

Meeting Agenda
SUD OVERSIGHT POLICY BOARD
Wednesday, December 2, 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: 544 306 636#

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 December 2, 2020 LRE Oversight Policy Board meeting agenda as presented
6. Review/Approval of Minutes – Chair (*Attachment 2*)
Suggested Motion: To approve the September 2, 2020 LRE Oversight Policy Board meeting minutes as presented
7. Regional Updates – Greg Hofman, LRE CEO; Mark DeYoung, LRE Board Chair
 - a. CEO Retirement and Transition Planning
 - b. State Contract Settlement Updates
 - c. Beacon Health Options Contract Negotiations
8. Old Business
Ottawa PA2 Updates – Stephanie VanDerKooi, Greg Hofman, Maxine Coleman
9. New Business
 - a. FY21 Block Grant Allocation Reductions (*Attachment 3*)
Suggested Motion: To recommend PA2 Reserve Funds Distribution to help offset amounts up to \$2,000,000 in FY21 SUD Block Grant Treatment dollar cuts from Michigan Department of Health and Human Services
 - b. Intergovernmental Agreement – Status Update
 - c. Board Member Appointments and Nominating Committee
 - d. SOR II Grant Projects

10. Regular Committee Business

- a. Budget Status Report – Maxine Coleman
 - i. Statement of Activities – October 2020 (*Attachment 4*)
 - ii. Preliminary FY2020 Year-end Financial Statement (*Attachment 5*)
- b. FY2021 Budget Adjustment #1 (*Attachment 6*)

Suggestion Motion: *To approve the allocation of PA2 funds for the LRE SUD Budget Amendment #1 as present and recommend that the LRE Board approve the non-PA2 fund budgets for SUD as presented*

11. SUD Director Update – Stephanie VanderKooi (*Attachment 7*)

- a. Talk Sooner Update (*Attachment 8*)
- b. West Michigan Opioid Town Hall (*Attachment 9*)
- c. Partnership for Success (*Attachment 10*)
- d. Stimulant/Methamphetamine Regional Assessment (*Attachment 11*)
 - i. Meeting scheduled for January 29
- e. Gambling Disorder Grant Summary of Activities (*Attachment 12*)

12. Data Reports -

- a. Treatment Data (*Attachment 13*)
- b. Prevention Data (*Attachment 14*)

13. Roundtable Discussion – Chair

14. Next Meeting – March 3, 2021 – Organizational Meeting and Election of Officers (Virtual meeting)

- a. Upcoming meetings:
 - June 2, 2021 – venue TBD
 - September 1, 2021 – venue TBD
 - December 2, 2021 – venue TBD

15. Adjournment – Chair

Meeting Minutes (proposed)
SUD OVERSIGHT POLICY BOARD

Wednesday, September 2, 2020 4:00 PM
Meeting held via Microsoft Teams

CALL TO ORDER – Chair

Mr. Sweeney called the September 2, 2020 LRE Oversight Policy Board meeting to order at 4:03 p.m.

ROLL CALL/INTRODUCTIONS – Chair

In attendance at Roll Call: Tom Antor, Mark DeYoung, Marcia Hovey-Wright, Kate Kesteloot-Scarborough, Rebecca Lange, Bryan McKissack, Stan Ponstein, David Parnin, Molly Reid, Sarah Sobel, Patrick Sweeney

Absent: Shelly Cole-Mickens, Al Dannenberg, Richard Kanten, Dawn Martin, Andrew Sebolt, James Storey

PUBLIC COMMENT – Chair

Lynne Doyle

Community Mental Health of Ottawa County

Ms. Doyle requested that the Board consider allowing CMHOC to use their reserve PA2 funds to cover expenses for prevention services for FY19 and FY20. This is a one-time request while Ottawa County works out cost settlement issues with the LRE.

Mark Witte

ACCMHS

Noted his attendance at the meeting.

CONFLICT OF INTEREST – Chair

No conflicts of interest declared

Marcia Hovey-Wright expressed concerns regarding a conflict due to her seat on the Muskegon County Board. Although no financial interest, there may be a conflict due to the lawsuit. The Board determined that there were no conflicts.

REVIEW/APPROVAL OF AGENDA – Chair

OPB 20-013 Motion: To approve the September 2, 2020 LRE Oversight Policy Board meeting agenda as presented

Moved by: Hovey-Wright

Support: Parnin

MOTION CARRIED

REVIEW/APPROVAL OF MINUTES – Chair

OPB 20-014 Motion: To approve the June 3, 2020 LRE Oversight Policy Board meeting minutes as presented

Moved by: Ponstein

Support: Anton

MOTION CARRIED

REGIONAL UPDATES – Greg Hofman, LRE CEO; Mark DeYoung, LRE Board Chair

- Settlement discussions related to the state's action toward contract termination discussions were stalled due to the onset of the pandemic. A meeting was held in late July and a recommendation for possible settlement action was present to the state. Thus far no response to that proposal
- Funding outlook for FY20 is positive. Due to changes in MDHHS funding methodology and other factors, funding has increased for the region. Currently projections are that there will not be a deficit for this fiscal year.
- Region is working on a network stability plan that will provide an opportunity for providers who may be experiencing threatening financial situations due to the pandemic to request funding. Some funds are being released after determining any federal funds that providers may have received through the CARES act and the Payroll Protection Program.
- The contract renewal with Beacon Health Options Currently is in negotiations.
- CMHSP partners have done a great job in adjusting to the needs of consumers during the pandemic

OLD BUSINESS

Ottawa PA2 Updates – Stephanie VanDerKooi, Greg Hofman, Maxine Coleman

Stephanie reporting having been contacted by Ottawa County Corporate Counsel, who has indicated that Ottawa County would not forward the legally required percentage of PA2 funds to the LRE. Since that time, there have been numerous discussions with Ottawa County. The LRE has taken a close look at this issue and are committed to finding resolution in a manner that is consistent with regional policy, process and standard as well as within the confines of the law. LRE holds the contracts with prevention providers and want to ensure that those are honored within the current processes.

Maxine reported on discussions with Ottawa County Corporate Counsel, who has expressed concerns about the accounting of PA2 dollars and have accused the LRE of using PA2 funds to offset Medicaid expenses, which is not accurate. A formal request was made that Ottawa County provide the PA2 funds due to LRE. LRE has also reached out to corporate counsel who has drafted a response, noting that 50 percent of the total liquor tax dollars that Ottawa County receives is required by law to be returned to the PIHP. No PA2 funds have been received from Ottawa County for FY19 nor FY20. This results in the LRE being unable to support the budgets that were approved by this Board.

Mr. Parnin suggested a motion to approve a one-time exception to the policy that would allow the use of Ottawa County's reserve PA2 funds to cover FY2019 and FY2020 SUD Prevention Expenses.

Mr. Sweeney inquired as to the status of this policy and whether the Oversight Policy Board has the

authority to override LRE policy to grant the request being made by Ottawa County. Mr. Hofman reported that advice from counsel was related to the failure by Ottawa County to submit the PA2 funds; there has been no legal opinion requested related to overriding LRE policy. Upon consideration, Board members concurred that the OPB does not have the authority to override LRE Policy. The request to change policy should be directed to the LRE Board.

NEW BUSINESS

Review Conflict of Interest Policy and Financial Disclosure Statements

OPB 20-015 Motion: To approve the OPB Conflict of Interest Policy as presented

Moved by: Ponstein

Support: Hovey-Wright

MOTION CARRIED

OPB 20-016 Motion: To approve the Financial Disclosure form as presented

Moved by: Ponstein

Support: Hovey-Wright

MOTION CARRIED

Board members are required to sign a financial disclosure annually; please sign and return the form to Patricia Genesky at patriciag@lsre.org.

Regional SUD Youth Data Presentation

Ms. VanDerKooi reviewed data collected from middle school and high school youth related to their health. This survey is administered every other year. The data presented was gathered in February (prior to COVID). Kent County was unable to complete the survey and will have an opportunity to do so early in the school year. Charts will be updated after final responses are incorporated into the data set.

Ms. VanDerKooi reported that due to the current situation related to the pandemic, prevention providers have been very creative in developing programming. Providers have developed plans for in-person, hybrid, and completely online programs.

Statewide SUD Assessment (ASAM Continuum)

The state has a desire to select one SUD Biopsychosocial assessment that will be used across the state. The GAIN was originally selected, but concerns were noted with that tool, and the PIHP Directors have recommended to the state that the ASAM Continuum be used. A response to that recommendation is pending.

REGULAR COMMITTEE BUSINESS

Budget Status Report – Maxine Coleman

i. Statement of Activities – July 2020

Ms. Coleman reviewed the July 2020 statement of activities. Overall, budget to actual is slightly under the target of 87 percent. Those funds forward. The LRE has supported prevention services using block grant funds pending resolution of the Ottawa County PA2 issue. Treatment expenses are within the budgeted amount. The LRE continues to work with the state regarding issues with the new grant system and errors in allocations to the region.

OPB 20-17 Motion: To approve the allocation of PA2 funds for the LRE SUD Budget and recommend that the LRE Board approve the non-PA2 fund budgets for SUD services

Ms. Coleman reviewed the FY2021 budget detail, which reflects a net change of approximately 10.7 million revenue due to SOR II and expected increase in Medicaid funds.

Prevention Provider Programs – COVID Adjustments – Providers have moved most programming to a virtual platform. The state has recognized their good work and have asked some providers to present at the state SUD conference later this month.

Prevention Data – presented for information.

Mr. Ponstein commented on the difficult times and the importance of the issues we are dealing with. He commended staff and everyone involved and expressed his appreciation for the important work that is being done.

Patrick Sweeney expressed appreciation to the staff for their work.

2021 Meeting Schedule (venue to be determined)

OPB 20-018 Motion: To approve the 2021 LRE Oversight Policy Boardmeeting schedule

ADJOURNMENT

Mr. Sweeney adjourned the September 2, 2020 LRE Oversight Policy Board meeting at 6:05 p.m.

OVERSIGHT POLICY BOARD**ACTION REQUEST**

SUBJECT: RESERVE PA2 FUNDS DISTRIBUTION FOR FY 2021
PREPARED BY: Maxine Coleman, LRE Interim Chief Financial Officer
MEETING DATE: December 2, 2020

RECOMMENDED MOTION:

The Oversight Policy Board recommends PA2 Reserve Funds Distribution by county as follows to help offset amounts up to \$2,000,000 in FY21 SUD Block Grant cuts from Michigan Department of Health and Human Services:

COUNTY	FY 2021
Allegan	\$177,800
Kent	\$990,400
Lake	\$37,555
Mason	\$87,222
Muskegon	\$354,600
Oceana	\$18,623
Ottawa	\$333,800
Regional Total	\$2,000,000

SUMMARY OF REQUEST/INFORMATION:

Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities relative to substance abuse services.

Among other functions, the Oversight Policy Board is responsible to approve budgets which contain local funds and to advise budgets which contain non-local funds for services within the region.

LRE Policy 12.4 states:

PA2 funds are managed by the LRE; the amount of funding available to each County of Region 3 PIHP (LRE) will be determined by the LRE Finance team and reported to the Oversight Policy Board (OPB). PA2 funds may only be used in the County of Origin and strictly for SUD prevention and treatment; no funds can be used for administrative costs.

It is the policy of the Lakeshore Regional Entity (LRE) to periodically distribute reserved PA2 funds to impact regional needs through programming in the area of Substance Use Disorders.

Due to a cut in SUD block grant dollars for FY 2021, the LRE is requesting the use of PA2 reserve funds up to \$2,000,000 to help offset the burden these cuts will have on SUD services.

ATTACHMENT 4

Lakeshore Regional Entity Substance Use Disorders FY21 Block Grant Expenditures

	Year Ending 10/31/2020	Year To Date 10/31/2020		
	FY21 Budget <i>Initial</i>	FY21 Budget to Date	Actual	Budget to Actual Variance
Block Grant				
Operating Revenues				
SUD Block Grant	10,863,098	905,258	0	905,258
Total Operating Revenues	10,863,098	905,258	0	905,258
Expenditures - Prevention				
LRE Direct & Regional Administration - Prevention	317,379	26,448	19,562	6,886
LRE Direct & Regional Administration - Prevention SOR & STR	55,855	4,655	4,950	(295)
Allegan County CMH - Prevention	213,761	17,813	0	17,813
Arbor Circle / Pathways - Prevention	208,173	17,348	38,158	(20,811)
Arbor Circle / Pathways - Prevention SOR & STR	20,000	1,667	0	1,667
District 10 Health Department - Prevention	82,626	6,886	0	6,886
District 10 Health Department - Prevention SOR	45,000	3,750	0	3,750
Family Outreach Center - Prevention	52,710	4,393	4,580	(188)
Kent County Health Department - Prevention	101,101	8,425	0	8,425
Kent County Health Department - Prevention SOR	65,000	5,417	0	5,417
Mercy Health - Prevention	36,389	3,032	1,538	1,494
Network 180 - Prevention	74,937	6,245	12,688	(6,443)
Ottawa County Health Department - Prevention	16,917	1,410	0	1,410
Ottawa County Health Department - Prevention SOR	5,000	417	0	417
Public Health Muskegon County - Prevention	316,525	26,377	18,337	8,041
Public Health Muskegon County - Prevention SOR	15,000	1,250		1,250
Wedgwood Christian Services - Prevention	128,636	10,720	10,398	322
Expenditures - Treatment				
LRE Indirect Administration - Treatment	943,542	78,629	1,376	77,252
LRE Indirect Administration - Treatment SOR	150,000	12,500	0	12,500
Treatment Payments to Members				
Allegan County CMH	472,336	39,361	0	39,361
Allegan County CMH SOR	355,000	29,583	0	29,583
Healthwest	985,296	82,108	0	82,108
Healthwest SOR	265,450	22,121	0	22,121
Network180	3,444,608	287,051	0	287,051
Network180 SOR	756,327	63,027	0	63,027
Ottawa County CMH	971,883	80,990	0	80,990
Ottawa County CMH SOR	170,000	14,167	0	14,167
West Michigan CMH	370,042	30,837	0	30,837
West Michigan CMH SOR	223,605	18,634	0	18,634
Total Expenditures	10,863,098	905,258	111,588	793,671
Total Change in Net Assets	0	0	(111,588)	111,588

As of 11/25/2020

**Lakeshore Regional Entity
Substance Use Disorders
FY21 PA2 Expenditures**

4A

		Year Ending 10/31/2020	Year To Date 10/31/2020		
		FY21 Budget <i>Initial</i>	FY21 Budget to Date	Actual	Budget to Actual Variance
PA2					
Operating Revenues					
PA2 Liquor Tax - Current FY		3,169,898	264,158	0	264,158
Total Operating Revenues		3,169,898	264,158	0	264,158
Expenditures - Prevention					
Allegan County CMH - Prevention		104,789	8,732	0	8,732
Arbor Circle / Pathways - Prevention		289,227	24,102	0	24,102
District 10 Health Department - Prevention		55,292	4,608	0	4,608
Family Outreach Center - Prevention		37,533	3,128	0	3,128
Kent County Health Department - Prevention		280,899	23,408	0	23,408
Mercy Health - Prevention		24,818	2,068	0	2,068
Network 180 - Prevention		335,563	27,964	0	27,964
Ottawa County Community Mental Health		51,000	4,250	0	4,250
Ottawa County Health Department - Prevention		53,483	4,457	0	4,457
Public Health Muskegon County - Prevention		128,475	10,706	0	10,706
Wedgwood Christian Services - Prevention		69,034	5,753	0	5,753
Expenditures - Treatment					
Treatment Payments to Members					
Allegan County CMH		85,359	7,113	0	7,113
Healthwest		277,124	23,094	0	23,094
Network180		1,029,564	85,797	0	85,797
Ottawa County CMH		257,174	21,431	0	21,431
West Michigan CMH		90,564	7,547	0	7,547
Total Expenditures		3,169,898	264,158	0	264,158
Total Change in Net Assets		0	0	0	0

As of 11/25/2020

**Lakeshore Regional Entity
Substance Use Disorders
FY21 Healthy MI Plan Treatment Expenditures**

4B

Year To Date Through 10/31/20

CATEGORY	CMHSP HMP YTD Totals	LRE/Beacon Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	\$ 474,817.31	\$ -	\$ 8,569,082.53	5.54%
Women's Specialty Services	\$ 26,037.71	\$ -	\$ 730,683.07	3.56%
Other Specialty Services		\$ -		0.00%
Access Management System	\$ 10,262.82	\$ -	\$ 258,586.05	3.97%
General Administration	\$ 7,568.47	\$ 49,263.82	\$ 766,976.35	7.41%
GRAND TOTAL OF SA EXPENDITURES	\$ 518,686.31	\$ 49,263.82	\$ 10,325,328.00	5.50%
SOURCE OF FUNDS				
Healthy MI Plan	\$ 518,686.31	\$ 49,263.82	\$ 10,325,328.00	5.50%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
TOTAL FUNDING	\$ 518,686.31	\$ 49,263.82	\$ 10,325,328.00	5.50%

As of 11/25/2020

**Lakeshore Regional Entity
Substance Use Disorders
FY21 Medicaid Treatment Expenditures**

4C

Year To Date Through 10/31/20

CATEGORY	CMHSP Medicaid YTD Totals	LRE/Beacon Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	\$ 285,394.80	\$ -	\$ 5,393,487.31	5.29%
Women's Specialty Services	\$ 20,605.27	\$ -	\$ 725,729.98	2.84%
Other Specialty Services		\$ -		0.00%
Access Management System	\$ 5,711.17	\$ -	\$ 194,825.64	2.93%
General Administration	\$ 4,054.20	\$ 28,068.93	\$ 535,028.08	6.00%
GRAND TOTAL OF SA EXPENDITURES	\$ 315,765.44	\$ 28,068.93	\$ 6,849,071.01	5.02%
SOURCE OF FUNDS				
Medicaid	\$ 315,765.45	\$ 28,068.93	\$ 6,161,595.01	5.58%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
TOTAL FUNDING	\$ 315,765.45	\$ 28,068.93	\$ 6,161,595.01	5.58%

As of 11/25/2020

ATTACHMENT 5

**Lakeshore Regional Entity
Substance Use Disorders
FY20 Block Grant Expenditures**

	Year Ending 9/30/2020	Year To Date 9/30/2020		
	FY20 Budget	FY20 Budget to Date	Actual	Budget to Actual Variance
Block Grant				
Operating Revenues				
SUD Block Grant	11,062,443	11,062,443	8,327,881	2,734,562
Total Operating Revenues	11,062,443	11,062,443	8,327,881	2,734,562
Expenditures - Prevention				
LRE Direct & Regional Administration - Prevention	417,437	417,437	231,219	186,218
LRE Direct & Regional Administration - Prevention SOR & STR	126,513	126,513	45,259	81,254
LRE Direct Administration - Partnership for Success II	21,501	21,501	61,409	(39,908)
Allegan County CMH - Prevention	237,711	237,711	218,285	19,426
Allegan County CMH - Prevention SOR	18,000	18,000	9,978	8,022
Arbor Circle / Pathways - Prevention	240,108	240,108	352,078	(111,970)
Arbor Circle / Pathways - Prevention SOR & STR	35,934	35,934	36,128	(194)
Arbor Circle - Partnership for Success II	14,800	14,800	14,800	(0)
Cherry Street Health Services - Prevention	57,687	57,687	58,020	(333)
Cherry Street Health Services - Prevention SOR & STR	25,458	25,458	11,176	14,282
District 10 Health Department - Prevention	80,226	80,226	76,278	3,948
District 10 Health Department - Partnership for Success II	216,822	216,822	206,822	10,000
Family Outreach Center - Prevention	52,710	52,710	51,969	741
Kent County Health Department - Prevention	181,363	181,363	153,622	27,740
Kent County Health Department - Prevention SOR	202,476	202,476	66,026	136,449
Muskegon Community Health Project - Prevention	31,271	31,271	27,123	4,148
Muskegon Community Health Project - Partnership for Success II	78,611	78,611	52,037	26,574
Network 180 - Prevention	355,798	355,798	250,425	105,373
Ottawa County Health Department - Prevention	16,517	16,517	42,967	(26,450)
Pine Rest Christian MH	7,828	7,828	0	7,828
Public Health Muskegon County - Prevention	319,185	319,185	381,971	(62,786)
Wedgwood Christian Services - Prevention	96,301	96,301	89,973	6,328
Expenditures - Treatment				
LRE Indirect Administration - Treatment	51,957	51,957	36,535	15,422
LRE Indirect Administration - Treatment SOR	50,000	50,000	23,966	26,034
Treatment Payments to Members				
Allegan County CMH	572,422	572,422	598,278	(25,856)
Allegan County CMH SOR & STR	451,424	451,424	77,453	373,971
Healthwest	909,640	909,640	1,280,074	(370,434)
Healthwest SOR & STR	412,000	412,000	265,690	146,310
Network180	2,625,575	2,625,575	3,534,638	(909,063)
Network180 SOR & STR	914,521	914,521	640,835	273,686
Ottawa County CMH	890,351	890,351	903,112	(12,761)
Ottawa County CMH SOR & STR	576,174	576,174	137,330	438,844
West Michigan CMH	408,158	408,158	350,563	57,595
West Michigan CMH SOR & STR	365,965	365,965	133,886	232,079
Total Expenditures	11,062,443	11,062,443	10,419,924	642,519
Total Change in Net Assets	0	0	(2,092,043)	2,092,043

As of 11/25/20

**Lakeshore Regional Entity
Substance Use Disorders
FY20 PA2 Expenditures**

5A

		Year Ending	Year To Date		
		9/30/2020	9/30/2020		
				Budget to Actual	Variance
		FY20 Budget	FY20 Budget to Date	Actual	
PA2					
Operating Revenues					
PA2 Liquor Tax - Current FY		3,118,375	3,118,375	2,791,444	326,931
Total Operating Revenues		3,118,375	3,118,375	2,791,444	326,931
Expenditures - Prevention					
Allegan County CMH - Prevention		105,289	105,289	116,623	(11,334)
Arbor Circle / Pathways - Prevention		289,227	289,227	138,003	151,224
Cherry Street Health Services - Prevention		114,313	114,313	31,682	82,631
District 10 Health Department - Prevention		55,292	55,292	43,095	12,197
Family Outreach Center - Prevention		37,533	37,533	36,706	827
Kent County Health Department - Prevention		136,637	136,637	138,182	(1,545)
Muskegon Community Health Project - Prevention		24,818	24,818	27,743	(2,925)
Network 180 - Prevention		54,202	54,202	12,252	41,950
Ottawa County Community Mental Health		51,000	51,000	34,847	16,154
Ottawa County Health Department - Prevention		53,483	53,483	12,430	41,053
Public Health Muskegon County - Prevention		90,815	90,815	2,250	88,565
Wedgwood Christian Services - Prevention		69,034	69,034	62,622	6,412
Expenditures - Treatment					
Treatment Payments to Members					
Allegan County CMH		85,359	85,359	0	85,359
Healthwest		314,784	314,784	31,289	283,495
Network180		1,288,849	1,288,849	67,808	1,221,041
Ottawa County CMH		257,174	257,174	151,307	105,867
West Michigan CMH		90,566	90,566	0	90,566
Total Expenditures		3,118,375	3,118,375	906,838	2,211,537
Total Change in Net Assets		0	0	1,884,606	(1,884,606)

As of 11/25/20

**Lakeshore Regional Entity
Substance Use Disorders
FY20 Healthy MI Plan Treatment Expenditures**

5B

Preliminary

Year To Date Through 9/30/20

CATEGORY	CMHSP HMP YTD Totals	LRE - Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	\$ 8,181,630.57	\$ -	\$ 12,335,417.63	66.33%
Women's Specialty Services	\$ 411,528.01	\$ -	\$ 542,619.45	75.84%
Other Specialty Services	\$ -	\$ -	\$ -	0.00%
Access Management System	\$ 184,030.24	\$ -	\$ 179,480.38	102.54%
General Administration	\$ 599,611.98	\$ 35,158.35	\$ 774,500.78	81.96%
GRAND TOTAL OF SA EXPENDITURES	\$ 9,376,800.80	\$ 35,158.35	\$ 13,832,018.24	68.04%
SOURCE OF FUNDS				
Healthy MI Plan	\$ 9,882,940.81	\$ 35,158.35	\$ 13,832,018.24	71.70%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
TOTAL FUNDING	\$ 9,882,940.81	\$ 35,158.35	\$ 13,832,018.24	71.70%

As of 11/25/20

**Lakeshore Regional Entity
Substance Use Disorders
FY20 Medicaid Treatment Expenditures**

5C

Preliminary

Year To Date Through 9/30/20

CATEGORY	CMHSP Medicaid YTD Totals	LRE - Admin Medicaid YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	\$ 5,314,434.70	\$ -	\$ 7,600,505.00	69.92%
Women's Specialty Services	\$ 426,295.94	\$ -	\$ 553,162.00	77.07%
Other Specialty Services	\$ -	\$ -	\$ -	0.00%
Access Management System	\$ 115,766.02	\$ -	\$ 129,678.00	89.27%
General Administration	\$ 408,721.85	\$ 24,458.85	\$ 543,587.00	79.69%
GRAND TOTAL OF SA EXPENDITURES	\$ 6,265,218.51	\$ 24,458.85	\$ 8,826,932.00	71.26%
SOURCE OF FUNDS				
Medicaid	\$ 6,498,006.33	\$ 24,458.85	\$ 8,826,932.00	73.89%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
TOTAL FUNDING	\$ 6,498,006.33	\$ 24,458.85	\$ 8,826,932.00	73.89%

As of 11/25/20

Lakeshore Regional Entity Oversight Policy Board

ATTACHMENT 6

ACTION REQUEST

SUBJECT: FY2021 LRE SUD Budget Amendment #1

- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: December 2, 2020

PREPARED BY: Maxine Coleman, LRE Interim CFO

RECOMMENDED MOTION:

The Oversight Policy Board:

- Approves the allocation of PA2 funds for the LRE SUD Budget Amendment #1 as summarized below.
- Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as summarized below.

PROPOSED TO GO TO THE BOARD ON DECEMBER 17, 2020

SUMMARY OF REQUEST/INFORMATION:

- Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities relative to substance abuse services.
- The Lakeshore Regional Entity Oversight Policy Board is the Oversight Policy Board for Region 3 PIHP.
- Among other functions, the Oversight Policy Board is responsible to approve budgets which contain local funds and to advise and recommend budgets containing non-local funds to the LRE board for services within the region.

