

## Meeting Agenda

**SUD OVERSIGHT POLICY BOARD**

Wednesday, December 1, 2021 4:00 PM

Board Room – CMH of Ottawa County

12265 James Street, Holland, MI 49424

[Zoom Meeting](#)

Meeting ID: 862 3039 3007

Passcode: 150171

1. Call to Order: Chair
2. Roll Call/Introductions: Chair
3. Public Comment: Chair
4. Conflict of Interest: Chair
5. Review/Approval of Agenda-Chair (Attachment 1)  
**Suggested Motion:** To approve the December 1, 2021, LRE Oversight Policy Board meeting agenda as presented.
6. Review/Approval of Minutes-Chair (Attachment 2)  
**Suggested Motion:** To approve the September 1, 2021, LRE Oversight Policy Board meeting minutes as presented.
7. Old Business
8. New Business
  - a. Board Appointments: (Attachment 3)
    - i. Kent County 1 expiring 12/31
    - ii. Muskegon County 1 vacancy
  - b. Nominating committee (Chair)
9. Finance Report (Stacia or Maxine)
  - a. Statement of Activities (Attachment 4)
  - b. Budget Amendment #1 (Attachment 5)
10. State/Regional Updates (Stephanie VanDerKooi/Amanda Tarantowski/Amy Embury) (Attachment 6)
  - a. Staffing Updates (Attachment 7)
  - b. Talk Sooner (Attachment 8)
  - c. Gambling Disorder Prevention Project (Attachment 9)
  - d. LARA Updates
  - e. Board member photographs

11. Data Reports

- a. Prevention numbers served (Attachment 10)
- b. 4Q21 Treatment (Attachment 11)

12. 2022 Board Meeting Schedule (Attachment 12)

***Suggested Motion:*** To approve the 2022 LRE Oversight Policy Board Meeting as presented

13. Next Meeting-

Meeting Minutes (proposed)  
**SUD OVERSIGHT POLICY BOARD**

Wednesday, September 1, 2021 4:00 PM  
 Board Room – CMH of Ottawa County  
 12265 James Street, Holland, MI 49424

**CALL TO ORDER** – Chair

Mr. Sweeney called the September 1, 2021, LRE Oversight Policy Board meeting at 4:00 p.m.

**ROLL CALL/INTRODUCTION**– Chair

Present at Roll Call:

MEMBER	P	A		MEMBER	P	A
Martha Burkett		x		Stan Ponstein	x	
Shelly Cole-Mickens	x			Molly Reid	x	
Mark DeYoung	x			Andrew Sebolt		x
Henry Fuhs		x		Sarah Sobel	x (v)	
Marcia Hovey-Wright	x			James Storey		x
Richard Kanten		x		Patrick Sweeney	x	
Rebecca Lange		x		Doug Zylstra		x
David Parnin	x					

Ms. Sobel attended the September 1, 2021 LRE Oversight Policy Board via Microsoft Teams, citing a medical exemption.

**PUBLIC COMMENT** – Chair

No public comment

**CONFLICT OF INTEREST** – Chair

No Conflicts Declared

**REVIEW/APPROVAL OF AGENDA** – Chair

**OPB 2021-08 Motion:** To approve the September 1, 2021, LRE Oversight Policy Board meeting agenda as presented

Moved by: Ponstein Support: DeYoung

MOTION CARRIED

**REVIEW/APPROVAL OF MINUTES** – Chair

**OPB 2021-09 Motion:** To approve the March 1, 2020, LRE Oversight Policy Board meeting minutes as presented

Moved by: DeYoung Support: Ponstein

MOTION CARRIED

## REGIONAL UPDATES – Stephanie VanDerKooi/Mark DeYoung

### **LRE Staffing Updates**

- Mary Marlatt-Dumas is now serving as the Chief Executive Officer
- Stephanie VanDerKooi has been promoted to Chief Operating Officer
- Stacia Chick is serving as the LRE Chief Financial Officer
- Amanda Tarantowski has joined LRE staff as SUD Treatment Manager
- Amy Embury has joined LRE staff as SUD Prevention Manager
- Greg Opsommer has joined LRE staff as Administrative Assistant
- Don Avery and Jim McCormick are serving as Provider Network Managers
- Additional staff will be joining LRE under Lone Myers, Chief Operating officer

Effective November 1, 2021, the Provider Site Review function will be returning to the Lakeshore Regional Entity. Staff will be added to the Team to fill those roles. Services covered under the contract with Beacon Health Options have been significantly reduced.

### **State Contract Settlement Updates**

LRE attorneys are working with MDHHS counsel; it has been reported that an agreement has been reached but no details were made available.

## OLD BUSINESS

No Old Business

## NEW BUSINESS

FY2022 Budget Proposal – Stacia Chick/Maxine Coleman

**OPB 2021-010 Motion:** The Oversight Policy Board:

- (a) Approves the allocation of PA2 funds for the LRE SUD Budget as summarized below.
- (b) Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services

Moved by: Ponstein

Support: Parnin

MOTION CARRIED

Ms. Chick reviewed details of the proposed FY22 SUD Operating Budget.

FY2021 Budget Amendment #2

**OPB 2021-011 Motion:** To approve FY2021 Budget Amendment #2 as presented

Moved by: DeYoung

Support: Hovey-Wright

MOTION CARRIED

## REGULAR COMMITTEE BUSINESS

**Budget Status Report** – Maxine Coleman

- i. Statement of Activities – July 2021
-



All funding sources reflect a surplus; expenses are lower than projected.

**SUD Director Update – Stephanie VanderKooi**

New funding sources have become available.

- COVID19 Block Grant funding became available on August 1. Additional Grant funds will be available October 1 through FY22. Providers are developing plans for FY22.
- American Recovery Act allocation is not yet determined. The state of Michigan will receive a total of \$45 million over a four-year period. Grant funds are expected to be available by November 1.

The State Opioid Response (SOR) audit conducted by OROSC on June 15 overall was positive. Areas requiring a corrective action have been addressed. The MYTIE grant audit was completed in August; results are pending.

Prevention Provider and WSS site visits are underway. Tobacco Compliance Checks were completed in June

**ROUNDTABLE DISCUSSION**

No comments.

**NEXT MEETING**

December 1, 2021 - Board Room – CMH of Ottawa County. Meeting will be led by Amanda Tarantowski.

**ADJOURN**

**OPB 2021-012 Motion:** To adjourn the September 1, 2021 LRE Oversight Policy Board Meeting.

Moved by: Parnin

Support: Ponstein

MOTION CARRIED

Mr. Sweeney adjourned the September 1, 2021 LRE Oversight Policy Board meeting at 4:00 p.m.

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Patrick Sweeney, Oversight Policy Board Chair

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**Lakeshore Regional Entity**  
**Substance Use Disorder Oversight Policy Board**  
 9/1/2021

Seat	County	Member	Contact Information	Term Notes
1	ALLEGAN	Mark DeYoung <b>Commissioner</b>	4169 Hickory Street Dorr, Michigan 49323 (616) 681-9413 – home/business (616) 318-9612 – cell <a href="mailto:mdeyoung@allegancounty.org">mdeyoung@allegancounty.org</a>	Appoint: 5/2016 Expire: 12/31/2017 Reappoint: 1/1/2018 Expire: 12/31/2020 Reappoint: 1/1/2021 Expire: 12/31/2023
2	ALLEGAN	James Storey <b>Commissioner</b>	344 W 35th Street Holland, MI 49423 (616) 848-9767 <a href="mailto:jstorey@allegancounty.org">jstorey@allegancounty.org</a>	Appoint: 10/1/2014 Expire: 12/31/2017 Reappoint: 1/1/2018 Expire: 12/31/2020 Reappoint: 1/1/2021 Expire: 12/31/2023
3	KENT	Martha Burkett	1180 Griswold SE Grand Rapids, MI 49507 (616) 401-1370 <a href="mailto:Momsky12000@yahoo.com">Momsky12000@yahoo.com</a>	Appoint: 5/13/2021 Expire: 12/31/2022
4	KENT	Henry Fuhs	3848 E. Leonard NE Grand Rapids, MI 49525 (616) 437-9059 <a href="mailto:hankfuhs@gmail.com">hankfuhs@gmail.com</a>	Appoint: 5/13/2021 Expire: 12/31/2023
5	KENT	Shelly Cole-Mickens	1137 Kalamazoo SE Grand Rapids, MI 49507 (616) 634-1972 – work (616) 634-1972 – cell <a href="mailto:shelliec123@yahoo.com">shelliec123@yahoo.com</a>	Appoint: 10/2016 Expire: 12/31/2018 Reappoint: 1/1/2019 Expire: 12/31/2021
6	KENT	Stan Ponstein	3967 Edgewood Grandville, MI 49418 <a href="mailto:sjponstein@gmail.com">sjponstein@gmail.com</a>	Appoint: 1/1/2019 Expire: 12/31/2019 Reappoint: 1/1/2020 Expire: 12/31/2022
7	KENT	Molly Reid	4943 Stony Creek Ave NW Comstock Park, MI 49321 616.784.5640 – home 616.446.6040 - cell 616.837.6930 - work <a href="mailto:mreid1222@aol.com">mreid1222@aol.com</a>	Appoint: 1/1/2019 Expire: 12/31/2019 Reappoint: 1/1/2020 Expire: 12/31/2022
8	KENT	Sarah Sobel	865 Anita Ave. NW Grand Rapids, MI 49534 H – 616.453.8240 W – 616.588.2732 Cell: 616.283.6281 <a href="mailto:sarahmsobel@gmail.com">sarahmsobel@gmail.com</a>	Appoint: 1/1/2019 Expire: 12/31/2020 Reappoint: 1/1/2021 Expire: 12/31/2023

9	KENT	Patrick Sweeney <b>Chair</b>	233 Centennial Ave Grand Rapids, MI 49504 (989) 854-2444 – cell (616) 233-5262 – work <a href="mailto:psweeney@rhoadesmckee.com">psweeney@rhoadesmckee.com</a>	Appoint: 10/2014 Expire: 12/31/2016 Reappoint: 1/1/2017 Expire: 12/31/2020 Reappoint: 1/1/2021 Expire: 12/31/2023
10	LAKE	Dawn Martin <b>Commissioner</b>	4851 E. 3 ½ Mile Luther, MI 49656 (231) 760-1446 <a href="mailto:District4dm@co.lake.mi.us">District4dm@co.lake.mi.us</a>	Appoint: 1/2021 Expire: 12/31/2022 Reappoint: Expire:
11	MASON	Rebecca Lange	503 N. Delia St. Ludington, MI 49431 (231) 425-4325 – home (231) 852-0744 – cell <a href="mailto:beckylange80@hotmail.com">beckylange80@hotmail.com</a>	Appoint: 10/1/2014 Expire: 12/31/2016 Reappoint: 1/1/2017 Expire: 12/31/2020 Reappoint: 1/1/2021 Expire: 12/31/2023
12	MUSKEGON	<b>VACANT</b>		Appoint: Expire: 12/31/2023
13	MUSKEGON	Marcia Hovey-Wright <b>Commissioner</b>	3430 Pigeon Hill Court, Muskegon 49441 (231) 740-8492 <a href="mailto:hoveywrightma@muskegoncounty.net">hoveywrightma@muskegoncounty.net</a>	Appoint: 12/2019 Expire: 12/31/2020 Reappoint: 1/5/2021 Expire: 12/31/2022
14	OCEANA	Andrew Sebolt	4124 E Hazel Rd Hart, MI 49420 (231) 923-6881 – cell <a href="mailto:andysebolt@yahoo.com">andysebolt@yahoo.com</a>	Appoint: 1/1/2021 Expire: 12/31/2023
15	OTTAWA	David Parnin	14466 Brigham Drive Grand Haven, MI 49417 (231) 206-3834 <a href="mailto:drparnin@msn.com">drparnin@msn.com</a>	Appoint: 12/1/2017 Expire: 12/31/2020 Reappoint: 2/9/2021 Expire: 12/31/2023
16	OTTAWA	Richard Kanten	3112 Beech Forest Street Hudsonville, MI 49426 (616) 669-0863 <a href="mailto:richardkanten1953@gmail.com">richardkanten1953@gmail.com</a>	Appoint: 10/2014 Expire: 12/31/2017 Reappoint: 1/1/2018 Expire: 12/31/2020 Reappoint: 2/9/2021 Expire: 12/31/2023
17	OTTAWA	Doug Zylstra <b>Commissioner</b>	152 E. 24 <sup>th</sup> Street Holland, MI 49423 (616) 443-4281 <a href="mailto:dzylstra@miottawa.org">dzylstra@miottawa.org</a>	Appoint: 1/1/2021 Expire: 12/31/2023

**Lakeshore Regional Entity  
Substance Use Disorders  
FY21 Block Grant Expenditures**

	Year Ending 9/30/2021	Year To Date 9/30/2021		
	FY21 Budget Amendment #2	FY21 Budget to Date	Actual	Budget to Actual Variance
<b>Block Grant</b>				
<b>Operating Revenues</b>				
SUD Block Grant (Inc. SOR, Gambling, PFS, MYTIE, Tob ED)	10,180,133	10,180,133	7,255,528	2,924,605
Total Operating Revenues	10,180,133	10,180,133	7,255,528	2,924,605
<b>Expenditures - Prevention</b>				
LRE Direct & Regional Administration - Prevention	327,129	327,129	300,304	26,825
LRE Direct Administration - Partnership for Success II	5,000	5,000	14,766	(9,766)
Allegan County CMH - Prevention	214,011	214,011	212,450	1,561
Allegan County CMH - Prevention SOR	25,000	25,000	144,280	(119,280)
Arbor Circle / Pathways - Prevention	196,073	196,073	289,334	(93,261)
Arbor Circle / Pathways - Prevention SOR	21,000	21,000	15,280	5,720
District 10 Health Department - Prevention	82,626	82,626	82,575	51
District 10 Health Department - Prevention SOR	45,000	45,000	22,107	22,893
District 10 Health Department - Prevention PFS	121,000	121,000	77,288	43,712
Family Outreach Center - Prevention	52,710	52,710	50,085	2,625
Kent County Health Department - Prevention	101,101	101,101	101,101	0
Kent County Health Department - Prevention SOR	133,436	133,436	128,362	5,074
Mercy Health - Prevention	35,839	35,839	59,894	(24,055)
Network 180 - Prevention	79,687	79,687	79,687	0
Ottawa County Health Department - Prevention	17,317	17,317	17,455	(138)
Ottawa County Health Department - Prevention SOR	5,000	5,000	973	4,027
Public Health Muskegon County - Prevention	329,025	329,025	314,508	14,517
Public Health Muskegon County - Prevention SOR	15,000	15,000	3,087	11,913
Wedgwood Christian Services - Prevention	96,301	96,301	81,810	14,491
<b>Expenditures - Treatment</b>				
LRE Indirect Administration - Treatment	111,600	111,600	65,788	45,812
LRE Indirect Administration - Treatment SOR	359,023	359,023	624,485	(265,462)
Treatment Payments to Members				
Allegan County CMH	371,844	371,844	205,756	166,088
Allegan County CMH SOR	533,876	533,876	30,654	503,222
Healthwest	950,406	950,406	602,667	347,739
Healthwest SOR	615,502	615,502	380,598	234,904
Network180	2,719,951	2,719,951	2,556,154	163,797
Network180 SOR	1,059,700	1,059,700	593,939	465,761
CMH of Ottawa County	831,390	831,390	666,208	165,182
CMH of Ottawa County SOR	206,421	206,421	64,421	142,000
West Michigan CMH	285,387	285,387	160,641	124,746
West Michigan CMH SOR	232,778	232,778	96,005	136,773
Total Expenditures	10,180,133	10,180,133	8,081,952	2,098,181
<b>Total Change in Net Assets</b>	<b>0</b>	<b>0</b>	<b>(826,424)</b>	<b>826,424</b>

As of 11-30-21

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

	Year Ending 9/30/2021	Year To Date 9/30/2021		
	FY21 Budget Amendment #2	FY21 Budget to Date	Actual	Budget to Actual Variance
<b>PA2</b>				
<b>Operating Revenues</b>				
PA2 Liquor Tax - Current FY	3,169,898	3,169,898	2,660,544	509,354
PA2 Liquor Tax - Reserves	566,250	566,250	0	566,250
Total Operating Revenues	3,736,148	3,736,148	2,660,544	1,075,604
<b>Expenditures - Prevention</b>				
Allegan County CMH - Prevention	90,039	90,039	90,039	0
Arbor Circle / Pathways - Prevention	233,227	233,227	68,671	164,556
District 10 Health Department - Prevention	16,292	16,292	21,855	(5,563)
Family Outreach Center - Prevention	35,533	35,533	31,059	4,474
Kent County Health Department - Prevention	220,899	220,899	220,153	746
Mercy Health - Prevention	23,818	23,818	0	23,818
Network 180 - Prevention	270,313	270,313	232,281	38,032
Community Mental Health of Ottawa County	51,000	51,000	44,663	6,337
Ottawa County Health Department - Prevention	50,983	50,983	25,999	24,984
Public Health Muskegon County - Prevention	40,975	40,975	43,753	(2,778)
Wedgwood Christian Services - Prevention	61,034	61,034	42,055	18,979
<b>Expenditures - Treatment</b>				
Treatment Payments to Members				
Allegan County CMH	85,359	85,359	0	85,359
Healthwest	542,924	542,924	7,310	535,614
Network180	1,666,014	1,666,014	0	1,666,014
CMH of Ottawa County	257,174	257,174	65,442	191,732
West Michigan CMH	90,564	90,564	0	90,564
Total Expenditures	3,736,148	3,736,148	893,280	2,842,868
<b>Total Change in Net Assets</b>	<b>0</b>	<b>0</b>	<b>1,767,265</b>	<b>(1,767,265)</b>

As of 11-30-21

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

Year To Date Through 9/30/21

CATEGORY	CMHSP HMP YTD Totals	LRE/Beacon Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
<b>Total Expenditures for Treatment Services</b>	\$ 8,343,930.98	\$ -	\$ 15,763,414.35	52.93%
Women's Specialty Services	\$ 383,285.66	\$ -	\$ 606,748.00	63.17%
Other Specialty Services		\$ -		0.00%
Access Management System	\$ 188,071.40	\$ -	\$ 264,135.00	71.20%
General Administration	\$ 203,889.83	\$ 324,633.05	\$ 815,384.00	64.82%
<b>GRAND TOTAL OF SA EXPENDITURES</b>	<b>\$ 9,119,177.87</b>	<b>\$ 324,633.05</b>	<b>\$ 17,449,681.35</b>	<b>54.12%</b>
<b>SOURCE OF FUNDS</b>				
Healthy MI Plan	\$ 9,119,177.87	\$ 324,633.05	\$ 17,449,681.35	54.12%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
<b>TOTAL FUNDING</b>	<b>\$ 9,119,177.87</b>	<b>\$ 324,633.05</b>	<b>\$ 17,449,681.35</b>	<b>54.12%</b>

As of 11-30-21

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

Year To Date Through 9/30/21

CATEGORY	CMHSP Medicaid YTD Totals	LRE/Beacon Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
<b>Total Expenditures for Treatment Services</b>	\$ 5,513,251.93	\$ -	\$ 6,402,290.22	86.11%
Women's Specialty Services	\$ 549,379.62	\$ -	\$ 907,715.00	60.52%
Other Specialty Services		\$ -		0.00%
Access Management System	\$ 104,645.53	\$ -	\$ 186,987.00	55.96%
General Administration	\$ 117,159.50	\$ 199,739.47	\$ 524,177.00	60.46%
<b>GRAND TOTAL OF SA EXPENDITURES</b>	<b>\$ 6,284,436.58</b>	<b>\$ 199,739.47</b>	<b>\$ 8,021,169.22</b>	<b>80.84%</b>
<b>SOURCE OF FUNDS</b>				
Medicaid	\$ 6,284,436.58	\$ 199,739.47	\$ 8,021,169.22	80.84%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
<b>TOTAL FUNDING</b>	<b>\$ 6,284,436.58</b>	<b>\$ 199,739.47</b>	<b>\$ 8,021,169.22</b>	<b>80.84%</b>

As of 11-30-21

# Lakeshore Regional Entity Oversight Policy Board

## ATTACHMENT 5

### ACTION REQUEST

### SUBJECT: FY2022 LRE SUD Budget Amendment #2

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

MEETING DATE: December 1, 2021

PREPARED BY: Stacia Chick, LRE Chief Financial Officer

### RECOMMENDED MOTION:

#### The Oversight Policy Board:

- Approves the allocation of PA2 funds for the LRE SUD Budget Amendment #2 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 16, 2021

### 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: Stacia Chick, LRE Chief Financial Officer

DATE: December 1, 2021

### FY2022 LRE SUD Budget Amendment #2 Summary:

PREVENTION (direct by LRE)	PA2	Block Grant	SOR II	DFC	COVID-19	Gambling	MI Youth TX	Medicaid	Healthy Michigan	Total
Allegan County	\$ 90,039	\$ 214,811	\$ 25,000	\$ -	\$ 47,829	\$ -	\$ -	\$ -		\$ 377,679
Kent County	\$ 652,829	\$ 318,171	\$ 65,000	\$ -	\$ 265,715	\$ 43,542	\$ 17,838	\$ -	\$ -	\$ 1,363,095
Lake County	\$ 3,000	\$ 13,241	\$ 10,000	\$ -	\$ 5,260	\$ 8,100	\$ -	\$ -	\$ -	\$ 39,601
Oceana County	\$ 10,148	\$ 20,087	\$ 15,000	\$ 100,000	\$ 16,748	\$ 8,100	\$ -	\$ -	\$ -	\$ 170,083
Mason County	\$ 35,000	\$ 26,064	\$ 20,000	\$ -	\$ 15,782	\$ 8,100	\$ -	\$ -	\$ -	\$ 104,946
Muskegon County	\$ 64,793	\$ 342,364	\$ 15,000	\$ -	\$ 95,067	\$ 35,000	\$ -	\$ -	\$ -	\$ 552,224
Ottawa County	\$ 320,160	\$ 134,940	\$ 25,000	\$ -	\$ 90,396	\$ 20,000	\$ -	\$ -	\$ -	\$ 590,496
LRE Regional Projects	\$ -	\$ 44,120	\$ 151,181	\$ -	\$ 40,007	\$ 91,248	\$ -	\$ -	\$ -	\$ 326,556
LRE Staffing	\$ -	\$ 132,350	\$ 13,999	\$ 25,000	\$ -	\$ 25,910	\$ -	\$ -	\$ -	\$ 197,259
<b>PREVENTION TOTAL</b>	<b>\$ 1,175,969</b>	<b>\$ 1,246,148</b>	<b>\$ 340,180</b>	<b>\$ 125,000</b>	<b>\$ 576,804</b>	<b>\$ 240,000</b>	<b>\$ 17,838</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,721,939</b>
TREATMENT(delegated to CMH members)	PA2	Block Grant	SOR II	SDA	COVID-19	Gambling	MI Youth TX	Medicaid	Healthy Michigan	Total
Allegan	\$ 114,013	\$ 436,821	\$ 205,000	\$ 17,574	\$ 285,655	\$ -	\$ -	\$ 646,889	\$ 1,306,916	\$ 3,012,868
Healthwest	\$ 358,554	\$ 830,001	\$ 549,052	\$ 34,936	\$ 571,165	\$ -	\$ -	\$ 1,694,309	\$ 3,659,829	\$ 7,697,846
Network 180	\$ 1,200,609	\$ 2,426,589	\$ 835,193	\$ 97,627	\$ 597,267	\$ -	\$ -	\$ 3,938,196	\$ 8,838,464	\$ 17,933,945
Ottawa	\$ 249,824	\$ 863,755	\$ 36,000	\$ 33,208	\$ 671,219	\$ -	\$ -	\$ 973,506	\$ 2,296,264	\$ 5,123,776
West Michigan (Lake, Mason Oceana)	\$ 100,581	\$ 344,961	\$ 118,805	\$ 13,878	\$ 191,288	\$ -	\$ -	\$ 600,069	\$ 1,274,940	\$ 2,644,522
LRE Staffing	\$ -	\$ 75,000	\$ -	\$ -	\$ 18,413	\$ -	\$ -	\$ 195,916	\$ 432,721	\$ 722,050
Unallocated	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Beacon (SUD)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 124,129	\$ 242,724	\$ 366,853
<b>TREATMENT TOTAL</b>	<b>\$ 2,023,581</b>	<b>\$ 4,977,127</b>	<b>\$ 1,744,050</b>	<b>\$ 197,223</b>	<b>\$ 2,335,007</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,173,014</b>	<b>\$ 18,051,858</b>	<b>\$ 37,501,860</b>
<b>TOTAL PREVENTION &amp; TREATMENT</b>	<b>\$ 3,199,550</b>	<b>\$ 6,223,275</b>	<b>\$ 2,084,230</b>	<b>\$ 322,223</b>	<b>\$ 2,911,811</b>	<b>\$ 240,000</b>	<b>\$ 17,838</b>	<b>\$ 8,173,014</b>	<b>\$ 18,051,858</b>	<b>\$ 41,223,799</b>



