![LAKESHORE REGIONAL ENTITY logo]

Meeting Agenda
SUD OVERSIGHT POLICY BOARD
Wednesday, January 8, 2025　　　　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 January 8, 2025 LRE Oversight Policy Board meeting agenda as presented.

6. Review/Approval of Minutes-Chair *(Attachment 2)*
    Suggested Motion: To approve the September 4, 2024 LRE Oversight Policy Board meeting minutes as presented.

7. Old Business

8. New Business
    a. Finance Report (Maxine Coleman)
        i. Statement of Activities
        ii. FY25 Budget Amendment #1 *(Attachment 3)*
            Suggested Motion:
            To approve Amendment #1 to the allocation of FY25 PA2 funds for the LRE SUD Budget as presented and to advise and recommend that the LRE Board approve the amended FY25 non-PA2 fund budgets for SUD services as presented.

    b. Community Mental Health of Ottawa County PA2 Funding -Special Project Requests *(Attachments 4,5)*
        Suggestion Motion: To approve Community Mental Health of Ottawa County's request to use reserve Ottawa County PA2 funds in the amount of $12,000 to supplement grant funding to provide MAT medications within Ottawa County Jail.

        Suggestion Motion: To approve Community Mental Health of Ottawa County's request to use reserve Ottawa County PA2 funds in the amount $16,382 to fund a portion of a prevention specialist position to conduct prevention related activities to decrease stigma,

prevent prescription drug misuse, and promote overdose prevention.   Funding will also be used to support Ottawa County's Recovery Fest celebration.

c. N180 PA2 Funding – FY25 Special Project Request *(Attachment 6)*
   Suggestion Motion: To approve Network180's request to use reserve Kent County PA2 funds in the amount of $294,060 to fund the 100 in 100 initiative.

d. N180 Request for Additional PA2 Funding (FY24)
   Suggestion Motion: To approve the transfer of Kent County Reserve PA2 funds in the total amount of $1,256,139.47 ($345,112.89 for Recovery Management Services; 911,026.58 for Family Engagement Team (FET) services) to offset budget shortfalls for FY 2024.

e. 2025 Oversight Policy Board Meeting Schedule *(Attachment 7)*
   Suggestion Motion: To approve the 2025 Oversight Policy Board Meeting Schedule as presented

f. Review PA2 Policy and Procedure (12.4, 12.4a, 12.4b) – *(Attachments 8, 9, 10)*
   Suggestion Motion: To approve revisions to LRE Policy 12.4 and LRE Procedures 12.4a and 12.4B as presented.

9. State/Regional Updates
   a. Contracts
      i. FY25 PIHP/CMHSP Contract
      ii. MDHHS/PIHP Contract
   b. Grant Updates - Amanda Tarantowski
      i. Section 250 Funds
      ii. ARPA - WSS

10. Prevention/Treatment Updates – Stephanie VanDerKooi/Amanda Tarantowski
   a. Prevention – Stephanie VanDerKooi
      i. No Cigs for Our Kids Report *(Attachment 11)*
      ii. FY24 Prevention Summary of Activities *(Attachment 12)*
   b. Treatment
      i. FY24-Q3 Treatment Evaluation Update *(Attachment 13)*
      ii. Priority Populations
      iii. MI/SUD Locator

11. Round Table
   a. Opiate Settlement Updates

12. Next Meeting
    March 12, 2025 – 4:00 PM
    CMHOC Board Room

LAKESHORE REGIONAL ENTITY

Meeting Minutes (proposed)
SUD OVERSIGHT POLICY BOARD
Wednesday, September 4 2024   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 September 4, 2024 meeting of the Lakeshore Regional Entity Oversight Policy Board to order at 4:09 PM.

Welcome New Member – Kristine Huston

ROLL CALL

MEMBER	P	A	MEMBER	P	A
Louis Churchwell		x	Stan Ponstein		x
Shelly Cole-Mickens	x		Sarah Sobel	x	
Mark DeYoung	x		James Storey	x	
Marcia Hovey-Wright		x	Joe Stone		x
Kristine Huston	x		Patrick Sweeney	x	
Rebecca Lange	x		Robert Walker	x	
Richard Kanten	x		Clyde Welford	x	
David Parnin	x		Doug Zylstra	x	

PUBLIC COMMENT
No public comments offered.

CONFLICT OF INTEREST
No conflicts declared.

REVIEW/APPROVAL OF AGENDA
OPB 24-006 Motion: To approve the September 4, 2024 LRE Oversight Policy Board meeting agenda as presented.
Moved by: Welford   Support: Story
MOTION CARRIED

REVIEW/APPROVAL OF MINUTES
OPB 24-006 Motion: To approve the March 6, 2024 LRE Oversight Policy Board meeting minutes as presented.
Moved by: Storey   Support: Welford
MOTION CARRIED

FINANCE REPORT (Maxine Coleman)
Statement of Activities
Ms. Coleman reviewed statement of activities through July 31. The organization is currently at approximately 59 percent of revenue and 64 percent of expenses. The budget target at this point is 83 percent. PA2 funding expenditures is at 41 percent through July; 77 percent of PA2

revenue for FY24 has been received. Any funds not spent in this fiscal year are carried over. Medicaid SUD funding is at 85 percent; Healthy Michigan is at 103 percent (based on current budget). Amendment #3 will include a slight increase in Healthy Michigan funds.

Budget Amendment #3
Updated budget needs were received from providers in April/May 2024 and all requests have been accommodated. The amendment reflects COVID funds that were extended through the end of the year and unallocated funds that have been applied.

OPB 24-007 Motion: To approve Amendment #3 to the allocation of FY24 PA2 funds for the LRE SUD Budget as presented and to advise and recommend that the LRE Board approve the amended FY24 non-PA2 fund budgets for SUD services as presented.
Moved by: Parnin   Support: Welford
MOTION CARRIED

Proposed FY 25 Budget
Ms. Coleman reviewed the FY25 Budget, noting that allocations are similar to those in 2024. SOR funding was cut approximately 50 percent and provider allocations were adjusted. COVID funding ends in September and has been removed from the FY25 budget. Gambling funds are higher than reflected in the FY24 budget. It is expected that the region will receive four percent more PA2 funds than in FY24.

OPB 24-008 Motion: To approve the FY25 allocation of PA2 funds for the LRE SUD Budget as presented and to recommends that the LRE Board approve the FY25 non-PA2 fund budgets for SUD services as presented.
Moved by: DeYoung   Support: Parnin
MOTION CARRIED

OLD BUSINESS
No old business

NEW BUSINESS
Community Mental Health of Ottawa County PA2 Funding -Special Project Requests

Sobar Recovery Community Center
Recovery Community Organization allows individuals to gather in a sober community. The program is open Monday through Saturday, with eleven different self-help groups available weekly. Events are offered throughout the year to allow those in recovery to find community. Since starting in May, 2023, more than nine thousand individuals have come through the door. Recovery coaches are available and the building is expanding to allow for higher occupancy during social events.

OPB 24-009 Motion: To approve Community Mental Health of Ottawa County's request to use reserve Ottawa County PA2 funds in the amount of $61,147 to fund the expansion of SoBar Recovery Community Center in FY25.

Moved by: Welford   Support: Cole-Mickens
MOTION CARRIED

Recovery Coach Outreach (Continuation of FY24 Program)
Request is for a second year of funding; the program started in October 2024 in partnership with Community Action House to provide peer support/recovery coach services to the homeless population in Ottawa County. In 2024, the coach assessed 147 people and assisted more than 30 in connecting with community services.

OPB 24-010 Motion: To approve Community Mental Health of Ottawa County's request to use reserve Ottawa County PA2 funds in the amount of $60,000 to fund Recovery Coach Support Services to the Homeless Population in FY2025.
Moved by: DeYoung   Support: Walker
MOTION CARRIED

Allegan County Adult Drug Court
Allegan has had drug courts in the past. Due to a lack of judges, service had to be suspended. Allegan County has reapplied for Drug Court funding. It is expected that there will be a shortfall, but information on that amount has not been provided. These funds would be used exclusively to support drug court treatment services (outpatient, intensive outpatient, and other treatment services) primarily through Arbor Circle.

OPB 24-011 Motion: To approve the request from Allegan County Community Mental Health dba OnPoint to use up to $100,000 in reserve PA2 funds in FY25 to fund local drug courts that are planned for the 57th District Court and the 48th Judicial Circuit Court.
Moved by: DeYoung   Support: Storey
MOTION CARRIED

STATE/REGIONAL UPDATES (Stephanie VanDerKooi)
CAIT Prevention License Update – Amy Embury
The team continues to meet and refine language in the guidance document. Upon adoption by the legislature, the language will become part of the MDHHS/PIHP contract.

Grant Updates
 i. SOR 4 – this is a three year grant. The region has been provided with funding information for year 1 (the region will receive approximately $2.1 million for treatment and recovery activities). All project categories will remain the same in FY25.
 ii. ARPA – no updates
 iii. Mental Health Block Grants — Veteran Navigator, Smoking Cessation, Hispanic Services, and Native American Services will continue with similar funding

MDHHS SUD/SOR Audits – Amanda Tarantowski
Two audits were conducted in the Spring (1115 Waiver and SOR Programs) with positive results from both.

Legislative Update

The grid reflects details on state and federal legislation related to substance use and mental health. Board members were invited to share this information with those who might be interested.

Mr. Storey suggested working to introduce legislation related to regulating retailers' practice of advertisement/distribution of "free" cannabis. Also consider introducing state minimum pricing requirements.

ACTION: Stephanie VanDerKooi will contact the Board Association to discuss potential legislation

PREVENTION/TREATMENT UPDATES – Amy Embury/Amanda Tarantowski
TalkSooner Regional Updates

A new program has been introduced focusing on family dinner. Each county has participating pizzerias involved in the campaign. Flyers will be distributed along with pizza cutters that have TalkSooner contact information.

ROUND TABLE
Opiate Settlement Updates
- Mr. Walker reported on recent meeting with MAC and MSU; Oceana County will work with WMCMHS in using the Opiate Settlement funds.
- Mason County will work with DHD10
- Mr. Welford noted that opioid funds are coming into Lake County; he expressed interest in learning how to use these funds for prevention.

NEXT MEETING
December 4, 2024 – 4:00 PM
CMHOC Board Room

ADJOURNMENT
Mr. Sweeney adjourned the September 4, 2024 LRE Oversight Policy Board meeting at 5:18 p.m.

<div align="center">Lakeshore Regional Entity</div>

Oversight Policy Board

ACTION REQUEST

SUBJECT: FY2025 LRE SUD Budget Amendment 1
- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: January 8, 2025

PREPARED BY: Stacia Chick, LRE Chief Financial Officer

RECOMMENDED MOTION:

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

<div align="center">PROPOSED TO GO TO THE BOARD ON JANUARY 22, 2025</div>

SUMMARY OF REQUEST/INFORMATION:

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

STAFF: Stacia Chick, LRE Chief Financial Officer   **DATE:** January 2, 2025

FY2025 LRE SUD Budget Amendment 1 Summary:

PREVENTION (direct by LRE)	PA2	Block Grant	SOR	ARPA	Hlng & Rec Comm Enga Infrastr.	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan County	$ 191,925	$ 108,647	$ 42,000	$ 16,680	$ -	$ -	$ -	$ -		$ 359,252
Kent County	$ 615,207	$ 587,493	$ -	$ 33,340	$ -	$ -	$ -	$ -	$ -	$ 1,236,040
Lake County	$ 23,448	$ 11,219	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 34,667
Oceana County	$ 27,058	$ 25,839	$ -	$ -	$ -	$ -	$ 100,000	$ -	$ -	$ 152,897
Mason County	$ 55,804	$ 29,983	$ 40,000	$ 14,738	$ -	$ 32,000	$ -	$ -	$ -	$ 172,525
Muskegon County	$ 239,424	$ 167,650	$ 25,000	$ 18,400	$ -	$ 36,000	$ -	$ -	$ -	$ 486,474
Ottawa County	$ 354,563	$ 257,211	$ 58,000	$ 40,000	$ -	$ 36,000	$ -	$ -	$ -	$ 745,774
LRE Regional Projects	$ -	$ 61,500	$ -	$ 15,000	$ -	$ 58,000	$ -	$ -	$ -	$ 134,500
LRE Staffing	$ -	$ 189,338	$ 39,412	$ 22,051	$ -	$ 59,306	$ 26,951	$ -	$ -	$ 337,058
Unallocated	$ -	$ 3,200	$ -	$ 8,851	$ -	$ -	$ -	$ -	$ -	$ 12,051
PREVENTION TOTAL	$1,507,429	$1,442,080	$ 204,412	$169,060	$ -	$221,306	$ 126,951	$ -	$ -	$ 3,671,238

TREATMENT (delegated to CMH members)	PA2	Block Grant	SOR	ARPA	Hlng & Rec Comm Enga Infrastr.	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan	$ 150,865	$ 472,276	$ 154,731	$ 62,845	$ 106,000	$ -	$ -	$ 619,587	$ 795,442	$ 2,361,746
Healthwest	$ 274,601	$ 922,803	$ 788,823	$119,595	$ 250,000	$ -	$ -	$1,599,435	$ 2,166,758	$ 6,122,014
Network 180	$1,623,620	$2,713,840	$ 529,567	$139,583	$ 80,000	$ -	$ -	$3,999,649	$ 5,805,601	$ 14,891,859
Ottawa	$ 505,720	$ 797,000	$ 30,500	$119,583	$ 255,000	$ -	$ -	$1,028,886	$ 1,827,319	$ 4,564,007
West Michigan (Lake, Mason Oceana)	$ -	$ 349,374	$ 114,704	$ -	$ 114,000	$ -	$ -	$ 531,972	$ 535,350	$ 1,645,400
LRE Staffing & Regional Projects	$ -	$ 377,843	$ 277,263	$ 83,394	$ 195,000	$ -	$ -	$ 316,082	$ 506,157	$ 1,755,740
Unallocated	$ 74,173	$ 130,763	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 204,936
TREATMENT TOTAL	$2,628,979	$5,763,899	$1,895,588	$525,000	$ 1,000,000	$ -	$ -	$8,095,610	$ 11,636,626	$ 31,545,703

TOTAL PREVENTION & TREATMENT	$4,136,408	$7,205,979	$2,100,000	$694,060	$ 1,000,000	$221,306	$ 126,951	$8,095,610	$ 11,636,626	$ 35,216,941

Lakeshore Regional Entity
FY 2025 SUD Budget

Prevention	Initial FY25 Allocation	Budget Am1 FY25 Allocation	Block Grants	SOR	Amer Rescue Plan Act	Hlng & Rec Comm Enga Infrastr.	PA2	Gambling	DFC
Allegan County									
OnPoint (Allegan Co CMH)	317,252	359,252	108,647	42,000	16,680	-	191,925	-	-
Total	317,252	359,252	108,647	42,000	16,680	-	191,925	-	-
Kent County									
Arbor Circle	159,697	159,697	100,100	-	-	-	59,597	-	-
Kent County Health Department	514,073	514,073	242,393	-	16,680	-	255,000	-	-
Network 180	400,000	400,000	175,000	-	-	-	225,000	-	-
Wedgwood	162,270	162,270	70,000	-	16,660	-	75,610	-	-
Total	1,236,040	1,236,040	587,493	-	33,340	-	615,207	-	-
Lake County									
District Health Department #10	34,667	34,667	11,219	-	-	-	23,448	-	-
Total	34,667	34,667	11,219	-	-	-	23,448	-	-
Oceana County									
District Health Department #10	152,897	152,897	25,839	-	-	-	27,058	-	100,000
Total	152,897	152,897	25,839	-	-	-	27,058	-	100,000
Mason County									
District Health Department #10	175,076	172,525	29,983	40,000	14,738	-	55,804	32,000	-
Total	175,076	172,525	29,983	40,000	14,738	-	55,804	32,000	-
Muskegon County									
Public Health Muskegon County	407,274	407,274	127,650	25,000	9,200	-	209,424	36,000	-
Mercy Health	79,200	79,200	40,000	-	9,200	-	30,000	-	-
Total	486,474	486,474	167,650	25,000	18,400	-	239,424	36,000	-
Ottawa County									
Arbor Circle (Ottawa Co)	467,411	467,411	172,211	28,000	31,200	-	200,000	36,000	-
CMH of Ottawa County	82,763	82,763	-	-	-	-	82,763	-	-
Ottawa Co. Department of Public Health	195,600	195,600	85,000	30,000	8,800	-	71,800	-	-
Total	745,774	745,774	257,211	58,000	40,000	-	354,563	36,000	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	124,000	134,500	61,500	-	15,000	-	-	58,000	-
LRE Staffing	221,975	337,058	189,338	39,412	22,051	-	-	59,306	26,951
Unallocated	135,632	12,051	3,200	-	8,851	-	-	-	-
Total	481,607	483,609	254,038	39,412	45,902	-	-	117,306	26,951
Overall Prevention Total	3,629,787	3,671,238	1,442,080	204,412	169,060	-	1,507,429	221,306	126,951

Treatment	Initial FY25 Allocation	Budget Am1 FY25 Allocation	Block Grants (incl. SDA)	SOR	Amer Rescue Plan Act	Hlng & Rec Comm Enga Infrastr.	PA2	Medicaid	Healthy Michigan
OnPoint (Allegan Co CMH)	2,169,940	2,361,746	472,276	154,731	62,845	106,000	150,865	619,587	795,442
Healthwest	5,717,755	6,122,014	922,803	788,823	119,595	250,000	274,601	1,599,435	2,166,758
Network 180	15,436,669	14,891,859	2,713,840	529,567	139,583	80,000	1,623,620	3,999,649	5,805,601
CMH of Ottawa County	4,192,622	4,564,007	797,000	30,500	119,583	255,000	505,720	1,028,886	1,827,319
West Michigan CMH (Lake, Mason Oceana)	1,498,699	1,645,400	349,374	114,704	-	114,000	-	531,972	535,350
LRE Staffing & Regional Projects	1,608,008	1,755,740	377,843	277,263	83,394	195,000	-	316,082	506,157
Unallocated	256,076	204,936	130,763	-	-	-	74,173	-	-
Overall Treatment Total	30,879,770	31,545,703	5,763,899	1,895,588	525,000	1,000,000	2,628,979	8,095,610	11,636,626
SUD Total Prevention + Treatment:	34,509,557	35,216,941	7,205,979	2,100,000	694,060	1,000,000	4,136,408	8,316,916	11,763,577

LAKESHORE REGIONAL ENTITY

SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 11/15/2024

PROVIDER NAME: CMHOC   CURRENT PROVIDER: _____   ● YES   ○ NO

PROGRAM TITLE**: MAT in the Jail**

CONTACT PERSON: Joel Ebbers

CONTACT EMAIL: Jebbers@miottawa.org

PROVIDER ADDRESS: 12265 James Street, Holland MI, 49424

SERVICE TYPE

○ Assessment   ○ Level III.1 (low intensity)

○ Individual Therapy   ○ Level III.3 (moderate to high intensity)

○ Group Therapy   ○ Level III.5 (significant/complex intensity)

○ Family Therapy

○ Didactic Groups   ○ Medication Assisted Treatment

○ Residential Detox   ○ Peer Recovery

○ Recovery Housing   ● Prevention/Other: Click here to enter text.