STAFF: Maxine Coleman, LRE Interim CFO

DATE: December 2, 2020

FY2021 LRE SUD Budget Amendment #1 Summary:

PREVENTION (direct by LRE)	PA2	Block Grant	SOR & SOR II	PFS	Gambling	MI Youth TX	Medicaid	Healthy Michigan	Total
<i>Allegan County</i>	\$ 90,039	\$ 214,011	\$ 25,000	\$ -	\$ -	\$ -	\$ -		\$ 329,050
<i>Kent County</i>	\$ 652,829	\$ 318,171	\$ 143,000	\$ -	\$ 45,243	\$ 64,670	\$ -	\$ -	\$ 1,223,913
<i>Lake County</i>	\$ 1,387	\$ 12,708	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,095
<i>Oceana County</i>	\$ 10,148	\$ 19,554	\$ 15,000	\$ 60,500	\$ 24,300	\$ -	\$ -	\$ -	\$ 129,502
<i>Mason County</i>	\$ 4,757	\$ 26,064	\$ 20,000	\$ 60,500	\$ -	\$ -	\$ -	\$ -	\$ 111,321
<i>Muskegon County</i>	\$ 64,793	\$ 342,364	\$ 15,000	\$ -	\$ 35,000	\$ -	\$ -	\$ -	\$ 457,157
<i>Ottawa County</i>	\$ 270,160	\$ 134,940	\$ 25,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 430,100
<i>LRE Regional Projects</i>	\$ -	\$ 98,800	\$ -	\$ -	\$ 135,457	\$ -	\$ -	\$ -	\$ 234,257
<i>LRE Staffing</i>	\$ -	\$ 77,872	\$ -	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ 82,872
PREVENTION TOTAL	\$ 1,094,113	\$ 1,244,484	\$ 253,000	\$ 126,000	\$ 240,000	\$ 64,670	\$ -	\$ -	\$ 3,022,267
TREATMENT(delegated to CMH members)	PA2	Block Grant	SOR & SOR II	SDA	Gambling	MI Youth TX	Medicaid	Healthy Michigan	Total
<i>Allegan</i>	\$ 189,009	\$ 427,158	\$ 575,124	\$ 13,744	\$ -	\$ -	\$ 615,158	\$ 1,057,023	\$ 2,877,216
<i>Healthwest</i>	\$ 542,924	\$ 859,961	\$ 265,450	\$ 27,526	\$ -	\$ -	\$ 1,668,962	\$ 3,034,268	\$ 6,399,091
<i>Network 180</i>	\$ 1,666,014	\$ 2,428,739	\$ 1,023,437	\$ 115,669	\$ -	\$ -	\$ 3,797,037	\$ 7,096,814	\$ 16,127,711
<i>Ottawa</i>	\$ 476,574	\$ 805,793	\$ 231,669	\$ 25,597	\$ -	\$ -	\$ 878,149	\$ 1,806,153	\$ 4,223,935
<i>West Michigan (Lake, Mason Oceana)</i>	\$ 201,264	\$ 347,674	\$ 231,158	\$ 14,687	\$ -	\$ -	\$ 590,350	\$ 1,064,756	\$ 2,449,889
<i>LRE Staffing</i>	\$ -	\$ 111,600	\$ 215,855	\$ -	\$ -	\$ -	\$ 95,476	\$ 119,840	\$ 542,771
<i>Unallocated</i>	\$ -	\$ -	\$ 143,168	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 143,168
<i>Beacon (SUD)</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 256,926	\$ 455,829	\$ 712,755
TREATMENT TOTAL	\$ 3,075,785	\$ 4,980,925	\$ 2,685,861	\$ 197,223	\$ -	\$ -	\$ 7,902,059	\$ 14,634,684	\$ 33,476,537
TOTAL PREVENTION & TREATMENT	\$ 4,169,898	\$ 6,225,409	\$ 2,938,861	\$ 323,223	\$ 240,000	\$ 64,670	\$ 7,902,059	\$ 14,634,684	\$ 36,498,804

**Lakeshore Regional Entity
FY 2021 SUD Budget**

6A

Prevention	Initial FY21 Allocation	Proposed FY21 Amendment #1	Block Grants	SOR & SOR II	PFS	PA2	Gambling	MI Youth Tx Improv & Enhnc
Allegan County								
Allegan County Community Mental Health	318,550	329,050	214,011	25,000	-	90,039	-	-
Total	318,550	329,050	214,011	25,000	-	90,039	-	-
Kent County								
Arbor Circle	157,400	132,000	45,950	1,000	-	65,050	20,000	-
Cherry Health	-	-	-	-	-	-	-	-
Family Outreach	90,243	88,243	27,467	-	-	35,533	25,243	-
Kent County Health Department	447,000	464,000	101,101	142,000	-	220,899	-	-
Network 180	410,500	350,000	79,687	-	-	270,313	-	-
Pine Rest Christian MH	-	-	-	-	-	-	-	-
Wedgwood	197,670	189,670	63,966	-	-	61,034	-	64,670
Total	1,302,813	1,223,913	318,171	143,000	-	652,829	45,243	64,670
Lake County								
District Health Department #10	14,562	24,095	12,708	10,000	-	1,387	-	-
Total	14,562	24,095	12,708	10,000	-	1,387	-	-
Oceana County								
District Health Department #10	119,068	129,502	19,554	15,000	60,500	10,148	24,300	-
Total	119,068	129,502	19,554	15,000	60,500	10,148	24,300	-
Mason County								
District Health Department #10	49,288	111,321	26,064	20,000	60,500	4,757	-	-
Total	49,288	111,321	26,064	20,000	60,500	4,757	-	-
Muskegon County								
Arbor Circle (Muskegon Co)	25,000	12,500	12,500	-	-	-	-	-
Public Health Muskegon County	460,000	385,000	294,025	15,000	-	40,975	35,000	-
Mercy Health	61,207	59,657	35,839	-	-	23,818	-	-
Total	546,207	457,157	342,364	15,000	-	64,793	35,000	-
Ottawa County								
Arbor Circle (Ottawa Co)	335,000	305,800	117,623	20,000	-	168,177	-	-
Ottawa County CMH (Opiate) via PA2	51,000	51,000	-	-	-	51,000	-	-
Ottawa County Department of Public Health	75,400	73,300	17,317	5,000	-	50,983	-	-
Total	461,400	430,100	134,940	25,000	-	270,160	-	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	239,507	234,257	98,800	-	-	-	135,457	-
LRE Staffing	133,727	82,872	77,872	-	5,000	-	-	-
Total	373,234	317,129	176,672	-	5,000	-	135,457	-
Overall Prevention Total	3,185,122	3,022,267	1,244,484	253,000	126,000	1,094,113	240,000	64,670

Treatment	Initial FY21 Allocation	Proposed FY21 Amendment #1	Block Grants	SOR & SOR II	SDA	PA2	Medicaid	Healthy Michigan
Allegan County CMH	2,592,661	2,877,216	427,158	575,124	13,744	189,009	615,158	1,057,023
Healthwest	6,237,614	6,399,091	859,961	265,450	27,526	542,924	1,668,962	3,034,268
Network 180	16,071,250	16,127,711	2,428,739	1,023,437	115,669	1,666,014	3,797,037	7,096,814
Ottawa County CMH	4,037,817	4,223,935	805,793	231,669	25,597	476,574	878,149	1,806,153
West Michigan CMH (Lake, Mason Oceana)	2,348,100	2,449,889	347,674	231,158	14,687	201,264	590,350	1,064,756
LRE Staffing	326,916	542,771	111,600	215,855	-	-	95,476	119,840
Unallocated	981,942	143,168	-	143,168	-	-	-	-
Beacon (SUD)	717,266	712,755	-	-	-	-	256,926	455,829
Overall Treatment Total	33,313,567	33,476,537	4,980,925	2,685,861	197,223	3,075,785	7,902,059	14,634,684

SUD Total Prevention + Treatment:	36,498,689	36,498,804	6,225,409	2,938,861	323,223	4,169,898	8,142,059	14,699,354
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**Substance Use Disorder Director's Report for
Oversight Policy Board (OPB) December 2020**

- 1. 1915 (c) HCBS Waivers/Substance Use Disorder (SUD) Site Review:** MDHHS has communicated with the LRE that they will be conducting a full site review which will include: SUD, Children's Waiver Services, Habilitation Supports Program, and Waiver for Children with Serious Emotional Disturbance. The site review will be conducted October 19-December 4 remotely/desk review with CMH's and the LRE staff. The LRE and CMH's worked diligently to collect the large amount of proof information required for this site visit. A full report of the findings will be available likely in early January of 2021.
- 2. Partnership for Success Grant (PFS)-** LRE is pleased to announce that the state did in fact receive a no cost extension for the PFS grant. Consequently, LRE was awarded a small amount of funding for continuation of services for Mason and Oceana counties only. Muskegon is no longer being funded under this grant as directed by OROSC. The project seeks to build healthier communities and increase behavioral health service capacity by strengthening and enhancing community-level infrastructure through community coalitions that utilize the Strategic Planning Framework to address underage drinking and prescription drug misuse among persons age 12-25. Attached is the evaluation of the grant and efforts that have been made during the past five years.
- 3. Gambling Disorder Prevention Project:** Attached you will find a Fiscal Year 18/19 and 19/20 summary of all activities and outcomes for this grant prepared by KWB Strategies.
- 4. MDHHS Opiate Townhall:** LRE and several of its providers participated in the states Town Hall on opiates Friday, November 6th. Dr. Cara Poland-Medical Director of Addiction Services for Spectrum Health, Steve Alsum-Executive Director for the Grand Rapids Red Project, Greg Deacon-Director of Outpatient and Clinical Proficiency for Cherry Health, Amanda Tarantowski-SUD Systems Manager for Network180, and Stephanie VanDerKooi-SUD Director for LRE all spoke about the work that is being done in this region as it relates to opiate prevention and treatment efforts. The PowerPoint presentation from Dr. Joneigh Khaldun, MDHHS is attached for your review.

First-ever pilot hospital/health care entity partnership for TalkSooner



TalkSooner.org

Now in nearly 100 physician offices, lobbies/waiting rooms, screen savers and even TalkSooner links embedded in well visit summaries.



Poster



Wallet Card



Screensaver



Poster




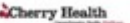
Wallet Card






Screensaver

What's next: Media/social media campaign! With a peek at the news release...

TalkSooner.org

brought to you in partnership with:  **LAKESHORE** REGIONAL ENTITY  **Cherry Health**

 **MERCY HEALTH**  **METRO HEALTH**  **Spectrum Health**

FOR IMMEDIATE RELEASE CONTACT: Karen Kirchenbauer, APR
(616) 776-3511

FOUR WEST MICHIGAN HOSPITALS/HEALTH CARE ENTITIES TEAM UP TO HELP PARENTS HAVE THE "DRUG TALK"

(GRAND RAPIDS, MI.) NOV. XX, 2020 – Four of West Michigan's leading hospitals and health care entities have teamed up to expand access to the free, award-winning youth drug prevention resource, TalkSooner (www.talksooner.org).

Cherry Health, Metro Health – University of Michigan Health, Mercy Health and Spectrum Health are helping parents take the often difficult first step in having the "drug talk" with their children by providing TalkSooner's free educational resources to parents of children/youth in their practices.

The goal of TalkSooner is to delay the onset of substance use through encouraging positive, honest conversations with youth that are centered on factual information. Endorsed by the Michigan Department of Health and Human Services (MDHHS), TalkSooner is powered by the Lakeshore Regional Entity (www.lsrn.org), the public behavioral health plan for individuals with mental illness, developmental disability, and substance use disorders in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties.

"Research continues to show that parents can play an important role in prevention through regular, ongoing conversation with their children, yet we also know that having the 'drug talk' can be one of the most daunting conversations, with many parents unsure of when and how to start," said Stephanie VanderKooi, Substance Use Disorder Director for Lakeshore Regional Entity. "TalkSooner's educational resources provide tools, tips and conversation starters to empower parents to approach these discussions with confidence, based on the latest drug trends and facts."

More than 100 physician offices, lobbies and waiting rooms now feature bilingual posters, wallet cards and screen savers inviting parents to turn to TalkSooner's website and/or free app to jump-start the "drug talk" with their child/children or teen(s). Spectrum Health is embedding digital links to TalkSooner resources in all of its well child visit summaries.

Parents can also visit talksooner.org anytime or download TalkSooner's free app from the Apple and Google app stores.

Page 2/Talksooner

The talksooner.org website and app provide up-to-date facts about drug trends, age-appropriate talking tips for children at all stages of development and a glossary of drug-related terms to help parents better understand drug-related terminology.

Test Your Drug Terminology Knowledge

Match the drug-related term to its definition:

1. Dabbing
2. Dripping
3. Kush
4. Oil Rig

A. A device or bong specially used for smoking marijuana concentrate
B. The practice of smoking the THC-rich extracts of the marijuana plant, in the form of oils, waxes, or shatter, all of which contain extremely large amounts of THC.
C. A popular strain, or brand, of cannabis plants.
D. Manual method where you manually add e-liquid into your device

ANSWER key: 1=B; 2=D; 3=C; 4=A

Source: TalkSooner.org

About TalkSooner: Endorsed by the Michigan Department of Health and Human Services (MDHHS), TalkSooner is the product of multiple county coalitions in Michigan, working together to send out a common message to parents of youth ages 10-18 about alcohol, tobacco and other substances. The goal of TalkSooner is to delay the onset of substance use through encouraging positive, honest conversations with youth that are centered on factual information. Through its website, www.talksooner.org, and free App, TalkSooner provides a variety of resources to make conversation easier: drug facts, trends and information, signs to watch for if there are concerns about youth use, and tips for how to talk to youth about this complicated topic. TalkSooner is managed through the Lakeshore Regional Entity (www.lsrn.org), the public behavioral health plan for individuals with mental illness, developmental disability, and substance use disorders in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties.

2020 Campaign Results and Evaluation

Overview:

In early 2020, the TalkSooner team planned to have team members engage in activities inside a local children's museum, among other face-to-face events and interviews, while targeting parents within that area with ads for TalkSooner. However, the original plan quickly came to a halt due to COVID-19.

Rather than shelf the project, the team transitioned the promotion to digital rotating and static ads and virtual interviews during the Spring. Messaging highlighted that the stay-at-home order gives parents more time with their kids to talk about risky behaviors. The second phase of the campaign began in August and focused heavily on public service announcements and media interviews. Talking points highlighted the TalkSooner resources available to parents wherever they are geographically and on their parenting journey.

The goal of each campaign is to increase web traffic, searches for TalkSooner, and increase app downloads compared to the previous 30 days before the start of the campaign. During Phase 1 in the Spring, efforts for the campaign resulted in a 25 percent increase in app downloads and a 547 percent increase in web traffic. The second phase during August resulted in 57 percent increase in app downloads and 59.6 percent increase in web traffic.

PHASE ONE: APRIL 2020

Implemented Strategies

Media Relations

Media outlets in each of the seven West Michigan counties received a press release about the opportunity to talk to children during the stay-at-home order (Attachment A). The efforts resulted in extensive online and TV exposure. Vicki Kavanaugh, a TalkSooner Team Member, delivered virtual interviews during April with various media outlets. Media coverage ranged throughout Michigan, from the southwest, up through Michigan's western counties, to the tip of the pinky near Traverse City. Conversations during the interviews focused on the importance of talking to youth about drug use, and why now is the right time to have a conversation. Vicki also shared TalkSooner resources available to parents to help start the discussion.

Media Coverage Interviews/Articles:

- Channel 9/10 News
- Positively Muskegon with Andy O'Riley
- GR Kids - Facebook Live Interview
- Kalamazoo Kids - Facebook Live Interview
- Fox 17
- WOOD-TV/Channel 8
- WGVU Morning Show with Shelley Irwin

Geofencing Ads

Geofencing is a virtual boundary around a certain area or landmark, where when someone enters that boundary, it will trigger an ad to display, a text message, an e-mail alert, or an app notification on their cell phone. Within that virtual boundary, for example, 500 feet within the Grand Rapids Children's Museum, an ad will appear on the cell phones of targeted users as they navigate through the Internet or other social apps.

With the support of Black Truck Media, their team created a geo-fence in areas of West Michigan during April. Originally, the idea for the geo-fence was to reach members of the target audience who were near the children's museums in Grand Rapids, Fennville, and Ludington to promote live TalkSooner events. However, due to the stay-at-home order, the plan shifted away from promoting live events to driving West Michigan parents to the website. Google and Facebook displayed rotating and static ads depending on the location of the user. (Attachment B)

Campaign Results

Glossary of Terms

Clicks – The total number of times an ad was clicked to take the user to the website.

Bounce Rate – The average percent of people who leave a website after reaching the page they land on when they first open the site.

Frequency – The average of how many times a person saw an ad.

Impressions – The total number of times an ad was seen. This can include the same person multiple times.

Page Views – The total number of times a page is viewed. This can include multiple times from the same user.

Reach – The number of individual people who saw at least one ad. Each person is only counted one time.

Sessions – The number of times a user visited and scrolled through a website. This can include the same person multiple times.

Users – The number of individual people who use an app or visit a website.

Geo-fence Ads

Google Ads Performance Metrics

- Total Impressions: 4,293,882
- Total Clicks: 10,902
- Average cost-per-click (CPC) of \$0.18

Facebook Ads Performance Metrics

- Reach: 18,052
- Total Impressions: 304,184
- Frequency: 16.9
- Link Clicks: 579
- Average CPC was \$2.50

Website Traffic

The data below represents the website traffic for the duration of April and is compared to the 30 days before the start of the campaign. Except for bounce rate, data listed with an increase is good.

- Users - 10,106 (547% increase)
- Sessions - 13,052 (635% increase)
- Bounce Rate - 88.75% (16.1% decrease)
- Pages/session - 1.2 (36% decrease)
- Avg. Session Duration - 00:38 Seconds (75% decrease)

Top Pages (excluding the homepage)

- *Hookah* - 310 users (69% increase)
- *Lean* - 288 users (120% increase)
- *Marijuana* - 98 users (151% increase)
- *Parent Screening Tool* - 60 users (252% increase)
- *Marijuana Wax/Oils* - 57 users (3.4% decrease)

Website Acquisition

This information shows how many users accessed the website and from where. Only the top five sources are listed.

- Direct (typed talksooner.org into web browser) – 5,840 users (57.55% of users)
- Google Ads – 1,081 users (10.65% of users)
- Google Search – 890 users (8.77% of users)
- Display ads – 681 users (6.73% of users)
- Facebook – 243 users (2.39% of users)

App Engagements and Downloads

- New Downloads – 10 (25% increase)
- Users - 22 (8.33% decrease)
- Sessions - 36 (33.33% increase)
- Number of Sessions per User – 1.64 (45.45% increase)
- Pages/session – 2.19 (16.18% increase)
- Avg. Session Duration – 1:08 (121.22% increase)

Top Five Pages by Page View (excluding the homepage)

- *Parent Guide* – 5 (400% increase)
- *Talking Points/Be Realistic* - 4 (300% increase)
- *Marijuana* – 2 (no change)
- *Prevention Ideas/Know Your Child's Risk Level* – 2 (no change)
- *Prevention Ideas/Saying Yes* – 2 (no change)

PHASE TWO: FALL 2020

Implemented Strategies

Public Service Announcements

TalkSooner worked with WZZM and Channel 9 & 10 News to create and air a public service announcement about the importance of having the drug conversation and the resources available to parents. WZZM also displayed ad banners on its website to complement the PSA. In Kalamazoo on station WWMT-Channel 3, TalkSooner sponsored digital ads as part of station's "Addicted Michigan" programming during August.

Throughout August, the TalkSooner brand received the following exposure:

- 205 - :15/:30 promo spots during the noon or weekend morning news
- Two – 4 to 5-minute interviews during the noon or weekend morning news
- Five different rotating display ads on the WZZM website. WZZM also directed ads to parents within the target audience.

The work with WZZM resulted in 570,424 impressions and 3,507 clicks on ads.

Medical Partnerships

At the suggestion of Mercy Health, the three other health care entities in West Michigan - Spectrum Health, Cherry Health, and Metro Health/ the University of Michigan Hospital - will implement materials branded with the TalkSooner message - "*Hey Parents, Need Help with the Drug Talk?*" (Attachment C). All four entities agreed through formal "Memos of Understanding" that TalkSooner will use their logos together with Talksooner collateral materials and virtual meetings to unite as a health care community and share Talksooner materials within each of their organizations. For the first time in TalkSooner's history, this is the first-ever pilot program with the four major health care entities in West Michigan.

During August and September, Seyferth Public Relations (SPR) worked with each health entity to gain approval and customize orders for collateral materials. (Attachment C). SPR also created a FAQ page for the health networks to share internally to ensure all stakeholders were informed of the Talksooner educational campaign to bolster awareness among patients, staff, visitors, etc. (Attachment D)

In October 2020, the health care systems will implement TalkSooner branded materials. Visitors will see the information about TalkSooner in exam rooms, common areas, or within the information they receive after their visit.

Campaign Results

Glossary of Terms

Clicks – The total number of times an ad was clicked to take the user to the website.

Bounce Rate – The average percent of people who leave a website after reaching the page they land on when they first open the site.

Frequency – The average of how many times a person saw an ad.

Impressions – The total number of times an ad was seen. This can include the same person multiple times.

Page Views – The total number of times a page is view. This can include multiple the from the same user.

Reach – The number of individual people who saw at least one ad. Each person is only counted one time.

Sessions – The number of times a user visited and scrolled through a website. This can include the same person multiple times.

Users – The number of individual people who use an app or visit or website.

Website Traffic

The data below represents the website traffic for the duration of April and is compared to the 30 days before the start of the campaign. Except for bounce rate, data listed with an increase is good.

- Users – 7,442 (61% increase)
- Sessions – 8,212 (59.6% increase)
- Bounce Rate – 89.92% (0.85% decrease)
- Pages/session - 1.22 (0.89% decrease)
- Avg. Session Duration - 00:32 Seconds (15.29% increase)

Top Pages (excluding the homepage)

- *Drug trends* – 3,316 page views (2.79% increase)
- *Drogas* – 2,343 page views (67.36% increase)
- *Talking Tips* – 807 page views (24.35% increase)
- *WZZM* – 212 page views (no comparison)
- *About* – 120 page views (57.89% decrease)

Website Acquisition

This information shows how many users accessed the website and from where. Only the top five sources are listed.

- Organic search – 4,394 users (58.7% of users; 25% increase)
- Direct (typed talksooner.org into web browser) – 1,226 users (16.38% of users; 66.12% increase)
- Referral (display ads on Google and other pages) – 867 users (11.58% of users; 155% increase)
- Other (WZZM, MLive) – 865 users (11.56% of users; 1,865.91% increase)
- Facebook – 103 users (1.55% of users; 329.17% increase)

App Engagements and Downloads

- New Downloads – 11 (57.14% increase)
- Users - 20 (5.26% increase)
- Sessions - 30 (9.09% decrease)
- Number of Sessions per User – 1.5 (13.64% increase)
- Pages/session – 1.83 (12.04% increase)
- Avg. Session Duration – 1:49 (434.01% increase)

Top Five Pages by Page View (excluding the homepage)

- *Marijuana* – 3 (200% increase)
- *Behavioral Signs* – 2 (no comparison)
- *E-cigarettes/vaping* – 2 (no comparison)
- *Parent Guide* – 2 (100% increase)
- *Adderall* – 2 (no comparison)

Evaluation

Overall, the TalkSooner brand is reaching more people now than it has ever before. The media relations efforts have broadened the campaign's reach by engaging with local personalities and making the TalkSooner brand appear as a humanized and relatable resource for parents. While paid advertising is an excellent supplement to increase TalkSooner's exposure, live engagements seem to bring more people directly to TalkSooner.org.

In total, both campaigns during 2020 resulted in a 172 percent increase in web traffic than October 1, 2019 – March 31, 2020, the six months preceding the first campaign phase in April. Throughout 2020, web traffic peaked in April during the digital-heavy campaign; it then dipped after completing the first campaign. However, engagements on the website remained consistently higher compared to the previous six months. Since Phase 2, web traffic has maintained a steady increase. In contrast, app downloads and users have decreased since last year; however, it is essential to note that 76 percent of users access the TalkSooner website through their mobile device.

As the results show, many more parents are actively visiting and engaging with the website during digital-heavy campaign times compared to media-only campaigns or non-promotion periods. The good news is that the 2020 efforts have increased brand exposure exponentially and influenced consistent website traffic. The partnerships with local health networks will help keep TalkSooner at the forefront during non-campaign times. This partnership may also increase app downloads and user engagement.

Attachment A - Press Release Example

TalkSooner.org

MEDIA ADVISORY

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Kirchenbauer@seyferthpr.com
(616) 776-3511
(616) 450-8508 cell

STAY-AT-HOME ORDER GIVES ALLEGAN COUNTY PARENTS OPPORTUNITY TO FOSTER IMPORTANT “DRUG TALK” WITH CHILDREN

*Free App, Online Tools Guides Parents, Caregivers Up-to-Date Facts, Trends & Conversation Tips
to Bolster Prevention Efforts For Any Age, Stage of Development*

ALLEGAN COUNTY, Mich. (March 30, 2020) - With Governor Gretchen Whitmer’s Stay-At-Home order in place across Michigan until April 13, parents are spending a lot of time indoors with their children. And officials with www.talksooner.org would like to suggest this uncharted window of togetherness include time to initiate conversations about the current realities of today’s youth/teen drug use.

This suggestion comes as research continues into the impact of COVID-19 on people whose lungs have been harmed. The **National Institute on Drug Abuse** (NIH) wrote in its March 24 blog:

“...the research community should be alert to the possibility that it could hit some populations with substance use disorders particularly hard. Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape...” (read the full blog here <https://bit.ly/3bkqJjQ>)

“Sometimes the hardest conversation to have with our children about drugs/substance use is the first one...knowing how and where to even start,” explained Vicki Kavanaugh, Talksooner spokesperson. “These free, online tools, including a website translatable into Spanish, are designed to make it as easy and stress-free as possible for parents to initiate and navigate these important conversations.” **Editor’s Note: Kavanaugh is available for interviews via Zoom, Skype, FaceTime or phone to share tips, answer Q&As, or offer a brief demo of the site. Please contact Karen Kirchenbauer, contact info. above, to arrange.**

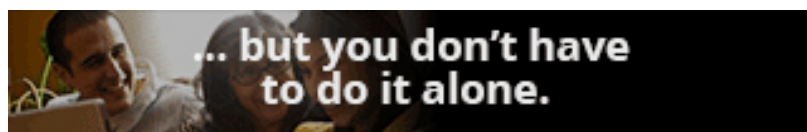
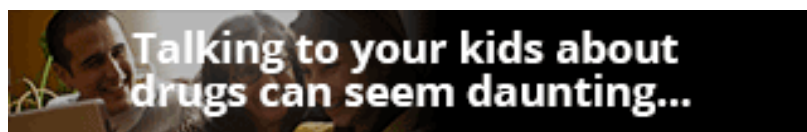
“It’s never too late to ‘Talksooner,’ said Kavanaugh. “We’re in this together.”

###

TalkSooner (www.talksooner.org) serves as a resource for parents to access information about substance use prevention. TalkSooner is the product of the Lakeshore Regional Entity, a group of multiple coalitions throughout the counties of Kent, Ottawa, Oceana, Lake, Mason, Muskegon and Allegan, working together to send out a common message to parents of youth ages 10-18 about alcohol, tobacco, and other substances.

Attachment B - Geofencing Ads

The message rotated on a static image to capture the attention of the user as well extend the message. Below is the sequence of two of the images used with their message.



TalkSooner.org

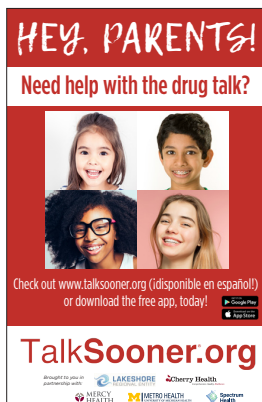
Educational/Awareness Collateral Materials

Order Form: English and Spanish versions or a combination, available

Poster

Qty. _____

These 11"x17" posters can be displayed in common areas or individual exam rooms.



☐ Screensaver

Digital "screen" (JPEG) for common display areas.
___ 800x600
___ 1024 x 768
___ 1280 x 960
___ 1280 x 1024



Bilingual Wallet Cards

Qty. _____

These 3.5"x2" cards can be used by physicians/staff for parent communications.



Spanish Version Poster

Qty. _____

These 11"x17" posters can be displayed in common areas or individual exam rooms.



☐ Spanish Version Screensaver

Digital "screen" (JPEG) for common display areas.
___ 800x600
___ 1024 x 768
___ 1280 x 960
___ 1280 x 1024



Shipping Information

Name: _____ Company: _____

Address: _____

Email: _____ Phone: _____

Special Instructions: _____

TalkSooner®

Frequently Asked Questions

Draft 9-24-20

The following is a draft FAQ to help communicate your healthcare entity's involvement in supporting Talksooner to your internal audiences. Please customize as appropriate.

Q1. What is Talksooner?

Talksooner.org is in its 13th year serving as a youth substance use prevention education/awareness initiative powered by the Lakeshore Regional Entity (LRE; www.lsre.org). The LRE is the public behavioral health plan for people with mental illness, developmental disability, and substance use disorders in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties. Talksooner is endorsed by the Michigan Department of Health and Human Services (MDHHS).

Talksooner is comprised of a free website, www.talksooner.org, which is translatable into Spanish, and an App which provides information to parents/caregivers of youth, **empowering them to have the “drug talk” with their child(ren)/teens**. Research shows that early and frequent conversation between parents and youth/teen (vs. lectures) can have a positive impact in delaying possible substance use. Talksooner.org offers guidance, tips and drug trend information inspiring parents/caregivers to have healthy, meaningful conversations at any stage/age of a child's development.

Q2. Why is our healthcare entity involved?

As part of a 2020 pilot effort, the LRE has invited 4 local health care systems; Cherry Health, Metro Health/University of Michigan Hospital, Mercy Health and Spectrum Health, to join together in support of extending the Talksooner resources and message to parents of children/youth. There is no cost for the health providers to collaborate; the LRE is underwriting all printing/distribution costs of Talksooner collateral materials (English and Spanish translation posters, digital assets (ie, Screen Savers) and bilingual wallet cards.

Showing a collaborative spirit of community support in teen drug prevention underscores a shared vision in building a healthy community for generations to come.

Q3. What does the Talksooner awareness campaign look like?

Talksooner has created a series of awareness-building collateral materials including a poster (both English and Spanish versions), a bilingual wallet card/business card, and a digital “screen saver, allowing each healthcare partner to customize their order to meet their unique needs. You may see these posters in pediatric exam rooms, lobbies, embedded in well visit summaries, and more.

Posters



Screensaver



Wallet Card



Q4. How long will the campaign last/our involvement?

Initially, we are planning for a 3- to 6-month commitment, with options to expand and further the conversation with stakeholders. We will be monitoring use of materials, effectiveness of message as well. We will also be part of media efforts with the LRE about the pilot program with the 4 healthcare entities.

Q5. How can I order additional materials (if needed)?

Please contact **name, email/phone**

Q6. Who do I contact with any questions?

