoeducation and coping skills	AC Kent	
				Say it Straight Curricula- communication training program to help youth develop empowering communication skills and increase self-awareness, self-efficacy, and personal and social responsibility	AC Kent	
				Street Smart skills-building program to improve social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors.	AC Kent	

*Data indicator being tracked regionally for evaluation purposes

Attachment 2: Lakeshore Regional Entity/Region #3-Treatment and Recovery Logic Model, Fiscal Years 2021 thru 2023

Notes:

Items in [blue text](#) represent state mandated priorities.

Data for outcomes with baseline identified as TBD (to be determined) are being gathered and will be added prior to submission.

Goal	Objectives	Strategies	Activities	Interm. Outcomes	Long-Term Outcomes
Improve access to SUD Treatment Services	Increase access to treatment for persons living with Opioid Use Disorder - FY19 average time to service was 5.5 days for clients with OUD Dx ranging from 4.1 in Kent to 9.6 in Ottawa	Expand availability of Medication Assisted Treatment (MAT) services.	<ul style="list-style-type: none">– Expand MAT providers to areas without current coverage– <i>Provide transportation to MAT services thru bussing services, gas cards, etc.*</i>– Continue providing MAT in jails with specialty grants as available*	Increased capacity for MAT services <ul style="list-style-type: none">– Increase # MAT providers– Increase geographic coverage of MAT providers– Increase # counties that have MAT provider located within the county	Decrease average days between request for service and first service for persons w/ OUD <i>Baseline FY19: 5.5days</i>
	Increase access to treatment services for older adults (55+) In FY19 there were 539 admissions for persons age 55-69 representing 9% of admissions.	Promote availability of services and how to access services	<ul style="list-style-type: none">– Develop informational materials and disseminate– Add information to LRE and other websites	# Persons reached with messaging re availability and access to treatment	Increase in # of admissions for individuals age 55-69 <i>Baseline FY19: 539</i>
		Provide training for providers on addressing behavioral health needs of older adults	<ul style="list-style-type: none">– Ensure access centers are knowledgeable and prepared to assist older adults in accessing services funded by Medicare– Identify and promote relevant trainings; consider providing locally when appropriate	<ul style="list-style-type: none">– # Access centers with procedures in place to assist older adults– # training attendees– # trainings offered	
	Increase access to treatment for criminal justice involved population returning to communities: In FY19 32.7% of admissions were for clients with CJ involvement including 19.2% on parole or probation, and 7.4% in jail or prison, 0.5% diverted pre or post booking.	Improve coordination with jails and parole/probation officers to connect to community-based services upon release	<ul style="list-style-type: none">– Coordinate w/ specialty courts (Allegan, Kent, Mkg, Ottawa)– MiREP Program (Kent)– Community Health Workers connect individuals coming out of the jail with community resources (Muskegon)– Region ROAT team discuss management of MDOC clients on parole and establish guidance and best-practice procedures for these clients.	<ul style="list-style-type: none">– Sustain county arrangements in place with Jail systems to support re-entry connection to services at 100% <i>Baseline FY19:</i>– LRE policy established and consistently implemented for MDOC clients.	Increase in # admissions with legal status as on parole or probation at admission Baseline: 1,050 (19.2% of admissions) FY19
		Enhance service provision for inmates in jail to improve engagement and active referrals for community-based services upon release.	<ul style="list-style-type: none">– Recovery Coach address SUD issues w/ jail inmates to connect with resources when released from jail (Ottawa)– 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* (Kent, Mkg)– Full OP program including MAT, Recovery Management, and regular OP available to all returning CJ population (region)	Sustain counties with services provided in the jails at 100%	Increase # admissions with legal status as diversion pre or post booking at admission Baseline: 27 (0.5% of admissions)
					Increase # admissions with legal status as ‘in jail’ at admission Baseline: 432 (7.2% of admissions) FY19

Attachment 2: Lakeshore Regional Entity/Region #3-Treatment and Recovery Logic Model, Fiscal Years 2021 thru 2023

	Decrease wait time: The average number of days between request and 1st service was 5.2 days in FY19 ranging from a low of 4.1 in Kent to a high of 6.8 in Ottawa and Muskegon. LT residential had the longest wait (16.4 days), followed by OP w/ MAT (6.5), and outpatient w/out MAT (5.7). Detox (1.9) and ST Residential (1.6) had the shortest waits.	<u>Maintain short (<2days) wait time for persons with IVDU:</u> Among admissions w/ IVDU the average time to service was 4.8 days in FY19, with a low of 2.5 for detox and a high of 16.5 for LT residential; OP w/ MAT averaged 5.1 days	<ul style="list-style-type: none">– Increase availability and capacity of MAT services– Maintain detox capacity of provider network.	Increased capacity for MAT services <ul style="list-style-type: none">– Increase # MAT providers– Increase geographic coverage of MAT providers– Increase # counties that have MAT provider	Maintain an average wait time of less than 3 days for persons with IVDU for detox. <i>Baseline FY19: 2.5 days</i> Decrease average time to service for clients w/ IVDU entering outpatient with MAT. <i>Baseline FY19: 5.1 days</i>
		Reduce <u>wait time Outpatient</u> for admissions without MAT: In FY19 average time to service was 6.5 days; ranging from 2.6 in Allegan to 13.4 in Ottawa. For IOP w/out MAT was 3.9 days on average; ranging from 2.6 in Kent to 7.1 in Muskegon.	<ul style="list-style-type: none">– Work to increase number of outpatient providers throughout region (incentivize expansion)– Monitor data for wait times to OP by county and by LOC; review with CMHSPs to identify challenges and opportunities.– Explore ways to utilize remote (tele-health) service provision as a mechanism to expand availability of services in rural communities.	Increased # OP/IOP providers in region in rural counties.	Decrease average days' time to service for Outpatient or IOP Levels of Care (not including MAT) <i>Baseline FY19: OP = 6.5 days IOP = 3.9 days</i>
Improved continuity of care across treatment continuum	Increase engagement in services: Half (50.2%) of FY18 discharges were for 'completed treatment' or 'transferring/ completion of level of care'; 39% of discharges were for clients who 'dropped out'. In FY17, compared to national benchmarks, the LRE had a lower rate of	Increase in the <u>use of integrated services for persons with co-occurring substance use and mental health disorders:</u> In FY19 17.1% of clients at discharge who had a co-occurring SUD and MH problems that received integrated treatment; decreasing from previous years at 31.3% in FY17 and 20.8% in FY18.	<ul style="list-style-type: none">– Cross-training of staff (Ottawa)– Explore feasibility of increasing availability of MAT in MH programming and psychiatry services in SUD programs. (Ottawa)– Provide training for clinicians and provider agencies on integrated services– Establish expectations for provision of integrated services; annual review with corrective action plans required for those not meeting benchmark.	Increase in % of clients w/ co-occurring diagnosis that received integrated services. <i>Baseline FY19: 17.1%</i>	<ul style="list-style-type: none">• Reduce % of discharges with reason as 'dropped out' for all LOC. <i>Baseline FY19– 40.5%</i>• Increase % of outpatient clients w/ discharge reason of completed treatment.
		<u>Ensure trauma-responsive services....</u>	Provider training for provision of trauma responsive services	# Attendees trained # trainings held	