## Lakeshore Regional Entity FY 2022 SUD Budget

<b>Prevention</b>	Initial FY22 Allocation	Proposed FY22 Am #2	Block Grants	SOR II	DFC	COVID-19	PA2	Gambling	MI Youth Tx Improv & Enhnc
Allegan County									
Allegan County Community Mental Health	329,850	377,679	214,811	25,000	-	47,829	90,039	-	-
Total	329,850	377,679	214,811	25,000	-	47,829	90,039	-	-
Kent County									
Arbor Circle	111,000	164,143	45,950	-	-	53,143	65,050	-	-
Family Outreach	88,243	141,386	27,467	-	-	53,143	35,533	25,243	-
Kent County Health Department	387,000	440,143	101,101	65,000	-	53,143	220,899	-	-
Network 180	350,000	403,143	79,687	-	-	53,143	270,313	-	-
Salvation Army	18,299	18,299	-	-	-	-	-	18,299	-
Wedgwood	157,335	195,981	63,966	-	-	53,143	61,034	-	17,838
Total	1,111,877	1,363,095	318,171	65,000	-	265,715	652,829	43,542	17,838
Lake County									
District Health Department #10	34,341	39,601	13,241	10,000	-	5,260	3,000	8,100	-
Total	34,341	39,601	13,241	10,000	-	5,260	3,000	8,100	-
Oceana County									
District Health Department #10	153,335	170,083	20,087	15,000	100,000	16,748	10,148	8,100	-
Total	153,335	170,083	20,087	15,000	100,000	16,748	10,148	8,100	-
Mason County									
District Health Department #10	89,164	104,946	26,064	20,000	-	15,782	35,000	8,100	-
Total	89,164	104,946	26,064	20,000	-	15,782	35,000	8,100	-
Muskegon County									
Arbor Circle (Muskegon Co)	12,500	44,189	12,500	-	-	31,689	-	-	-
Public Health Muskegon County	385,000	416,689	294,025	15,000	-	31,689	40,975	35,000	-
Mercy Health	59,657	91,346	35,839	-	-	31,689	23,818	-	-
Total	457,157	552,224	342,364	15,000	-	95,067	64,793	35,000	-
Ottawa County									
Arbor Circle (Ottawa Co)	325,800	405,932	117,623	20,000	-	30,132	218,177	20,000	-
CMH of Ottawa County (Opiate) via PA2	51,000	81,132	-	-	-	30,132	51,000	-	-
Ottawa County Department of Public Health	73,300	103,432	17,317	5,000	-	30,132	50,983	-	-
Total	450,100	590,496	134,940	25,000	-	90,396	320,160	20,000	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	286,549	326,556	44,120	151,181	-	40,007	-	91,248	-
LRE Staffing	197,259	197,259	132,350	13,999	25,000	-	-	25,910	-
Total	483,808	523,815	176,470	165,180	25,000	40,007	-	117,158	-
<b>Overall Prevention Total</b>	<b>3,109,632</b>	<b>3,721,939</b>	<b>1,246,148</b>	<b>340,180</b>	<b>125,000</b>	<b>576,804</b>	<b>1,175,969</b>	<b>240,000</b>	<b>17,838</b>

<b>Treatment</b>	Initial FY22 Allocation	Proposed FY22 Allocation	Block Grants	SOR II	SDA	COVID-19	PA2	Medicaid	Healthy Michigan
Allegan County CMH	2,465,964	3,012,868	436,821	205,000	17,574	285,655	114,013	646,889	1,306,916
Healthwest	6,422,216	7,697,846	830,001	549,052	34,936	571,165	358,554	1,694,309	3,659,829
Network 180	15,565,627	17,933,945	2,426,589	835,193	97,627	597,267	1,200,609	3,938,196	8,838,464
CMH of Ottawa County	4,042,258	5,123,776	863,755	36,000	33,208	671,219	249,824	973,506	2,296,264
West Michigan CMH (Lake, Mason Oceana)	2,190,529	2,644,522	344,961	118,805	13,878	191,288	100,581	600,069	1,274,940
LRE Staffing	665,763	722,050	75,000	-	-	18,413	-	195,916	432,721
Unallocated	-	-	-	-	-	-	-	-	-
Beacon (SUD)	323,024	366,853	-	-	-	-	-	124,129	242,724
<b>Overall Treatment Total</b>	<b>31,675,380</b>	<b>37,501,860</b>	<b>4,977,127</b>	<b>1,744,050</b>	<b>197,223</b>	<b>2,335,007</b>	<b>2,023,581</b>	<b>8,173,014</b>	<b>18,051,858</b>

<b>SUD Total Prevention + Treatment:</b>	<b>34,785,012</b>	<b>41,223,799</b>	<b>6,223,275</b>	<b>2,084,230</b>	<b>322,223</b>	<b>2,911,811</b>	<b>3,199,550</b>	<b>8,413,014</b>	<b>18,069,696</b>
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## **SUD Oversight Board Report - December 1, 2021**

### **Regional Prevention and Treatment Programming Overview**

1. Grant Funds: SOR 2, Covid 19 Supplement and American Rescue Funds
  - a. SOR 2 – SOR 2 Carryforward for Prevention Providers in the LRE region was requested (\$57,307), for Treatment (\$132,170) was requested.
    - a. The Grand Rapids Red Project Mobile Health Unit (SOR2) is operational. MOU's for medical staffing are currently being signed and service should begin in Kent and Allegan soon.
  - b. COVID-19 Block Grant- MOUs are in place for COVID-19 FY 21 Carryforward and FY 22 funding. These grants funds end in March 2023.
  - c. American Rescue Funds: Estimated funding allocation was released to the LRE. Providers were notified of the LRE categories/amount that may be available and indicate interest. Upon final approval from the state regarding our requests we will open the Request for Proposal Applications to providers:

Our Full Prevention request for \$219,000 for these Categories:

- Student Assistance Programming- Alternatives to suspension for substance use (PFL 420, Teen Intervene, other Evidence Based Programs) Total available for LRE region – \$100,000
- Evidence-Based Program/Practice provision to include program training/fidelity for diverse priority areas and populations determined by community needs assessment. Total available for LRE region \$119,000

Our Full Treatment request was 851,000 for the following Categories:

- Staffing support for same day appointments (OTP, WM, Res.)
  - Behavioral Health Access for African Americans or other disparate populations
  - Telehealth Technology
  - Youth Community Centers
  - Recovery Community Organization Development
  - Recovery Support Services
  - Recovery Housing
- d. The Marijuana Regulatory Agency (MRA) recently announced that the Medical Marijuana Operation and Oversight Grant application for Fiscal Year 2022 is available. Operation and Oversight Grants are to be distributed at the county level for **education, communication, and outreach** regarding the 2008 Michigan Medical Marijuana Act.  
[LARA - Fiscal Year 2022 Medical Marijuana Operation and Oversight Grants \(michigan.gov\)](https://www.lara.state.mi.us/fiscal-year-2022-medical-marijuana-operation-and-oversight-grants)

The Michigan Legislature has appropriated a total of three million dollars for the 2022 Medical Marijuana Operation and Oversight Grants. As in years past, these grants may **not** be used for law enforcement purposes. The amount of funds available to each county is calculated based on the number of marijuana registry identification cards issued or renewed in the county as of September 30, 2021, applications are due January 1, 2022. The chart below indicates funding available to counties in the Lakeshore Region. This funding is distributed through the county level and Prevention Providers throughout the LRE have been available to help provide planning, programming and technical assistance.

County	Funding Available:
Allegan	\$67,685
Kent	\$106,065
Lake	\$2,933
Mason	\$5,145
Muskegon	\$35,116
Oceana	\$13,043
Ottawa	\$40,544

2. Michigan Prevention Data System for SUD Providers (MPDS). The LREs overview for Fiscal Year 20/21 is included in the meeting packet “LRE Funded SUD Prevention Numbers Served FY 21”

Every activity entered in MPDS, Prevention providers must enter attendance in the form of **Total Attendees** (attendees present for an activity) **or Estimated Reach** (such as indirect audiences, enter the estimated ‘reach’ of the media outlet or for information dissemination activities with large audiences they estimate the number of attendees)

3. Gambling Disorder Grant – additional evaluation summary from KWB Strategies, is included in the meeting packet.

There were 3 clinicians that submitted their certification of completion to be awarded through the training scholarship offered through the LRE Gambling funding. This scholarship provides financial support to complete the 30-Hour, web-based NATI Gambling Disorder Training required by the State of Michigan. Funds reimburse the agency for required staff time. The training is offered at no cost.

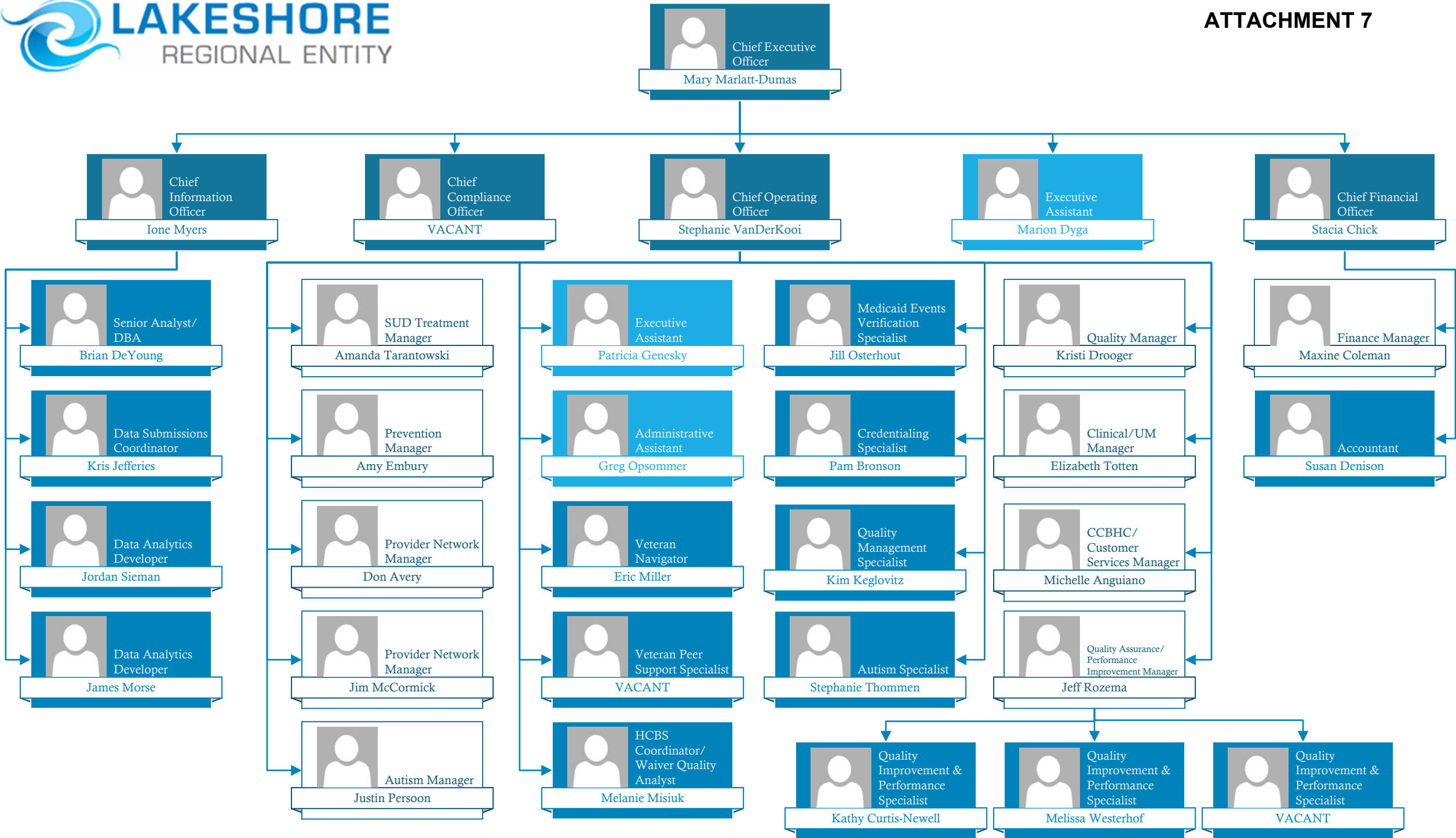
The NATI training, developed by the North American Training Institute, is an online gambling training course called, *Counseling the Disordered Gambler*. Michigan has identified this training as a requirement for all clinicians seeking to provide publicly funded gambling disorder treatment in the state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

There is no charge for this training. The scholarship reimburses the agency for 30 hours per clinician at a rate of \$80/hour totaling \$2,400 per clinician to cover the time spent on the

training. An application is required, and clinicians must submit their certificate of completion to receive the scholarship with the intent that they will commit to joining the panel upon completion.

For this fiscal year, based on available funding there are 6 scholarships that can be awarded (one in process, three completed so two remaining).

4. **Talksooner Marketing Update** - from Karen Kirchenbauer, Principal, SeyferthPR is included in the meeting packet.
5. Presentation to Lake County about PA2: Stephanie and Amanda traveled to Lake County to present on the history of PA2 and how it's utilized.
6. WSS Site Visits: Are complete except for one, which will be done next week. Sites audited were: Arbor Circle, Cherry Health, Family Outreach Center, Reach for Recovery, Wedgwood.
7. PA2 Success Stories from this year (to be highlighted at meeting)



# BOD NOV. LRE REPORT: TalkSooner and Gambling Prevention

## GAMBLING PREVENTION:

- Assessed/reviewed metrics of mlive.com's multi-month campaign to understand learnings, applications and enhancements for 2021-2022.



The screenshot displays the mlive.com website interface. At the top, a dark blue navigation bar features the 'm LIVE' logo and a dropdown menu for 'Michigan'. Below this, a prominent banner reads 'KNOW THE WARNING SIGNS' with two bullet points: 'Do You Think About Gambling Often?' and 'Is Gambling Affecting Your Relationships?'. A 'LEARN MORE' button is positioned to the right of the banner. The main content area is titled 'SPONSOR CONTENT' and features an article titled 'Michigan parents: How to minimize risk of youth developing gambling disorders'. Below the article title, it states 'For Lakeshore Regional Entity on September 02, 2021 at 04:05 AM' and includes social media sharing icons for Facebook, Twitter, LinkedIn, Pinterest, and Email. A large image of two young men looking at a smartphone is positioned below the article. To the right of the main content, a sidebar titled 'GAMBLE RESPONSIBLY TIPS' lists two tips: 'Set limits on the money you spend and stick to them.' and 'Bet only what you can afford to lose.' Both tips are accompanied by green checkmark icons. The sidebar also includes the 'LAKESHORE REGIONAL ENTITY' logo and a 'LEARN MORE' button.

- Review of LRE Strategic Plan
- Continued updates, ideation for 2021-2022



## Stay Outta the Danger Zone

For most, gambling is an occasional and entertaining outlet. For others, it can morph into a problematic addiction ripe with financial trouble, strained relationships with family and friends, job issues and health problems. While gambling can be just addictive as drugs or alcohol, it has a higher rate of suicide than any other disorder.

**If you or a loved one needs help, free and confidential resources are available, [here](#).**





## TALKSOONER:

- Evaluation of Channel 13/WZZM 13 Family Meals Month Public Service Announcement, & thank you considerations for Meredith TerHaar.



- Development of inaugural News Alert template and distribution to key partners, leverage as relationship builder, continue momentum
- Direct Invitation from mPARKS to present at March, 2022 Conference – 700 attendees; new template for future in-person/virtual conversations about TalkSooner.org

## TalkSooner.org

NEWS ALERT - Oct./Nov. 2021

**We're On a Roll!** From campgrounds to physician offices, TalkSooner.org continues to collaborate with scores of organizations who share in the vision of building strong, healthy communities through youth substance use prevention. Hats off to all who help "spread the news" of our complimentary prevention resources!



**That THANG your Child is Talking About???** Careful...if you hear words like Thang, Thom and Ketum, these are actually street names for Kratom, one of the most concerning new stimulants showing up for sale in some gas stations, tobacco shops and online. [Learn more.](#)



**From Physicians to Principals to a Prosecutor...** Check out these voices on the front lines of teen drug use, and what they're saying about Talksooner.org.

"It can be difficult to have the 'drug talk' with our children, but Talksooner can help! Talksooner offers a free app and website, helping parents/caregivers navigate these important conversations."

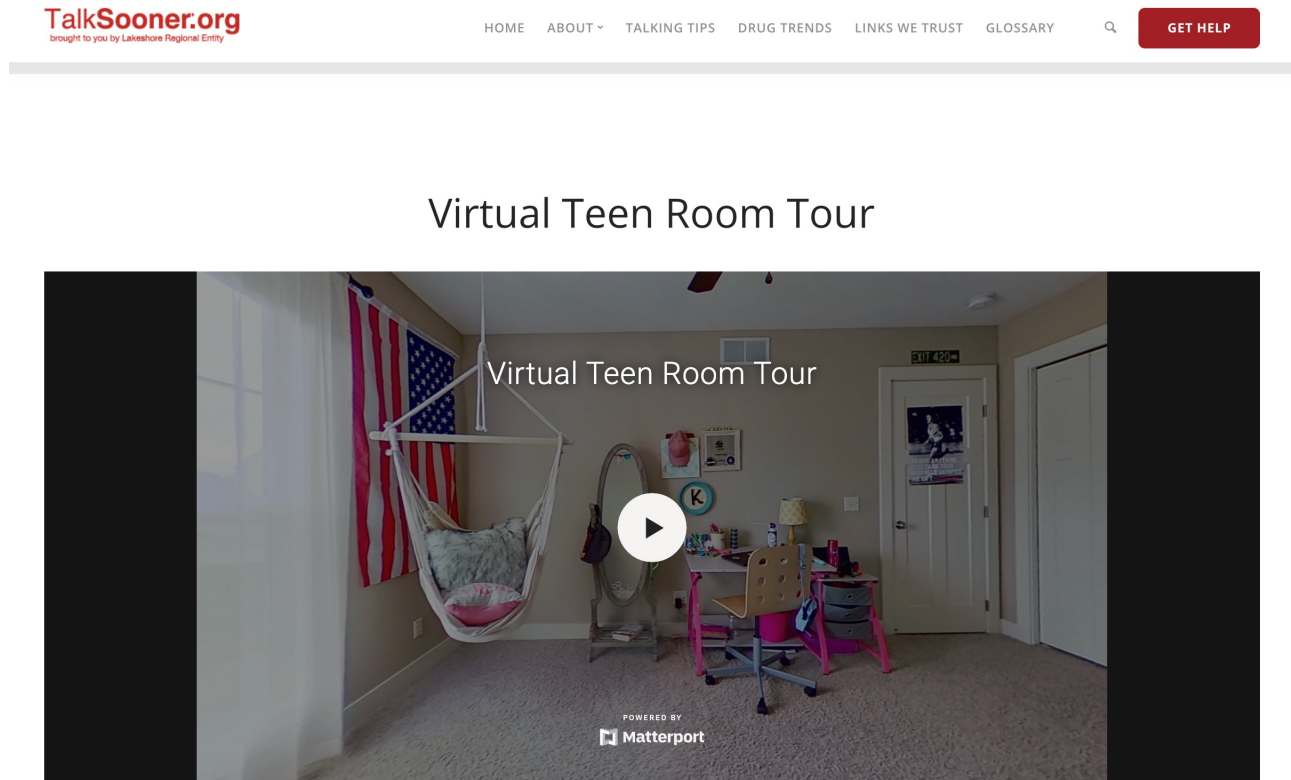


Dr. Jenny Bueth, Professor, Department of Pediatrics, Cherry Health

TalkSooner.org

Check out [www.talksooner.org](http://www.talksooner.org) (disponible en español!) or download the free app, today!

- Website updates
- Refresh media approach for Virtual Teen Room – Pitch to TV media the week of Nov. 18



VIRTUAL TEEN ROOM: WHAT IS HIDING IN PLAIN SIGHT?

- Outreach, ideation, exploration with:
  - Betten Baker Automotive
  - Gerald R. Ford International Airport
  - Michigan Secretary of State
  - Food trucks



**Thank you!**





# GAMBLING DISORDER PREVENTION PROJECT (GDPP)

## SUMMARY OF ACTIVITIES, FY21

### *Abstract*

Summary of activities within the Lakeshore Regional Entity region during fiscal year 2020/2021 funded by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care, Compulsive Gaming Prevention Fund.

Report provided by:





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## EXECUTIVE SUMMARY

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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.

This report provides an overview of LRE efforts and achievements during FY21 for this project.

### HIGHLIGHTS:

During the past year, the LRE has utilized the Strategic Prevention Framework to organize the work of this project, completing the following:

- Compiled and published an update to the comprehensive needs assessment for problem gambling in the LRE region.
- Engaged stakeholders to revise the 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 four local provider projects to address prevention and treatment for gambling disorders in the LRE region with allocations totaling \$104,543 in FY21.
- Conducted a regional marketing campaign with the goal of promoting responsible gambling to prevent the risk of developing a gambling disorder. This campaign was developed to counteract gambling ads that have flooded air waves since the legalization of online gambling in Michigan.
- Provided scholarships to support substance use disorder clinicians becoming qualified to serve on the Michigan provider panel for publicly funded gambling disorder treatment. These scholarships resulted in 5 clinicians qualified.
- Maintained a regional youth gambling prevention curriculum used by local providers in Kent, Oceana, and Ottawa Counties.

## **I. BACKGROUND INFORMATION**

The Gambling Disorder Prevention Project (MGDPP) of the Lakeshore Regional Entity is 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.

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 uses the strategic planning framework (SPF) to enhance capacity throughout the region to address problem gambling. The state partners with pre-paid inpatient health plans (PIHP) for this project because individuals experiencing gambling disorder (GD) have been found to present with a broad range of co-occurring behavioral health disorders.

The purpose of this report is to maintain a record of project efforts and activities throughout the strategic plan's period to support future outcome evaluation of this multi-year project.

## **II. Summary of Activities FY21**

### **A. Needs Assessment**

The LRE region began this project in 2018 by commissioning a needs assessment to better understand attitudes and behaviors related to gambling and to examine the treatment system for gambling disorders. In 2021, an update was published and can be found here: <https://bit.ly/3HJMhrm>

To complete this update, an on-line survey of adult residents of the LRE region was collected, a survey of clinicians in the LRE network was conducted, and updates for archival data such as lottery spending, casino revenue, youth survey results, and publicly funded GD treatment admissions were compiled.

Results were reviewed at a regional meeting in August 2021 and informed the update to the strategic plan.

### **B. Strategic Plan Update**

An updated regional strategic plan to prevent and reduce problem gambling in the LRE region was developed and adopted in August 2021. On August 6, 2021, the LRE convened stakeholders throughout the region to garner input into the revision of this plan.

During this meeting, the attendees received a presentation of findings from the updated needs assessment. This overview, along with a review of the current strategic plan, and input provided through a stakeholder survey prior to the meeting, provided the structure for a facilitated discussion among attendees. It was determined that all objectives, from the prior strategic plan would be retained, with revision to some of the strategies.

The strategic plan includes strategies designed to affect the following:

- 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 refer to the LRE Strategic Plan: <https://bit.ly/3nEO1tK>

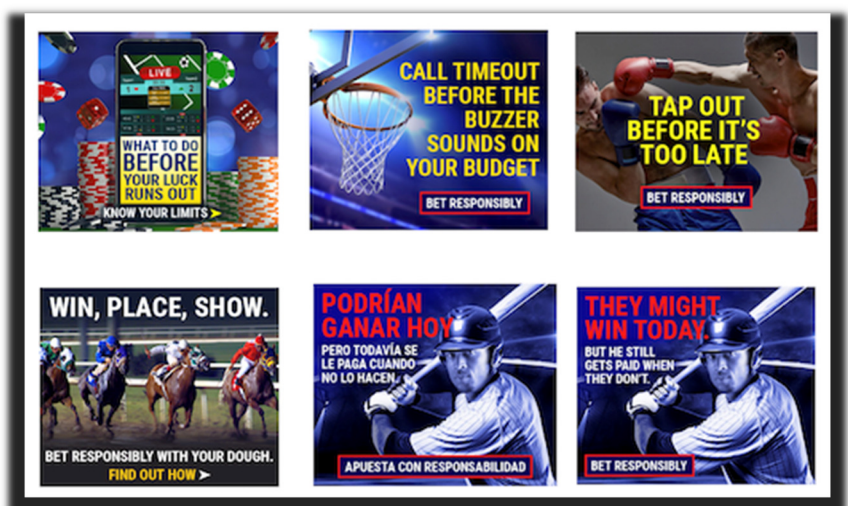
A corresponding logic model was updated which provides a framework to document the project's theory of change. This logic model shows how the efforts of the LRE and partner agencies will work to impact the objectives of the strategic plan and provides a structure to guide evaluation of the strategic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

### C. Social Marketing Campaign

A regional social marketing campaign to support the strategic plan was developed in 2021 in partnership with Seyferth PR. The campaign materials were designed to direct individuals to a webpage, embedded within the LRE website. The webpage provides information about risk reduction strategies, support for problem gamblers, and information to assist parents in preventing gambling problems among their children. The domain used to direct individuals the LRE webpage dedicated to this campaign is: [www.stayouttathedangerzone.com](http://www.stayouttathedangerzone.com)

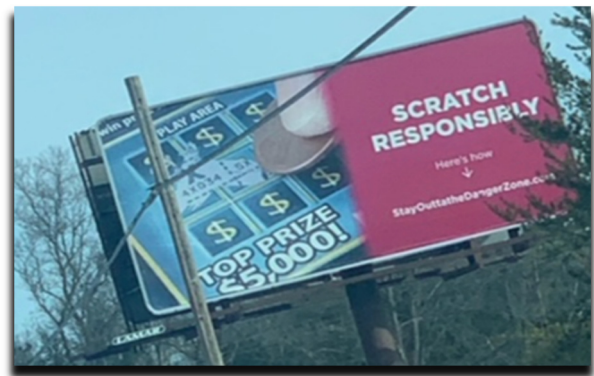
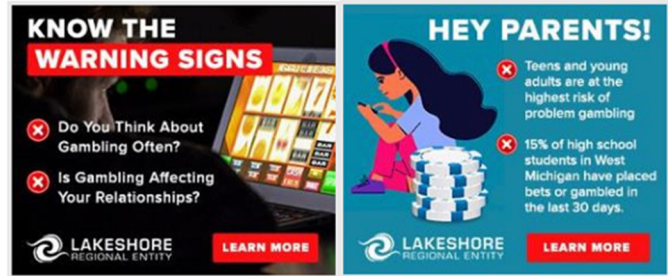
Because the marketing campaign was new, the campaign was sequenced to allow for monitoring the effectiveness of various ads at channeling visitors to the webpage. The results will be used to inform future campaign development.