Please contact **name, email/phone**

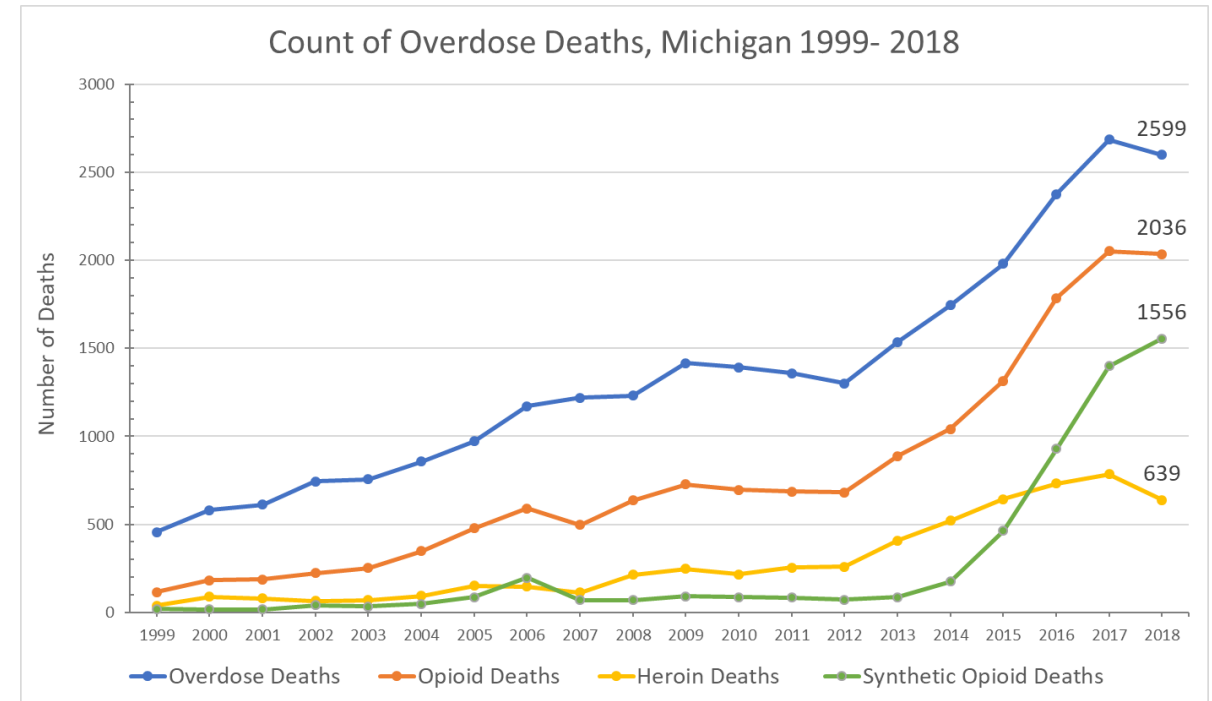
WEST MICHIGAN OPIOID TOWN HALL

NOVEMBER 6, 2020

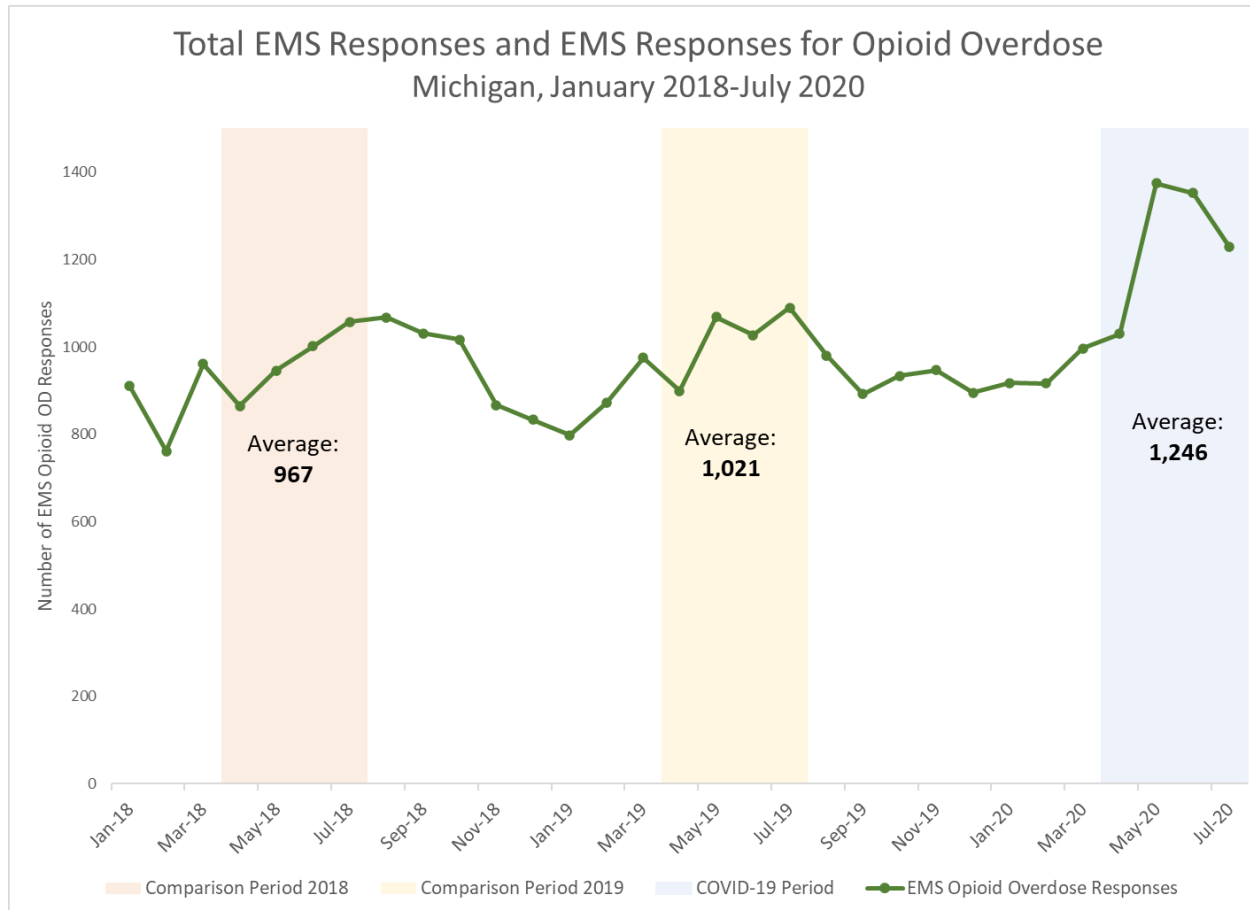


OPIOID CRISIS IN MICHIGAN

- Five people die per day
 - 8,000 in the last five years
 - Among 15 states with highest mortality
 - In 2018, West Michigan counties with the highest number of drug overdoses were Kent, Kalamazoo, Calhoun, and Muskegon
- Some positive trends in 2018 but long way to go
 - In 2018, overdose deaths fell 3.2% and opioid deaths fell 0.8%



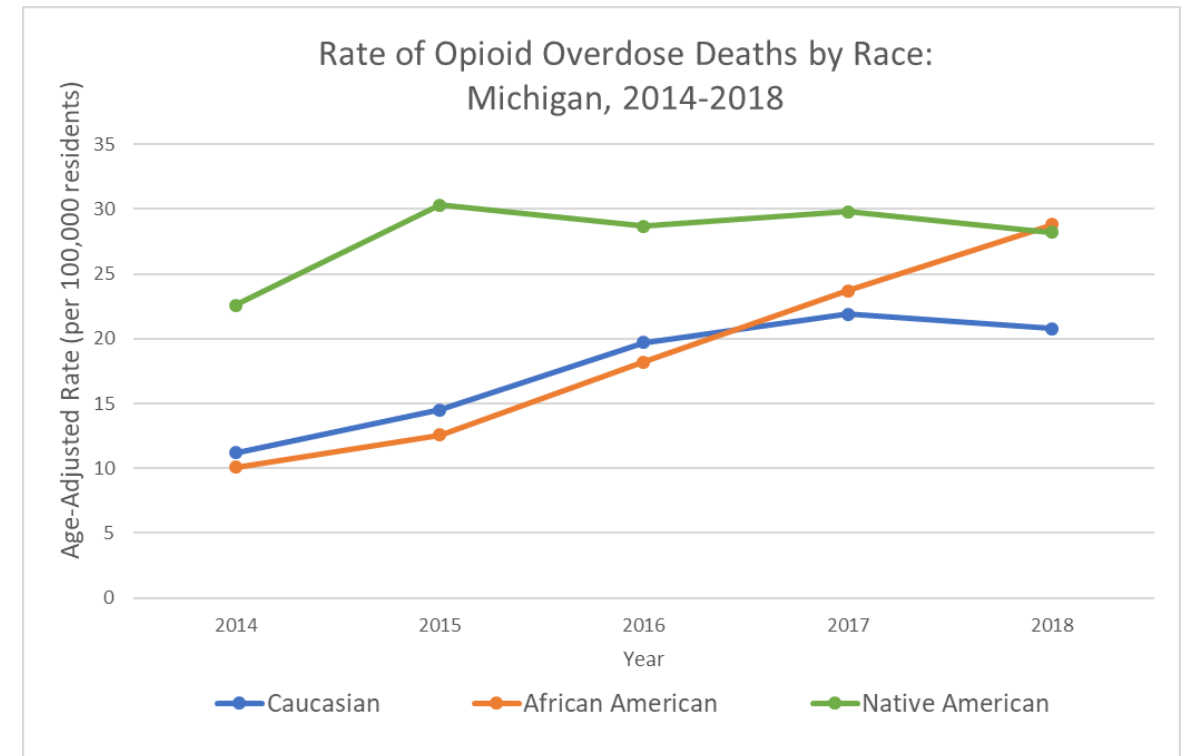
COVID-19 AND THE OPIOID EPIDEMIC



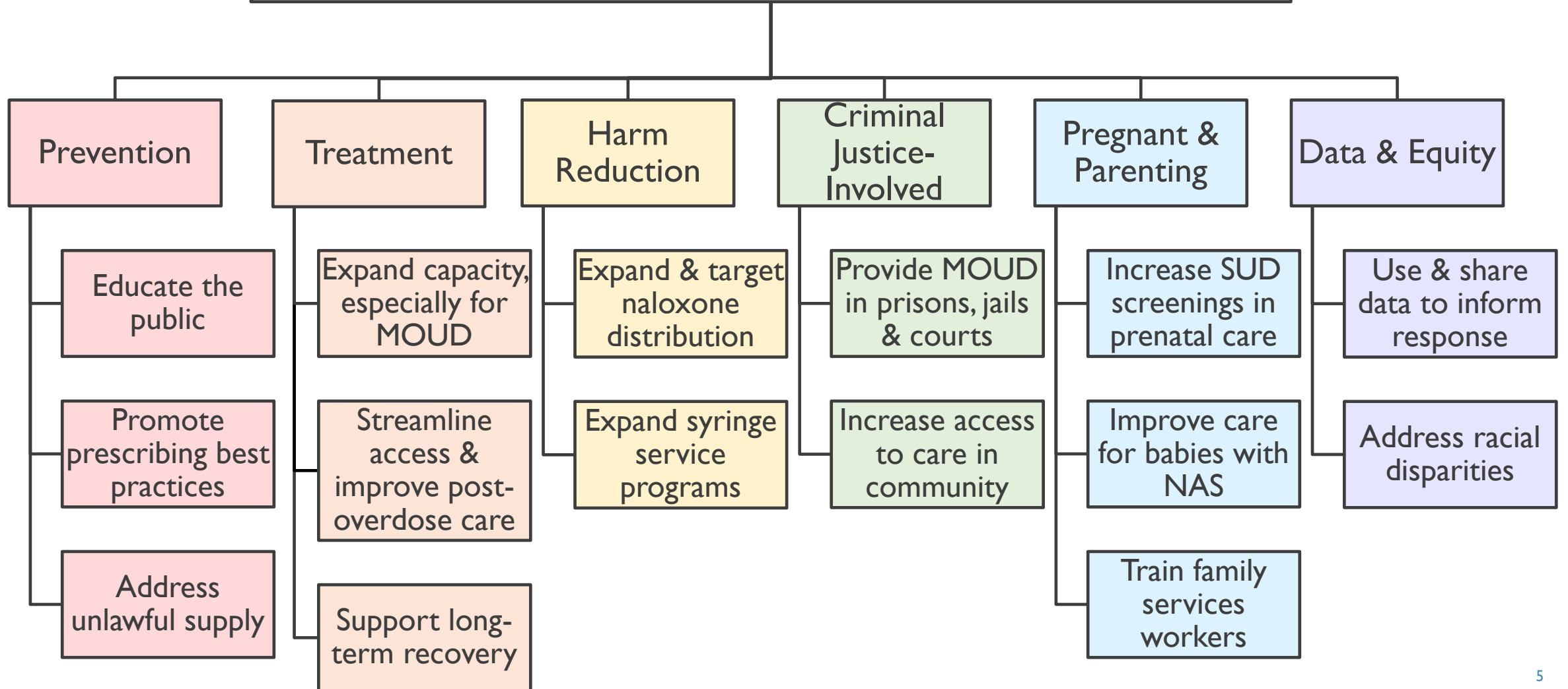
- Michigan data and national media coverage suggest that opioid overdoses have increased during the pandemic
- EMS responses from April through July 2020 were 22% higher than the same period during 2019
 - The share of patients who died & the share who declined transportation also rose

RACIAL DISPARITIES IN OVERDOSE DEATHS

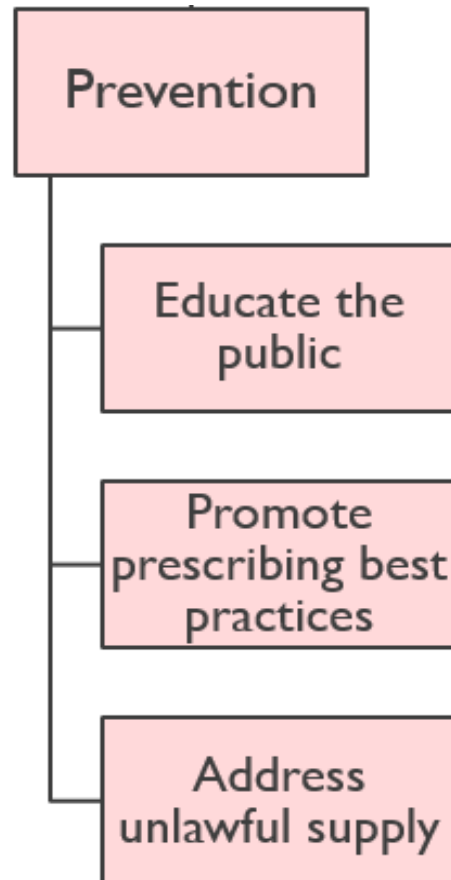
- Opioid overdose deaths and treatment access show racial disparities
- In 2018, trends in mortality diverged sharply by race
 - Mortality rate among African Americans rose by 15 percent, while falling by 7 percent among Caucasians



2020 Strategy: Turning the Tide on the Opioid Epidemic

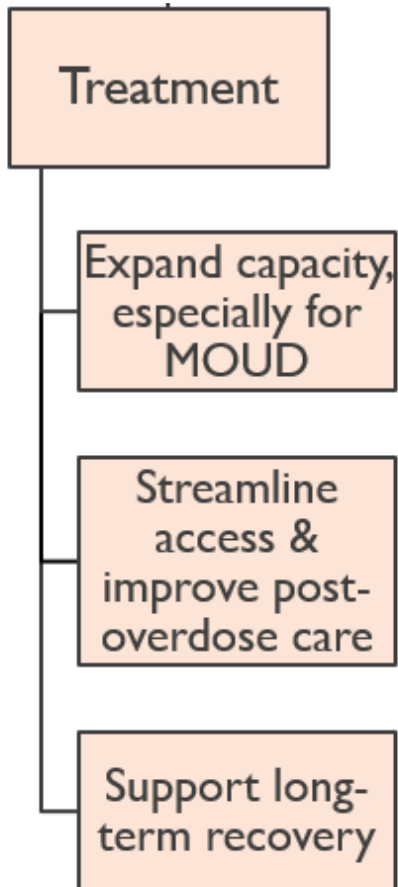


PREVENTION



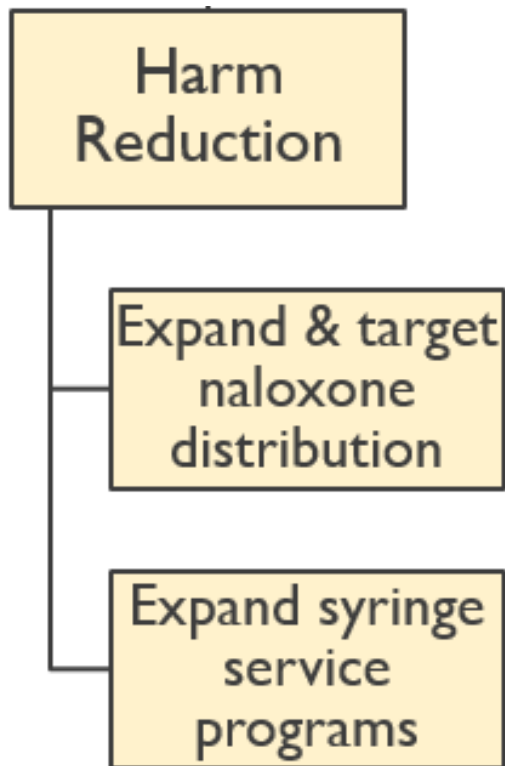
- MDHHS launched the statewide ‘End the Stigma’ campaign to change the conversation around opioid use disorder
 - Go to [Michigan.gov/opioids](https://michigan.gov/opioids) to learn more
- Working closely with LARA to promote the use of Michigan’s prescription drug monitoring program
- Partnered with MI-Opioid Prescribing Engagement Network (OPEN) that publishes evidence-based pain management recommendations for providers
 - <https://michigan-open.org/>

TREATMENT



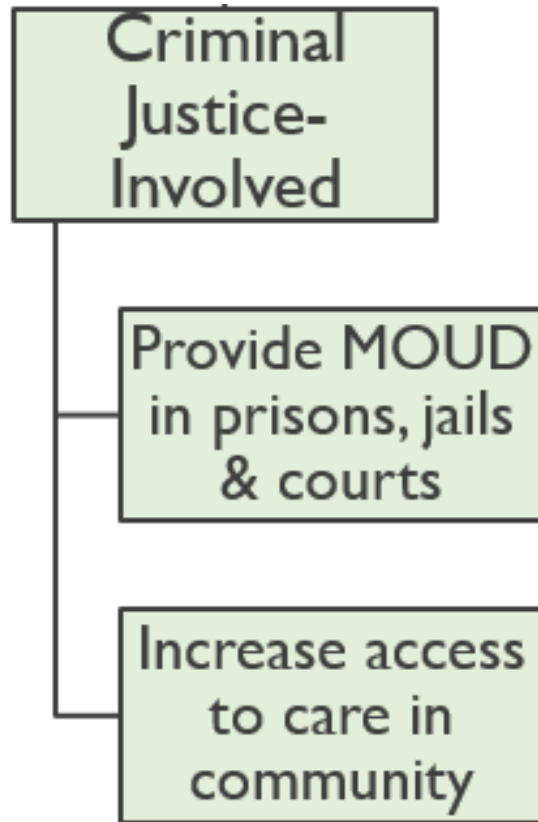
- Michigan Opioid Collaborative (MOC) offers live in-person consultation to physician's treating patients with MOUD/MAT & free DATA waiver training for physicians
 - <https://michiganopioidcollaborative.org>
- MDHHS & hospital systems across the state partnering to offer peer support services in emergency departments- a vital support after a non-fatal overdose

HARM REDUCTION



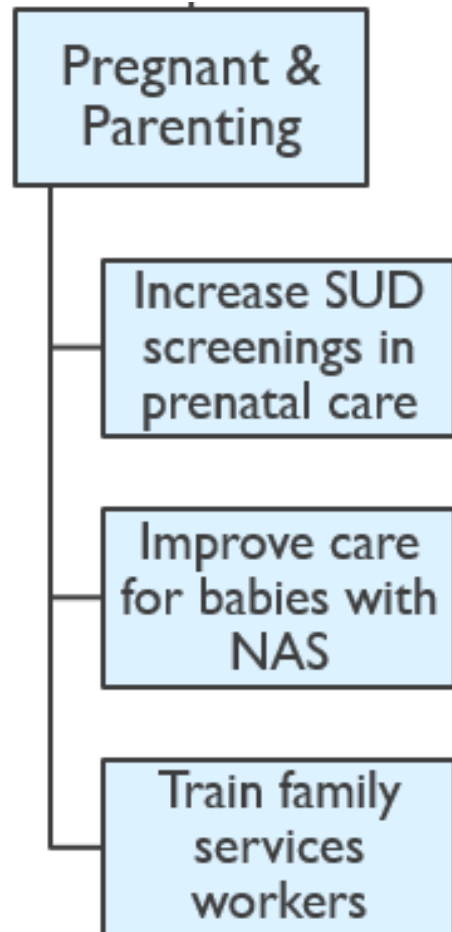
- June 2020 MDHHS launched the Michigan Naloxone Portal
 - Community organizations can request bulk Naloxone by mail for free
 - Visit michigan.gov/opioids > Find Help to access the portal
- Partnered with NEXT Naloxone to offer Naloxone by mail to individual Michiganders for free
 - Visit nextdistro.org/michigan to request free Naloxone

CRIMINAL JUSTICE-INVOLVED POPULATIONS



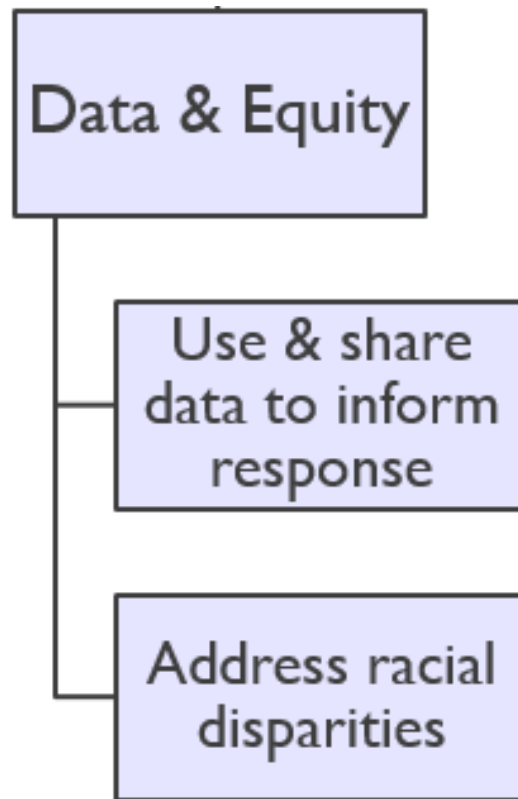
- MDHHS & external partners are currently supporting jail-based MAT in over fifteen jails across the state and continuing to expand
- Michigan Reentry Program (MI-REP) offers specialized services to individuals with opioid use disorder after release
 - Currently operating in Oakland, Macomb, Wayne, Kent, and Monroe and continuing to expand

PREGNANT & PARENTING POPULATIONS



- MDHHS is working to expand SUD screenings for pregnant women to increase connections to treatment
- MDHHS Children's Services Agency working to expand training opportunities on the science of addiction and MAT

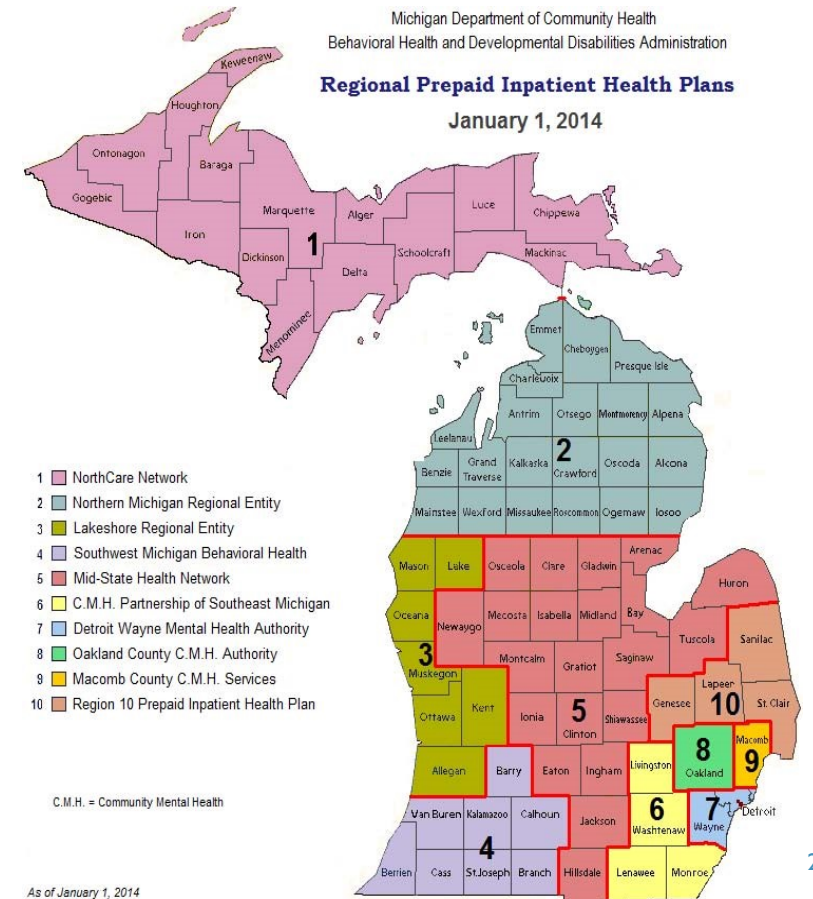
DATA & EQUITY



- MDHHS is working to expand MAT and other treatment services in majority-minority communities – as well as conducting community engagement and outreach
- Data projects will improve data resources for external stakeholders to better support & drive their decision-making

WEST MICHIGAN SERVICES

- West Michigan is served by Lakeshore Regional Entity (Region 3) and Southwest Michigan Behavioral Health (Region 4)
- Region 3 and Region 4 contract with local SUD providers to offer services to Medicaid beneficiaries, including:
 - Outpatient & residential treatment services
 - Medication Assisted Treatment (MAT)
 - Recovery Housing
 - Women's Specialty Services
- To access SUD Services in Region 3 contact the Lakeshore Regional Entity at 1-800-897-3301
- To access SUD services in Region 4 contact Southwest Michigan Behavioral Health at 1-800-676-0423



WEST MICHIGAN OPIOID TOWN HALL GUEST SPEAKERS

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polandc2@msu.edu

Amanda Tarantowski

Substance Use Disorder System Manager, Network 180

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Greg Deacon

Director of Outpatient and Clinical Proficiency, Cherry Health

<https://www.cherryhealth.org/>

Kaye Sanders

Berrien County Supervisor, Community Healing Center

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Executive Director, The Grand Rapids Red Project

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Stephanie VanDerKooi

Substance Use Disorder Director, Region 3

stephaniev@lsre.org

Joel A. Smith

Director of Substance Use Disorder Services, Region 4

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PANELISTS

Chief Medical Executive Dr. Joneigh Khaldun

Michigan Department of Health and Human Services

Director Larry Scott

MDHHS Office of Recovery Oriented Systems of Care

Joel A. Smith

Director of Substance Use Disorder Services, Region 4

Stephanie VanDerKooi

Substance Use Disorder Director, Region 3

Kaye Sanders

Berrien County Supervisor, Community Healing Center

Dr. Cara Poland

Medical Director of Addiction Services, Spectrum Health

Amanda Tarantowski

Substance Use Disorder System Manager, Network 180

Steve Alsum

Executive Director, The Grand Rapids Red Project

Greg Deacon

Director of Outpatient and Clinical Proficiency, Cherry Health

QUESTION & ANSWER SESSION

- Please share your questions and comments to the Teams Chat
- Prompts for responses and questions:
 - How has the opioid epidemic affected you, your family or your community?
 - What services, programs or policies would you recommend to help address the crisis?
 - How can the state help combat stigma and change the narrative around opioid use disorder?
- Additional comments can be submitted to MDHHS-OpioidsTaskForce@michigan.gov

PARTNERSHIP FOR SUCCESS III 5-Year Summary Evaluation

Lakeshore Regional Entity

A summary of activities within the Lakeshore Regional Entity region conducted between FY2016 and FY2020 funded in whole or in part by the Partnership for Success (PFS) III grant serving Mason, Oceana, and Muskegon Counties

Report provided by Kori Bissot, KWB Strategies



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EXECUTIVE SUMMARY

The Partnership for Success (PFS) III grant is a federal grant received by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC). The project seeks to build healthier communities and increase behavioral health service capacity by strengthening and enhancing community-level infrastructure through community coalitions that utilize the Strategic Planning Framework to address underage drinking and prescription drug misuse among persons age 12-25.

OROSC selected the counties of Mason, Oceana, and Muskegon to participate in this project based on priority data indicators. This document details the activities during the five-year grant period and provides an analysis of data trends for targeted indicators.

Coalition Development and Capacity Building: To ensure maximum impact of PFS resources, efforts are coordinated and driven by county coalitions with the goal of preventing substance abuse and its negative impact in the community.

Muskegon County: The Coalition for a Drug Free Muskegon (DFM) County was established in 2005 and works to reduce substance abuse and related consequences by acting as an organizing body for over 50 community organizations. With 7 active committees, including an Executive Committee and Data Committee, the coalition is a well-established collaborative that has become an integral part of their community and has been recognized at both the state and national level for their initiatives and outcomes.

PFS has been instrumental in sustaining capacity of the coalition with support for strategic planning in 2017, funding for initiatives, enhanced evaluation including formative evaluations conducted in 2017 and 2019, and a ten-year outcome evaluation report.

Mason and Oceana County: The Leeward Initiative of Mason County and the LEADS Coalition of Oceana County were established with support from the PFS grant in 2016. Each coalition has since conducted needs assessments to inform strategic planning, adopted five-year strategic plans to guide efforts, established active committees working to implement the strategic plan and adopted bylaws to guide procedures. Both coalitions have continually worked to engage their community and evaluate and improve efforts.

The Leeward Initiative of Mason County, has established 9 active committees, including an Executive Committee, with 15 active voting members and 140 community partners continually receive coalition information and updates.

The Oceana County LEADS coalition has established three active workgroups, including an Executive Committee, with 21 active members, and 117 community partners continually receiving coalition information and updates. The coalition continues to partner with the youth coalition, TOPIC, to support youth-developed substance abuse prevention initiatives and annual youth summit.