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	OP discharges for ‘completed treatment’ (32.1% vs 36.5%) and higher rate of OP discharges for ‘dropped out’ (46.9% vs. 30%).	Support providers in preventing and responding to <u>methamphetamine use among clients</u> with an Opioid Use Disorders	<ul style="list-style-type: none">– Incentive-based process with MAT clients also using methamphetamines (Ottawa)– Provide materials and training to existing staff as best practice treatment options become known for this population (Lake, Mason, Oceana)– 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.	# of supportive resources/opportunities provided to treatment clinicians by the LRE	<i>Baseline FY17 – 32.1%</i> <ul style="list-style-type: none">• Increase % of clients seen for a second appointment within 14 days of initial service. <i>Baseline FY19 – 88.6%</i>• Increase average # of treatment encounters <i>Baseline FY19- 16.7 encounters (excludes Methadone dosing)</i>
		Improve <u>process for discharge from detox or residential</u> levels of care to improve entry to subsequent level of care. In FY17 33.6% of Detox and 19.8% of ST Res clients were discharged as ‘dropped out’.	Work with providers to ensure they assist client in making appt in next LOC prior to discharge. <ul style="list-style-type: none">– 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.	Discharges from detox and/or residential LOC: <ul style="list-style-type: none">– Decrease % discharges for ‘completed treatment’. <i>Baseline FY19: 69.2% ST Res and 36.8% Detox</i>– Increase % discharges for ‘transfer/ completed level of care. <i>Baseline: 1.8% ST Res and 31.7% Detox</i>	Increase % of discharged detox clients successfully transitioned to the next level of care within 7 days. <i>Baseline FY19: TBD</i> Decrease average # days between discharge and admission to next level of care for detox and for ST residential. <i>Baseline: TBD</i>
Increase clients that <u>maintain recovery</u>	Clients establish <u>connections to community supports</u> to assist them in maintaining recovery	Expand availability of <u>Recovery Housing</u> .	<ul style="list-style-type: none">– <i>Continue current partnerships with recovery houses* (all 7 counties)</i>– <i>Incentivize establishment of new Recovery Residences and pursuing MARR certification*</i>– Develop plan to continue support of Recovery Housing after SOR Funding	Increase capacity (as measured by # beds and # of residence locations) for Recovery Houses with agreements in place. <i>Baseline: TBD</i>	Increase # clients that live in Recovery Housing following treatment. <i>Baseline: TBD</i>
		Ensure clients have access to <u>support groups</u> : In FY19 19.9% of clients had attended a support group in past 30 days at discharge ranging from 46.0% in Lake to 7.1% in Muskegon.	Expand SMART recovery groups and other support groups and strategies throughout the region	# counties with availability of support groups in place <i>Baseline: TBD</i>	Increase % of clients at discharge reporting attendance at support group in past 30 days <i>Baseline FY19: 19.9%</i>

Attachment 2: Lakeshore Regional Entity/Region #3-Treatment and Recovery Logic Model, Fiscal Years 2021 thru 2023

		<p>Women’s Specialty services providers work with <u>pregnant and parenting women to reduce barriers</u> to treatment, ensure appropriate medical care, and connect to community resources for other needs.</p>	<ul style="list-style-type: none">– Establish consistent training for WSS providers to ensure clinicians and supervisors understand WSS requirements, expectations and best-practices.– 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 identify opportunities for coordination and enhanced partnerships.– Continue Specialized Pregnancy Assistance (SPA) programs (Muskegon and Kent) and expand to additional areas.	<ul style="list-style-type: none">– Regional WSS meeting 2x/year– Region-wide agreement of how to implement w/ monitoring procedures– Increase # counties that report an established relationship with CPS to coordinate service. <i>Baseline: TBD</i>	<p>Regional consistency in services and supports available to WSS eligible clients as documented during LRE Site Visit reviews.</p>
		<p>Promote <u>healthy births</u></p>	<ul style="list-style-type: none">– Partner with healthcare systems to implement universal screening for pregnant moms. (Kent, Muskegon)– Ensure pregnant clients in treatment have access to transportation, childcare and other resources(region)– Staff of recovery management trained in model that cares for expecting mothers in treatment (birth plans, support, etc.) (Lake, Mason, Oceana, Allegan)	<p>Increase # of pregnant women served at WSS providers <i>Baseline: TBD</i></p>	<p>% of pregnant clients served at WSS provider with a drug-free birth. <i>Baseline: TBD</i></p>

Substance Use Disorder Director's Report June 2020

1. **TalkSooner Marketing Campaign:** Due to COVID-19, our media plan for this fiscal year has changed significantly and attached you will find information put together by our marketing partner Karen Kirchenbauer of Seyferth PR.
2. **Site Visits:**
 - **Partnership For Success (PFS) (SUD prevention) grant site visit:** The site visit with the Department took place May 18th. This was conducted virtually with Mason and Oceana counties. However, due to Muskegon via Mercy Health Staff being furloughed, the Muskegon portion of this is postponed for later this summer when staff are back to work. This five-year grant will be ending this FY and will not be renewed. Consequently, Oceana county is writing for the Drug Free Communities (DFC) Support Grant for sustainability for future years. Muskegon and Mason counties are still formulating their sustainability plan.
 - **SOR grant site visit (SUD prevention and treatment):** this has now been moved to a virtual format as well and will take place June 25. All grantees are planning to attend and report out on this via the virtual platform.
 - **LRE SUD Prevention Audits/site visits:** we are currently scheduling audits with our funded prevention providers for this summer. At this point we are planning for them to be conducted virtually.
3. **Michigan Department of Corrections (MDOC):** April 1, this took effect in our region. Currently, we are working at the local level to ensure the local agents understand our regional process, as there continues to be questions and misinformation at the local level. Due to COVID-19, the referral process has been relatively slow. We are keeping track of the number of referrals and the number of consumers who actually meet medical necessity. It is our hope that we can educate the local agents on our standards to better inform their referrals.
4. **Regional Trainings:** the LRE is attempting to conduct regional trainings via a virtual platform and or reschedule for this fall as in person trainings. This is proving to be difficult as this is an ever-changing landscape with Covid-19.
5. **SUD Standard Assessment Tool Update:** Recently we learned that CMS has approved MDHHS's request for leniency which relaxes the restriction to use ONLY the Global Appraisal of Individual Needs Initial (GAIN-1) Core assessment and now allows for the use of other standardized assessments that utilize both the American Society of Addiction Medicine (ASAM) criteria for determining a level of care and provides a DSM diagnosis. OROSC has tasked the PIHPs with choosing an assessment tool that meets these standards for implementation.

To that end we are working with our Region's SUD CMHSP's and with our fellow PIHPs to develop a strategy for conducting a review of other options that meet the required mandates. We endeavor to be thoughtful, encouraging ideas and feedback, incorporating them into the

process while also acting quickly as we know this has direct implications to the field. Consequently, as a region here are a few important factors for your reference:

- Current GAIN Regional Meetings: Have been cancelled until further notice.
- Current pilot project with Wedgwood has been cancelled until further notice.
- Current GAIN Trainings: This status remains unchanged, there are no new trainings scheduled.
- MYTIE Providers: will continue to provide the GAIN as prescribed by the grant.

6. **SUD Legislation:** Attached please find the updated grid of SUD legislation for your reference and note the several new tobacco related bills.
7. **LRE SUD Treatment Data:** Attached please find the monthly Treatment data pulled from BHTeds.

Spring, 2020 TalkSooner Update & Results

Swift Pivot to Leverage TalkSooner Media Opportunities During Shelter-in-Place Order

NUMEROUS ARTICLES/INTERVIEWS/MENTIONS!



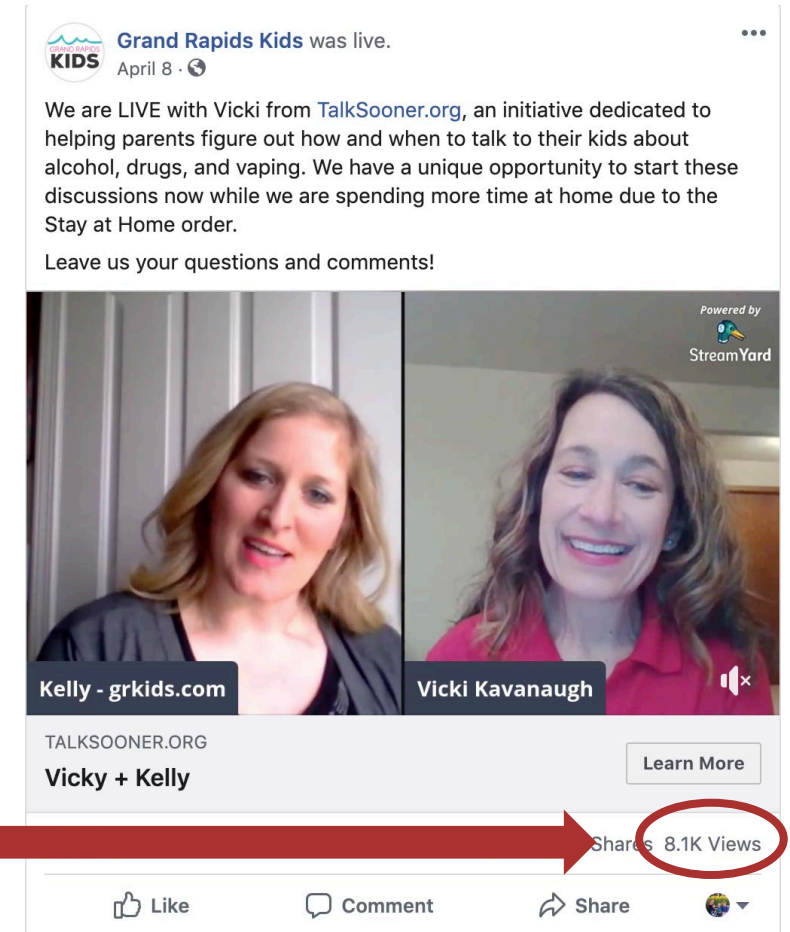
Some Coverage Examples:

