

## Meeting Agenda

**SUD OVERSIGHT POLICY BOARD**

Wednesday, June 7, 2023

4:00 PM

Board Room - Community Mental Health of Ottawa County  
12265 James Street, Holland, MI 49424

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 June 7, 2023 LRE Oversight Policy Board meeting agenda as presented.
6. Review/Approval of Minutes-Chair (Attachment 2)  
**Suggested Motion:** To approve the March 1, 2023 LRE Oversight Policy Board meeting minutes as presented.
7. Old Business
  - a. Election Officers – Patrick Sweeney  
**Nomination and Appointment of Secretary**  
**Suggested Motion:** To appoint the LRE Secretary as nominated by the members
8. New Business
  - a. Our Hope Grant Award – Amanda Tarantowski
  - b. SUD 3-Year Strategic Plan – Stephanie VanDerKooi, Amanda Tarantowski, Amy Embury  
**Suggested Motion:** To accept the LRE 3-Year Strategic Plan (FY24 – 26) as presented and forward to the LRE Board of Directors with a recommendation for approval.
  - c. LRE Strategic Plan – Stephanie VanDerKooi (*Attachment 3*)
9. Finance Report (Maxine Coleman)
  - a. Statement of Activities (*Attachment 4*)
10. State/Regional Updates (Stephanie VanDerKooi/Mark DeYoung)
  - a. HealthWest Leadership Changes
  - b. Legislative Action (*Attachment 5*)
  - c. Past liabilities – LRE Board of Directors Action
  - d. Opiate Settlement
  - e. PHE Unwind
11. Prevention Updates – Amy Embury
  - a. Prevention Procurement

- b. Prevention Provider Site Reviews(*Attachment 6*)
- c. SYNAR (*Attachment 7*)
- d. Regional Trainings (*Attachment 8*)

12. SUD Treatment Updates – Amanda Tarantowski

- a. FY23 Q2 SUD Treatment Evaluation Report (*Attachment 9*)
- b. Provider Network Updates
- c. Grant Updates
- d. Conferences Report

13. Next Meeting

September 6, 2023 – 4:00 PM  
CMHOC Board Room

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

Wednesday, March 1, 2023 4:00 PM  
Board Room - Community Mental Health of Ottawa County  
12265 James Street, Holland, MI 49424

**CALL TO ORDER**

Mr. Patrick Sweeney, LRE Oversight Policy Board Chair, Called the March 1, 2023 meeting to order at 4:03 PM

**ROLL CALL/INTRODUCTION**– Chair

Present at Roll Call:

<b>MEMBER</b>	<b>P</b>	<b>A</b>		<b>MEMBER</b>	<b>P</b>	<b>A</b>
Martha Burkett		x		David Parnin	x	
Shelly Cole-Mickens	x			Stan Ponstein		x
Mark DeYoung	x			Julie Sanford	x	
Bethany Fisk		x		Andrew Sebolt	x	
Marcia Hovey-Wright	x			Sarah Sobel		x
Rebecca Lange	x			James Storey	x	
Richard Kanten	x			Patrick Sweeney	x	
Dawn Martin		x		Doug Zylstra	(v)	

**PUBLIC COMMENT**

No public comment.

**CONFLICT OF INTEREST**

No conflict of interest declared.

**REVIEW/APPROVAL OF AGENDA**

OPB 23-01 Motion: To approve the March 1, 2023, LRE Oversight Policy Board meeting agenda as presented.

Moved by: Kanten

Support: Parnin

MOTION CARRIED

**REVIEW/APPROVAL OF MINUTES**

OPB 23-02 Motion: To approve the September 28, 2022, LRE Oversight Policy Board meeting minutes as presented.

Moved by: Storey

Support: Hovey-Wright

MOTION CARRIED

**OLD BUSINESS**

No old business

## NEW BUSINESS

Election Officers – Patrick Sweeney

### **Nomination and Selection of Officers**

OPB 23-03 Motion: To appoint Patrick Sweeney to serve as the LRE Oversight Policy Board Chair.

Moved by: Sebolt

Support: Storey

MOTION CARRIED

OPB 23-04 Motion: To appoint Andrew Sebolt to serve as the LRE Oversight Policy Board Vice-Chair.

Moved by: Sebolt

Support: Storey

MOTION CARRIED

Nominations and appointments for the office of Secretary will take place during the next Oversight Policy Board meeting.

## FINANCE REPORT (Maxine Coleman)

### **Statement of Activities**

Ms. Coleman reviewed activity through January 1, 2023. The region, overall, is operating within budget and no areas of concern were identified.

COVID funding will end in March, 2024; agreements are written through September 2023 and providers are encouraged to spend funds prior to the end of the grant period.

ARPA funds are tied to the fiscal year; current grant ends September 30, 2023. Have recently submitted an allocation request for FY24. Mr. Storey requested an update be provided on how ARPA funds are being used in the region.

PA2 Expenditures to budget is reflected at 15 percent. Block Grant funds are applied prior to using PA2 funds as these funds can be retained. 1<sup>st</sup> quarter PA2 funds were not used for Cobo Hall debt and were distributed to the PIHPs.

### **FY23 Budget Amendment #1**

OPB 23-05 Motion: To approve FY23 Budget Amendment #1 as presented.

Moved by: Hovey-Wright

Support: Kanten

MOTION CARRIED

Ms. Colman provided detail for the budget amendment:

- Additional COVID funding has been received; carry-forward for FY23 was unknown when the FY23 budget was approved. Additional funds have been allocated to providers.
- An increase in the block grant line item of \$150 thousand. This is based on additional funds received for a priority population position.
- Adjustments have been made to Medicaid and Healthy Michigan budgets based on revenues received (additional \$29 million);

- A reduction in gambling disorders grant is reflected due to the discovery of an error by the state and funds were taken back. LRE was able to cover that reduction across various categories so as not to negatively impact providers.
- The approved amendment will be presented to the LRE Board of Directors

#### STATE/REGIONAL UPDATES (Stephanie VanDerKooi/Mark DeYoung)

##### **HealthWest Leadership Changes**

HealthWest Director has resigned, and an interim director has been named (Cyndi Blair).

##### **Updated Board Roster**

Please submit any corrections to Patricia Genesky (patriciag@lsre.org)

##### **Strategic Planning Update**

Strategic Plan – LRE Board has adopted updated the mission, vision, and value statements. The LRE logo has been refreshed. Strategic priorities are being identified with input from LRE staff, Regional Operations Advisory Teams, and Board members. Next step will be to identify metrics. The final draft should be presented to the Board in May and will be shared with the Oversight Policy Board in June.

##### **Opiate Settlement**

State and PIHPs will be receiving funding for Opioid Abuse prevention, recovery, harm reduction, and treatment. Parameters have not yet been clearly defined. Some populations have been identified. Funding will be distributed to the state: Half will be distributed to the PIHPs; the remaining funds will be distributed directly to municipalities. Distribution is spread out over 18 years. Additional details will be shared with this Board as they become available.

##### **Legislative Update**

The document provides an overview of state and federal legislative activity focusing on substance use disorders and mental health. Michigan Association of County has been working with legislators to identify local needs. Updates will be provided as they are available.

#### PREVENTION UPDATES – Amy Embury

##### **FY22 Summary of Prevention Providers Report**

LRE will be engaged in SUD Prevention procurement for FY24. There are currently 11 prevention providers with whom the LRE contracts. Notification will be published at the end of March; an RFP will be released in May with RFP due at the end of June. LRE team will review and score the applications. Recommendations will be presented to both the OPB and the LRE Board for approval. RFP will focus on block grant dollars and not specialty grant projects.

Data collected includes the number served, direct hours, number of individuals reached through the marketing campaign. MiFi and YAS are completed annually. Results of these surveys inform how the regional providers will proceed with prevention services for education and maximum impact.

**FY22 Gambling Disorder Report**

Prevention activities in which LRE engaged in FY22 included provider prevention projects, regional marketing campaign, a youth gambling prevention program, and scholarships for clinicians to attend the National Council conference. Strategic Planning objectives, strategies and activities for FY22 were reviewed.

**FY22 TalkSooner Report**

Focus has been on community outreach and how this program impacts youth and communities. Upcoming campaign starting in March, “ Make the Chatter Matter” in partnership with MDOT – opportunities to have conversation with kids when traveling.

**SUD TREATMENT UPDATES** – Amanda Tarantowski

**FY22 SUD Treatment Evaluation Report** – Ms. Tarantowski was unavailable to report. Ms. VanDerKooi provided updates.

**FY22 SUD Treatment Community Impact Report**

Accomplishments for FY22 – this information will be included in the Annual Impact report. Review of programs provided using SOR, Native American Grant, WSS and ARPA/COVID Grants.

**COMMENTS/UPDATES:**

Legislative Update – a significant number of individuals are expected to be disenrolled from Medicaid. Enrollees will need to engage in the redetermination process to maintain benefits. Member CMHSPs and Providers are focusing on this concern.

**NEXT MEETING**

June 7, 2023 – 4:00 PM  
CMHOC Board Room

**ADJOURN**

OPB 23-05 Motion: To adjourn the March 1, 2023 LRE Oversight Policy Board meeting.

Moved by: Parnin

Support: Sebolt

MOTION CARRIED

Mr. Sweeney adjourned the March 1, 2023 LRE Oversight Policy Board meeting at 5:03 PM

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Patrick Sweeney, Chair

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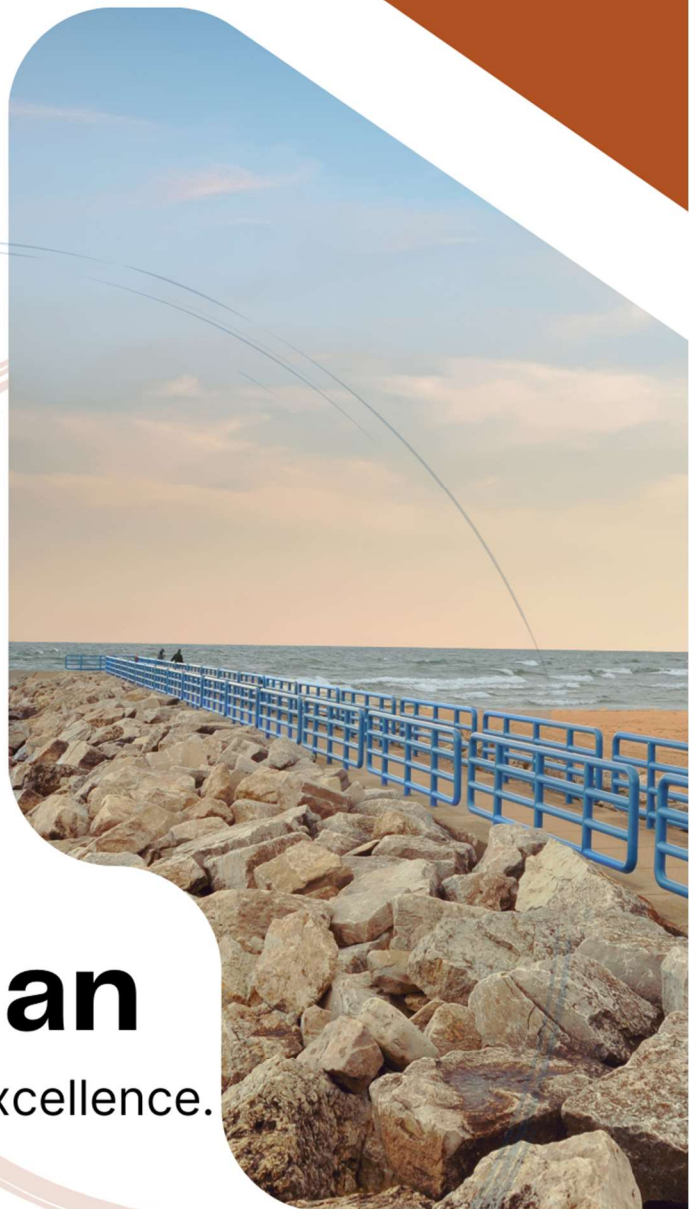
Secretary



# Strategic Plan

Regional Leadership. Local Excellence.

JUNE 2023





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

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

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

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

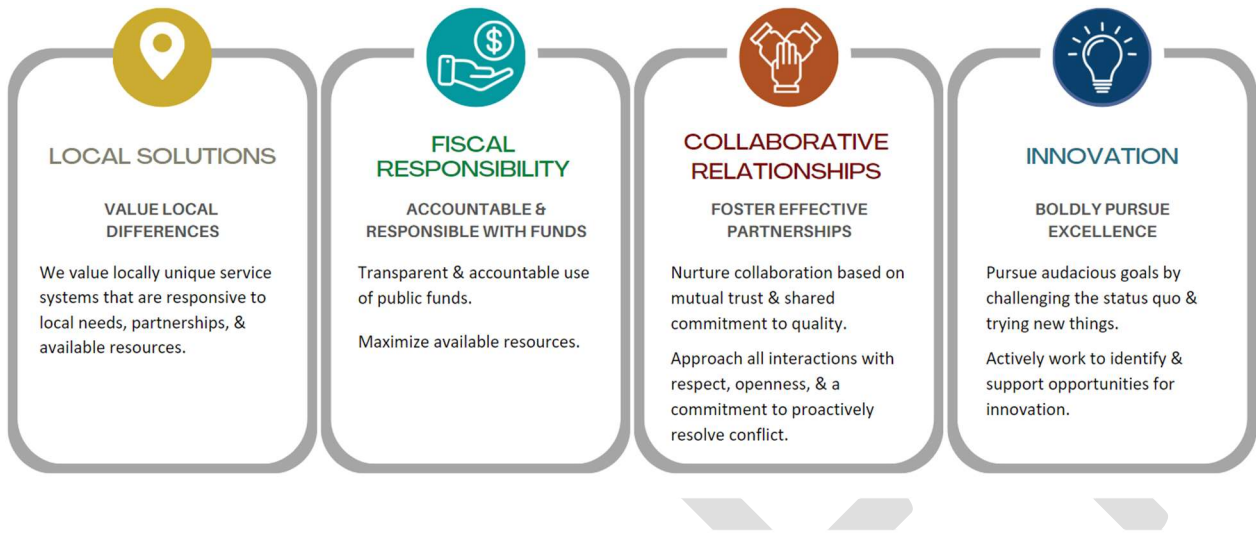
Development of this plan involved information gathering, development of a guiding framework, and identification of strategic priorities to identify action areas and prioritize tactics. Input from internal and external stakeholders, leadership, and staff was incorporated throughout each stage of development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



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

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

**Our Values:**

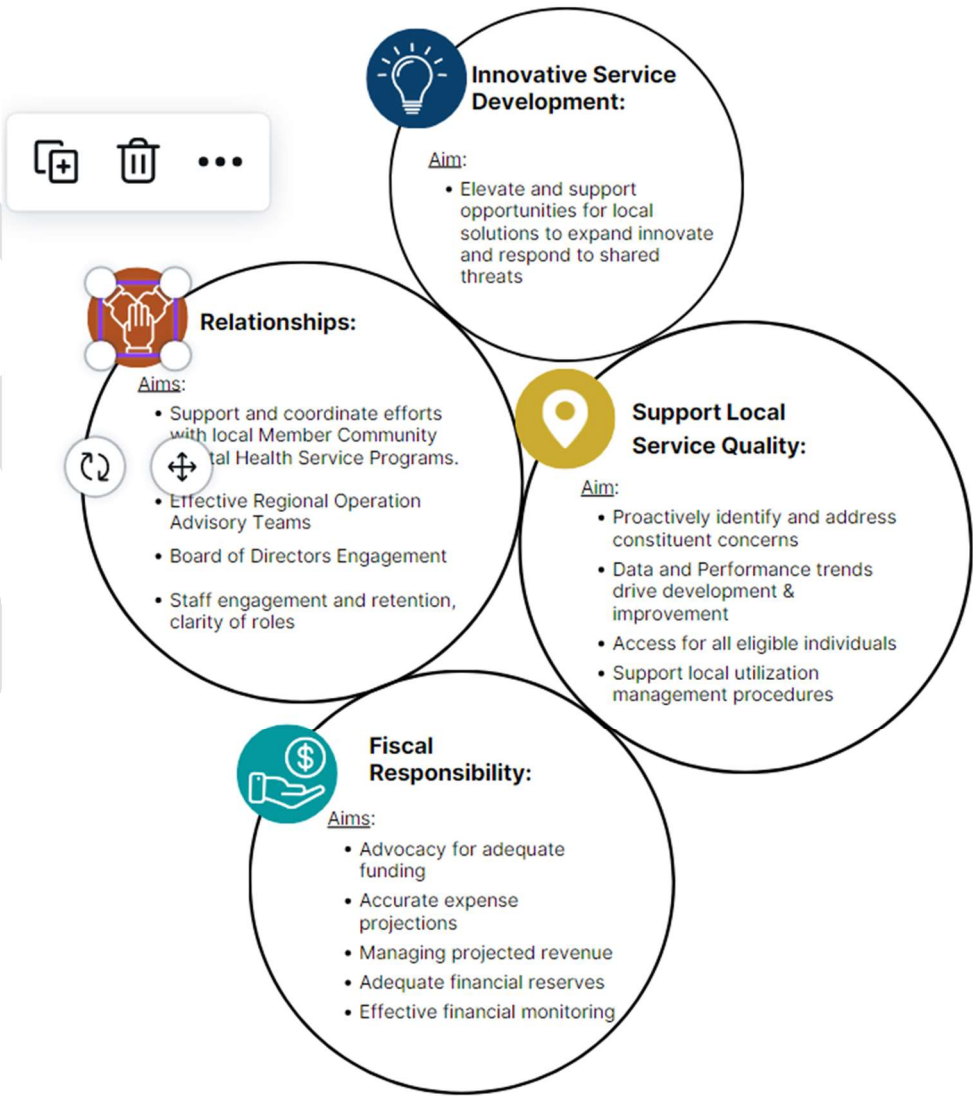


The strategic plan that follows documents how the organization will put these values into action in the coming years.