Interventions and Implementation: PFS funds have been used to support the following:

- Prime for Life (PFL): This program uses motivational intervention in a group setting to prevent alcohol and drug problems through early intervention. Twenty-six series were provided serving 152 individuals.
- Strengthening Families Program (SFP): This program for Parents and Youth ages 10-14 works to reduce youth substance use through family skills training. Eighteen series have been provided serving 206 individuals.
- Community Trials to Reduce High-Risk Drinking: This collaborative model works to address underage and young adult alcohol misuse. This program seeks to reduce minor's access to alcohol, improve responsible alcohol retailing, improve visible enforcement, and enhance a community's ability to respond collaboratively to prevent alcohol misuse.
- Prescription Drug Misuse Prevention: Each coalition established a workgroup to address the opioid crisis. Efforts worked to reduce inappropriate over-prescribing of opioid medications, improving community awareness of the risks of prescription opioids, supporting medication disposal to reduce access, improving response to identifying and supporting those experiencing opioid addiction, and enhancing efforts to reduce opioid related overdose deaths.
- Screening Brief Intervention and Referral (SBIRT): An evidence-based practice used to incorporate screening for problematic substance use in health care settings, followed by a brief intervention by the provider, and referring to additional services, if appropriate.

Regionally, a brief self-screening assessment for parents was developed which provides personalized recommendations for local resources and referrals to programming. An interactive screening tool was added to the TalkSooner.org website and distributed through health care providers.

Trends in Targeted Data Indicators: The LRE established metrics to track changes in data related to priorities established by the PFS III grant. For details, refer to Attachment A. Highlights include:

- ***Underage Alcohol Use:*** 14%↓ in lifetime use and a 34%↓ in recent alcohol use among high school students between 2014 and 2020 while statewide rates increased slightly.
- ***Prescription Drug Misuse:*** 40%↓ in recent misuse of prescription painkillers among high school between 2014 and 2020, and a 33%↓ decrease in recent misuse of any prescription medication between 2016 and 2020. Statewide data not available.
- ***Opioid Overdose Deaths:*** In 2015, the LRE PFS region rate of opioid overdose deaths (per 100,000 residents) was higher than statewide. The region's rate has since decreased while statewide rates have increased to greater than that of the region.
- ***Opioid Prescribing:*** 24%↓ in the rate of opioid prescriptions dispensed to residents in the LRE PFS region between 2015 and 2018. State-wide rates were continually lower than the region with slightly less improvement (21%↓).

I. COALITION DEVELOPMENT ACTIVITIES

As part of PFS efforts, the Mason and Oceana Counties established coalitions and developed 5-year strategic plans during Year 1. Since then, the coalitions have continued to grow and are using the Strategic Prevention Framework (SPF) to enhance community level infrastructure through linkages with primary care, and to address underage drinking and prescription drug misuse and abuse among youth and young adults.

Muskegon County has a well-established coalition, The Coalition for a Drug Free Muskegon. The Coalition for a Drug Free Muskegon (DFM) County was established in 2005 and works to reduce substance abuse and related consequences by acting as an organizing body for over 50 community organizations. PFS support has been instrumental in sustaining capacity of the coalition.

Mason County:

During Year 1 of the grant, Mason County established a new community coalition with the goal of preventing substance abuse among youth and young adults. Mason County engaged 65 participants in the strategic planning process. Participants included representatives from law enforcement, education, the courts, media, youth-serving organizations, behavioral health, healthcare, businesses, faith-based organizations, and parents.

The coalition began by developing the following mission statement to guide the planning process: “Working together to achieve a reduction in substance abuse by increasing understanding, ensuring treatment services, and supporting our families and community.”

The group reviewed local data available to inform the substance abuse problems including the Michigan Profile for Healthy Youth 2014. State and national comparison data was reviewed from the Youth Risk Behavior Survey conducted by the Center for Disease Control. Review included an overview of youth substance use rates followed by more in-depth review for the top drugs of abuse, including alcohol, tobacco, marijuana, and prescription drugs.

Based on this data review and stakeholder input, the coalition developed problem statements. Data for some of the problem statements was not available at this meeting but prioritized based on stakeholder input. Additional data collection was done following these meetings to confirm and validate these priorities. Problem statements include:

- **Youth Using Alcohol at a Young Age:** Almost half (46.5%) of Mason County high school students report using alcohol at least once and almost one-fifth (19.7%) report doing so before the age of 13 (Mason/Lake MIPHY 2014).

- **Youth using Marijuana at a Young Age:** More than one-third (36.2%) of high schoolers have ever used marijuana, including 33.3% of 9th graders, and 40.4% of 11th graders with an average age of 12.9 for first use (Mason/Lake MIPHY 2014).
- **Increased Use of Opiates among Young Adults:** 15% of young adults reported having taken a prescription painkiller without a prescription in the past year and 6.3% report having used heroin at least once (Young Adult Survey 2016).
- **Synthetic Drug Use with Life-threatening Consequences:** Key stakeholders report that use of synthetic drugs (MDMA, cathinone or “bath salts”, and synthetic marijuana) and related hospitalizations have increased in recent years for middle schoolers, high schoolers, and young adults in Mason County (Stakeholder Interviews 2016).

Additional data was collected to further understand local issues impacting the identified problems. The coalition reviewed the data to determine local conditions contributing to selected problems and developed targeted strategies for local conditions.

The coalition has continued implementation of their strategic plans through action-oriented subcommittees, established leadership committees, elected leadership positions, and adopted bylaws to guide coalition procedures. In addition, the coalition has worked to raise awareness of their effort and has established orientation materials and procedures to ensure new members are well-informed and prepared to contribute to the coalition.

As of Year 5, the Mason County Leeward initiative sustained their coalition with 9 active subcommittees, including the Executive Committee with 7 members, and a workgroup for each goal area of the strategic plan including alcohol, synthetic drugs, marijuana, opioids, and recovery. The coalition has achieved representation from each of the 12 sectors recommended by the Community Anti-Drug Coalitions of America (CADCA) with 15 active voting members, and 140 community partners continually receiving coalition information and updates.

In addition, a Recovery Support Group has been established through a partnership with WCMCMH and the People's Church, and a transportation system has been developed to support people seeking treatment outside of the county.

Muskegon County:

The Coalition for a Drug Free Muskegon (DFM) County was established in 2005 and works to reduce substance abuse and related consequences by acting as an organizing body for over 50 community organizations such as schools, health care providers, law enforcement, government organizations, and civic leaders, as well as business and youth.

With 7 active committees, including an Executive Committee and a Data Committee, the coalition is a well-established collaborative that has become an integral part of their community and has been recognized at both the state and national level for their initiatives and outcomes.

Local stakeholders come together through the DFM coalition to join efforts, with coalition-implemented initiatives, as well as programs implemented by partner agencies to fulfill portions of the community-owned strategic plan. Working in this way, the collective membership of the coalition can have a larger impact through coordinated and targeted efforts that exceed what any one organization would be able to achieve independently. The Coalition has been recognized at both the state and national level for their initiatives and outcomes.

With support from the PFS grant, the coalition concluded long term strategic planning for the 3rd time with sessions during the Summer of 2017. The coalition also revised their mission statement during this planning process resulting in the mission, “To reduce substance use disorder in Muskegon County through education, prevention and treatment.”

The group reviewed local data which resulted in prioritization of problem statements:

- **Opiates:** Drug-related overdoses were the leading cause of accidental deaths in Muskegon county resulting in 39 deaths in 2015. Although entirely preventable, 95% involved opiates and of these, 89% involved multiple drugs. (2015 Medical Examiner Annual Report
- **Alcohol:** More than one-in-four (26.5%) college students in Muskegon County report binge drinking in the past two weeks and 11.9% report use three or more times per week (Core Alcohol and Drug Survey 2014).
- **Marijuana:** More than one-in-four (26.9%) HS students report using marijuana at least once with 15.3% reporting recent use (Muskegon MIPHY 2016) and 88% of persons admitted to treatment for marijuana report starting before age 18 (LRE TEDS FY2016).
- **Vaping:** Use of vaping products has increased among teens and young adults with 17.5% of HS students reporting current use (Muskegon MIPHY 2016).

Nationally among young adults (18-24), 13.6% report recent use and 35.8% report ever using (National Adult Tobacco Survey 2013-2014).

- **Maternal Smoking:** In 2013 more than one-in-four mothers who gave birth (28.8%) reported smoking during pregnancy compared to one-in-five (19.7%) state-wide. This rate has increased 31% since 2006 (from 22.0% to 28.8%). (MI Vital Statistics 2013).
- **Substance Use Disorder Treatment:** There is a large gap between initiation of substance use and admission to substance use disorder services. In FY2016, most (78%) Muskegon County residents admitted to treatment began using their primary drug of choice before the age of 25 but only 22% of admissions were for persons age 25 or younger.

Once priority problems were established, the coalition reviewed the data to determine local conditions contributing to selected problems and developed targeted strategies for local conditions.

During the entire grant period, the coalition implemented initiatives from their strategic plans through action-oriented subcommittees with PFS funds used to support efforts related to underage alcohol use and prescription drug misuse. In addition, a formative evaluation was done in 2017, and updated in 2019, with PFS support. This evaluation monitors whether the coalition has the structures, procedures, and group dynamics in place to ensure a well-functioning group that can move effectively through the Strategic Planning Process and sustain efforts over time. Upon completion of this evaluation, the Executive Committee tasks itself with improvements for the coalition.

Oceana County:

During Year 1 of the grant, Oceana County established a new community coalition with the goal of preventing substance abuse among youth and young adults. Oceana County engaged 39 participants in the strategic planning process. Participants included representatives from law enforcement, education, the courts, media, youth-serving organizations, behavioral health, healthcare, businesses, faith-based organizations, and parents.

The community began by developing the following mission statement to guide the planning process, "To achieve a measurable reduction in youth drug and alcohol use by empowering our community to embrace and engage in effective, local, data-driven strategies."

The group reviewed local data available to inform the substance abuse problems resulting in the following problem statements:

- **Youth Using Alcohol at a Young Age:** 37.3% of Oceana County high school

students report having drunk alcohol in their lifetime (Oceana MIPHY 2014).

- **Youth using Marijuana at a Young Age:** Almost one-fifth (19%) of high school students report having “ever used” marijuana, with an average age of first use being 13.5 years (MIPHY 2014).
- **Increase in opiate related overdoses and death:** Opiate related hospitalizations increased from a rate of 8.1 to 8.4 per 10,000 residents between 2008 and 2014. (Michigan Substance Use Data Repository)

Additional data was collected to further understand local issues impacting the identified problems. The coalition reviewed the data to determine local conditions contributing to selected problems and developed targeted strategies for local conditions.

Following planning, the coalition has continued implementation of their strategic plan through action-oriented subcommittees, has established leadership committees and elected leadership positions, and have adopted bylaws to guide coalition procedures. In addition, the coalition has worked to raise awareness of their effort and has established orientation materials and procedures to ensure new members are well-informed and prepared to contribute to the coalition.

The Oceana County LEADS coalition has sustained their full coalition, Executive Committee with 4 members, two active workgroups, and ad-hoc committees are established as necessary for specific projects. The coalition continues to partner with the youth coalition, TOPIC, to support youth-developed substance abuse prevention initiatives and annual youth summit. The coalition has achieved representation from each of the 12 sectors recommended by the Community Anti-Drug Coalitions of America (CADCA) with 21 active voting members, and 117 community partners continually receiving coalition information and updates.

II. OPIOID PREVENTION ACTIVITIES

Each coalition established and sustained workgroups to address the opioid crisis. Efforts worked to reduce inappropriate over-prescribing of opioid medications, improve community awareness of the risks of prescription opioids, support medication disposal to reduce access, improve identification and support for those experiencing opioid addiction, and to enhance efforts to reduce opioid related overdose deaths.

Mason County:

The Mason County Opioid Task Force met for the first time in April 2017 and has worked to collect additional data, recruited physicians and pharmacists to become involved and to gather their input on how the coalition can support them and to request feedback on task force efforts. With 10 active members, the group is working to reduce stigma of addiction and encourage people in the community to seek treatment. The workgroup continues efforts to engage community members, healthcare professionals, the courts, and local law enforcement in collaborating to address the opioid problem.

Local efforts funded in whole or in part during the grant period include:

- Media: The coalition worked in partnership with the Oceana coalition to engage local media, (the Mason County News), to run a series of articles about the local opioid issue and to promote coalition events and activities to address the opioid issue.
- Data Collection: The coalition worked with the local Medical Examiner to improve tracking and reporting of opioid related overdose deaths and healthcare and law enforcement to track overdose responses.
- Disposal: The coalition worked to increase awareness of the importance of disposing of unused medications and to increase opportunities to safely dispose of medication locally. Efforts included:
 - Creating and disseminating a flyer and poster with information about medication disposal sites and locations for receiving a medication lock box.
 - An additional permanent medication disposal unit was purchased and installed at the Scottville Police Department.
 - 900 DisposeRx packets have been distributed. Packets were provided at no cost by the Amerisource Bergen Foundation. These packets contain a blend of solidifying materials that provide a safe means of disposal of unused or expired medications which can provide a solution for residents without access to transportation. Distribution was done through community partners such as Senior Centers and Community Centers.

- Drug take-back events have served 358 households: collecting 250 pounds of medication and sharps.
- Lock Boxes: The coalition distributed medication lock boxes to support safe storage and monitoring of prescription medication in the homes. Procedures were developed, and partnerships built with 11 local agencies who have distributed 348 lock boxes to Mason County Residents.

Muskegon County:

Efforts to address prescription drug misuse began in 2010 when the Muskegon Area Medication Disposal Program began and expanded in 2016 when the coalition partnered with the Muskegon Area Opiate Task Force to reduce opioid related overdoses and deaths.

Throughout the grant period, the Coalition for a Drug Free Muskegon's Muskegon Area Medication Disposal Project (MAMDP) committee continued efforts to reduce inappropriate access to prescription medications.

The Muskegon Area Opiate Task Force: Convened in 2016 with leadership and support provided by Health West, the Muskegon Area Opiate Task Force is comprised of health officials, law enforcement and community leaders dedicated to educating the public and fighting the opioid problem.

Local efforts funded in whole or in part during the grant period include:

- Medication Disposal through the MAMDP....
 - MAMDP conducted drug-take back events twice annually in conjunction with national Drug Enforcement Agency (DEA) events to capitalize on the public awareness of properly disposing unwanted medications. Over 200 vehicles attend every event and since 2010, over 37,000 pounds of medications have been safely destroyed.
 - Ensured local permanent disposal sites and promoted awareness and availability, resulting in the establishment of 11 permanent disposal boxes at local law enforcement offices throughout the county and 6 permanent disposal boxes located at local healthcare providers and pharmacies as of August 2020.
 - Promoted awareness of the importance of proper disposal through distribution of flyers to medical providers, retirement communities, pharmacies, veterinarians, physicians, dentists, funeral homes, churches, healthcare providers, senior resources, hospice programs, schools, and colleges. Distributed press releases and provided interviews via

newspapers as well as radio and television stations. Messaging shared via social media on Facebook, Twitter, Instagram, local websites, and blogs.

- Public Health Muskegon County (PHMC) partnered with MAMDP to distribute lock boxes for safe storage of medications in the home to prevent misuse or youth access; 250 distributed at the 2019 fall event.
 - PHMC partnered with MAMDP to distribute pill organizers; distributed 100 at the 2019 fall event.
 - Promoted Fall 2019 take back event live on Wood TV 8 to advertise the event and raise awareness of the importance of safely storing and disposing of unused medications.
- An Opiate Summit has been hosted annually since 2017 to bring awareness to the ongoing opioid epidemic. The summit seeks to promote and support recovery with presentations by experts, testimonials from those in recovery, and an emphasis on available community resources. The event was well attended with over 200 attendees. In 2018, the task force focused on engaging community members rather than professionals with 50 community members in attendance. In 2019, the summit was well attended with just under 150 community members. A virtual summit is being planned for October of 2020.
- Mercy Health (MH) formed a special committee in response to analysis of overdose rates reviewed by the Task Force. The committee worked to assist the medical community with education and support for responsible prescribing practices and to encourage use of alternative methods of pain management. This internal MH committee established protocols and began disseminating best practice information at least one year before legislation passed at the state level requiring such efforts. The Task Force also held an educational event with continuing medical education credits for physicians in 2019 that focused on bias and the influence on treatment and prescribing practices with 75 healthcare professionals in attendance.
- A Social marketing campaign was developed, promoting messages on the risks of opioid prescriptions. A webpage was developed in 2019 to educate the public and provide resources and information to community residents.
- In Year 3, the Opioid Task Force, with support from HealthWest, the local community mental health services provider, provided presentations to local primary care physicians about complying with new legislation enhancing requirements for opioid prescribing. Efforts included development of consent forms for use with patients and effective use of Michigan Automated Prescription System (MAPS).

Oceana County:

The Oceana County Opioid Task Force met for the first time in March 2017 and has worked in partnership with the Mason coalition.

Local efforts funded in whole or in part during the grant period included:

- Partnered with local media, and the Mason Leeward Initiative, to engage local media to develop and run a three-part newspaper series to highlight the scope of the local opioid problem. This first article worked to engage law enforcement and the court system to share what they are experiencing. Subsequent articles are highlighting an upcoming event hosted by the coalition to engage community members around this issue.
- The coalition also partnered with Families Against Narcotics (FAN) to conduct community meetings and to explore the feasibility of beginning a FAN chapter to serve both Mason and Oceana Counties.
- Hosted a community forum titled, “Solving the Opioid Epidemic” with Phil Pabona from Families Against Narcotics (FAN), with 65 attendees.
- Visited local physician offices to provide an orientation to revised opioid prescribing requirements and better understand their support needs; provided follow-up to address identified needs.
- Distribution of lock boxes through partnership with 10 local agencies; 379 lock boxes distributed since March of 2018. The coalition garnered additional financial support through Mercy Health in 2018 and the local Children’s Trust Fund in 2020.
- Distributed DisposeRx packets which contain a blend of solidifying materials that provide a safe means of disposal of unused or expired medications and providing a solution for residents without transportation. Distribution was done through community partners such as Senior Centers and Community Centers. 1,500 packets were provided by the Amerisource Bergen Foundation at no cost to the coalition.
- Participated in a two-part medication take-back event, collecting more than 150 pounds of medication in Year 5.

III. COMMUNITY TRIALS TO REDUCE HIGH-RISK DRINKING (CTRHRD)

This program uses a community mobilization model to reduce underage and high-risk drinking through reduced youth access, responsible beverage service, and increased perceptions of risk for binge drinking and driving after drinking alcohol.

Mason County:

Mason county implemented the CTRHRD through the Alcohol Task Force, a subcommittee of the Mason Leeward Initiative Coalition. Efforts include strategies to reduce provision of alcohol to minors and to raise awareness of parents to improve communication and monitoring of their teens to prevent alcohol use.

Local efforts funded in whole or in part include:

- Tall Cop Presentation: In Year 2, Mason County hosted well-attended Tall Cop presentations on current trends in drug and alcohol use as well as signs of use among youth and young adults with 249 attendees in Mason.
- Social Hosting Campaign: During Year 4, the campaign to raise awareness of the legal consequences for providing alcohol to a minor was promoted by placing informational stickers on pizza boxes with the campaign continuing in Year 5.



Muskegon County:

Muskegon implemented the CTRHRD program through the Muskegon Alcohol Liability Initiative (ALI), a committee of the Coalition for a Drug Free Muskegon. Efforts include strategies to reduce sales of alcohol to minors, over-serving at bars and restaurants, and working to increase awareness of the risks of underage drinking, binge drinking, and of driving while intoxicated. Many of the initiatives began prior to the PFS during the coalitions ten years of Drug Free Community Support Program Funding and were able to continue during the grant period because of PFS funding.

Local efforts funded in whole or in part include:

- Party Patrol: A tip line was established in 2012 for reporting underage drinking parties so that law enforcement could intervene through a partnership with the Lakeshore Chamber of Commerce's Silent Observer program. Law enforcement continue to utilize the agreements for a multi-jurisdictional response to ensure safe and effective responses to parties with underage drinking. Awareness of enforcement efforts were promoted through a multi-tiered campaign including billboards, FaceTheBook, fliers, posters, and sidewalk graphics.

- FaceTheBook: Annual, year-round, county-wide school-based youth education campaign on the health, legal and social consequences of underage drinking with 2,170 followers on Facebook. The campaign began in 2011.
- Safe Prom: Law enforcement attend prom events each year to provide a positive presence at area proms to prevent youth drinking and drug use and has been offered to all school districts since 2012.
- Collegiate Alcohol Awareness Week: Muskegon ALI and local law enforcement team up with Baker College and Muskegon Community College for National Collegiate Alcohol Awareness Week each year. Education is provided on the dangers of drinking and driving and binge drinking. Marketing materials for the Binge Effects Campaign are provided to each school.
- Young Adult Binge Effects Campaign: This campaign began in 2017 to raise awareness of the risks of binge drinking among college students and operates in coordination with Alcohol Awareness Week. For more information on the campaign, visit www.bingeeffects.org
- Responsible Alcohol Retailing:
 - Vendor Education: Annual distribution of vendor education materials by law enforcement officers to all 300+ alcohol retailers.
 - Compliance Checks: Annual decoy operations where law enforcement visit retailers to monitor that they are not selling to individuals that are not of legal age to purchase alcohol. Failure results in a citation and each retailer that passes is recognized with a follow up letter to congratulate them and award a certificate.
 - Muskegon County Volunteer Server Training: Provide training at no cost for volunteers serving alcohol at community events.

The table below summarizes the effort each year and the corresponding rate of compliance among retailers through Year 4. It should be noted that these efforts to ensure responsible alcohol retailing have been in place since 2009 so compliance is high; efforts seek to sustain rather than increase compliance.

	<i>Retailers receiving Education</i>	<i>Compliance Checks</i>	<i>Compliance Rate</i>
Year 1	285	156	97%
Year 2	104	104	94%
Year 3	280	182	93%
Year 4	380	164	95%

Oceana County:

Oceana county implements the CTRHRD program through their Alcohol and Marijuana Task Force, a subcommittee of the Oceana LEADS Coalition. Efforts include strategies to reduce provision of alcohol to minors and to raise awareness of parents to improve communication and monitoring of their teens to prevent alcohol use.

Local efforts funded in whole or in part include:

- Social Hosting Campaign: To raise awareness of the legal consequences for providing alcohol to a minor, promoted through distribution of coasters at 10 local bars and restaurants during Year 2. The coalition also partnered with the local sheriff's department to promote messaging on their electronic message boards.

Efforts continued in Year 3 with development and distribution of counter-mats with information about the laws and consequences for providing alcohol to a minor. These counter-mats were displayed by alcohol retailers with 42 distributed in English and 47 in Spanish. Oceana County also partnered with TOPIC youth to distribute 'tickets' on automobiles parked at prom events that provided info about underage drinking and its effects on driving.

- Keep Out Project: The Keep Out work team garnered resources to put together a simulation teen bedroom to give parents an opportunity to see the ways that teens can hide alcohol or other drugs or paraphernalia. The display has been viewed by over 500 adults at 8 community events since 2017. Parents provided feedback that they were shocked and surprised at what they learned. They encouraged coalition members to reach out to more parents and provide additional opportunities for parents to participate in the experience. This project has helped the coalition establish a strong partnership with local law enforcement.
- Tall Cop Presentation: Hosted a well-attended Tall Cop presentation on current trends in drug and alcohol use as well as signs of use among youth and young adults in Year 3. At the event, the simulation teen bedroom was available for parents to better understand the ways teens hide alcohol or other drugs or paraphernalia.

IV. STRENGTHENING FAMILIES PROGRAM (SFP)

This program for Parents and Youth ages 10-14 works to reduce youth substance use through family skills training. The program includes seven two-hour sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. Sessions work to support parents in understanding the risk factors for substance use, to improve parent-child bonding, and to monitor compliance with parental guidelines and setting appropriate consequences and managing anger and family conflict. Children receive instruction on resisting peer influences to use substances.

Regional efforts worked to increase referrals to prevention programming through the development of a brief self-screening assessment for parents to self-identify for the program. This screening was added to the homepage of the Talksooner website and provides personalized recommendations for local resources as well as links to program providers if screening results warrant a referral. Screening questions were also distributed through health care providers, with a focus on pediatrician offices, directing parents to access local resources on the TalkSooner.org website.

Mason and Oceana Counties

Throughout the grant period, Mason and Oceana Counties worked to establish the Strengthening Families Program in their communities. Efforts to develop the capacity to deliver this programming began in October of 2018 through a partnership with the Children's Trust Fund to support a facilitator training.

During Year 4 the coalitions continued efforts to train the facilitators needed to deliver programming and the first program was offered in early Year 5 in partnership with a local church, serving 10 participants.

Mason secured funding from the Mason County Children's Trust Fund to purchase additional program materials in Year 5.

Muskegon County

The SFP is provided in Muskegon County by Pathways, an Arbor Circle program funded in part through PFS funds. Initial efforts sought to build partnerships throughout Muskegon County to raise awareness of the program and establish effective referral procedures from community partners. Arbor Circle joined several local collaborative groups to enhance visibility of the program and to develop relationships with potential referring organizations. They established relationships with school health centers and many of the schools in Muskegon County.

Promotional efforts included digital billboards, a Facebook ad campaign, and advertising on local buses. They also passed out post cards to promote the Talksooner website where parenting class opportunities are highlighted, including Strengthening

Families Program. The campaign achieved 199,290 impressions for the “Be a Parent” campaign and a total of 1,440 clicks to the webpage.

They continue to routinely receive referrals from Mercy Health Counseling, the primary substance use disorder treatment provider in Muskegon County, the Department of Human Services, schools, hospitals, physician’s offices, and counseling practices throughout Muskegon.

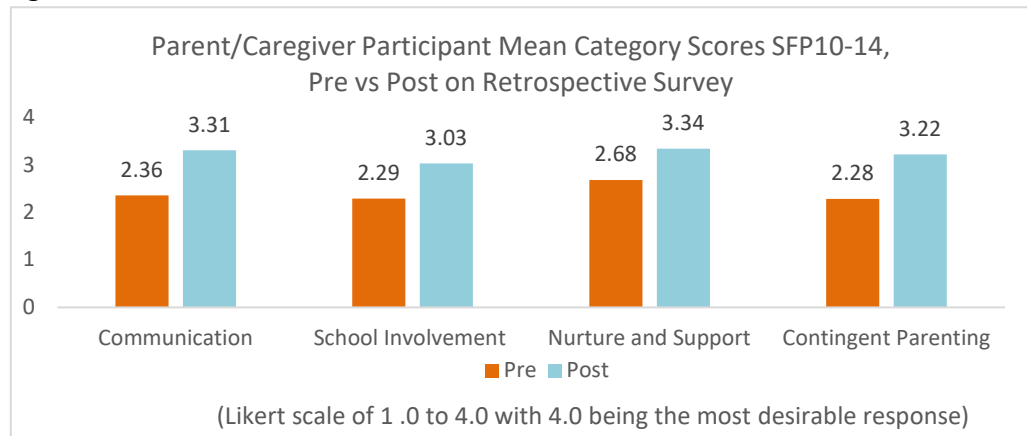
SFP programming provided in Muskegon, during the grant period include:

Grant Year	Series Provided	# Served	# Referrals Received
Year 1	5 (2 PFS funded)	– 10 caregivers – 11 youth	na
Year 2	5	– 18 caregivers – 27 youth	32
Year 3	4	– 44 caregivers – 59 youth – 15 childcare	24
Year 4	2	– 9 caregivers – 10 youth – 2 childcare	53
Year 5	1	– 5 caregivers – 4 youth – 3 childcare	10

Programming Outcomes: Programming was evaluated using a retrospective survey tool for youth and another for parent/caregiver participants. Mean scores were calculated for each item and for categories of questions to assess improvement from pre to post-test. For detailed results refer to Attachment B.

Parent/Caregiver Results: Scores for parents and caregivers participating in SFP during grant years 1 through 4 show an improvement on all 20 measures. As shown in figure 1, improvement in mean scores occurred in each category, including: contingent parenting (41%↑), family communication (41%↑), nurturing and support (25%↑), and school involvement (32%↑).

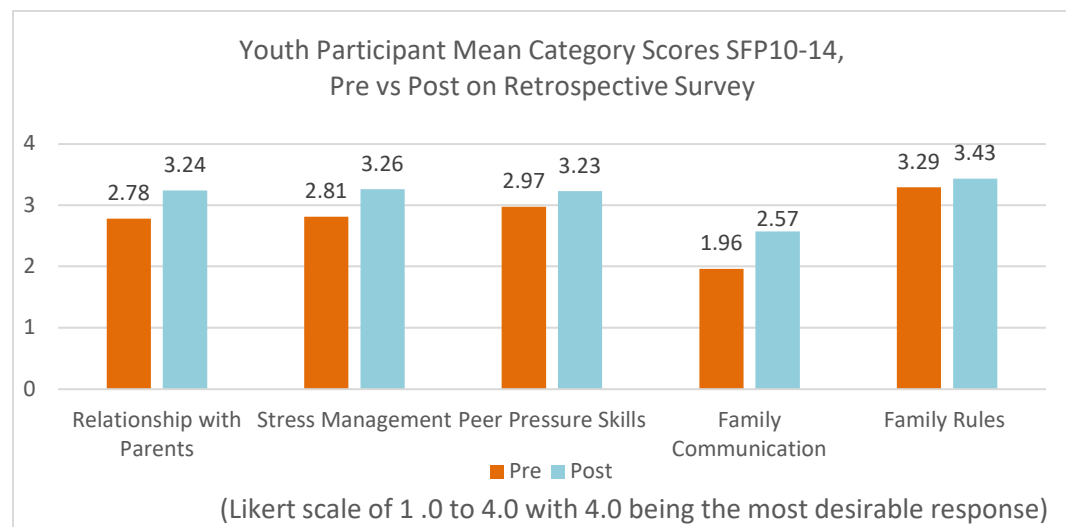
Figure 1



Feedback from parents support these results with one parent participant noting “that our children have stresses just like we do and that they have feelings just like we do. We need to listen to each other.” According to one youth participant, the most important thing they learned is “how to say no to your friends and to not do drugs.”