- Online advertisements were created that 'pop up' on the devices of individuals with certain gambling apps downloaded, or who were in the vicinity of designated popular lottery retailers or casinos. These ads ran for four months and were the most successful in



directing users to the site, resulting in 2,391 page views. The timing of the apps coincided with various sporting events such as the Kentucky Derby and UFC that were happening at that time.

- MLive: Three montage videos were developed by MLive which focused on gambling risks and directed users to the webpage. Two informal articles and banner ads also ran that warned readers of the risks of gambling disorders for youth and adults. These ran through MLive for two months and were successful at directing users to the site with 1,732 corresponding page views.
- Billboards: Two billboards with the theme, 'Scratch Responsibly' were displayed in the counties with highest per capita lottery spending; Lake (3/8/21 - 4/4/21) and Muskegon (3/15/21 - 4/11/21). The billboards were ineffective with only 28 page views during this period.



#### D. Clinician Scholarships

Publicly funded treatment services for problem gambling in Michigan are coordinated by the Michigan Department of Health and Human Services (MDHHS). A state-wide helpline serves as the point of access for publicly funded gambling disorder treatment. Callers are screened and those determined to need treatment (who do not have private insurance which covers gambling disorder treatment), are referred to the nearest provider under contract with MDHHS.

To increase the availability of GD clinicians within the region, scholarships were provided to interested clinicians within the SUD treatment system to complete in the required 30-hour training.

The scholarship reimbursed the agency for required staff time to complete the training at a rate of \$85/hour totaling \$2,550 per clinician. Clinicians were required to complete the training by September 2021 with the intent of applying to join the state provider panel upon completion.

Six scholarships were awarded, and five clinicians completed the training in FY 2021, expanding the treatment coverage from one county in the region to four.

## E. Youth Prevention Curriculum

To support the region's local providers in offering programming to youth, a two-lesson GD prevention curriculum was developed in 2019 for use with middle and high school students and has been approved for use by the Michigan Department of Health and Human Services (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 as a resource which covers gambling as well as gaming issues. As part of the curriculum, students complete a pre and posttest questionnaire to assess improvement in knowledge and attitudes addressed by the curricula.

The regional coordinator provided support and assistance for providers using the curriculum. This curriculum is updated 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.

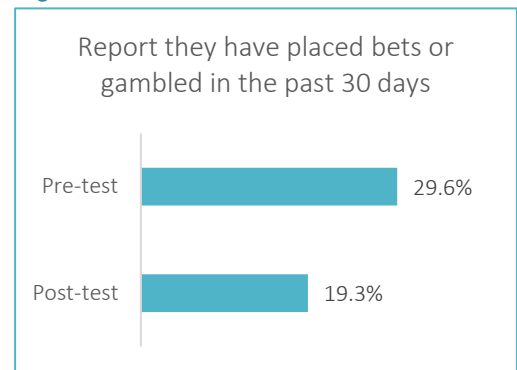
Evaluation Results: The region maintains an on-line pre and posttest questionnaires to assess improvements in the knowledge and attitudes that the curriculum seeks to impact. Since December 2019, the region has collected 269 pretests and 182 posttests. The recommended timeframe for completion of the post test is 30 days after instruction is completed. Detailed results specific to FY21 are provided in Attachment C.

The following highlights include results compiled since the beginning of the project, during FY20 and FY21. Posttests in which the respondent indicated they had only received one of the lessons were not included in analysis resulting in 45 posttest responses being excluded.

Among youth participants, between pre and posttest, there was a:

- 35% decrease in those reporting they had placed bets or gambled in the past 30 days (figure 5).
- 123% increase in participants reporting they would know where to get help for a gambling problem (figure 6).

**Figure 5**



**Figure 6**



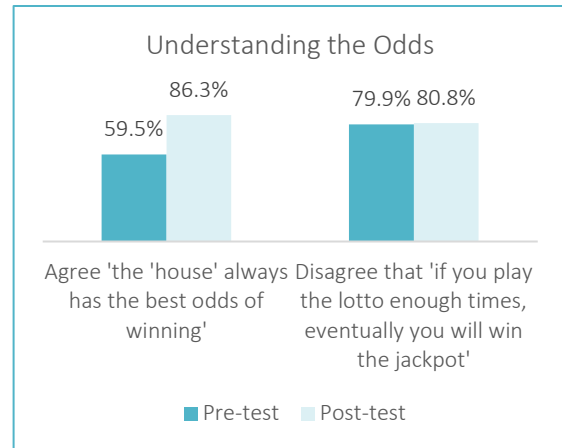
- 45% improvement in youth reporting an understanding that the ‘house’ always has the best odds of winning (figure 7).
- Youth disagreeing that ‘if you play the lotto enough times you will eventually win the jackpot’ remained relatively stable. (figure 7).

As shown in figure 8, there was a slight improvement from pre to post-test in participants reporting that ‘a person can become addicted to gambling’ and that ‘gambling can be harmful, even if you have the money to spend.’

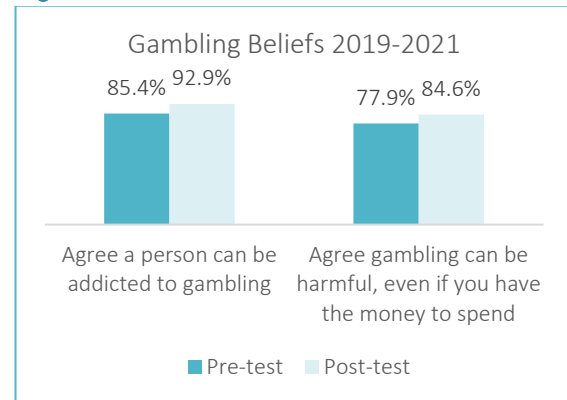
Participant responses for the following resulted in no noticeable improvement:

- Agree that ‘a person can lose things other than money when gambling’
- Agree that ‘gambling is a fun way to spend time.’

**Figure 7**



**Figure 8**



## F. Local Initiatives

Each year the LRE puts out a request for proposal for local providers to apply for funds to implement projects to address objectives and strategies found in the strategic plan. Four applications were submitted for FY21, and each was approved for funding.

Locally funded projects included:

### Arbor Circle: Muskegon and Ottawa Counties

Integrate GD into all existing prevention programming for youth and parenting programs.

- Implemented youth and parent gambling curriculum and incorporated into 4 current prevention programs.
- The Botvin’s Life Skills Transitions class had 28 participants across 7 groups receive the gambling prevention content.
- Gambling Disorder prevention content was provided to 46 Total Trek Quest participants.
- Six parents received gambling prevention info.
- Promoted the Gambling Prevention Survey through social media channels.

## **District 10 Health Department: Lake, Mason, Oceana Counties**

GD Prevention through Education and Awareness: Community presentations, info dissemination, and youth programming, including:

- Two substance use disorder clinicians, located in Lake and Muskegon counties, completed the 30-hour training to join the Michigan Problem Gambling provider panel.
- In Oceana County, 500 bags were stuffed with youth and adult gambling and substance abuse information. All 500 bags were handed out during a food distribution event held at Shelby Public Schools. In Lake County, 250 bags were distributed.
- A press release and social media post were created to educate adults about the importance of not gifting scratch off lottery tickets to children during the holidays.
- Staff completed a recorded presentation of the gambling education program. Approximately 28 Shelby youth viewed the video.
- A press release was developed for problem gambling awareness and submitted to local media outlets that cover Lake, Mason, and Oceana Counties.
- A social media post was created for problem gambling awareness month that received 79 reactions, 27 comments, and was shared 22 times.
- In Oceana County, staff placed informational material in the registration area during COVID vaccination clinics. About 250 people have taken information from the vaccination clinics. Material continues to be placed out as vaccination clinics continue.
- Staff provided material to all 10 banks in Lake, Mason, and Oceana Counties.
- Three hundred prevention packets (substance abuse and problem gambling material) were provided to community members at events, including the Oceana County Fair, New Era Backpack Blowout, and the New Era Farmers Market.
- A community gambling presentation was presented at the Scottville Senior Center to 8 seniors and the Oceana Council on Aging to 20 seniors.
- A recorded general community presentation was created to share via the health departments Facebook page.

## **Family Outreach Center: Muskegon and Kent Counties**

Worked with behavioral health providers to integrate gambling disorders into treatment, develop and promote a self-assessment tool, and weave gambling disorder curriculum into existing prevention programming.

- Completed 14, 45-minute sessions via Zoom with 28 youth.
- Held 5 information dissemination events where problem gambling information was available and discussed with community members; 56 people received information.
- Utilized a one-page flyer and tri-fold brochure for disseminating information in the community about gambling addictions. Additionally, this material is used for postings on Facebook and the FOC Website.
- Distributed 15 gambling treatment manuals to behavioral health providers.
- Involved in 8 information dissemination booths throughout the community; 930 individuals were reached.

## **Public Health Muskegon County, GD Training and Assessment Project**

- Collaborated with substance use disorder efforts among seniors by creating a marketing plan and conducting a community readiness survey.
- Developed a survey to understand gaps in education and resources provided by lottery retailers. Ten retailers completed the survey.
- Developed partnerships with local coalitions that serve the older adult population.
- Shared a total of 22 posts between Public Health Muskegon County Instagram and Facebook pages with a reach of 895 people.
- Two banner ads ran online with a total of 478,494 people who saw the ads and 1,037 people who clicked on the ad to visit the website.
- Flyers, brochures, and resource sheets were distributed at two community events reaching 450 people.



### III. Data Highlights: Targeted Objectives

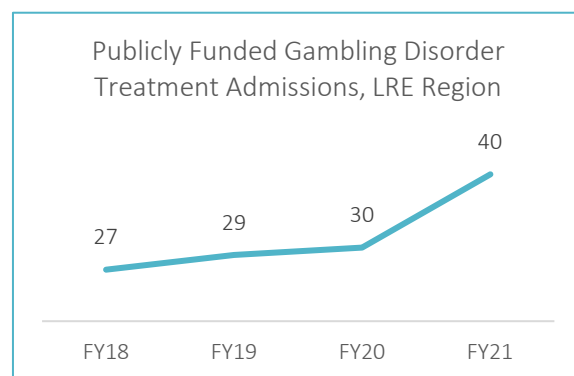
Within the strategic plan the LRE has identified targeted objectives. The following provides a summary of data from the updated needs assessment for objectives with newly collected data. Unless otherwise specified, all data comes from the LRE Problem Gambling Needs Assessment Update 2021, Community Survey

#### **Objective 1.1:** *Improve treatment availability for individuals with a gambling disorder.*

Treatment capacity for gambling disorders increased in the LRE region. In 2018 there was only one provider listed on the Michigan panel for gambling disorder treatment in the region, located in southern Ottawa County. As of 2021 there are 11 providers in the LRE region with locations in Kent, Lake, Muskegon, and Ottawa Counties.

In FY21, 40 residents of the LRE region were admitted to publicly funded gambling disorder treatment. An increase from previous years (figure 9).

**Figure 9**



#### **Objective 1.3:** *Improve identification and referral to treatment for gambling disorders.*

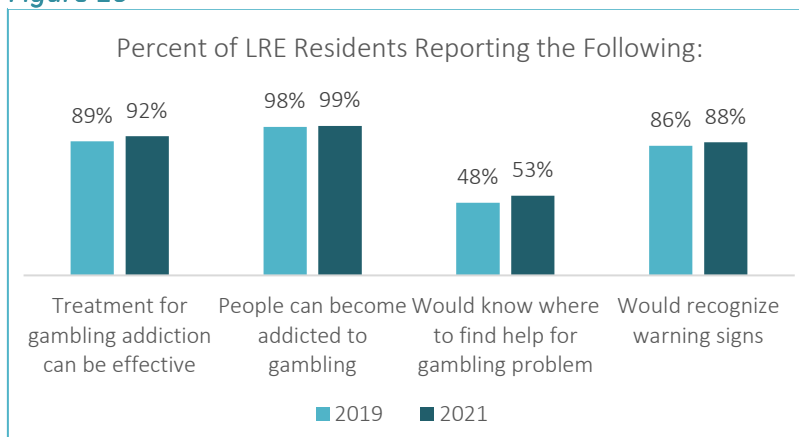
Attitudes and Awareness of Resources: Almost 9-out-of-10 residents of the LRE Region (88%) reported they would recognize warning signs if someone they cared about was developing a gambling problem in 2021; slightly higher than in 2019 at 86%.

Approximately half of respondents (53%) reported they would know where to find help for a gambling problem in 2021, slightly higher than in 2019 at 48%.

When asked where they would seek help, respondents were most likely to report they would seek help from the Michigan Gambling Helpline (50%), followed by contacting a mental health provider (18%).

In 2021, almost all respondents (99%) reported a belief that people can become addicted to gambling, similar to 2019. The belief that treatment can be effective improved slightly to 92%.

**Figure 10**



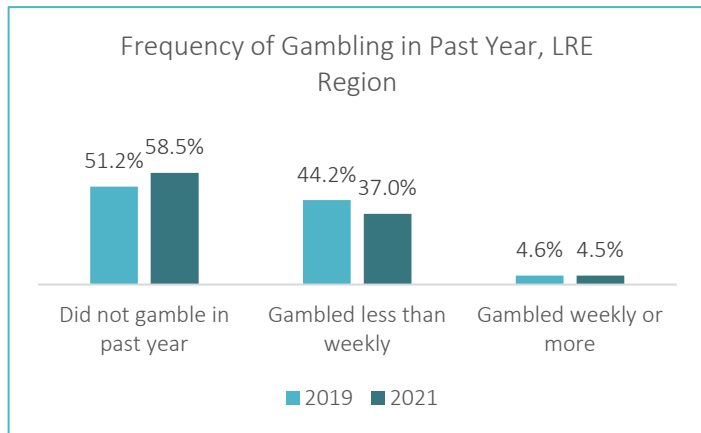
Only 62% of respondents reported that they had seen advertisements about *problem* gambling in the past 4 months, a decrease from 69% of respondents in 2019. This may be an area of concern due to increased advertisements for online gambling which have flooded screens and airways since online gambling went live in Michigan in 2020.

**Objective 1.4** *Prevent problem gambling among adults.*

Gambling Behavior: Among adult respondents participating in the on-line community survey, the percent reporting they had not gambled in the past year increased from 51.2% in 2019 to 58.5% in 2021. This may be in part due to restrictions for in-person gambling due to Covid.

Frequent gambling (weekly or more) remained relatively stable at 4.4%, compared to 4.6% in 2019.

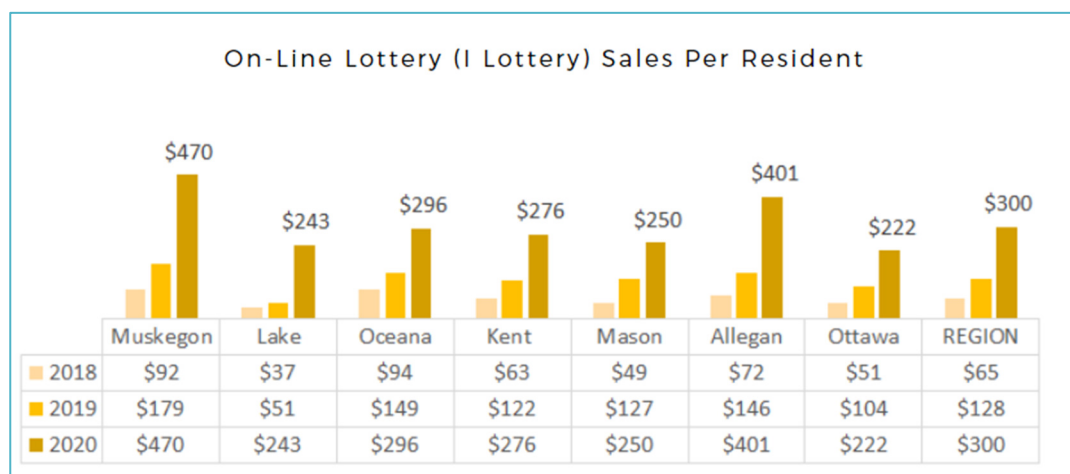
**Figure 11**



Of all respondents, less than 1% qualified as a 'problem gambler, while 2.3% qualified as at moderate risk based on the Canadian Problem Gambling Index.<sup>1</sup>

Of concern, is an increase in lottery spending in the region, with combined sales for traditional and online lottery increasing 89% between FY18 and FY20 in the region. Per capita spending increased 14% for traditional lottery and 363% for online lottery (\$65/resident in 2019 to \$300 in 2021) as shown in figure 12.

**Figure 12**



<sup>1</sup> 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>

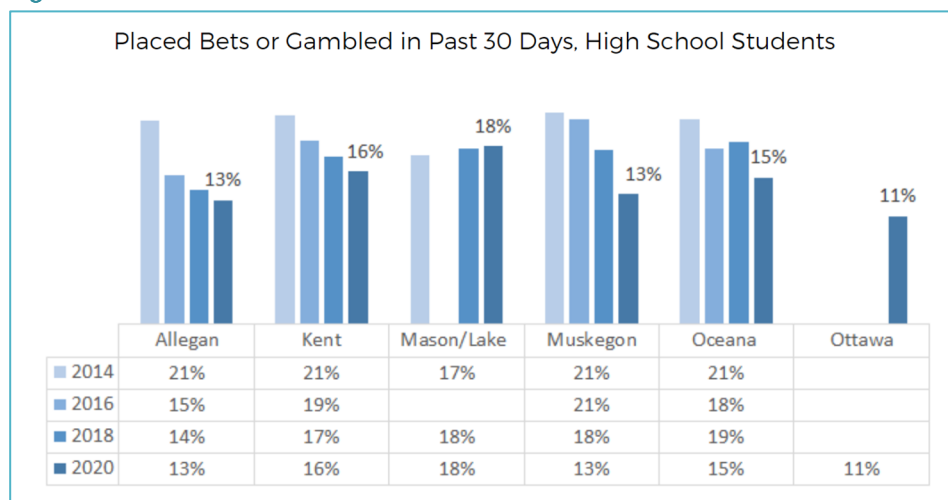
Risk Reduction Strategies: Certain tactics can decrease the likelihood of developing a gambling problem such as taking regular breaks and setting spending limits. In 2021, among those who gambled 3 or more times in the past year, the following strategies were reported:

- 91% - Avoid gambling when depressed or upset.
- 78% - Set spending limits and stick to them.
- 54% - Take regular breaks when gambling.
- 44% - Set a time limit and stick with it.

**Objective 1.5:** *Prevent problem gambling among youth.*

Among high school students who participated in the Michigan Profile for Healthy Youth Survey, the percent of high school students report having placed bets or gambled in the past 30 days has decreased in most counties since 2014, with the exception of Mason and Lake Counties where rates have remained stable (figure 13). In 2020, the regional rate of high school students reporting they had placed bets or gambled in the past 30 days was 12.3%.

*Figure 13*



One of the primary ways the LRE worked to prevent problem gambling among youth was to support delivery of the youth gambling curricula which was implemented in Kent, Oceana, and Ottawa Counties in FY21. For evaluation results refer to Section II.E.

**Lakeshore Regional Entity**  
**Youth Gambling Disorder Prevention Curriculum Pre and Posttest**  
**Results Summary FY21**

Number of Responses	#
Pre-Test	83
Post Test - Received one lesson	11
Post Test - Received both lessons	75

**PARTICIPANT DEMOGRAPHICS**

Participant County of Residence	PRE		POST	
	%	#	%	#
Allegan	0%	0	0%	0
Kent	44.6%	37	44.0%	33
Mason	0%	0	0%	0
Muskegon	1.2%	1	0%	0
Oceana	53%	44	56.0%	42
Ottawa	1.2%	1	0%	0
Participant Age	PRE		POST	
	%	#	%	#
10 or under	1.2%	1	0%	0
11 to 13	14.5%	12	10.7%	8
14 to 17	84.3%	70	89.3%	67
Participant Sex	PRE		POST	
	%	#	%	#
Female	59.8%	49	58.9%	43
Male	40.2%	33	41.1%	30
Participant Race and Ethnicity	PRE		POST	
	%	#	%	#
American Indian or Alaska Native	0%	0	0%	0
Asian or Asian American	2.9%	2	3.4%	2
Black or African American	18.6%	13	18.6%	11
Hispanic or Latino	32.1%	26	36.0%	27
Multi-Racial	17.1%	12	10.2%	6
White or Caucasian	61.4%	43	68.0%	40

During the past 30 days, did you do any of the following? (Select all)	PRE		POST		%Change
	%	#	%	#	
I did not make bets or gamble in the past 30 days	80.5%	62	88.6%	62	↑10.1%
I bet on card games	6.5%	5	5.7%	4	--
I bought loot boxes in a video game	5.2%	4	4.3%	3	--
I bet on sporting events	3.9%	3	4.3%	3	--
I bought scratch-off lottery tickets	2.6%	2	2.3%	2	--
I was given scratch-off lottery tickets	6.5%	5	2.3%	2	--
I played fantasy football	1.3%	1	2.3%	2	--
I bet on video games	1.3%	1	2.3%	2	--
I gambled on the internet	1.3%	1	1.4%	1	--
I bet on dice games	0%	0	1.4%	1	--
I played video poker or Keno in a restaurant or bar	0%	0	1.4%	1	--
Students who report the following are 'true':	PRE		POST		%Change
	%	#	%	#	
When gambling, the 'house' (e.g., a dealer at a casino) always has the best odds of winning.	62.7%	52	85.3%	64	↑36.0%
If you play the lotto enough times, eventually you will win the jackpot.	15.7%	13	16.0%	12	~
Would know where to get help if I, or someone I knew, had a gambling problem.	61.5%	51	85.3%	64	↑38.7%
Know at least one person who gambles too much.	32.5%	27	34.7%	26	--
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.	93.9%	77	97.3%	73	↑3.6%
Students report that they 'disagree' or 'strongly disagree' with the following statements:	PRE		POST		% Change
	%	#	%	#	
Gambling is a fun way to spend time with friends and family	65.9%	54	65.3%	49	~
A person can't become addicted to gambling	85.4%	70	94.7%	71	↑10.9%
There is no harm in gambling as long as you have the money to spend	86.6%	68	82.7%	62	↓4.5%

## Attachment B: GDPP Updated Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables	Local Conditions			Short-Term	Inter-mediate	Long Term
Too many people develop gambling disorders- In the LRE region, 20% 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 FY2020, 30 residents of the LRE region received publicly funded GD treatment. While the LRE holds 12.9% of the state’s population, LRE admissions to GD treatment represent only 9.6% of state-wide admissions.	Treatment availability is limited w/ only 11 clinicians identified on the state provider panel located in the Region (Sept 2022). About half (53%) of respondents report they would know where to find help (LRE GDS 2021), compared to 68% statewide (NGAGE MI highlights, 2021)	Improve treatment availability within the LRE region	<ul style="list-style-type: none"><li>– Provide financial support for clinicians to complete required training</li><li>– Increase GD self-help groups/support groups</li><li>– Assess GD reimbursement rates and advocate for parity if necessary</li></ul>	Increase clinicians on the state GD provider panel located within the LRE region	Increase number of persons admitted to publicly funded GD treatment services	Decrease persons scoring at moderate risk or as having a gambling problem
		More than one-third (36%) of respondents report they would seek help from a resource other than the gambling hotline (e.g. healthcare, support groups, etc.) (LRE GDS 2021)	Improve ID and referral to treatment through the hotline	<ul style="list-style-type: none"><li>– Develop and promote a self-assessment tool to id risk level &amp; encourage seeking of treatment when indicated</li><li>– Partner with medical professionals to ID &amp; refer for GD</li></ul>	Increase individuals contacting the MI Gambling hotline from the LRE region		
		One-fourth (27%) of respondents report they have worried that someone close to them might have a gambling problem (LRE GDS 2021)	Support bystanders in recognizing and encouraging people to seek help	<ul style="list-style-type: none"><li>– Increase public knowledge of warning signs for problem gambling</li><li>– Support bystanders in recognizing warning signs &amp; encouraging loved ones to seek help</li><li>– Partner w/ lottery retailers in identifying and providing resources to individuals demonstrating warning signs</li><li>– Messaging to decrease stigma so more will seek help</li></ul>			
	SUD clients who reported gambling in past year were more likely to	The SUD provider network does not have procedures or staff training in place to assess and respond to	Enhance capacity of SUD treatment programs to	<ul style="list-style-type: none"><li>– Support SUD providers to identify and address problem gambling within treatment plans</li></ul>	Increase SUD providers qualified to		

## Attachment B: GDPP Updated Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables	Local Conditions			Short-Term	Inter-mediate	Long Term
Continued ...	report 6 of 9 risk behaviors used to assess risk level (LRE GD NA 2019)	problem gambling among clients receiving SUD treatment.	address problem gambling	<ul style="list-style-type: none"> <li>– Advocate for SUD programs to expand services and become qualified to provide GD treatment</li> </ul>	address GD w/in program.		Continued ...
		Almost half of SUD clinicians surveyed (47%) reported their organization is poor/fair at meeting the needs of individuals with GD, citing these challenges: <ul style="list-style-type: none"> <li>• Need additional training</li> <li>• Not enough demand to warrant specialty programming</li> <li>• Clients do not disclose</li> </ul>	Increase gambling disorder training and qualifications among SUD clinicians	<ul style="list-style-type: none"> <li>– Additional training for clinicians.</li> <li>– Referral information and community resources to provide to the individual.</li> <li>– Additional screening/assessment to identify the problem.</li> <li>– Curricula, therapeutic resources, or treatment models to address the issue with clients.</li> </ul>	Improved services and availability to services for clients addicted to gambling	↑ % of clinicians reporting their org is able to address problem gambling	
	Among respondents who gambled in past year, 34% reported they had gone back another day to win back losses, 19% report others have criticized their gambling and 15% have felt guilty about gambling (LRE GDS 2021)	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 44% report setting time-limits and half (52%) report taking regular breaks (LRE GDS 2021)	Educate community on risks, warning signs & risk reduction strategies	<ul style="list-style-type: none"> <li>– Partner with universities to provide info to young adult population.</li> <li>– Advocate for enhanced warnings on gambling materials &amp; on-line pop-ups</li> <li>– Partner w/gambling venues to provide info to consumers on strategies that reduce risk</li> <li>– Partner w/Community Policing officers to include info in fraud &amp; identity theft educational programming for older adults</li> </ul>	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	
	Among seniors, 10.6% reported frequent gambling and 7.3% scored as at moderate risk or a problem gambler (LRE GDS 2019)	Casinos market aggressively to older adults with 50% of senior gamblers (66+) reporting gambling at a casino (LRE GDS 2021).	Promote alternative activities for older adults	<ul style="list-style-type: none"> <li>– Promote availability of alternative 'day-trips' for seniors to reduce reliance on casino trips</li> </ul>	Increase # of opportunities for non-casino daytrips	↓ Seniors (66+) who report gambling at a casino in past year	

## Attachment B: GDPP Updated Logic Model

Needs Assessment			Strategies	Activities	Outcomes		
Problem	Intervening Variables	Local Conditions			Short-Term	Inter-mediate	Long Term
Continued ...	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"> <li>– Advocate for policies/legislation that delay youth exposure &amp; reduce access</li> <li>– Identify how age requirements for gambling are monitored and enforced; ensure compliance</li> </ul>	↓ HS students who understand the risks and true odds of gambling	↓ HS students who report having placed bets or gambled in the past 30 days	Continued ...
		Youth believe gambling is low risk with 15% reporting you cannot become addicted and 34% reporting that gambling is a fun way to spend time with family and friends. (LRE Pre Test Youth Education, FY21 N=83)	Raise youth awareness of the risks of gambling	<ul style="list-style-type: none"> <li>– Educate parents about risks of on-line gambling, how to support youth in avoiding risky behavior</li> <li>– Incorporate info into SUD prevention programming for youth</li> </ul>	↑ youth reporting you can become addicted, and an accurate understanding of likelihood of winning		



## LRE Funded SUD Prevention Numbers Served FY 21 (10/1/20-9/30/21)

Provider	Total Attendees	Estimated Reached
Allegan Community Mental Health	8,660	2,732,179
Arbor Circle	7,797	172,419
Kent Co: 666; 802		
Ottawa Co: 5,294; 171,467		
Muskegon Co: 1,837; 150		
District Health Department #10	4,219	4,234
Family Outreach Center	366	960
Kent County Health Department	15,547	0
Mercy Health	421	300
Network180	111,993	100,041
Ottawa County Community Mental Health	1,014	202
Ottawa County Department of Public Health	765	0
Public Health Muskegon County	3,020	4,785
Wedgwood	8,688	130
<b>Total YTD for the Region</b>	<b>162,490</b>	<b>3,015,250</b>

By County		
Allegan	8,660	2,732,179
Kent	137,260	101,933
Lake, Mason and Oceana	4,219	4,234
Muskegon	5,278	5,235
Ottawa	7,073	171,669
<b>Total YTP for the Region</b>	<b>162,490</b>	<b>3,015,250</b>

*Due to virtual offerings of some Prevention programming, these numbers per county may be outside the reach of each specific county*

November 2021



Substance Use Disorder Treatment Evaluation  
Monitoring Report

Quarterly Update:  
4th Quarter FY 20/21



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# INTRODUCTION

## Purpose:

This report provides an overview of data indicators targeted for improvement through substance use disorder treatment and recovery services in the LRE region thru 4th quarter of FY21.