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

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

An overview of the aims targeted within the plan for each value is shown in the image on the right. For details, refer to pages 4 through 19.



## Acronyms:

The following provides a list of acronyms used throughout this document.

BOD - Board of Directors  
CAP - Correction Action Plan  
CCO-Chief Compliance Officer  
CEO - Chief Executive Officer  
CFI - Contract and Financial Issues  
CFO - Chief Financial Officer  
CIO - Chief Information Officer  
CMHAM - Community Mental Health Association of Michigan  
CMHSPs - Community Mental Health Service Programs  
COO-Chief Operating Officer  
DASC-Data Analytics Steering Committee  
EDIT - Encounter Data Integrity Team Workgroup  
EQI - Encounter Quality Initiative  
FSR - Financial Status Report  
HLOC – Higher Level of Care  
ISF- Internal Service Fund  
IT - Information Technology  
LRE - Lakeshore Regional Entity  
OAC - Operations Advisory Council  
OPB - Oversight Policy Board  
PN - Provider Network  
QI - Quality Improvement  
QIC - Quality Improvement Committee  
ROAT - Regional Operations Advisory Team  
SEDW & 1915 (i) SPA - Serious Emotional Disturbance Waiver (I) State Plan Amendment  
SUD -Substance Use Disorder  
UM - Utilization Management



## Strategic Priority: Fiscal Responsibility

### Metrics:

- Region spending in FY26 will not exceed revenue.
- Internal Services Fund goal will be achieved by September 30, 2026.

### Aim: Advocate for appropriate rate.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Annually review state actuarial rate certification letter and work with an actuarial firm to conduct local review if rates seem inaccurate. Advocate as appropriate for reconsideration.  <b>Lead:</b> Stacia Chick, CFO	LRE finance staff review state report to assess accuracy and identify potential concerns.	CEO, CFO & Finance Team	X	X	X	X	September or as provided by the State
	CEO reviews impact of state actuarial rate certification letter with BOD to determine whether a local actuarial report is warranted. CEO and BOD identify next steps as necessary.		X		X	X	October (or as provided by State)

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

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Develop multi-year financial forecasting at the regional and Member level with estimated revenue and funding needs.  <b>Lead:</b> Stacia Chick, CFO	Annually engage an actuarial firm to conduct a multiyear forecast to predict revenue.	CFO & Finance Team		X	X	X	Annually in May
	Review Revenue Forecast from actuarial firm to assess individual Member CMHSP and regional funding estimates in comparison to revenue anticipated. If anticipated expenses exceed predicted revenue: – Finance ROAT identifies potential regional approach to reduce expenses for consideration by the OAC, and approval by the LRE BOD. and			X	X	X	Annually in June

	<ul style="list-style-type: none"> <li>CMHSPs develop individual funding plans in partnership with the LRE and approved by the OAC.</li> </ul>						
	Provide the Member CMHSPs with analysis of Encounter Quality Initiative (EQI) cost and utilization data and encourage them to utilize the data to improve the accuracy of service expenditure projections.		X	X	X	X	March, June & Oct. each year
	<p>LRE Finance provide quarterly updates to identify emerging financial concerns:</p> <ul style="list-style-type: none"> <li>Monitor Member surplus (&gt;5%) and/or deficits (&gt;1%) required to be reported on the monthly FSR to the LRE Finance Team and at the Finance ROAT.</li> <li>The Finance Team will alert members of the LRE internal Quality Improvement (QI) committee.</li> <li>Correction Action Plan (CAP) Procedure will be implemented according to Policy 4.9.</li> </ul>		X	X	X	X	January, April, July, Oct. each year

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

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Work with Finance ROAT to increase predictability of service expenditures.	Identify potential issues that may impact revenue; review Revenue Projections (monthly and as needed) with Finance ROAT; elevate concerns to OAC as appropriate to determine next steps	CFO, Finance Team, & IT Team	X	X	X	X	Monthly
<b>Lead:</b> Stacia Chick, CFO	LRE participates in the MDHHS rate setting meetings and CMHAM CFI meeting; provide updates to Finance ROAT at monthly meeting or via email.		X		x	x	Monthly
	<p>Per 2023 Region 3 Rate Evaluation, Policy and Financial Analysis Recommendations – Establish consistency of use of local modifiers as follows to improve regional ability to assess and monitor rate variation:</p> <ul style="list-style-type: none"> <li>Encounter Data: Establish regional guidelines for allowing Member CMHSPs to include local modifiers for encounters data that provide</li> </ul>			X			June

	<p>supporting information to explain rate variances in the LRE's data warehouse. Develop Power BI reports to be analyzed periodically.</p> <ul style="list-style-type: none"> <li>– Evaluation and Management code modifiers: Evaluate adding credentialing modifiers (AF, AG, AH and SA) to the rates for 99212-99215 to allow for variation of rate based for physicians and mid-level providers.</li> </ul>						
	Update Region 3 Rate Evaluation, Policy, and Financial Analysis annually to identify recommendations for review and discussion with LRE Exec. Team, LRE EDIT Workgroup, Finance ROAT, and OAC.	CFO & Finance Team		X	X	X	Annually in June
	<p>Per 2023 Region 3 Rate Evaluation, Policy, and Financial Analysis Recommendations – Explore opportunities to establish regional rate ranges, with a minimum and maximum rate to help improve network stability while allowing CMHSPs to set rates based on local factors.</p> <p>Expand process used to discuss trends and provider concerns re rates (i.e. SUD Rate group) whereby each Member CMHSP conducts an analysis of the potential impact on their organization of a rate change and whether it is feasible; resulting in a vote whether to move forward with a regional rate change.</p>	CFO & Finance Team		X	X	X	Annually in June
<p>Maintain timely financial procedures</p> <p><b>Lead:</b> Stacia Chick, CFO</p>	Newly developed Member payment schedule will be implemented to ensure consistency of cash flow and payment timing, will be updated regularly housed on the Finance ROAT Teams Channel for Member ease of access. Annually discuss process with Finance ROAT to assess whether the process is effective and modify procedure(s) as necessary.	CFO & Finance Team		X	X	X	Annually in July

**Aim: Maintain Adequate financial reserves.**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Determine appropriate level of Internal Service Fund (ISF) balance (within state defined standards); direct funds to ISF until achieved.  <b>Lead:</b> Stacia Chick, CFO	Develop an analysis with the actuarial firm of best-practice recommendations for ISF balance within mandated levels, and an analysis of historical LRE levels in relation to deficit issues.	CFO & Finance Team		X	X	X	Annually in May
	Host facilitated discussions with LRE Executive Team, Finance ROAT and OAC to determine the necessity and optimal level.	Stacia Chick, CFO and Finance Team	X	X	X	X	Sept. & March annually
	At least annually determine whether any funds are available to direct to ISF (until target is achieved), based on the previous fiscal year-end FSR.	Stacia Chick, CFO and Finance Team		X	X	X	Annually in March
	Annually discuss process with Finance ROAT to assess whether the process is effective and modify policies and/or procedures as necessary.	Stacia Chick, CFO and Finance Team		X	X	X	Annually in July

**Aim: Maintain effective financial monitoring.**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Develop clear, easily understandable reporting that accurately reflects the financial status and reserves.  <b>Lead:</b> Stacia Chick, CFO	Provide training for LRE BOD to support their ability to effectively review and make meaningful conclusions from Monthly Financial Statement. As new BOD members join, provide this information in the Orientation process.	CFO & Finance Team, CEO		X	X	X	As needed
Identify potential efficiencies in reporting processes to reduce administrative burden.  <b>Lead:</b> Stacia Chick, CFO	Utilize newly developed standardized FSR template and maintain financial reporting site to provide Finance Related information in one place for easy Member access. Monitor effectiveness and modify as appropriate based on Member feedback.	CFO & Finance Team	X	X	X	X	Monthly





## Strategic Priority: Service Quality

### Metrics:

- By the end of FY24 and annually thereafter, a majority of OAC members will report agreement that the ROAT effectively uses data to inform service improvement efforts.
- The Provider Network Adequacy report for FY2026 will identify no substantial gaps in service availability.

### Aim: Proactively identify and address constituent concerns.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Identify areas of concern and develop plans of action.	Include a standing agenda item at OAC, Provider Network ROAT, and Clinical ROAT meetings for CMHSP representatives to note locally identified areas of concern or emerging challenges.	CEO, COO, Clinical/UM Manager, PN Managers		X	X	X	Establish by Jan. 2024 & then monthly
<b>Lead:</b> Stephanie VanDerKooi, COO	For areas of concern shared by a majority of Members, OAC discuss and determine whether to address issue regionally; assign to a ROAT for further action where appropriate.	CEO, OAC Members, ROAT Leads		X	X	X	Establish by Jan. 2024, then monthly
	COO or Member CEO ROAT representative provide plan of action and status update to OAC.	COO		X	X	X	Ongoing as needed

### Aim: Data and Performance Trends Drive Development and Improvement.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Meaningful data review for each service area.	Work with ROAT groups to select priority areas of focus by service area to monitor	COO, DASC	X	X	X	X	4Q annually
<b>Lead:</b> Stephanie VanDerKooi, COO & Ione Myers, CIO	Develop or modify existing data reports to provide a streamlined report/dashboard to monitor priority areas identified (as necessary); draft reviewed by ROAT to inform final version.	COO, CIO, DASC		X			End of FY24
	Quarterly review of data reports/dashboards for regional and Member-level data to inform discussion.	DASC			X	X	Quarterly



	DASC review data for all ROAT groups to identify successes, challenges, and areas that need attention; provide guidance to ROAT staff leads on data issues to discuss with the ROAT group to determine any action required.	COO, CIO, DASC			X	X	2Q for prior FY
	ROAT staff report back to DASC on discussion and plans of action.	ROAT Leads			X	X	Quarterly
Annually review data dashboards and discontinue reporting on data elements identified as unnecessary. <b>Lead:</b> Stephanie VanDerKooi, COO	Data Analytics Steering Committee develop list of data elements to consider eliminating.	COO, CIO, DASC		X	X	X	2Q annually
	List reviewed by LRE Exec Team to identify any that must be kept.	Exec. Team		X	X	X	
	Each ROAT review list and identify any elements that must be kept.	ROAT staff Leads		X	X	X	
Improve data accuracy by encouraging timely reporting by Members and providers. <b>Lead:</b> Stephanie VanDerKooi, COO	Review and standardize contract language and non-compliance processes and procedures regarding reporting requirements. Review and update annually as needed.	PNMs, CCO	X	X	X	X	Develop 4Q FY23, submit for adoption Oct.23; annual review
	Implement corrective action plan Policy for non-compliance for timely reporting: – Member performance issues that meet the criteria for issuance of a CAP, per LRE’s CAP/Performance Improvement Policy, will be managed by the assigned PN Manager (PNM). – PNMs, in collaboration with the staff subject matter expert, will review and approve Member CAPs. – CAPs will be monitored at QI Committee (QIC) for adequacy and progress, with PNMs providing updates as specified in the CAP, until the deficiency(ies) have been satisfactorily remediated. QIC will approve CAP closure.	COO, PNMs		X	X	X	As needed

<p>Improve reconciliation process for Members to review submitted encounter data and make corrections.</p> <p><b>Lead:</b> Ione Myers, CIO</p>	<p>Trainings for CMHSPs – strategies to help them utilize the tools they currently have at their disposal:</p> <ul style="list-style-type: none"> <li>- LIDS error response for each encounter file.</li> <li>- LRE Fastlane Encounters per FY download (CMHSP can download on-demand).</li> <li>- LRE EQI Encounters Summary &amp; EQI details (provided in advance of due date).</li> <li>- LRE EQI Encounters Summary vs CMHSP EQI Compare (provided after each submission).</li> <li>- Milliman EQI Detail File: Provided as able, when made available by MDHHS/Milliman.</li> </ul>	CIO & IT ROAT		X			End of FY24
	Require CMHSPs to demonstrate capability and completion of the 5 bullet points directly above.				X		End of FY25
	Work with IT ROAT To ID additional tools needed to support their work, for which the LRE might be able to make available to CMHSPs at IT ROAT.				X	X	4Q for upcoming FY
	Establish processes to ensure Member CMHSPs/provide a time stamp for each encounter to allow for identification of duplicate and overlapping services to reduce time required for CMHSPs to conduct unnecessary investigation.			X			End of 1Q FY24

**Aim: Access for all eligible individuals.**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
<p>Ensure service PN adequacy by monitoring critical providers to ID those that lack financial stability; establish special arrangements as necessary to support continuation of services.</p> <p><b>Lead:</b> Stephanie VanDerKooi, COO</p>	PN ROAT, LRE staff, and/ or Member CEOs identify a provider at risk should notify CEO.	CEO, PN Managers		X	X	X	Monthly
	Annual review of provider network adequacy by relevant ROAT to inform their work.			X	X	X	
	LRE CEO convene OAC members, or add to next agenda for discussion, depending on urgency	CEO	X		X	X	
	OAC members discuss any local action being taken and determine a regional response.	OAC members	X		X	X	

**Aim: Support local implementation of consistent utilization management procedures.**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Support consistent regional understanding of common UM requirements.  <b>Lead:</b> Stephanie VanDerKooi, COO	Further develop policies and organizational procedures to include a clear outline of LRE/CMHSP responsibilities. Establish policy and procedure to complete retrospective sample reviews of CMHSP HLOC retro reviews.	Clinical Manager, UM Coordinator, UM and Clinical ROATs	X	X	X	X	Development 4Q of FY23 & implement annually thereafter
	Perform quarterly review of randomly selected preadmission screens and continued stay reviews		X	X	X	X	Quarterly
	Conduct annual Inter-rater reliability exam of all UM supervisors and CMHSP UM Department staff, track results, assess need for additional training based on results, provide feedback and training to CMHSPs.			X	X	X	Annually
	Work with UM ROAT to ID & prioritize service categories that may benefit from development of a utilization review process template for Members to apply; develop recommended review process(es) and provide as a resource to Members.		X	X	X	X	4Q of FY23 and annually thereafter for following FY
Develop LRE's regional standardized levels of care and eligibility criteria processes.	Assess regional crisis & access functions through collaboration with Clinical/UM ROAT and workgroup structure as needed.	Clinical Manager, UM Coordinator, UM and Clinical ROATs		X	X	X	1Q FY24
	Create workgroup to address standardization of Crisis Pre-screen process and documentation.			X			Establish 2Q FY24
	Assess & regionally standardize initial and on-going training structure and assessment of staff use and application of level of care tools.			X			By end of FY24
	Standardize process/procedure for use of level of care tools from access to treatment including standard data collection procedures.			X			By end of FY24
	Develop regional authorization grid to include expected authorization ranges for all services.			X			By end of FY24



## Strategic Priority: Relationships

### Metrics:

- By the end of FY24 and annually thereafter, a majority of OAC members will report agreement that the LRE effectively coordinates advocacy for the region.
- By the end of FY24 and annually thereafter, a majority of ROAT members report agreement that the ROAT is an effective tool to support local efforts and foster regional coordination.
- By the end of FY24, and annually thereafter, a majority of BOD members will report agreement that the board functions effectively.
- The LRE will maintain annual staff retention at 90% or greater each fiscal year.