Youth Results: Overall scores for youth participating in SFP during grant years 1 through 4 show an improvement on all 15 measures. As shown in Figure 2, the greatest improvement in mean scores for family communication (31%↑), relationship with parents (17%↑), and stress management (16%↑). For detailed results refer to Attachment B.

Figure 2



V. PRIME FOR LIFE (PFL)

This evidence-based program uses motivational intervention in group settings to prevent alcohol and drug problems and provide early intervention when appropriate. Depending on the needs of the participants, the program can range from 4.5 to 20 hours in duration. PFL emphasizes changing participants' perceptions of the risks of drug and alcohol use and related attitudes and beliefs. Instructors use empathy and collaboration (methods consistent with motivational interviewing) to increase participants' motivation to change behavior to protect what they value most in life. Participants assess their level of progression toward addiction and develop a detailed plan for reducing risky behavior.

In March 2016, the LRE hosted a training for Partnership for Success community leaders to become trained in delivering the PFL program. In addition, evaluation procedures were developed with the creation of a pre and post-test survey in partnership with ReFocus, LLC.

Mason and Oceana Counties

During Year 2, Mason and Oceana Counties enhanced capacity to deliver Prime 4 Life programming. Staff were trained, and referral forms were developed and distributed to community partner organizations including schools, local Department of Human Services, and law enforcement and probation officers. Mason County provided one P4L session serving one individual using a one-on-one approach.

Efforts to establish referral sources continued in Year 3. Mason County met with court personnel and parole officers to discuss referral procedures and partnered with a local high school to establish a monthly P4L class at the school for youth receiving disciplinary action. Programming began in September of 2018 and resulted in 4 youth receiving one session, in lieu of suspension. Mason and Oceana county provided joint program delivery for 2 additional participants.

During Years 4 and 5, Mason and Oceana counties continued to partner with schools to offer the program as an alternative to suspension. Seven series were provided in Year 3, serving 22 individuals and in Year 4 Oceana County provided 2 series serving 10 individuals. During Year 5, Mason county provided programming to 9 participants.

Muskegon County:

Prime for Life was provided by Public Health Muskegon County. Efforts to establish community partnerships and consistent referrals were a primary focus throughout the grant period include: communication with Community Mental Health Access centers for persons seeking substance use disorder services, offering to provide treatment on-site as an early intervention program at the CMH or local treatment provider, and offering to provide on-site treatment at Teen Health Centers.

No programming was provided in Year 4 due to a lack of community interest and referrals. Alternative programming was provided using alternative funding that better

aligned with community stakeholder needs, resulting in an increase in referrals from the court system.

Throughout the grant period programming was provided to the following groups:

- Participants of the EXIT program which provides support, education and training for felony convicted young men scheduled to be released from the county jail.
- Youth in the Fresh Start program which serves 14- to 18-year-olds who are enrolled in Muskegon Public Schools involved with the court system.
- Adults in the process of transitioning from jail to home.
- Youth at the Juvenile Transition center.

Grant Year	# Series	# Sessions	# Served	Outcomes
Year 1	2	5	25	Among adult participants, 78% demonstrated an improvement at post-test; and 45% of participants achieving an 80% score or better at post-test. Among middle school participants, 41% demonstrated an improvement at post-test. Among High school participants, 11% demonstrated an improvement at post-test.
Year 2	9	75	68	Overall, 41% of participants demonstrated an improvement at post-test. Of youth participating in Universal Syllabus, 27% demonstrated an improvement at post-test. Of youth participating in the 8-hour syllabus 25% demonstrated an improvement at post-test. Among adult participants, 78% demonstrated an improvement at post-test.
Year 3	1	8	6	88% of participants demonstrated an improvement at post-test.
Year 4	0	0	0	Na
Year 5	1	4	5	Not available

VI. SCREENING BRIEF INTERVENTION AND REFERRAL (SBIRT)

Screening Brief Intervention and Referral (SBIRT) is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs through a process of screening in healthcare settings using standardized tools, a brief intervention by the health care professional for patients engaging in risky substance use behaviors; and referring the patient to additional services.

For Michigan, the priority identified for SBIRT within the PFS III grant was to implement SBIRT with resulting referrals to PFS III programming including Prime for Life and the Strengthening Families Programs.

In 2018, a regional effort was undertaken to assess SBIRT procedures within Federally Qualified Health Centers (FQHC) and Teen Health Centers (THC) in each county. This effort focused on identifying ways to encourage improved implementation and increase referrals to prevention programming for at-risk youth. Each county identified the relevant health centers in their county and contacted leaders within the organization to determine current screening practices

Each county met with local healthcare leaders to discuss how they could support them in connecting youth with services, to gauge their interest, to better understand potential barriers, and to identify support or resources that would be useful.

It was determined that confidentiality requirements for youth receiving a screening made external referrals to prevention programming impossible. To offset this challenge, each county began offering to provide Prime for Life (P4L) programming on-site at their local teen health center.

The regional collaborative also developed a brief screening tool for parents to self-assess for programming and provides personalized recommendations for local resources such as the Strengthening Families Program. This screening tool was added to the TalkSooner.org homepage and provides personalized recommendations for local resources and linkage to prevention programming based on results. The screening tool was also distributed through healthcare offices.

Mason and Oceana Counties:

Mason and Oceana Counties worked with local healthcare providers to assess screening and referral practices to identify opportunities for enhancement. It was determined that Mercy Health Lakeshore Campus conducts their own screening and the coalition made themselves available to support those efforts and assist with identifying local referral options.

In Oceana county, local doctors' offices and the FQHC continue to complete SBIRT during all office visits. In Mason county, the coalition monitors the use of screening and referral processes by area providers. Local resources were identified, and referral cards

developed. Partnering sites are provided with referral cards and resource materials to support referral to local programming.

Muskegon County:

During Years 1 and 2 the DFM coalition worked with Mercy Health Muskegon to assist with development of a comprehensive delivery of SBIRT throughout the Mercy Health healthcare system. To support this effort, the coalition hosted multiple meetings with Mercy Health leaders to plan for SBIRT implementation. Service delivery gaps were identified and explored including the mechanisms for referral, delivery of interventions, and closing the loop on nurse/ physician communication.

SBIRT implementation began at Mercy Health in August of 2016. Early evaluation identified that there was low adherence by medical staff providing the screening. Education was provided to nurses and screening increased by 50% within a three-week period.

Efforts to embed SBIRT throughout Mercy Health continues with efforts to overcome barriers. In Year 2, the emergency rooms began implementation of a rapid triage program at the same time as SBIRT and the rapid triage took precedence which limited full implementation of SBIRT. Because of this, referrals to treatment continue to be low. To address these issues, Muskegon County worked to embed peer support specialists within the emergency room (ER) to improve follow-through and referral to services based on screening results. To support this effort, Mercy Life Counseling successfully applied for a grant through the Lakeshore Regional Entity (LRE).

In addition, the Rapid Assessment for Adolescent Preventive Services, (RAAPS) continues to be implemented in Muskegon County at Hackley Community Care with all youth served between ages 12 and 18. The assessment results in a brief printout that continues to be used within their system to identify services within the clinic that may be beneficial to the teen and to encourage participation.

VII. ANALYSIS OF DATA TRENDS FOR TARGETED ISSUES

The LRE established metrics to track changes in data related to priorities established by the PFS III grant. A narrative summary of data trends is provided below. For full detail regarding these metrics refer to Attachment A.

Underage Alcohol Use:

As shown in figure 3, the 3-counties in the LRE PFS Region saw continual improvement in alcohol use rates among high school students with a 14% decrease in lifetime alcohol use and a 34% decrease in recent alcohol use among high school students. In comparison, statewide, recent use decreased only 8% between 2013 and 2019 (28.3% to 25.9%).

Both Muskegon and Oceana counties saw continual improvements with Oceana having the greatest declines with a 34% decrease in lifetime and a 55% decrease in recent use. Data was not available until 2018 for Mason county making trends difficult to assess. However, rates did worsen between 2018 and 2020. (figure 4)

Figure 3

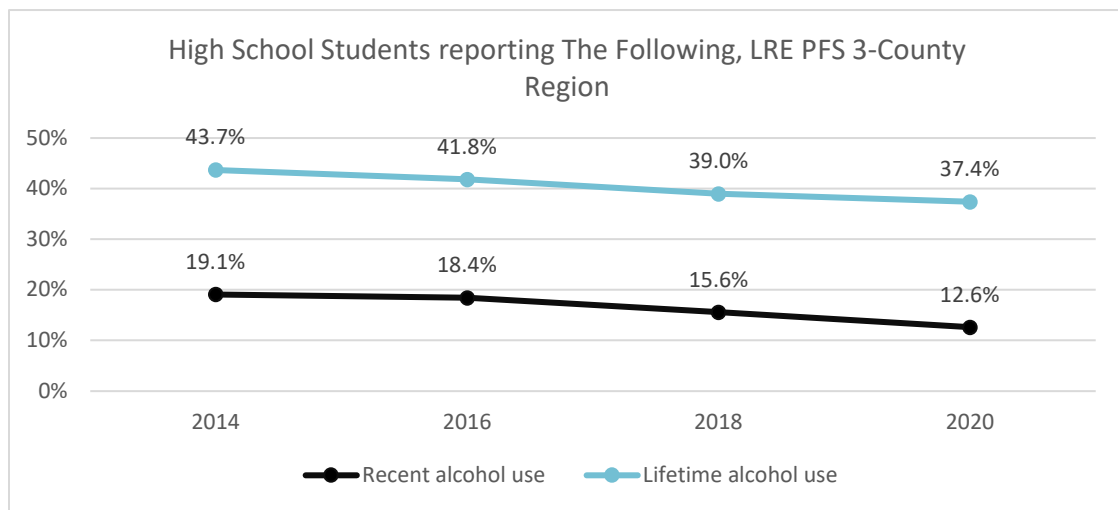
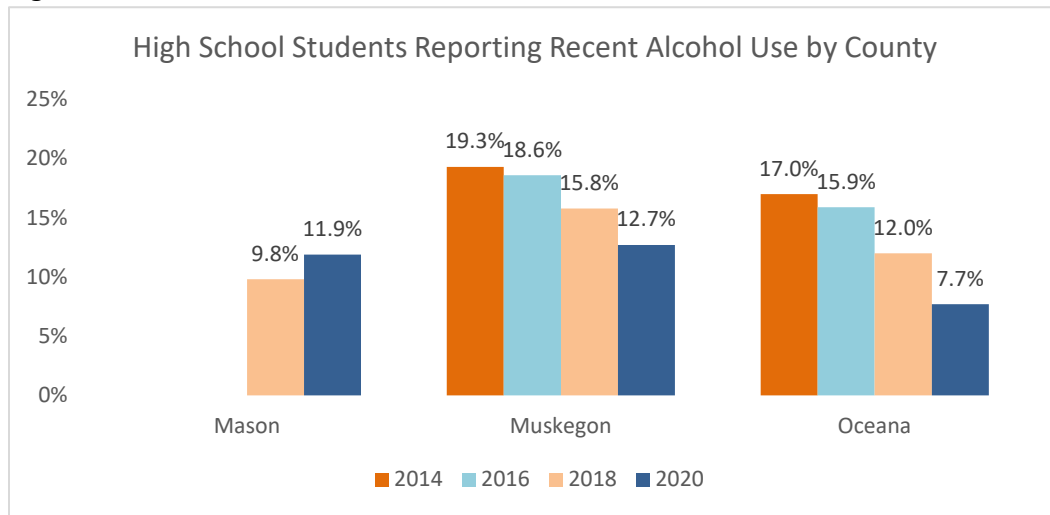


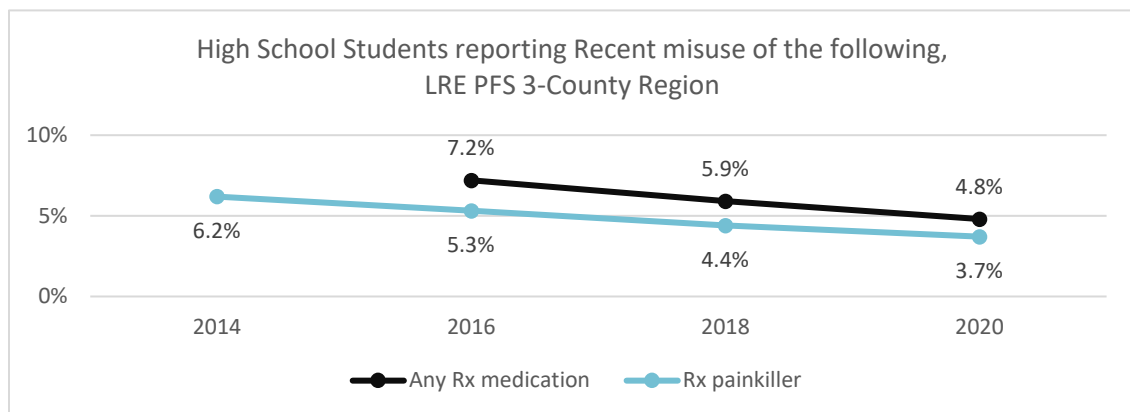
Figure 4:



Prescription Drug Misuse:

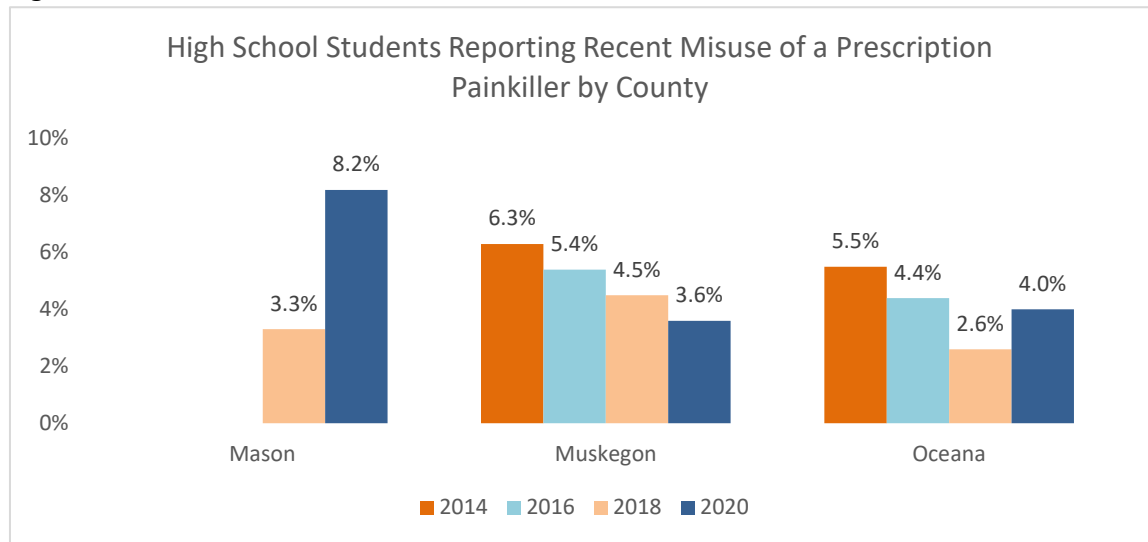
As shown in figure 5, the 3-county PFS Region saw continual improvement in prescription drug misuse with a 33% decrease in recent misuse of any prescription medication and a 40% decrease in recent misuse of prescription painkillers among high school students. Statewide comparison data is not available.

Figure 5



As shown in figure 6, Muskegon counties saw continual improvement with a 36% decrease in recent misuse of any prescription drug, and a 43% decrease in recent misuse of prescription painkillers. Oceana county saw continual improvement between 2014 and 2018 with rates worsening slightly in 2020. Data was not available until 2018 for Mason county making trends difficult to assess. However, rates did worsen between 2018 and 2020.

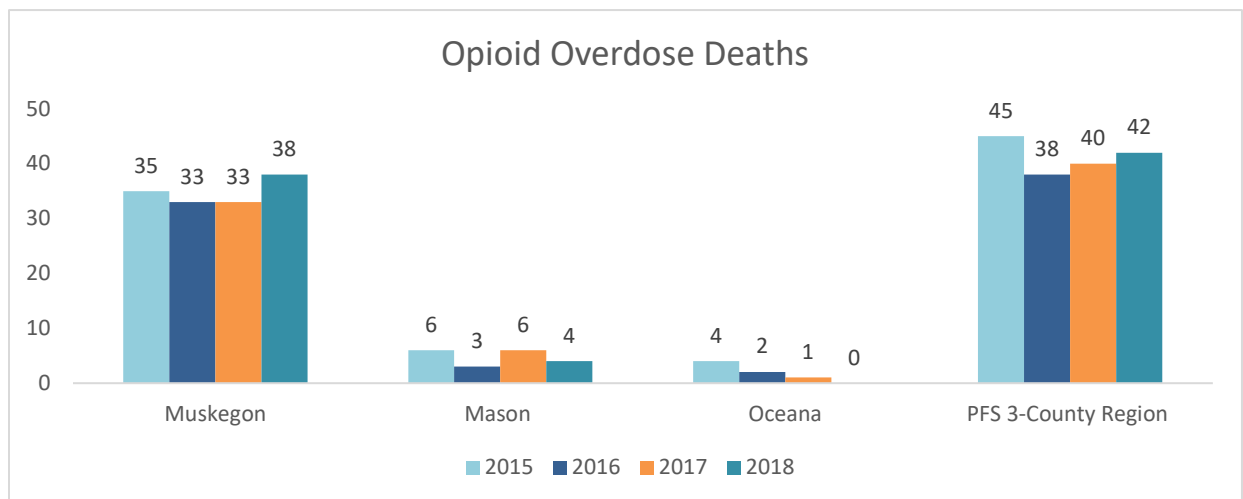
Figure 6



Opioid Overdose Deaths:

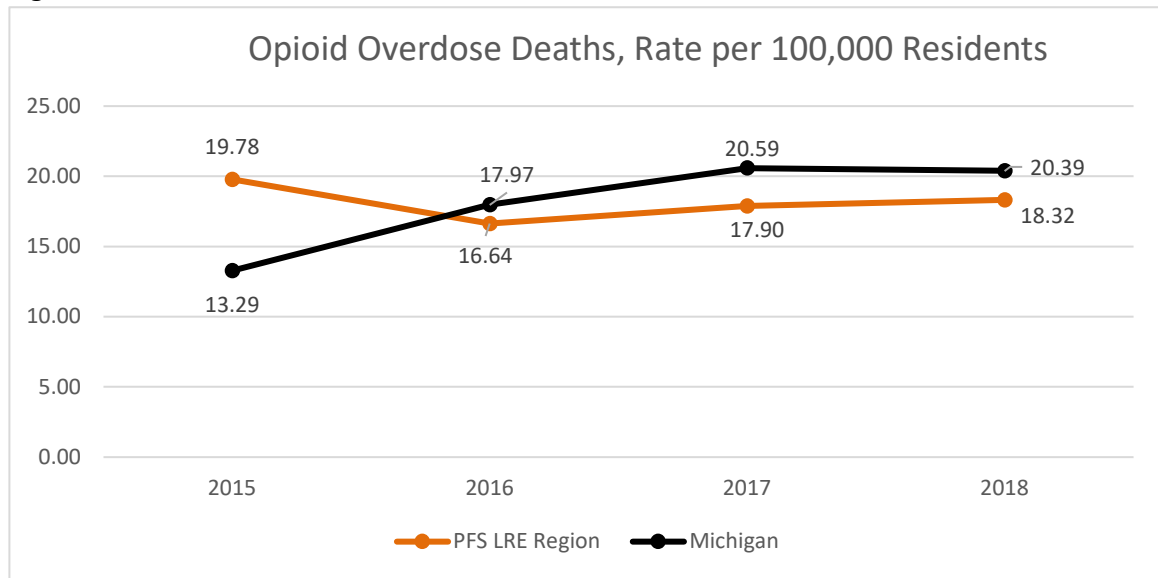
As shown in figure 7, there has been a slight decrease in the number of opioid overdose deaths in the 3-county region with 45 deaths in 2015 and 42 in 2018. Muskegon county saw an increase in 2018.

Figure 7



When the rate of opioid overdose deaths (per 100,000 residents) is compared to state-wide, in 2015 the LRE PFS region was substantially higher than statewide. Since then there was a steady increase statewide through 2017, while the LRE PFS region declined between 2015 and 2016 then increased slightly through 2018. In 2018, the LRE PFS region maintained a rate slightly lower than state-wide. (figure 8)

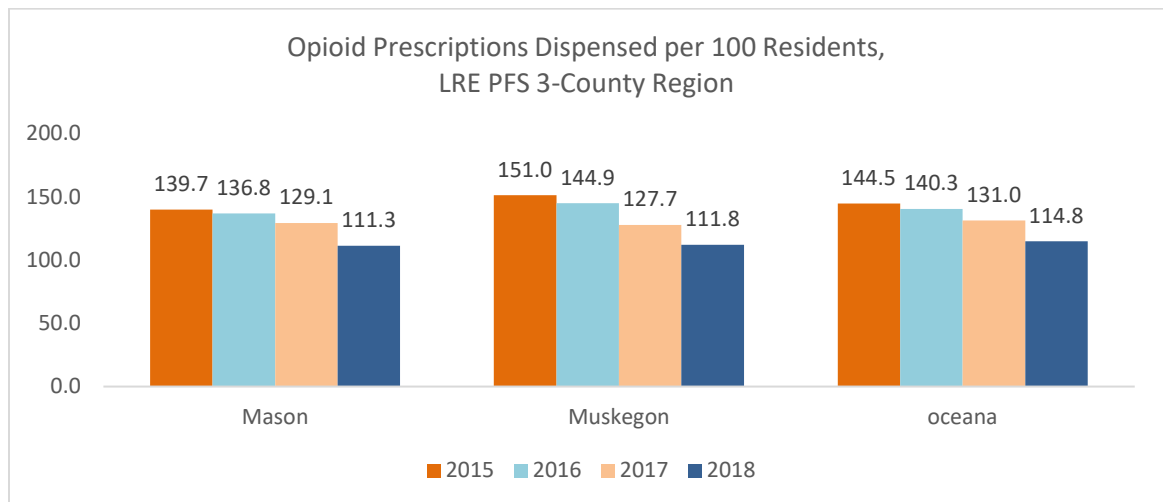
Figure 8



Opioid Prescribing:

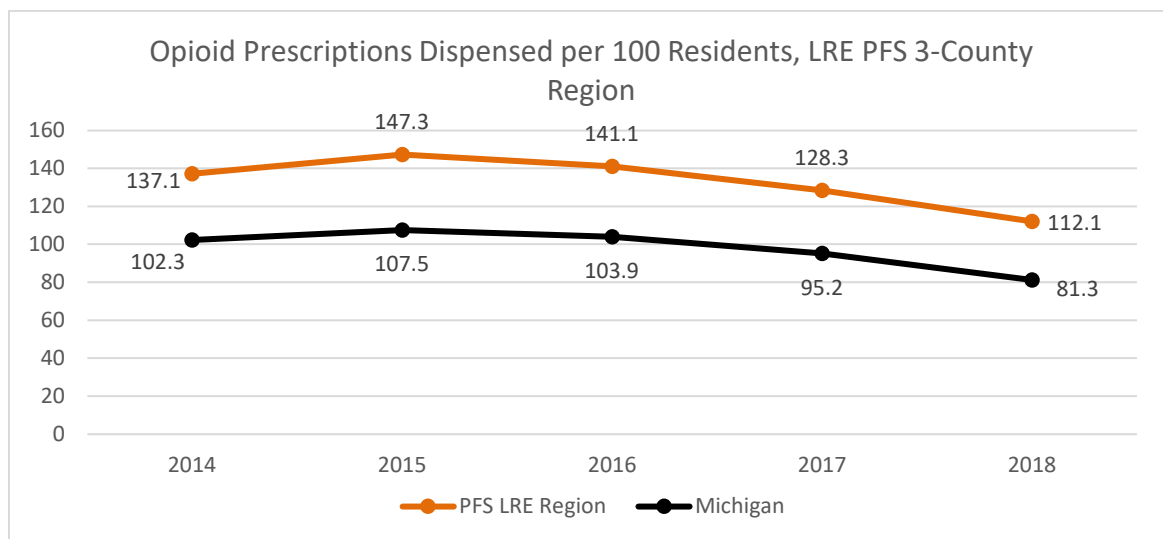
Rates of opioid prescriptions dispensed to residents decreased in each county between 2015 and 2018 with a 24% decrease between 2015 and 2018 for the 3-county PFS region (from 147.3 to 112.1). Each of the counties saw a continual decrease in opioid prescribing with the greatest decrease of 26% in Muskegon, followed by a 21% decrease in Oceana, and a 20% decrease in Mason. Opioid prescriptions are expected to continue declining in 2019 and 2020 due to legislative changes that took effect in June 2018.

Figure 9



As shown in figure 10, between 2015 and 2018, the rate of opioid prescriptions dispensed state-wide remained lower than the LRE PFS region. The state-wide rate demonstrated a similar trend with a decrease of 21%. During this time, the rate of opioid prescriptions continued to be higher than statewide.

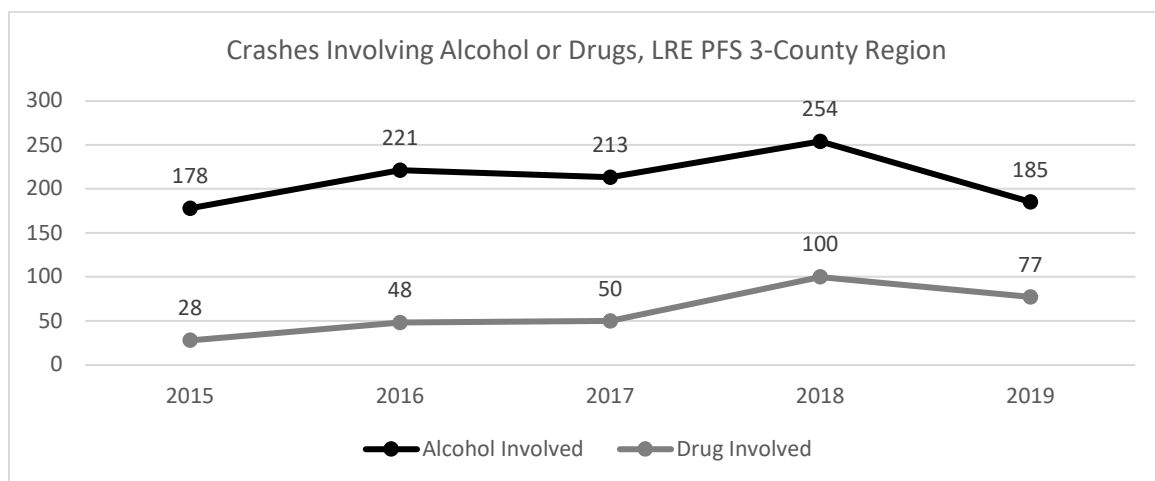
Figure 10



Substance-Involved Crashes:

Alcohol and Drug Involved crashes have increased since 2015 with an almost 3-fold increase in drug-related crashes between 2015 and 2018 then decreased in 2019. Alcohol-involved crashes increased 43% between 2015 and 2018 and declined to near 2015 levels in 2019. Local law enforcement report that the increase in drug-related crashes was likely due to improved reporting for drug-involved crashes.

Figure 11



Attachment A: Lakeshore Regional Entity, Partnership for Success Metrics Tracking

Indicators Source: MIPHY Youth Survey, High School Students	MASON (2014 & 2016 not avail)		MUSKEGON				OCEANA			
	2018	2020 ¹	2014	2016	2018	2020	2014	2016	2018	2020 ¹
Recent misuse of any Rx medication	3.3%	12.2%	--	7.4%	6.0%	4.7%	--	4.7%	3.8%	3.9%
Recent misuse of a Rx Painkiller	3.3%	8.2%	6.3%	5.4%	4.5%	3.6%	5.5%	4.4%	2.6%	4.0%
Recent alcohol use	9.8%	11.9%	19.3%	18.6%	15.8%	12.7%	17.0%	15.9%	12.0%	7.7%
Lifetime alcohol use	29.3%	45.5%	43.7%	42.3%	39.3%	37.5%	43.5%	37.3%	34.6%	28.4%
Alcohol use before age 13	12.2%	20.5%	13.3%	11.3%	10.9%	12.4%	14.4%	11.6%	11.1%	7.5%
Would be easy to get alcohol	45.5%	52.0%	59.2%	55.8%	55.5%	55.0%	65.1%	55.0%	54.2%	52.1%
Report binge drinking as low risk	45.5%	46.0%	29.5%	31.6%	30.8%	31.1%	31.2%	26.4%	27.8%	41.3%
Report Rx misuse as low risk	31.7%	26.0%	23.4%	25.8%	24.4%	24.3%	18.4%	18.7%	25.2%	23.7%
Family has not discussed alcohol or drug expectations w/ them	24.4%	22.4%	23.0%	22.8%	22.7%	22.5%	21.1%	22.1%	26.5%	33.3%

Indicators Source: MIPHY Youth Survey, High School Students	LRE Region 3-County Total			
	2014	2016	2018	2020
Recent misuse of any Rx medication	--	7.2%	5.9%	4.8%
Recent misuse of a Rx Painkiller	6.2%	5.3%	4.4%	3.7%
Recent alcohol use	19.1%	18.4%	15.6%	12.6%
Lifetime alcohol use	43.7%	41.8%	39.0%	37.4%
Alcohol use before age 13	13.4%	11.3%	10.9%	12.4%
Would be easy to get alcohol	59.8%	55.7%	55.4%	54.9%
Report binge drinking as low risk	29.7%	31.1%	30.9%	31.7%
Report Rx misuse as low risk	22.9%	25.1%	24.6%	24.3%
Family has not discussed alcohol or drug expectations with them	22.8%	22.7%	22.6%	22.8%

¹ Limited participation in MIPHY for Mason and Oceana Counties due to COVID-19 school closures in 2020.