[HTTPS://WWW.FOX17ONLINE.COM/NEWS/MORNING-NEWS/TALKSOONER-ORG-PROVIDES-ONLINE-TOOLS-TO-INITIATE-DRUG-TALK-WITH-THE-KIDS](https://www.fox17online.com/news/morning-news/talksooner-org-provides-online-tools-to-initiate-drug-talk-with-the-kids)

[HTTPS://WWW.WOODTV.COM/NEWS/MICHIGAN/W-MI-GROUP-STRESSES-IMPORTANCE-OF-TALKING-TO-KIDS-ABOUT-DRUGS/](https://www.woodtv.com/news/michigan/w-mi-group-stresses-importance-of-talking-to-kids-about-drugs/)

[HTTPS://WWW.9AND10NEWS.COM/2020/04/03/HOW-TO-TALK-TO-YOUR-KIDS-ABOUT-SUBSTANCE-ABUSE/](https://www.9and10news.com/2020/04/03/how-to-talk-to-your-kids-about-substance-abuse/)

8.1K VIEWS



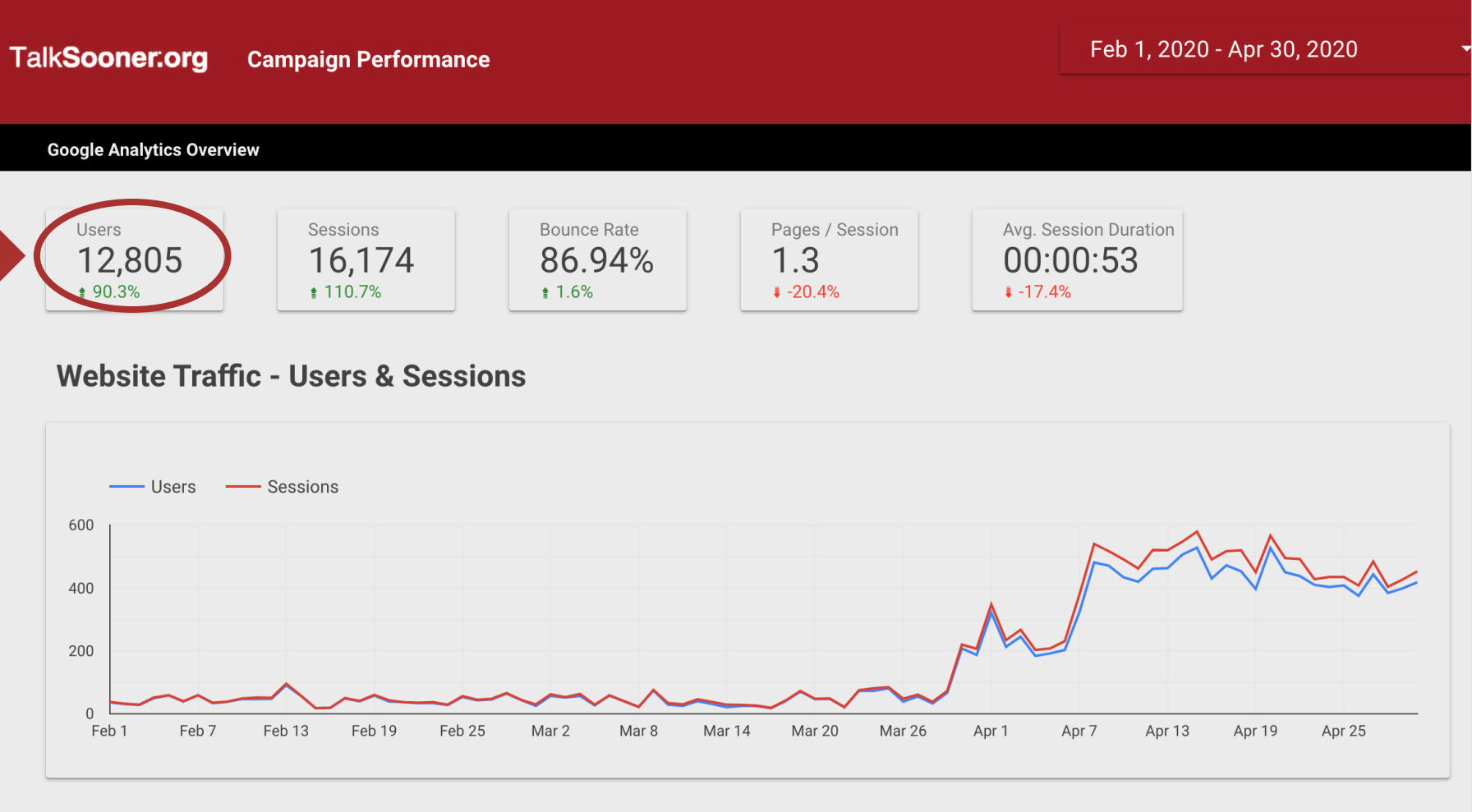
Simultaneous April Geo-Fencing Campaign Pilot (during shelter in place order)

SAMPLING OF DIGITAL ADS, TARGETING
KENT COUNTY PARENTS OF YOUTH AGES 9-17:



Simultaneous April Geo-Fencing Campaign Pilot (during shelter in place order) (continued)

12,805 USERS



Summer, 2020 Plans Being Finalized – Sneak Peek!

- Public service announcement campaign filmed with lead anchor/talent
- Digital ad campaign
- Media interviews



Legislative Update May 2020. This document contains a brief summary and status of bills in House and Senate that pertain to the work of substance abuse prevention in Michigan.

BILLS PERTAINING TO TOBACCO/E-CIGARETTES				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5370	This bill amends 1978 PA 368, "The public health code" by prohibiting smoking in buildings used for senior housing.	Abdullah Hammoud (D)	Introduced and referred to Committee on Regulatory Reform on 1/21/2020.
	SB 0781	This bill amends 1993 PA 327, entitled "Tobacco products tax act" to include e-cigarettes and "consumable products" which includes liquid nicotine products as eligible for the tobacco excise act. Tie bar with: SB 0783'19, SB 0782'19, SB 0784'19	Jim Ananich (D)	Introduced and referred to Committee on Regulatory Reform on 2/5/2020.
	SB 0782	This bill amends 1915 PA 31, "The Youth Tobacco Act " and would require that anyone selling e-cigarettes or related products (vapor products) such as e-juices need to apply for and be licensed. Tie bar with: SB 0783'19, SB 0781'19, SB 0784'19	Marshall Bullock (D)	Introduced and referred to Committee on Regulatory Reform on 2/5/2020.
	SB 0783	This bill amends 1915 PA 31, "The Youth Tobacco Act " and prohibits retailers from advertising in any way that may appeal to or attract minors to use e-cigarettes. Tie bar with: SB 0782'19, SB 0781'19, SB 0784'19	Jim Runestad (R)	Introduced and referred to Committee on Regulatory Reform on 2/5/2020.
	SB 0784	This bill amends 1915 PA 31, "The Youth Tobacco Act " changes and would require that retailers verify that buyers are 21 or older. Tie bar with: SB 0782'19, SB 0781'19, SB 0783'19	Lana Theis (R)	Introduced and referred to Committee on Regulatory Reform on 2/5/2020.
	SB 0786	This bill amends 1971 PA 79, The Age of majority act of 1971 and changes the age for legal purchase, possession, and use of tobacco and e-cigarette products to 21.	Paul Wojno (D)	Introduced and referred to Committee on Regulatory Reform on 2/5/2020.