As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing services provided under contract with the Michigan Department of Health and Human Services (MDHHS) for substance use disorder. Funding to support services includes Block Grants, Medicaid, Public Act 2, and State Opioid Response grants.

Treatment and recovery services are managed by Community Mental Health Services Providers (CMHSP) throughout the region, which includes Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.

## Using this Report:

Pages 2-5 of this report provide a snapshot for each metric, including a brief description of the findings, whether the trend is improving or worsening; and a page number to refer to for more detailed results.

In-depth results for each metric for the region and CMHSPs are provided on pages 6-24. Other data being monitored begins on page 25.



Throughout the report, areas of concern have been identified with this icon.



Areas with substantial improvement have been noted with this icon.

When a benchmark rate is provided it represents the LRE regional rate for FY20 unless otherwise specified.

Data for this report was pulled on October 29, 2021. Any data for this time period entered after this date will be reflected in subsequent reports. For details on data parameters, refer to the corresponding detailed tables provided.

## Commonly Used Acronyms and Abbreviations:

**1Q - 1st quarter**

**2Q - 2nd quarter**

**3Q - 3rd quarter**

**4Q - 4th quarter**

**avg - average**

**IOP - Intensive Outpatient**

**LRE - Lakeshore Regional Entity**

**LOC - Level of care**

**MA - Methamphetamine**

**MAT- Medication Assisted Treatment**




**OP- Outpatient**

**OD - Opioid Use Disorder**



**ST Res - Short term residential level of care**

**West MI - Lake, Mason, & Oceana Counties**



### Criminal justice involved populations returning to communities

Metric	Page	Data Summary	Trend
#1. ↑ # admissions with legal status, on parole or probation	pg 6	Admissions for individuals with legal status 'on parole' or 'on probation' continued to decrease in 4Q (from 35% 2Q to 26% 4Q) but remained similar to FY20 rates.	
#2. ↑ # admissions with legal status as diversion pre or post booking	pg 6	Rate remains stable with less than 1% of admissions for legal status as pre or post booking diversion.	
#3. ↑ # admissions with legal status as 'in jail'	pg 6	Admissions for individuals 'in jail' remained stable in 4Q at 4.8%, lower than FY20 at 6.9%. Decreases may be due to limitations on jail bookings.	

### Persons with intravenous drug use (IVDU)

Metric	Page	Data Summary	Trend
#4. ↑ # of admissions for individuals age 55-69	pg 7	Increased in 3rd and 4th quarters to a high of 12%, higher than previous FYs.	
#5. ↓ avg days between request and 1st service for persons with OUD	pg 8	Improved in 3Q and 4Q to a low of 5.6, slightly lower than FY20 (6.3). Improvement primarily due to Muskegon who achieved a low of 4.5 compared to a high of 32 in 2Q. Allegan worsened to a high of 17 in 4Q.	


### Persons with intravenous drug use (IVDU)

Metric	Page	Data Summary	Trend
#6. Maintain an avg wait time of < 3 days for persons with IVDU for detox	pg 10	Detox: Among IVDU, region's wait time for detox continued to improve, achieving a low of 1.8 days and exceeding the goal of <3 days for the 1st time since FY19.	
#7. ↓ average time to service for clients w/IVDU entering outpatient w/ MAT	pg 10	Among IVDU, the region's wait time for MAT improved in 3Q and 4Q to a low of 5.1, lower than FY20 at 4.2.	







### Rural Communities

Metric	Page	Data Summary	Trend
#8. ↓ avg time to service for OP and IOP levels of care (not inc. MAT)	pg 11	Relatively stable region-wide during FY21 but remains higher than FY20 for OP and IOP.	



### Clients with co-occurring disorders who receive integrated treatment

Metric	Page	Data Summary	Trend
#9. ↑ % of clients w/ co-occurring diagnosis receiving integrated services	pg 12	Remained low at 9% in 4Q; highest rate achieved in West MI (16%) and Ottawa (14%), the lowest were Allegan (4%) and Kent (5%).	

### Increased Treatment Encounters

Metric	Page	Data Summary	Trend
 #10. ↑ clients seen for a 2nd encounter w/in 14 days of 1st service	pg 13	Among clients with a 2nd encounter, those seen w/in 14 days improved slightly in 3Q & 4Q to 84%, almost achieving FY20 levels. Lowest were in IOP (33%) and OP (69%).	
 #11. ↓ % of treatment episodes with no 2nd visit	pg 14	Overall, across levels of care, 16% of treatment episodes had only 1 encounter in 4Q, improving from a high of 26% in 2Q. However, 68% of OP and 57% of IOP had only one encounter and has been increasing steadily. For OP, Kent and Ottawa had the highest rates at 93% & 75% respectively.	 For OP & IOP
 #12. ↑ avg # of treatment encounters	pg 15	Has been declining since FY17 and achieved a low of 8.3 in 4Q. The lowest was for OP with an average of only 3 treatment encounters in 4Q.	

### Decrease Discharge Reason as "Dropped Out"


Metric	Page	Data Summary	Trend
#13. ↓ % of discharges with reason as 'dropped out' for all LOC	pg 16	Discharges in the region with the reason 'dropped out' improved slightly in 4Q. (from 38% to 32%), compared to 39% in FY20.	
#14. ↑ % of outpatient discharges w/ reason "completed treatment"	pg 18	Improved in 4Q for OP (from 28% to 35%) and for MAT (from 4% to 10%), both higher than in FY20.	

# Continuity of Care Following Detox & ST Res

## Data Highlights


### Admitted to next level of care w/in 7 days

*Analysis only includes clients re-admitted within 30 days.*



Metric	Page	Data Summary	Trend
#15. ↑ % of discharged detox and ST Res clients transitioned to the next level of care (LOC) within 7 days	pg 19	Remained relatively stable in 4Q for both ST Res (15%) and Detox (79%). West MI had high rates for ST Res (80%) and detox (82%). Kent had the highest rate for detox (89%)	

### Average # days between discharge & admission to next level of care



Metric	Page	Data Summary	Trend
#16. ↓ avg # days between discharge and admission to next LOC following detox and for ST residential	pg 20	Improved in 3Q and 4Q to a low of 8.0 days. Among readmissions that took longer than 7 days, the average delay decreased in 3Q and 4Q to 15 days.	 For ST Res


### Discharge Reason

Metric	Page	Data Summary	Trend
#17. ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	pg 21	Continues to be high, with slight improvements achieved since 2Q.	
#18. ↑ % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care'	pg 22	Worsened in 4Q to 26% (from 48% in 3Q) for detox. and remaining extremely low for ST Res at 2%.  For detox, the highest rate was achieved in Allegan (63%), while the lowest was in Kent (8%) .	 For detox


# Connection to Community Supports

## Data Highlights


### Establish connections to community supports to assist them in maintaining recovery

Metric	Page	Data Summary	Trend
#19. ↑ % of clients at discharge reporting attendance at support group in past 30 days	pg 23	Rate decreased slightly throughout FY21 to 16% in 3Q compared to 25% in FY20. Highest rates reported for Lake (71%) and Mason (38%) Counties.	

### Women's specialty services for pregnant and parenting women

Metric	Page	Data Summary	Trend
#20. ↑ # of pregnant women served (annual metric)	pg 24	Has been decreasing in recent years. FY21 year-to-date 37 pregnant women have been served; 16 in Muskegon, 10 in Kent, 5 in Allegan, 3 in Ottawa, and 3 in West Mi.	

### Other Data to Monitor

Metric	Page	Data Summary
Treatment Penetration (Priority Populations)	pg 25	The % of admissions for priority populations have remained relatively stable with a decrease in persons with an OUD to 21% in 2Q vs 30% in FY20. In 2Q there was an increase in admissions for African American individuals to 19% from 15% in FY20.
Admissions by Primary Drug	pg 29	Admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.
 Methamphetamine Involved Admissions	pg 32	MA involved admissions continue to increase at an alarming rate with more than 1-in-4 admissions (27%) in 3Q involving MA; highest in Lake (43%), Allegan (41%), and Mason (36%) counties. Region-wide, 9% of admissions involved both MA and an opioid.



# TREATMENT ACCESS

## Priority: CRIMINAL JUSTICE INVOLVED POPULATIONS

Metric #1. Increase # admissions with legal status, on parole or probation

Metric #2. Increase # admissions with legal status as diversion pre or post booking

Metric #3. Increase # admissions with legal status as 'in jail'

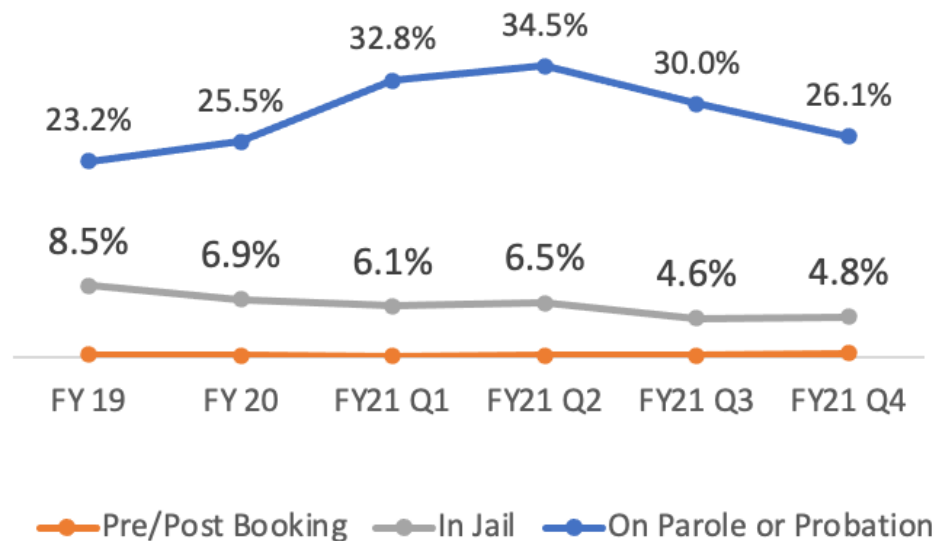
### Data Highlights:

Admissions for individuals whose legal status was identified as 'on parole' or 'on probation' has been decreasing since 2Q (from 35% to 26%) but remained slightly higher than FY20 rates.

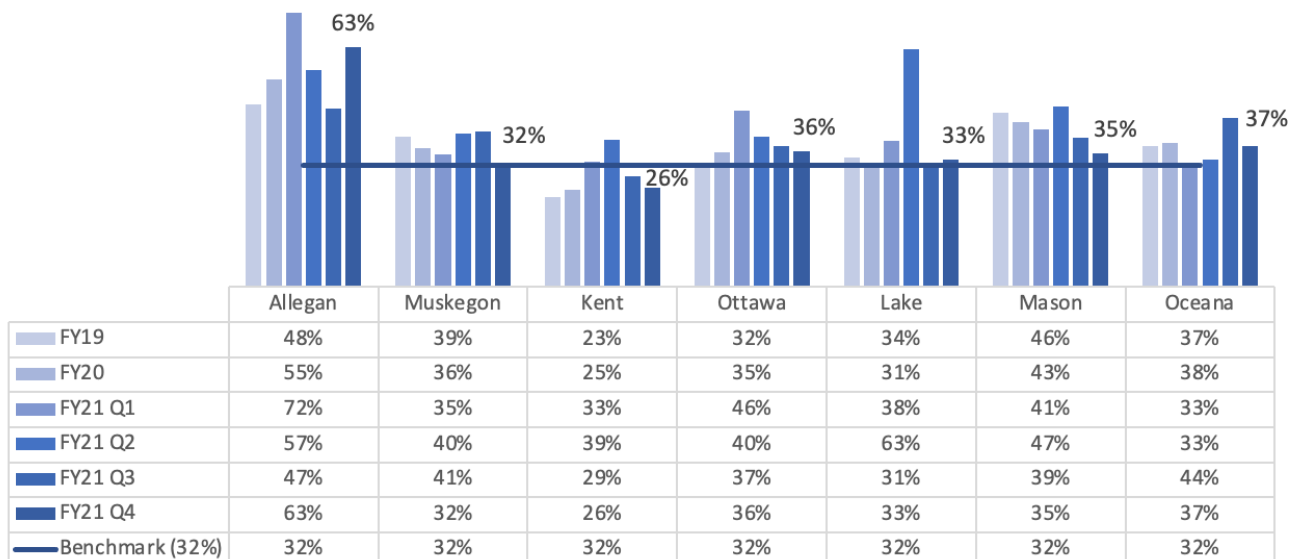
Admissions for individuals 'in jail' were low in 3rd and 4th quarter which may be due to limitations on jail bookings.

Rate remains stable with less than 1% of admissions for legal status as pre or post booking diversion.

Percent of Admissions by Legal Status at Admissions, LRE Region (T.1)



Percent of Admissions with Criminal Justice Involvement at Admission by County (T.1)



# TREATMENT ACCESS

## Priority: OLDER ADULTS (AGE 55-69)

Metric #4. Increase in # of admissions for individuals age 55-69

Percentage of Admissions that were for Individuals Age 55-69, LRE Region (T.2)

### Data Highlights:

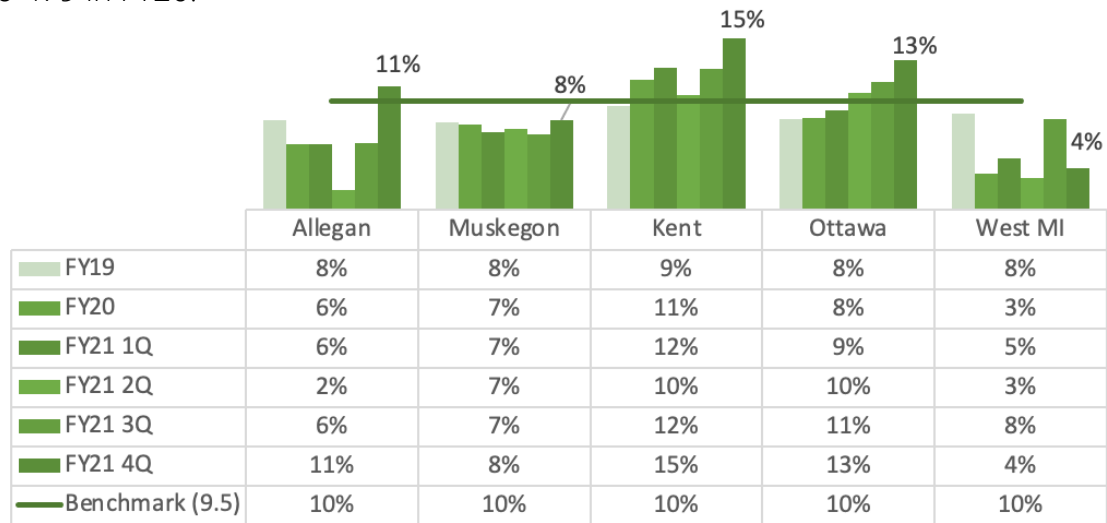
The percent of admissions for individuals aged 55-69 have remained relatively stable throughout the region with a slight increase in both 3rd and 4th quarters.

There were a total of 515 admissions during FY21, compared to 479 in FY20.



FY19 FY20 FY21 1Q FY21 2Q FY21 3Q FY21 4Q

Percent of Total Admissions that were for Individuals Age 55-69 by CMHSP (T.2)



Number of Admissions for Individuals Age 55-69 by CMHSP (T.2)

CMHSP	FY19	FY20	FY21 Q1	FY21 Q2	FY21 Q3	FY21 Q4
Allegan	24	31	6	2	6	5
Muskegon	162	85	18	15	16	19
Kent	276	244	85	68	84	77
Ottawa	83	77	22	25	26	20
West MI	49	40	5	2	9	5
Out of Region	0	2	0	0	0	0
Region Total	594	479	136	112	141	126

# TREATMENT ACCESS

## Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

Metric #5. Decrease average days between request for service and first service for persons living with OUD

### Data Highlights:

The average days to service for individuals with an OUD improved continued to improve in 3Q to a low of 5.6, compared to 6.4 days in FY20.

This improvement appears to be primarily caused by Muskegon County with a time to service of 34 days in 2Q decreasing to 4.5 in 3Q.

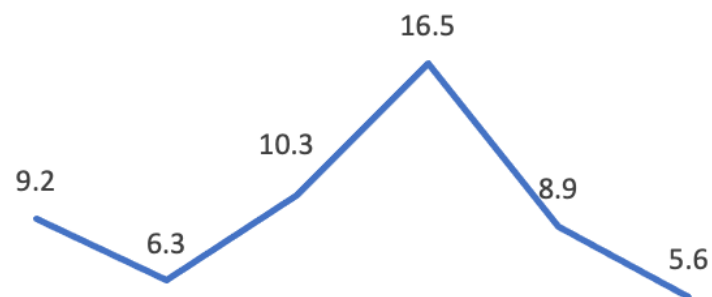
Mason and Lake Counties also improved in 4Q.

Allegan county worsened in 4Q to a high of 17.0.

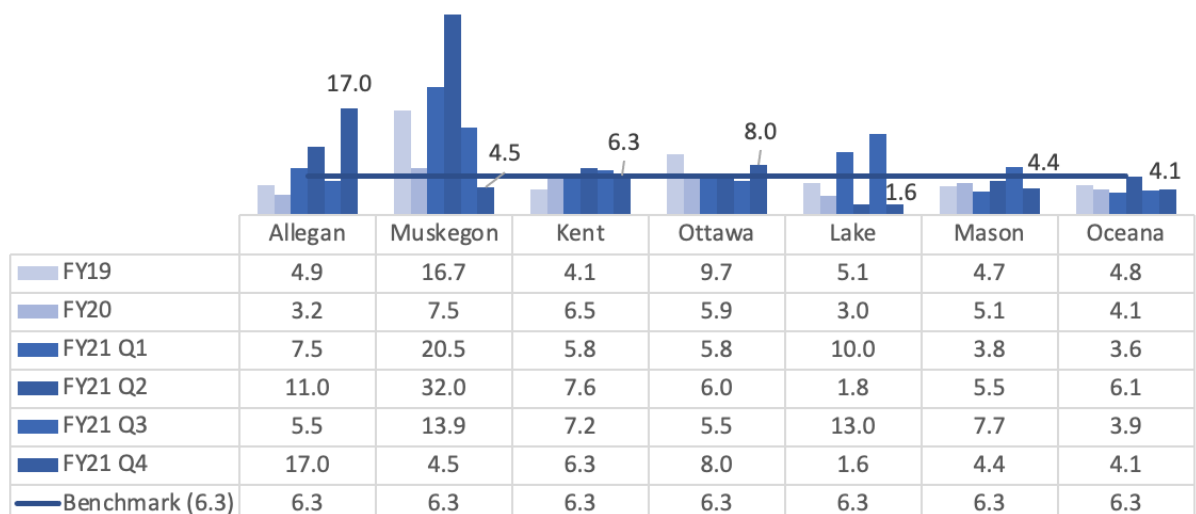
*Note: Time to service for MAT is detailed on the following page.*

Time to Service is the number of days between the request for service and date of first service received.

Average Time to Service (days) for Admissions with an OUD, LRE Region (T.3)



Average Time to Service (days) for Admissions with an OUD by County (T.3)



# TREATMENT ACCESS

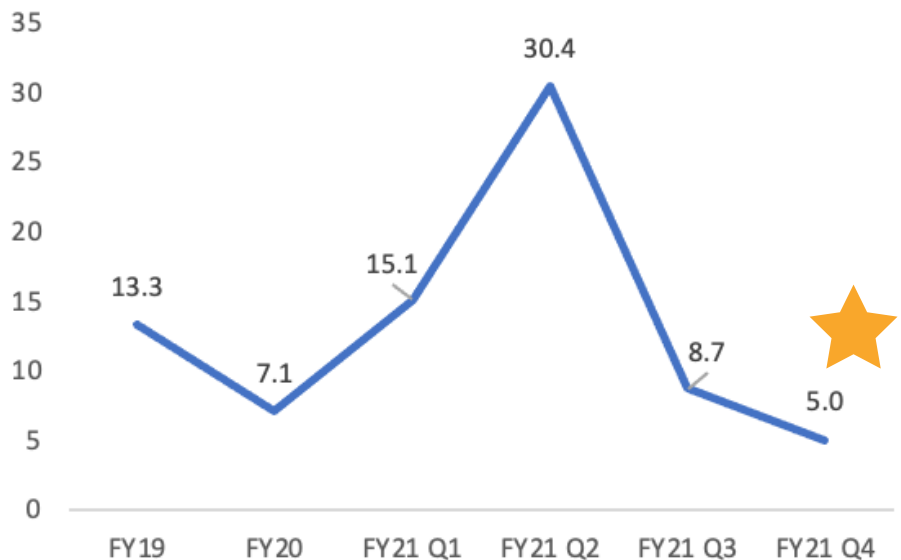
## Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER (OUD)

### Data Highlights:

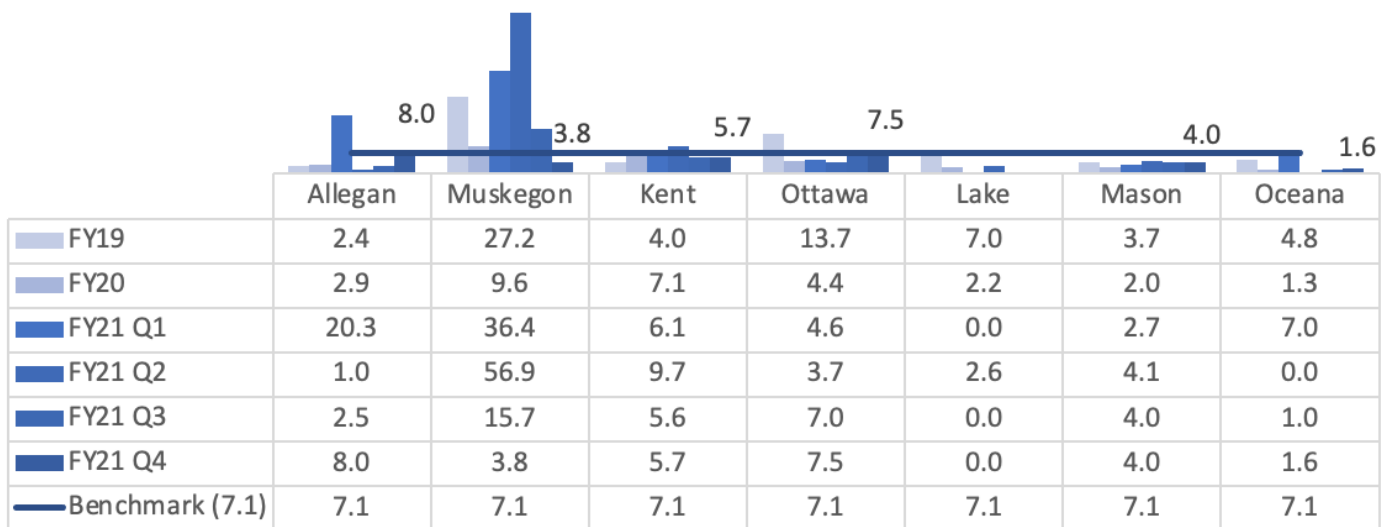
Time to Service for MAT also continued to improve in 4Q. Muskegon County appears to account for this improvement with a substantial decrease since 2Q to a low of 3.8 in 4Q.