### Aim: Support and coordinate efforts with local Member Community Mental Health Service Programs.

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Advocate with one voice: Improve ability to develop timely and compelling analysis and communications regarding the impact of new or proposed unfunded mandates or legislation to improve advocacy efforts at the state level.  <u>Lead:</u> Stephanie VanDerKooi, COO	Region representatives on the CMHAM Advocacy subgroup notify COO of emerging concerns as identified.	COO		X	X	X	Bi-monthly
	COO's compile monthly legislative summary regarding proposed legislation and/or mandates that would affect PIHPs. Review with BOD Exec Team or full BOD; SUD related reviewed with Oversight Policy Board.	COO, SEDW & 1915 (i) SPA Specialist	X	X	X	X	Monthly
	BOD Exec Team or full BOD identify call to action when appropriate; consider whether to reactivate BOD Advocacy committee.	Board Chair	X	X	X	X	4Q FY23, and as needed thereafter
	LRE financial staff assigned responsibility to analyze the issue and provide a summary report describing potential impact.	Finance Team	X	X	X	X	
	CEO use report to discuss next steps with BOD and determination made for what advocacy action to take (e.g. champion issue with CMHAM, PIHPs, and Member CEOs)	CEO	X	X	X	X	
Establish key metrics to monitor financial and service delivery standards	Determine key metrics for finance and each service area; provide opportunity for OAC to review and provide input prior to implementation.	CEO, Exe. Assistant, CFO	X				4Q FY23

for members and parameters that require additional explanation, support, or corrective action plans.  <u>Lead:</u> Mary Marlatt-Dumas, CEO	LRE determine recommended acceptable parameters; submit to BOD for review/ approval	CEO, Exe. Assistant	X				4Q FY23
	Provide data summary of key metrics as a dashboard for each Member and the region.	CEO, Exe. Assistant, COO		X	x	x	Annual review

**Aim: ROAT Groups serve as an effective tool to support local efforts and foster regional coordination**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Reduce duplicative planning by multiple ROAT groups and ensure information is shared effectively with each group as appropriate.  <u>Lead:</u> Stephanie VanDerKooi, COO	LRE staff conduct an internal review of the current issues being addressed by each ROAT, identify duplication, assign issues to each ROAT group and develop a matrix that summarizes responsibilities.  As new issues arise, LRE staff discuss and determine which group will be assigned; update master document and ensure each ROAT lead is informed.	LRE staff internally at the Operation's Team, engage remainder of LRE Exec Team as appropriate	X				End of 1Q FY24
	Identify which ROATs should receive information about each issue (that are not assigned the issue). Include determination of which portions of HSAG findings should be provided to which ROAT group.		X		X	X	Within 30 days of HSAG findings received
	COO (who attends all ROAT groups) monitor discussions to identify duplicative planning by ROAT groups not assigned the issue; redirect to assigned ROAT group and ensure information sharing.	COO	X		X	X	Monthly
	Each ROAT annually review their charge, including their assigned scope of responsibilities, to ensure consistent understanding.	ROAT staff lead	X		X	X	Annually in 4Q

ROAT group to identify priorities for their work annually.  <u>Lead:</u> Stephanie VanDerKooi, COO	COO annually facilitate discussion with each ROAT to prioritize product/processes to develop focus of efforts for the next fiscal year.	ROAT staff lead	X		X	X	Annually in 4Q
	ROAT staff lead add prioritized work as standing agenda items until complete.		X		X	X	Monthly
Provide opportunities for CMHSP members to support their peers.  <u>Lead:</u> Stephanie VanDerKooi, COO	Provide ongoing opportunities for ROAT group members to share innovations, discuss local challenges; ROAT staff lead add as standing agenda items.	ROAT staff lead	X		X	X	Monthly
	ROAT staff lead add as a standing agenda item to provide an opportunity for members to ask questions of their peers and request mentoring/coaching support.		X	X	X	X	Monthly
Support ROAT lead staff in planning and facilitating effective ROAT meetings.  <u>Lead:</u> Stephanie VanDerKooi, COO	Develop guidance to staff ROAT leaders for the management of a ROAT group, including their role, responsibilities, and expectations.	COO		X			End of 1Q FY24
	Add standing agenda item to each ROAT to review action items at completion of meeting and ensure they are recorded in the minutes.	ROAT staff lead		X	X		
LRE staff attending state workgroups provide updates to relevant ROAT workgroups.  <u>Lead:</u> Stephanie VanDerKooi, COO	Identify each LRE staff person who is assigned to attend each state workgroup. Maintain list as new groups are established.	Exec. Assistant, Operations		X	X	X	End of 1Q FY24
	Identify which ROAT groups should receive info regarding the group.	COO		X	X	X	
	Each ROAT staff lead should ensure the state workgroup update is provided to their ROAT group and provide minutes. If additional information is needed, the ROAT staff lead will communicate with attendee for clarification on behalf of the ROAT.	ROAT staff lead		X	X	X	Monthly

**Aim: Support effective engagement of the Board of Directors**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Ensure new members receive information to fulfill their role effectively.	Develop a BOD handbook that includes history and perspectives	CEO, Exe. Assistant	X				End of 4Q FY23
	Develop a new member orientation and review member handbook.	CEO, Exe. Assistant	X				End of 4Q FY23
Foster positive working relationships amongst Directors	Provide opportunity for members to ask questions of their peers and request mentoring/coaching support.	CEO		X	X	X	Annually
	Provide team building opportunities among Directors.	CEO		X	X	X	Annually
Ensure effective meeting procedures.	Assess BOD functioning and identify opportunities to improve the effectiveness of the group.	Consultant		X			End of FY24
	Provide educational opportunities regarding areas of LRE business	CEO	X	X	X	X	As needed
Facilitate discussion and exploration of key issues	<p>For issues requiring BOD action:</p> <ul style="list-style-type: none"> <li>– Schedule discussion and provide materials in advance to allow members adequate time to review relevant materials.</li> <li>– Staff provide a summary analysis of the situation that includes potential pros and cons, potential impact, and suggested action with supporting rationale.</li> <li>– Schedule adequate time for discussion related to the issue.</li> </ul>	CEO, Board Chair	X	X	X	X	Monthly or as needed

**Aim: Staff engagement and retention**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Support staff development opportunities.	Promote meaningful training opportunities for staff and provide additional reimbursement for participation in a limited number of approved trainings.	LRE Exec Team	X	X	X	X	Ongoing
	Assess leadership qualities and skills to identify strengths and deficits for members of the Executive Team; develop skill-building and growth.	CEO		X			End of 2Q FY24


**Strategic Priority: Innovative Service Development**
**Metrics:**

- By end of FY24 and annually thereafter, a majority of OAC members report agreement that:
  - The LRE fosters regional discussion to explore potential innovation.
  - The LRE supports regional coordination in response to emerging threats.
- By end of FY24 and annually thereafter, a majority of ROAT members report agreement that the ROAT provides opportunities to explore innovations.

**Aim: Elevate and support opportunities for local solutions.**

Strategy	Process/Tactics:	Responsible	4Q FY23	FY24	FY25	FY26	Target
Support Members in exploring innovations and to identify and respond to threats.	ROAT groups that discuss innovations or system threats; elevate to the OAC by Member CEO ROAT representative or COO.	COO		X	X	X	Monthly
	OAC add a standing agenda item to discuss local innovations or system threats; identify ROAT groups that should discuss or additional regional planning or training needs.	CEO, Exe. Assistant		X	X	X	Monthly
	OAC include a standing agenda to identify common challenges to identify potential regional opportunities, and additional regional planning as desired.	Exec. Assistant		X	X	X	Monthly



**Lakeshore Regional Entity  
Substance Use Disorders  
FY23 Block Grant Expenditures**

	Year Ending 9/30/2023	Year To Date 4/30/2023	Budget to Actual Variance	
	FY23 Budget Budget Am 1	FY23 Budget to Date	Actual	
<b>Block Grant</b>				
<b>Operating Revenues</b>				
SUD Block Grant (includes SDA)	6,572,632	3,834,035	2,925,546	908,490
SUD Block Grant SOR	3,451,558	2,013,409	1,065,672	947,737
SUD Block Grant Gambling	171,801	100,217	87,166	13,051
SUD Block Grant COVID	2,462,368	1,436,381	551,635	884,747
Drug Free Communities (DFC) Grant	125,000	72,917	78,304	(5,387)
SUD Block Grant Amer Rescue Plan Act (ARPA)	644,060	375,702	132,665	243,036
<b>Total Operating Revenues</b>	<b>13,427,419</b>	<b>7,832,661</b>	<b>4,840,987</b>	<b>2,991,674</b>
<b>Expenditures - Treatment</b>				
<b>LRE Direct &amp; Regional Administration - Treatment</b>	225,000	131,250	145,394	(14,144)
LRE Administration - SOR	250,768	146,282	79,954	66,327
LRE Administration - COVID	10,000	5,833	7,135	(1,301)
<b>Treatment Payments to Members</b>				
OnPoint (Allegan Co CMH) - Treatment	454,395	265,064	83,012	182,052
OnPoint (Allegan Co CMH) - SOR	278,375	162,385	39,405	122,980
OnPoint (Allegan Co CMH) - COVID	70,629	41,200	71,024	(29,824)
OnPoint (Allegan Co CMH) - ARPA	75,000	43,750	400	43,350
Healthwest - Treatment	903,290	526,919	300,748	226,172
Healthwest ARPA	25,000	14,583	0	14,583
Healthwest SOR	964,454	562,598	343,506	219,092
Healthwest - COVID	256,015	149,342	121,103	28,239
Network180 - Treatment	2,524,216	1,472,459	1,073,296	399,163
Network 180 - SOR	1,246,476	727,111	414,976	312,135
Network 180 - ARPA	175,000	102,083	60,565	41,518
Network180 - COVID	529,537	308,897	114,068	194,828
CMH of Ottawa County - Treatment	858,610	500,856	341,604	159,251
CMH of Ottawa County - SOR	257,295	150,089	9,204	140,885
CMH of Ottawa County - ARPA	200,000	116,667	0	116,667
CMH of Ottawa County - COVID	548,233	319,803	74,378	245,424
West Michigan CMH - Treatment	358,839	209,323	183,572	25,751
West Michigan CMH - SOR	198,900	116,025	71,024	45,001
West Michigan CMH - COVID	52,800	30,800	32,120	(1,320)
<b>Expenditures - Prevention</b>				
<b>LRE Direct &amp; Regional Administration - Prevention</b>	229,399	133,816	168,730	(34,913)
LRE Direct & Regional Administration - COVID	160,000	93,333	14,363	78,970
LRE Direct & Regional Administration - ARPA	22,500	13,125	5,158	7,968
LRE Direct & Regional Administration - Prevention SOR	41,090	23,969	2,815	21,154
LRE Direct Administration - Gambling	50,401	29,401	30,248	(847)
LRE Direct Administration - DFC	25,000	14,583	2,010	12,573

## Expenditures - Prevention - continued

<b>OnPoint (Allegan Co CMH) - Prevention</b>	214,011	124,840	172,548	(47,708)
OnPoint (Allegan Co CMH) - Prevention SOR	39,000	22,750	22,656	94
OnPoint (Allegan Co CMH) - Prevention ARPA	16,666	9,722	14,276	(4,554)
OnPoint (Allegan Co CMH) - Prevention COVID	86,802	50,635	18,825	31,810
<b>Arbor Circle / Pathways - Prevention</b>	175,273	102,243	170,822	(68,580)
Arbor Circle / Pathways - Prevention SOR	25,000	14,583	9,617	4,966
Arbor Circle / Pathways - Prevention Gambling	27,400	15,983	14,320	1,663
Arbor Circle / Pathways - ARPA	31,908	18,613	21,815	(3,202)
Arbor Circle - COVID	212,282	123,831	87,745	36,086
<b>District 10 Health Department - Prevention</b>	57,259	33,401	43,426	(10,025)
District 10 Health Department - SOR	37,200	21,700	17,589	4,111
District 10 Health Department - ARPA	14,766	8,614	5,287	3,326
District 10 Health Department - COVID	57,830	33,734	640	33,094
District 10 Health Department - DFC	100,000	58,333	80,406	(22,073)
District 10 Health Department - Gambling	32,000	18,667	6,157	12,510
<b>Family Outreach Center - Prevention</b>	27,467	16,022	27,467	(11,445)
Family Outreach Center - Prevention Gambling	31,000	18,083	17,011	1,072
Family Outreach Center - ARPA	13,930	8,126	0	8,126
Family Outreach Center - COVID	76,284	44,499	18,692	25,807
<b>Kent County Health Department - Prevention</b>	54,839	31,989	54,839	(22,850)
Kent County Health Department - Prevention SOR	65,000	37,917	38,464	(548)
Kent County Health Department - ARPA	16,667	9,722	16,667	(6,945)
Kent County Health Department - COVID	82,431	48,085	3,314	44,771
<b>Mercy Health - Prevention</b>	35,839	20,906	31,528	(10,622)
Mercy Health - COVID	38,293	22,338	7,991	14,347
Mercy Health - ARPA	9,168	5,348	300	5,048
<b>Network 180 - Prevention</b>	79,687	46,484	79,687	(33,203)
Network 180 - COVID	83,431	48,668	15,027	33,641
<b>Ottawa County Health Department - Prevention</b>	16,517	9,635	16,517	(6,882)
Ottawa County Health Department - Prevention SOR	28,000	16,333	9,274	7,059
Ottawa County Health Department - ARPA	8,810	5,139	3,209	1,930
Ottawa County Health Department - COVID	45,873	26,759	120	26,639
<b>Community Mental Health of Ottawa County - COVID</b>	51,269	29,907	12,279	17,628
Community Mental Health of Ottawa County - ARPA	8,810	5,139	159	4,981
<b>Public Health Muskegon County - Prevention</b>	294,025	171,515	230,396	(58,881)
Public Health Muskegon County - Prevention Gambling	31,000	18,083	18,360	(276)
Public Health Muskegon County - Prevention SOR	20,000	11,667	6,350	5,316
Public Health Muskegon County - ARPA	9,168	5,348	0	5,348
Public Health Muskegon County - COVID	42,671	24,891	11,716	13,175
<b>Wedgwood Christian Services - Prevention</b>	63,966	37,314	63,966	(26,653)
Wedgwood Christian Services - COVID	57,988	33,826	27,578	6,248
Wedgwood Christian Services - ARPA	16,667	9,722	4,830	4,892

<b>Total Expenditures</b>	13,427,419	7,832,661	5,191,684	2,640,977
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**Total Change in Net Assets**

<b>0</b>	<b>0</b>	<b>(350,696)</b>	<b>350,696</b>
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As of 5/31/23

# Lakeshore Regional Entity Substance Use Disorders FY23 PA2 Expenditures

	Year Ending 9/30/2023	Year To Date 4/30/2023		
	FY23 Budget Amendment 1	FY23 Budget to Date	Actual	Budget to Actual Variance
<b>PA2</b>				
<b>Operating Revenues</b>				
PA2 Liquor Tax - Current FY	3,249,131	1,895,326	1,985,148	(89,821)
PA2 Liquor Tax - Reserves	0	0	0	0
<b>Total Operating Revenues</b>	<b>3,249,131</b>	<b>1,895,326</b>	<b>1,985,148</b>	<b>(89,821)</b>
<b>Expenditures - Prevention</b>				
OnPoint (Allegan Co CMH) - Prevention	90,039	52,523	0	52,523
Arbor Circle / Pathways - Prevention	283,227	165,216	85,898	79,318
District 10 Health Department - Prevention	48,681	28,397	2,241	26,157
Family Outreach Center - Prevention	35,533	20,728	4,190	16,538
Kent County Health Department - Prevention	267,161	155,844	173,095	(17,251)
Mercy Health - Prevention	23,818	13,894	21,018	(7,125)
Network 180 - Prevention	270,313	157,683	27,868	129,814
Community Mental Health of Ottawa County	61,000	35,583	28,178	7,406
Ottawa County Health Department - Prevention	75,408	43,988	27,601	16,387
Public Health Muskegon County - Prevention	40,975	23,902	0	23,902
Wedgwood Christian Services - Prevention	61,034	35,603	0	35,603
<b>Expenditures - Treatment</b>				
Treatment Payments to Members				
OnPoint (Allegan Co CMH)	101,887	59,434	0	59,434
Healthwest	355,144	207,167	11,837	195,331
Network180	1,228,280	716,497	352,061	364,436
CMH of Ottawa County	210,615	122,859	63,989	58,869
West Michigan CMH	96,016	56,009	0	56,009
<b>Total Expenditures</b>	<b>3,249,131</b>	<b>1,895,326</b>	<b>797,975</b>	<b>1,097,351</b>
<b>Total Change in Net Assets</b>	<b>0</b>	<b>0</b>	<b>1,187,172</b>	<b>(1,187,172)</b>