Indicators	MASON					MUSKEGON					OCEANA				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
# Opioid Overdose Deaths ²	6	3	6	4	--	35	33	34	38	--	4	2	1	0	--
Opioid prescriptions rate per 100 residents ³	139.7	136.8	129.1	111.3	--	151.0	144.9	127.7	111.8	--	144.5	140.3	131.0	114.8	--
Alcohol-related traffic crashes ⁴	26	21	42	36	32	155	154	163	164	118	40	38	49	42	35
Drug-related traffic crashes ⁴	12	9	26	7	10	29	33	56	57	61	9	7	8	18	6

Indicators	LRE PFS 3-County Region				
	2015	2016	2017	2018	2019
# Opioid Overdose Deaths ²	45	38	40	42	--
Opioid prescriptions rate per 100 residents ³	147.3	141.1	128.3	112.1	--
Alcohol-related traffic crashes ⁴	178	221	213	254	185
Drug-related traffic crashes ⁴	28	48	50	100	77

² Michigan Death Certificates, Division for Vital Records and Health Statistics, MDHHS via Michigan Substance Use Data Repository

³ Michigan Automated Prescription Service via Michigan Substance Use Data Repository

⁴ Michigan Office of Highway Safety Planning via Michigan Substance Use Data Repository

Attachment B: SFP Parent/Caregiver Outcomes

Muskegon County Strengthening Families Program for Youth Age 10-14 Evaluation Results Compiled Year 1 thru 4

Parent/Caregiver Outcomes: The tables below show mean scores for parents and caregivers participating in the SFP during grant years 1 thru 4 at pre and post-test.

Likert scale of 1 .0 to 4.0 with 4.0 being the most desirable response		Mean Score		Percent Improved
Communication (General Child Management)		Pre	Post	
Wait to deal with problems with my child until I have cooled down		2.14	3.40	58.9%
Help my youth understand what the family and house rules are		2.46	3.40	37.8%
Find ways to include my child in family decisions about fun and work activities		2.34	3.21	37.1%
Let my youth know the reason for the rules we have		2.41	3.26	35.3%
Work together with my youth to solve problems that come up at home		2.45	3.28	33.7%
Communication Total		2.36	3.31	40.3%
School Involvement		Pre	Post	Percent Improved
Often tell my child how I feel when he or she misbehaves		2.34	3.09	32.1%
Have regular times for homework		2.33	2.88	23.3%
Talk with my child about ways to resist peer pressure		2.21	3.12	41.4%
School Involvement Total		2.29	3.03	32.2%
Nurture and Support		Pre	Post	Percent Improved
Remember that it is normal for children to be harder to get along w/ at this age		2.52	3.26	29.0%
Take time to do something fun together as a family		2.65	3.36	26.7%
Talk with my child about his or her future goals without criticizing		2.54	3.20	26.3%
Spend special time one-on-one with my youth		2.55	3.07	20.3%
Listen to my youth when he or she is upset		2.61	3.32	27.3%
Try to see things from my youth's point of view		2.41	3.38	40.3%
Show my child love and respect		3.46	3.83	10.6%
Nurture and Support Total		2.68	3.34	24.9%
Contingent Parenting (Setting rules and following through with consequences)		Pre	Post	Percent Improved
Let my youth know what the consequences are for breaking rules		2.29	3.30	44.5%
Find ways to keep my child involved in family work activities, like chores		2.15	3.21	49.5%
Follow through with consequences each time he or she breaks a rule		2.15	3.16	47.4%
Give compliments and rewards when my child does chores a home or learns to follow rules		2.50	3.44	37.6%
Explain to my child the consequences of not following my rules re alcohol use		2.34	3.00	28.1%
Contingent Parenting Total		2.28	3.22	41.3%

Attachment C: SFP Youth Outcomes

Muskegon County Strengthening Families Program for Youth Age 10-14 Evaluation Results Compiled Year 1 thru 4

Youth Outcomes: The tables below show mean scores for youth participating in the SFP during grant years 1 thru 4 at pre and post-test.

Likert scale of 1 .0 to 4.0 with 4.0 being the most desirable response		Mean Score		Percent Improved
		Pre	Post	
Relationship with Parents				
I appreciate the things my parent(s)/caregiver(s) do for me		3.02	3.47	15%
I listen to my parent(s)/caregiver(s)' point of view		2.53	3.15	24%
I understand the values and beliefs my family has		2.68	3.15	17%
I feel truly loved and respected by my parent(s)/caregiver(s)		2.92	3.19	10%
Relationship with Parents Total		2.78	3.24	17%
Stress Management		Pre	Post	Percent Improved
I do things to help me feel better when I am under stress		2.32	3.00	29%
I know how to tell when I am under stress		2.98	3.40	14%
I am able to tell when my parent(s)/caregiver(s) are stressed out or having a problem		3.07	3.39	10%
Stress Management Total		2.81	3.26	16%
Peer Pressure Skills		Pre	Post	Percent Improved
If a friend suggests that we do something that can get us both into trouble, I am able to get out of doing it		2.72	3.00	10%
I know the qualities that are important in a true friend		3.20	3.48	9%
Peer Pressure Skills Total		2.97	3.23	9%
Family Communication		Pre	Post	Percent Improved
We have family meetings to discuss plans, schedules, and rules		1.68	2.42	44%
My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad		2.05	2.66	30%
My parent(s)/caregiver(s) are calm when they discipline me		2.15	2.65	23%
Family Communication Total		1.96	2.57	31%
Family Rules		Pre	Post	Percent Improved
I know there are consequences when I do not follow a given rule		3.42	3.43	0%
I know what my parents/caregivers think I should do about drugs and alcohol		3.19	3.42	7%
Family Rules Total		3.29	3.43	4%

Stimulant Assessment for the Lakeshore Region

Conduct a comprehensive assessment of the scope of stimulant misuse and local issues affecting the problem for the region of Allegan, Kent, Lake, Mason, Oceana, and Ottawa Counties in Michigan. Development of this report will require collection and analysis of archival data for arrest data, seizure data, local and national surveys, and substance use disorder treatment data. In addition, data will be gathered from local stakeholders and teens to better understand local awareness and system capabilities. Where local data is not available and feasible to collect, a review of research findings and national data will be used to provide insight.

Final Product: The final report will include a summary of findings and recommendations to guide local efforts to prevent and respond to stimulant misuse. The report will include an Executive Summary, Table of Contents, Summary of Findings (with narrative explaining the relevance of data presented), Recommendations for Action (to inform local efforts), and attachments for detailed county-level data tables.

The following framework has been developed to guide the assessment process:

Population of Focus	Questions to Answer:	Method for collecting
High school age youth	<ul style="list-style-type: none"> Are teens using methamphetamine? Has it been increasing? Are teens using cocaine? Is it increasing? 	MIPHY data – recent use HS
Youth	What to teens know or believe about these substances that could increase the likelihood they would experiment with these substances?	Develop questions for local coalitions to ask of their youth members to assess knowledge and attitudes.
Adults – general population	<ul style="list-style-type: none"> How many adults in the community are using methamphetamine? Has it been increasing? How many adults in the community are using cocaine? Is it increasing? 	TBD - State and National surveys (may not provide local)
Persons in publicly funded treatment for SUD	<ul style="list-style-type: none"> How many admissions involve methamphetamine as a drug of abuse? How many admissions involve cocaine as a drug of abuse? Which demographic groups (county residence, age category, gender, race/ethnicity, etc) are most likely to report use of these substances? Among admissions for these substances, what other drugs are commonly reported (polysubstance use)? How do treatment outcomes for individuals who report use of these substances compare to other drugs? 	Analyze BH TEDS data for persons admitted to SUD treatment with methamphetamine identified as primary, secondary or tertiary drug of abuse.

Law Enforcement	<ul style="list-style-type: none"> • What are the trends in price, availability, and source of methamphetamine (compared to 2004)? Cocaine? • What are the arrest trends related to methamphetamine, including production (highlight difference now vs. 2004)? Cocaine? 	<p>Analysis of arrests for meth, crystal meth, cocaine and crack related arrest codes by county and region with state-level comparison for 3 years of trend data. Source: MICR</p> <p>Trends in seizures for methamphetamine and cocaine</p> <p>Street Price – TBD</p>
Medical Examiner Hospitals	Trends in overdose deaths with methamphetamine (psychostimulants with abuse potential) involved; how many involved opioids?	Overdose data provided by Su Min Oh at Michigan DHHS – includes with and without opioid involvement
SUD Treatment Providers CMHSPs	<p>Service system capabilities to treat stimulant addiction:</p> <ul style="list-style-type: none"> • What treatment modalities are used for clients who use methamphetamine, does it differ from services for other drugs? • What do treatment providers need to provide effective treatment for persons who use methamphetamine? • For individuals who report use of methamphetamine, what are common factors that contributed to them beginning to use these substances? (e.g. opioid use) • Are there key successes or initiatives that should be highlighted or expanded? 	<p>Survey Substance Use Disorder treatment providers regarding their capabilities, resources or support needed, and trends seen for clients addicted to methamphetamine. Distribute thru LRE network.</p>



GAMBLING DISORDER PREVENTION PROJECT

FISCAL YEARS 18/19 & 19/20

LAKESHORE REGIONAL ENTITY

Abstract

Summary of Activities within the Lakeshore Regional Entity region during FY 19 and FY20 with support provided by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care, Compulsive Gaming Prevention Fund.

Report provided by Kelly Kondrat and Kori Bissot, KWB Strategies



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EXECUTIVE SUMMARY

The Michigan Gambling Disorder Prevention Project (MGDPP) grant from the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC) began in FY 19. The purpose of this funding is to increase Gambling Disorder (GD) awareness, promote treatment and reduce gambling disorders.

The LRE was awarded this funding beginning in FY19 and commissioned KWB Strategies to coordinate the project. This report provides an overview of LRE efforts and achievements during FY19 and FY20 for this project.

HIGHLIGHTS:

During the past two years, the LRE has utilized the Strategic Prevention Framework to organize the work of this project, including:

- Compiled and published a comprehensive needs assessment for gambling and gambling disorders.
- Engaged stakeholders to develop a strategic plan to guide efforts in the coming years. The strategic plan includes strategies to address each of the following priorities:
 - Improve treatment availability for individuals with a gambling disorder.
 - Promote advocacy for gambling related issues.
 - Improve identification and referral to treatment for gambling disorders.
 - Prevent problem gambling among adults, youth, and older adults.
 - Support locally developed planning to identify culturally appropriate solutions.
- Supported 5 local projects to address prevention and treatment for gambling disorders in the LRE region; allocations totaled \$85,710 in FY20.
- Developed a youth gambling curriculum. Since implemented by providers throughout the region; provided to 200+ youth with positive evaluation results.
- Provided scholarships to support SUD clinician training related to gambling disorders; resulted in 3 clinicians becoming qualified to serve on the Michigan provider panel for publicly funded gambling disorder treatment and 8 scholarships for the annual MI Gambling Symposium.
- Presented at the 2020 Michigan Gambling Symposium and the 2020 Substance Use Disorder and Co-Occurring Disorder Conference, based on the success of the project.
- Providers reached over 700 community members with informational materials.

NEXT STEPS:

- Continue to allocate funds to support local projects.
- Develop a marketing campaign to enhance local efforts.
- Monitor gambling related issues in the region.
- Continue to engage stakeholders in planning and implementation.

I. BACKGROUND AND INTRODUCTION

A. Michigan Gambling Disorder Prevention Project (MGDPP)

The Michigan Gambling Disorder Prevention Project (MGDPP) of the Lakeshore Regional Entity is a grant funded by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC). Funds that support this project are provided exclusively from the Compulsive Gaming Prevention Fund.

Funds of up to \$200,000 are available to PIHPs per fiscal year. It is anticipated that this grant will continue to be available in subsequent years. The state intended purpose of MGDPPs is to increase Gambling Disorder (GD) awareness, promote treatment and reduce GD among youth, young adult, and adult populations.

With these funds, the LRE must implement the strategic prevention framework (SPF) to enhance capacity throughout the region to address problem gambling. The state is partnering with PIHPs because Individuals experiencing Gambling Disorder (GD) have been found to also present with a broad range of co-occurring behavioral health disorders.

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), of individuals presenting with gambling disorders, 73.2% had an alcohol use disorder, 38.1% had a drug use disorder, 49.6% had a mood disorder, 60.8% percent had a personality disorder, and perhaps most alarming, 15-20% of those with co-occurring disorders that included a gambling disorder had attempted suicide. Due to growing scientific literature which revealed common elements with substance use disorders, the DSM-V moved the diagnosis to a new classification, titled “Addiction and Related Disorders”.

B. Legal Gambling in Michigan:

Michigan offers a variety of legal gambling such as casino games, lottery, racetracks, charity events, and online gambling. The legal age of gambling in Michigan varies from 18-21, depending on whether the establishment sells alcohol.

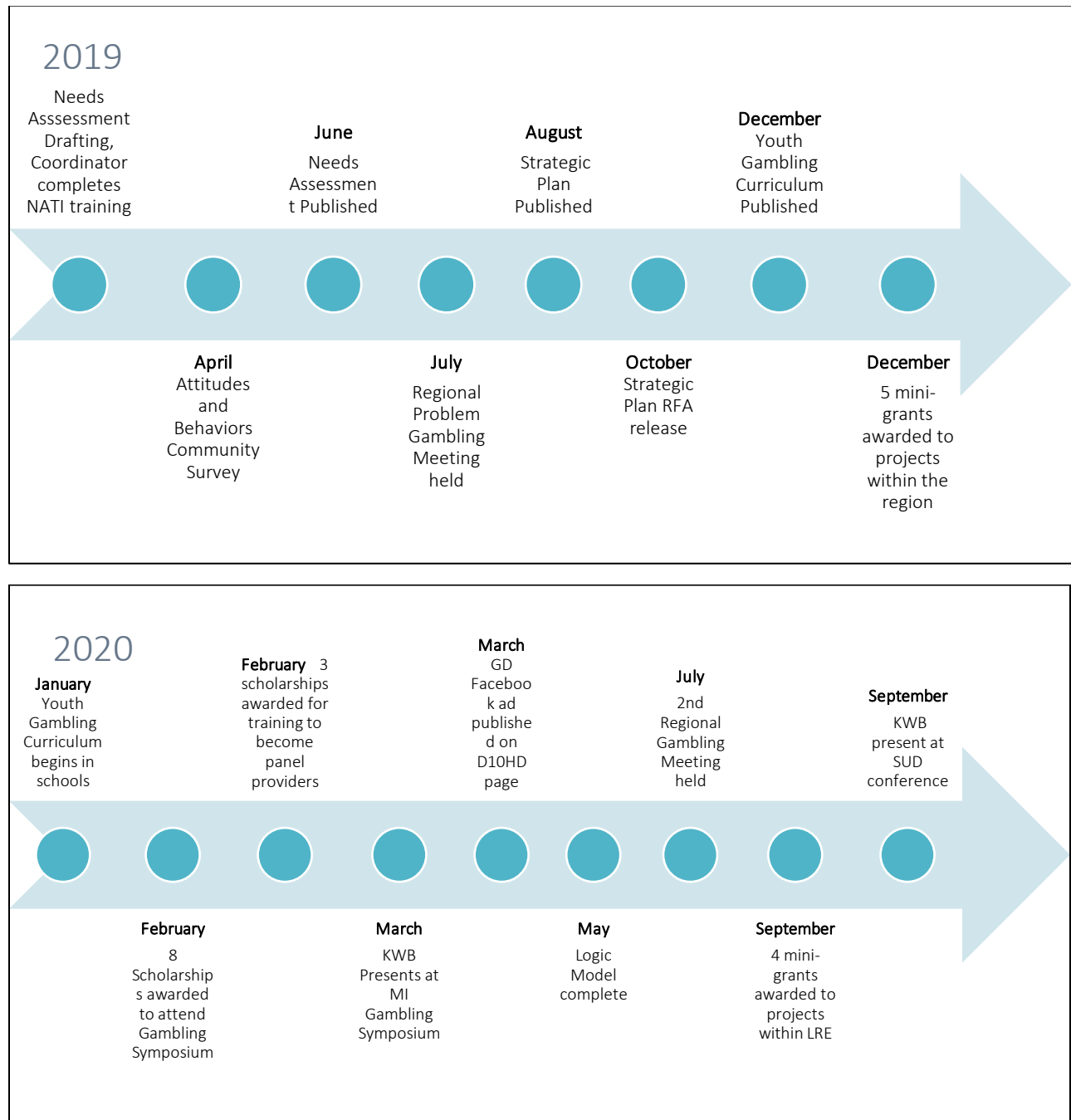
In December of 2019, online gambling was legalized in Michigan including internet gaming through existing Michigan casinos for players age 21 or older.

C. Gambling Disorder Treatment in Michigan:

Services available for problem gambling in Michigan are coordinated by the Michigan Department of Health and Human Services and include promotion of the Michigan Gambling Helpline. This helpline serves as the point of access for publicly funded gambling disorder treatment. Callers are asked confidential screening questions and those determined to need treatment (that do not have private insurance which covers gambling disorder treatment), are referred to the nearest provider under contract with MDHHS.

II. TIMELINE

This report spans activities that took place from January, 2019 through September, 2020. During that time, the following activities were completed. An in-depth description of each activity is provided later in this document. Note: in 2018, the LRE submitted the proposal for the Gambling Disorder Prevention Project and a project coordinator was hired in October of that year. Efforts to gather data and interview stakeholders began in the 1st quarter of fiscal year 18/19.



III. Needs Assessment

The LRE region began this project by commissioning a needs assessment to better understand attitudes and behaviors related to gambling and to examine the treatment system for gambling disorders.

A. Methodology: Community surveys were collected, and stakeholder interviews and archival data were compiled and reviewed to inform the findings in this report. Surveys included an on-line survey of adult residents of the LRE region and a survey of individuals receiving substance use disorder treatment services. Archival data was reviewed to examine the availability and spending for various types of gambling and publicly funded GD treatment admissions. Stakeholder interviews were conducted with law enforcement, faith-based leaders, and substance use disorder professionals.

B. Findings Highlights:

Publicly Funded Treatment: Treatment for gambling disorders was found to be lacking in the LRE region with only one provider located in southern Ottawa County. In FY18, 27 residents of the LRE region were admitted to publicly funded gambling disorder treatment, specifically residents of Kent (13), Ottawa (7) and Allegan (4).

Gambling Behavior: Among adult respondents participating in the on-line community survey, 49% reported placing bets or gambling in the past year with 4.6% reporting frequent gambling (weekly or more). Of the respondents who gambled in the past year, 2.4% scored as 'likely having a gambling disorder' and 7.7% scored as 'at risk of developing a gambling disorder' based on the Canadian Problem Gambling Index¹. Respondents who report frequent gambling were more likely to score as at-risk (13.3%) or as having a gambling disorder (20.0%).

Clients receiving substance use disorder (SUD) treatment in the LRE region were less likely than the general community respondents to report placing bets or gambling in the past 12 months (37.5% vs. 49%) and 5.5% reported frequent gambling. Of clients that report gambling in the past year, 18.6% scored as at-risk for developing a gambling disorder and 12.9% scored as likely having a gambling disorder.

Although SUD clients were less likely to gamble, those who had gambled in the past year were significantly more likely to have experienced more risk factors than community members. Among those who gambled in the past year, clients in SUD treatment were also significantly more likely to report using alcohol or drugs while gambling than community respondents.

¹ v Canadian Problem Gambling Index, Final Report February 19, 2001, Canadian Consortium for Gambling Research, retrieved from: <http://www.ccgr.ca/en/projects/resources/CPGI-Final-Report-English.pdf>

Attitudes and Awareness of Resources: Among residents of the LRE Region participating in the on-line survey, a majority (85.5%) report they would recognize warning signs if someone they cared about was developing a gambling problem. Almost half (47.8%) report they would know where to find help for a gambling problem, compared to 68% statewide. When asked where they would seek help, respondents were most likely to seek help from the Michigan Gambling Helpline (48.9%), followed by contacting a mental health provider (13.3%). Among individuals receiving substance use disorder treatment, 21.6% report they would not know where to go for help.

Most respondents believe that people can become addicted to gambling (98.3%) and that treatment can be effective (88.6%). Two-thirds (68.7%) report that they have seen advertisements about problem gambling in the past 4 months.

Risk Reduction Strategies: Certain tactics can decrease the likelihood of developing a gambling problem. Among respondents to the LRE on-line community survey who gambled in the past year, the most reported risk reduction strategies included avoiding gambling when depressed or upset (96.9%) and avoiding gambling by themselves (91.4%). Strategies used less commonly include setting time-limits (51.5%) and taking regular breaks (60.5%). Frequent gamblers were less likely to use these strategies than less frequent gamblers.

Gambling Availability and Spending: Among survey respondents who gambled in the past year, the most frequently reported location of gambling was convenience or grocery stores (62.1%), casinos (59.2%), followed by bars or restaurants (18.3%).

Lottery: A total of 1,147 lottery retailers were licensed in the LRE region in 2019. Kent County had the greatest number of retailers, but the least per capita. Lake County had the least retailers but the highest per capita.

In FY17, total lottery spending in the region was \$293.5 million. Muskegon County had the highest per capita rate of spending with an average of \$395/year per person. Counties with the highest poverty rates had the highest per capita spending.

Casino: There is one casino in the region in Allegan County and another located 11 miles from the region's border in Manistee County. There are plans to build a casino in Muskegon county. Based on revenue-sharing payments, it is estimated that the Gun Lake Tribe casino's net win (amount wagered minus amount paid out) in 2018 was approximately \$218M and approximately \$16.6M was distributed for revenue-sharing payments.

C. DATA UPDATES

The LRE continues to monitor available data related to the issues of problem gambling.

Youth Gambling Behavior: Relatively little is known about gambling behaviors among youth. The Michigan Profile for Healthy Youth reports the rate of students who report having placed bets or gambled in the past month. In 2020, Ottawa and Lake counties used alternative survey tools and each gathered this information to support GD planning.

As shown in figure 1, *Figure 1*

13% of HS students in the LRE region reported they had placed bets or gambled in the past 30 days, decreasing steadily since 2014.

As shown in figure 2, rates of recent gambling among HS students ranged from a low of 11% in Ottawa County to a high of 18% in

Mason and Lake counties. Rates have consistently declined since 2016 for Allegan, Kent, and Muskegon counties.

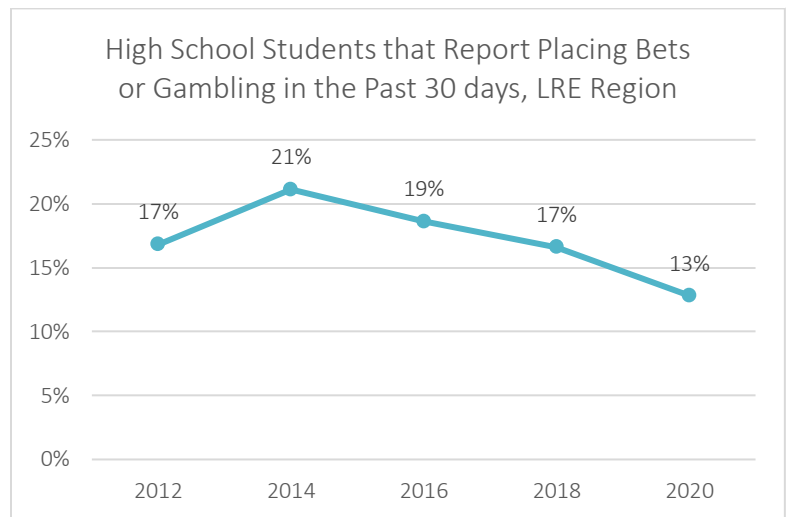
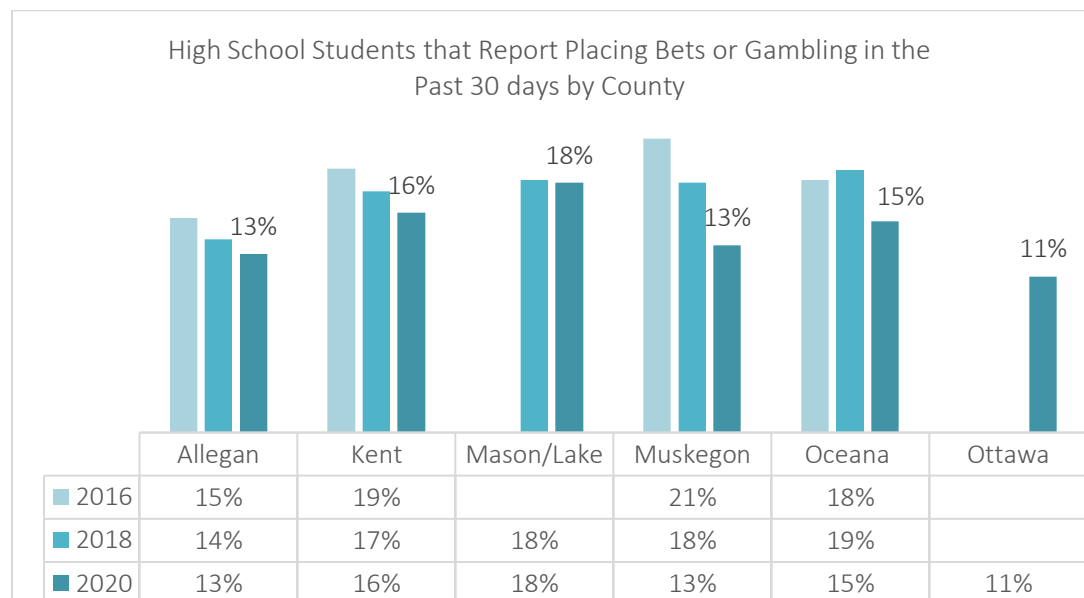
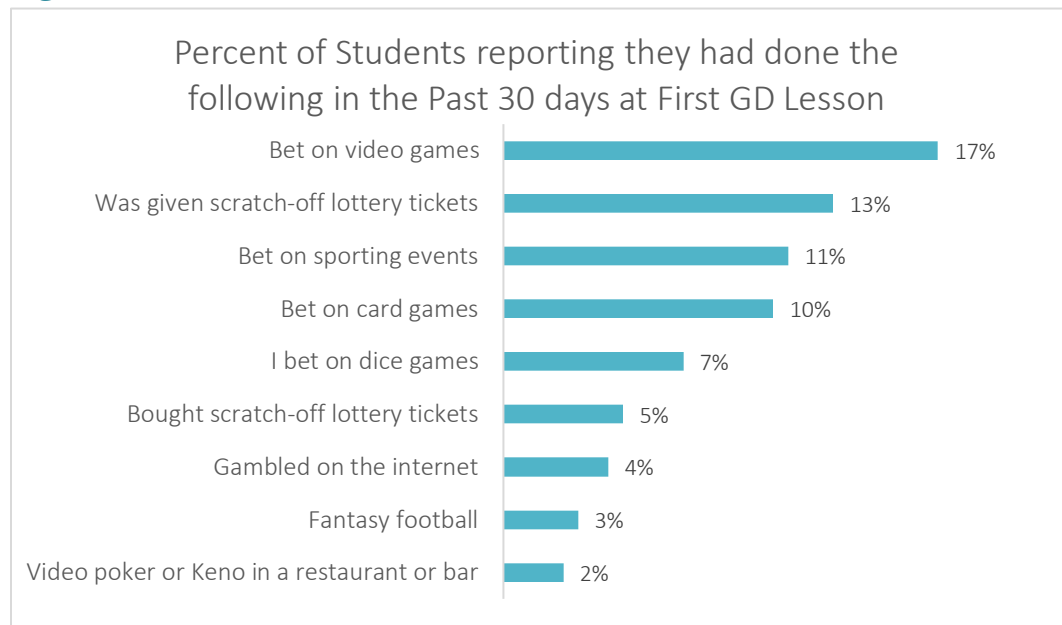


Figure 2



Among the 200 students who participated in a prevention program using the youth gambling curriculum, it was found that 64% reported that they had not placed bets or gambled in the past 30 days prior to programming. As shown in figure 3, the most frequently reported type of gambling was betting on video games (17%), followed by being given scratch off lottery tickets (13%), and betting on sporting events (11%) and card games (10%).