The remaining counties remained relatively stable, with the exception of Allegan which worsened in 4Q.

Average Time to Service (days) for Medication Assisted Treatment (MAT), LRE Region (T.4)



Average Time to Service (days) for Outpatient MAT by County (T.4)



# TREATMENT ACCESS

## Priority: PERSONS WITH INTRAVENOUS DRUG USE (IVDU)

Metric #6. Maintain an average wait time of < 3 days for persons with IVDU to detox

Metric #7. Decrease average time to service for clients w/IVDU entering outpatient with Medication Assisted Treatment (MAT)

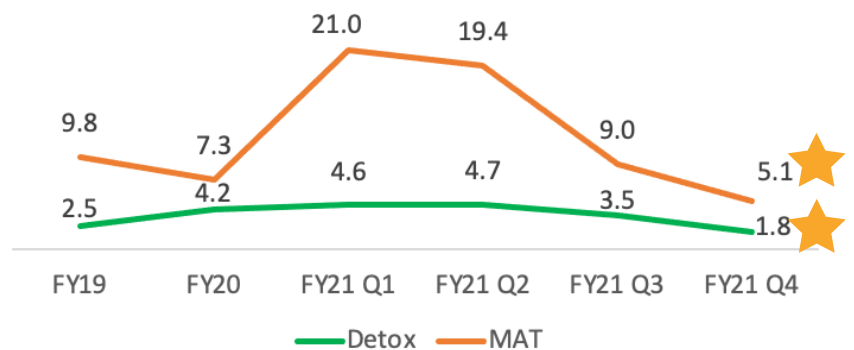
### Data Highlights:

Detox: Among individuals with IVDU the region's wait time for detox continued to improve in 4Q to a low of 1.8 and achieved the goal of <3 days for the 1st time this fiscal year (FY).

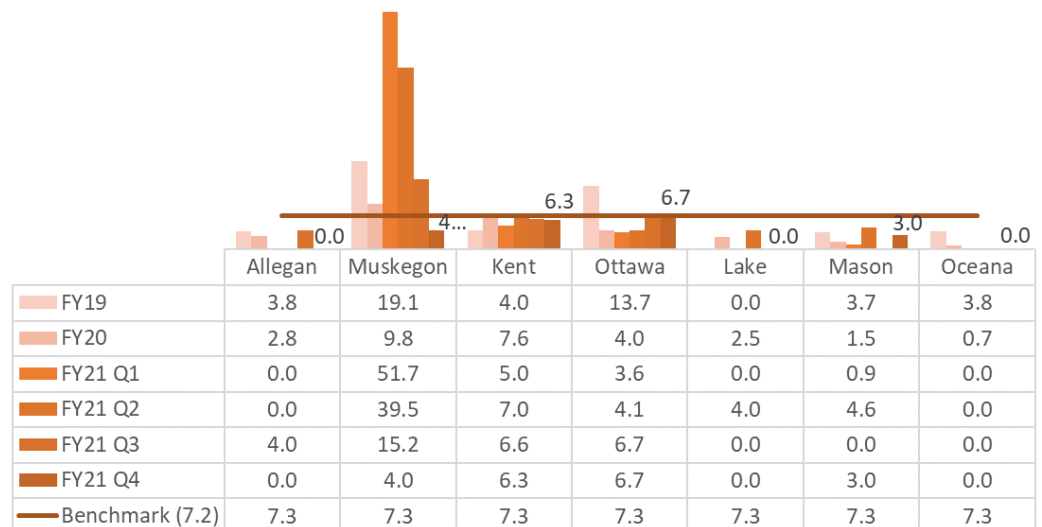
MAT: Among individuals with IVDU, the region's wait time for MAT continued to improve in 4Q to a low of 5.1 days; a substantial improvement from previous quarters and lower than FY20.

Muskegon's TTS for MAT continued to improve to a low of 4.0 in 4Q and has fallen below the regional benchmark from FY20 for the 1st time during this FY.

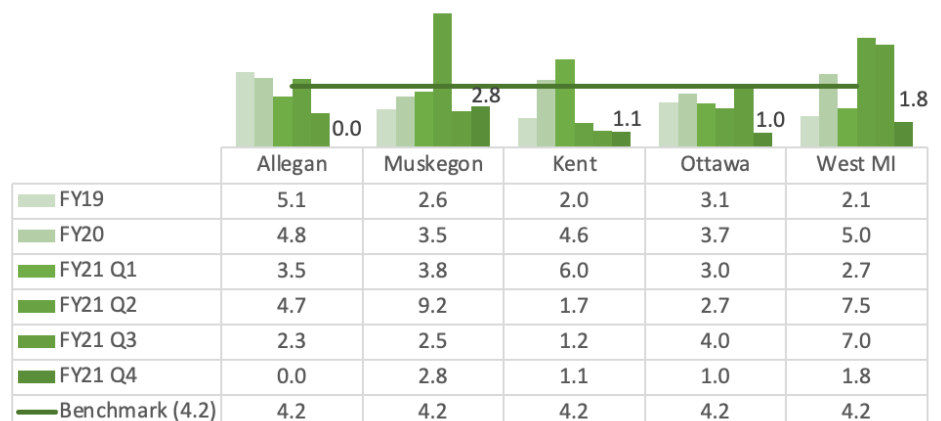
Average Time to Service for Detox and MAT for Clients w/IVDU (T.5-6)



Average Time to Service (days) for MAT for Clients with IVDU, by County (T.6)



Average Time to Service to Detox (24-hour) for Clients w/IVDU by CMHSP (T.5)



# TREATMENT ACCESS

## Priority: RURAL COMMUNITIES

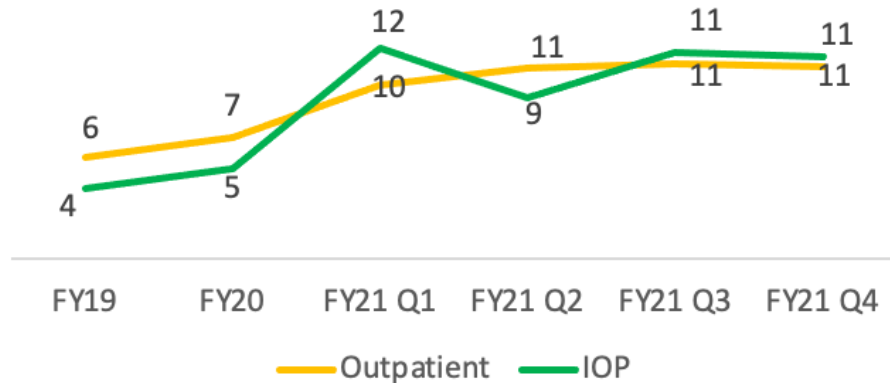
Metric #8. Decrease average time to service for outpatient and intensive outpatient levels of care (not including MAT outpatient)

### Data Highlights:

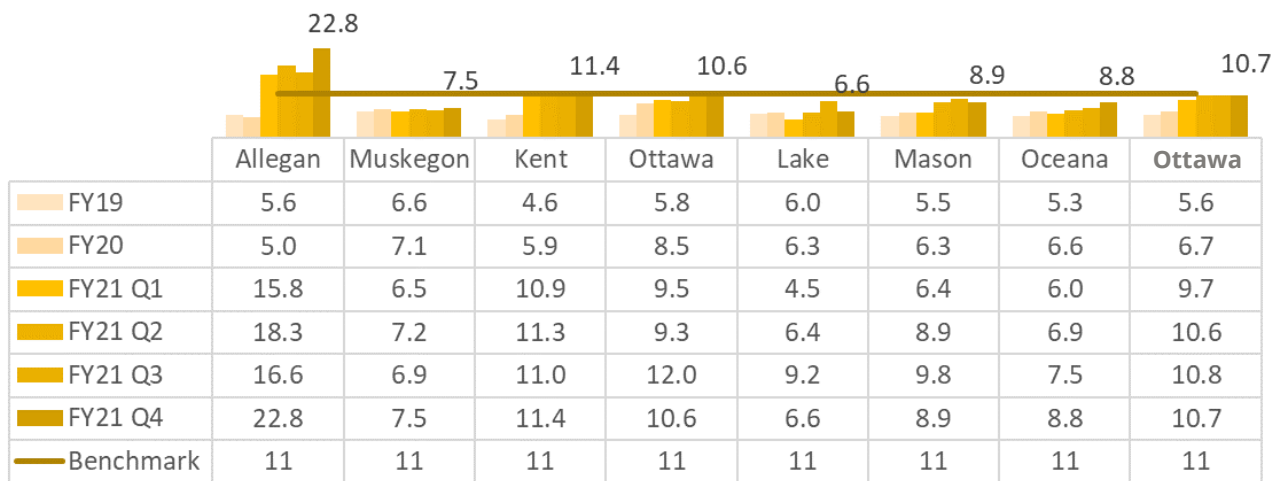
Average time to service was 11 days for both outpatient (OP) and intensive outpatient (IOP).

The longest time to service occurred in Allegan County at 22.8 for OP.

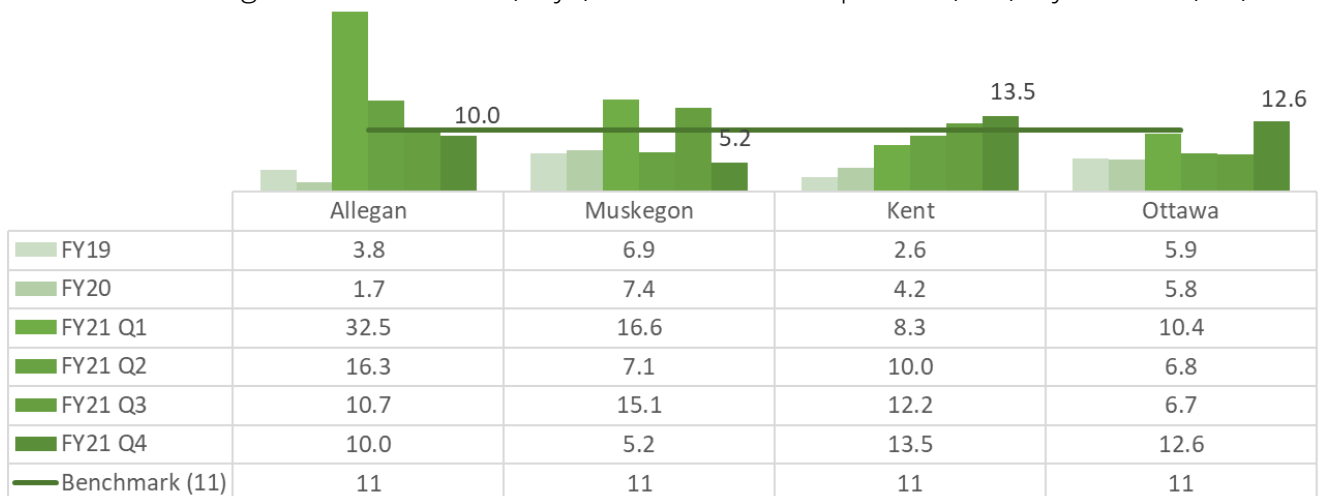
Average Time to Service to Outpatient and IOP (exc. MAT), LRE Region (T.7)



Average Time to Service (days) for Outpatient (exc. MAT), by County (T.7)



Average Time to Service (days) for Intensive Outpatient (IOP), by CMHSP (T.7)



# ENGAGEMENT AND RETENTION

**Priority:** INCREASE CLIENTS WITH CO-OCCURRING DISORDERS THAT RECEIVE INTEGRATED TREATMENT.

Metric #9. Increase % of clients w/ co-occurring diagnosis that received integrated services.

The following provides information about treatment episodes with a co-occurring diagnosis. Integrated treatment is determined by the discharge record for clients and is defined as "Client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team." This data only includes those treatment episodes with a discharge occurring during the fiscal year.

## Data Highlights:

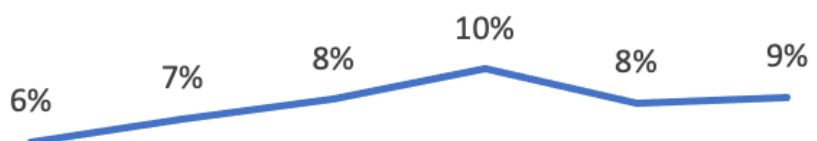
The percent of clients with COD that received integrated treatment remains low at 9% in 4Q.

The highest rates were achieved in West MI at 16%.

Rates have been increasing in Ottawa to a high of 14%.

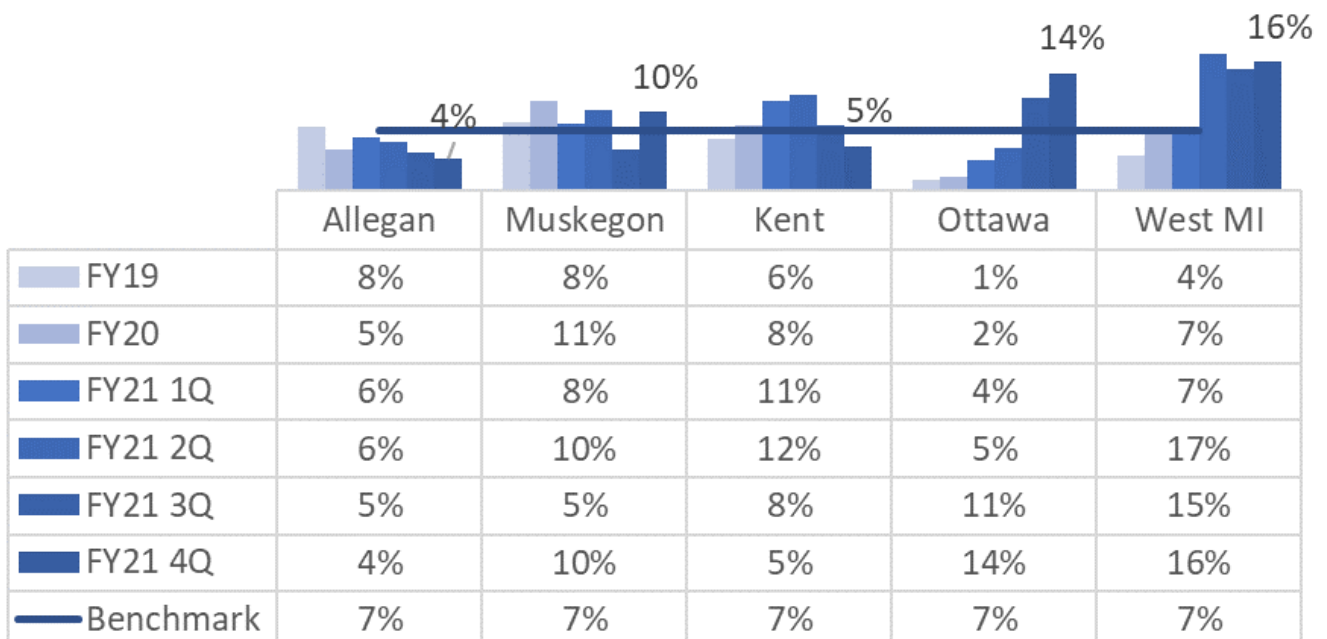
Allegan and Kent Counties had the lowest rates at 4% and 5% respectively.

Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment, LRE Region (T.8)



FY19 FY20 FY21 1Q FY21 2Q FY21 3Q FY21 4Q

Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment, by CMHSP (T.8)



# ENGAGEMENT AND RETENTION

## Priority: INCREASED TREATMENT ENCOUNTERS

Metric #11. Decrease % of treatment episodes with no 2nd visit.

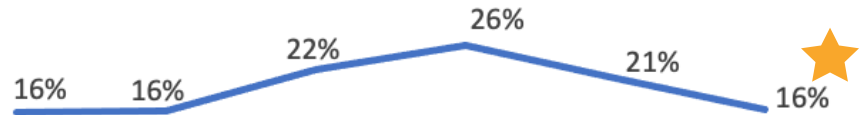
### Data Highlights:

Treatment episodes discharged with only one encounter improved in 3rd and 4th quarter.

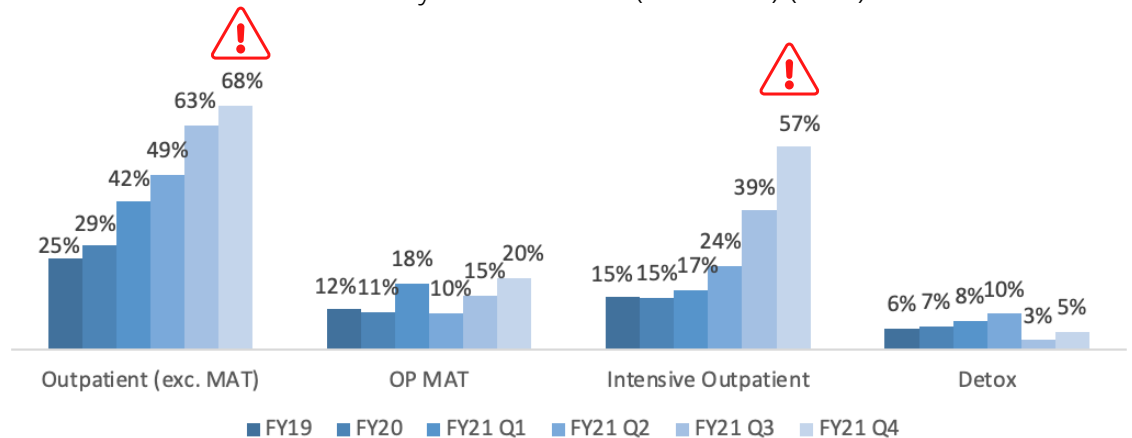
During 4Q, 68% of OP and 57% of IOP discharges had only one encounter. These show an improvement from the previous report most likely due to data records being entered for prior periods.

For OP, Kent had the highest rate at 93%, followed by Ottawa at 75%.

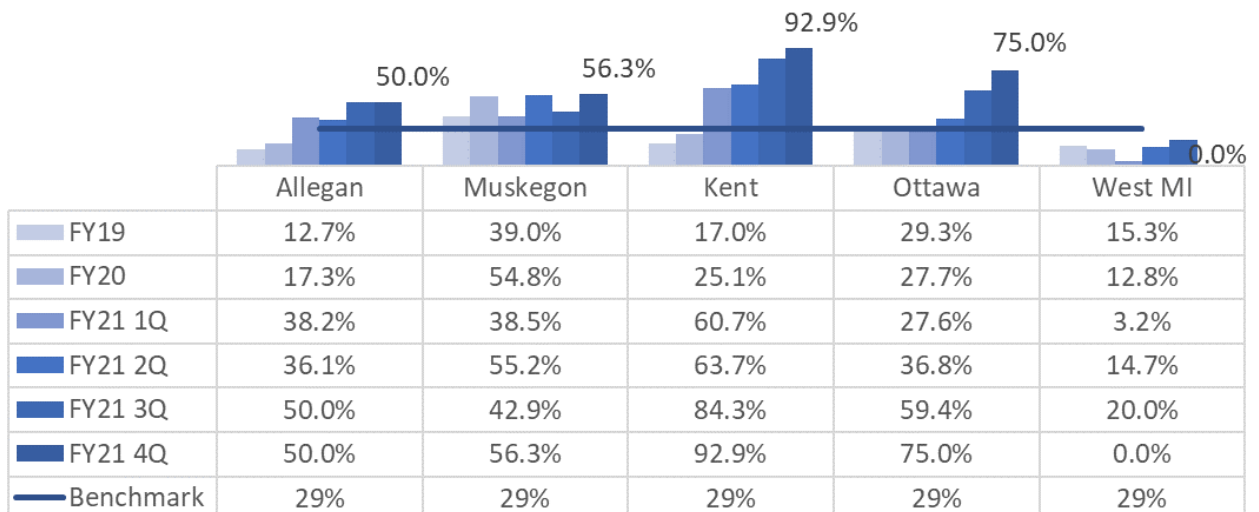
Percent of Treatment Episodes with Only One Encounter, LRE Region (T.13)



Percent of Treatment Episodes with Only One Encounter by Level of Care (exc. MAT) (T.14)



Percent of Outpatient Treatment Episodes with Only One Encounter by CMHSP (exc. MAT) (T.14)





# ENGAGEMENT AND RETENTION

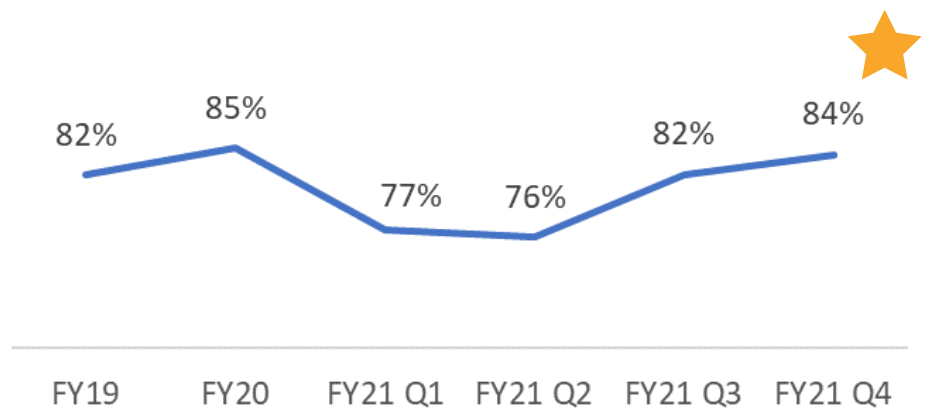
## Priority: INCREASED TREATMENT ENCOUNTERS

Metric #10. Increase clients seen for a 2nd encounter w/in 14 days of 1st service.

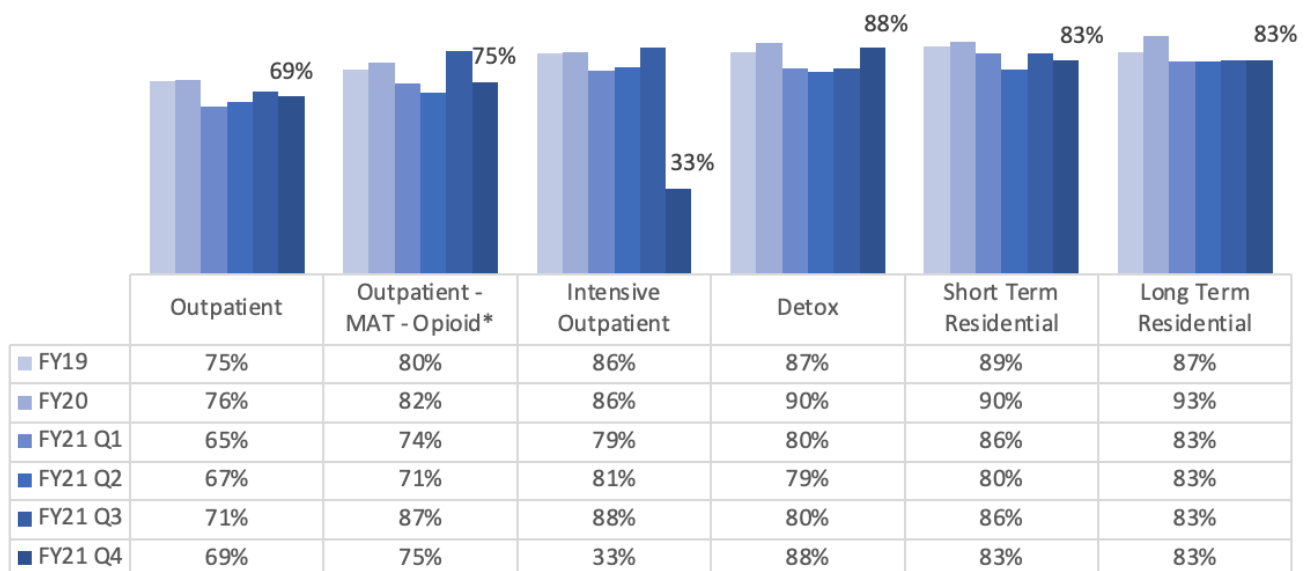
### Data Highlights:

Among clients with a 2nd encounter, the percent who were seen within 14 days improved slightly in 3rd and 4th quarters to 84%, almost achieving FY20 levels. The lowest rates occurred in IOP at 33%, followed by OP at 69%.

Of Clients with a 2nd Encounter, the percent who had their 2nd encounter w/in 14 Days of Initial Service, LRE Region (T.9)



Percent of Clients with 2nd Encounter w/in 14 Days of Initial Service by Level of Care, Region (T.9)



# ENGAGEMENT AND RETENTION

## Priority: INCREASED TREATMENT ENCOUNTERS

Metric #12. Increase average # of treatment encounters.

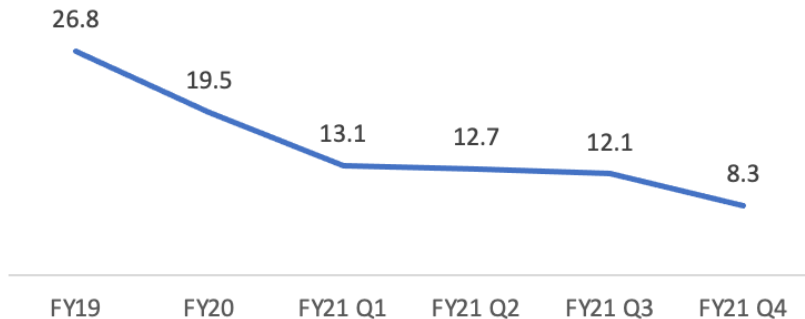
The average number of encounters provides an average of the number of treatment encounters provided during each treatment episode with a discharge record and at least one encounter reported during the period. Methadone dosing (H0020) and (Room and Board (S997) are excluded from analysis as they artificially inflate the average.