As of 5/31/23

**Lakeshore Regional Entity  
Substance Use Disorders  
FY23 Medicaid Treatment Expenditures**

Year To Date Through 4/30/23

CATEGORY	CMHSP Medicaid YTD Totals	LRE Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
<b>Total Expenditures for Treatment Services</b>	\$ 3,341,575.01	\$ -	\$ 8,907,544	37.51%
Women's Specialty Services	\$ 242,336.01	\$ -	\$ 837,600	28.93%
Other Specialty Services		\$ -	\$ -	0.00%
Access Management System	\$ 172,303.36	\$ -	\$ 140,202	122.90%
General Administration	\$ 53,458.69	\$ 48,554.52	\$ 487,276	20.94%
<b>GRAND TOTAL OF SA EXPENDITURES</b>	<b>\$ 3,809,673.07</b>	<b>\$ 48,554.52</b>	<b>\$ 10,372,622</b>	<b>37.20%</b>
<b>SOURCE OF FUNDS</b>				
Medicaid	\$ 3,809,673.07	\$ 48,554.52	\$ 10,372,622	37.20%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
<b>TOTAL FUNDING</b>	<b>\$ 3,809,673.07</b>	<b>\$ 48,554.52</b>	<b>\$ 10,372,622</b>	<b>37.20%</b>

As of 5/31/23

**Lakeshore Regional Entity  
Substance Use Disorders  
FY23 Healthy MI Plan Treatment Expenditures**

Year To Date Through 4/30/23

CATEGORY	CMHSP HMP YTD Totals	LRE Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
<b>Total Expenditures for Treatment Services</b>	\$ 4,822,800.42	\$ -	\$ 18,194,448	26.51%
Women's Specialty Services	\$ 133,931.54	\$ -	\$ 567,561	23.60%
Other Specialty Services		\$ -	\$ -	0.00%
Access Management System	\$ 242,114.13	\$ -	\$ 210,777	114.87%
General Administration	\$ 76,077.07	\$ 99,117.52	\$ 933,710	18.76%
<b>GRAND TOTAL OF SA EXPENDITURES</b>	<b>\$ 5,274,923.16</b>	<b>\$ 99,117.52</b>	<b>\$ 19,906,496</b>	<b>27.00%</b>
<b>SOURCE OF FUNDS</b>				
Healthy MI Plan	\$ 5,274,923.16	\$ 99,117.52	\$ 19,906,496	27.00%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
<b>TOTAL FUNDING</b>	<b>\$ 5,274,923.16</b>	<b>\$ 99,117.52</b>	<b>\$ 19,906,496</b>	<b>27.00%</b>

As of 5/31/23



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

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



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

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

### STATE LEGISLATION

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

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

## BILLS & REGULATIONS PERTAINING TO SUD

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

## FEDERAL LEGISLATION

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

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



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

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

### LEGISLATIVE CONCERNS

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

## MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
<b>FY24 State Budget Recommendations</b>	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> <li>• \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support.</li> <li>• \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%)</li> <li>• \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.</li> </ul>		<p>Access budget material at:  <a href="https://www.michigan.gov/budget">https://www.michigan.gov/budget</a></p>
<b>MIHealthyLife</b>	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		<a href="https://michigan.gov/MIHealthyLife">MIHealthyLife (michigan.gov)</a>
<b>CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment</b>	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		<a href="#">A disappointing report card for primary care - POLITICO</a> (relevant information is about halfway down the page)
<b>Post-Pandemic Telehealth Policy</b>	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		<a href="#">Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)</a>

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

**STATE OF MICHIGAN  
101ST LEGISLATURE  
REGULAR SESSION OF 2022**

Introduced by Senator Schmidt

## **ENROLLED SENATE BILL No. 1222**

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

*The People of the State of Michigan enact:*

Sec. 5. As used in this act:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Adopt and use a corporate seal.

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

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

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

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

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

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

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

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

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

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

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

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

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

(o) Establish and maintain an office.

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

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

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

(s) Develop a convention facility.

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

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

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

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

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

(y) Enter into a public-private arrangement.

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

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

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

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

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

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

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

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

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

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

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

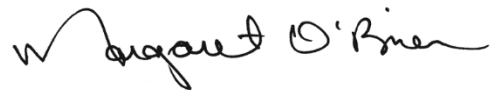
(4) The board by resolution may establish a regional convention facility operating trust fund for the purpose of accumulating funds to pay for the cost of operating and maintaining a qualified convention facility. Money for operating and maintaining a qualified convention facility, at the authority's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

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

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

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

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



Secretary of the Senate



Clerk of the House of Representatives

Approved \_\_\_\_\_

\_\_\_\_\_  
Governor



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



Telephone: (517) 373-5383  
Fax: (517) 373-1986

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

## **CONTENT**

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

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

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

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



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

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

Legislative Analyst: Olivia Ponte

### **FISCAL IMPACT**

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

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

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

Date Completed: 12-1-22

Fiscal Analyst: Bobby Canell  
Cory Savino, PhD

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Bill Analysis @ [www.senate.michigan.gov/sfa](http://www.senate.michigan.gov/sfa)

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.



## SUD Prevention Providers Site Review 2023 Schedule

Date	Agency	Time (virtually only)
7/31/23	Onpoint	1-3
8/4/23	Kent Co Health Dept	1:30-3:30
8/8/23	Wedgwood	9:30-11:30
8/11/23	DHD10	1:30 -3:30
8/14/23	Net180	10-12
8/16/23	FOC	9:30-11:00
8/21/23	Arbor Circle	10-12
8/22/23	Public Health Muskegon	1-3
8/25/23	Ottawa CMH	9:30-11:30
8/28/23	Trinity Health	9:30-11:30
8/28/23	Ottawa Public Health	1-3

## ATTACHMENT 7

Synar will be completed during the month of June with each of the 7 county Prevention Providers Designated Youth Tobacco Use Representatives (DYTUR) support. This project is part of a larger effort to determine the sales rates of tobacco, vaping and alternative nicotine products to individuals under the age of 21 as part of Michigan's compliance with the Synar amendment and observance of the federal Tobacco 21 law. The Synar amendment holds states to a Retailer Violation Rate of twenty percent or less. Failure to complete this project successfully, may result in significant loss of federal dollars for substance abuse prevention and treatment in Michigan.

MDHHS is responsible for the random draw of retailers taken from the Tobacco Master Retailer List (a list of businesses that sell tobacco, vapor, or alternative nicotine products). Sample lists will be supplied by MDHHS to ten regional behavioral health entities, the Prepaid Inpatient Health Plans (PIHP). Each PIHP is responsible for Synar survey implementation in its respect region. The survey involves visiting randomly selected outlets that sell tobacco products, vapor products, and/or alternative nicotine products, either over the counter or through vending machines. Every county has a Designated Youth Tobacco Use Representative (DYTUR) that organizes their county efforts with an underage inspector and serves as the adult chaperone. The LRE also oversees the No Cigs for our Kids Campaign which provides vendor education in efforts to aid retailer compliance.

**The Lakeshore Region Entity Synar compliance checks pull from MDHHS for the Synar period of June 1-June 30, 2023 is below by county. A Retailer Violation rate will be available in July for each county and the LRE region as a whole.**

County	Checks
Allegan County	6
Kent County	21
Lake County	1
Mason County	1
Muskegon County	10
Oceana County	1
Ottawa County	11
<b>LRE Total</b>	<b>51</b>

# KNOW THE FACTS

## The Toll of Tobacco in Michigan

Data and source information can be found at [tobacco-freekids.org](http://tobacco-freekids.org)



### YOUTH TRENDS



3,200



The number of youth (under 18) who become new daily smokers each year.

### AMONG MICHIGAN HIGH SCHOOL STUDENTS...



The percent who smoke, compared to 4.6 percent nationally.



The percent who use e-cigarettes, compared to 11.3 percent nationally.

### HEALTH IMPACT



The percent of cancer deaths in Michigan attributed to smoking.

16,200



The number of Michigan adults who die each year from smoking.

**Smoking kills more people** than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes — such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smoke- less tobacco use.

### FINANCIAL BURDEN



\$4,620



The amount per household of state and federal taxes Michigan residents pay for smoking-caused government expenditures.

\$11.5 billion



The amount of smoking-caused productivity losses.

\$5.33 billion



The amount of annual health care costs directly caused by smoking.

### DESIGNATED YOUTH TOBACCO USE REPRESENTATIVES

#### Allegan County

Heidi Denton  
(269) 673-6617 x2714  
[hdenton@accmhs.org](mailto:hdenton@accmhs.org)

#### Kent County

Ally Kaza  
(616) 367-0575  
[ally.kaza@kentcountymi.gov](mailto:ally.kaza@kentcountymi.gov)

#### Lake County

Qur'an Griffin  
(231) 368-1051  
[qgriffin@dhd10.org](mailto:qgriffin@dhd10.org)

#### Mason County

Grace Richardson  
(231) 316-8583  
[grichardson@dhd10.org](mailto:grichardson@dhd10.org)

#### Muskegon County

Danielle Hall  
(231) 724-1211  
[Hallda@co.muskegon.mi.us](mailto:Hallda@co.muskegon.mi.us)

#### Oceana County

Gracie Kierczynski  
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#### Ottawa County

Tim Findlay  
(616) 393-5776  
[tfindlay@miottawa.org](mailto:tfindlay@miottawa.org)

The mission of No Cigs for Kids is to educate tobacco retailers about compliance with the youth tobacco act and reduce the number of vendors selling tobacco to minors.

# Emerging Drug Trends

## Webinar Opportunities



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

[WWW.LSRE.ORG](http://WWW.LSRE.ORG)

### SPEAKER:

## KAREN WILLIAMS

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

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

### Session 1

**JULY 14, 10-11:30am**

[Brain Chemistry: Its What](#)

### **Drugs of Abuse Mess With**

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

[CLICK HERE](#) to register for this session.

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



Lakeshore Regional Entity  
5000 Hakes Dr. Ste 100  
Muskegon, MI 49441  
[WWW.LSRE.ORG](http://WWW.LSRE.ORG)

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

## Session 2

**AUGUST 4, 10-11:30am**

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

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

[CLICK HERE](#) to register for this session.

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



## Session 3

**August 11, 10-11:30am**

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

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

[CLICK HERE](#) to register for this session.

April 2023



Substance Use Disorder Treatment Evaluation  
Monitoring Report

Quarterly Update:  
2nd Quarter FY 2023

This report has been abbreviated from previous fiscal years to include only key data points for issues currently targeted for improvement. Metrics that have been excluded will be reviewed annually.



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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 2nd quarter of FY23.

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 2-3 of this report provide a snapshot for each metric, including a brief description of the findings, whether the trend is improving or worsening, and the header provides a link to the page referenced that provides detailed results for the indicator.

In-depth results for each metric for the region and CMHSPs are provided on pages 4-12. Other data being monitored begins on page 13.



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 the previous fiscal year.

Data analyzed for this report was refreshed on 3/27/23 for BH TEDS and 3/29/23 for encounters. Any data entered after these dates will be reflected in subsequent reports. For details on data parameters, refer to the corresponding detailed tables provided separately.

## Commonly Used Acronyms and Abbreviations:

**Q1 - 1st quarter**

**Q2 - 2nd quarter**

**Q3 - 3rd quarter**

**Q4 - 4th quarter**

**avg - average**

**CJ - Criminal Justice**

**IOP - Intensive Outpatient**

**LRE - Lakeshore Regional Entity**

**LOC - Level of care**

**LT Res - Long term residential level of care**

**MA - Methamphetamine**

**MAT- Medication Assisted Treatment**

**OP- Outpatient**




**OOD - Opioid Use Disorder**

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



**TTS - Time to Service**

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

## TREATMENT ACCESS




Metrics	Page	Data Summary	Trend
<u>Criminal Justice (CJ):</u> ↑ admissions with CJ involvement (Metrics #1 -3)	pg 4	Region-wide in Q2, 40% of individuals admitted had criminal justice involvement. The most reported involvement was 'on probation' which increased slightly to 24% in Q2; w/ increases in Allegan (45%), Muskegon (26%), Lake (20%), and Oceana (24%).	
<u>MAT Time to Service:</u> #5. ↓ avg days between request and 1st service for persons with opioid use disorder (OUD)	pg 5	Time to Service (TTS) for individuals seeking MAT services improved substantially in FY22 (5.6 days) and have remained relatively stable in Q1 (6.6) and Q2 (4.6). During Q2 Ottawa had the longest TTS (9.5) followed by Mason (7.8).	
<u>Time to Service IVDU:</u> #6. Maintain an average wait time of <3 days for persons with IVDU	pg 6	Among individuals with IVDU, the region's wait time in Q2 was 7.2 days; similar to FY22 (7.1) but slightly higher than in Q1 (6.2). TTS in Q2 ranged from low of 4.2 in Kent, to a high of 12.3 in West MI counties.  TTS for clients with IVDU to Outpatient was 5.1 days, ranging from a high of 15.8 in West MI counties to a low of 2.9 in Kent during Q2.	

## ENGAGEMENT AND RETENTION

Metrics	Page	Data Summary	Trend
<u>Integrated Treatment:</u> #9. ↑ % of clients w/ co-occurring diagnosis (COD) receiving integrated services	pg 8	The % of clients with COD that received integrated treatment has remained relatively low but has been increasing steadily since FY19, achieving a high of 16% in Q2.  During Q2 every CMHSP except Allegan improved from the prior quarter. Ottawa has achieved the greatest improvement with continual improvement.	
<u>One Encounter:</u> #11. ↓ % of treatment episodes with no 2nd visit*	pg 9	The % of treatment episodes with only one encounter have been improving in FY23 with a low of 7% in Q2, compared to 12% for FY22.	

\*Data criteria modified for this indicator. Treatment episodes with only an assessment and a discharge reason reported as something other than having 'dropped out' are now excluded from analysis.

## CONTINUITY OF CARE FOLLOWING DETOX & ST RES

Metrics	Page	Data Summary	Trend
<u>ST Res TTS Next LOC:</u> #16. ↓ avg # days between discharge and admission to next LOC following ST Res and #15. ↑ % of clients discharged from ST Res admitted to the next LOC) w/in 7 days	pg 11	Since FY21 the % admitted to the next LOC within 7 days following ST Res has been improving & achieved a high of 79% in Q2.  For clients who were not admitted within 7 days, the average time between discharge and subsequent admission improved substantially in Q2 to a low of 10.8 days; almost a full week faster than in prior fiscal years.	  
<u>ST Res Discharge Reason:</u> #17. ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	pg 12	Incorrectly coded discharges have increased during FY23 with the percent of discharges from ST Res and detox identified as 'completed treatment' increasing in Q1 and Q2 from the prior FY.  <i>Note: The discharge reason for detox and ST Res should not be 'completed treatment' since the intention is to continue care at another provider at a lower level of care.</i>	

## Other Data to Monitor

Metrics	Page	Data Summary
<u>Admissions by Primary Drug</u>	pg 13	In Q2, primary drugs reported at admission remained relatively stable as a region, with a small decrease for heroin (17%) and increase in methamphetamine (16%). Admissions for MA increased in Muskegon, Kent, and Ottawa counties.
<u>Methamphetamine (MA) Involved Admissions</u>	pg 16	MA-involved admissions increased in Q2 for the 1st time since FY21 to a high of 28%. MA-involved admissions increased the most in Kent (21%), and Oceana (52%) counties.  Region-wide, the rate of admissions involving both MA and an opioid remained stable between 9 and 10%. However, rates were substantially higher in Oceana (31%) and Muskegon (14%) counties.

# TREATMENT ACCESS

FY23 Q2

## Priority: CRIMINAL JUSTICE-INVOLVED POPULATIONS

Metric #1. Increase admissions w/ legal status, on parole/probation

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

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

Engaging criminal justice-involved populations in services when they return to the community is a priority.