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	We are requesting $12,000.00 funding to supplement grant gunding to provide MAT medications within Ottawa County Jail.
Describe the conditions that contribute to the identified problem (List the data sources if applicable)	Medicaid does not cover medications within the jail and therefore the cost of the medications can prevent individuals in the jail from getting effective treatment. This funding supplements current grant funding to pay for the medications.
Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	Target population are individuals who need MAT within Ottawa County Jail.

Describe why your agency is best fit to provide this service?	CMHOC has several SUD clinical providers within the jail and currently coordinates care for individuals leaving the jail in need of continued SUD services. CMHOC also partners with the jail medical agency, VitalCore, to provide MAT.

II. Describe what you will do to address the situation:

Describe the program's activities (what are you going to do?):	This funding is strickly for the cost of the medications.
Describe the expected frequency of the activity(ies) and how you determined this.	On average this program serves 10 people monthly.
Describe the number of persons in the target population you expect to serve during each activity event	This funding will allow continued funding for approximately 10 people monthly for FY2025

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require money).*

This funding is strictly for the cost of medications including Vivitrol, Naltrexone, Suboxone, Subutex, and any other medication prescribed to treat a substance use disorder.

IV. Describe the goals you have established for the program. (do not have to be measurable)
(TO BE COMPLETED BY NEW PRORGRAMS ONLY)

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V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

Outcomes	**Process:** Describe *(in specifically measurable terms) what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.
	Participant: Describe *(in specifically measurable terms) what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.
	Impact: Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.	1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text.

SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 11/15/2024

PROVIDER NAME: CMHOC   CURRENT PROVIDER: _____   ● YES   ○ NO

PROGRAM TITLE**: Prevention and Stigma Reduction**

CONTACT PERSON: Joel Ebbers

CONTACT EMAIL: Jebbers@miottawa.org

PROVIDER ADDRESS: 12265 James Street, Holland MI, 49424

SERVICE TYPE

○ Assessment

○ Individual Therapy

○ Group Therapy

○ Family Therapy

○ Didactic Groups

○ Residential Detox

○ Recovery Housing

○ Level III.1 (low intensity)

○ Level III.3 (moderate to high intensity)

○ Level III.5 (significant/complex intensity)

○ Medication Assisted Treatment

○ Peer Recovery

● Prevention/Other: Recovery Community Center

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	We are requesting $16,382.00 funding for a portion of a prevention specialist position to conduct prevention related activies to decrease stigma, prevent prescription drug misuse, and promote overdose prevention. Funding will also support Ottawa County's Recovery Fest celebration.
Describe the conditions that contribute to the identified problem (List the data sources if applicable)	Priorities are developed, guided, and reported to the county's opiate taskforce. This taskforce is comprised of community stakeholders including individuals from treatment providers, medical professionals, community members, and law enforcement.
Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	This program aims to target those Ottawa County residents who are at risk for substance misuse as well as those who are at risk for overdose.

Describe why your agency is best fit to provide this service?	CMHOC is responsible for coordinating SUD treatment resources within the county. This gives CMHOC a unique position to be able to identify, coordinate, and manage resources.

II. Describe what you will do to address the situation:

Describe the program's activities (what are you going to do?):	Recovery Fest is once a year. There are twice annual medication takeback events. Numerous trainings for overdose prevention. Monthly taskforce meetings as well as other prevention related activities.
Describe the expected frequency of the activity(ies) and how you determined this.	This is a full time position. Expected frequency is in line with LRE prevention guidelines.
Describe the number of persons in the target population you expect to serve during each activity event	This past year there was an estimated 500 to 600 people at recovery fest. Each year there are several hundred pounds of medications and sharps disposed of at planned events and permanent sites. Several hundred Narcan kits are also distributed.

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require money)*.

Funds are utilized for a portion of the salary and fringe of the the prevention specialist position. They are also utilized to support recovery fest and supplement funds raised by the recovery fest planning committee.

IV. Describe the goals you have established for the program. (do not have to be measurable)
(TO BE COMPLETED BY NEW PRORGRAMS ONLY)

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4. Click or tap here to enter text.

PERFORMANCE MONITORING
(TO BE COMPLETED BYNEW PROGRAMS ONLY)

V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

<table>
<tr>
<td rowspan="9">Outcomes</td>
<td rowspan="3"><p>Process:</p><p>Describe (in specifically measurable terms) what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.</p></td>
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<tr>
<td rowspan="3"><p>Participant:</p><p>Describe (in specifically measurable terms) what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.</p></td>
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<td rowspan="3"><p>Impact:</p><p>Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.</p></td>
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SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 11/25/2024

PROVIDER NAME: Network180   CURRENT PROVIDER: _ ● YES   ❍ NO

PROGRAM TITLE**: 100 in 100**

CONTACT PERSON: Bill Ward, Executive Director   Amy Rottman, CFO

CONTACT EMAIL: William.Ward@Network180.org   Amy.Rottman@Network180.org

PROVIDER ADDRESS: 82 Ionia NW, Grand Rapids, 49501   AMOUNT REQUESTED: $294,060

SERVICE TYPE

❍ Assessment	❍ Level III.1 (low intensity)
❍ Individual Therapy	❍ Level III.3 (moderate to high intensity)
❍ Group Therapy	❍ Level III.5 (significant/complex intensity)
❍ Family Therapy	❍ Medication Assisted Treatment
❍ Didactic Groups	❍ Peer Recovery
❍ Residential Detox	● Prevention/Other: Case Management
❍ Recovery Housing	

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	Kent County shelters have identified that homelessness is continuing to rise in our community with multiple influencing factors, including substance use disorders.
Describe the conditions that contribute to the identified problem (List the data sources if applicable)	The National Alliance to End Homelessness lists the following causes of homelessness: lack of affordable housing; low income; physical and behavioral health issues, including substance use; domestic violence; and racial disparities. In 2020, 8,026 people experienced at least one episode of homelessness in Kent County, an increase of 33% since 2016. While shelters provide temporary housing, the larger issue is the need for long-term, stable housing. Long term stability is positively impacted by linking to resources, including job training, behavioral health services and supports, and financial counseling.

Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	100 homeless individuals, with an intentional focus on individuals experiencing chronic homelessness
Describe why your agency is best fit to provide this service?	Network180 has agreed to collaborate with over 25 community partners on a new initiative targeting homelessness, entitled 100 in 100. Network180 is funding four (4) Housing Stabilization Case Managers (CM) employed through Mel Trotter Ministries and Degage Ministries whose role is to assist rehoused individuals in maintaining housing, meet health and wellness goals including access to SUD services and supports, and secure and maintain financial security. Network180, as the public behavioral health authority for Kent County is the logical choice to fund to activities likely to positively impact homelessness and substance use.

II. Describe what you will do to address the situation:

Describe the program's activities (what are you going to do?):	Fund 4 Housing Stabilization Case Managers whose role is to assist rehoused individuals to maintain housing, meeting health and wellness goals including access to SUD services and supports, and secure and maintain financial security. -Develop strong, safe relationships -Utilize stabilization tool to set personal goals -Develop and maintain relationships with community resources -Maintain accurate records -Data tracking -Meet regularly with individuals to set goals, monitoring progress, connect to resources, including SUD supports and services -Conduct regular home visits
Describe the expected frequency of the activity(ies) and how you determined this.	CM contacts with each rehoused individual will be 1-2 times weekly to start and not less than 1 time per month for the duration.

Describe the number of persons in the target population you expect to serve during each activity event	Activities will largely be 1:1 between the CM and the rehoused individual

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require funds).*

Per Case Manager:

Wages and Benefits- $64,584

Admin/oversight- $3,931

Mileage, IT, supplies- $5,000

Total per CM = $73,515   Total for 4 CM's = $294,060

IV. Describe the goals you have established for the program. (goals do not have to be measurable) *(TO BE COMPLETED BY NEW PRORGRAMS ONLY)*

1. Maintain stable and safe housing for at least one year after achieving housing

2. Improve score in at least two domains on stabilization tool score every 6 months, while part of the program

3. Reduce use of emergency services by 50%

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V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

Outcomes	***Process:*** *Describe **(in specifically measurable terms)** what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	Participant: *Describe **(in specifically measurable terms)** what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.*	1. Rehoused individuals will maintain stable and safe housing for at least one year after achieving housing
		2. Rehoused individuals will improve their score in at least two domains on stabilization tool score every 6 months, while part of the program
		3.
	Impact: *Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.*	1. 2. Rehoused individuals will reduce use of emergency services by 50% in the first year after achieving housing. 3.
		4. Click or tap here to enter text.
		5. Click or tap here to enter text.

LAKESHORE
REGIONAL ENTITY

2025 Oversight Policy Board Meeting Schedule
4:00 – 6:00 PM

March 12, 2025

June 11, 2025

September 10, 2025

December 10, 2025

Meetings will be held in the Board Room at
Community Mental Health of Ottawa County
12265 James Street
Holland, MI 49424

POLICY TITLE:	~~USE~~ DISTRIBUTION OF ~~RESERVE~~ PA2 FUNDS	POLICY #12.4		
Topic Area:	SUBSTANCE USE DISORDER PREVENTION AND TREATMENT	**ISSUED BY:** Chief Executive Officer	**REVIEW DATES**	
Applies to:	SUD providers, CMHSP Members, and Oversight Policy Board Members		12/16/21	12/1/2024
Developed and Maintained by:	CEO and Designee	**APPROVED BY:** Board of Directors		
Supersedes:	N/A	**Effective Date:** 4/19/2018	**Revised Date:** ~~7/21/2023~~12/1/2024	

I. **PURPOSE**

Per Public Act 206 of 1893, Section 24e, Paragraph 11, as amended, Lakeshore Regional Entity (LRE) receives liquor tax funds, also known as PA2 funds, from each of the seven counties in the region (Allegan, Kent, Muskegon, Lake, Mason, Oceana and Ottawa). The PA2 funds are for local use in treatment, intervention, and prevention of SUD services. This policy stipulates the authority for and the approved use of reserve PA2 funds.

II. **POLICY**

Pursuant to and in accordance with MCL 211.24e, the LRE shall receive, administer, and use PA2 funds in accordance with the law and at the direction of the Substance Use Disorder (SUD) Oversight Policy Board (OPB).

A. PA2 funds shall be accounted for by county of origin and shall be used exclusively in the county from which they were derived. PA2 fund balances must be accounted for by each county and planned use must occur in the county of origin. Interest income from PA2 funds is considered local income and, at the direction of the SUD OPB, must be used to support SUD treatment and recovery, intervention and prevention activities ~~or the related proportionate share of administrative costs~~.
~~A.~~
In accordance with 1985 PA 106, MCL 207.630; Section 10.3, a distribution to a county pursuant to this section shall be included for purposes of the calculations required to be made by section 24e of the general property tax act, 1893 PA 206, MCL 211.24e. If the governing body of a taxing unit approves the additional millage rate under section 24e of the general property tax act, 1893 PA 206, MCL 211.24e, that is due to distributions pursuant to this section, then an amount not less than either of the following must be used for substance abuse treatment within the taxing unit:

(a) 40% of the distribution under this section, or~~.~~

(b) The amount used for substance abuse treatment within the taxing unit in the previous fiscal year ending September 30, 2022.

B. At least annually, prior to the start of the next fiscal year, the SUD OPB shall approve a plan and budget developed by LRE Finance Staff to determine the amount of reserve PA2 Liquor Tax funds that will be made available for the next Fiscal Year starting October 1.   The plan and budget shall include the amount of planned funding to be expended; the intended purpose for SUD treatment and recovery, intervention, or prevention; and the identified primary contractor(s).

C. The Entity LRE's Finance Team shall prepare and provide the SUD OPB with quarterly reports of PA2 funds received and disbursed.

D. All PA2 funds not allocated for the fiscal year starting October 1 will be held in reserve for future allocation.

D.E.   PA2 Funds will not be used to cover administrative costs.

III. APPLICABILITY AND RESPONSIBILITY
This policy applies to Prevention Providers who contract directly with Entity, CMHSPs and contracted Providers who offer SUD Treatment and Recovery.

IV. MONITORING AND REVIEW
This policy will be reviewed annually by the COO and designee with input from the SUD ROAT and OPB members.

V. DEFINITIONS
PA2: Public Act 2 Liquor Tax Funds
OPB: Oversight Policy Advisory Board
SUD: Substance Use Disorder

VI. RELATED POLICIES AND PROCEDURES
A. 12.4a Use of Reserve PA2 Funds for Special Projects
A.B.   12.4b Distribution of Reserve PA2 Funds

VII. REFERENCES/LEGAL AUTHORITY
A. Public Act 206 of 1893, Section 24e, Paragraph 11, as amended; MCL 211.24e
B. MDHHS Medicaid Specialty Supports and Services Contract

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
4/19/2018	New Procedure	LRE SUD Director
12/16/2021	Updated language, separated policy/procedure	CEO and Designee

7/21/2023	Updated language	Chief Operating Officer
12/1/2024	Updated language	Chief Operating Officer

PROCEDURE # 12.4a	EFFECTIVE DATE	REVISED DATE
TITLE: USE OF RESERVE PA2 FUNDS FOR SPECIAL PROJECTS	4/19/2018	~~7/21/2023~~1/8/2025
ATTACHMENT TO	**REVIEW DATES**	
POLICY #: 12.4 **POLICY TITLE:** PA2 RESERVE FUNDS DISTRIBUTION **CHAPTER:** SUBSTANCE USE DISORDERS	12/16/2021, 7/21/2023, 1/8/2025	

I. PURPOSE

To provide LRE contract SUD Treatment and Prevention Providers an opportunity to access reserve PA2 funds for the development of new and innovative programs for which other funding is unavailable. All reserve PA2 funds requested must be used within the fiscal year in which they are granted. There will be no guarantee that funding will be available in subsequent years.

II. PROCEDURES

A. Any contracted SUD Treatment or Prevention provider requesting reserve PA2 funds for SUD Treatment or Prevention programs will be required to submit a letter of interest to the Entity Chief Operating Officer detailing their project request.

1. For Prevention Services:
   a. LRE Chief Operating Officer will review the request and determine if the specific county has an identified need for the project and if the project has merit.
   b. If there is an identified need and the project is found to have merit, the interested party must submit the "Special Project Application Form for PA2 Funds" to the Entity.
   c. Priority will be given to projects that meet an identified community need and utilize evidence-based practices.

2. For SUD Treatment:
   a. LRE Chief Operating Officer will consult with the appropriate CMHSP SUD Coordinator to determine if the project has merit and meets an identified need in the county.
   b. If both parties agree the project meets an identified need and has merit, the LRE Chief Operating Officer will instruct the interested party to submit the "Special Project Application Form for PA2 Funds".
   c. Priority will be given to projects that meet an identified community need and utilize evidence-based practices.

3. Completed Special Project for PA2 Funds application(s) will be reviewed at the next regularly scheduled SUD Regional Operations Advisory Team (ROAT) meeting for recommendations.

4. LRE Chief Operating Officer will present the application(s) and any recommendations to the Oversight Policy Board (OPB) at their next regularly scheduled meeting.

    a. For Prevention applications: Upon approval by the OPB members, the LRE Chief Operating Officer, in conjunction with the Finance team, will issue contracts for prevention services.

    b. For SUD Treatment and Recovery: A contract will be coordinated with the CMSHP's for fund distribution directly to the agencies.

5. PA2 funds that are distributed through the Special Project Application process will be available only for the fiscal year in which they are distributed.

    a. Providers will be required to submit the Special Project Application Form for PA2 funds annually should they wish to continue the project in subsequent fiscal years.

III. APPLICABILITY AND RESPONSIBILITY

This procedure applies to SUD Prevention Providers contracting directly with the LRE as well as member CMHSPs and SUD Treatment Providers who offer SUD Treatment and Recovery services.

IV. MONITORING AND REVIEW

This procedure will be reviewed annually by the LRE Chief Operating Officer with input from the SUD ROAT and OPB members.

V. DEFINITIONS

PA2: Public Act 2 Liquor Tax Funds
OPB: Oversight Policy Advisory Board
SUD: Substance Use Disorder

VI. RELATED POLICIES AND PROCEDURES

A. LRE Policy 12.4 PA2 Reserve Funds Distribution
B. Special Project Application for PA2 Funds Form

VII. REFERENCES/LEGAL AUTHORITY

A. Public Act 206 of 1893, Section 24e, Paragraph 11, as amended; MCL 211.24e
B. MDHHS Medicaid Specialty Supports and Services Contract

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
4/19/2018	New Procedure	SUD Director
12/16/2021	Annual Review	SUD Director
7/21/2023	Annual Review – updated language	LRE Chief Operating Officer
12/1/2024	Annual Review	LRE Chief Operating Officer

ORGANIZATIONAL PROCEDURE

PROCEDURE # 12.4b	EFFECTIVE DATE	REVISED DATE
TITLE: REQUESTING ~~ADDITIONAL~~ RESERVE PA2 FUNDS	9/6/2023	1/8/2025
ATTACHMENT TO	REVIEW DATES	
POLICY #: 12.4	1/8/2025	
POLICY TITLE: USE OF RESERVE PA2 FUNDS		
CHAPTER: SUBSTANCE USE DISORDER PREVENTION AND TREATMENT		

I. PURPOSE

Lakeshore Regional Entity (LRE) Oversight Policy Board (OPB) is responsible for approving all PA2 expenditures in Region 3 PIHP. This procedure outlines ~~To provide~~ a process by which Substance Use Disorder (SUD) Treatment and/or Prevention Services Providers can access reserve PA2 funds within a Fiscal Year. ~~This procedure applies to all contracted providers in the Lakeshore Region (Region 3 PIHP) who hold contracts for PA2 funds.~~

~~It is recommended that any requests for additional funds be made no later than the end of the second quarter (March 31) of the current fiscal year to allow the Oversight Policy Board ample time to consider the request. Additional PA2 funds requests must be submitted no later than May 15 of the current fiscal year.~~

II. PROCEDURES

~~A. It is recommended that any requests for additional funds be made no later than the end of the second quarter (March 31) of the current fiscal year to allow the Oversight Policy Board ample time to consider the request. Additional PA2 funds requests must be submitted no later than May 15 of the current fiscal year.~~

~~B.~~A. Requests for reserve PA2 funds must be made no less than two weeks prior to the quarterly meeting of the LRE OPB to allow ample time to consider the request. All requests for ~~additional~~ reserve PA2 funds must be made within the current fiscal year and funds must be used within the current fiscal year. ~~Requests for additional funds outside of the current fiscal year will not be considered.~~

~~C.~~B. The total amount of requested ~~additional~~ reserve PA2 funds cannot exceed the contracted provider's total PA2 budget for the fiscal year in which the ~~additional~~ reserve PA2 funds are being requested.