BILLS PERTAINING TO PRESCRIPTION MEDICATIONS AND MONITORING/HEROIN/OPIOIDS				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE

BILLS PERTAINING TO MARIHUANA

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 4126	This bill amends 2018 IL 1, entitled "Michigan regulation and taxation of marihuana act by requiring that all marihuana products sold in marihuana retailers and microbusinesses contain a label with the following, "Warning: Use by pregnant or breastfeeding women, or by women planning to become pregnant, may result in fetal injury, pre-term birth, low birth weight, or developmental problems for the child." It also requires the presence of information pamphlets to be provided to every customer at the time of sale with safety information related to marihuana use by minors and the Poison Control Hotline number, 1-800-222-1222.	Thomas Albert (R)	Introduced on 2/5/19. Approved by Governor Whitmer and signed into law on 2/20/20.
	HB 4127	This bill amends 2016 PA 281, entitled "Medical marihuana facilities licensing act," by requiring that all marihuana sold through provisioning centers contain a label with the following, ", "Warning: Use by pregnant or breastfeeding women, or by women planning to become pregnant, may result in fetal injury, pre-term birth, low birth weight, or developmental problems for the child." It also requires the presence of information pamphlets to be provided to every customer at the time of sale with safety information related to marihuana use by minors and the Poison Control Hotline number, 1-800-222-1222.	Daire Rendon(R)	Introduced on 2/5/19. Approved by Governor Whitmer and signed into law on 2/20/20.
	HB 5547	This bill amends 2016 PA 281, entitled "Medical marihuana facilities licensing act," and increases the number of marihuana plants a licensee may grow based on license type.	Graham Filler (R)	Introduced and referred to Committee on Government Operations on 2/25/20.
	HB 5549	This bill amends 2018 IL 1, entitled "Michigan regulation and taxation of marihuana act" and designates that a person engaging in an activity requiring a state license without having a state license is responsible for a civil infraction and will be punished by a fine of \$10,000 for each day that the violation continues.	Graham Filler (R)	Introduced and referred to Committee on Government Operations on 2/25/20.
	HB 5571	This bill amends 2000 PA 92, entitled "Food law" and allows for a person licensed under MRTMA or MMFLA to possibly apply and qualify for a food establishment license as long as smoking marihuana on the dually licensed premises is prohibited.	Julie Calley (R)	Introduced and referred to Committee on Government Operations on 2/27/20.
	HB 5621	This bill amends 2018 IL 1, entitled "Michigan regulation and taxation of marihuana act" and prohibits the sale of marihuana to an individual who is younger than 21 years of age or visibly intoxicated; prohibit, and create cause of action for harm that the individual causes.	Jim Lilley (R)	Introduced and referred to Committee on Government Operations on 3/12/20.
	HB 5622	This bill amends 2016 PA 281, entitled "Medical marihuana facilities licensing act," and prohibits sale of marihuana to a registered qualifying patient who is visibly intoxicated.	Yousef Rabhi (D)	Introduced on 3/12/20.

BILLS PERTAINING TO METHAMPHETAMINE/PRE-CURSORS

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE

BILLS PERTAINING TO ALCOHOL/UNDERAGE DRINKING

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5728	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and allows the LCC to buy back liquor that retailers bought from the LCC during a declared state of emergency.	Brandt Iden (R)	Introduced and referred to Committee on Government Operations on 4/24/2020.
	SB 0890	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and allows the LCC to buy back liquor that retailers bought from the LCC during a declared state of emergency.	Kenneth Horn (R)	Introduced and referred to Committee on Government Operations on 4/24/2020.
	HB 5342	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and clarifies electronic advertising guidelines.	Pauline Wendzel (R)	Introduced and referred to Committee on Regulatory Reform on 1/16/2020.
	HB 5343	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and allows for microbrewers to deliver beer to retailers if certain conditions are met.	Pauline Wendzel (R)	Introduced and referred to Committee on Regulatory Reform on 1/16/2020.
	HB 5347	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and establishes new guidelines for organizations applying for licenses to conduct a beer festival. Two or more day festivals will be considered one event. Samples meant to showcase beer may be given for free.	Alex Garza (D)	Introduced and referred to Committee on Regulatory Reform on 1/16/2020.
	SB 0711	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and allows for issuance of a limited production manufacturer license and determines initial and renewal license fees.	Jon Bumstead (R)	Introduced and referred to Committee on Regulatory Reform on 1/9/2020 and referred to Committee of the Whole on 1/22/2019.
	HB 5410	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and would eliminate state minimum pricing on spirits.	Steven Johnson (R)	Introduced and referred to Committee on Regulatory Reform on 1/23/2020.
	HB 5428	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and states that the liquor control commission shall not consider qualified violations if they happened at least seven years ago when considering issuing, denying, suspending or revoking liquor licenses.	Matt Hall (R)	Introduced and referred to Committee on Regulatory Reform on 1/30/2020.
	HB 5544	This bill amends 1998 PA 58, "Michigan liquor control code of 1998" and allows on-premise retailers to have self-serve beer and wine dispensing machines.	Rodney Wakeman (R)	Introduced and referred to Committee on Regulatory Reform on 2/25/2020.

BILLS PERTAINING TO SUD FUNDING/MISC				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE

*The Michigan Licensing and Regulatory Affairs posted an advisory bulletin on May 11th, 2018 to clarify that CBD oil is categorized as marihuana and falls under the Michigan Medical Marihuana Act/Medical Marihuana Facilities Licensing Act.

MISCELLANEOUS BILLS				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5477	This bill amends 1978 PA 368, “The public health code” and provides for a diversion program including screening, assessment, and substance use disorder services for consenting individuals found guilty/pleading guilty to illegal possession or use of controlled substances.	Joseph Bellino (R)	Introduced and referred to Committee on Judiciary on 2/11/2020.

FEDERAL BILLS

Priority	BILL #	SUMMARY	SPONSOR	

Additional Information:

Congress negotiated a deal that would raise discretionary spending caps by upwards of \$300 billion over two years. Included in this deal is increased funding for non defense discretionary priorities. **This bipartisan budget agreement dedicates funding to address the opioid and mental health crisis by \$6 billion dollars over the next two years.** \$3 billion for FY18 and \$3 billion for FY19 is appropriated to combat the substance abuse epidemic, including enhanced state grants (with additional assistance for those states with the highest mortality rates and tribes), public prevention programs, and law enforcement activities related to substance abuse and mental health programs to address the opioid epidemic. Additionally, the National Institutes of Health (NIH) was appropriated \$1 billion for FY18 and \$1 billion for FY19 to support additional scientific research.



Substance Use Disorder Prevention
Funded Agency Guide
2019-2020

Allegan County

Provider: Allegan County Community Mental Health (ACCMHS)



- **ACCMHS 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 the Talk Sooner website, app, participates in Talk Sooner media campaign and implements prescription drug prevention strategies and “Cool Parent” initiatives as identified in their strategic plan. Additionally, ACCMHS works with the Great Start Collaborative to provide information regarding trauma, increase access to services for youth and families regarding substance use, improve social-emotional development of children, and provide information to advance Recovery-Oriented Systems of Care within the community. 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.
- **ACCMHS Prevention for At-Risk Youth/Behaviors** includes STAR Family Literacy, which is a program that focuses on prevention for at-risk youth/behaviors. The program supports teen parents and their children. 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 works to change attitudes, risk perceptions, motivations, and risk reduction.
- **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-making skills, 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 Youth Team, which is a county-wide youth substance abuse coalition to help coordinate and initiate youth-developed and led prevention projects to correct the misperception that most youth use alcohol, tobacco, and other drugs. Additionally, ACCMHS 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. Efforts to 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 dispose of unused medications at the eight permanent disposal drop-off sites within Allegan County. ASAP is focusing on working with the medical community to improve prescribing practices and increase awareness of the problem for youth and adults. 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** involves a multi-strategy approach designed to address youth alcohol and marijuana use. The overall focus of Arbor Circle's Prevention Services Program is to build capacity by directly strengthening and enhancing refusal skills and healthy coping mechanisms among indicated, high-risk youth/young adults, and 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. Along with improving treatment availability for those with gambling disorders in Kent County, this project is focusing on increasing community awareness about the risks and effects of problem gambling by providing education that problem gambling is preventable and treatable. It aims to 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 community about 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 skills and 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.
- **Native American Community Services (NACS) Prevention** is a substance use prevention program that aims at educating individuals, families, and the community about alcohol and the effects it can have. NACS Prevention specifically aims at reaching and providing these services to the Native American population in Kent County. The strategies of the program include strengthening relationships and collaborations within the Native American population to provide prevention services. Services include educational prevention groups for youth, a Student Leader Program, workshops for parents and youth, and the dissemination of prevention material to the community at different events such as resource fairs and community celebrations.

Provider: Kent County Health Department (KCHD)



- **Adult Heavy Drinking** is an annual campaign informing adults about the potentially harmful effects and risky behaviors associated with excessive alcohol consumption. The short-term impacts of heavy drinking can include drinking and driving, aggression, and risky sexual 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. KCHD uses a broad-based public health campaign incorporating social media and education throughout Kent County. The target audience is residents over 21 years of age,

with a primary focus on the 21 to 34-year-old population. It is not an abstinence message. Instead, it asks people to rethink how much and how quickly they drink.

- **Botvin LifeSkills Training (LST)** is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program provides adolescents and young teens in the 3rd through 10th grades with the confidence and skills necessary to successfully handle challenging situations. Health educators coordinate service delivery with schools in urban, rural, and suburban districts throughout Kent County. The high school curriculum includes modules on social-emotional learning in addition to a supplemental module on prescription drug abuse. The information will help students develop strategies for making healthy decisions, reducing stress, managing anger, enhancing communication skills, building healthy relationships, understanding the consequences of substance use, risk-taking, and influences of the media.