### Data Highlights:

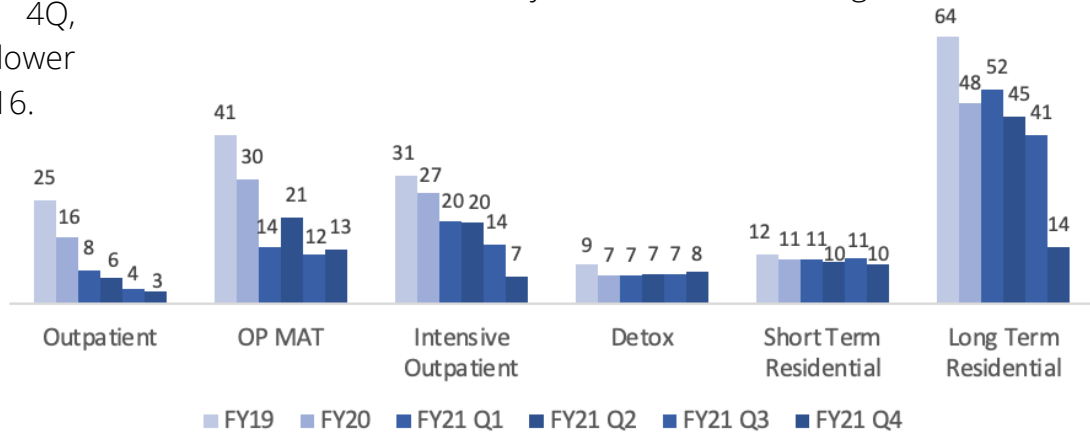
The average # of treatment encounters has been declining since FY17 and achieved a low of 8.3 in 4Q.

The lowest was for OP with an average of only 3 treatment encounters in 4Q, substantially lower than in FY20 at 16.

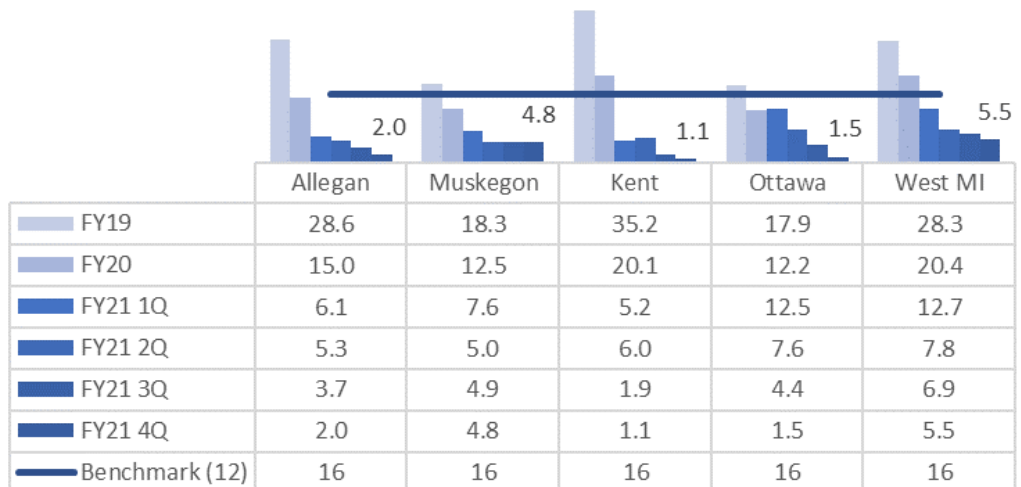
Average Number of Treatment Encounters per Episode, LRE Region (T.17)



Average # Treatment Encounters per Episode by Level of Care, LRE Region (T.17)



Outpatient - Average # Treatment Encounters per Episode by CMHSP (T.18)



# ENGAGEMENT AND RETENTION

## Priority: DECREASE DISCHARGE REASON, "DROPPED OUT"

Metric #13. Reduce % of discharges with reason as 'dropped out' for all LOC.

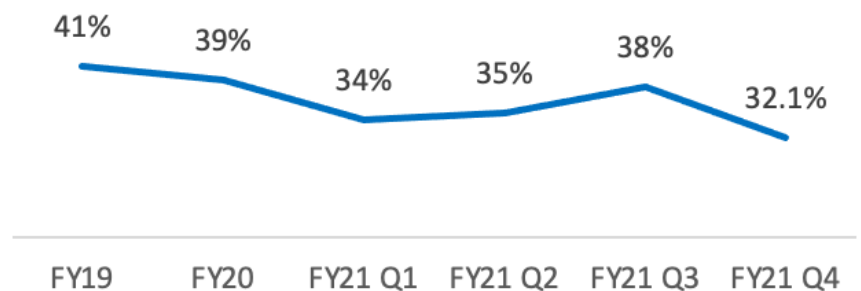
### Data Highlights:

Discharges in the region with the reason 'dropped out' worsened slightly in 4Q.

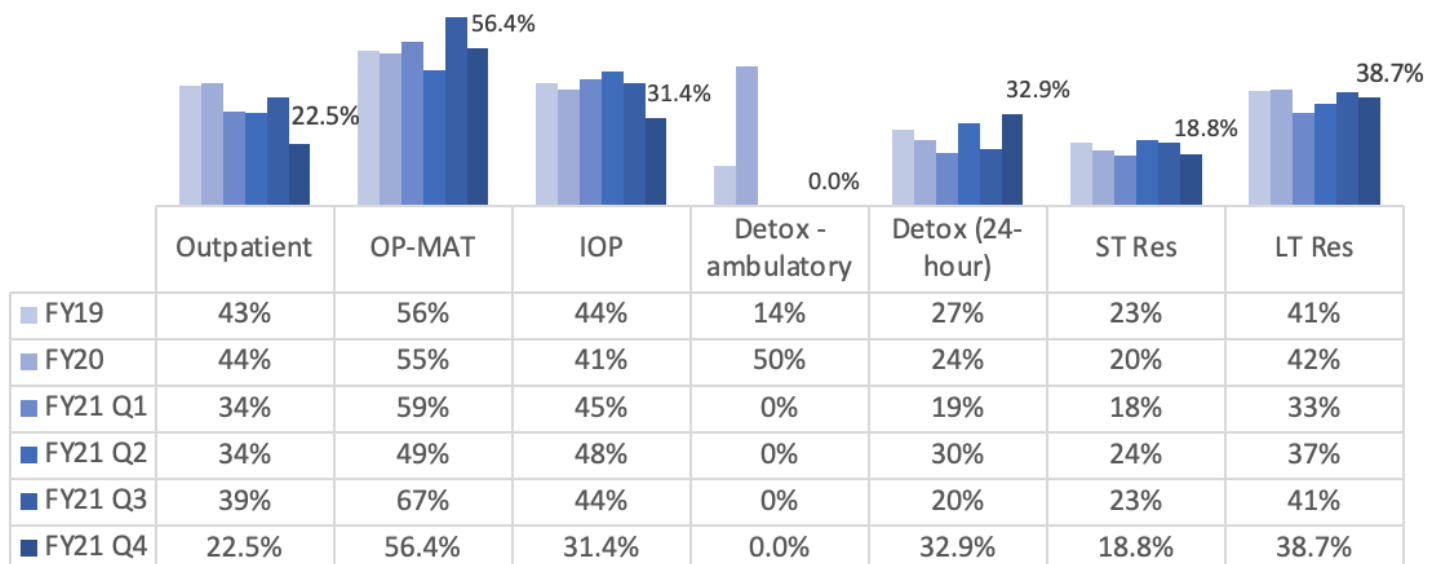
The rate was highest for OP with MAT at 56%.

Rates for OP, OP with MAT, and IOP by CMHSP are provided on the following page.

Percent of All Discharges with the Reason as "Dropped Out", LRE Region (T.21)

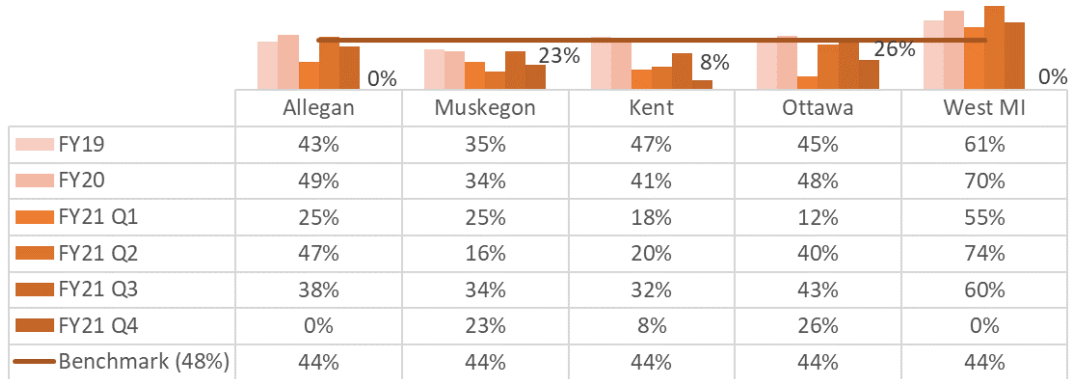


Dropped Out - Percent of Discharges by Level of Care, LRE Region (T.21)

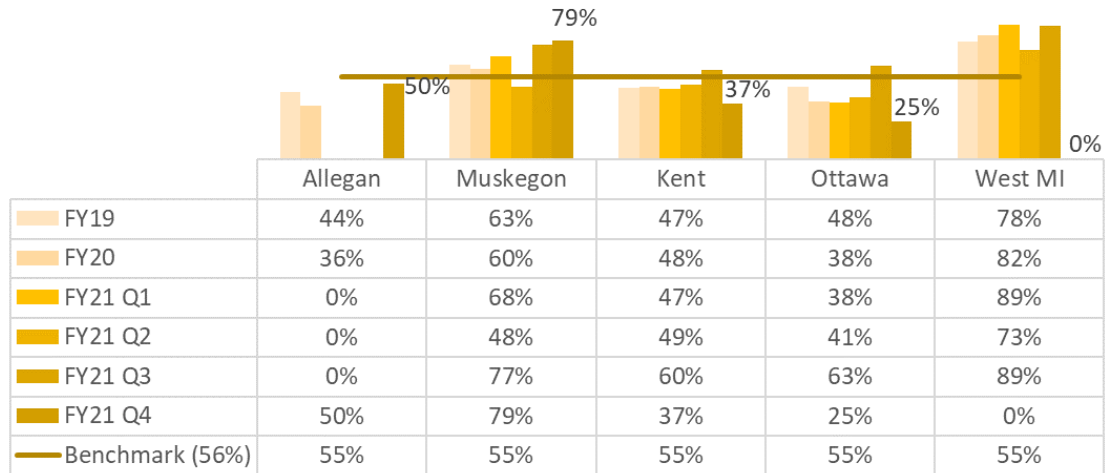


# ENGAGEMENT AND RETENTION

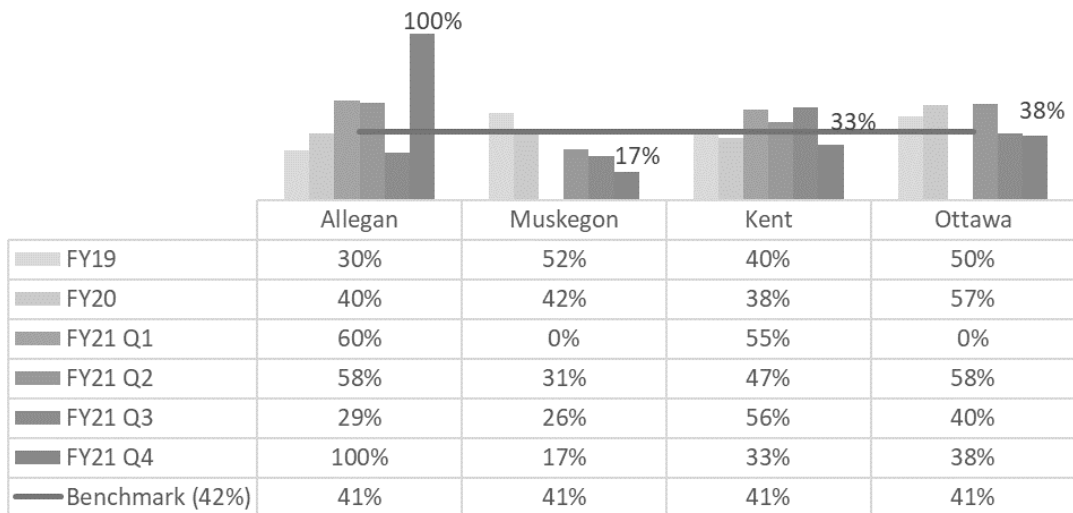
Dropped Out - Percent of Outpatient (exc. Mat) Discharges by CMHSP (T.22)



Dropped Out - Percent of Outpatient MAT Discharges by CMHSP (T.22)



Dropped Out - Percent of IOP Discharges by CMHSP (T.22)



# ENGAGEMENT AND RETENTION

**Priority:** INCREASE OUTPATIENT DISCHARGES "COMPLETED TREATMENT"

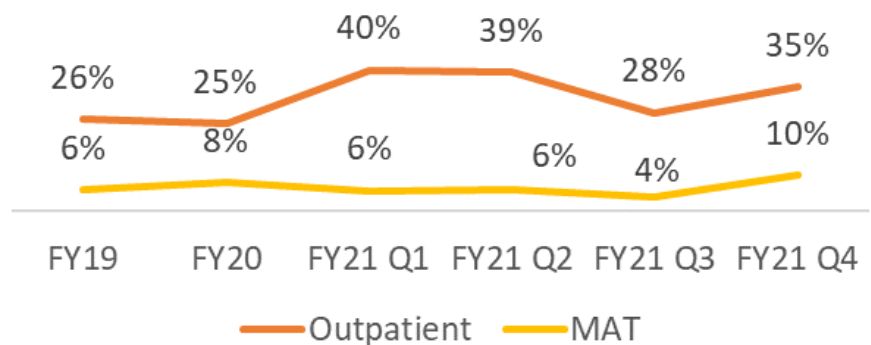
Metric #14. Increase % of outpatient discharges w/reason "completed treatment".

Percent of Outpatient and Outpatient MAT Discharges with Reason as "Completed Treatment", LRE Region (T.23)

Data Highlights:

Discharges in the region with the reason 'completed treatment' decreased for OP in 3Q and bounced back somewhat in 4Q. For OP MAT there was a substantial increase in 4Q.

Data for each CMHSPs was not provided in time for inclusion in this report.



# CONTINUITY OF CARE AFTER DETOX AND ST RES

## Priority: CONTINUATION OF CARE FOLLOWING DETOX/ST RESIDENTIAL W/IN 7 DAYS

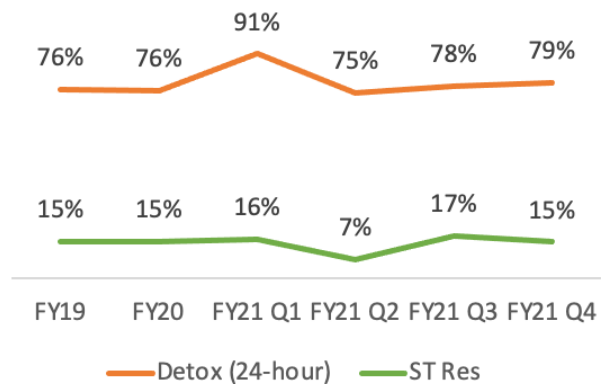
Metric #15. Increase % of discharged detox and ST Res clients successfully transitioned to the next level of care (LOC) within 7 days.

### Data Highlights:

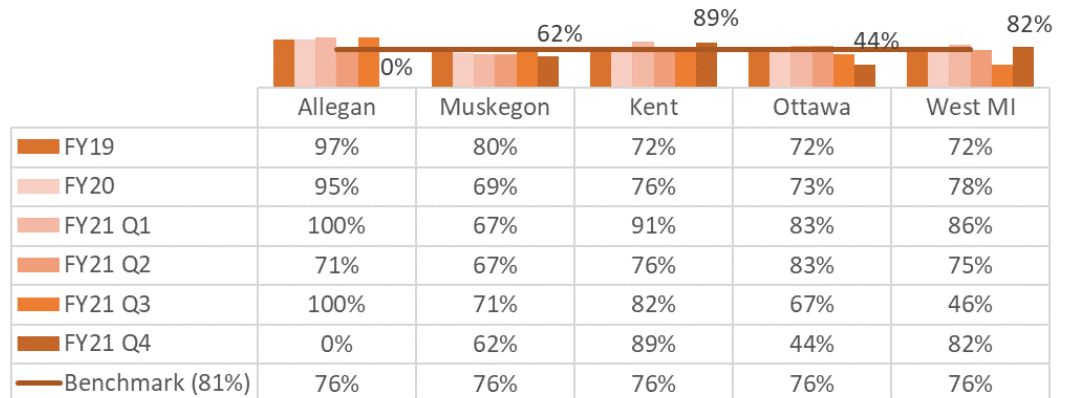
The percent of clients admitted to next level of care after discharge from their detox and ST Res providers remained relatively stable at 79% in 4Q for Detox, and 15% for ST Res.

Note: Discharges from detox where the client will transition to ST Residential at the same provider should not be discharged, instead the level of care must change within the same treatment episode.

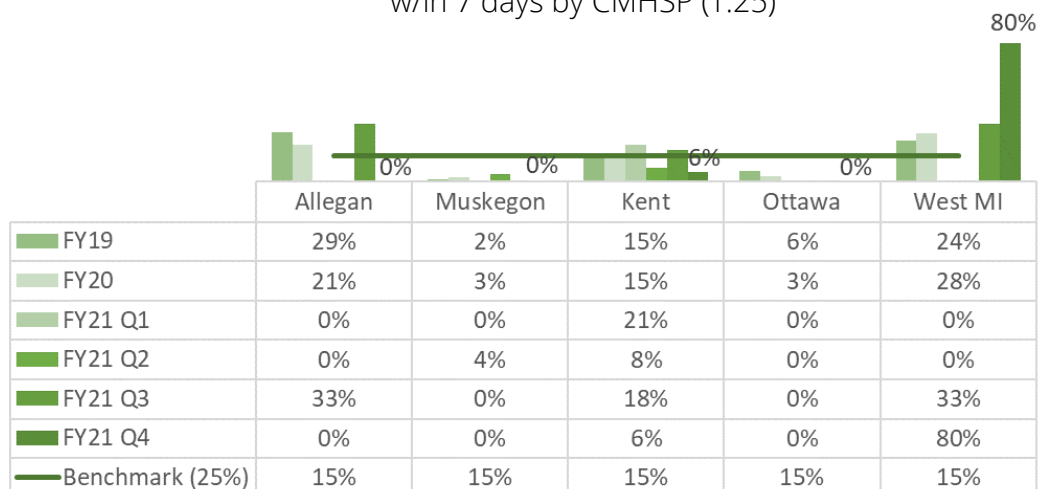
Percent of Discharges from Detox and ST Res Admitted to Next Treatment Episode w/in 7 days, Region (T.24-25)



Detox - Admitted to Next Treatment Episode w/in 7 days by CMHSP (T.24)



ST Res. - Admitted to Next Treatment Episode w/in 7 days by CMHSP (T.25)



# CONTINUITY OF CARE AFTER DETOX AND ST RES

## Priority: CONTINUATION OF CARE FOLLOWING DETOX/ST RESIDENTIAL, AVG # DAYS

Metric #16. Decrease average # days between discharge and admission to next level of care for detox and for ST residential

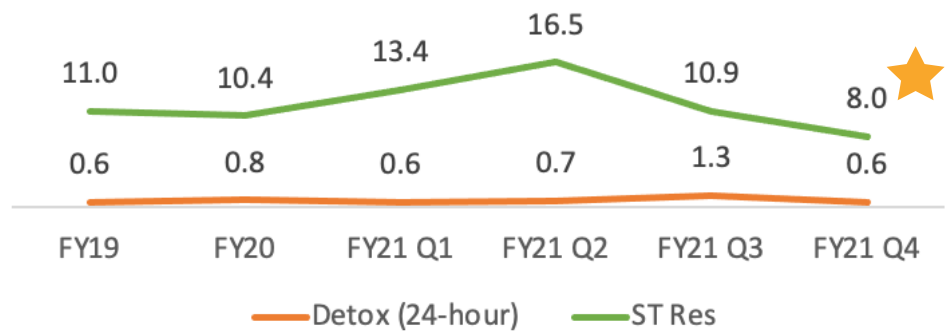
### Data Highlights:

The average number of days between discharge from ST residential to the next level of care worsened in 3rd and 4th quarters to a low of 8.0, and remained stable and low for Detox.

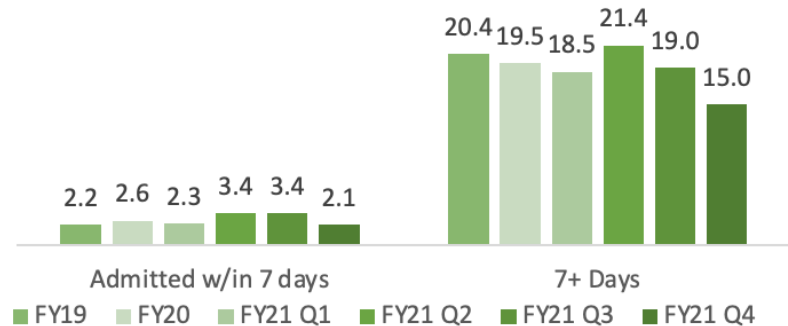
Among readmissions that took longer than 7 days, the average delay has been improving since 2Q to a low of 15 days in 4Q.

Ottawa had the highest delay for ST Res, with an avg of 19.2 days between treatment episodes.

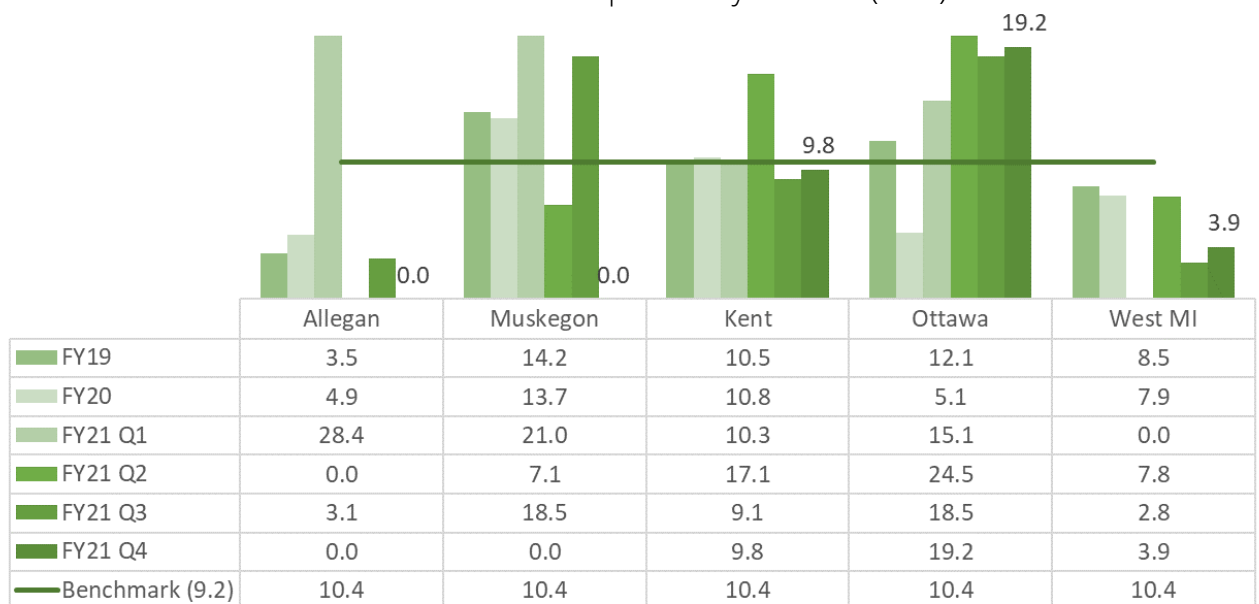
Average # Days Between Discharge and Admission to Next Level of Care, LRE Region (T.28-29)



Average # Days between Discharge from ST Residential and Admission to Next Level of Care (T.29)



Average # Days Between Discharge for ST Residential and Admission to Next Treatment Episode by CMHSP (T.29)



# CONTINUITY OF CARE AFTER DETOX AND ST RES

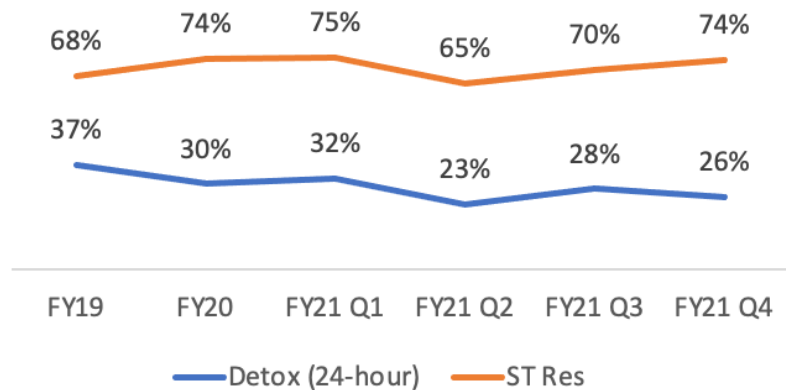
**Priority:** DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,  
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

Metric #17. Decrease discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'

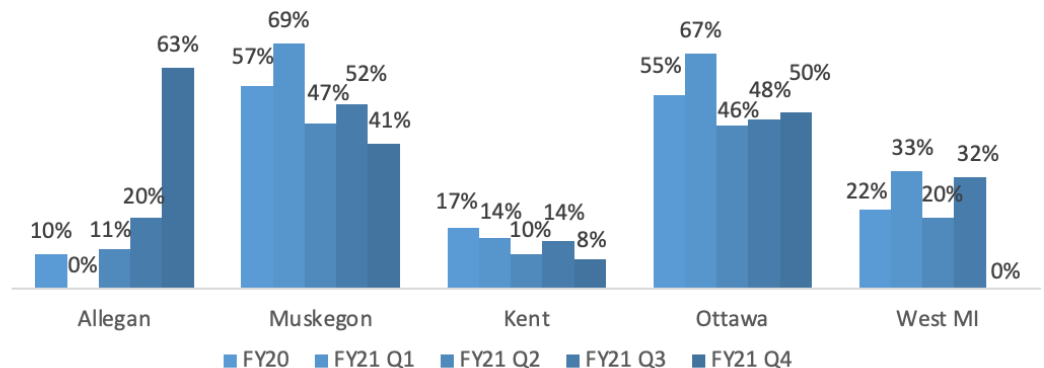
## Data Highlights:

The percent of discharges from ST residential and detox with the reason 'completed treatment' continues to be high, and worsened slightly for ST Res in 4Q.