~~D.~~C. When a contracted SUD Treatment or Prevention provider wants to request ~~additional~~ reserve PA2 fund~~ing~~s, a formal request must be made in writing to the LRE Oversight Policy Board through the LRE Chief Operating Officer. The request must include the following:

1. The total amount of ~~additional~~ reserve PA2 funds being requested.
2. A justification for why the ~~additional~~ reserve PA2 funds are needed.

3. A description of the programs/services and appliable service codes for which the funds are intended.
4. How funds will be applied.
5. A complete budget and budget narrative.
6. A sustainability plan.
7. A list of other sources of funding (Block Grant, Specialty Grant, Medicaid, other) that have been considered and why these sources were not used.

E.D.   For Prevention Services, LRE Chief Operating Officer, in conjunction with the LRE Finance Team, will review the request and determine whether other funding sources are available and can meet the needs of the program requesting additional funds.

F.E. For SUD Treatment, LRE Chief Operating Officer will consult with the appropriate CMHSP SUD Coordinator to review the request and determine whether other funding sources are available to meet the needs of the program requesting additional funds.

G.F.   LRE Chief Operating Officer will work with LRE Finance Team to develop a proposed budget adjustment to be presented to the LRE Oversight Policy Board during the next regularly scheduled meeting. The Oversight Policy Board, with support from LRE COO, Prevention Services Manager and SUD Treatment Manger will:

1. Invite the requesting agency to the next regularly scheduled OPB meeting to provide an informational presentation focusing on programs and services to be impacted by the additional funds requested.
   a. Presentation to include plans for future sustainability without ~~additional reserve~~ PA2 funds
2. Review the funding request and supporting documentation to ensure that all required components are present.
3. Review current PA2 Financial status reports to ensure that requested funds are available for the specific county requesting additional funds.

H.G.   If the request is approved by the Oversight Policy Board, contract amendments will be issued to the provider noting the changes in funding.

I.H. If the request is denied by the Oversight Policy Board, the requesting organization will be notified within 5 business days of the determination.

III. CHANGE LOG

Date of Change	Description of Change	Responsible Party
9/6/2023	NEW PROCEDURE	LRE COO
12/1/2024	Language Updates	LRE COO

LAKESHORE
REGIONAL ENTITY

Tobacco Sales Compliance Regional Analysis

LAKESHORE REGIONAL ENTITY

BY REFOCUS, L.L.C.

The Lakeshore Regional Entity (LRE) manages Medicaid, Michigan General Fund, and Substance Use Treatment Block Grant funding for Behavioral Health services in a seven-county region along the Lake Michigan shoreline in West Michigan. As a part of its mission, LRE supports county-level substance abuse prevention coalitions in each constituent county. A part of this support is provided through the "No Cigs For Our Kids" campaign, which focuses on educating tobacco vendors in the region regarding the importance of compliance with the Youth Tobacco Act. Funding enables substance abuse prevention coalitions in the region to work with local law enforcement agencies to ensure that tobacco sales establishments do not sell tobacco products to persons under age 21. These compliance checks have occurred in several of the region's counties since 2011 and, since 2015, have occurred in each of the region's seven counties. The purpose of this analysis is to utilize the data that each county has collected through the compliance check process to analyze results, find trends, make recommendations for improvements to the compliance check process, and ensure compliance with compliance check regulations (including the Synar Amendment of 1992 and Food and Drug Administration regulations). Among other standards, the Synar Regulations require that states conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors. The regulations also require that the non-compliance rate in the state be no more than twenty percent (20%). In 2022, Governor Gretchen Whitmer signed into Michigan law the Tobacco 21 legislation, which raised the minimum legal sale of tobacco products, vapor products, and alternative nicotine products from 18 to 21, in alignment with federal law. With this new law in place, persons acting as tobacco sales decoys can now be up to age 20 years. The chart below displays the LRE region's tobacco sales compliance rate for both the Synar and non-Synar compliance checks combined.
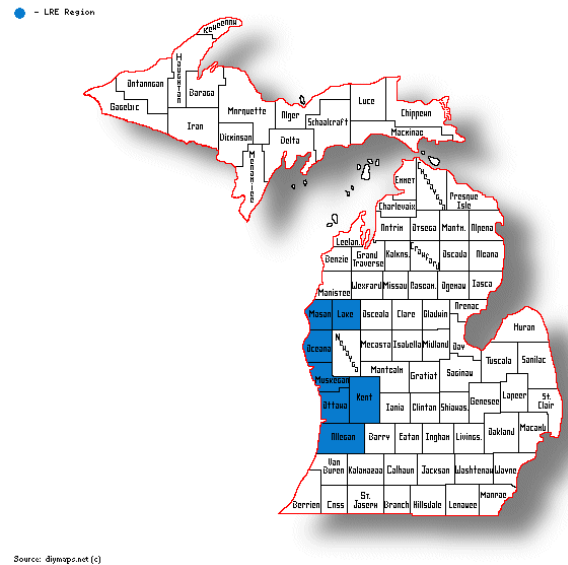
	Checks Completed	Checks Compliant	Percent Compliant
Synar	42	38	90.5%
Non-Synar	431	400	92.8%
All Checks	473	404	**85.4%**

Synar Compliance Checks: Each year the Michigan Department of Health and Human Services (MDHHS) assigns to the LRE region a sample of tobacco retailers in the region to check for compliance with tobacco sales laws. The MDHHS also defines the compliance check procedures as well as the period of time during which the checks are to be completed. The chart below displays the results of these Synar checks. It shows that in 2024 the LRE compliance rate increased from the previous year to 90.5%. It also shows that the LRE compliance rate is slightly higher than Michigan's overall compliance rate.

Year	Count Checks Assigned	Count Checks Completed	Count Checks Passed	LRE Compliance Rate	Michigan Compliance Rate
2023	51	49	41	83.7%	87%
2024	43	42	38	90.5%	86.70%

The chart below displays this same information broken down by county.

County	Count of Synar checks assigned	Count of Synar checks completed	Count Synar checks compliant	% checks compliant
Allegan	3	3	3	100.0%
Kent	20	20	17	85.0%
Lake	1	1	1	100.0%
Mason	0	0	0	N/A
Muskegon	7	6	6	100.0%
Oceana	2	2	2	100.0%
Ottawa	10	10	9	90.0%
LRE Region	43	42	38	90.48%

Non-Synar Compliance Checks: Non-Synar tobacco compliance checks are completed under regulations promulgated by the Food and Drug Administration (FDA). During these compliance checks the decoy is accompanied by a police officer and failures may result in written citations. This analysis includes all non-Synar compliance checks reported to the evaluators between fiscal years 2012 and 2024.

Lakeshore Region - Count of Compliance Checks In Period
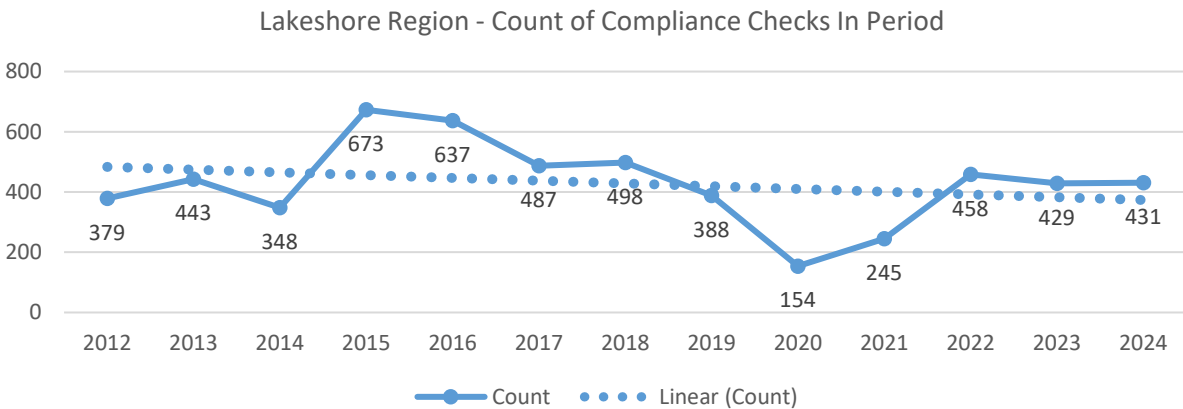
The graph above displays the total count of non-Synar compliance checks in the region. The solid blue line displays shifts in the actual number of non-Synar compliance checks completed during each fiscal year. The dotted blue line displays the trend across all years reported. It shows a decrease over time. There was a significant decrease in the count of compliance checks completed during fiscal years 2020 and 2021. This was the result of the impact of the COVID-19 pandemic. During 2021 four of the seven

counties did not complete non-Synar compliance checks. The count of compliance checks rebounded in 2022 and has been steady since that time.

The graphs below display a different picture of the scope of compliance checks (see Attachment A for county and annual detail). They show the count and percentage of tobacco sales establishments checked. The first graph shows the trend over time. The percentage of tobacco-selling establishments checked hit a high of 50.1% in 2015. This year the percentage of establishments checked remained above 40% for the third year in a row.

Lakeshore Region - Percent of Compliance Checks In Period
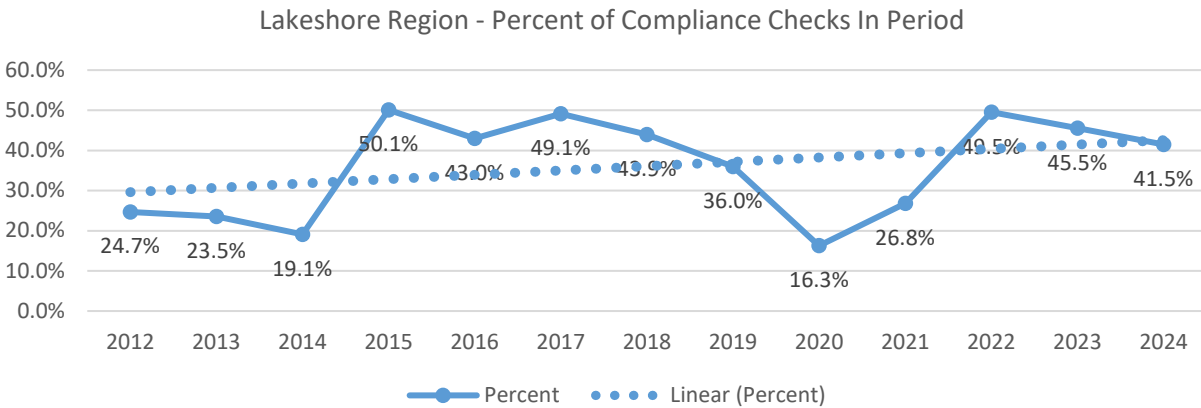
**Percent of Tobacco Sales Establishments Checked in 2024**
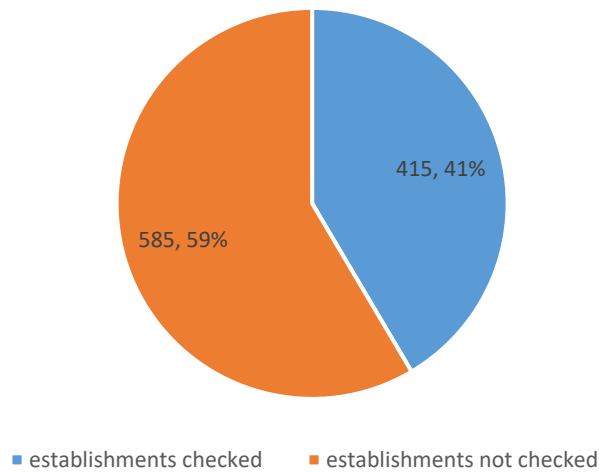
The graph below displays the percentage of non-Synar compliance checks reported per year in the LRE region that failed. Tobacco sales to minors has remained low since regional measurement began and has remained below 10% since 2017. The current percentage of compliance check fails is 7.2%.

LAKESHORE REGIONAL ENTITY

LRE Region - Percent of Compliance Checks that failed
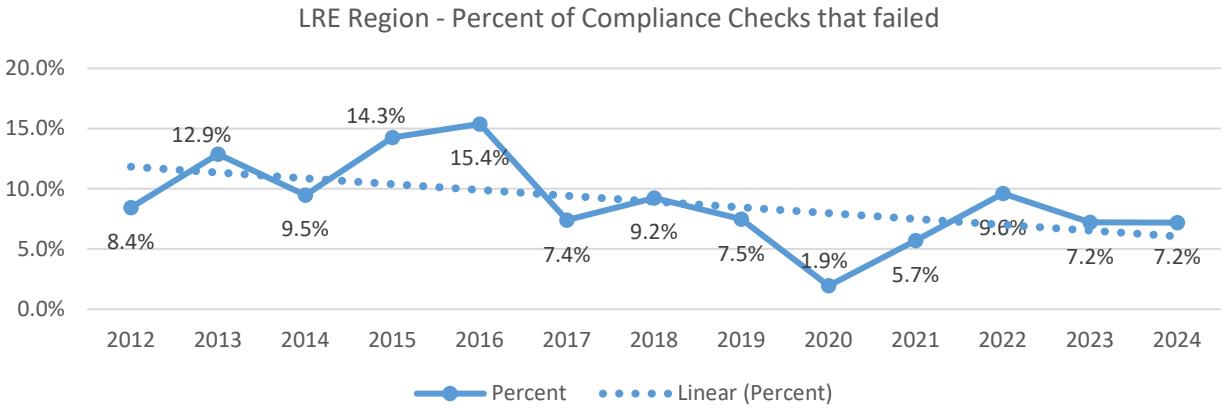
The graphs below display this same information for each county. In 2024 all counties in the LRE region (except Lake County) performed below the 20% compliance threshold established by the Synar Amendment. This fail rate is consistent with the annual rates since 2017 (excluding 2020 and 2021, which were affected by the COVID-19 pandemic).
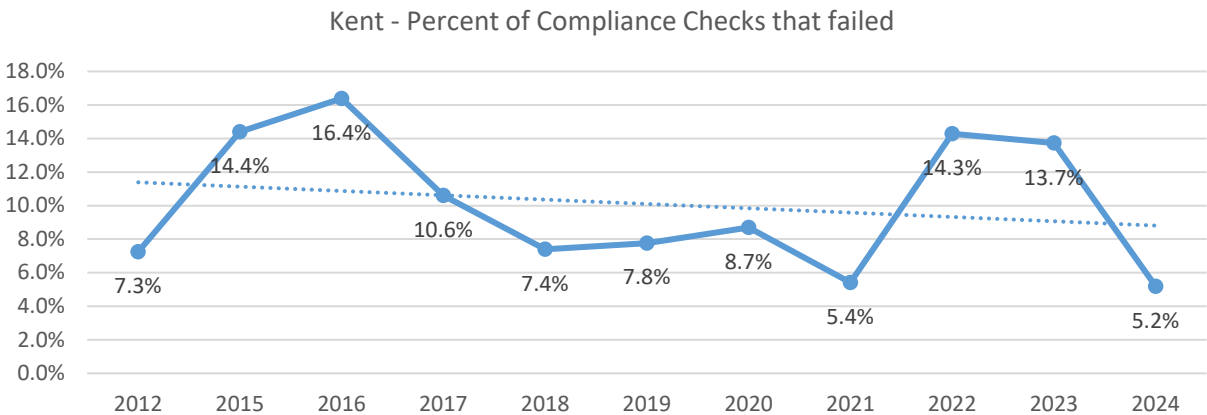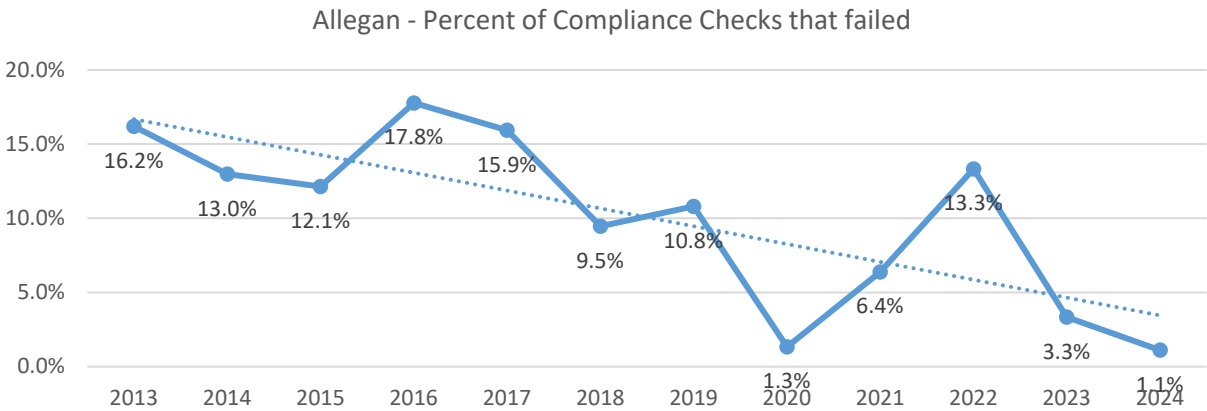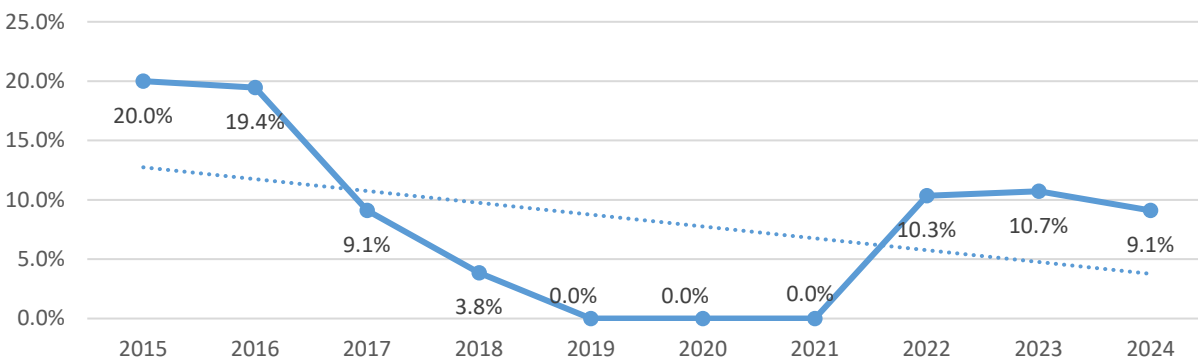
Allegan - Percent of Compliance Checks that failed