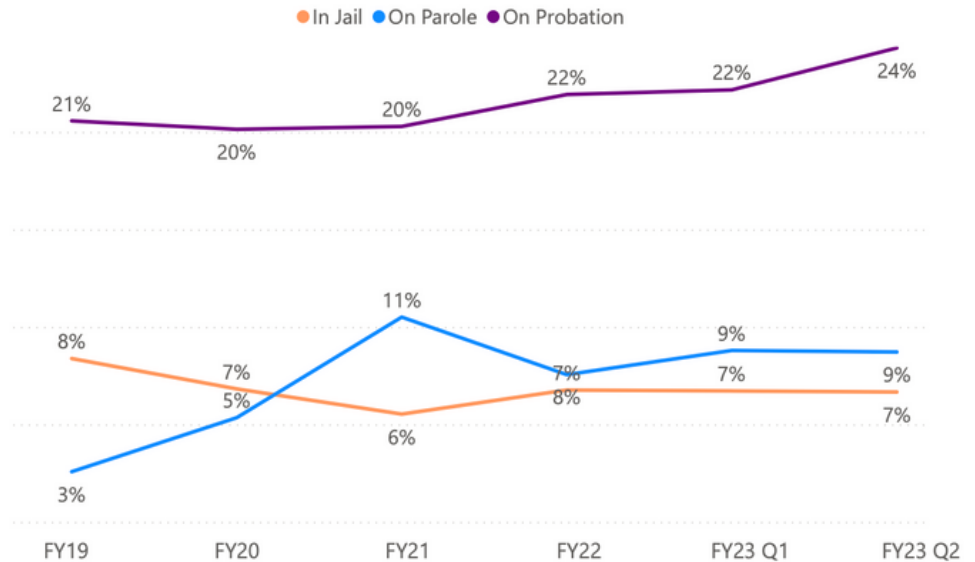
### Data Highlights:

Region-wide, 40% of admissions had criminal justice involvement in 2Q. The majority of these were individuals 'on probation'.

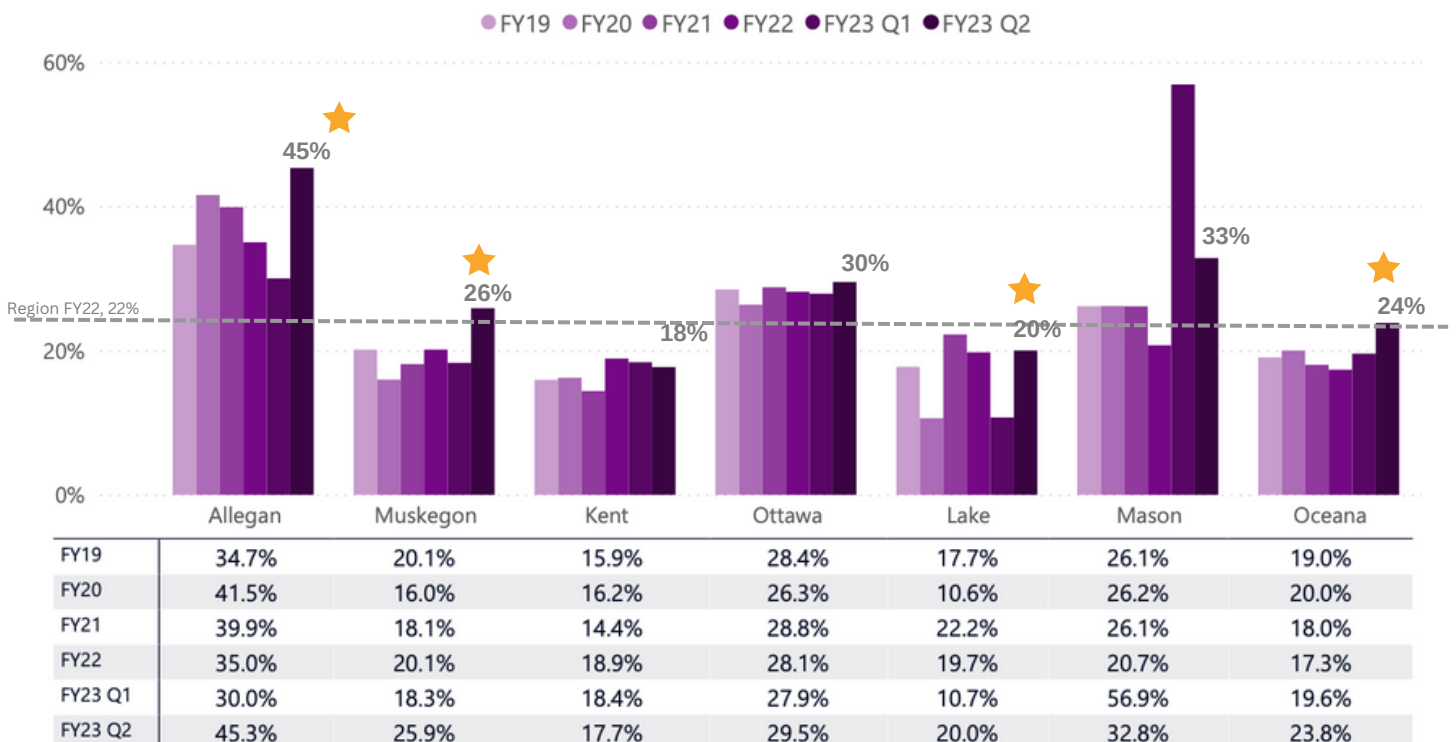
The rate for admissions with legal status as pre or post booking diversion remain consistently low (<1%).

Rates of admissions identified as 'on probation' continue to be higher in Allegan and increased in Muskegon, Lake, and Oceana counties during Q2.

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



### Percent of Admissions with Legal Status as On Probation at Admission by County



# TREATMENT ACCESS

FY23 Q2

## Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER

Metric #5. Decrease average days between request for service and first service for persons living with an opioid use disorder (OUD)

### Data Highlights:

TTS for individuals with an OUD is primarily affected by delays in admissions for medication assisted treatment (MAT). During 2Q, TTS for individuals in the region seeking medication assisted treatment (MAT) was 4.6 days, decreasing slightly from the previous quarter and slightly lower than FY22.

During FY21 TTS for MAT reached a high of 14 days, with county averages ranging from a low of 1 to a high of 31 days. Region-wide, TTS during FY22 was substantially shorter and has sustained during the first half of FY23.

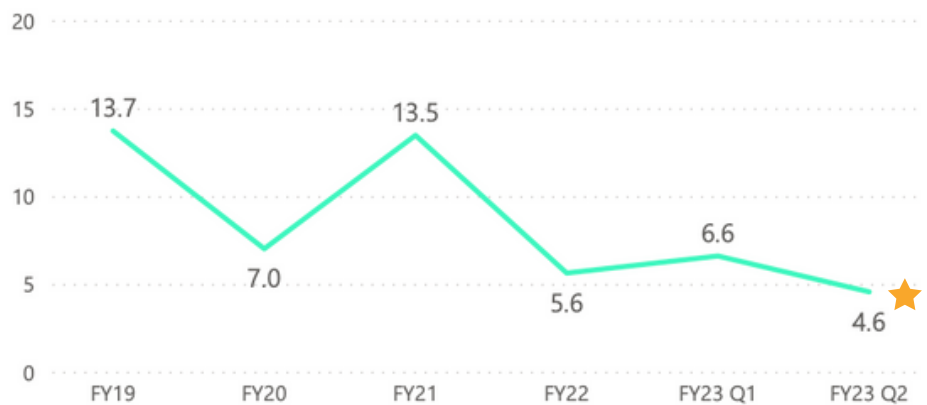
Historically, variation was primarily due to intermittent use of a waitlist in Muskegon County which artificially suppresses TTS while in place.

During Q2 TTS for MAT improved for Allegan, Kent, Lake, and Ottawa but worsened for Mason County.

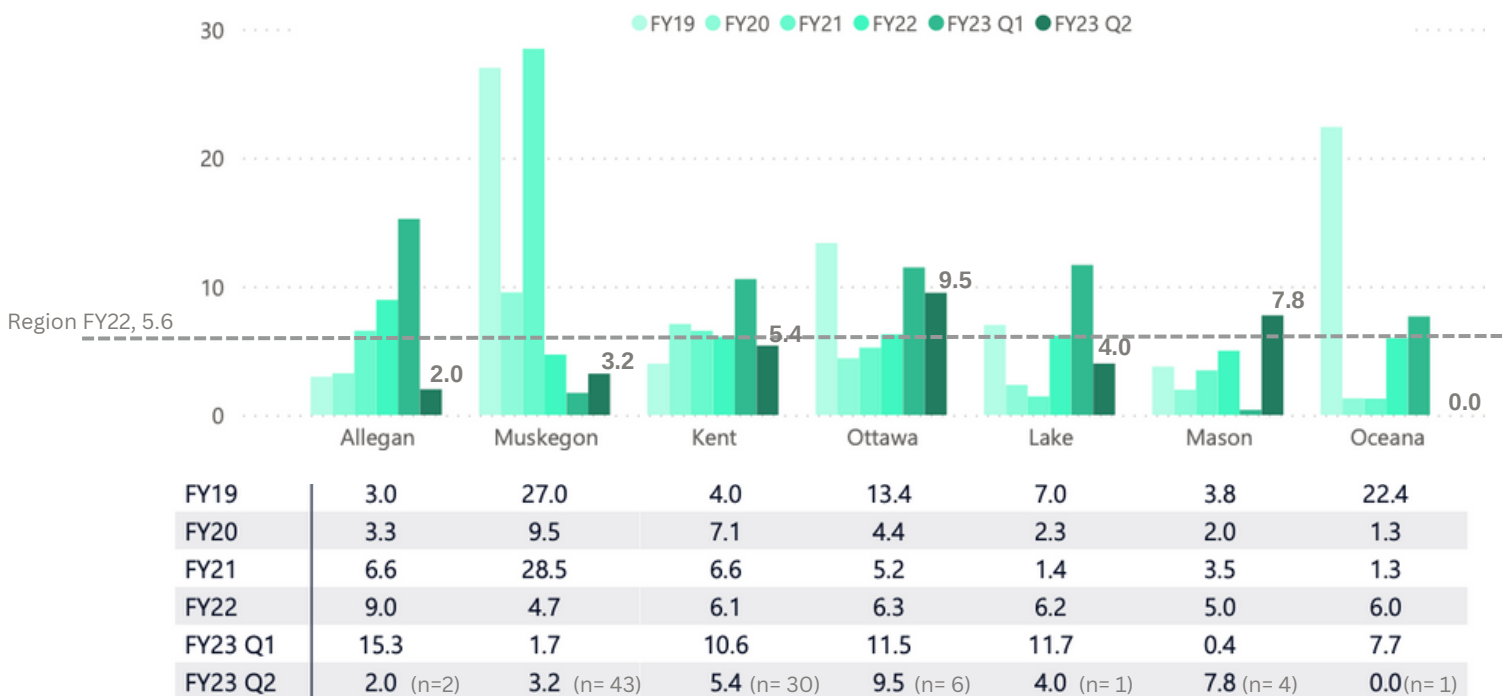
### TTS:

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 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)

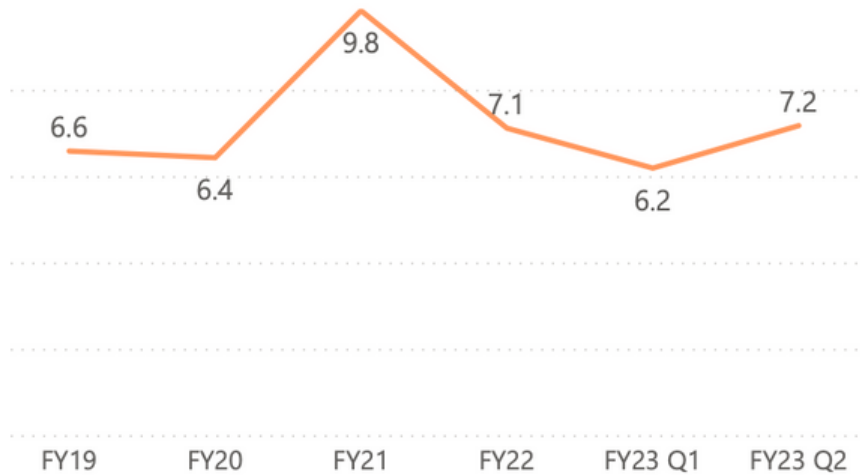
Metric #6. Maintain an average wait time of < 3 days for persons with IVDU to service.

### Data Highlights:

Among individuals with IVDU, the average time to service was 7.2 days in Q2; one full day longer than the prior quarter but similar to FY22. The state goal of 3 days or less was not achieved.

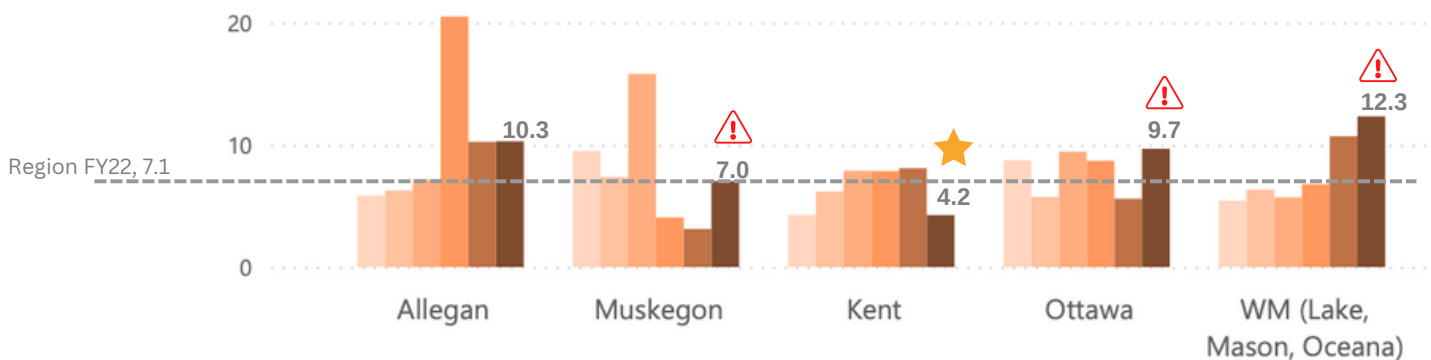
Across the region, TTS for clients with IVDU ranged from lows of 3.7 in Muskegon and 4.2 in Kent, to a high of 12.3 for West MI counties where TTS has been increasing during FY23.

**Average Time to Services for Clients with IVDU (T.5)**



**Average Time to Service for Clients w/IVDU by CMHSP (T.5)**

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2

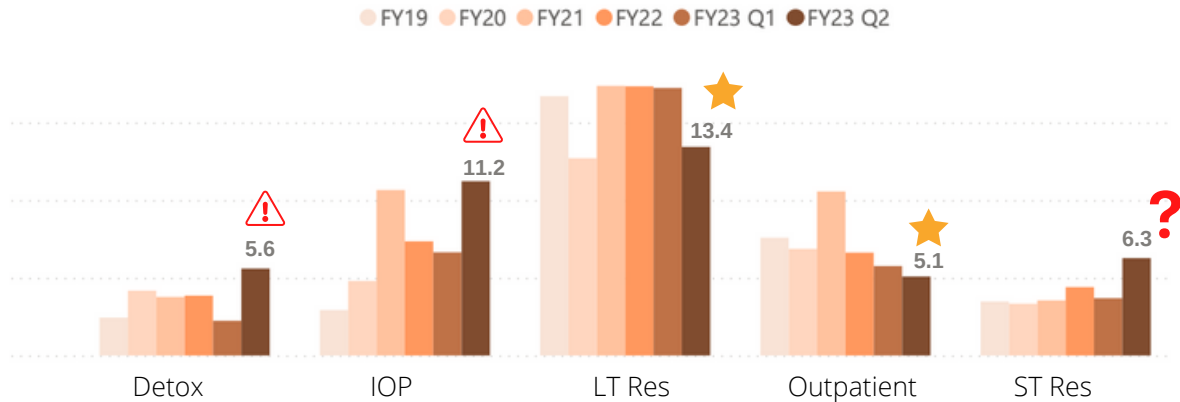


FY19	5.9	9.5	4.3	8.7	5.4
FY20	6.3	7.4	6.2	5.7	6.3
FY21	7.2	15.8	7.9	9.4	5.7
FY22	20.5	4.1	7.9	8.7	6.8
FY23 Q1	10.3	3.1	8.1	5.6	10.7
FY23 Q2	10.3 (N=7)	7.0 (N=63)	4.2 (N=60)	9.7 (N=28)	12.3 (N=21)