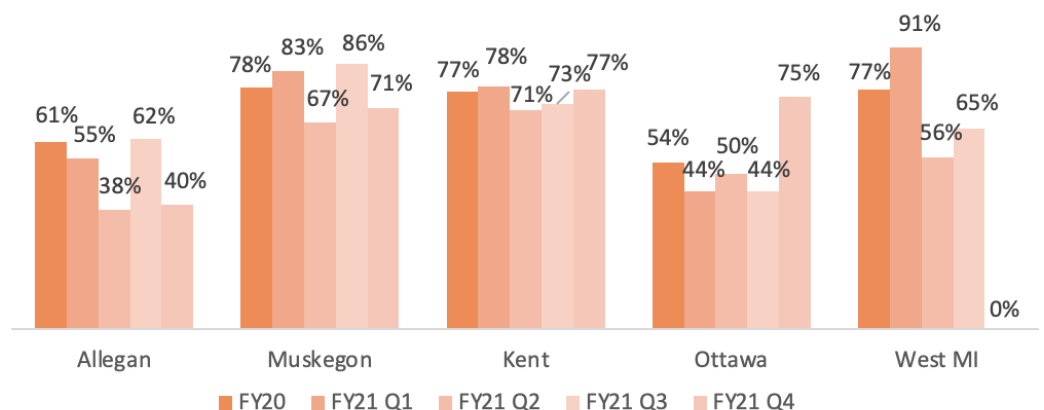
Discharges from Detox & ST Res w/ Reason as "Completed Treatment" (T.30)



Percent of Discharges from Detox w/ Discharge Reason as "Completed Treatment" by CMHSP (T.30)



Percent of Discharges from ST Res w/ Reason as "Completed Treatment" by CMHSP (T.30)



Note:  
Discharge reason for  
detox and ST Res  
**should never be**  
"Completed  
Treatment"



# CONTINUITY OF CARE AFTER DETOX AND ST RES

Metric #18. Increase % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care.

**Background Info:** When clients are discharged from a service setting who are to continue treatment at a lower level of care at another provider, the discharge reason should be identified as 'Transferring/Completed Level of Care'. This is especially important for detox or residential service settings where there is always the expectation that they continue services at a lower level of care. When a client is transitioning between levels of care at the same provider, a discharge should not be recorded. Instead, a change in level of care should be recorded in the client's records.

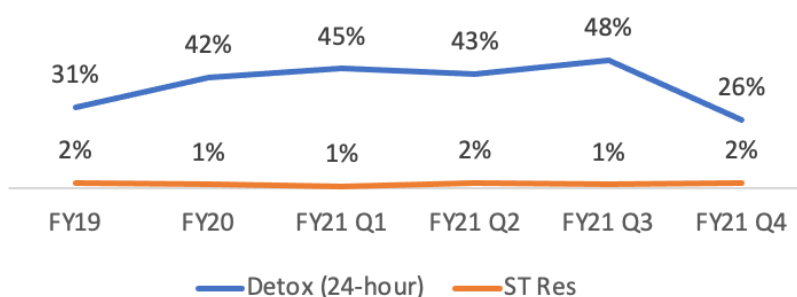
## Data Highlights:

The percent of discharges from detox with the reason as 'transferring/completed Level of Care' worsened in 4Q to a low of 26% and remained extremely low for ST Res at 2%.

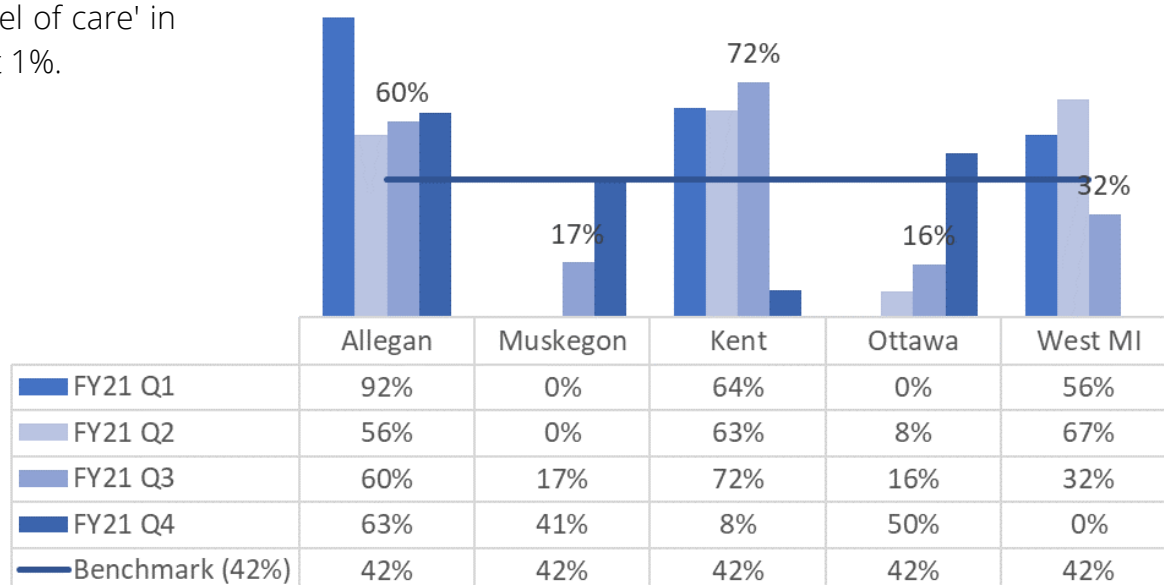
The lowest rate for detox was achieved in Kent (8%) while the highest was in Allegan (63%).

The only CMHSP with any discharges for ST Res identified as 'transferred/ completed level of care' in 4Q was Kent at 1%.

Clients Discharged from Detox & ST Residential with Reason as "Transferring/Completed Level of Care", LRE Region (T.31)



Clients Discharged from Detox with Reason "Transferring/Completed Level of Care" by CMHSP (T.31)



# CONNECT TO COMMUNITY SUPPORTS

## Priority: ATTENDANCE AT SUPPORT GROUP

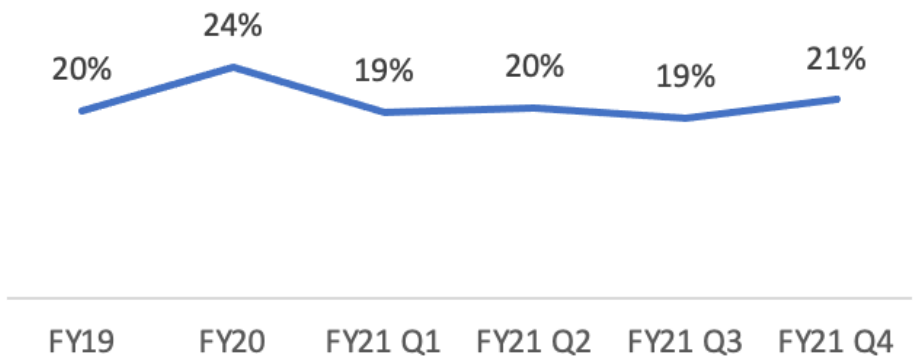
Metric #19. Increase % of clients at discharge reporting attendance at support group in past 30 days.

### Data Highlights:

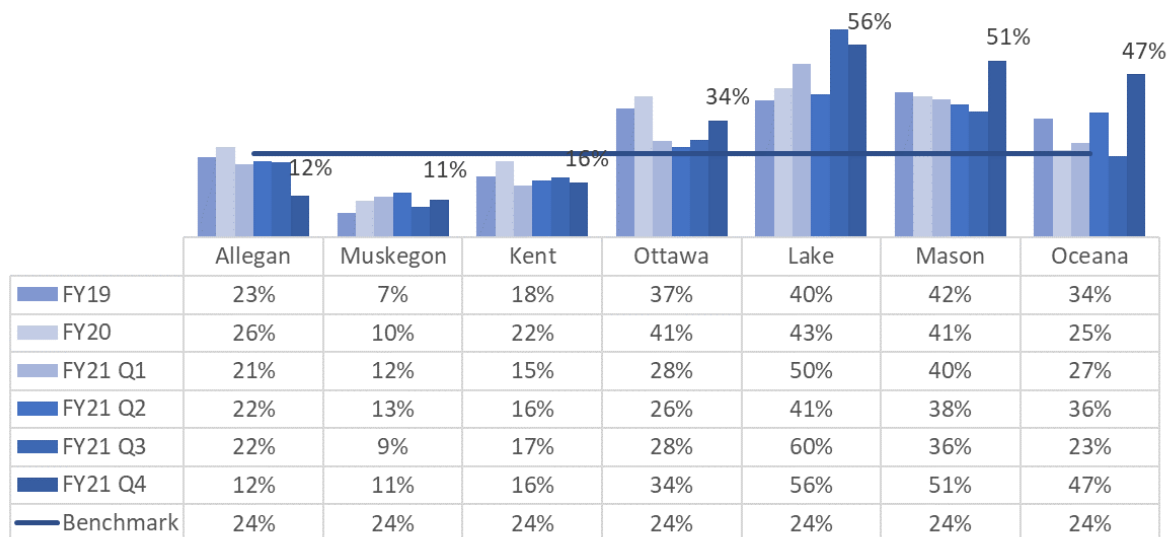
The percent of clients who report attending a self help group in the past month has remained relatively stable during FY21.

The highest rates of support group participation in 4Q were reported for Lake (56%), Mason (51%), and Oceana (47%) Counties.

Percent of Discharges with Client Reporting they Had Attended a Support Group in Past 30 days , LRE Region (T.32)



Percent of Discharges with Client Reporting they Had Attended a Support Group in Past 30 Days (T.32)



# CONNECT TO COMMUNITY SUPPORTS

## Priority: WOMEN'S SPECIALTY SERVICES

Metric #20. Increase # of pregnant women served (annual metric)

### Data Highlights:

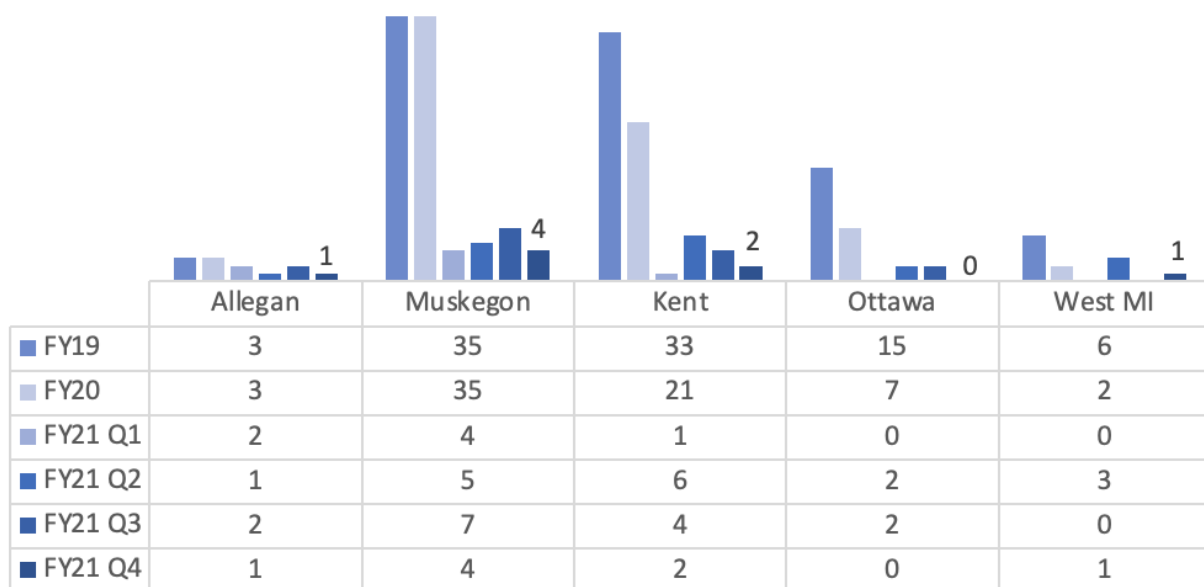
The number of pregnant women served in the LRE region has been decreasing recent years. In FY21, 49 pregnant women were served, compared to 69 in FY20, and 92 in FY19.

Muskegon served 20 pregnant women, Kent served 13, Allegan served 6, and West MI and Ottawa both served 4.

Number of Pregnant Women Served, LRE Region (T.33)

FY19	92
FY20	69
FY21 1Q	7
FY21 2Q	19
FY21 3Q	15
FY21 4Q	8

Number of Pregnant Women Served by CMHSP (T.33)



Note: For this analysis, records include only those with a discharge during the reported FY. If Admit Setting did not equal Discharge Setting, assumption was made that pregnant status was same at first admission.

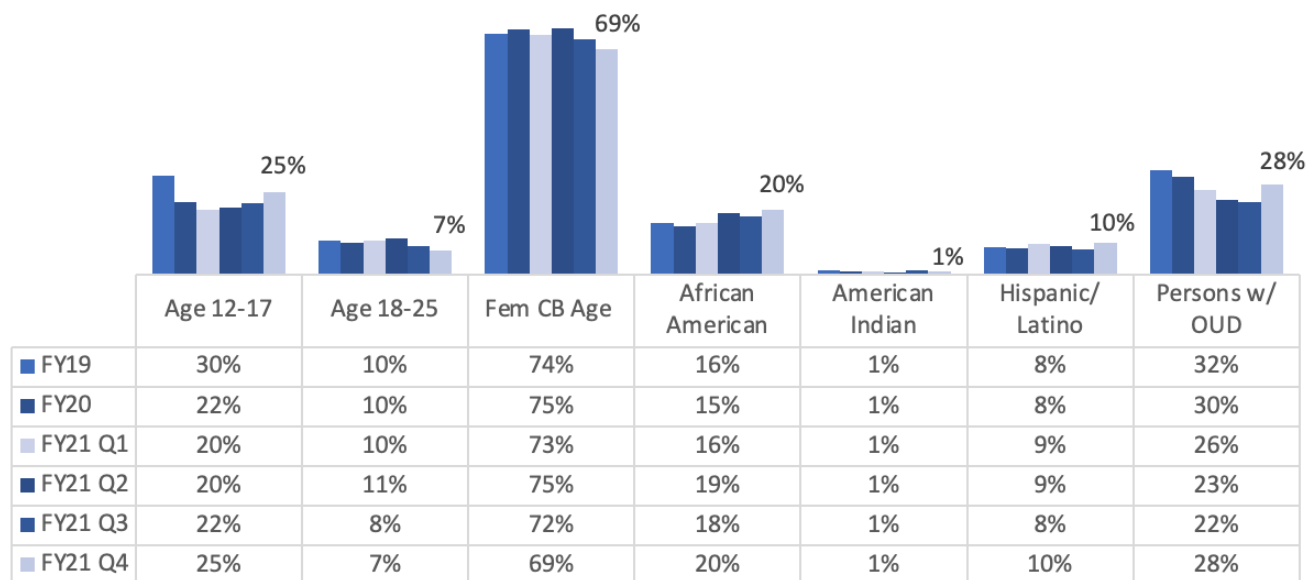
# OTHER DATA TO MONITOR

## Other Data: TREATMENT PENETRATION: (ANNUAL)

The following populations have been identified by MDHHS OROSC as populations that should be engaged in treatment. Penetration rates are not able to be calculated since there is no enrollment for the population not engaged in services for funding.

To monitor engagement of these populations we will track the number of individuals served in the region for each population annually. Quarterly rates for the region are calculated as the percent of total admissions during the time frame that each group represents.

Percent of Treatment Admissions by Population of Interest, Region (T.39)



## By CMHSP:

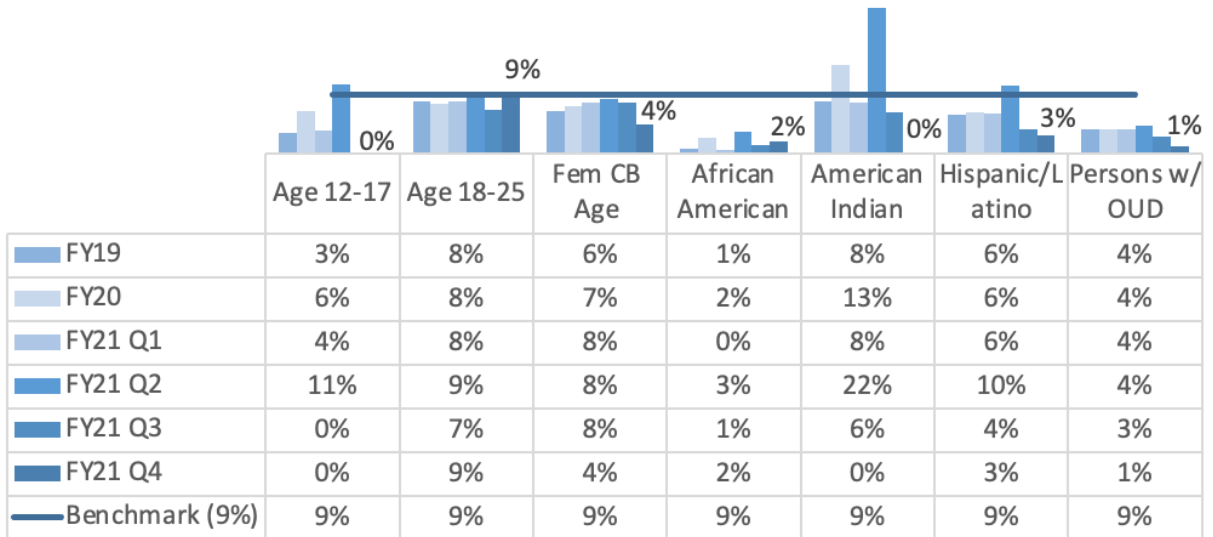
On the following pages, the percent of admissions in the LRE region that occurred in each CMHSP area is calculated with a 'benchmark' based on the proportion of the region's population that resides in the CMHSP area.

Quarterly rates for CMHSPs are calculated as the percent of region admissions for a population which occurred within the respective CMHSP.

## By CMHSP:

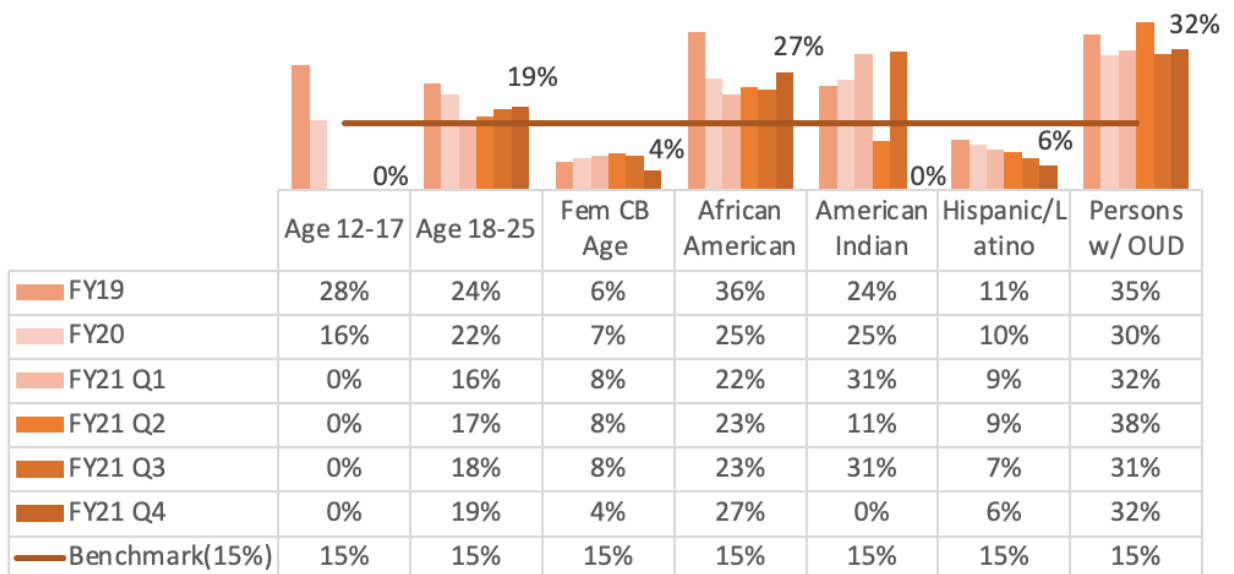
**Allegan County:** In 2020 Allegan County accounted for 9% of the region's population.

Percent of Region's Admissions Occurring in Allegan County for Populations of Interest (T39-45)



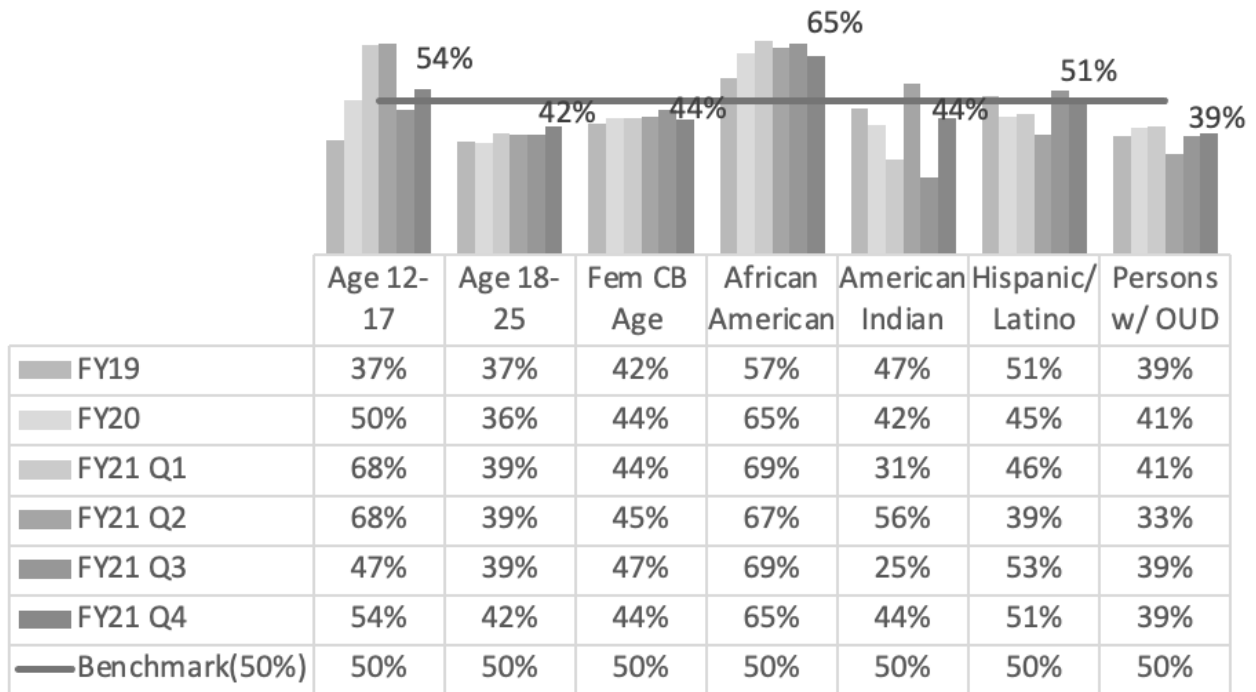
**Muskegon County:** In 2020 Muskegon County accounted for 15% of the region's population.

Percent of Region's Admissions Occurring in Muskegon County for Populations of Interest (T39-45)



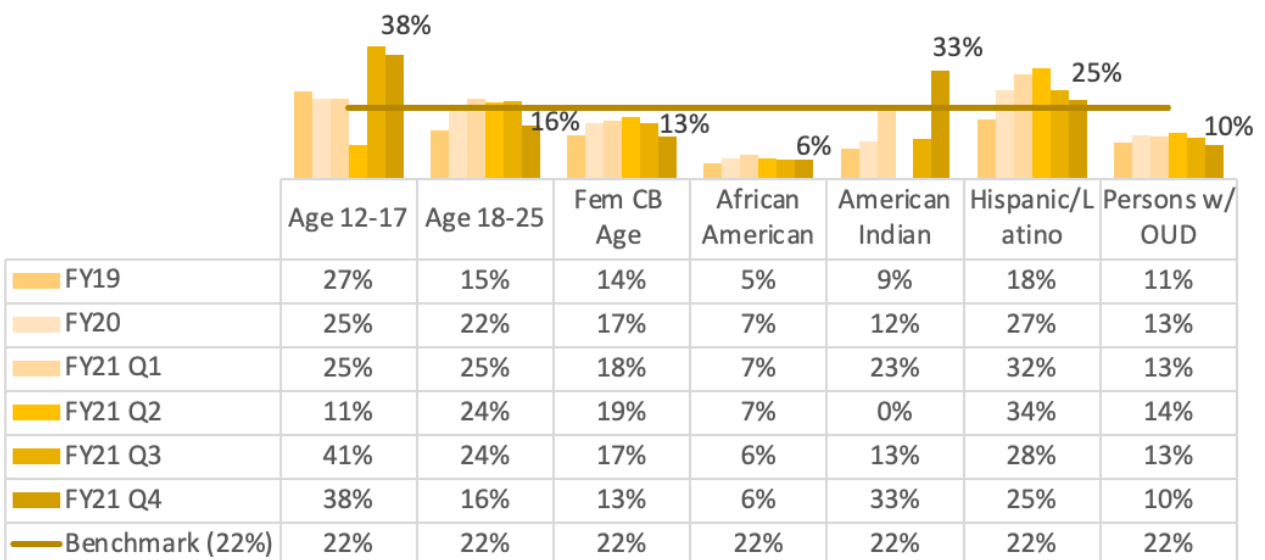
**Kent County:** In 2020 Kent County accounted for 50% of the region's population.