Kent - Percent of Compliance Checks that failed

LAKESHORE
REGIONAL ENTITY

Lake - Percent of Compliance Checks that failed

Year	Value
2015	14.4%
2016	12.5%
2017	6.7%
2018	6.7%
2019	20.0%
2020	0.0%
2021	0.0%
2022	15.4%
2023	0.0%
2024	21.4%

Mason - Percent of Compliance Checks that failed

Year	Value
2015	20.0%
2016	19.4%
2017	9.1%
2018	3.8%
2019	0.0%
2020	0.0%
2021	0.0%
2022	10.3%
2023	10.7%
2024	9.1%
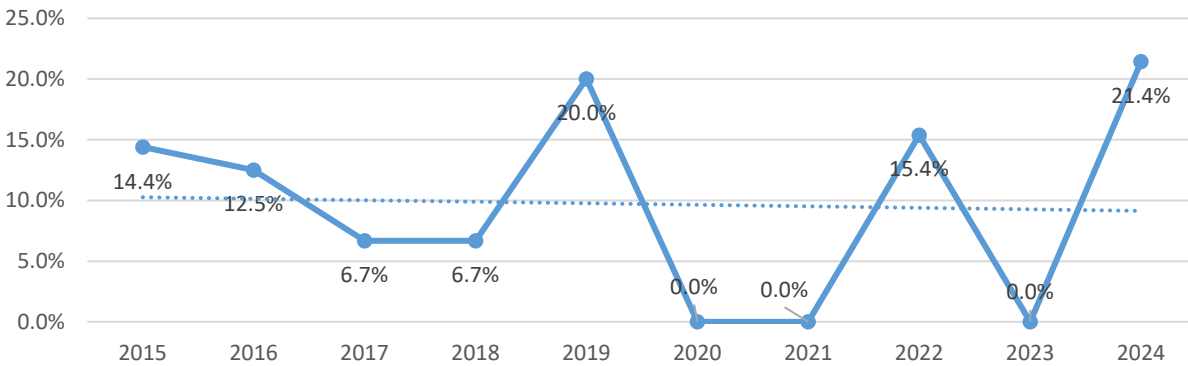
Muskegon - Percent of Compliance Checks that failed

Year	Value
2012	12.3%
2013	0.0%
2014	5.0%
2015	3.1%
2016	0.0%
2017	0.0%
2018	0.0%
2019	1.2%
2020	0.0%
2021	5.2%
2022	6.2%
2023	2.3%
2024	6.7%

ReFocus, L.L.C.
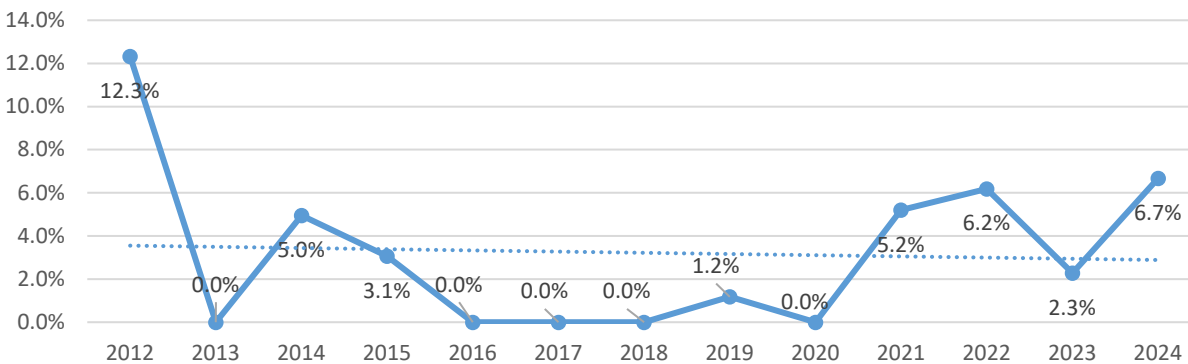
Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

Oceana - Percent of Compliance Checks that failed
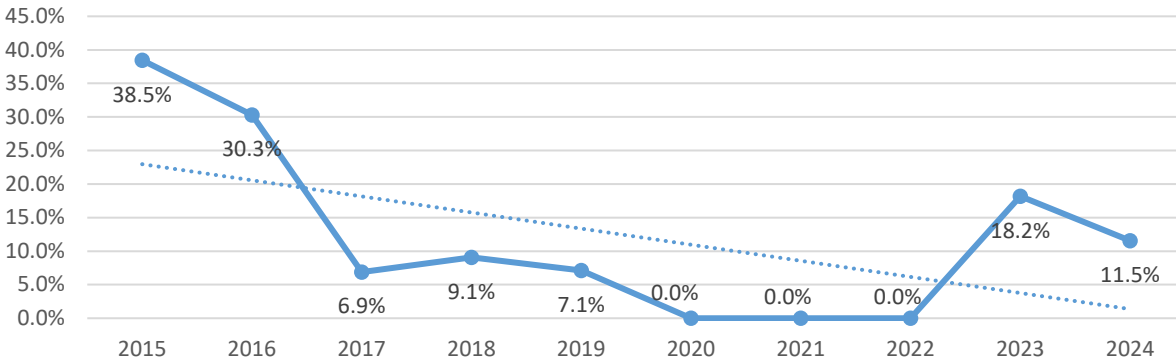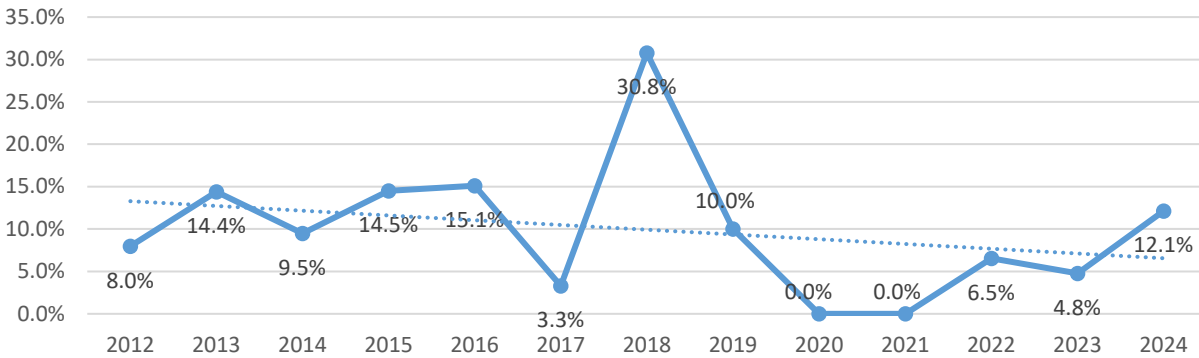

Ottawa - Percent of Compliance Checks that failed

The chart below displays information regarding the environmental conditions at the tobacco sales establishments that failed compliance checks in the LRE region in 2024 (see Attachment B for county-level data by year). This information uses the revised retail categories established by the State of Michigan in 2017. It shows that 35.5% of compliance check fails occurred at a gas station and 42% occurred in the category of "other" (predominantly convenience stores).

FY2024	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Kent	7	28.57%	0.00%	0.00%	0.00%	0.00%	28.57%	42.86%
Lake	3	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	66.67%
Mason	2	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%
Muskegon	3	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	66.67%
Oceana	3	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	66.67%
Ottawa	12	58.33%	0.00%	0.00%	0.00%	16.67%	8.33%	16.67%
LRE Region	31	35.48%	0.00%	0.00%	0.00%	12.90%	9.68%	41.94%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

ATTACHMENT A:

2024	County Population (2020 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compli-ance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	120502	93	0.77	88	94.6%	90	1.02	1	0.0083	1.1%
Kent	657974	487	0.74	132	27.1%	135	1.02	7	0.0106	5.2%
Lake	12096	17	1.41	13	76.5%	14	1.08	3	0.2480	21.4%
Mason	29052	31	1.07	21	67.7%	22	1.05	2	0.0688	9.1%
Muskegon	175824	163	0.93	44	27.0%	45	1.02	3	0.0171	6.7%
Oceana	26659	37	1.39	25	67.6%	26	1.04	3	0.1125	11.5%
Ottawa	296200	172	0.58	92	53.5%	99	1.08	12	0.0405	12.1%
LRE Region	1318307	1000	0.76	415	41.5%	431	1.04	31	0.0235	7.2%

2023	County Population (2020 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	120502	92	0.76	89	96.7%	90	1.01	3	0.0249	3.3%
Kent	657974	425	0.65	97	22.8%	102	1.05	14	0.0213	13.7%
Lake	12096	17	1.41	17	100.0%	17	1.00	0	0.0000	0.0%
Mason	29052	28	0.96	28	100.0%	28	1.00	3	0.1033	10.7%
Muskegon	175824	157	0.89	43	27.4%	44	1.02	1	0.0057	2.3%
Oceana	26659	36	1.35	22	61.1%	22	1.00	4	0.1500	18.2%
Ottawa	296200	168	0.57	124	73.8%	126	1.02	6	0.0203	4.8%
LRE Region	1318307	923	0.70	420	45.5%	429	1.02	31	0.0235	7.2%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2022	County Population (2020 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	120502	97	0.87	95	97.9%	105	1.11	14	0.1257	13.3%
Kent	657974	433	0.72	109	25.2%	84	0.77	12	0.0199	14.3%
Lake	12096	19	1.65	15	78.9%	13	0.87	2	0.1733	15.4%
Mason	29052	39	1.36	29	74.4%	29	1.00	3	0.1045	10.3%
Muskegon	175824	152	0.88	95	62.5%	97	1.02	6	0.0348	6.2%
Oceana	26659	36	1.35	22	61.1%	23	1.05	0	0.0000	0.0%
Ottawa	296200	165	0.63	101	61.2%	107	1.06	7	0.0265	6.5%
LRE Region	1318307	941	0.77	466	49.5%	458	0.98	44	0.0362	9.6%

FY2021	County Population (2020 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	120502	98	0.88	94	95.9%	94	1.00	6	0.0539	6.4%
Kent	657974	443	0.74	74	16.7%	74	1.00	4	0.0066	5.4%
Lake	12096	19	1.65	0	0.0%	0	#DIV/0!	0	0.0000	#DIV/0!
Mason	29052	27	0.94	0	0.0%	0	#DIV/0!	0	0.0000	#DIV/0!
Muskegon	175824	64	0.37	59	92.2%	77	1.31	4	0.0232	5.2%
Oceana	26659	33	1.24	0	0.0%	0	#DIV/0!	0	0.0000	#DIV/0!
Ottawa	296200	163	0.62	0	0.0%	0	#DIV/0!	0	0.0000	#DIV/0!
LRE Region	1318307	847	0.70	227	26.8%	245	1.08	14	0.0115	5.7%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2020	County Population (2010 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	111408	92	0.83	75	81.5%	75	1.00	1	0.0090	1.3%
Kent	602622	444	0.74	23	5.2%	23	1.00	2	0.0033	8.7%
Lake	11539	16	1.39	5	31.3%	5	1.00	0	0.0000	0.0%
Mason	28705	34	1.18	5	14.7%	5	1.00	0	0.0000	0.0%
Muskegon	172188	153	0.89	23	15.0%	23	1.00	0	0.0000	0.0%
Oceana	26570	32	1.20	9	28.1%	10	1.11	0	0.0000	0.0%
Ottawa	263801	170	0.64	13	7.6%	13	1.00	0	0.0000	0.0%
LRE Region	1216833	941	0.77	153	16.3%	154	1.01	3	0.0025	1.9%

FY2019	County Population (2010 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	111408	92	0.83	89	96.7%	111	1.25	12	0.11	10.8%
Kent	602622	443	0.74	100	22.6%	103	1.03	8	0.01	7.8%
Lake	11539	16	1.39	9	56.3%	10	1.11	2	0.17	20.0%
Mason	28705	34	1.18	15	44.1%	15	1.00	0	0.00	0.0%
Muskegon	172188	152	0.88	66	43.4%	85	1.29	1	0.01	1.2%
Oceana	26570	32	1.20	14	43.8%	14	1.00	1	0.04	7.1%
Ottawa	263801	168	0.64	44	26.2%	50	1.14	5	0.02	10.0%
LRE Region	1216833	937	0.77	337	36.0%	388	1.15	29	0.02	7.5%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2018	County Population (2010 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	111408	91	0.82	71	78.0%	95	1.34	9	0.08	9.5%
Kent	602622	444	0.74	182	41.0%	230	1.26	17	0.03	7.4%
Lake	11539	16	1.39	15	93.8%	15	1.00	1	0.09	6.7%
Mason	28705	34	1.18	26	76.5%	26	1.00	1	0.03	3.8%
Muskegon	172188	149	0.87	43	28.9%	58	1.35	0	0.00	0.0%
Oceana	26570	32	1.20	22	68.8%	22	1.00	2	0.08	9.1%
Ottawa	263801	167	0.63	51	30.5%	52	1.02	16	0.06	30.8%
LRE Region	1216833	933	0.77	410	43.9%	498	1.21	46	0.04	9.2%

FY2017	County Population (2010 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked (Non-Synar)	Percent of Tobacco sales establishments checked	Count of Non-Synar Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	111408	90	0.81	68	75.6%	69	1.01	11	0.10	15.9%
Kent	602622	439	0.73	149	33.9%	151	1.01	16	0.03	10.6%
Lake	11539	16	1.39	14	87.5%	15	1.07	1	0.09	6.7%
Mason	28705	34	1.18	33	97.1%	33	1.00	3	0.10	9.1%
Muskegon	172188	151	0.88	73	48.3%	99	1.36	0	0.00	0.0%
Oceana	26570	32	1.20	29	90.6%	29	1.00	2	0.08	6.9%
Ottawa	263801	166	0.63	90	54.2%	91	1.01	3	0.01	3.3%
LRE Region	1216833	928	0.76	456	49.1%	487	1.07	36	0.03	7.4%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2016	County Population (2010 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked	Percent of Tobacco sales establishments checked	Count of Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	111408	90	0.81	89	98.9%	135	1.52	24	0.22	17.8%
Kent	602622	536	0.89	193	36.0%	238	1.23	39	0.06	16.4%
Lake	11539	16	1.39	16	100.0%	16	1.00	2	0.17	12.5%
Mason	28705	31	1.08	30	96.8%	36	1.20	7	0.24	19.4%
Muskegon	172188	149	0.87	65	43.6%	73	1.12	0	0.00	0.0%
Oceana	26570	32	1.20	29	90.6%	33	1.14	10	0.38	30.3%
Ottawa	263801	362	1.37	101	27.9%	106	1.05	16	0.06	15.1%
LRE Region	1216833	1216	1.00	523	43.0%	637	1.22	98	0.08	15.4%

FY2015	County Population (2010 Census)	Count of Tobacco sales establishments	Tobacco sales establishments per 10,000 citizens	Count of Tobacco sales establishments checked	Percent of Tobacco sales establishments checked	Count of Compliance Checks	Ave Times Establishments were checked	Count of Failed Compliance Checks	Failed compliance checks per 10,000 citizens	Percent of compliance checks that failed
Allegan	111408	90	0.81	88	97.8%	107	1.22	13	0.12	12.1%
Kent	602622	536	0.89	262	48.9%	271	1.03	39	0.06	14.4%
Lake	11539	16	1.39	15	93.8%	15	1.00	3	0.26	20.0%
Mason	28705	31	1.08	32	103.2%	32	1.00	10	0.35	31.3%
Muskegon	172188	149	0.87	74	49.7%	98	1.32	3	0.02	3.1%
Oceana	26570	32	1.20	26	81.3%	26	1.00	10	0.38	38.5%
Ottawa	263801	362	1.37	112	30.9%	124	1.11	18	0.07	14.5%
LRE Region	1216833	1216	1.00	609	50.1%	673	1.11	96	0.08	14.3%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

ATTACHMENT B:

FY2024	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Kent	7	28.57%	0.00%	0.00%	0.00%	0.00%	28.57%	42.86%
Lake	3	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	66.67%
Mason	2	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%
Muskegon	3	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	66.67%
Oceana	3	0.00%	0.00%	0.00%	0.00%	33.33%	0.00%	66.67%
Ottawa	12	58.33%	0.00%	0.00%	0.00%	16.67%	8.33%	16.67%
LRE Region	31	35.48%	0.00%	0.00%	0.00%	12.90%	9.68%	41.94%

FY2023	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	3	33.33%	0.00%	0.00%	0.00%	0.00%	33.33%	33.33%
Kent	14	35.71%	0.00%	0.00%	0.00%	14.29%	14.29%	35.71%
Lake	0	-	-	-	-	-	-	-
Mason	3	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	33.33%
Muskegon	1	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Oceana	4	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	75.00%
Ottawa	6	16.67%	16.67%	0.00%	0.00%	0.00%	0.00%	66.67%
LRE Region	31	35.48%	3.23%	0.00%	0.00%	6.45%	9.68%	45.16%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2022	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	14	21.43%	0.00%	7.14%	0.00%	42.86%	0.00%	28.57%
Kent	12	83.33%	0.00%	0.00%	0.00%	8.33%	0.00%	50.00%
Lake	2	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	50.00%
Mason	3	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	66.67%
Muskegon	6	16.67%	16.67%	0.00%	0.00%	33.33%	0.00%	33.33%
Oceana	0	-	-	-	-	-	-	-
Ottawa	7	57.14%	0.00%	14.29%	0.00%	0.00%	0.00%	28.57%
LRE Region	44	43.18%	2.27%	4.55%	0.00%	22.73%	0.00%	38.64%

FY2021	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	6	33.33%	0.00%	0.00%	0.00%	16.67%	0.00%	50.00%
Kent	4	0.00%	0.00%	0.00%	0.00%	25.00%	0.00%	75.00%
Lake	0	-	-	-	-	-	-	-
Mason	0	-	-	-	-	-	-	-
Muskegon	4	50.00%	0.00%	25.00%	0.00%	0.00%	0.00%	25.00%
Oceana	0	-	-	-	-	-	-	-
Ottawa	0	-	-	-	-	-	-	-
LRE Region	14	28.57%	0.00%	7.14%	0.00%	14.29%	0.00%	50.00%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2020	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	1	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Kent	2	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%
Lake	0	-	-	-	-	-	-	-
Mason	0	-	-	-	-	-	-	-
Muskegon	0	-	-	-	-	-	-	-
Oceana	0	-	-	-	-	-	-	-
Ottawa	0	-	-	-	-	-	-	-
LRE Region	2	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	33.00%