# TREATMENT ACCESS

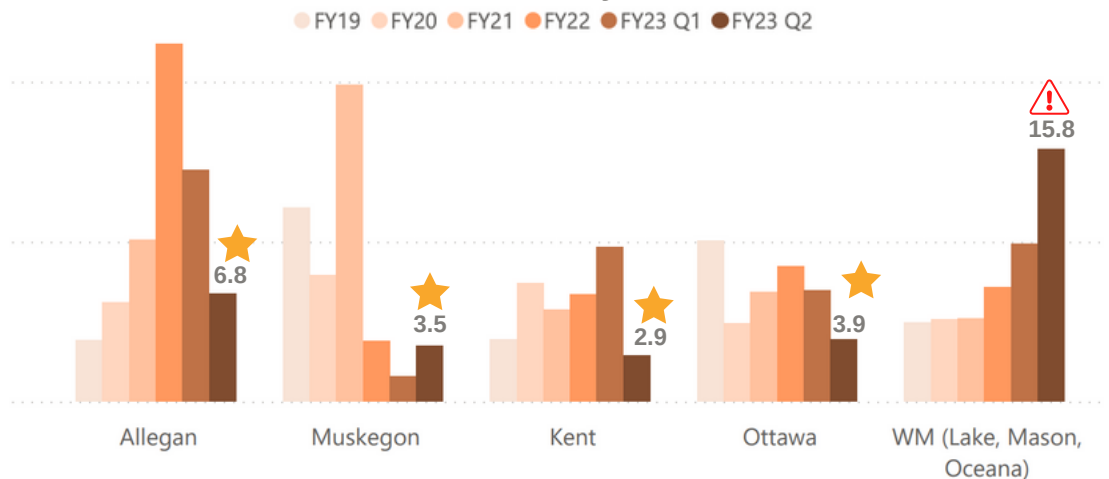
When TTS for clients with IVDU is broken out by service category, LT Res improved but continued to have the longest TTS at 13.4 days, followed by intensive outpatient which worsened in Q2 to 11.2 days. TTS for detox almost doubled in Q2 to 5.6 days. TTS for ST Res also decreased which seems unlikely due to the service typically occurring immediately following detox at the same provider. **This may indicate that providers are entering the date of service request incorrectly.**

**Average Time to Services for Clients with IVDU by Service Category (T.5)**



	Detox	IOP	LT Res	Outpatient	ST Res
FY19	2.4	2.9	16.7	7.6	3.5
FY20	4.2	4.8	12.7	6.9	3.3
FY21	3.8	10.7	17.4	10.6	3.5
FY22	3.9	7.4	17.3	6.6	4.4
FY23 Q1	2.2	6.6	17.2	5.8	3.7
FY23 Q2	5.6 (N=40)	11.2 (N=27)	13.4 (N=23)	5.1 (N=78)	6.3 (N=11)

**Average Time to Outpatient (non-intensive) Services for Clients with IVDU by CMHSP (T.5)**



	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY19	3.8	12.1	3.9	10.1	4.9
FY20	6.2	7.9	7.4	4.9	5.1
FY21	10.1	19.8	5.7	6.8	5.2
FY22	22.4	3.8	6.7	8.5	7.2
FY23 Q1	14.5	1.6	9.7	7.0	9.9
FY23 Q2	6.8 (N=4)	3.5 (N=36)	2.9 (N=18)	3.9 (N=9)	15.8 (N=10)

TTS for clients with IVDU to outpatient services ranged from a high of 15.8 in West MI counties to a low of 2.9 in Kent County, which was the only county to achieve the goal of <3 days in Q2.



# ENGAGEMENT AND RETENTION

## Priority: CLIENTS WITH CO-OCCURRING DISORDERS RECEIVE INTEGRATED TREATMENT.

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

The following provides information about treatment episodes for individuals with a co-occurring diagnosis (COD) who were reported as having received integrated treatment at discharge. Integrated treatment is defined as "Client with co-occurring substance use and mental health problems being treated with an integrated treatment plan by an integrated team."

Services can be provided by one provider, or multiple providers if services are coordinated and there is one treatment plan with input from both disciplines. An HH modifier must be used for all encounters recorded as 'receiving integrated treatment'.

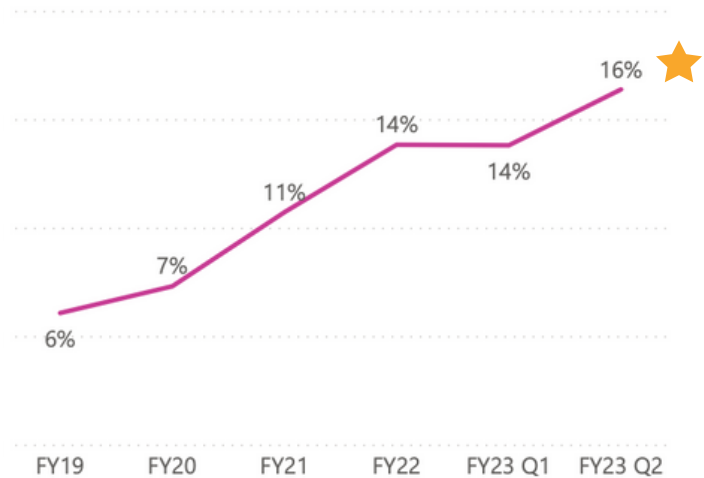
### Data Highlights:

The percentage of clients with COD that are reported as having received integrated treatment has remained relatively low but has been increasing steadily since FY19 with a high of 16% in Q2.

Since FY19, all counties have achieved an improved rate with Ottawa County achieving the greatest improvement with a high of 39.5% in Q2.

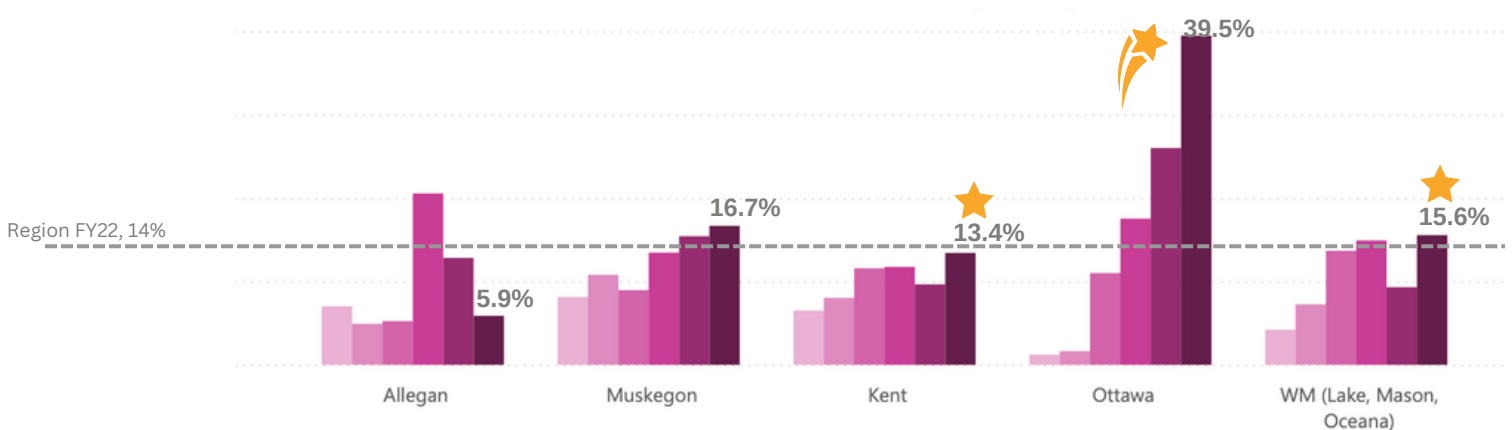
During Q2, every CMHSP except Allegan improved from the prior quarter.

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



### Percent of Clients with COD that Received Integrated Treatment by CMHSP (T.8)

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



	FY19	FY20	FY21	FY22	FY23 Q1	FY23 Q2
Allegan	7.0%	4.9%	5.3%	20.5%	12.8%	5.9% (1 of 17)
Muskegon	8.1%	10.8%	9.0%	13.5%	15.4%	16.7% (25 of 150)
Kent	6.5%	8.0%	11.6%	11.7%	9.7%	13.4% (29 of 216)
Ottawa	1.2%	1.7%	11.0%	17.5%	26.0%	39.5% (15 of 38)
WM (Lake, Mason, Oceana)	4.2%	7.3%	13.7%	14.9%	9.3%	15.6% (14 of 90)



# ENGAGEMENT AND RETENTION

## Priority: INCREASED TREATMENT ENCOUNTERS

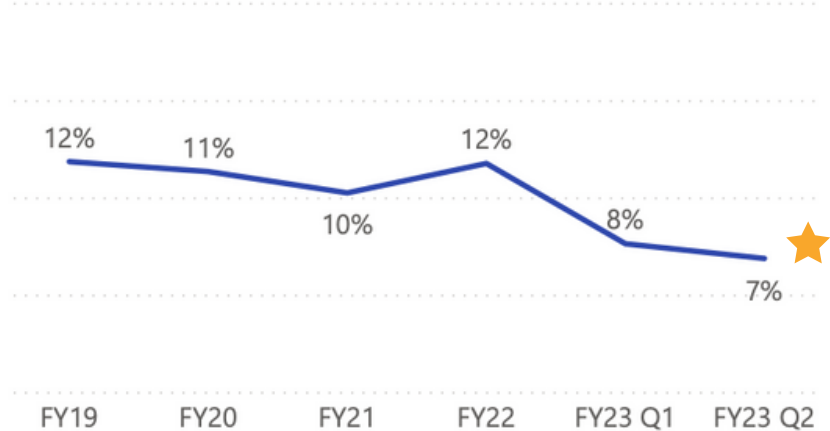
Metric #11. Decrease % of treatment episodes with no 2nd visit.

### Data Highlights:

For treatment episodes that warranted more than an assessment, the percentage of episodes with only one encounter has been improving in FY23 with a low of 7% in Q2.

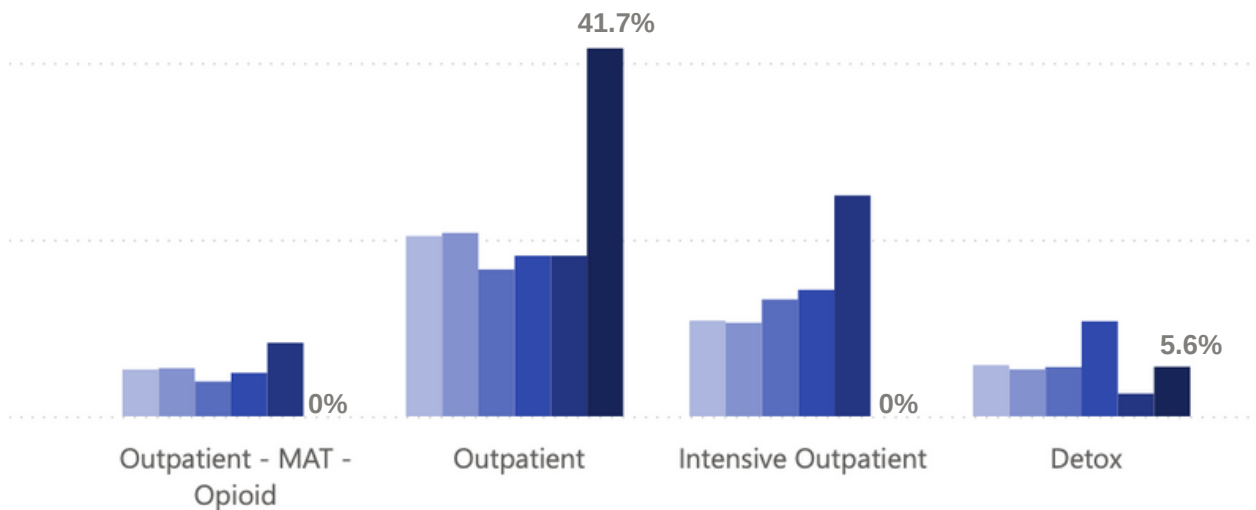
Outpatient (non MAT) had the highest rate of episodes with only one encounter as shown in the chart below. However, Q2 rates may be artificially inflated due to incomplete data entry for encounters at the time of this analysis.

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



**Percent of Treatment Episodes with One Encounter\* by Level of Care (T.14)**

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



	FY19	FY20	FY21	FY22	FY23 Q1	FY23 Q2
Outpatient - MAT - Opioid	5.3%	5.4%	3.9%	4.9%	8.3%	0.0%
Outpatient	20.4%	20.8%	16.6%	18.2%	18.2%	41.7%
Intensive Outpatient	10.8%	10.6%	13.2%	14.3%	25.0%	0.0%
Detox	5.8%	5.3%	5.6%	10.8%	2.6%	5.6%

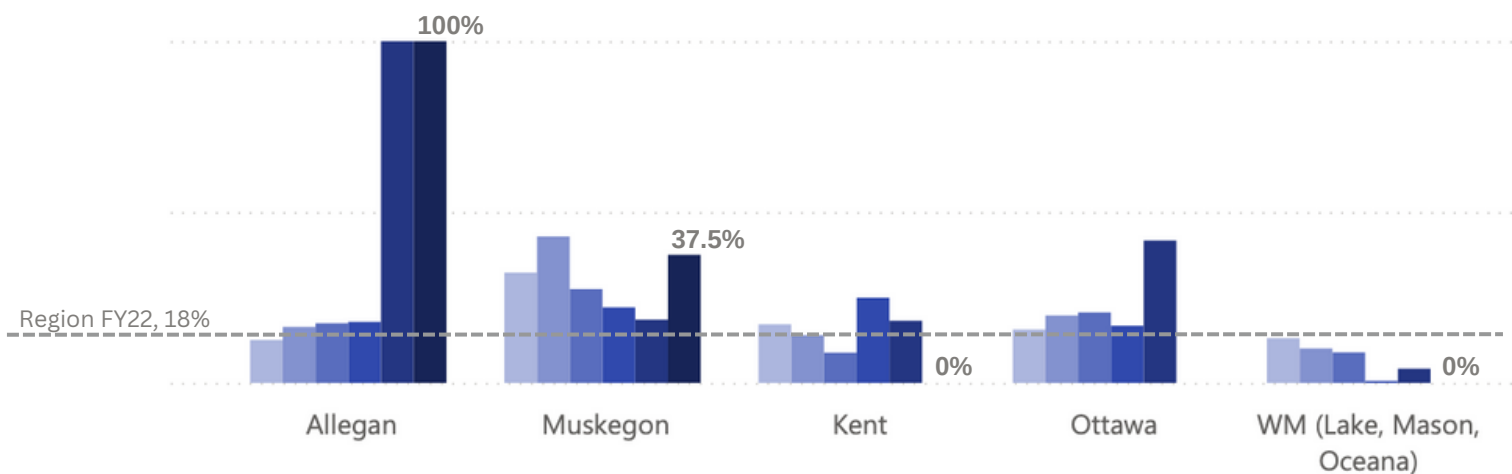
\*Treatment episodes with only an assessment that had a discharge reason reported as something other than having 'dropped out' are excluded from analysis.

# ENGAGEMENT AND RETENTION

The chart below shows the percentage of outpatient treatment episodes with only one encounter for each CMHSP. Rates vary across CMHSPs and time periods. Those showing substantially higher rates in the most recent quarters may be attributable to incomplete data entry for encounters at the time records were pulled for this review.

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

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



FY19	12.6%	32.3%	17.1%	15.6%	13.1%
FY20	16.4%	42.9%	13.9%	19.7%	10.1%
FY21	17.4%	27.5%	8.9%	20.6%	8.9%
FY22	17.9%	22.1%	24.9%	16.7%	0.5%
FY23 Q1	100.0% (1 of 1)	18.5% (5 of 27)	18.2%(2 of 11)	41.7% (5 of 12)	4.2% (1 of 24)
FY23 Q2	100.0% (2 of 2)	37.5% (3 of 8)	0.0%	(no OP discharges)	0.0%

\*Treatment episodes with only an assessment that had a discharge reason reported as something other than having 'dropped out' are now excluded from analysis.

# CONTINUITY OF CARE AFTER DETOX AND ST RES

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

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

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

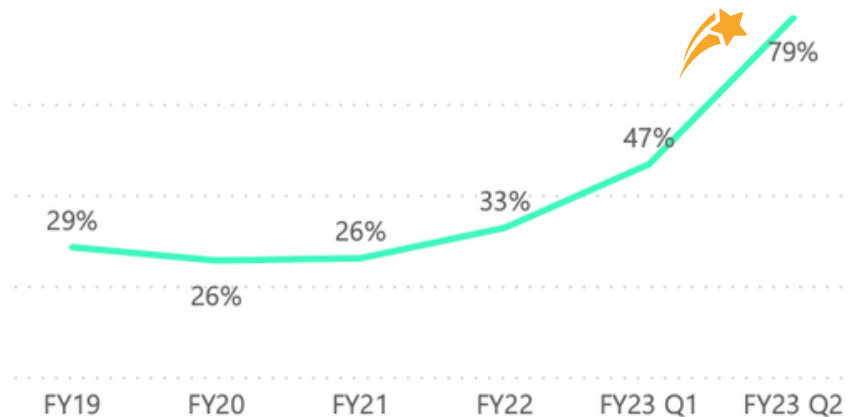
### Data Highlights:

Following detox (24-hour), clients typically transition to ST Res at the same service provider. Following discharge from ST Res, it is ideal for clients to engage in services at a lower level of care as soon as possible, with a goal of no more than 7 days between discharge and the subsequent admission.