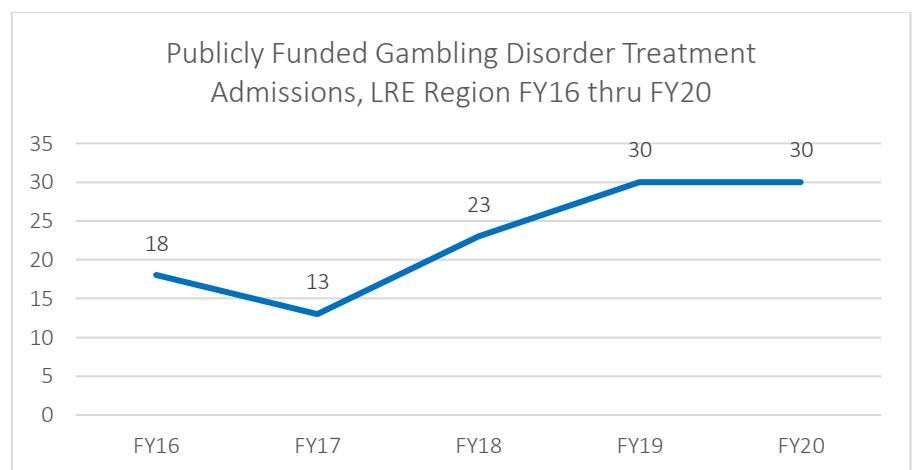
Figure 3



Publicly Funded GD Treatment Admissions: GD treatment admissions in the LRE Region remain low with a total of 30 persons admitted to publicly funded GD treatment in FY20. However, the LRE is the fourth highest admissions for a PIHP region with only

Detroit
Wayne (92),
Macomb
(60), and
Oakland (48)
having more.

Figure 4



IV. Strategic Plan and Logic Model

The needs assessment was used to inform the development of a regional strategic plan to prevent and reduce problem gambling in the LRE region. On July 8, 2019, the LRE convened stakeholders throughout the region to garner input into the development of this plan.

During this meeting, the attendees received an overview presentation by Lori Mello, HMSA, MI Gambling Treatment Program. This overview included information on gambling disorders, including identification and available. Attendees then reviewed the findings from the region's needs assessment to better understand issues related to problem gambling in the LRE region.

Attendees were then broken into small groups to discuss the data findings and identify potential strategies for inclusion in the regional strategic plan. These strategies were compiled following the meeting and stakeholder input was collected via an on-line survey to prioritize and rank strategies for inclusion in the plan. The goals and strategies included in this report include those that received support from stakeholders participating in the on-line survey.

The strategic plan includes strategies designed to affect the following objectives:

- Improve treatment availability for individuals with a gambling disorder.
- Promote advocacy for gambling related issues.
- Improve identification and referral to treatment for gambling disorders.
- Prevent problem gambling among adults.
- Prevent problem gambling among youth.
- Prevent problem gambling among the senior population.
- Support locally developed planning to identify culturally appropriate solutions.

For more information about the strategies included in the strategic plan, please refer to Attachment A.

A corresponding logic model was developed which provides a framework to document the project's theory of change. This logic model shows how the efforts of the LRE and partner agency will work to impact the objectives of the strategic plan and provides a structure to guide evaluation of the strategic plan. The logic model is provided as Attachment B.

V. Implementation

The following provides an overview of efforts undertaken at the regional and local level to address problem gambling in the region.

A. Scholarships

The LRE provided scholarships for clinicians within the SUD treatment system to participate in training opportunities related to gambling disorders. This effort works to address the LRE priority to increase the availability of GD clinicians on the state managed provider panel for publicly funded treatment within the region.

Scholarships were provided to attend the state's annual Gambling Symposium and for clinicians to complete the 30-hour NATI training which was a requirement for inclusion on the state's provider panel for GD treatment.

NATI Scholarship: This training, developed by the North American Training Institute, is an online gambling training course called, Counseling the Disordered Gambler. Michigan had identified this training as a requirement for all clinicians seeking to provide publicly funded gambling disorder treatment in the state of Michigan.

The scholarship provided financial support to complete the 30-Hour, web-based Training by reimbursing the agency for required staff time at a rate of \$80/hour totaling \$2,400 per clinician.

Clinicians were required to complete the training by September 1, 2020 to receive the scholarship with the intent of applying to join the state provider panel upon completion.

Four scholarships were awarded.

Gambling Symposium Scholarship: Clinicians interested in becoming qualified as a GD Clinician on the state's provider panel were eligible to apply for a scholarship to attend the Gambling Disorder Symposium on March 5, 2020 in Novi, MI. This symposium provides access to professional problem gambling training, treatment and prevention resources and personal recovery stories. Continuing education credits are provided.

The scholarship provided \$420 per attendee to cover the cost of registration, mileage, dinner and hotel stay. Eight scholarships were awarded.

B. Provider Allocations for Local Initiatives

A request for applications was released in October of 2019 and included the newly published Strategic Plan as a framework for interested projects. Projects were required to address objectives and strategies found in the strategic plan.

Eligible providers included LRE SUD Prevention Providers, CMHSPs, and SUD Treatment and Recovery providers. To be eligible, the projects must implement strategies identified within the LRE Problem Gambling Strategic Plan at the local level.

Of the seven applications submitted, five approved with allocations totaling \$85,710. A summary of projects and their achievements is provided below.

Provider Allocation	Project	Achievements
Pine Rest Allegan, Kent, and Ottawa \$7,828	GD Training and Assessment: Basic Gambling Disorder training for clinicians within system, create assessment structure and address in treatment plans	<ul style="list-style-type: none">Added screening tool to intake assessment for their Recovery Management program.
Allegan Community Mental Health Services \$9,639	Treatment Clinicians Trained: Train access staff in GD identification and have 2 clinicians become MI paneled providers.	<ul style="list-style-type: none">2 clinicians trained who now qualify to provide gambling disorder treatment on the state provider panel.
Arbor Circle Muskegon and Ottawa \$20,000	Gambling Prevention Services: Integrate GD into all existing prevention programming for youth and parenting programs, attend MI gambling symposium	<ul style="list-style-type: none">Implementation of youth and parent gambling curriculum incorporated into 4 current prevention programs
District 10 Health Department Lake, Mason, Oceana \$23,000	GD Prevention thru Education and Awareness: Community presentations and info dissemination, youth programming	<ul style="list-style-type: none">Delivered youth gambling curriculum to 112 youth24,000+ reached w/Facebook adMaterials developed and dissemination to 350+ community members
Family Outreach Center Muskegon, Kent \$25,243	Beating the odds: Work with behavioral health providers to integrate gambling disorders into treatment, develop and promote a self-assessment tool, weave gambling disorder curriculum into existing prevention programming	<ul style="list-style-type: none">1 clinician trained to provide gambling disorder treatmentCreated a gambling addiction resource manual for cliniciansDelivered youth gambling curriculum to 31 youthMaterial dissemination to 350+ community members

C. Youth Prevention Curriculum

To support the region's providers in offering programming to youth, a two-lesson GD prevention curriculum was developed for use with middle and high school students and has been approved for use by the MDHHS. The curriculum covers the basics of gambling as well as what is currently legal in Michigan. An overview of gambling is included as well as information about how to get help for gambling disorders. Parent letters are included in the curriculum that cover gambling as well as gaming issues. As part of the curriculum, students complete a pre and post-test questionnaire to measure whether they were successful in gaining knowledge about gambling and improved attitudes about gambling.

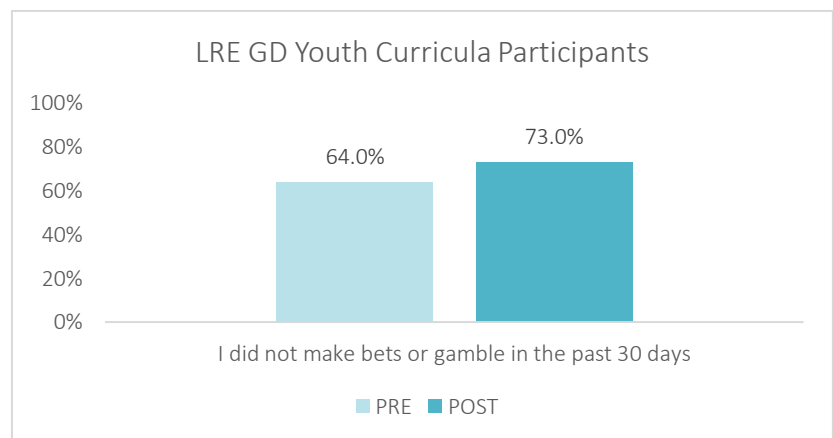
In December of 2019, a train-the-trainer event was held for those interested in implementing the curriculum with 15 people in attendance. The coordinator continues to provide support and assistance for providers using the curriculum. This curriculum is a fluid document that is updated yearly as laws change and in response to evaluation findings and provider feedback.

In response to the closing of all Michigan Public and Private Schools in March of 2020, many providers adjusted to a new format and presented the curriculum using a virtual platform. Additional curriculum for parents was created and a pre-recorded lesson made available online.

To monitor effectiveness of this curriculum the region has developed an on-line pre and post-test questionnaire to assess knowledge and attitudes that the curriculum seeks to impact. As of September 30, 2020, the region had collected 200 pre and 146 post tests. Detailed results are provided in Attachment C.

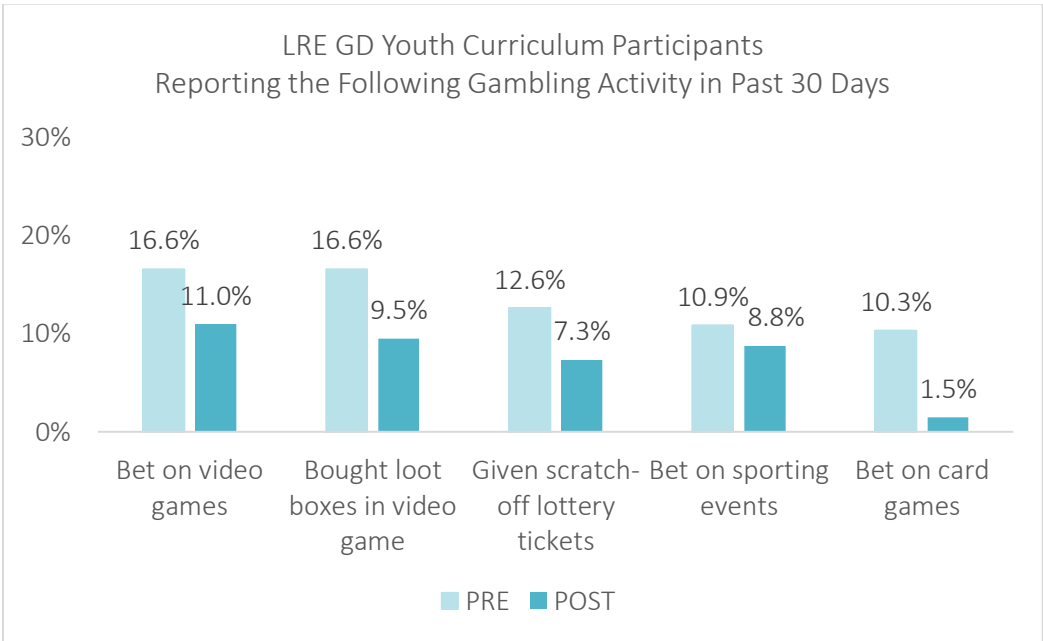
As shown in figure [Figure 5](#)

5, there was a 14% increase in those reporting they had not placed bets or gambled in the past 30 days among youth participants between pre and post test.



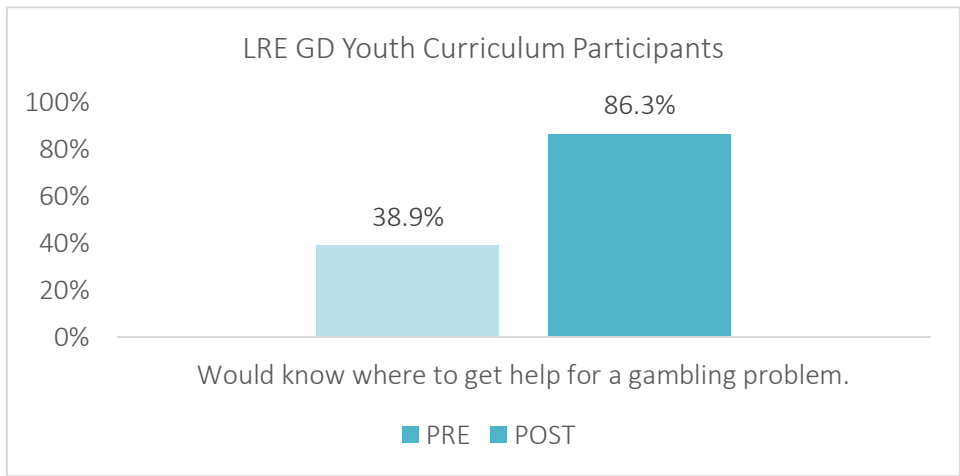
The rate of youth reporting the various types of gambling activities in the past 30 days also decreased between pre and post test as shown in figure 6.

Figure 6



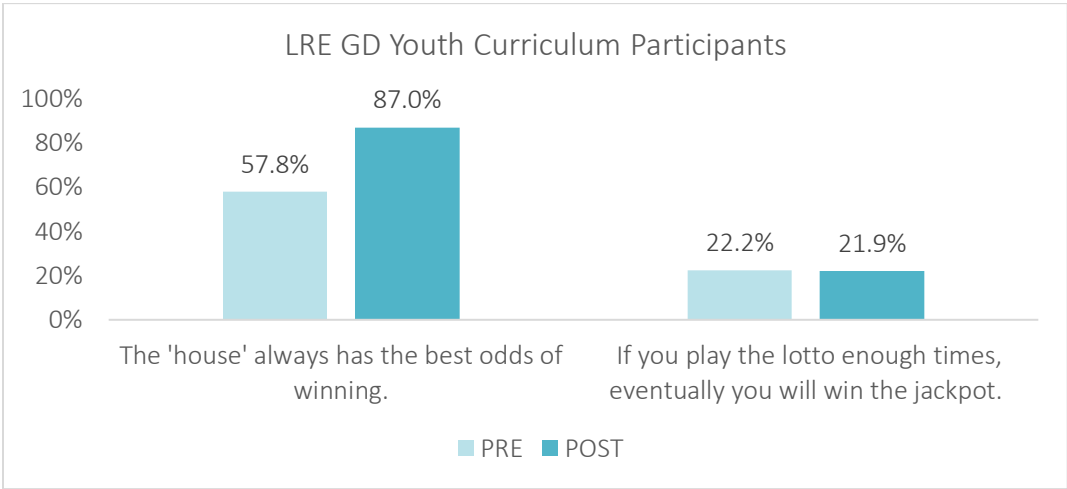
As shown in figure 7, there was a 122% increase in participants reporting they would know where to get help for a gambling problem.

Figure 7



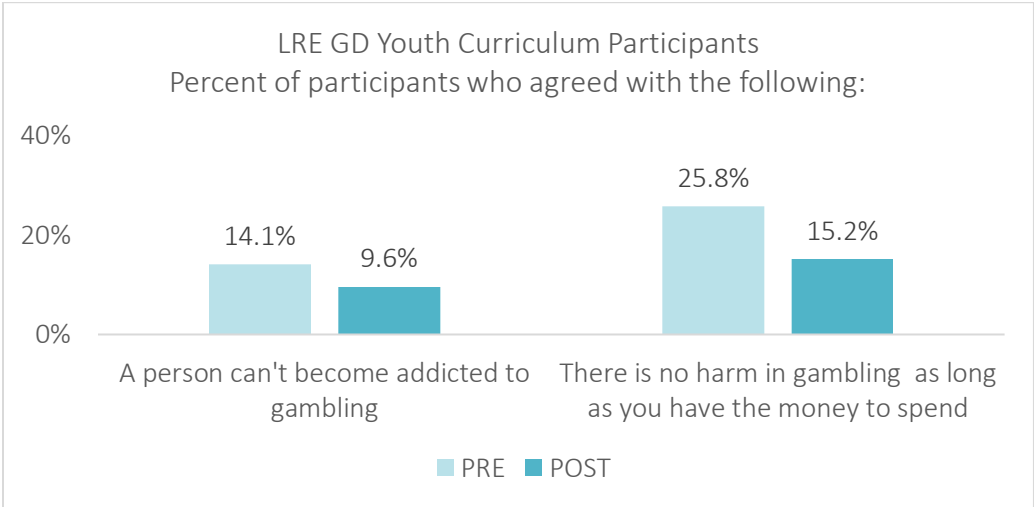
As shown in figure 8, there was a 50% improvement in youth reporting an understanding that the ‘house’ always has the best odds of winning. However, there was no improvement in youth reporting the inaccurate belief that if you play the lotto enough times you will eventually win the jackpot.

Figure 8



As shown in figure 9, there was a 32% improvement in participants reporting that a person cannot become addicted to gambling and a 41% improvement in reporting there is no harm in gambling as long as you have the money to spend between pre and post testing.

Figure 9



D. Presentations Regarding the Project:

In March 2020, KWB Strategies was selected to present a workshop at the annual Michigan Gambling Symposium to highlight the efforts of the LRE region. The workshop provided an overview of how the LRE region had applied the Strategic Planning Framework (SPF) model to gambling disorders. Following the presentation, OROSC requested that the presenters provide a workshop at an upcoming conference.

Evaluations of the presentation included the following feedback...

“Very well put together, and informative.”

“Presenters were extremely informed about the topic and provided answers to all questions posed.”

As requested, KWB Strategies presented a subsequent workshop at the 2020 Substance Use Disorder and Co-Occurring Disorder Virtual Conference. The presentation was well attended, with 92 participants. The session was titled, “Application of the Strategic Planning Framework to Address Community Problems: a Case Study on Problem Gambling in the LRE Region.”

Evaluations of the presentation included the following feedback...

“Best presentation I've seen yet”

“Great information ties to the strategic framework. This is an important project!!”

“This was a great learning experience.”

VI. NEXT STEPS

A. Provider Allocations FY21

A total of \$104,543 has been allocated to support local provider projects during FY21. Each of the four submitted proposals was approved, with three of these projects continuing from the prior year.

Allocations	Project Name and Description
Arbor Circle Muskegon, Ottawa Counties \$20,000	<u>Parent and Youth Education on Preventing Problem Gambling:</u> <ul style="list-style-type: none"> – Integrate gambling disorder prevention information into all existing substance abuse prevention programming for youth and parenting programs. Serve 55 parents and 300 youth. – Prevention staff attend MI gambling symposium & webinars. – Collect and analyze evaluation data quarterly on gambling prevention.
District 10 Health Department Lake, Mason, and Oceana Ccounties \$24,300	<u>Gambling Prevention Through Education & Awareness:</u> <ul style="list-style-type: none"> – Community presentations and info dissemination to raise awareness. – Increase gambling disorder training and qualifications among clinicians – Educate parents of risks of online gambling/risky behavior – Integrate GD prevention info into existing substance abuse prevention programming with youth. – Media campaign (press release, social media ad, etc.)
Family Outreach Center Muskegon and Kent Ccounties \$25,243	<u>Beating the Odds:</u> <ul style="list-style-type: none"> – Work with behavioral health providers to integrate gambling disorders into treatment, develop and promote a self-assessment tool, integrate gambling disorder prevention information into substance abuse prevention programming for youth and parents via Zoom. – Identify 20 locations/opportunities for community education events. – Provide Problem Gambling information/assessment packets to a minimum of 15 provider agencies.
Public Health Muskegon County Muskegon County \$35,000	<u>Senior and Adult Problem Gambling Prevention:</u> <ul style="list-style-type: none"> – Raise Problem Gambling awareness in collaboration with SUD efforts among seniors. – Identify current messaging including gaps by conducting a community readiness and awareness survey. – Identify/develop educational materials on PG for retailers. – Create a marketing plan. – Implementation to begin 3rd quarter.

B. Regional Meeting: A regional meeting will be held during the Summer of 2021 to discuss the project and gain input into regional initiatives, review progress on the strategic plan, provide a networking opportunity, and to release the FY22 Request for Applications.

C. Social Marketing Campaign: A regional marketing campaign to support regional strategies of the strategic plan will be developed in FY21 to enhance local efforts with targeted messaging. It is anticipated that campaign messaging will continue in through FY22.

The LRE had originally intended to initiate this campaign in FY20 but financial demands caused by the COVID-19 pandemic made it necessary for the state to reduce allocated funds for the project. As a result, the LRE budget for a marketing campaign was eliminated from the FY20 budget.

D. Emerging Issues: Continue to monitor gambling related issues in the region, including the legalization of online gambling through casinos, and development of a casino in Muskegon County.

Gambling Disorder Prevention Project Prioritized Goal Areas

GOAL: Prevention and Reduction of Gambling Disorders in the LRE region.	
OBJECTIVES	STRATEGIES: (*strategies will be a regional focus)
1.1 Improve treatment availability for individuals with a gambling disorder.	<ul style="list-style-type: none"> • *Provide training (at no cost) to clinicians interested in becoming qualified to provide publicly funded gambling disorder treatment. • Increase gambling disorder training and qualifications among substance use disorder clinicians to address problem gambling. • *Advocate for integration of gambling disorder treatment with other behavioral health services to ensure coordination and integrated management of services. • Work to decrease stigma for problem gambling so individuals will seek help. • *Assess reimbursement levels for provision of publicly funded gambling disorder treatment, advocate for parity with other behavioral health services. • Partner with substance use disorder treatment providers to identify problem gambling among the clients served and address within treatment plan. • Increase availability of self-help groups/support groups for individuals that have gambling disorder and their families. Explore possibility of online groups.
1.2 Promote advocacy for gambling related issues.	<ul style="list-style-type: none"> • Advocate for warnings to be required for gambling materials and on-line pop-ups (like the Surgeon General's Warning for tobacco.) • *Advocate for policies/legislation that would delay youth exposure and reduce access to gambling.
1.3 Improve identification and referral to treatment for gambling disorders.	<ul style="list-style-type: none"> • Increase public knowledge of warning signs and how to identify when someone may be developing a gambling problem. • *Educate lending institutions in identifying spending patterns that may be due to problem gambling and providing resource info. • Develop and disseminate a self-assessment tool to identify risk level for problem gambling and provide resource info based on results. • Partner with medical professionals to identify problem gambling among their patients and refer to treatment. • *Provide tools, resources, and training to assist lottery retailers in identifying and providing resources to individuals demonstrating warning signs of problem gambling.

<p>1.4 Prevent problem gambling among adults.</p>	<ul style="list-style-type: none"> • *Educate the community on potential risks for gambling and early signs of risk for development of a gambling problem. Support bystanders in identifying and supporting others. • Partner with gambling venues to post warning signs on risks of gambling (e.g. lottery retailers and casinos). • *Raise community awareness of the risks of gambling, strategies to reduce risk, and actual likelihood of ‘winning’. • Partner with Universities to provide info on gambling risks to young adult population. • Partner w/gambling venues (casinos and lottery retailers) to provide info to consumers on strategies to reduce risk and risk factors for gambling problem. • Encourage community standards that promote responsible gambling.
<p>1.5 Prevent problem gambling among youth.</p>	<ul style="list-style-type: none"> • *Educate parents about the risks of on on-line gambling, how to support their youth in avoiding risky behavior. • *Educate youth on gambling risks and to off-set ‘magical thinking’; Incorporate into other programming and curriculum. • *Identify how age requirements for gambling are monitored and enforced; ensure compliance. • *Promote the reality of gambling to offset glamorization in advertising.
<p>1.6 Prevent problem gambling among the senior population.</p>	<ul style="list-style-type: none"> • Provide info to raise awareness among seniors of risk factors for developing a problem with gambling and strategies to reduce risk. • Promote availability of ‘day-trips’ for seniors for outings other than gambling. • Partner with Community Policing officers to incorporate gambling risks into fraud and identity theft prevention programming.
<p>1.7 Support locally developed planning to identify culturally appropriate solutions.</p>	<ul style="list-style-type: none"> • Empower local communities and/or groups to develop and implement solutions specific to their culture and community; identify local informal leaders to engage the community. • Conduct research to understand deeply embedded beliefs surrounding gambling among specific cultural groups to guide development of effective messaging and strategies.

Attachment B: LRE Gambling Disorder Prevention Project Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables (But Why?)	Local Conditions (but why here?)			Short-Term	Intermediate	Long Term
Too many people develop gambling disorders- In the LRE region, 10.1% of respondents who gambled in the past year scored as at moderate risk or as having a gambling problem based on the Canadian Problem Gambling Index. (LRE GD Needs Assessment (NA) 2019)	People with a problem are not getting treatment: In FY18, 23 residents of the LRE region received publicly funded GD treatment. While the LRE holds 13.1% of the state's population, LRE admissions to GD treatment represent only 8.6% of state-wide admissions. (LRE GD NA 2019)	Treatment availability is limited w/ only 1 clinician identified on the state provider panel located in the Region (Jan 2019). Only half (47.8%) of respondents report they would know where to find help (LRE GDS 2019), compared to 68% statewide (NGAGE MI highlights, 2019)	Improve treatment availability within the LRE region	<ul style="list-style-type: none"> – Provide financial support for clinicians to complete required NATI training – Increase GD self-help groups/support groups – Assess GD reimbursement rates and advocate for parity if necessary 	Increase clinicians on the state GD provider panel located within the LRE region	Increase number of persons publicly funded GD treatment services	Decrease persons scoring at moderate risk or as having a gambling problem
		More than one-third (35.7%) of respondents report they would seek help from a resource than the gambling hotline (e.g. healthcare, support groups, etc.) (LRE GDS 2019)	Improve ID and referral to treatment through the hotline	<ul style="list-style-type: none"> – Develop and promote a self-assessment tool to id risk level & encourage seeking of treatment when indicated – Partner with medical professionals to ID & refer for GD 	Increase individuals contacting the MI Gambling hotline from the LRE region		
		One-fifth (21.5%) of respondents report they have worried that someone close to them might have a gambling problem (LRE GDS 2019)	Support bystanders in recognizing and encouraging people to seek help	<ul style="list-style-type: none"> – Increase public knowledge of warning signs for problem gambling – Support bystanders in recognizing warning signs & encouraging loved ones to seek help – Partner w/ lottery retailers in identifying and providing resources to individuals demonstrating warning signs – Messaging to decrease stigma so more will seek help 			
	SUD clients who reported gambling in past year were more likely to report 6 of 9 risk behaviors used to assess risk level (LRE GD NA 2019)	The SUD provider network does not have procedures or staff training in place to assess and respond to problem gambling among clients receiving SUD treatment.	Enhance capacity of SUD treatment programs to address problem gambling	<ul style="list-style-type: none"> – Support SUD providers to identify and address problem gambling within treatment plans – Advocate for SUD programs to expand services and become qualified to provide GD treatment 	Increase SUD providers qualified to address GD w/in program.		