The middle school curriculum includes modules on the pre-test and team building, self-image, self-improvement, goal setting, decision-making, tobacco and smoking, alcohol and binge drinking, marijuana, inhalants, prescription drugs, addiction and e-cigarettes, advertising, violence, and media, coping with stress and anxiety, communication skills, assertiveness, social skills, and post-test and graduation.

The elementary school curriculum includes modules on self-esteem, decision-making, stress, advertising, communication, assertiveness, social skills, and tobacco, alcohol & marijuana.

The focus of the LifeSkills Training is for KCHD Health Educators 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 health risk behaviors
 - Enhance positive decision-making skills
 - Assess the results of the students' matched pre/post-tests to determine program effectiveness
- **Data Systems:** Since 2008, KCHD has coordinated the collection, analysis, and reporting of data surrounding local substance use behaviors to support the work of the Kent County Prevention Coalition (KCPC). KCHD staff is actively involved in advocating for school districts to participate in the Michigan Profile for Healthy Youth (MiPHY) Survey to enhance the representativeness and availability of data on substance use behaviors among Kent County adolescents. In support of these efforts, KCHD epidemiologists help school administrators analyze their district-specific MiPHY data, which is used to help inform need-based programming. KCHD staff also collaborate with the Kent Intermediate School Districts to train district staff on how to effectively use MiPHY data. Through its partnership with KCPC, KCHD plays a key role in the coalition's efforts to share local data with KCPC member organizations and community stakeholders. KCHD epidemiologists help to craft KCPC's annual Substance Use Indicator Report and organize locally available statistics on the KCPC website. In addition to providing data to the greater community, KCHD also assists KCPC's continuous journey of going from "good to great" by providing evaluation support for coalition events and activities. Examples of these supportive activities include creating evaluation tools for the annual Youth Summit and Lunch and Learn events and assessing the overall health of the coalition through an annual member survey.

- **Yo Puedo** means “I Can” in English. The program components include weekly educational sessions for each school site group, visits to local universities, and an opportunity for a community service project. The program uses a variety of volunteer Latino adult professionals. The youth are enrolled in the program from October through June. For this time, they are engaged in chaperoned activities and environments that not only keep them safe but also offer an alternative to unhealthy activities. Three newsletters are also presented to the youth and their families, and home visits occur as needed. Yo Puedo targets Hispanic youth attending the six Grand Rapids Public School sites, which currently include Westwood Middle, Southwest Community Campus, and Burton Middle Schools; Union and Innovations Central High Schools; and Millcreek Middle School in Comstock Park School District. All have a significant Hispanic student population.
- **Minor In Possession (MIP)** program offers an alternative to further legal procedures by providing an educational program to enhance communication between parents and teens living in Kent County. The design of the program is for adolescent youth, ages 13 to 17, who have been involved in an alcohol or other drug-related incident. Elements of the program include increasing knowledge and awareness of alcohol, tobacco, and other drugs (ATOD) issues, improving communication, strengthening decision-making skills, and supporting the family as the center of influence in the future.
- **Tobacco Program:** Serves as the Designated Youth Tobacco Use Representative (DYTUR) in Kent County and implements the No Cigs for Our Kids Program.



Provider: network180  network180
Lives Redirected.

- **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 from various 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 in landmark 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 personal choices and future ambitions, emerging community health and wellness trends related to underage substance use, and the power community teens have individually and collectively to impact peers, family and community norms and the world by making a personal commitment to 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.
- **ATI-Kent County Mobile Experience**, facilitated by KCPC, facilitates high-octane, Generation-Y oriented, ‘ATI-Kent County’ days within area schools to inspire and empower students to make positive decisions and commit to living ATI as a lifestyle. These in-class sessions feature music,

technology, art, and prevention messaging, and have proven effective among students of all demographics.

- **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 reduce and prevent substance use disorders in Kent County. Lunch and Learn Community Forums are meant to help us uncover issues and work together to improve health outcomes for all who call Kent 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, fellowshipping over a meal or family activity, etc. perform better academically and are significantly less likely to drink, smoke, or use drugs. The KCPC, powered by network180, in partnership with community stakeholders such as Grand Rapids Public Schools, John Ball Zoo, and Brann's Restaurants, 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, community members, prevention professionals, and law enforcement with the goals of educating potential furnishers, 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 empower and engage their student body to live ATI as a lifestyle. Red Ribbon Week is nationally recognized and is the largest, most visible prevention awareness campaign observed annually in the United States.

Provider: Wedgwood  WEDGWOOD
CHRISTIAN SERVICES

- **Project SUCCESS** is an evidence-based multi-strategy approach designed to prevent and reduce 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, medication disposal projects, an at-risk youth intervention program (Prime for Life), and the Strengthening Families Program, which provides skills and support to both parents and kids.
- **Gambling Prevention Through Education & Awareness:** This project aims at reducing problem gambling in youth, adults, and seniors through education and community awareness. Newly developed 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 community coalition 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, and recovery guides, and 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

HEALTH PROJECT

A COMMUNITY BENEFIT MINISTRY OF MERCY HEALTH

- **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

- **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 Total Trek 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. All curricula have been found to significantly improve parenting skills and family relationships, and reduce problem behaviors, delinquency, and alcohol and drug abuse in children. Child maltreatment also decreases as parents learn effective parenting skills and strengthen the bond with their children.



- **Childbearing and ATOD** targets men and women of childbearing age (18 to 44) to reduce poor birth outcomes related to ATOD use before, during, and following pregnancy. This collaborative project includes planning for awareness education; increasing availability to addiction services for pregnant women; increasing father and family engagement; helping community workers refer both women and men with perinatal ATOD use problems to reliable and relevant resources; and provide tools and resources to increase alcohol, tobacco, and other drug use screening for those of childbearing age.
- **Community Alcohol Abuse and Risky Behaviors** covers a wide range of activities focused on reducing minor alcohol use and risky behaviors associated with alcohol use. Activities in this program include one-on-one technical assistance and vendor education for each establishment caught serving minors; working with the DFM Coalition ALL subgroup members to develop vendor education packets and compliance awards; leadership and coordination of vendor tune-ups; working with retailers to reduce the incidence of drinking and drugged driving; training community members to address situations where they may encounter youth or adults with co-occurring mental health/substance abuse disorders; introducing and reducing the risks associated with binge drinking, attitude and perception of alcohol use among college-age adults; providing alcohol server training to identify and address minor consumption and inebriated patrons; and assuring proper linkages to online resources for parents that encourage modeling of appropriate alcohol use behaviors.
- **Diversion Prevention** focuses on promotion medication drop boxes and pharmacy take-back programs, as well as increasing the use of the Michigan Automated Prescription System (MAPS) and encouraging adults to lock up and monitor their medications. This project also includes raising awareness among CBOs and their membership.
- **Early Initiation to Alcohol, Tobacco, and Other Drug Use (ATOD)** addresses youth ATOD access in the home and retail stores through several initiatives including implementation of risk factor reduction activities; continuing substance abuse professional education and collaborative

partnerships to address community problems; assisting parents with the special needs of raising adolescents; changing youth perception of ATOD use as well as the perceived risk; and the need for a comprehensive policy in the Muskegon community that addresses change in the social norms related to ATOD use, especially tobacco.

- **Parenting** educates parents on the problems associated with sharing and not properly monitoring addictive medications through online resources.
- **Rx Misuse and Abuse** targets youth and their families. Muskegon County youth do not use prescription medicines for their intended purpose but for recreation and school performance enhancement. Youth can get medication by stealing or buying them; however, many receive medications from a family member who is unaware of the associated health risks and will regularly share prescriptions.
- **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 for schools, 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 school to 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 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 Total Trek 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'.
- **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 subcommittees and 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 Engagement** is a focus for Arbor Circle to increase the age of onset of youth substance use. A focus on youth development includes improving positive family management, providing family opportunities for pro-social involvement, educating youth on coping skills, providing positive adult and peer relationships, promoting healthy choices, and increasing the perception of risk of marihuana use. Parent engagement is promoted and developed to improve positive family management skills. Families receive a variety of pro-social opportunities through prevention programs that teach coping skills while building and providing positive adult and peer relationships. Prevention programs also teach healthy decision-making. Advocacy and youth education efforts address the low perception of risk of marihuana use. Specific


curricula-based programs include Nurturing Parenting, Circle of Parents, Inside Out Dads, the Strengthening Families Program, and a community-based parent workshop series.