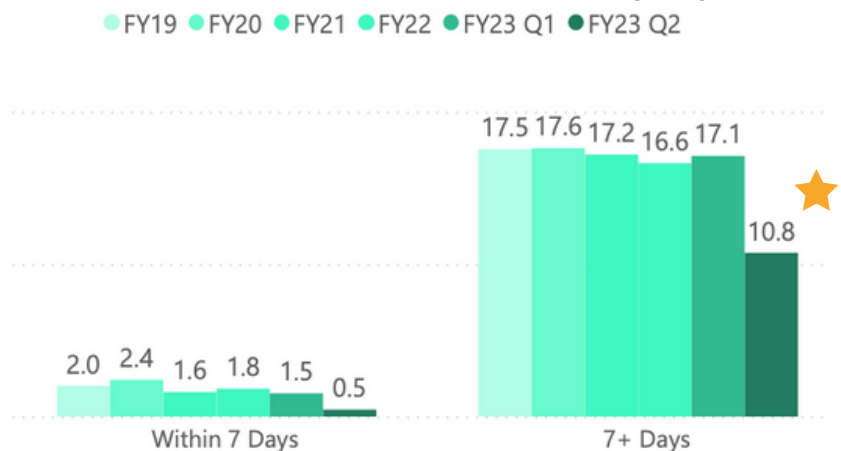
Since FY 21, the % admitted to the next LOC within 7 days following ST Res has been improving and achieved a high of 79% in Q2.

For clients who were not admitted within 7 days, the average time between discharge and subsequent admission improved substantially in Q2 to a low of 10.8 days-almost a full week faster than in prior fiscal years.

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



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



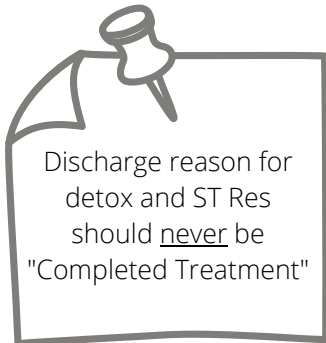
**Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days by CMHSP**

y	FY19	FY20	FY21	FY22	FY23 Q1	FY23 Q2
Allegan	40%	34%	9%	17%		100%(2/2)
Muskegon	13%	22%	27%	39%	17%(1/6)	0%
Kent	28%	24%	26%	31%	39%(17/44)	100%(10/10)
Ottawa	43%	24%	46%	36%	64%(7/11)	
WM (Lake, Mason, Oceana)	33%	30%	26%	34%	67%(8/12)	60% (3/5)

# CONTINUITY OF CARE AFTER DETOX AND ST RES

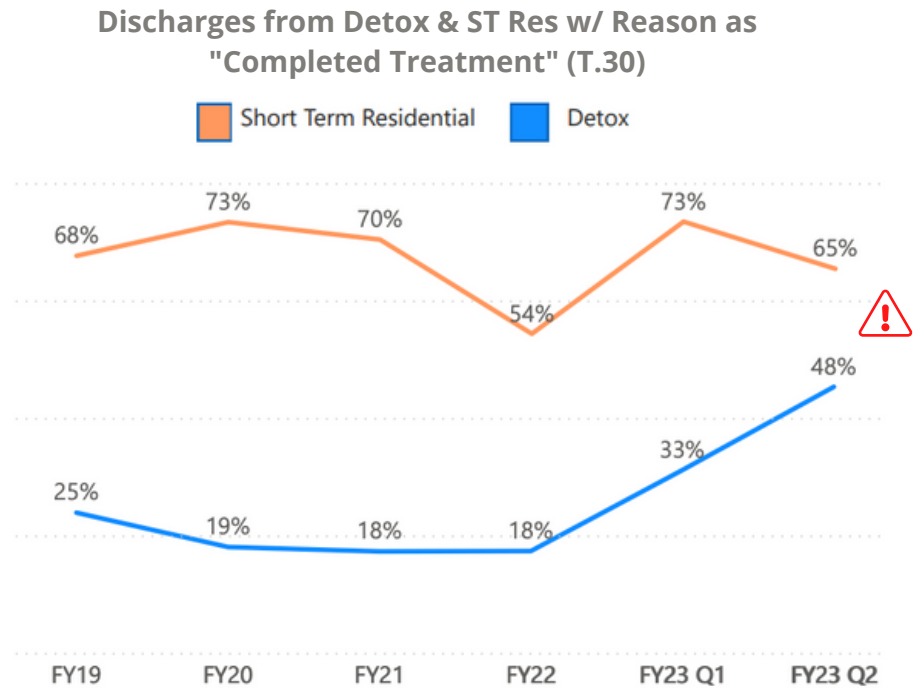
**Priority:** DISCHARGE REASON FOR DETOX/ST RESIDENTIAL,  
(↑ "TRANSFER", ↓ "COMPLETED TREATMENT")

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



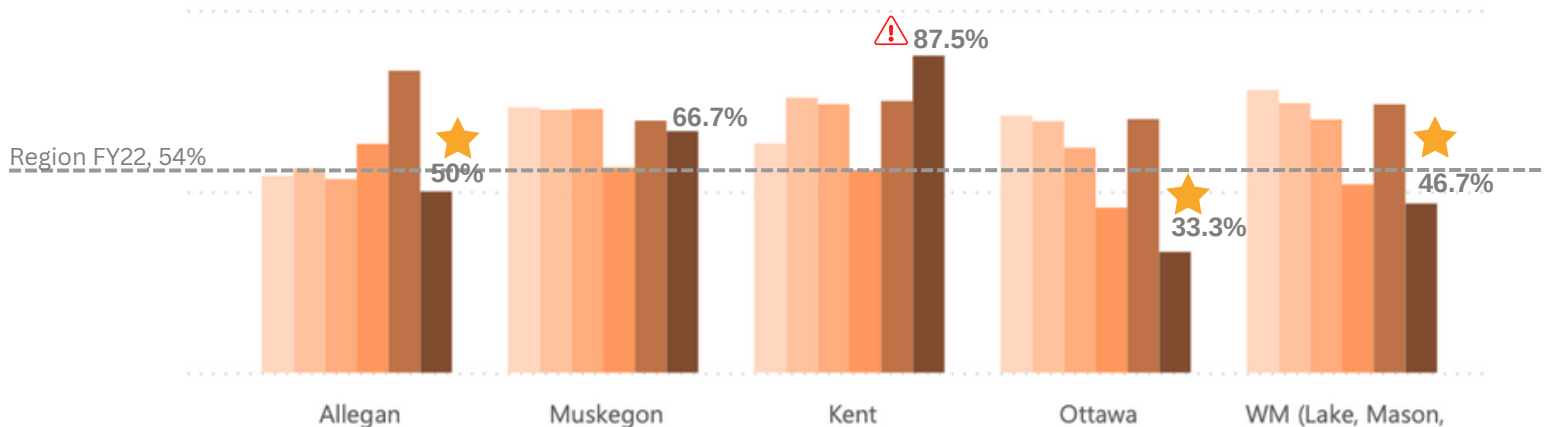
Data Highlights:

The percent of discharges from ST Res and detox with the reason 'completed treatment' worsened during Q1 and Q2 of FY23.



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

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



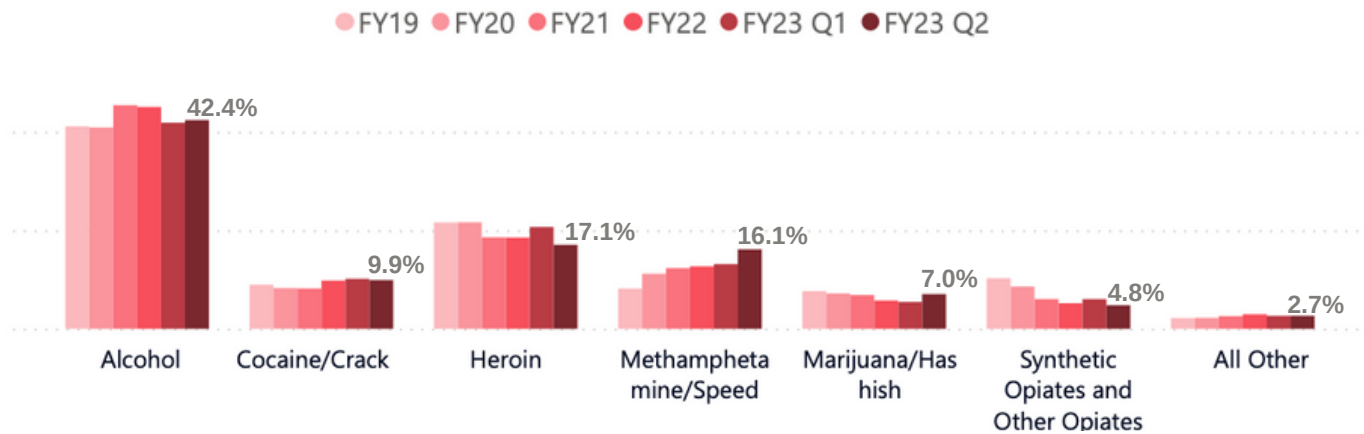
	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason,
FY19	54.3%	73.2%	63.3%	70.9%	78.0%
FY20	56.4%	72.5%	75.9%	69.4%	74.4%
FY21	53.4%	72.8%	74.1%	62.1%	69.9%
FY22	63.2%	56.6%	55.9%	45.6%	52.0%
FY23 Q1	83.3%	69.6%	75.0%	70.0%	74.1%
FY23 Q2	50.0%	66.7%	87.5%	33.3%	46.7%

## Other Data to Monitor: Primary Drug at Admission

### LRE Region

Data Highlights: In the LRE region, admissions for alcohol remain the most frequently reported primary drug at admission followed by heroin.

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

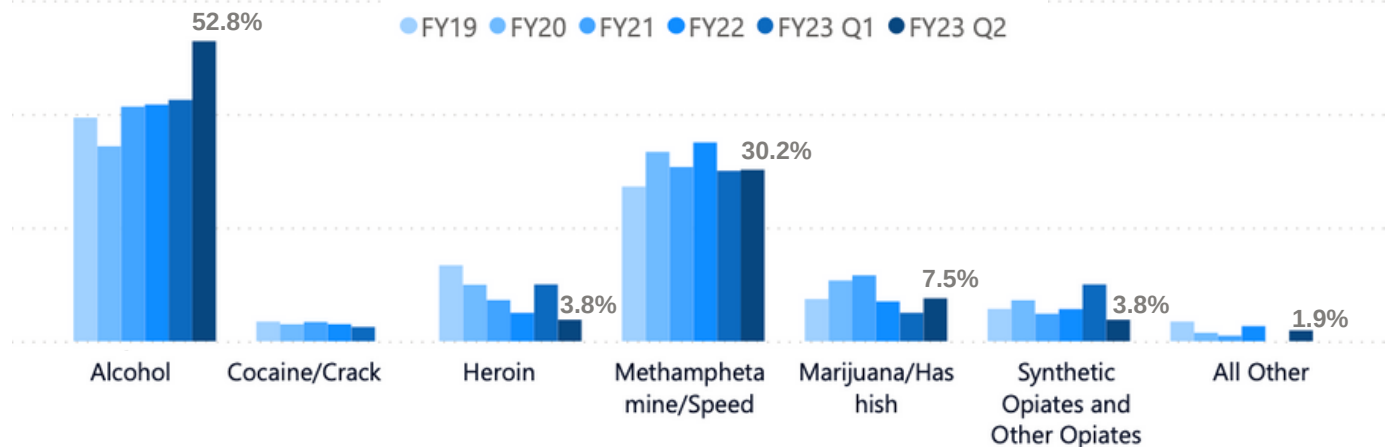


	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY19	41.1%	9.0%	21.6%	8.2%	7.7%	10.3%	2.2%
FY20	40.9%	8.3%	21.6%	11.2%	7.2%	8.6%	2.2%
FY21	45.4%	8.2%	18.6%	12.3%	6.9%	6.0%	2.6%
FY22	45.1%	9.8%	18.5%	12.7%	5.8%	5.2%	3.0%
FY23 Q1	41.9%	10.2%	20.7%	13.2%	5.5%	6.0%	2.6%
FY23 Q2	42.4%	9.9%	17.1%	16.1%	7.0%	4.8%	2.7%

### Allegan County

Data Highlights: In Allegan County, alcohol is the most frequently reported drug of choice followed by Methamphetamine with the percentage of admissions for methamphetamine continuing to be substantially higher than the region. Admissions have been decreasing for heroin.

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



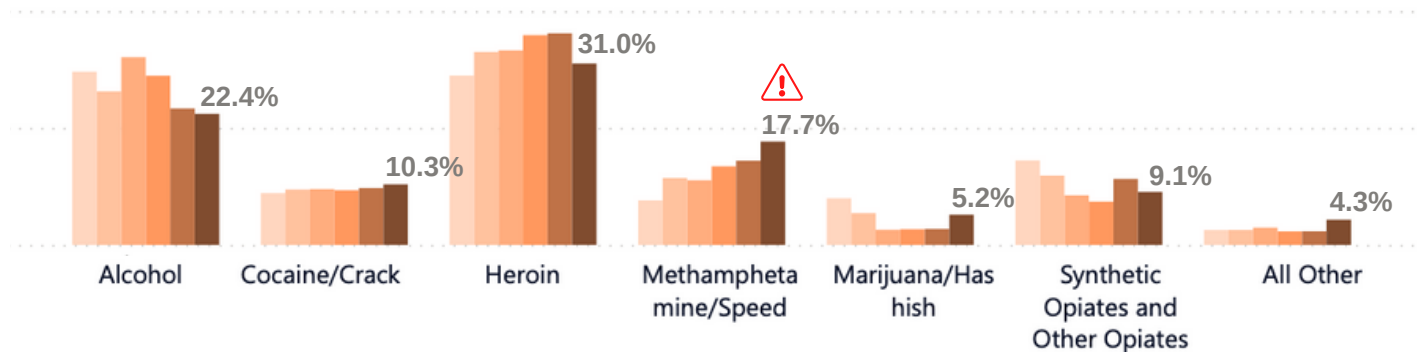
	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY19	39.4%	3.5%	13.4%	27.2%	7.4%	5.7%	3.5%
FY20	34.3%	3.0%	10.0%	33.3%	10.7%	7.2%	1.5%
FY21	41.3%	3.4%	7.2%	30.7%	11.6%	4.8%	1.0%
FY22	41.7%	3.0%	5.0%	35.0%	7.0%	5.7%	2.7%
FY23 Q1	42.5%	2.5%	10.0%	30.0%	5.0%	10.0%	
FY23 Q2	52.8%		3.8%	30.2%	7.5%	3.8%	1.9%

## Muskegon County

Data Highlights: In Muskegon County, admissions for heroin continue to surpass those for alcohol and are almost double the region-wide rate. Admissions for methamphetamine have been increasing with a high of 17.7% in Q2.