FY2019	Count of Failed Compliance Checks	Of Fails, Percent at Gas Station	Of Fails, Percent at Tobacco Store	Of Fails, Percent at Restaurant	Of Fails, Percent at Hotel	Of Fails, Percent at Grocery Store	Of Fails, Percent at Drug Store	Of Fails, Percent at Other
Allegan	12	25.00%	0.00%	0.00%	0.00%	25.00%	0.00%	50.00%
Kent	8	25.00%	0.00%	0.00%	0.00%	0.00%	50.00%	25.00%
Lake	2	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%
Mason	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Muskegon	1	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Oceana	1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Ottawa	5	40.00%	0.00%	0.00%	0.00%	0.00%	0.00%	60.00%
LRE Region	29	31.03%	0.00%	0.00%	0.00%	10.34%	13.79%	44.83%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2018	Count of Failed Compliance Checks	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Allegan	9	11.11%	11.11%	66.67%	0.00%	0.00%	66.67%	0.00%	0.00%	0.00%	0.00%
Kent	17	11.76%	47.06%	29.41%	0.00%	0.00%	11.76%	0.00%	0.00%	0.00%	0.00%
Lake	1	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mason	1	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Muskegon	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oceana	2	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ottawa	16	25.00%	37.50%	62.50%	0.00%	0.00%	6.25%	0.00%	6.25%	0.00%	0.00%
LRE Region	46	15.22%	36.96%	50.00%	0.00%	0.00%	19.57%	0.00%	2.17%	0.00%	0.00%

FY2017	Count of Failed Compliance Checks	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Allegan	11	27.27%	18.18%	45.45%	9.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Kent	16	6.25%	25.00%	62.50%	0.00%	0.00%	0.00%	0.00%	0.00%	6.25%	0.00%
Lake	1	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mason	3	33.33%	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Muskegon	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oceana	2	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ottawa	3	0.00%	66.67%	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
LRE Region	35	14.29%	34.29%	51.43%	2.86%	0.00%	0.00%	0.00%	0.00%	2.86%	0.00%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2016	Count of Failed Compliance Checks	Of Fails, Count where clerk was male	Of Fails, Percent where clerk was male	Of Fails, Percent where clerk was female	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Allegan	24	17	70.83%	29.17%	25.00%	20.83%	50.00%	0.00%	0.00%	0.00%	0.00%	4.17%	0.00%	0.00%
Kent	39	4	10.26%	89.74%	2.56%	25.64%	46.15%	0.00%	0.00%	10.26%	0.00%	0.00%	0.00%	0.00%
Lake	2	2	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mason	7	6	85.71%	14.29%	14.29%	14.29%	57.14%	0.00%	0.00%	0.00%	0.00%	14.29%	0.00%	0.00%
Muskegon	0		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/a
Oceana	10	8	80.00%	20.00%	20.00%	20.00%	60.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ottawa	16	7	43.75%	56.25%	0.00%	25.00%	62.50%	0.00%	0.00%	0.00%	0.00%	6.25%	0.00%	6.25%
LRE Region	98	44	44.90%	55.10%	10.20%	23.47%	52.04%	0.00%	0.00%	4.08%	0.00%	3.06%	0.00%	1.02%

FY2015	Count of Failed Compliance Checks	Of Fails, Count where clerk was male	Of Fails, Percent where clerk was male	Of Fails, Percent where clerk was female	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Allegan	13	9	69.23%	30.77%	15.38%	23.08%	61.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Kent	39	18	46.15%	53.85%	10.26%	30.77%	51.28%	0.00%	0.00%	5.13%	0.00%	0.00%	0.00%	0.00%
Lake	3		0.00%	100.00%	0.00%	66.67%	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mason	10		0.00%	100.00%	30.00%	40.00%	30.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Muskegon	3		0.00%	100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Oceana	10		0.00%	100.00%	30.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.00%
Ottawa	18	6	33.33%	66.67%	11.11%	27.78%	61.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
LRE Region	96	33	34.38%	65.63%	14.58%	32.29%	47.92%	0.00%	0.00%	2.08%	0.00%	0.00%	0.00%	2.08%

Tobacco Compliance Checks Longitudinal Analysis, 2012-2024

FY2014	Count of Failed Compliance Checks	Of Fails, Count where clerk was male	Of Fails, Percent where clerk was male	Of Fails, Percent where clerk was female	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Allegan	17	14	82.35%	17.65%	0.00%	17.65%	82.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Muskegon	5		0.00%	100.00%	0.00%	20.00%	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ottawa	11	4	36.36%	63.64%	0.00%	27.27%	72.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
LRE Region	33	18	54.55%	45.45%	0.00%	21.21%	78.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

FY2013	Count of Failed Compliance Checks	Of Fails, Count where clerk was male	Of Fails, Percent where clerk was male	Of Fails, Percent where clerk was female	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Allegan	23	17	73.91%	26.09%	4.35%	34.78%	60.87%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ottawa	34	19	55.88%	44.12%	2.94%	17.65%	73.53%	0.00%	0.00%	0.00%	0.00%	2.94%	2.94%	0.00%
LRE Region	57	36	63.16%	36.84%	3.51%	24.56%	68.42%	0.00%	0.00%	0.00%	0.00%	1.75%	1.75%	0.00%

FY2012	Count of Failed Compliance Checks	Of Fails, Count where clerk was male	Of Fails, Percent where clerk was male	Of Fails, Percent where clerk was female	Of Fails, Percent at Grocery Store	Of Fails, Percent at Convenience Store	Of Fails, Percent at Gas Station	Of Fails, Percent at Restaurant	Of Fails, Percent at Bar/Lounge	Of Fails, Percent at Pharmacy	Of Fails, Percent at Bowling Alley	Of Fails, Percent at Liquor Store	Of Fails, Percent at Tobacco Store/Shop	Of Fails, Percent at Retail/Dept. Store
Kent	14		0.00%	100.00%	7.14%	35.71%	35.71%	7.14%	0.00%	0.00%	0.00%	14.29%	0.00%	0.00%
Muskegon	9		0.00%	100.00%	0.00%	33.33%	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ottawa	9	5	55.56%	44.44%	0.00%	22.22%	44.44%	0.00%	0.00%	11.11%	0.00%	22.22%	0.00%	0.00%
LRE Region	32	5	15.63%	84.38%	3.13%	31.25%	46.88%	3.13%	0.00%	3.13%	0.00%	12.50%	0.00%	0.00%

ATTACHMENT C: Non-Synar Infographic
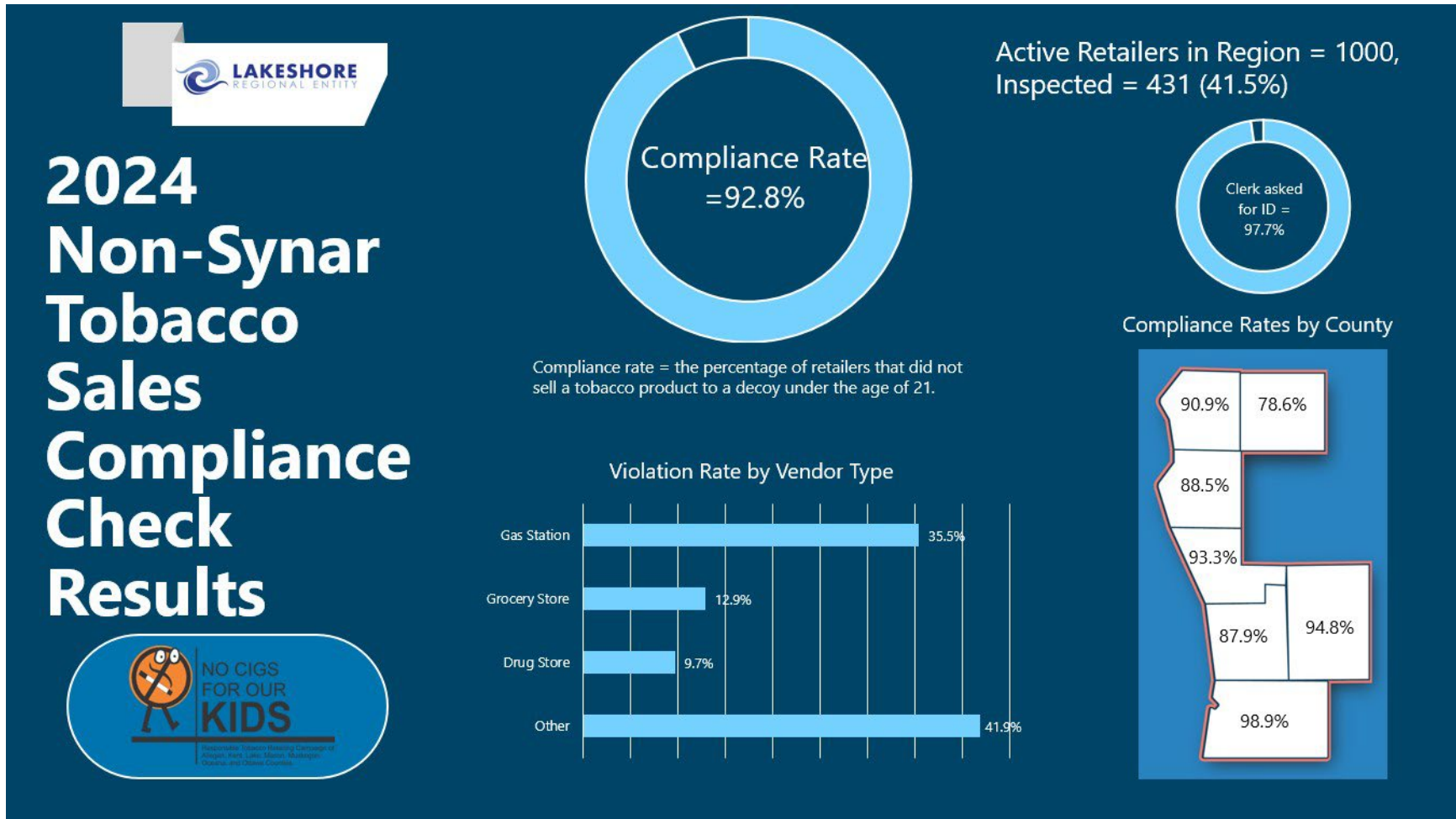
ATTACHMENT D: Synar Infographic

LAKESHORE
REGIONAL ENTITY
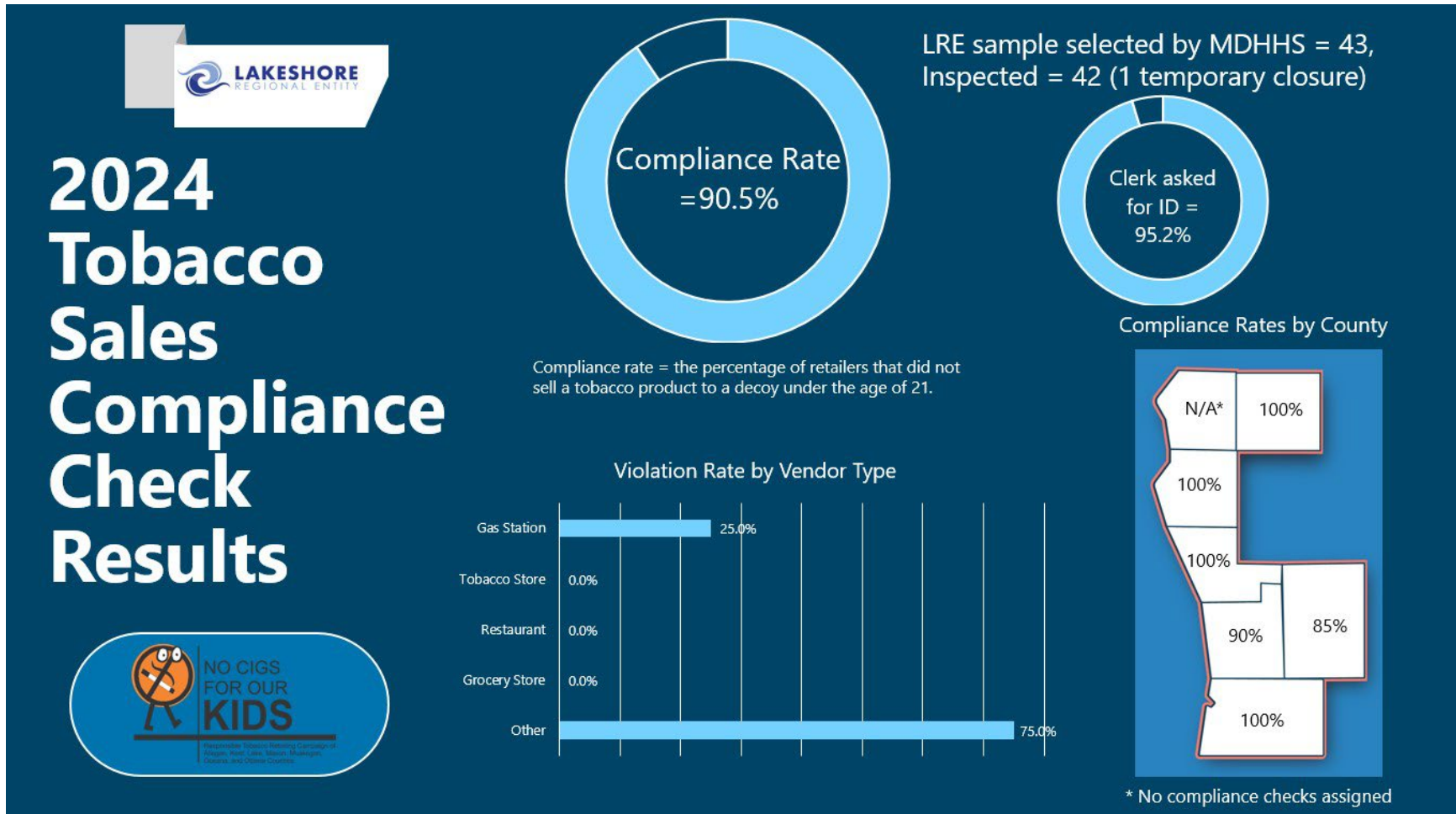
SUD PREVENTION
SUMMARY OF ACTIVITIES

FY2024

Visit Muskegon

www.lsre.org

An overview of substance use disorder (SUD) prevention initiatives supported through the LRE between October 1, 2023 and September 30, 2024 with review of related metrics.

Prepared by

KWB
Strategies

INTRODUCTION

Background Information:

The following report provides an overview of substance use disorder (SUD) prevention initiatives supported through the LRE during fiscal year 2023/2024 (FY24). As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing substance abuse prevention services provided under contract with the Michigan Department of Health and Human Services (MDHHS). The LRE service region includes Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties.

Funding to support the initiatives discussed in this report were provided by Block Grant, Public Act 2, and other short-term specialty grants managed by the LRE and dedicated to SUD prevention services. Initiatives supported under the Medical Marijuana Operation and Oversight Grants are not managed by the LRE, however initiatives are referenced throughout this report where they overlap with LRE supported initiatives.

This report provides a record of activities to inform multi-year outcome evaluation for regional prevention services. Data reviewed in this report has been updated as available.
The most recent youth survey data available at the time of this report's publication was for school year 2024.

Prevention providers funded during this time period include:

OnPoint (*formerly 'Allegan County Community Mental Health Services'*)

Arbor Circle (AC)

Community Mental Health of Ottawa County (CMHOC)

District 10 Health Department (D10HD)

Kent County Health Department (KCHD)

Network 180 (N180)

Muskegon Community Health Project, Trinity Health (MCHP)

Ottawa County Department of Public Health (OCDPH)

Public Health Muskegon County (PHMC)

Wedgwood Christian Services (WW)

  *The acronyms provided above will be referenced throughout this report.

SERVICES PROVIDED

Persons Served: 83,460

During FY24, more than 80,000 individuals received prevention services throughout the region.

Persons Served	FY24
Allegan	9,339
Kent	45,240
Lake, Mason & Oceana	5,105
Muskegon	3,168
Ottawa	13,385
Region Total	**83,460**

Estimated Reach: 3.09M

Estimated reach is collected for activities where when an official count of persons is not possible. Providers estimate that they have achieved more than 3 million impressions through campaigns such as TalkSooner, Above the Influence, and others.

Hours of Service: 11,064

In FY24, more than 11,000 hours of direct service were provided:

Hours by Strategy Type	FY24
Education	3,576
Community Based	5,215
Environmental	993
Information Dissemination	154
Student Assistance/ Prevention Assmt	666
Alternative	461
Region Total	**11,064 hours**

PRIORITIES AND TARGETED ROOT CAUSES

Efforts throughout the region are developed to align with the LRE's regional prevention strategic plan. A corresponding logic model provides a framework for how local efforts across the region work together to cumulatively impact regional priorities. Each provider uses local data to determine which priorities of the LRE strategic plan to address within their area.

The pages that follow provide an overview of relevant information related to targeted root causes and initiatives implemented during FY24 to address each.

Pg. 4 **Priority:** Prevent youth substance misuse of alcohol, marijuana, vaping, & Rx misuse.

Targeted intervening variables to prevent and reduce youth substance misuse, and the page on which you will find information about each are as follows:

Pg. 20 **Priority:** Decrease youth and young adults with untreated mental illness or addiction and related harms.

Targeted intervening variables to decrease in youth and young adults with untreated mental illness or addiction, and related harms are as follows:

YOUTH SUBSTANCE MISUSE

Within the LRE region, the rate of high school students reporting recent use of alcohol, marijuana, vaping, prescription medication misuse and cigarettes have been decreasing continually since 2018.

High School Students Reporting Recent Use of the Following, LRE Region

Recent Use:	2018	2020	2022	2024	Trend
Alcohol	16.6%	16.1%	13.8%	10.1%	⬇
Marijuana	13.8%	14.3%	11.9%	8.7%	⬇
Vapor Product	24.1%	18.9%	14.0%	8.7%	⬇
Rx Painkiller Misuse	3.7%	3.3%	2.6%	2.2%	⬇
Rx Stimulant Misuse	3.3%	3.1%	2.6%	1.4%	⬇
Cigarettes	4.5%	2.9%	1.8%	1.1%	⬇

Across the region, rates vary slightly by county with Ottawa County having the highest rate of recent alcohol use and Mason County having the highest rate for recent vaping and marijuana use.