- **Reducing Ottawa Area Drunk Driving Taskforce (ROADD)** is a coalition of law enforcement, universities, community members, and other interested parties who come together to prevent impaired 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 boys 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 also 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: **Ottawa County Community Mental Health** 

- **Ottawa County Opiate Task Force** addresses the local opioid epidemic and is made up of representatives from law enforcement, the medical community, public health, and treatment providers. In December 2017, Community Mental Health of Ottawa County hired a part-time prevention specialist to lead the task force and further coordinate among the community and stakeholders. Efforts of the task force include increasing physician awareness of medication-assisted treatment and working with the Holland Physician Hospital Organization to develop prescriber guidelines for referring patients for substance abuse treatment. The task force is working to increase community awareness of drug take-back locations and events and is educating the community on opioid safety and overdose prevention.

Provider: **Ottawa County Department of Public Health**  **miOttawa Department of Public Health**

- **Prime for Life** is a highly effective program for helping people of many ages reduce high risk choices around the use of drugs or alcohol. This includes but is not limited to impaired driving offenders, college students, and young people charged with alcohol and/or drug offenses. Prime For Life® is designed for these individuals to change drinking and drug use behaviors by changing beliefs, attitudes, risk perceptions, motivations, and help develop the knowledge of how to reduce their risk of alcohol and drug related problems throughout their lives.
- **Tobacco Program:** Serves as the Designated Youth Tobacco Use Representative (DYTUR) in Ottawa County, and implements the No Cigs for Our Kids Program. 

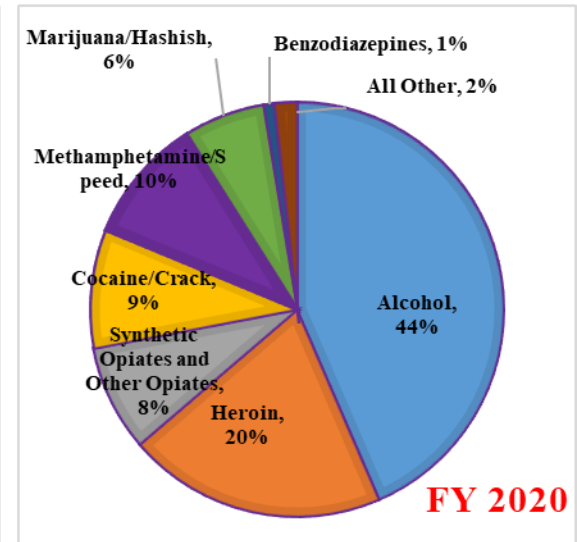
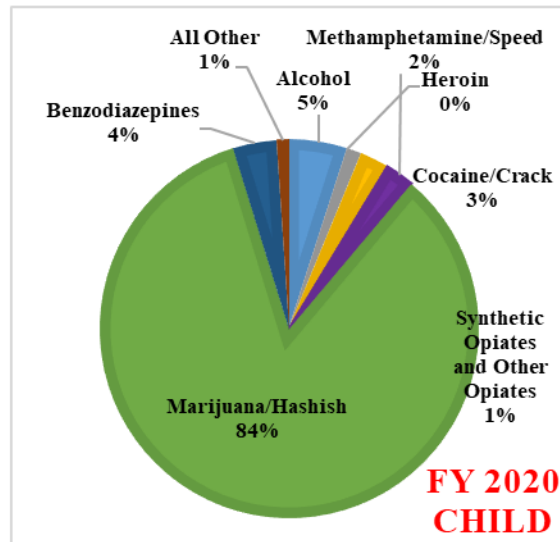
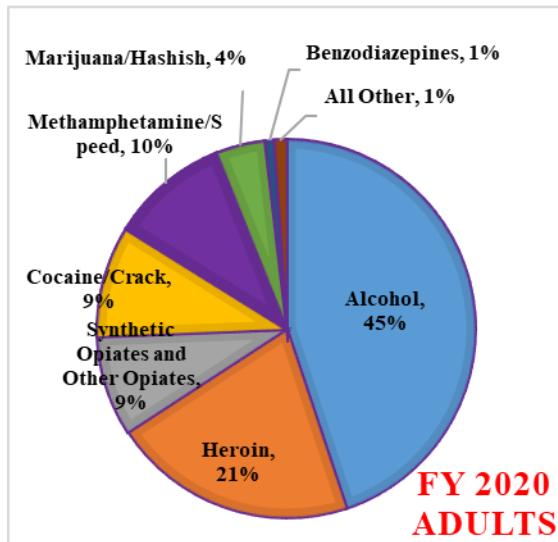
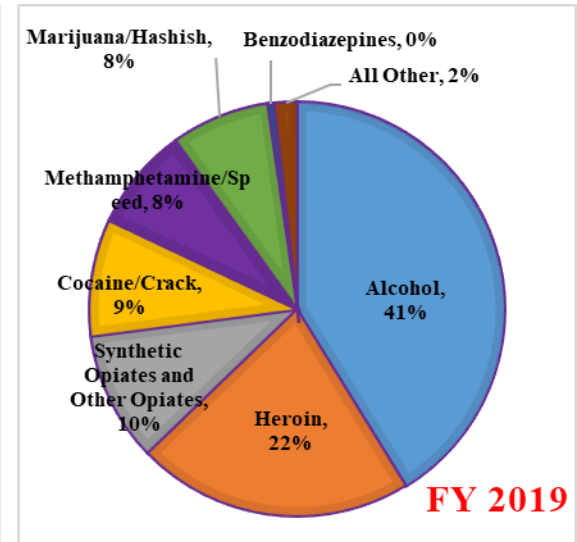
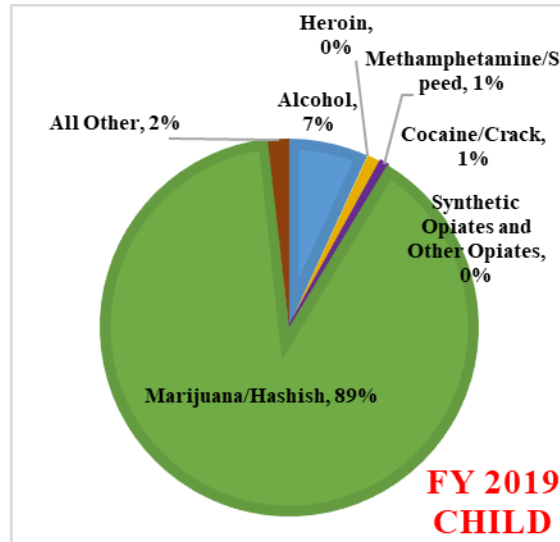
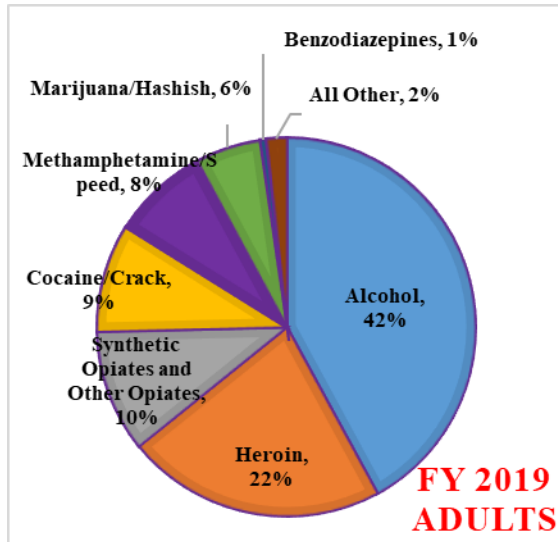
**LRE Funded SUD Prevention Numbers Served FY 20
(10/1/19-5/29/20)**

Provider	Total Attendees	Estimated Reached
Allegan Community Mental Health	8,012	79,939
Arbor Circle (Kent County)	825	535
Arbor Circle (Muskegon and Ottawa Counties)	8,198	278,458
Cherry Health (services ended 3/31/20)*	6,257	20
District Health Department #10	4,340	25,466
Family Outreach Center	845	2
Kent County Health Department	17,671	0
Mercy Health	1,630	47,800
Network180	106,548	200
Ottawa County Department of Public Health	1,198	0
Ottawa County Community Mental Health	437	3
Public Health Muskegon County	4,030	15,028
Wedgwood	9,397	200
Total YTD for the Region	169,388	447,651

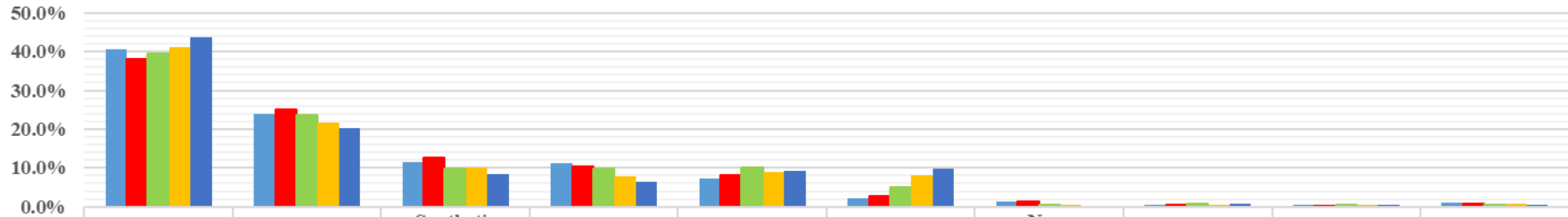
By County		
Allegan	8,012	79,939
Kent	141,388	957
Lake, Mason and Oceana	4,340	25,466
Muskegon	5,660	62,828
Ottawa	9,833	278,461
Total	169,388	447,651

*Cherry Health is no longer offering SUD Prevention services effective March 31, 2020. The programs have shifted to the Kent County Health Department effective April 1, 2020.