Attachment B: LRE Gambling Disorder Prevention Project Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables (But Why?)	Local Conditions (but why here?)			Short-Term	Intermediate	Long Term
Continued ...	Among respondents who gambled in past year, too many report warning signs w/ 10.8% betting more than can afford to lose, 9.5% gone back another day to win back losses, and 20.4% have felt guilty about gambling (LRE GDS 2019)	Too many gamblers are not using risk reduction strategies. Frequent gamblers were least likely to use risk reduction strategies. Among all respondents who gambled in past year, only half (51.5%) report setting time-limits and two-fifths (39.5%) report not taking regular breaks (LRE GDS 2019)	Educate community on risks, warning signs & risk reduction strategies	<ul style="list-style-type: none"> – Partner with universities to provide info to young adult population. – Advocate for enhanced warnings on gambling materials & on-line pop-ups – Partner w/gambling venues to provide info to consumers on strategies that reduce risk – Partner w/Community Policing officers to include info in fraud & identity theft educational programming for older adults 	Increase in gamblers reporting risk reduction strategies, inc. setting time-limits & regular breaks	↓ adults reporting they bet more than can afford & having gone another day to win back their losses	Cont...
	Among seniors 66 or older 10.6% reported frequent gambling (weekly or more), and 7.3% scored as at moderate risk or a problem gambler (LRE GDS 2019)	Casinos market aggressively to older adults with 59% of senior gamblers (66+) reporting gambling at a casino (LRE GDS 2019). Bus trips provide ‘outings’ for residents of retirement homes and fill the casino floor during off-peak hours (LRE GDS 2019)	Promote alternative activities for older adults	<ul style="list-style-type: none"> – Promote availability of alternative ‘day-trips’ for seniors to reduce reliance on casino trips 	Increase number of opportunities for non-casino daytrips	↓Seniors (66+) who report gambling at a casino in past year	
	Although gambling is not legal for minors, nearly 1 in 5 HS students reported placing bets or gambling behaviors in the past 30 days in the LRE Region (MIPHY 2018)	Youth are finding ways to gamble even though it is not legal Note: waiting for MIPHY details to better understand type of gambling done by minors	Ensure gambling is not accessible to youth	<ul style="list-style-type: none"> – Advocate for policies/legislation that delay youth exposure & reduce access – Identify how age requirements for gambling are monitored and enforced; ensure compliance 	↓ HS students who report age restricted gambling types	↓ HS students who report having placed bets or gambled in the past 30 days	
		Youth believe gambling is low risk with 15% reporting you cannot become addicted and 28% reporting there is no harm if a person has the money to spend. (LRE Pre Test Youth Education, FY20 N=165)	Raise youth awareness of the risks of gambling	<ul style="list-style-type: none"> – Educate parents about risks of on-line gambling, how to support youth in avoiding risky behavior – Incorporate info into SUD prevention programming for youth 	↑youth reporting you can become addicted, and an accurate understanding of likelihood of winning		

Lakeshore Regional Entity
Youth Gambling Disorder Curriculum Pre and Post Test
Results Summary FY19/20

Number of Responses	#
Pre Test	200
Post Test - Received one lesson	34
Post Test - Received both lessons	112

PARTICIPANT DEMOGRAPHICS

Participant County of Residence	PRE	POST
Allegan	0.5% (1)	0.7% (1)
Kent	16.5% (32)	21.4% (31)
Mason	34.0% (66)	29.0% (42)
Muskegon	1.0% (2)	1.4% (2)
Oceana	45.4% (88)	46.2% (67)
Ottawa	0.0% (0)	0.7% (1)
Participant Age	PRE	POST
11 to 13	21.0% (41)	16.0% (23)
14 to 17	77.4% (151)	82.6% (119)
18 or older	1.5% (3)	1.4% (2)
Participant Sex	PRE	POST
Female	44.9% (87)	52.4% (76)
Male	55.2% (107)	47.6% (69)
Participant Race and Ethnicity	PRE	POST
White or Caucasian	74.9% (137)	66.9% (89)
Black or African American	7.7% (14)	10.5% (14)
Asian or Asian American	1.1% (2)	0.8% (1)
American Indian or Alaska Native	2.7% (5)	3.0% (4)
Multi-Racial	13.7% (25)	18.8% (25)
Hispanic or Latino	16.5% (32)	25.7% (37)

Attachment C: GDPP Curriculum Evaluation Results

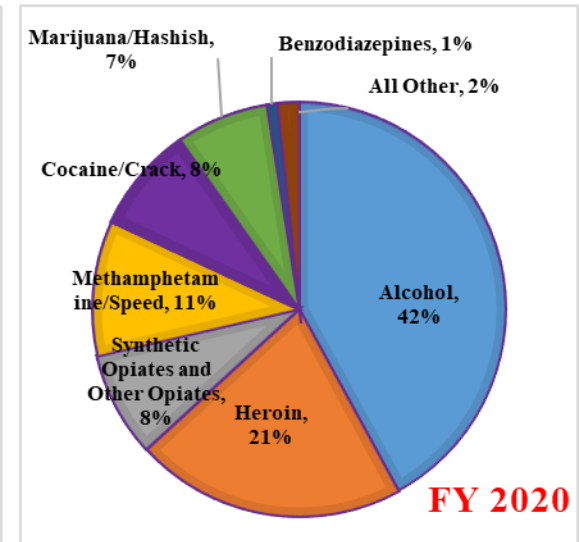
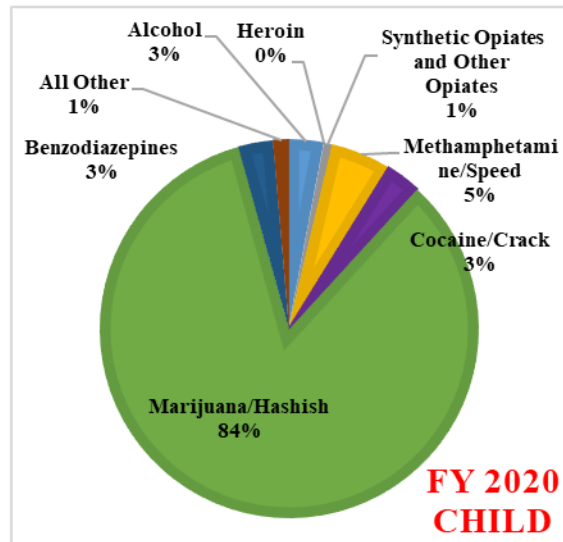
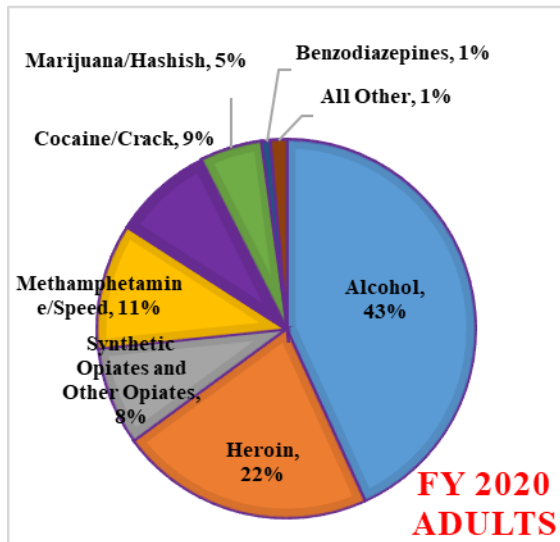
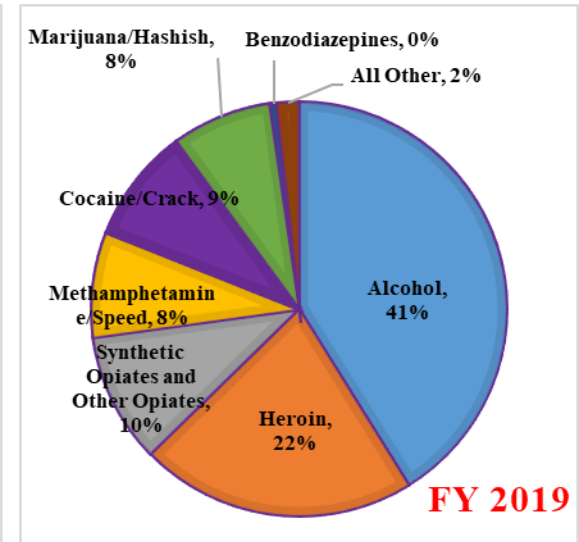
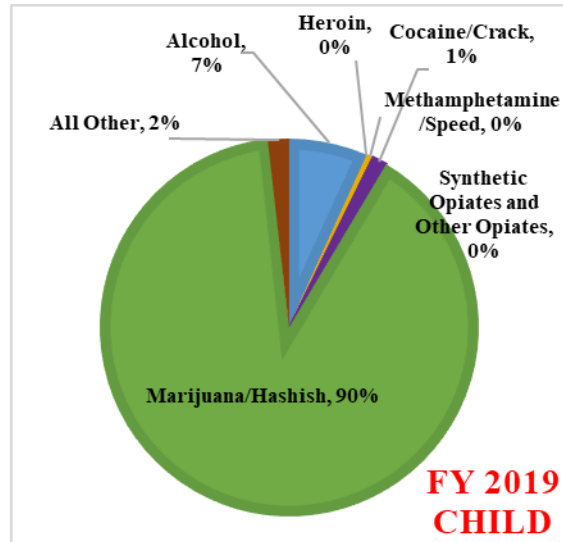
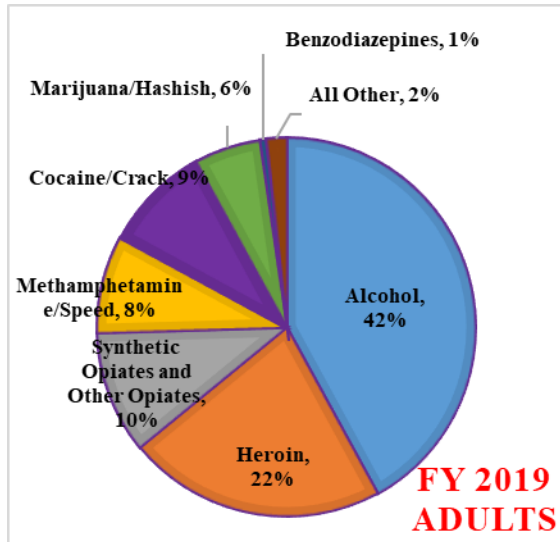
During the past 30 days, did you do any of the following? (Select all)	PRE	POST	% Improvement
I bet on sporting events	10.9% (19)	8.8% (12)	19.3%
I bet on card games	10.3% (18)	1.5% (2)	85.8%
I gambled on the internet	4.0% (7)	4.4% (6)	~
I bet on video games	16.6% (29)	11.0% (15)	33.9%
I bet on dice games	6.9% (12)	4.4% (6)	36.2%
I played fantasy football	2.9% (5)	1.5% (2)	49.0%
I bought scratch-off lottery tickets	4.6% (8)	2.2% (3)	52.1%
I was given scratch-off lottery tickets	12.6% (22)	7.3% (10)	41.9%
I bought loot boxes in a video game	16.6% (29)	9.5% (13)	42.7%
I played video poker or Keno in a restaurant or bar	2.3% (4)	0.7% (1)	68.1%
I did not make bets or gamble in the past 30 days	64.0% (112)	73.0% (100)	14.0%
Which of the following activities could be considered 'gambling'?	PRE	POST	% Improvement
horse racing	71.4% (142)	95.9% (140)	34.4%
games with dice	76.4% (152)	91.8% (134)	20.2%
card games	80.4% (160)	92.5% (135)	15.0%
50/50 raffle to raise money	43.2% (86)	87.0% (127)	101.3%
purchasing loot boxes while playing a video game	40.2% (80)	93.8% (137)	133.4%
betting money on who will win a football game	90.5% (180)	98.0% (143)	8.3%
bingo	45.7% (91)	89.7% (131)	96.2%
slot machines	92.0% (183)	98.0% (143)	6.5%
fantasy football	49.8% (99)	85.6% (125)	72.1%
scratch off lottery tickets	79.4% (158)	95.9% (140)	20.8%

Attachment C: GDPP Curriculum Evaluation Results

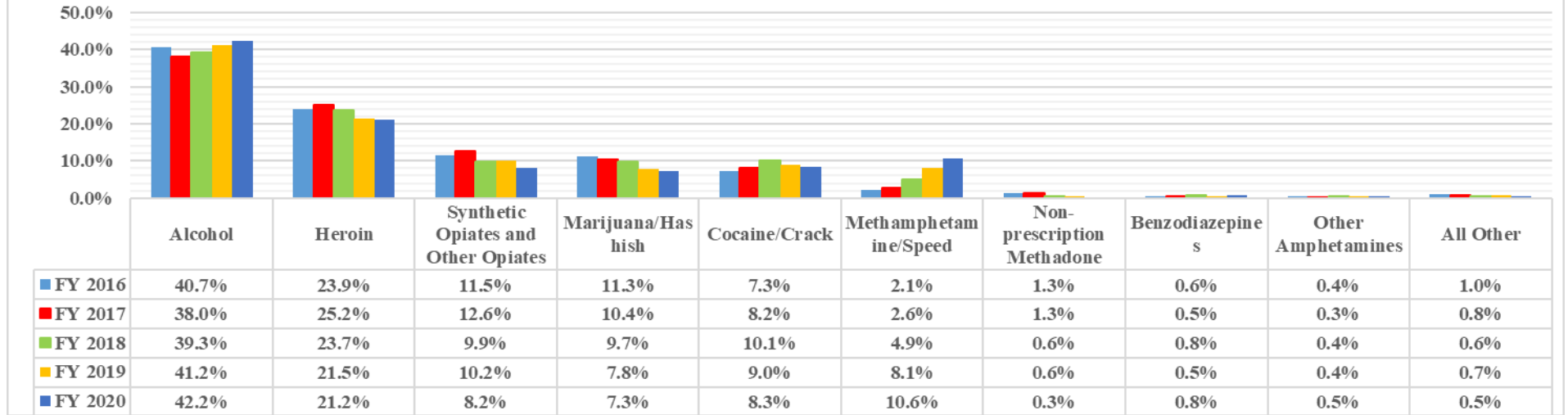
Students who report the following:	PRE	POST	% Improvement
When gambling, the 'house' (e.g., a dealer at a casino) always has the best odds of winning.	57.8% (115)	87.0% (127)	50.5%
If you play the lotto enough times, eventually you will win the jackpot.	22.2% (44)	21.9% (32)	~
Would know where to get help if I, or someone I knew, had a gambling problem.	38.9% (77)	86.3% (126)	121.9%
Know at least one person who gambles too much.	36.2% (72)	34.9% (51)	-3.5%
Gambling doesn't just involve winning or losing money. People could gamble material things like jewelry or clothes or even doing someone else's chores.	95.0% (189)	100.0% (146)	5.3%
Students report that they 'disagree' or 'strongly disagree' with the following statements:	PRE	POST	% Improvement
Gambling is a fun way to spend time with friends and family	60.8% (121)	69.2% (101)	13.8%
A person can't become addicted to gambling	85.9% (170)	90.4% (132)	5.3%
There is no harm in gambling as long as you have the money to spend	74.2% (147)	84.8% (123)	14.3%

SUD Treatment Utilization Data – November 1, 2020

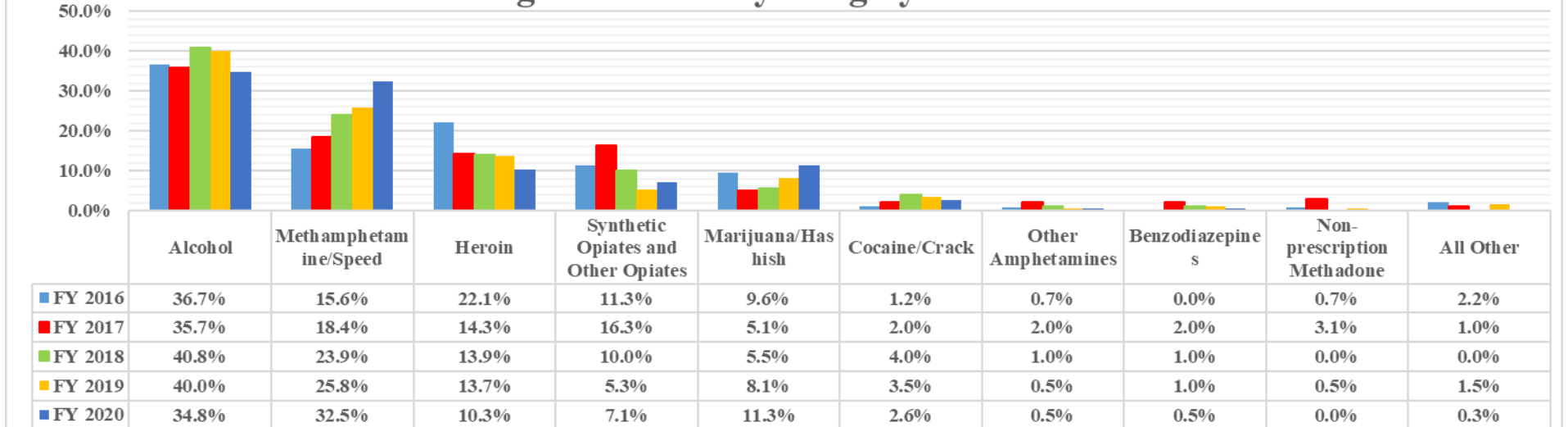
Admissions by Primary Drug – LRE Totals



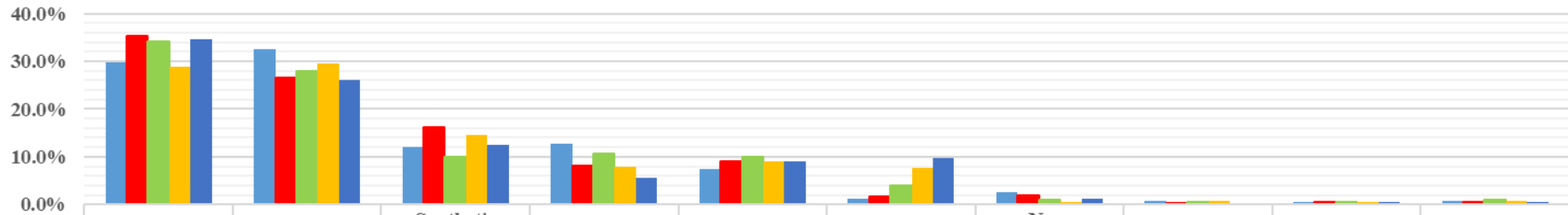
LRE - Primary Drug by Fiscal Year



Allegan - Primary Drug by Fiscal Year

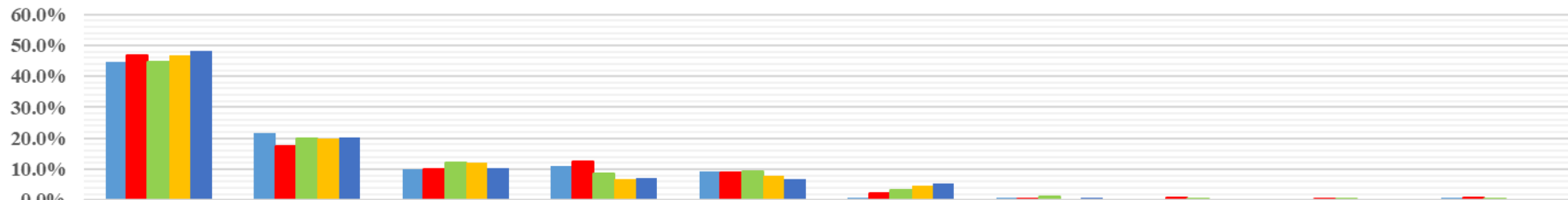


HealthWest - Primary Drug by Fiscal Year



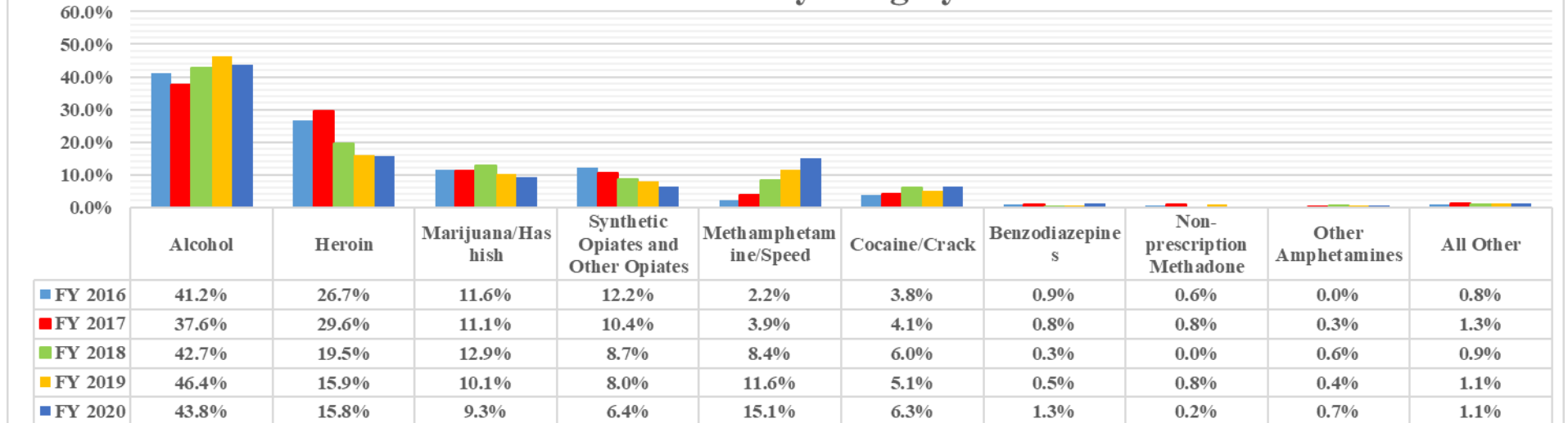
	Heroin	Alcohol	Synthetic Opiates and Other Opiates	Marijuana/Hashish	Cocaine/Crack	Methamphetamine/Speed	Non-prescription Methadone	Other Amphetamines	Benzodiazepines	All Other
FY 2016	29.7%	32.5%	12.0%	12.7%	7.3%	1.1%	2.5%	0.8%	0.5%	0.7%
FY 2017	35.3%	26.7%	16.1%	8.1%	9.1%	1.6%	1.9%	0.2%	0.5%	0.6%
FY 2018	34.3%	28.0%	10.0%	10.6%	10.0%	4.0%	1.0%	0.6%	0.6%	1.0%
FY 2019	28.9%	29.5%	14.6%	7.9%	9.0%	7.6%	0.6%	0.7%	0.4%	0.7%
FY 2020	34.6%	26.1%	12.4%	5.5%	9.1%	9.8%	1.2%	0.3%	0.4%	0.5%

Network 180 - Primary Drug by Fiscal Year

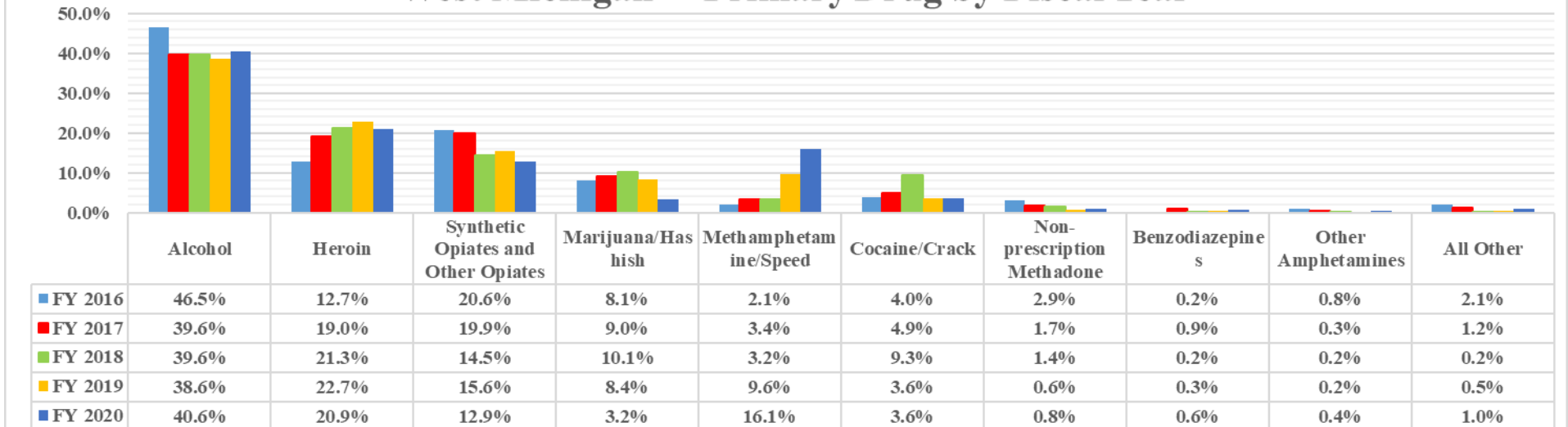


	Alcohol	Heroin	Cocaine/Crack	Marijuana/Hashish	Synthetic Opiates and Other Opiates	Methamphetamine/Speed	Benzodiazepines	Non-prescription Methadone	Other Amphetamines	All Other
FY 2016	44.8%	21.7%	10.1%	11.2%	9.3%	0.7%	0.6%	0.6%	0.2%	0.8%
FY 2017	46.8%	17.5%	9.9%	12.4%	8.8%	2.3%	0.3%	1.0%	0.3%	0.8%
FY 2018	44.8%	19.7%	12.0%	8.5%	9.4%	3.4%	1.1%	0.4%	0.3%	0.4%
FY 2019	46.8%	19.9%	12.0%	6.9%	7.9%	4.7%	0.5%	0.5%	0.3%	0.5%
FY 2020	48.3%	20.1%	10.4%	7.3%	6.8%	5.5%	0.8%	0.0%	0.5%	0.3%

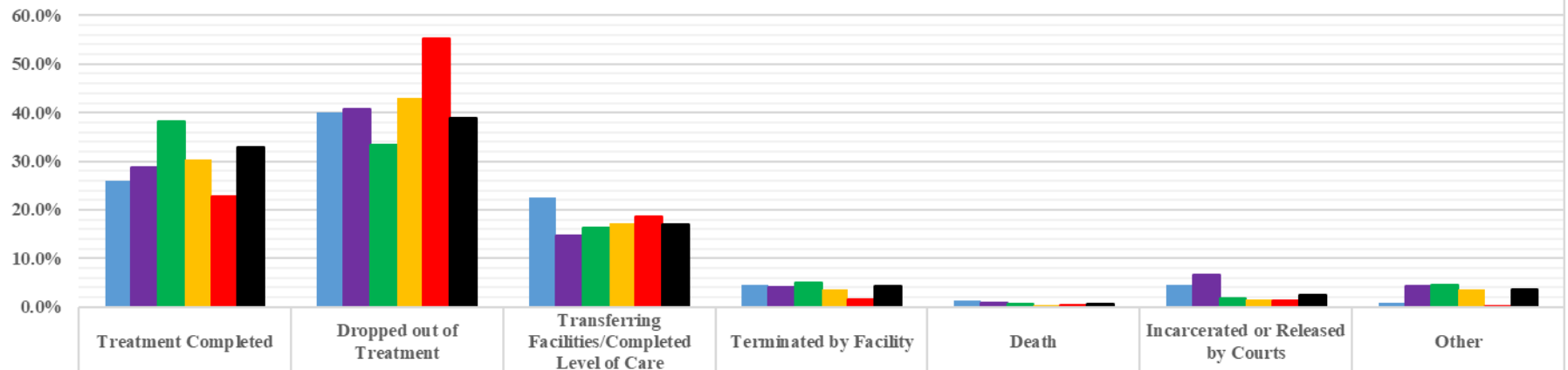
Ottawa - Primary Drug by Fiscal Year



West Michigan - Primary Drug by Fiscal Year

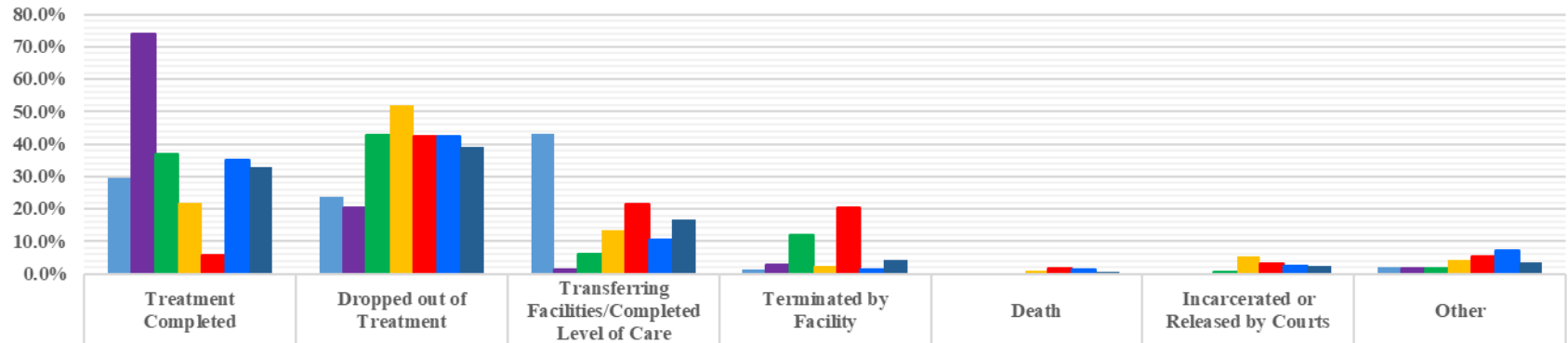


Discharge Reasons by CMHSP - FY 2020



	Treatment Completed	Dropped out of Treatment	Transferring Facilities/Completed Level of Care	Terminated by Facility	Death	Incarcerated or Released by Courts	Other
■ Allegan	26.0%	40.0%	22.6%	4.7%	1.3%	4.7%	0.9%
■ HealthWest	28.7%	40.7%	14.8%	4.1%	0.8%	6.6%	4.3%
■ Network 180	38.1%	33.4%	16.4%	5.1%	0.6%	1.8%	4.6%
■ Ottawa	30.3%	42.9%	17.3%	3.6%	0.5%	1.7%	3.6%
■ West Michigan	22.7%	55.3%	18.6%	1.6%	0.4%	1.2%	0.2%
■ LRE	32.9%	39.0%	16.9%	4.3%	0.6%	2.6%	3.7%

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	29.6%	23.5%	43.2%	1.4%	0.0%	0.0%	2.2%
■ Short Term Residential	73.9%	20.3%	1.4%	2.7%	0.0%	0.0%	1.7%
■ Long Term Residential	36.8%	42.7%	6.2%	12.1%	0.0%	0.7%	1.6%
■ Outpatient	21.9%	51.9%	13.5%	2.4%	0.9%	5.2%	4.2%
■ Methadone	5.9%	42.3%	21.6%	20.4%	1.5%	3.1%	5.2%
■ Intensive Outpatient	35.1%	42.4%	10.3%	1.2%	1.2%	2.5%	7.2%
■ LRE	32.9%	39.0%	16.9%	4.3%	0.6%	2.6%	3.7%

LRE Funded SUD Prevention Numbers Served FY21 (October 1, 2019-September 31, 2020)

Provider	Total Attendees	Estimated Reached
Allegan Community Mental Health	10,316	4,281,757
Arbor Circle (Kent County)	930	1,385
Arbor Circle (Muskegon and Ottawa Counties)	10,913	584,729
Cherry Health (*no longer providing services as of 4.1.20-moved all programming to the Kent County H.D.)	6,257	20
District Health Department #10	19,743	119,796
Family Outreach Center	1,017	75
Kent County Health Department	19,169	0
Mercy Health	1,630	47,800
Network180	193,697	23,600
Ottawa County Department of Public Health	1,518	0
Ottawa County Community Mental Health	1,001	3
Public Health Muskegon County	6,383	19,094
Wedgwood	12,143	200
Total YTD for the Region	284,717	5,078,459

By County		
Allegan	10,316	4,281,757
Kent	233,213	25,280
Lake, Mason, Oceana	19,743	119,796
Muskegon	8,013	66,895
Ottawa	13,000	584,731
Total	284,717	5,078,459

*Cherry Health moved all programming to the Kent County Health Department effective 4.1.20, so note all data on here is from 10.1.19-3.31.20.