Percent of High School Students Reporting Recent Use of the Following, by County in 2024

	Alcohol	Marijuana	Electronic Vapor	Rx Painkiller w/out a Rx
Allegan	7%	6%	8%	3%
Kent	9%	9%	8%	3%
Lake	2%	9%	7%	2%
Mason	11%	12%	14%	1%
Muskegon	9%	10%	11%	2%
Oceana	6%	7%	7%	2%
Ottawa	14%	8%	8%	1%
Region	10%	9%	9%	2%
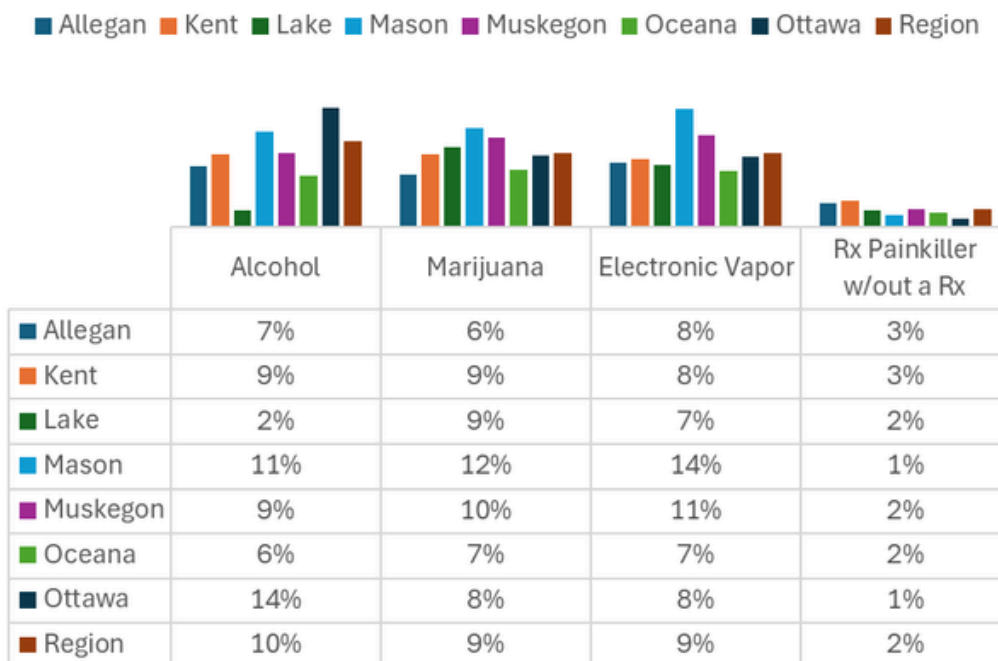
LOW PERCEPTION OF RISK

Research consistently shows that the easy availability of alcohol or drugs is a significant risk factor for their use, particularly among adolescents and young adults. Accessibility increases the likelihood of experimentation, regular use, and potential dependence due to reduced perceived barriers.

In the LRE region, over half of high school students perceive marijuana use as low risk. Following this trend, one-fourth of students believe that using prescription drugs not prescribed to them is also low risk, while 29% consider binge drinking once or twice on weekends to be low risk.

Percent of HS Students Reporting the Following Are Low Risk, LRE Region
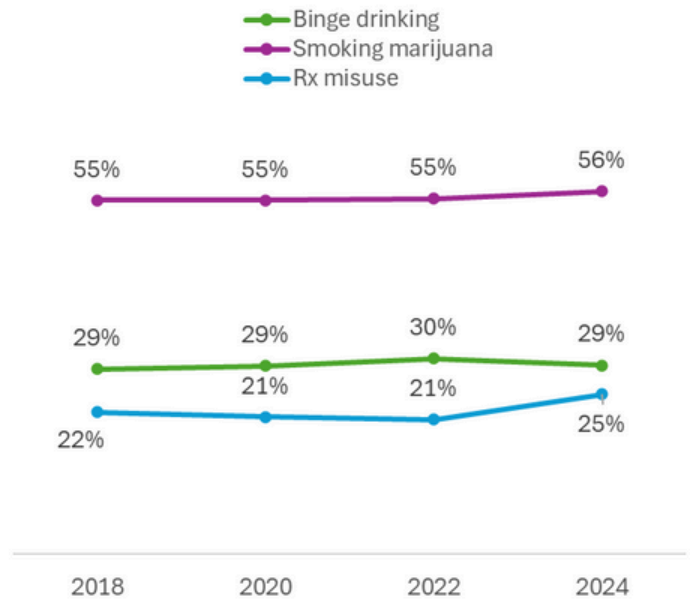
One key strategy in the region to improve the perception of risk is to promote open communication between parents and their children.

Among HS students in the Region:

76% report a parent or adult in their family has ever talked to them about alcohol or drug use.

Percent of HS Students Reporting a Parent or Adult in Their Family Has Ever Talked To Them About Alcohol or Drug Use, by County
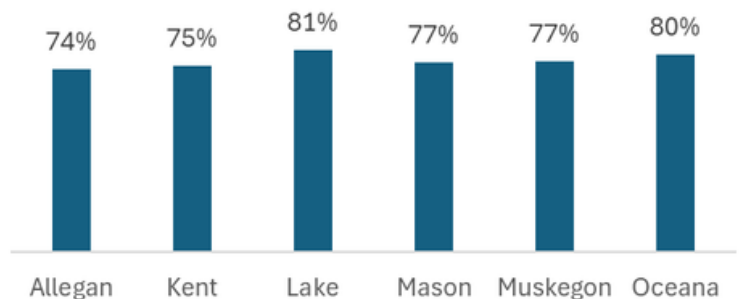
Regional strategies to increase awareness of risks for youth substance misuse:

Regional Strategies	Allegan	Kent	Lake, Mason & Oceana	Muskegon	Ottawa
Encourage parents to communicate the risks of substance misuse with their youth by promoting TalkSooner and parent educational presentations and programming.	✓	✓			✓
Support schools and youth serving organizations to incorporate education and information into their programming.		✓			✓
Provide info to youth on the risks, correct inaccurate beliefs, and enhance refusal skills thru educational programming and presentations.	✓	✓		✓	✓
Support schools, parents, and other adults who work with youth to improve identification of substance misuse among students, how to respond, and to improve connection to services.	✓	✓	✓	✓	✓

Regional Efforts:

The regional TalkSooner campaign, developed in 2007, encourages parents of youth ages 10-18 to begin talking to their children about alcohol and other drugs at an earlier age. Marketing materials direct parents to visit the locally managed Talksooner.org website. The campaign has continued to expand with more than 30 counties throughout Michigan participating.

TalkSooner is also used as a platform to promote Family Meals Month. This nationwide event is designed to underscore the benefits of family meals and help families share one more meal at home per week.

The LRE and prevention providers work collectively to promote Family Meals Month, host local events, develop regional promotional materials to support local efforts, and to promote TalkSooner & family communication and involvement.

Promotion:

Promotional efforts during FY24 include:

- Social posts on Facebook and Instagram to promote Tips and Tricks for parents.

- *Make the Chatter Matter* gas toppers were strategically placed around the LRE region during the busy summer months of travel.

In addition to paid promotion, the following free coverage was promoted by partner organizations.

- As schools prepared to return, TalkSooner released the featured article, *Smart Vapes* through MLive to alert parents/caregivers to the emerging new vapes that are equipped with games or connectivity to other gaming options. TalkSooner Prevention partner Vicki Kavanaugh (Arbor Circle Prevention Specialist) was interviewed on WGVU News to share additional insights and resources related to vaping via TalkSooner.

- The University of Michigan Health-West displayed digital screensavers of TalkSooner *Make the Chatter Matter* on thousands of computers and monitors throughout their hospital and 30 other locations.

Enhancements

The website was enhanced to add *Conversation Starter Videos* and the *Virtual Teen Room* were added to the home page. In addition, the website updated its platform and modified content utilizing results and feedback from the survey. AccessiBe was also added to ensure an inclusive approach for the website.

Site Visitor Feedback

During March 2024, Talksooner.org collected feedback from visitors to the site to assess the usability and to identify additional resources that would be beneficial on the website.

Satisfaction:

- 92% of the parents/caregivers who utilize the site reported satisfaction with it.

- All respondents indicated they would be likely to recommend the site to a friend or family.

When asked what drug prevention information would be helpful:

- Almost one-third indicated information regarding "hiding it/accessing it/warning signs"

- 20% indicated "emerging drugs/new trends/street names"

- 20% wanted to know more on "how to talk about drugs"

Family Meals Month Promotion

During September 2024, Talksooner.org promoted Family Meals Month to highlight the campaign "Any Way you Slice it, Prevention Matters." Our team partnered with 6 locally owned pizza shop owners to share prevention messaging while WOOD TV Channel 8 & Fox 17 WXMI's Morning Mix promoted the campaign with live interviews of Talksooner Prevention Specialists and pizza owners. Pizza shops distributed over 5,000 fliers and pizza cutters with Talksooner messaging. This generated a total PR Value of $44,529 in free messaging with a estimated reach of 196,097 potential viewers.

Participating Pizza Shops included:
- Cadena Brothers, Muskegon County
- Don Petrino's Pizzeria, Ottawa County
- Chuck Wagon, Mason County
- Russo's, Kent County
- Golden Sands Golf Course & Bucket Bar, Oceana County
- C D's Quik Mart, Allegan County

Local Programming

Targeted Issue: Parent Communication

Allegan County, OnPoint:

Attended 10 events and distributed materials related to Talk Sooner. 140 Great Start, Head Start and Early On students were given TalkSooner bags of resources, engaged with over 40 participants in multiple group settings at summer program.

Kent County – KCHD:

- Botvin LifeSkills Parent Program (LSPP) for parents/guardians of 6th through 8th graders, reached 33 unduplicated parents and focused on enhancing a parent's communication with their youth to prevent alcohol, tobacco and other drug use and violent behavior.
- Yo Puedo Parent Program for parents/guardians of 7th through 12th graders reached 32 parent contacts and focused on increasing knowledge of substance use behaviors, life choices, and health consequences.

Kent County – N180:

Promote Family Meals Matter for youth and adults of all ages. Family day celebrates the various make-ups of a family unit with the goal of bringing families around the table to encourage healthy relationships and conversations between adults and youth.

Kent County - WW:

Project SUCCESS Parent Engagement offers a program at each school to teach parents communication skills aimed at preventing substance use and promoting healthy choices. The initiative includes KDL Mental Health Series and the "Positive Youth Development Tips for Parents" series, which was presented live to 6 adults, livestreamed on GRTV, and rebroadcast on GRTN and YouTube. Comstock Park Summer Kick-Off Event/Summer Camp registered 700 youth and adults.

Ottawa County - AC:

Family Meals Month was promoted to 2300+ families through partnerships with 11 partners covering a wide range of the community to encourage parents to talk with their kids about substance use. TalkSooner materials were shared with TTQ participants and throughout the community.

Ottawa County - OCDPH:

Met with School Resource Officers (SROs) to assess emerging trends and 7,560 Vape Guidebooks were distributed.

Targeted Issue: Youth Awareness of Potential Risks

Allegan County - OnPoint:

Supported Fennville MS students to plan and implement an anti-vape/above the influence red ribbon week campaign. "Speak It Forward" workshops to support youth in using their voices/stories to show strength & resilience.

Kent County - AC:

- Provided training to youth serving staff; providing training on Youth Thrive Protective and Promotive Factors for youth to 10 staff, and provided training on Experiential Learning to 18 individuals.

Kent County - KCHD:

- Engaged 10,746 youth (1,654 unduplicated) across 91 cohorts in 43 schools, focusing on self-esteem, decision-making, and substance risks.

- Yo Puedo program reached 9,156 youth contacts, with 1,527 unduplicated students in 65 cohorts at 11 schools, targeting high-risk Latino students in grades 7-12 through weekly educational sessions, virtual college visits, and presentations from a variety of Latino adult professionals.

- Catch My Breath Vape Education classes reached 121 students (50 unduplicated) in grades 5-12 across 2 cohorts and 2 schools, empowering informed decisions about e-cigarettes.

Kent County – N180:

- Youth Advisory Council: Bi-monthly meetings for grades 6-12 with 16 participants focused on critical thinking about personal choices and community health trends related to substance use. Over 20 youth joined ATI, with 700+ social media impressions.

- Mobile Experience: Served schools and student groups in grades 6-12 to prepare for the Youth Summit, registering 32 students. Provided insights into the Summit and ATI programming.

- ATI – Kent County Mobile Classroom (ATI Truck) for youth grades 6-12th is a pop-up style mobile gaming truck equipped with A/V and multiple gaming systems. The mobile classroom removes barriers to access, attended community events from July-Sept, reaching over 2,000 people.

- Youth Summit for youth grades 6-12th. This Generation Z-Driven youth conference is designed to equip middle and high school youth to think critically about personal choices and future ambitions, emerging community health and wellness trends related to underage substance use/misuse. The 12th annual Youth Summit 2023 was delivered to 1100 students 6-12th grade. It included 10 workshops with a focus on ATOD.

Muskegon County - PHMC:

- Consequence Reduction awareness messaging for older teens and young adults on the risks of binge drinking, polydrug use, and drunk/drugged driving. Distributed Keychains, snow brushes, coasters napkins and tote bags. Worked with marinas, diving schools and the Sheriff department to distribute, reaching an estimated 173,000 individuals.

- Alcohol Awareness Week reached an estimate of 5,300 individuals by distributing 4 Binge Effects Posters, 400 Rethink your Drink booklets and 100 Binge Effects stickers.

- Prime for Life Programing Provides classroom style instruction that focuses on improving refusal skills, exploring values and goals, and helps participants define their associated risks. Discussion of implementation occurred with the principal at Muskegon Heights elementary, MAISD, Courts, and Arbor Circle. Information was also shared with Services of Hope and Fruitport Middle School.

Ottawa County - AC:

Supported schools and youth organizations in substance misuse education. All resources are available on the OSAP website. The YouTube channel was shared at 10 mental health presentations.

Ottawa County - OCDPH:

Presentations for youth and adults, partnering with the Ottawa Area ISD in response to vaping-related issues and vape education classes as part of probation conditions. Distributed prevention materials, including a PFL book and vape education resources, to all county schools, purchased additional safety equipment and vape detectors, and trained one staff member from West Ottawa. Additionally, provided Substance Use Disorder Prevention Services programming to 131 individuals and conducted vape education classes for juvenile detention referrals and their parents.

Targeted Issue: Adults Identify Substance Misuse and Provide Support

Allegan County, OnPoint: Newsletter summary of webinars, podcasts and websites with accurate info on how to identify youth that are using substances has been shared with all schools and coalition members. The summary also includes a code to use to attend webinars with a national drug trends expert. This is also where we push PFL as a means to stop the cycle of use with students that are caught.

Kent County, AC: Arbor Circle provided training to 35 groups (331 individuals) for psycho-educational groups with youth and external partners increase staff capacity to address critical topics such as emerging drug trends, youth engagement, the ability to access Narcan/naloxone if needed, and mental health and suicide ideation.

Kent County – KCHD: CATCH My Breath Train-the-Trainer was delivered to 42 unduplicated school personnel.

Kent County – WW: Project SUCCESS facilitators communicated with Northview school staff of 15 adults about the program, student needs/risks and strategies.

Lake, Mason and Oceana Counties, D10HD: 2,367 individuals participated in 18 educational events focused on youth substance use trends, warning signs, and prevention strategies. Additionally, 20 youth received targeted education through the Catch My Breath Vape Education classes to address vaping among young people.

Muskegon County PHMC: The Lakeshore Opiate annual conference included educational sessions for providers and the community. Muskegon County PHMC had one session with 52 attendees. Additionally, an MCBAP-approved educational event was also organized, which had 174 attendees, with 53 participants earning credit hours and achieving a 100% satisfaction rate.

Ottawa County - AC: Professional development and parent presentations were conducted to educate the community on youth substance misuse. This included maintaining a virtual teen room focused on recognizing the signs of substance abuse. Events featured the documentary Screenagers Under the Influence and a presentation on emerging drug trends, held at Coopersville High School and the Holland and Grand Haven Momentum Centers.

Ottawa County – OCDPH:
- Attended National Conference (NWAC) on Emerging drug trends with SRO representative to being developing a sustainable plan of action to address the evolving landscape of substance misuse in schools. Provided Vape Education training to 150 youth who were in some phase of disciplinary action due to substance use.

- Provide annual CME (Continuing Medical Education) for local mental health and healthcare providers on emerging substances in partnership with the OCDPH medical director. Provided training opportunities for local schools to certify PFL instructors.

AVAILABILITY OF SUBSTANCES

Research consistently shows that the easy availability of alcohol or drugs is a significant risk factor for their use, particularly among adolescents and young adults. Accessibility increases the likelihood of experimentation, regular use, and potential dependence due to reduced perceived barriers.
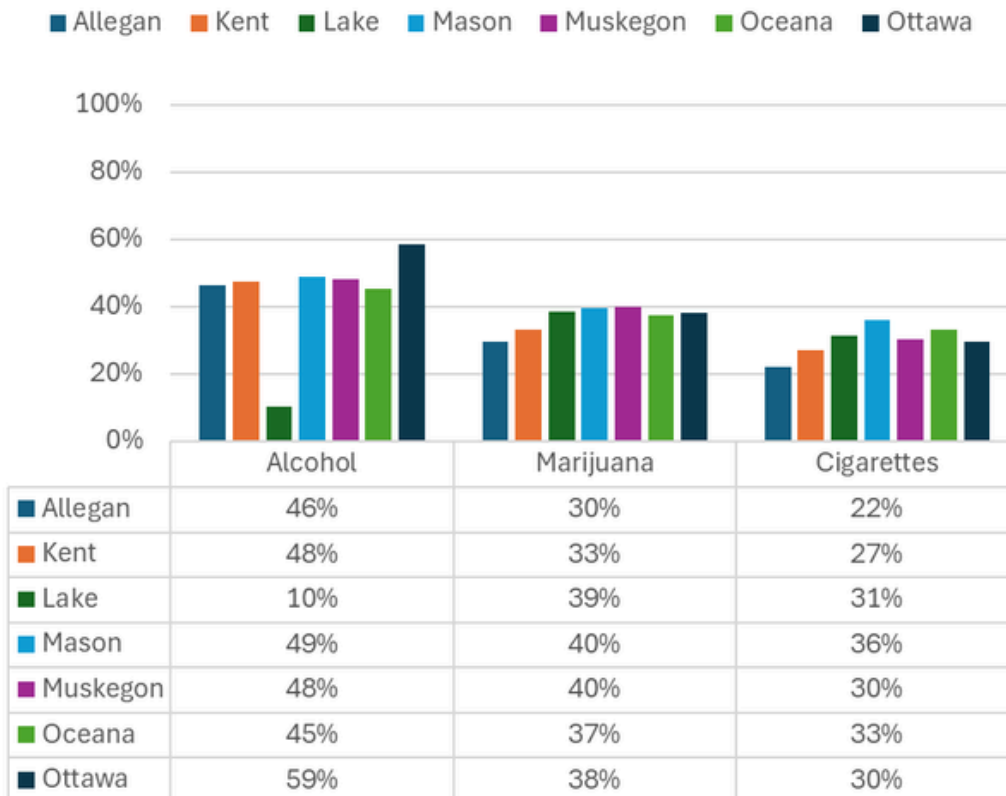
Among high school students in the LRE region, 50% indicate that obtaining alcohol would be easy, over one-third believe getting marijuana is simple, and more than 25% feel they could easily access cigarettes.