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

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



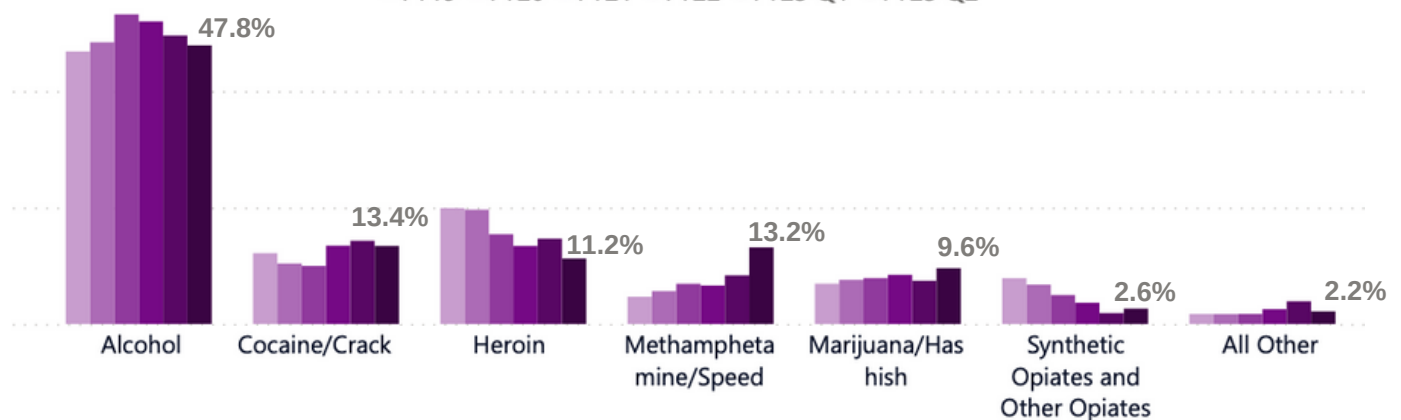
FY19	29.6%	8.8%	29.0%	7.6%	8.0%	14.5%	2.5%
FY20	26.3%	9.5%	33.0%	11.4%	5.4%	11.9%	2.6%
FY21	32.1%	9.5%	33.3%	11.1%	2.6%	8.5%	2.9%
FY22	28.9%	9.3%	35.9%	13.4%	2.7%	7.4%	2.3%
FY23 Q1	23.3%	9.7%	36.2%	14.4%	2.7%	11.3%	2.3%
FY23 Q2	22.4%	10.3%	31.0%	17.7%	5.2%	9.1%	4.3%

## Kent County

Data Highlights: In Kent County, admissions for alcohol continue to surpass those for other substances. Admissions for methamphetamine have been increasing in FY23 while admissions for heroin and other opioids have been decreasing.

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

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



FY19	46.8%	12.2%	19.9%	4.7%	6.9%	7.9%	1.7%
FY20	48.4%	10.4%	19.6%	5.6%	7.6%	6.8%	1.7%
FY21	53.2%	10.0%	15.4%	6.9%	7.9%	5.0%	1.7%
FY22	52.0%	13.4%	13.4%	6.6%	8.4%	3.6%	2.5%
FY23 Q1	49.5%	14.3%	14.7%	8.3%	7.4%	1.9%	3.9%
FY23 Q2	47.8%	13.4%	11.2%	13.2%	9.6%	2.6%	2.2%

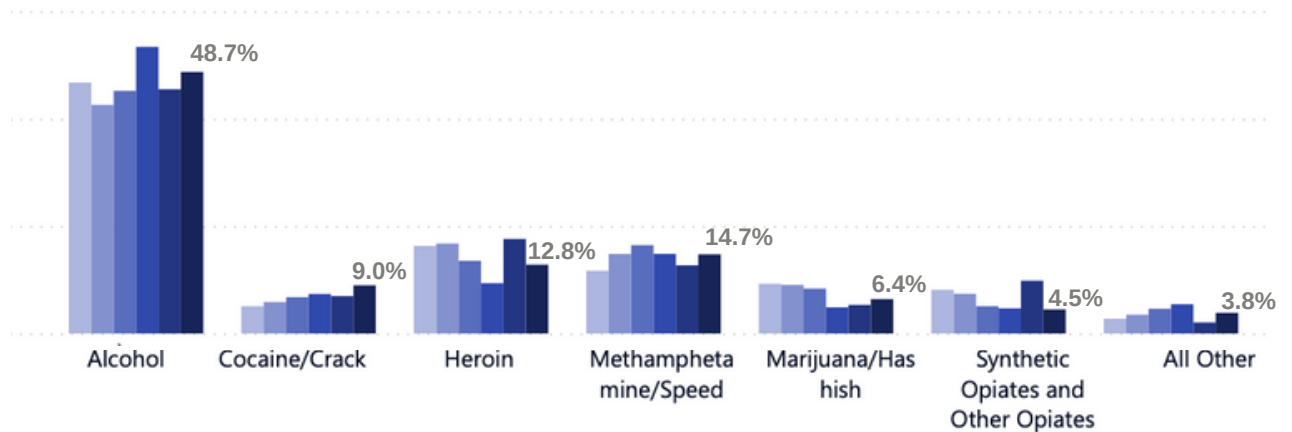


## Ottawa County

Data Highlights: For residents of Ottawa County, admissions for alcohol remain the most frequently reported primary drug at admission followed methamphetamine and then heroin.

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

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



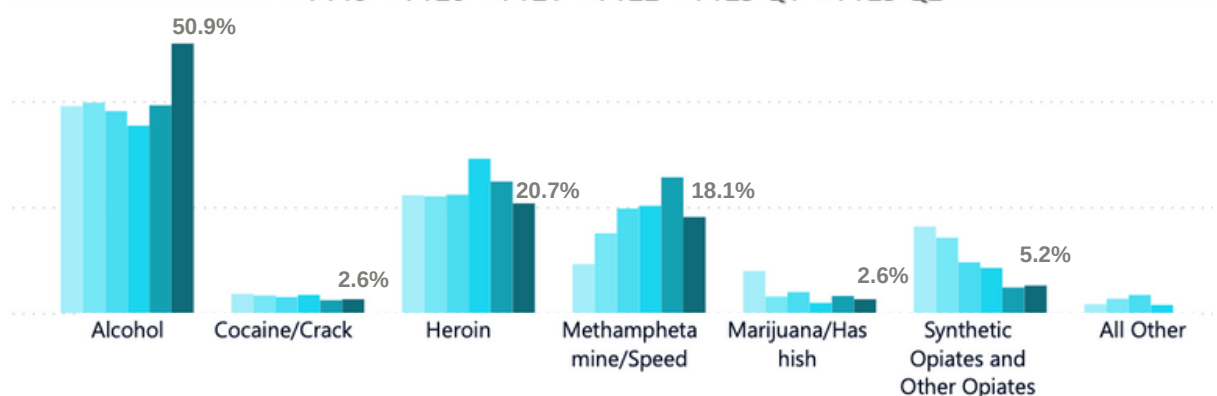
FY19	46.7%	5.1%	16.3%	11.7%	9.3%	8.2%	2.8%
FY20	42.6%	5.9%	16.8%	14.8%	9.1%	7.4%	3.5%
FY21	45.2%	6.8%	13.5%	16.4%	8.4%	5.1%	4.6%
FY22	53.4%	7.4%	9.4%	14.8%	4.9%	4.7%	5.5%
FY23 Q1	45.5%	7.0%	17.6%	12.7%	5.3%	9.8%	2.0%
FY23 Q2	48.7%	9.0%	12.8%	14.7%	6.4%	4.5%	3.8%

## West Michigan Counties

Data Highlights: For residents of West MI counties, admissions for heroin and other opioids as primary drug declined during Q1 and Q2 while admissions for alcohol increased substantially in Q2. Admissions with methamphetamine as primary drug declined substantially in Q2.

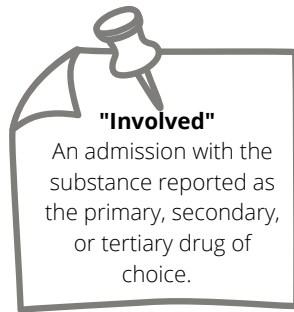
### West MI - Percent of Admissions by Primary Drug (T.46)

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



FY19	39.0%	3.6%	22.2%	9.2%	7.9%	16.3%	1.6%
FY20	39.7%	3.3%	22.0%	15.0%	3.1%	14.2%	2.7%
FY21	38.1%	3.0%	22.3%	19.7%	3.9%	9.6%	3.4%
FY22	35.3%	3.4%	29.1%	20.2%	1.9%	8.5%	1.5%
FY23 Q1	39.2%	2.4%	24.8%	25.6%	3.2%	4.8%	
FY23 Q2	50.9%	2.6%	20.7%	18.1%	2.6%	5.2%	

## Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

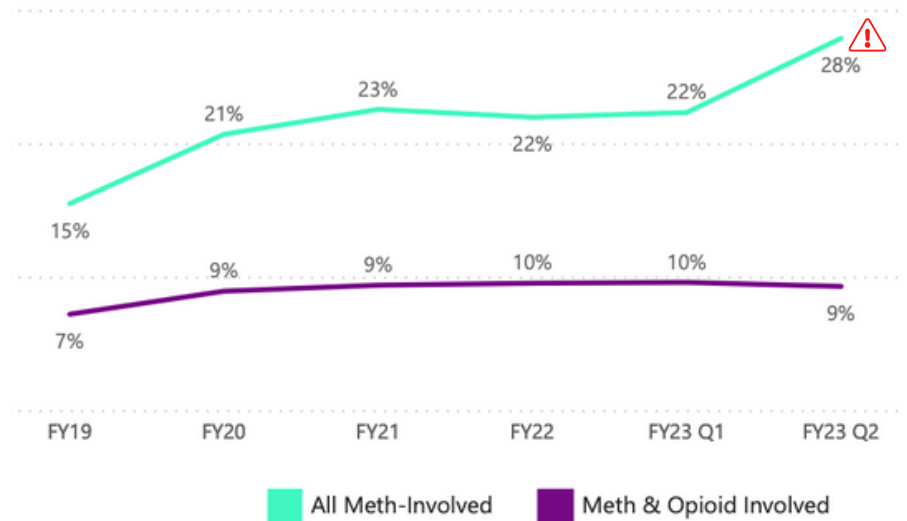


### Data Highlights:

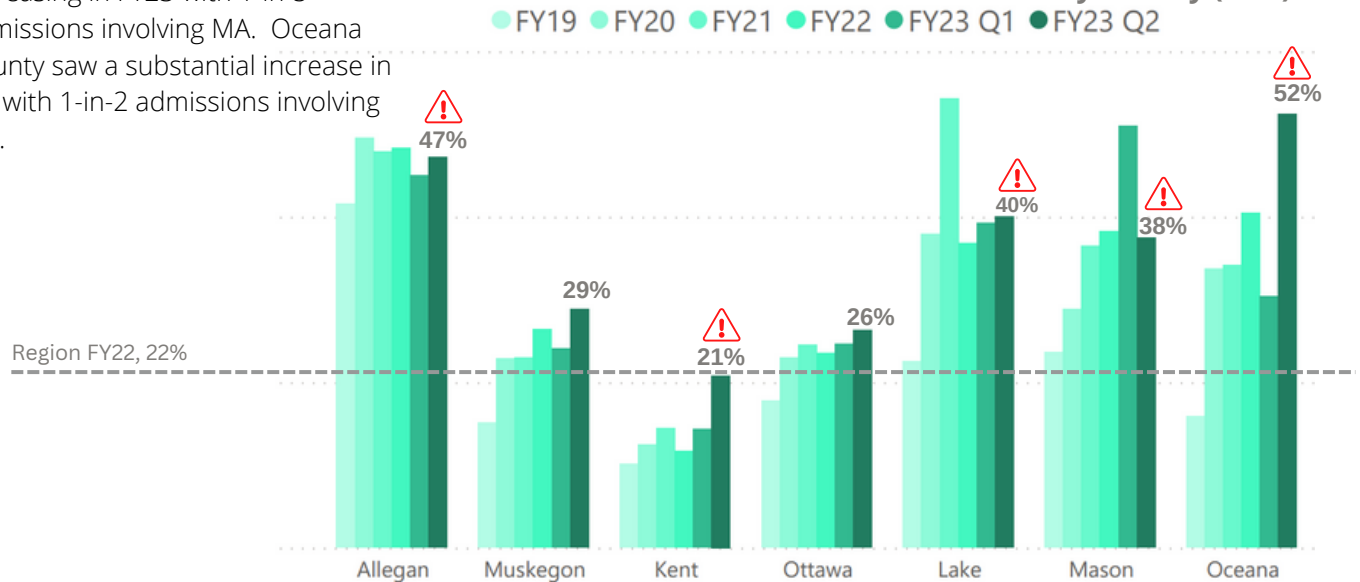
MA-involved admissions increased during Q2 to a high of 28%. Admissions involving an opioid and MA remained relatively steady in Q1 and Q2.

During 3Q, MA-involved admissions were highest in Allegan and West MI counties. MA-involved admissions have historically been lowest in Kent County, but rates have been increasing in FY23 with 1-in-5 admissions involving MA. Oceana County saw a substantial increase in Q2 with 1-in-2 admissions involving MA.

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



Percent of Admissions That Were MA-Involved by County (T.47)



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	41.6%	15.2%	10.2%	17.8%	22.6%	23.6%	15.9%
FY20	49.5%	22.9%	12.5%	22.9%	37.9%	28.8%	33.8%
FY21	47.8%	22.9%	14.4%	24.5%	54.3%	36.4%	34.2%
FY22	48.3%	26.4%	11.7%	23.5%	36.8%	38.2%	40.5%
FY23 Q1	45.0% (18)	24.1% (62)	14.3% (77)	24.6% (60)	39.3% (11)	51.0% (26)	30.4%(14)
FY23 Q2	47.2% (25)	28.9% (67)	20.8% (87)	26.3% (41)	40.0% (4)	37.5% (24)	52.4%(22)

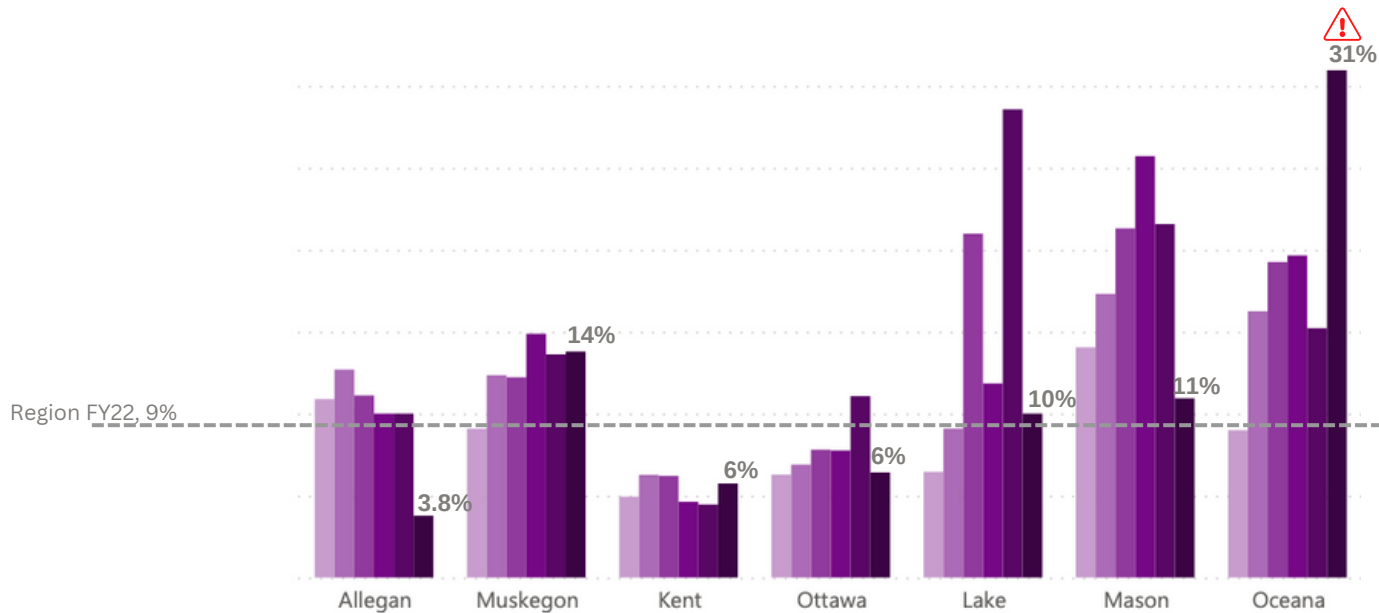


Data Highlights:

Admissions involving both an opioid and methamphetamine increased substantially in 2Q for Oceana County while decreasing in Lake, Mason, Allegan, and Ottawa counties.

### Percent of Admissions that Involved Both an Opioid & MA by County (T.48)

● FY19 ● FY20 ● FY21 ● FY22 ● FY23 Q1 ● FY23 Q2



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY19	10.9%	9.1%	4.9%	6.3%	6.5%	14.0%	9.0%
FY20	12.7%	12.3%	6.3%	6.9%	9.1%	17.3%	16.3%
FY21	11.1%	12.2%	6.2%	7.8%	21.0%	21.3%	19.3%
FY22	10.0%	14.9%	4.6%	7.8%	11.8%	25.7%	19.7%
FY23 Q1	10.0% (4)	13.6% (35)	4.5% (24)	11.1% (27)	28.6% (8)	21.6% (11)	15.2% (7)
FY23 Q2	3.8% (2)	13.8% (32)	5.7% (24)	6.4% (10)	10.0% (1)	10.9% (7)	31.0% (13)