Admissions by Primary Drug – LRE Totals



LRE - Primary Drug by Fiscal Year



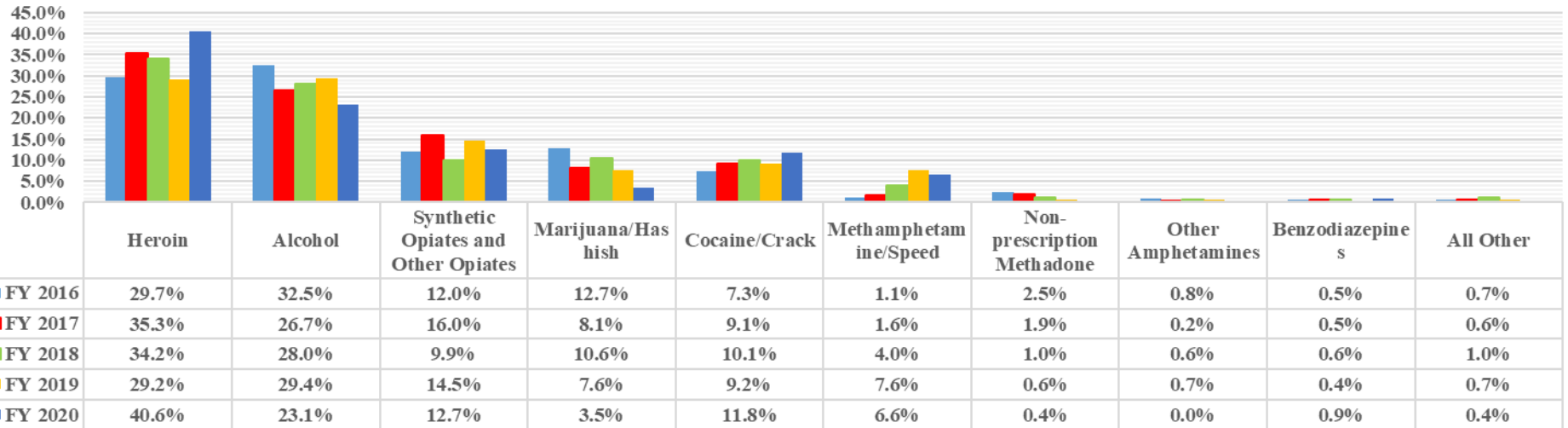
FY 2016	40.7%	23.9%	11.4%	11.3%	7.4%	2.1%	1.3%	0.6%	0.4%	1.0%
FY 2017	38.0%	25.2%	12.6%	10.4%	8.2%	2.6%	1.3%	0.5%	0.3%	0.8%
FY 2018	39.4%	23.6%	9.8%	9.7%	10.2%	4.9%	0.6%	0.8%	0.4%	0.6%
FY 2019	41.2%	21.6%	10.2%	7.7%	9.1%	8.1%	0.6%	0.5%	0.4%	0.7%
FY 2020	43.8%	20.3%	8.4%	6.4%	9.3%	9.9%	0.2%	0.9%	0.4%	0.4%

Allegan - Primary Drug by Fiscal Year

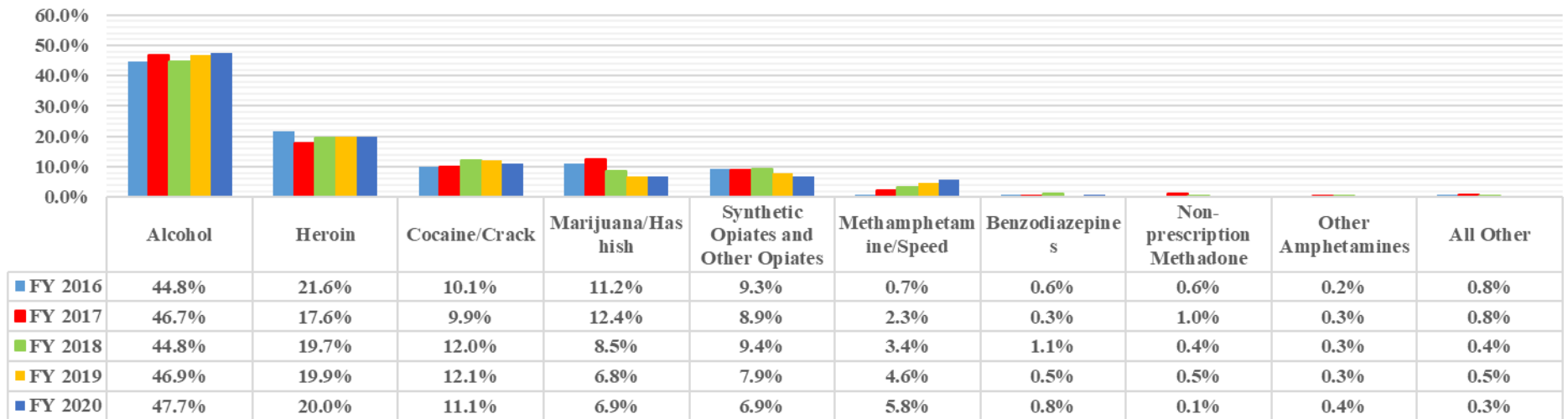


FY 2016	36.6%	15.3%	22.5%	11.2%	9.6%	1.2%	0.7%	0.0%	0.7%	2.2%
FY 2017	36.1%	19.6%	13.4%	15.5%	5.2%	2.1%	2.1%	2.1%	3.1%	1.0%
FY 2018	41.8%	22.4%	13.9%	10.4%	5.5%	4.0%	1.0%	1.0%	0.0%	0.0%
FY 2019	39.7%	25.6%	14.0%	5.5%	8.0%	3.6%	0.6%	0.8%	0.6%	1.7%
FY 2020	34.0%	32.1%	13.5%	9.6%	7.7%	2.6%	0.0%	0.6%	0.0%	0.0%

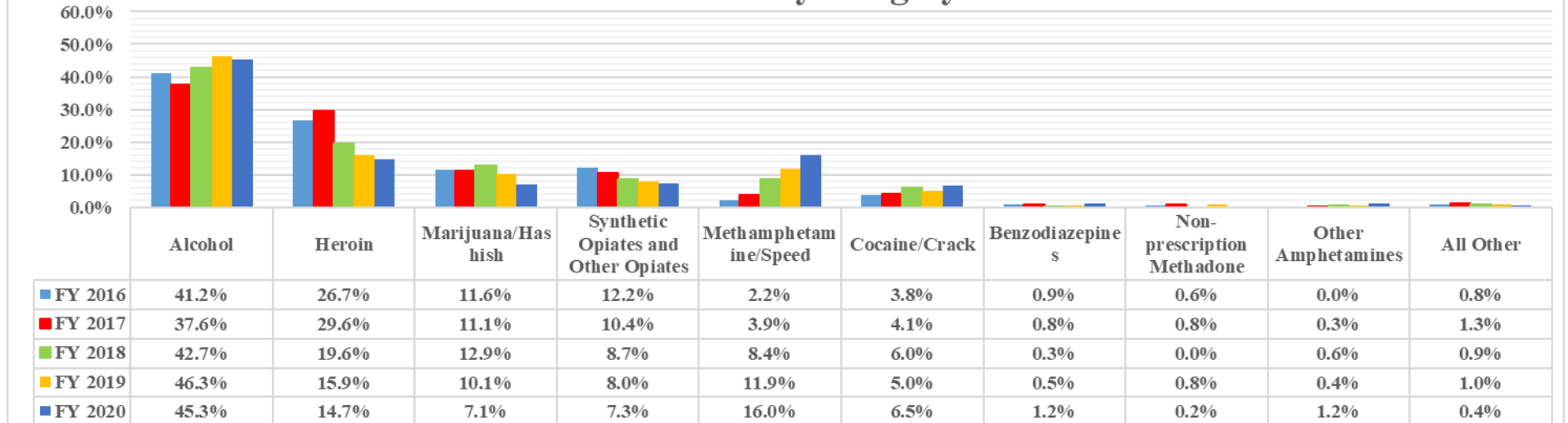
HealthWest - Primary Drug by Fiscal Year