Access rates differ by county, with high school students in Ottawa County reporting the greatest ease in accessing alcohol, while those in Mason and Muskegon counties report the highest ease in obtaining marijuana.

Percent of HS Students Reporting Easy Access for Alcohol, Marijuana & Cigarettes, LRE Region
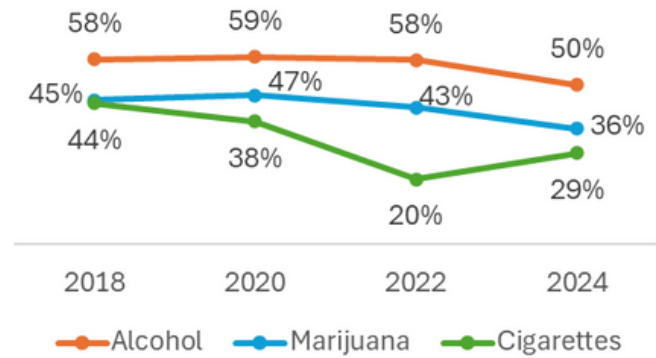
Percent of HS Students Reporting Easy Access for Alcohol, Marijuana & Cigarettes, by County

	Alcohol	Marijuana	Cigarettes
Allegan	46%	30%	22%
Kent	48%	33%	27%
Lake	10%	39%	31%
Mason	49%	40%	36%
Muskegon	48%	40%	30%
Oceana	45%	37%	33%
Ottawa	59%	38%	30%

Regional strategies to decrease youth access to substances for misuse:

Regional Strategy	Allegan	Kent	Lake, Mason & Oceana	Muskegon	Ottawa
Promote proper storage of substances in the home to prevent youth access.	✓		✓	✓	✓
Promote proper disposal of Rx and OTC medications.	✓		✓	✓	✓
Raise awareness of the consequences of providing youth with substances to use.		✓	✓	✓	✓
Retailer (tobacco, alcohol, and cannabis) compliance checks to prevent sales to minors	✓			✓	✓
Retailer education (tobacco, alcohol, and cannabis) on how to effectively avoid sales to minors.	✓			✓	✓
Advocate for improved regulations and oversight of retailers.				✓	✓
Regional No Cigs For Our Kids Campaign consisting of year-round law enforcement compliance checks for retailers, education and support for retailers, and consistent branding is used to enhance visibility.	✓	✓	✓	✓	✓

Targeted issue: Responsible Retailing of Legal Substances

Regional Efforts:

Youth Tobacco Access: The Federal Synar Amendment requires states to enact and enforce laws prohibiting sale of tobacco products to individuals under age 21. Each state conducts annual unannounced inspections with a random sample of tobacco retailers and must achieve a success rate of 80% or higher or risk loss of up to 40% of the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Checks conducted as part of this sample are called Synar compliance checks.

Synar Compliance Rate:
For statewide assessment purposes, 43 retailers were selected for a compliance check in FY24, with 42 checks able to be completed, resulting in a compliance rate of **90.5%**.

No Cigs For Our Kids Campaign:
To ensure success during Synar and prevent youth access to tobacco, the regional No Cigs for Our Kids Campaign has law enforcement conduct compliance checks throughout the year that result in citations for those who fail plus a vendor education visit. These checks are referred to as non-Synar compliance checks.

Of the 900+ tobacco retailers region-wide, 42% (431) received a compliance check for a compliance rate of **93%**. Retailers that pass are mailed a letter notifying them of the results along with a Certificate of Compliance. Retailers that fail receive a vendor education visit and the clerk is issued a citation. Corporate headquarters is notified for retailers that are part of a larger corporation.

Local Programming:

Allegan County, OnPoint: Provided in-person TIPS training for retailers and partner with law enforcement for tobacco compliance checks. We completed 89 tobacco compliance checks with 5 sales. All retailers were mailed a vendor education packet in the spring.

Muskegon County – MCHP: Support alcohol retailers in avoiding sales to minors through retailer education and compliance checks.

Muskegon County – PHMC:

- TIPS© training aimed at reducing underage sales; 20 establishments trained with 81 attendees.

- In compliance checks, 14 vendors received education, and 51 passed the Synar assessment with help from Norton Shores and the State Police.

- Muskegon County PHMC engaged with statewide advocacy groups to inform policymakers about substance use trends, community impacts, and effective reduction strategies. They communicated Michigan's recommended disciplinary actions for student vaping to a new coordinator at MAISD and collaborated with the Michigan Association for Local Public Health to add a social determinants of health (SDOH) advocacy component to the 2024 Public Health Conference in Muskegon County. They also worked with the Knowsmoke coalition to promote membership in Tobacco Free Michigan, shared an education packet about marijuana provisioning centers with the Statewide MYCAEA, and coordinated an advocacy day for MPA that attracted 65 attendees.

- In an effort to inform Muskegon County, state, and congressional lawmakers about the impact of alcohol, tobacco, and other drug (ATOD) issues in Muskegon, a coordinated MPA Advocacy Day was held, which had 65 attendees.

Ottawa County - OCDPH:

- Support retailers to prevent sales to minors by providing training on effective serving practices and proper ID checks. This includes updating vendor education materials related to liquor license requirements. A total of 195 participants from 22 retailers and the Holland Celtic Festival completed TIPS training. Mailed vendor educational materials to 300 retailers. Ads promoted emphasizing the legal consequences for minors purchasing alcohol and tobacco products.

- Coordinated with local law enforcement for year-round compliance checks, completing 104 tobacco checks, 10 SYNAR tobacco checks, and 25 alcohol compliance check. Funded the completion of 3 weekend party patrols at GVSU.

Targeted issue: Youth Access To Legal Substances In The Home

Allegan County, OnPoint: We distributed several hundred medication lock bags in the past year to high-risk situations and homes. We continue to provide bags to OnPoint clients as needed also. We continue to promote proper disposal of medications and syringes at all local police departments.

Kent County – N180: Project Sticker Shock engaged youth in grades 6-12 to collaborate with local alcohol retailers in a campaign aimed at preventing adults from purchasing alcohol for minors. Participants placed warning stickers on multi-packs of alcohol, highlighting the penalties for providing alcohol to minors. 3 schools took part in the initiative, resulting in over 500 alcohol containers being stickered with the support of KCPC staff and parents.

Lake, Mason and Oceana Counties, D10HD: Two medication take-back events were held, during which educational materials on proper medication storage and disposal were provided to 259 individuals.

Muskegon County – MCHP: Hosted 2 take back events and permanent take backs disposal boxes at all law enforcement agencies and Trinity pharmacies. AMP's Power of a Choice presentations aim to raise parental awareness about risks of underage alcohol and substance use through various formats, including in-person events, flyers, and videos, across participating school districts throughout the year. A total of seven presentations focused specifically on marijuana awareness were conducted for parents and students.

Muskegon County – PHMC: Participated in a Spring drug take-back event and held an educational session at Hackley Library for parents about the risks of sharing or purchasing alcohol, tobacco, and other drugs for youth. The initiative aims to empower parents with information and resources to create healthier environments. Assisted with a lock box project, distributing 50 lock boxes to Hackley Community Care for new parents.

Ottawa County - AC: Partnered with local municipalities to promote prescription drug disposal through water bill inserts, reaching 25,500 customers in Holland, Grand Haven, Zeeland, and Hudsonville. They also communicated with parents about managing prescription medications and used their OSAP Facebook page and newsletter to raise awareness about proper disposal methods. Education for young adults (ages 21-29) and parents of teens (ages 10-18) about the risks of supplying substances to minors. Eight schools were involved in the Safe Prom initiative, which reached over 4,000 students.

Ottawa County - CMHOC: The Opiate Taskforce worked to increase permanent medication disposal sites and distributed medication lock boxes for safe prescription storage. Held two takeback events and provided over 40 lock boxes to community members.

Ottawa County - OCDPH: Worked with the Ottawa County Safe Homes Initiative to promote lockable storage bags. Partnered with CRAVE and OSAP Coalition to run campaigns on safe cannabis storage and educate pregnant or breastfeeding women, healthcare providers, and cannabis retailers. 3,000 lock bags were distributed for medication safety. Additionally, OCDPH collaborates with local law enforcement to educate college Greek life and athletic departments about Social Host Laws.

PROMOTE ROTECTIVE FACTORS

Protective factors, such as strong family bonds, positive peer influences, and involvement in prosocial activities, help shield youth from initiating alcohol or drug use. These factors build resilience, promote healthy decision-making, and counterbalance risk factors. According to Hawkins et al. (1992), youth with strong protective factors are significantly less likely to engage in substance use compared to their peers without such supports.
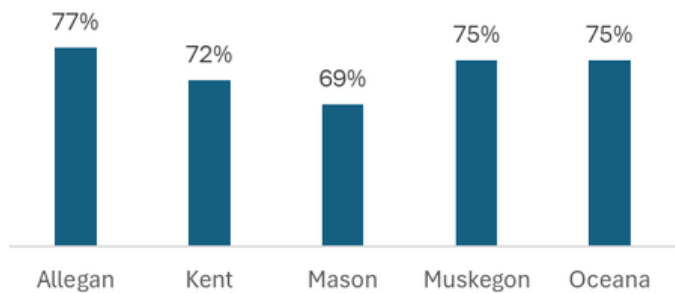
In the LRE Region, prevention activities seek to promote interaction with positive peers, prosocial involvement, positive family dynamics, and to enhance coping and problem-solving skills.

Among HS students in the Region:

74% report having at least one best friend committed to being drug free in the past year.

81% report they could ask their mom or dad for help with a personal problem.

90% report they have lots of chances to get involved in extra curriculars.

Percent of HS Students Reporting At Least One Best Friend Committed to Staying Drug Free in Past Year

Allegan 77%
Kent 72%
Mason 69%
Muskegon 75%
Oceana 75%

Percent of HS Students Reporting they Could Ask Their Mom or Dad For Help with A Personal Problem

Allegan 81%
Kent 81%
Lake 75%
Mason 76%
Muskegon 80%
Oceana 82%
Ottawa 80%

Percent of HS Students Reporting Lots of Chances to Get Involved in Sports, Clubs, & Other School Activities Outside of Class

Allegan 90%
Kent 90%
Lake 81%
Mason 88%
Muskegon 91%
Oceana 92%
Ottawa 90%
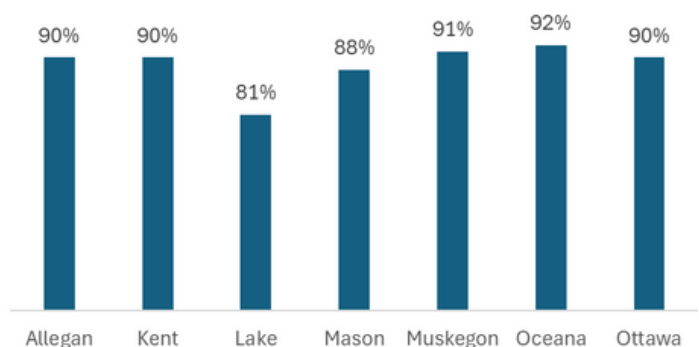
Regional strategies to increase protective factors:

Regional Strategies		Allegan	Kent	Lake, Mason & Oceana	Muskegon	Ottawa
Positive Peers and Prosocial Involvement	Opportunities to engage with peers at fun substance free activities.		✓			✓
	Raise visibility of peers who choose not to use substances.		✓		✓	✓
	Coordinate youth groups to develop leadership skills and messaging for their peers.	✓	✓			✓
	Youth leadership training.	✓	✓			✓
	Provide youth community service opportunities (not part of a standing leadership group).					✓
Positive Family Dynamics	Parenting skills training programs to support effective parenting and positive family dynamics	✓	✓			
	Promote opportunities for families to participate in positive activities together.				✓	✓
	Promote awareness of ways to foster positive family dynamics.	✓	✓		✓	✓
Develop Skills	Provide youth and families with opportunities to improve their social/emotional, coping, & life skills.	✓	✓	✓	✓	✓

Local Programming:

Targeted Issue: Positive Peer Groups/Social Norms

Allegan County, OnPoint: OnPoint assisted Hopkins, Wayland, Plainwell and Saugatuck in starting PRIDE groups that serviced 73 females.

Kent County – AC: Summer Day program focused on life skills and community engagement provided to 11 youth at Bridge Youth Shelter or facing long-term suspensions. Additionally, the TTQ program hosted two kick-off family events and two culminating challenges with 82 youth participating.

Kent Count – WW: Project Success students organized community events with more than 5,500 community members attending, focused on alcohol-free initiatives and mental health awareness.

Muskegon County - MCHP: Educate youth on actual rates of peer use and raise visibility of youth who choose not to use through informational flyers, met with administrators, and share findings to highlight the small percentage of students that use to correct inaccurately high perceptions of use.

Ottawa County - AC: "Raise Your Voice Peer Refusal Skills Training" empowers high school students to resist peer pressure. Over 30 sessions provided, focused on refusal techniques, self-confidence, and positive decision-making.

Ottawa County – OCDPH: Provided materials at 35 local events, reaching ~5,747 residents

Targeted Issue: Prosocial Involvement

Allegan County, OnPoint: Peer Assistant Leadership (PAL) Program, a school-based youth mentoring program, provided in 5 schools. Students complete a selection process and training in communication and decision-making skills, teen social issues, and available services. Following training, PAL students provide listening, support, and mentoring to other students. PRIDE, a sub-program of PALs, provides mentoring to girls in 6th-8th grades. PAL's numbers: Allegan 17, Hopkins 18, Saugatuck 26, Wayland 45, and Plainwell 39.

Kent County – AC: Prevention staff worked with the Youth Homelessness system and system of care establish a youth advisory board focused on building leadership skills for youth who have experienced homelessness and provide opportunities for youth to have voice in their community.

Kent County - N180: Information mobilization of thousands of youths via the creation and advancement of the Above the Influence (ATI) -Kent County movement which celebrates the choices youth make daily to live above negative influences around them. Through ATI, the coalition creates spaces for even the most vulnerable to use their voice to make a difference.

Kent County – WW: Provide Project SUCCESS Small Group Education, includes student leadership groups (such as SADD) to teach leadership skills and allow student input to program planning.

Ottawa - ODPH: Partnered with OC Juvenile Justice Program and juvenile courts for completion of community service hours providing assistance to execution of vendor education program and distribution of educational materials. Youth completed approximately 50 total hours of community service and provided assistance with sending materials to over 300 local businesses.

Ottawa County - AC: Youth leadership efforts support youth who want to make a difference for their peers and to encourage positive choices and to have a voice in their community, including:

- The Youth Advocacy Board empowers young people with lived experience of homelessness to provide insights into the care systems for homeless youth, as well as substance use prevention and mental health promotion. 37 youth participated in a leadership day focused on these issues, giving them a platform to voice their perspectives and influence positive change.

- The Student Leaders Initiating Change (SLIC), a subcommittee of the Ottawa Substance Abuse Prevention Coalition, empowers youth to actively contribute to prevention. They assisted in creating campaign messaging, organizing activities, and gave feedback to the coalition. The "Arrive Alive" campaign, promoted safe behaviors to reduce youth substance-related incidents.

- The Raise Your Voice program empowers high school students by teaching them peer refusal skills and encouraging them to share these skills with middle school students. All schools in Ottawa County are invited to participate, with 30 youth training sessions conducted.

- Total Trek Quest (TTQ): After-school program that uses running and curriculum-based activities to teach positive decision-making and goal-setting skills to male-identifying youth in grades 3-5, targeting those who might not otherwise engage in recreational activities. Spring Kickoff, had 56 TTQ participants and 190 attendees, representing 30% of registered participants; Spring Final 5k, with 192 TTQ participants; Fall Kickoff, featuring 29 TTQ participants and 77 total attendees, accounting for 25% of registered participants.

Targeted Issue: Positive Family Dynamics

Allegan County, OnPoint: Several evidence-based parenting programs provided including Starr Commonwealth Certified Trauma & Resilience Specialist and Conscious Discipline. Family meals materials distributed to 400+ families thru local agencies and and a local pizza place.

Kent County – AC: Provided 49 family sessions for high-risk youth participating in programming to encourage parental communication and support parents in reinforcing the skills taught to youth.

Kent County - KCHD: TalkSooner promoted in all parent programming with 78 parent contacts for 20 unduplicated parents. Prime for Life, Minor in Possession Diversion program has youth complete an interview with their parent/guardian, to increase communication between the youth and parent.

Muskegon County – PHMC: Support the Fathers Matter Collaborative and participation in collaborative parenting initiatives. Facilitated 14 Strengthening Families Parent Café© sessions. In addition, Snow Much Fun event had 270 attendees; with 60 volunteers and 44 participating agencies. Last day of school events in June with 275 attendees and 10 participating agencies.

Ottawa County, AC: Provided the SFP 10-14 program, Nurturing Parenting Program, Conscious Discipline skills training, and 24/7 dads' programs. Provided a virtual parenting program similar to Circle of Parents bi-weekly. Coordinated collaborative with Ottawa County SCAN Council that works to increase parent education and support. Parenting programs received 158 referrals, with 87% enrolling in programming.

Ottawa County - ODPH: TalkSooner promoted with marijuana lock bag info and as a resource to parents during vape education classes. 200 family conversation packs distributed at 15 events events.

Targeted Issue: Enhance Coping, Problem-Solving, and Social/Emotional Skills

Allegan County, OnPoint: Resiliency-based groups for 3rd to 5th grade students at Fennville schools the entire school year, with 5 small group, 30-minute sessions throughout school day. Students referred by teachers and staff, with tiered system to support academic, social, and mindset success. Mindfulness-based stress reduction groups at Fennville & Allegan middle schools all school year.