Percent of Region's Admissions Occurring in Kent County for Populations of Interest (T39-45)



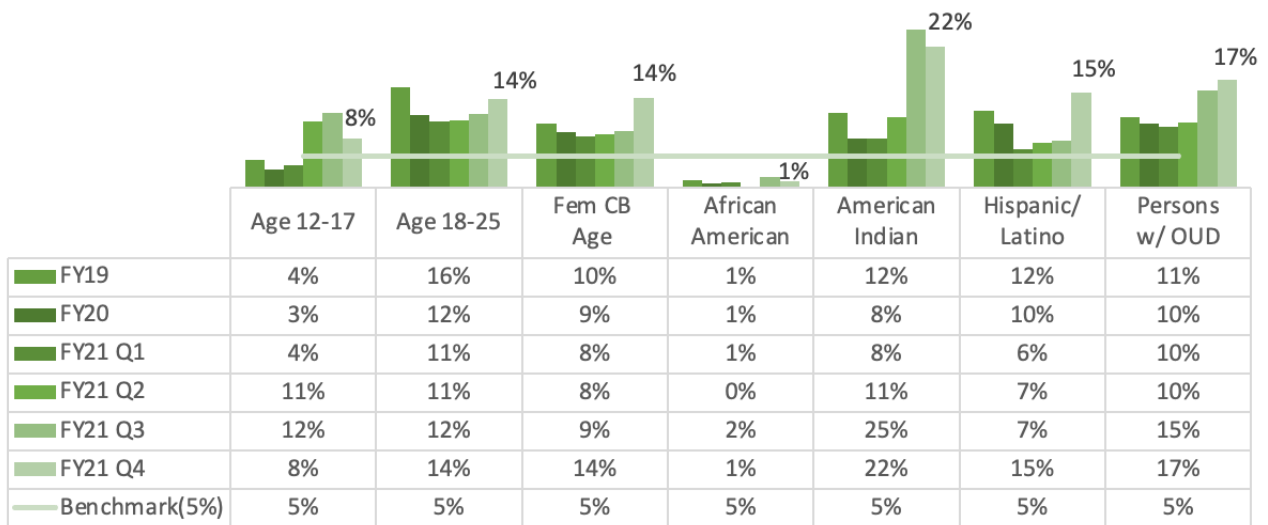
**Ottawa County:** In 2020 Ottawa County accounted for 22% of the region's population.

Percent of Region's Admissions Occurring in Ottawa County for Populations of Interest (T39-45)



**West Michigan Counties:** In 2020 Lake, Mason, and Oceana Counties accounted for 5% of the region's population.

Percent of Region's Admissions Occurring in West MI Counties for  
Populations of Interest (T39-45)

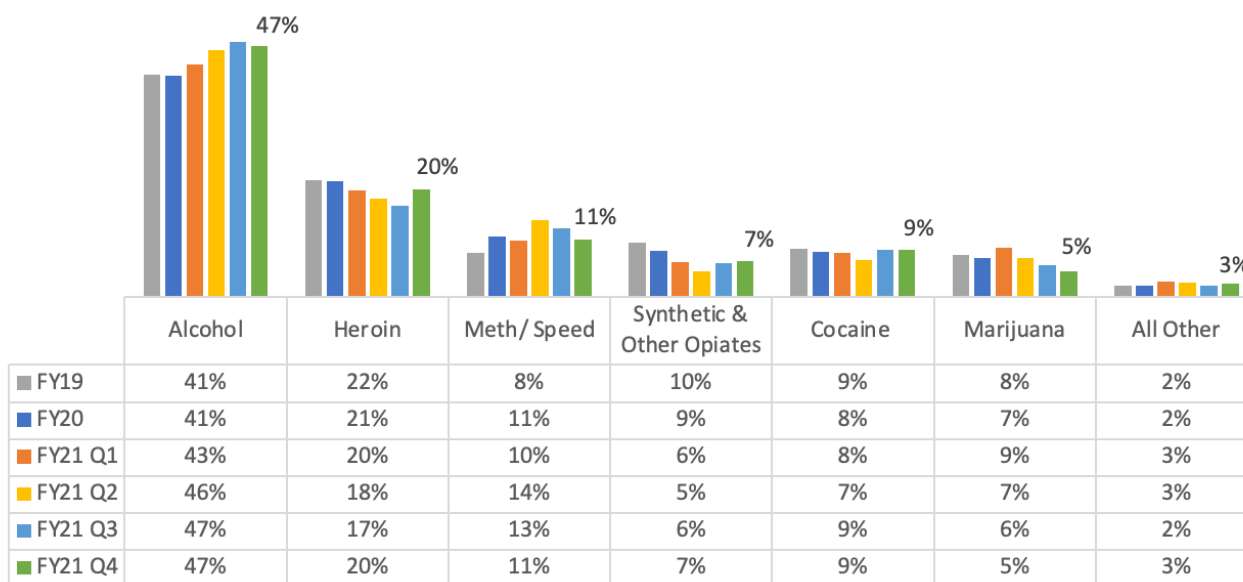


## Other Data to Monitor : Primary Drug at Admission

### Data Highlights:

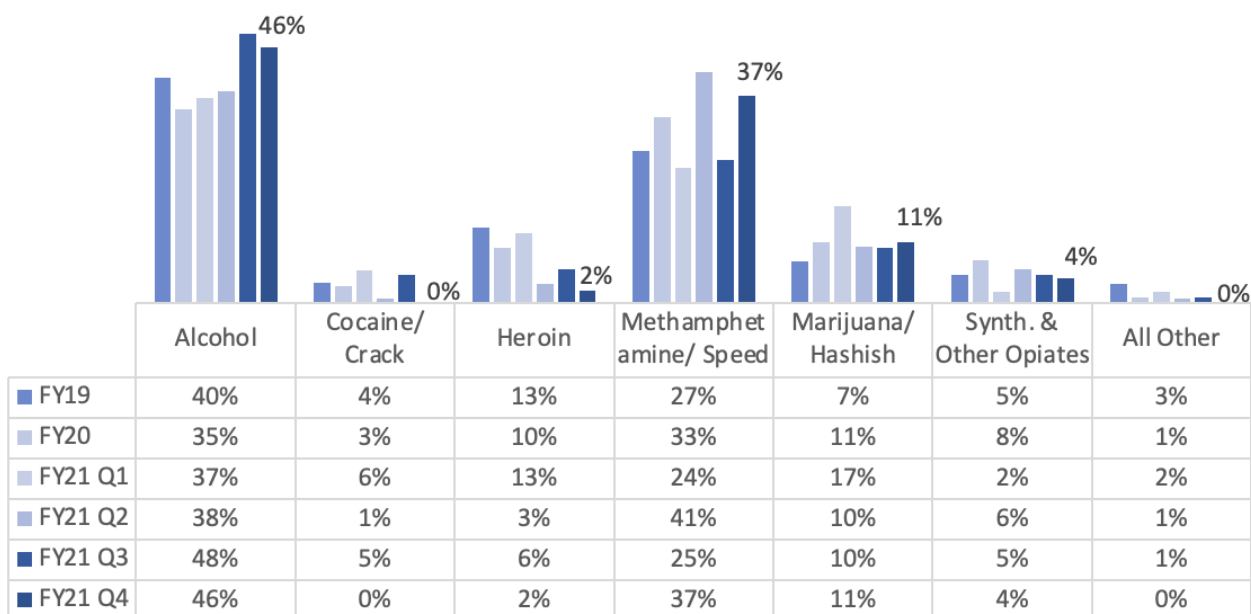
In the LRE region, admissions have been increasing for alcohol and methamphetamine (MA) while decreasing for opioids.

Percent of Treatment Admissions by Primary Drug, LRE Region (T.46)



### Allegan County

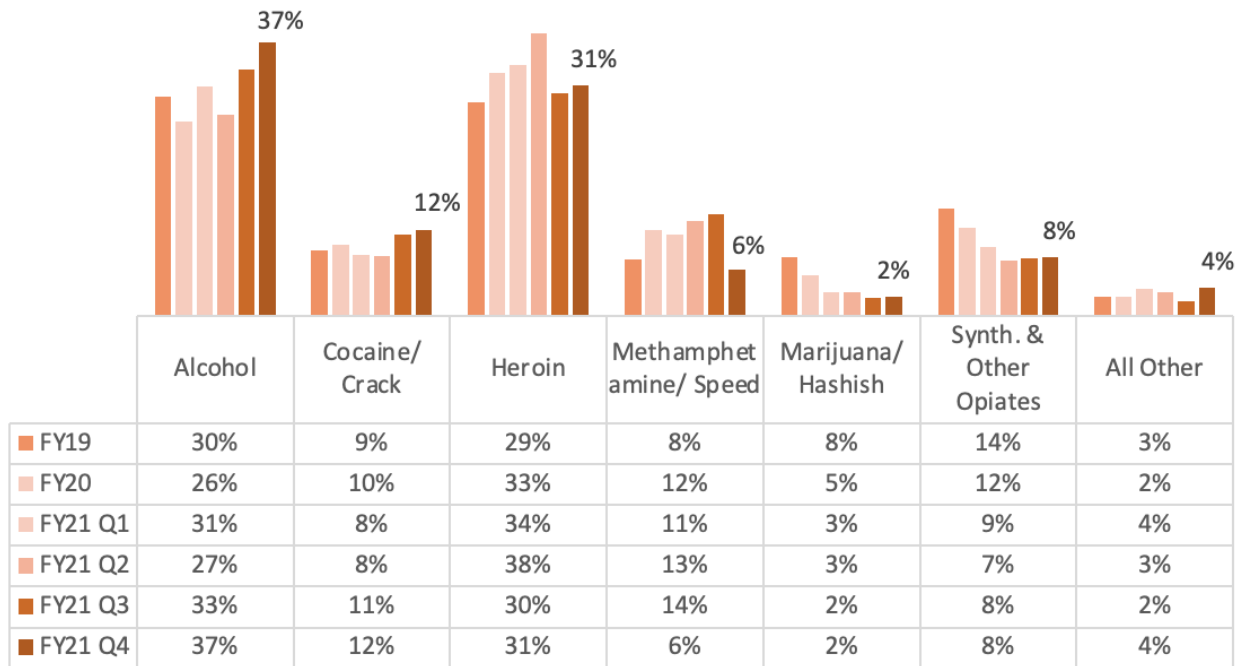
Allegan County - Percent of Admissions by Primary Drug (T.46)





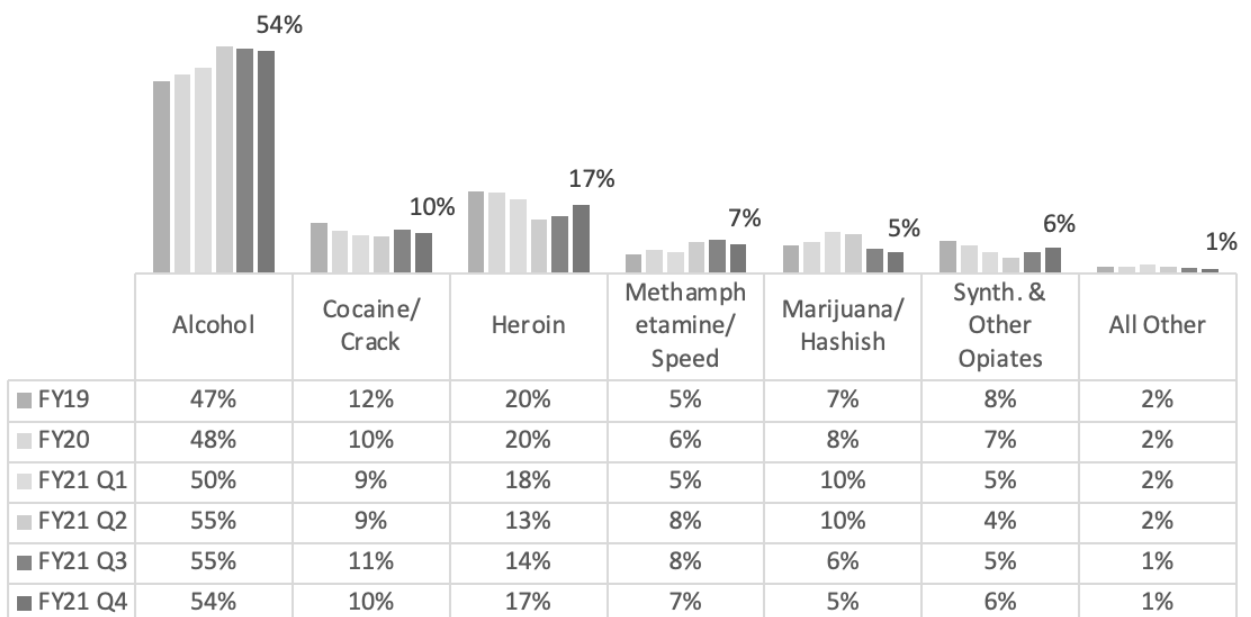
## Muskegon County

Muskegon County - Percent of Admissions by Primary Drug (T.46)



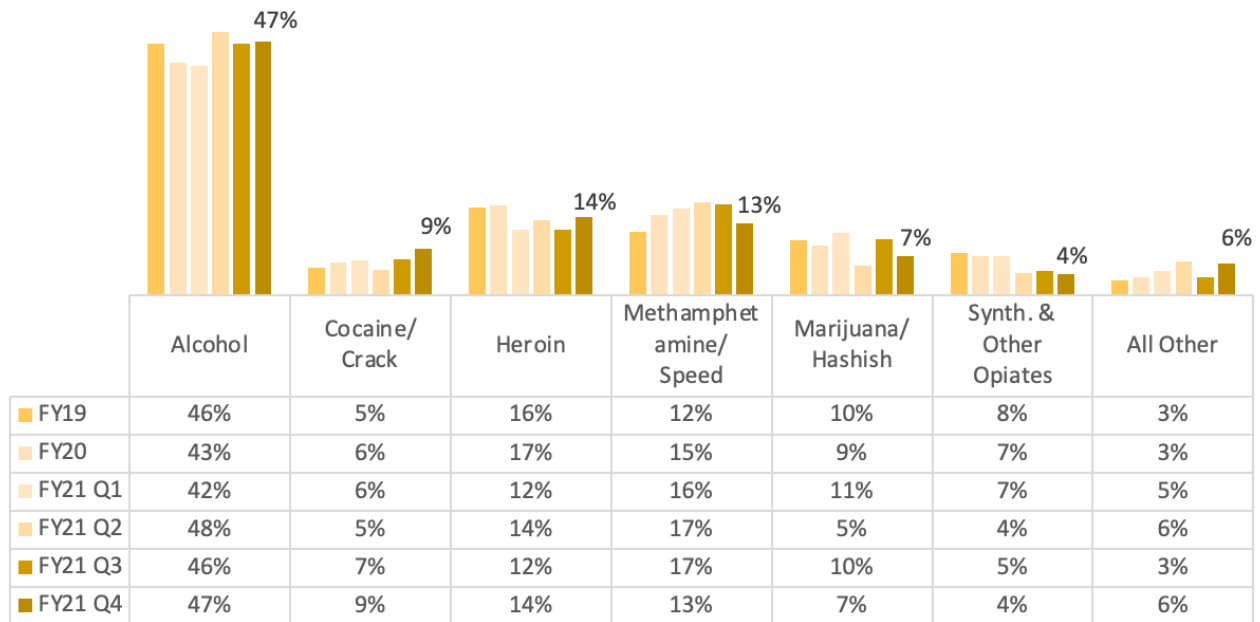
## Kent County

Kent County - Percent of Admissions by Primary Drug (T.46)



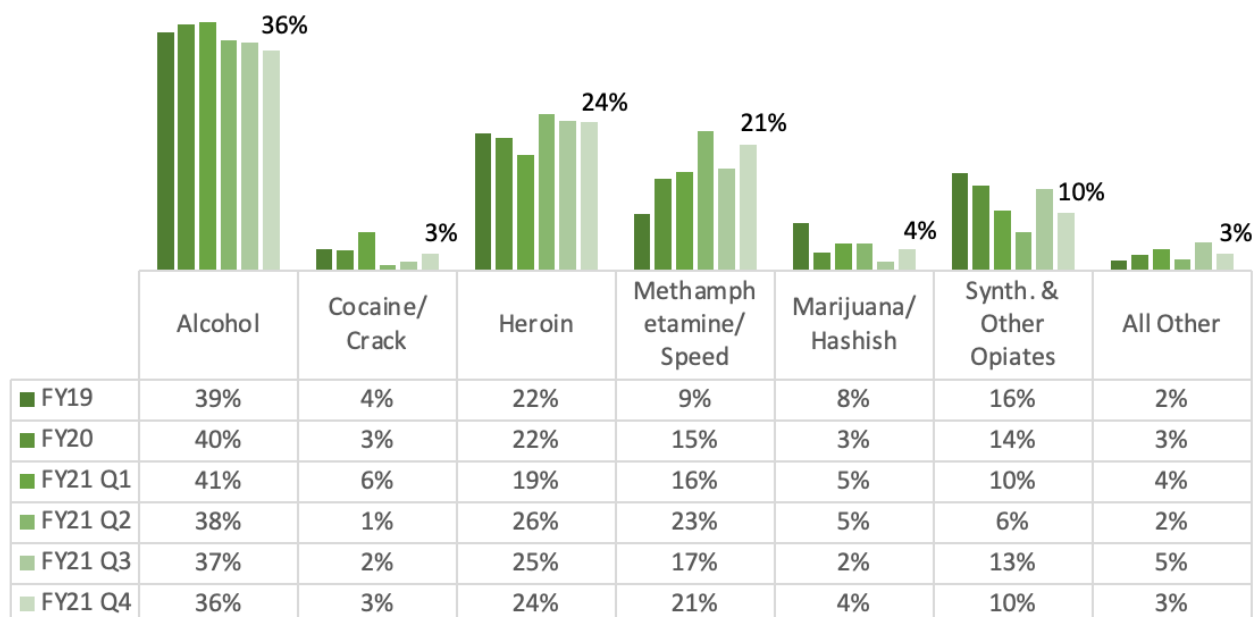
## Ottawa County

Ottawa County - Percent of Admissions by Primary Drug (T.46)



## West Michigan Counties

West MI (Lake, Mason, and Oceana) - Percent of Admissions by Primary Drug (T.46)



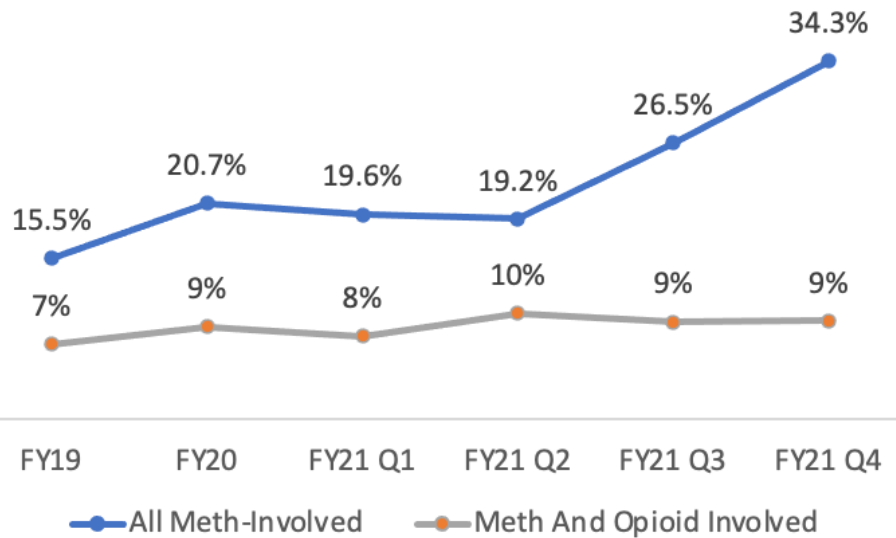
## Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

### Data Highlights:

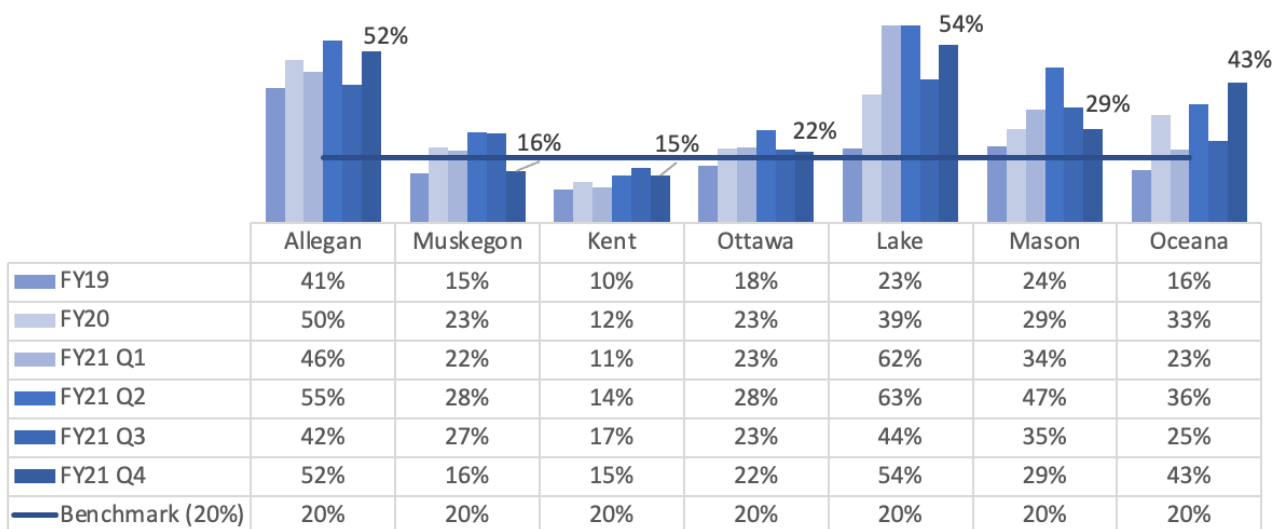
MA-involved admissions continue to increase at an alarming rate with more than 1-in-3 admissions in 4Q involving MA (34%) and almost 1-in-10 involving both MA and an opioid (9%).

MA-involved admissions were highest in Lake (54%), Allegan (52%), and Oceana (43%) counties.

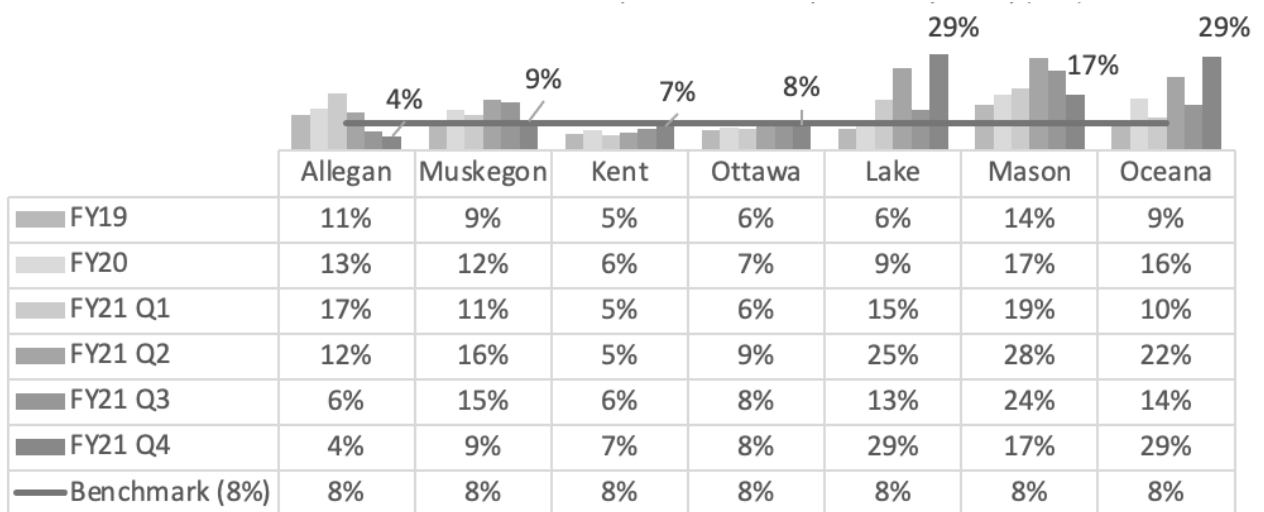
Percent of Admissions that were Methamphetamine (MA)-involved, LRE Region (T.47)



Percent of Admissions that were Methamphetamine-involved by County (T.47)



Percent of Admissions that involved Both an Opioid and Methamphetamine by County (T.48)



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**2022 Oversight Policy Board Meeting Schedule****4:00 – 6:00 PM**

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY  
BOARD ROOM  
12265 JAMES STREET, HOLLAND, MI 49424

**March 2, 2022****June 1, 2022****September 7, 2022****December 7, 2022**