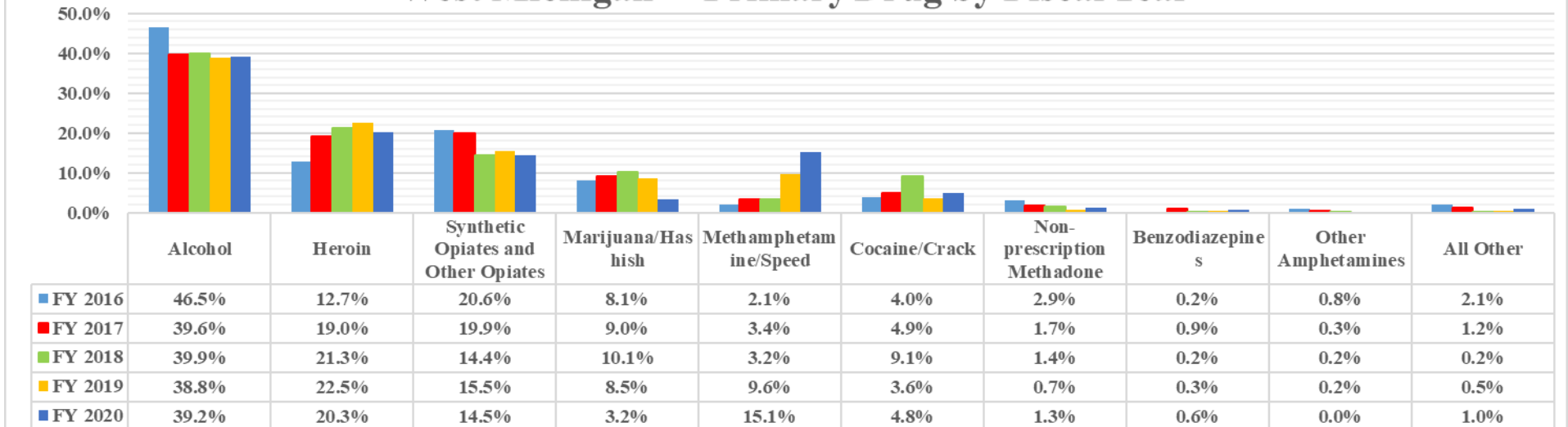
Network 180 - Primary Drug by Fiscal Year



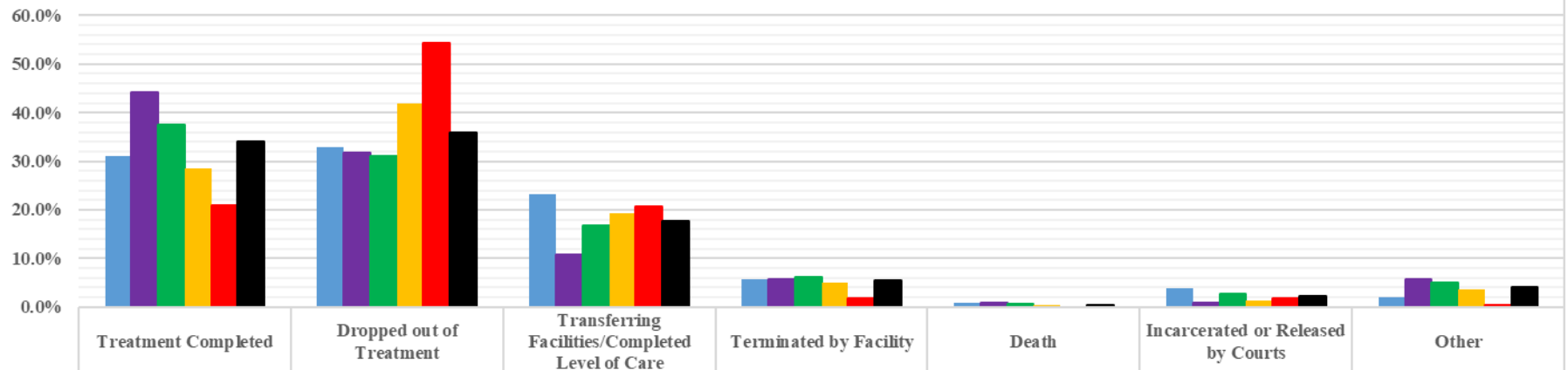
Ottawa - Primary Drug by Fiscal Year



West Michigan - Primary Drug by Fiscal Year

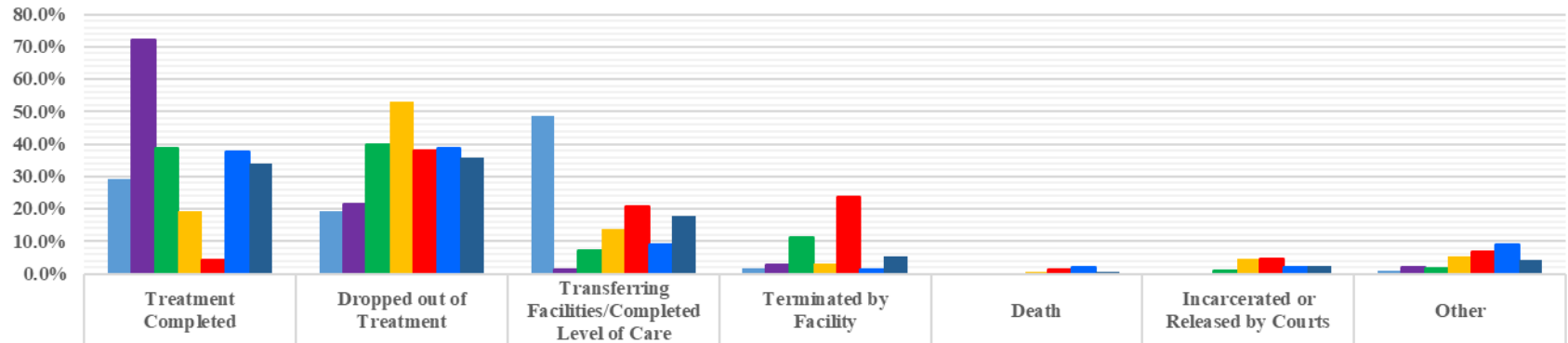


Discharge Reasons by CMHSP - FY 2020



	Treatment Completed	Dropped out of Treatment	Transferring Facilities/Completed Level of Care	Terminated by Facility	Death	Incarcerated or Released by Courts	Other
Allegan	31.1%	33.0%	23.3%	5.8%	1.0%	3.9%	1.9%
HealthWest	44.2%	31.7%	10.8%	5.8%	0.8%	0.8%	5.8%
Network 180	37.6%	31.1%	16.8%	6.3%	0.6%	2.6%	5.1%
Ottawa	28.6%	41.8%	19.4%	4.9%	0.3%	1.2%	3.7%
West Michigan	21.0%	54.2%	20.7%	1.8%	0.0%	1.8%	0.4%
LRE	34.1%	35.9%	17.7%	5.4%	0.5%	2.3%	4.1%

Discharge Reasons by Level of Care - FY 2020



	Treatment Completed	Dropped out of Treatment	Transferring Facilities/Completed Level of Care	Terminated by Facility	Death	Incarcerated or Released by Courts	Other
Detox	29.3%	19.5%	48.5%	1.7%	0.0%	0.0%	1.0%
Short Term Residential	72.1%	21.4%	1.4%	2.9%	0.0%	0.0%	2.2%
Long Term Residential	38.9%	40.0%	7.2%	11.1%	0.0%	1.1%	1.7%
Outpatient	19.3%	53.1%	13.6%	3.3%	0.5%	4.8%	5.4%
Methadone	4.3%	38.1%	21.0%	23.8%	1.4%	4.8%	6.7%
Intensive Outpatient	37.5%	38.8%	9.2%	1.3%	2.1%	2.1%	9.2%
LRE	34.1%	35.9%	17.7%	5.4%	0.5%	2.3%	4.1%