Kent County – AC: Trained 23 Coaches for Total Trek Quest Program for boys in grades 3-5 to build social/emotional, coping and/or life skills through physical activity and lessons on setting and achieve goals through teambuilding activities and volunteers as caring mentors and role models.

Lake, Mason and Oceana Counties, D10HD: A 10-week program was successfully implemented for 10 at-risk students, focusing on the Anti-Virus initiative. The program aimed to enhance character development and promote good decision-making skills among the participants.

Muskegon County – MCHP: KnowSmoke geofencing ad campaign targeting middle and high school youth with facts about the connection between substance use and negative mental health outcomes. Campaigns ran during the school year in areas surrounding every district in Muskegon County.

Muskegon County – PHMC: Provide facilitation of Botvin Life Skills© curriculum for 3rd through 12th grade youth serving 55 youth from MLK Elementary in Muskegon Heights.
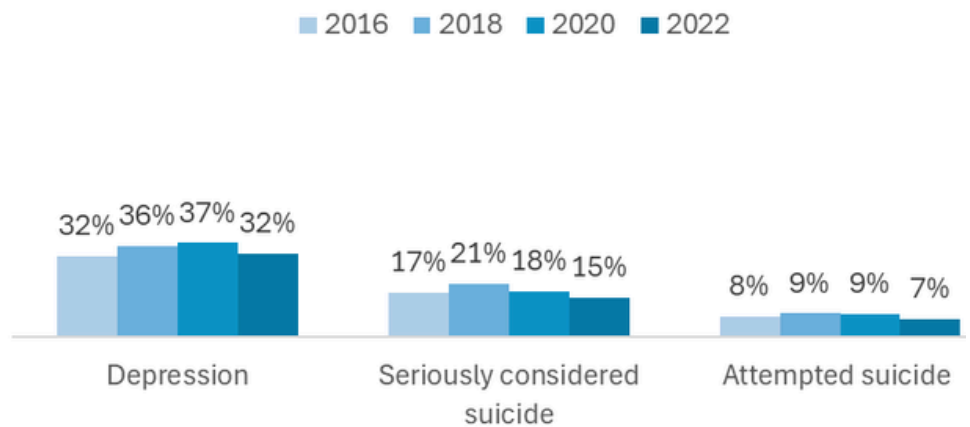
MENTAL, EMOTIONAL & BEHAVIORAL HEALTH DISORDERS

Mental, emotional, and behavioral (MEB) disorders—which include depression & substance abuse, affect almost 20% of young people at any given time. Many disorders have life-long effects that include high psychosocial and economic costs, not only for the young people, but also for their families, schools, and communities. [1]
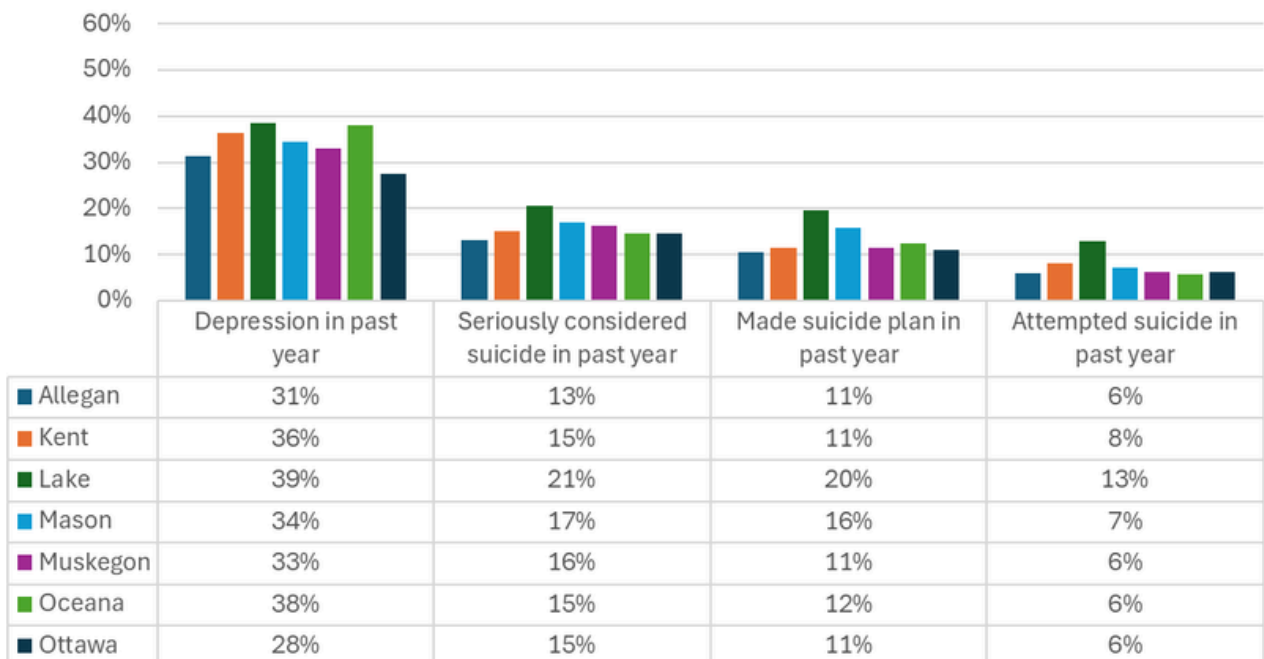
The rate of high school students reporting depression, suicide ideation, and attempting suicide have decreased slightly in 2024.

Rates vary by county with Lake County youth reporting the highest rates for each.

Percent of HS Students Reporting The Following In the Past Year, LRE Region

■ 2016   ■ 2018   ■ 2020   ■ 2022

	Depression	Seriously considered suicide	Attempted suicide
2016	32%	17%	8%
2018	36%	21%	9%
2020	37%	18%	9%
2022	32%	15%	7%

Percent of HS Students Reporting The Following In the Past Year, by County

	Depression in past year	Seriously considered suicide in past year	Made suicide plan in past year	Attempted suicide in past year
■ Allegan	31%	13%	11%	6%
■ Kent	36%	15%	11%	8%
■ Lake	39%	21%	20%	13%
■ Mason	34%	17%	16%	7%
■ Muskegon	33%	16%	11%	6%
■ Oceana	38%	15%	12%	6%
■ Ottawa	28%	15%	11%	6%

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

High Risk Substance Misuse - Harm Reduction

Individuals who misuse substances have an increased likelihood of high-risk behaviors that put themselves at risk of personal or community-level harm. Targeted risks include alcohol and drug involved traffic crashes, drug exposed pregnancies [1], accidental overdose, and substance-related death among Michigan older adults [2]

Alcohol and other drug-involved traffic crashes continue to be a problem, with a total of 1,402 alcohol-involved and 295 drug-involved crashes in 2023. [2]

Total Alcohol and Drug-Involved Crashes, LRE Region
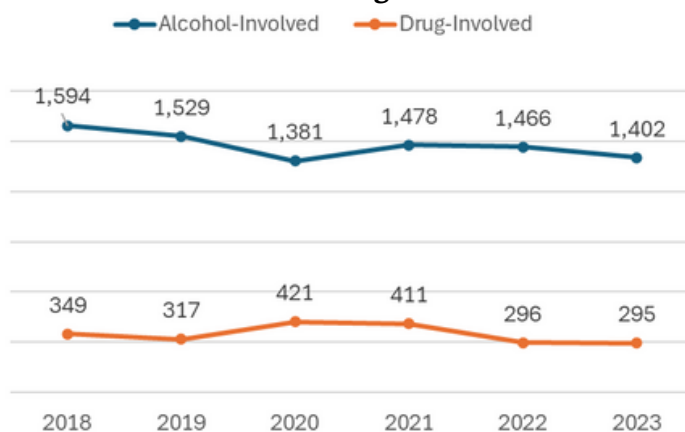
Total Overdoses by Substance Involved, LRE Region

: Multiple substances may be involved in one overdose.
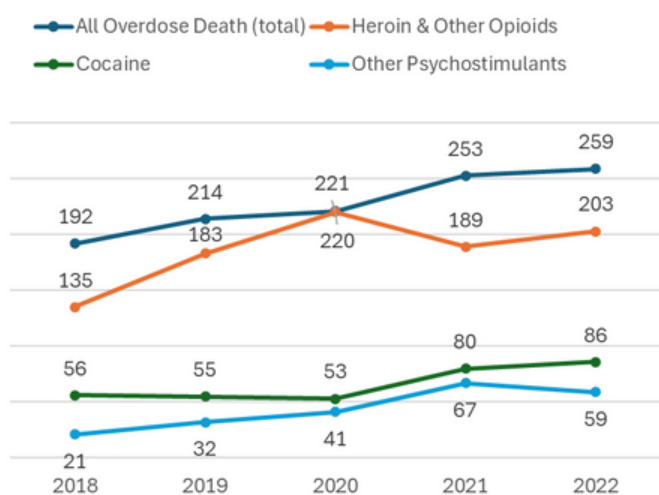
During 2022, there were a total of 259 accidental overdoses in the LRE region, with 78% involving an opioid. Overdoses involving cocaine and other psychostimulants such as methamphetamine have increased in the LRE region 2020.

Neonatal Abstinence Syndrome (NAS) occurs when newborns withdraw from addictive substances, mainly opioids, exposed during pregnancy. This condition is increasingly prevalent, with Michigan reporting 685 NAS cases in 2020, or 6.5 per 1,000 live births. This rise in NAS emphasizes the urgent need for effective prevention and treatment strategies. [1]

Substance misuse among adults aged 55 and older is rising in the U.S., with high-risk drinking and non-medical prescription drug use particularly affecting this demographic. Older adults are more vulnerable to alcohol and drugs due to aging-related biological changes, increased medication prescriptions, and the prevalence of stressful life events.

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

[2] Traffic Crash Statistics, Michigan

[3]Neonatal Abstinence Syndrome, Michigan 2012-2021, July 2023, retrieved October 28, 2024.

[4] U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (April 2018). Key facts: High-risk alcohol and opioid use among adults ages 55 and older.

ABILITY TO ACCESS SERVICES & SUPPORTS

Regional strategies to increase access to services and supports:

	Regional Strategies	Allegan	Kent	Lake, Mason & Oceana	Muskegon	Ottawa
Early Identification	Improve problem identification and referral processes within community organizations.	✓				✓
	Integrate screening procedures in prevention programming to identify and refer youth as appropriate.		✓			
	Increase availability of mental health training for individuals who work with youth (MHFA & QPR).	✓			✓	✓
	Educate youth on recognizing signs of suicide in their peers and how to find help.	✓	✓			✓
Social Determinants of Health	Promote and support development of trauma-informed systems and services and raise community awareness of the effects of trauma and how to prevent intergenerational patterns.	✓			✓	✓
	Educational programming for youth who have initiated substance misuse or their families.	✓	✓			✓
Access & Barriers	Promote availability of services.	✓	✓		✓	✓
	Anti-stigma messaging and education to improve the willingness of persons with addictions to seek help.					✓
	Train students to provide support to their peers.	✓				
	Advocate for enhanced capacity of local services and/or reduced barriers to accessing services.	✓	✓		✓	✓

Local Programming:

Targeted Issue: Early Identification

Allegan Co, OnPoint: Provided QPR training for all agency staff, 6 Adult MHFA, and 4 Youth MHFA for Public Safety Officers completed, as well as training 4 officers as trainers in this modality. Perrigo has provided 6 MHFA trainings to staff and quick refresher options throughout the year. The Signs of Suicide curriculum, QPR, and Mental Health First Aid program provide resources and supports for youth and families at risk of suicide to increase awareness and decrease risk. 988 resources including posters and cards distributed at all local schools, Sherrif's dept., and Ascension Borgess providers office, and at 8 community events. Signs of Suicide provided at Wayland HS for all 10th graders and Saugatuck HS via the health classes every trimester. Materials distributed at all community events attended including Wayland Balloonfest & Allegan County Fair booth & Parade. In addition, 35-yard signs and 2000 water bottle stickers, and 2500 magnets with suicide prevention information distributed throughout the county.

Kent County - AC:
- 15 youth entering Arbor Circle Kent County Youth Prevention Services were provided with screening to identify any additional services needed. Staff provide one on one screening, skill building, and support youth in working to achieve their goals to reduce or eliminate early use of alcohol or other drugs.

- Presentations for MS and HS youth on how to identify mental health red-flags and seek help and support using the Mental Health Literacy curricula.

Kent County – WW: Project SUCCESS Facilitators met one-to-one with youth and refer those who require more intensive interventions to appropriate agencies or practitioners in the community and/or small group education sessions. Serviced 309 MS/HS students in 3 districts.

Muskegon County – PHMC: Provide Question, Persuade, Refer (QPR) training designed to assist non-professionals in the referral to mental health services for persons in need.

Ottawa County - AC: Provided suicide prevention info at events and assisted the Ottawa County Suicide Prevention Coalition in distributing info. Coordinated Building Resilient Youth who attend events promote suicide prevention info. Provided QPR Presentations to youth and adults. Coordinated youth mental health first aid training. This activity supported through a grant from the Substance Abuse and Mental Health Services Administration.

Targeted Issue: Address Social Determinants of Health and Trauma

Allegan County, OnPoint:
Worked with the Great Start Collaborative to provide information regarding trauma, increase access to training & services for children and families, improve social emotional development of children and provides information to advance Recovery-Oriented Systems of Care within the community. 140 Great Start, Head Start and Early On students were given TalkSooner bags of resources.

Muskegon County – PHMC:
Support Muskegon County's Health Disparities Coalition and Social Justice Commission to reduce the impact of inequities on the health of populations in Muskegon County. Work includes indicator development and updates, website content development, and professional advice on use of evidence-based strategies. Facilitated services for Coming Together for Racial Understanding sessions. Distributed 2,000 'Health Equity Awareness' postcards to 40 healthcare providers in Muskegon County.

Ottawa County - AC: Education for parents, teachers, and youth workers about mental health, suicide prevention, and resilience-building using programs like Youth Thrive, Strengthening Families, and ACES. Partnered with the SCAN Council to offer family resilience training and child abuse prevention initiatives. Monthly training sessions on mental health issues and ACES/PCES were provided to support these efforts.

Targeted Issue: Barriers To Accessing Services, Support, and Resources

Allegan County, OnPoint:
- Provided a Prime for Life class for 86 middle and high school students caught using substances at school, as well as 15 youth in detention. The class reduced their suspension and provided an opportunity for more open dialogue about their use and how they can get further support at school. 2,500 magnets distributed to the schools and community that provide the phone numbers for OnPoint and other suicide prevention services.

- Pals served youth in Allegan, Hopkins, Saugatuck, Wayland, and Plainwell with a total of 145 PAL's in placement or receiving training.

- Newly formed Behavioral Health Sub Committee of MACC reviewing resources needed to address mental health and substance misuse.

Kent County – KCHD:
- Prime For Life (PFL) programming for youth with an MIP, those in Juvenile Detention and Suspended Students to educate on the risks of of ATOD misuse and abuse with 102 youth completing the programs and reaching 14 parent contacts.

- All middle and high school principals received flyer for CATCH My Breath Train-the-Trainer.

Kent County – AC: Youth experiencing homelessness, running away, or disconnected from school experience significant risk factors for early use of alcohol or other drugs. Educational programming provided after school or at other community organizations, and in partnership with youth serving organizations in Kent County using the Rainbow Days Youth Connect Curriculum, Botvin Transitions, or Prime for Life curricula.

Kent County – N180:
- Monthly public service announcements in partnership with Grand Rapids Community Media Center. PSAs are replayed on GRTV along with KCPC YouTube and social media platforms with the goal of sharing a diverse range of content.

- Social media campaigns used to promote the Youth Summit Event. KCPC videos produced and shared on YouTube. Worked with video producers to create a behind the scenes look at Youth Summit and will use as a recruitment tool for school engagement.

- Coalition Members share events, initiatives and opportunities at General Assembly meetings to determine if there are opportunities for collaboration and reduce overlap. Members are also invited to record PSA messaging on behalf of the coalition

Muskegon County – MCHP:
- Support organizations that work with youth to ensure effective referral mechanisms through promotion of the Trinity Health Community Resource Directory, which connects individuals and providers with a variety of SUD and related resources around the county.

- Worked to identify policies that create barriers to service access and advocate for improvements and provide information to the community about how to navigate and access services. Newly formed policy subcommittee focused on ensuring that people with a history of SUD have equal opportunity and access to necessary resources around the community through town hall meetings and analysis of policies from providers and the justice system.

- Harm reduction subcommittee worked to increase peer recovery coaches in the county through support for education, certification, access to resources, and interorganizational and public support of Peer Recovery Coaches in the county.

- Opiate Task Force discusses emerging drug trends as noticed by law enforcement, recovery coaches, providers, and other key collaborators at monthly meetings to ensure that those involved in prevention work are aware and can respond to changing needs in the community.

Ottawa County - CMHOC:
- Held 2 drug takeback events with over 40 medication lock boxes provided to community members.

- Expanded syringe disposal opportunities by partnering with law enforcement to establish permanent disposal sites. Seek funding to support syringe disposal at community locations like libraries and city buildings. Collaborate with Public Health to promote safe syringe disposal practices.

- Worked to reduce stigma around addiction by identifying challenges for individuals facing multiple stigmas. Collaborate to overcome these barriers and improve access to care. Created a video series, "This is What Recovery Looks Like" highlighting the benefits and joy of being in recovery; 4 videos were created, edited and completed.

Ottawa County - OCDPH:
- Provided 13 vape education classes for 150 participants and monthly Prime for Life courses attended by 57 participants.

- Work with Ottawa Food and other OCDPH coalitions to provide Blood Alcohol Content info, impaired driving prevention tips, and treatment resources at food pantries, food clubs, and community kitchens.

- Collaborate with the Ottawa County Suicide Prevention Coalition to promote "Man Therapy" (mental health resources for men) in bars and restaurants, with a focus on veterans based on local data. Distributed lock bags to Grand Haven and Spring Lake.

PREVENT HARMS

Regional strategies to prevent harms related to high risk substance misuse:

	Regional Strategies	Allegan	Kent	Lake, Mason & Oceana	Muskegon	Ottawa
	Raise awareness of the risks of driving under the influence of substances.				✓	✓
	Raise awareness of the risks of using substances while pregnant, even those which are legal for adult use.	✓			✓	✓
	Raise awareness of the risks of alcohol use specific to older adults.				✓	✓
Prevent Overdose	Post overdose visits to survivors to provide resources & offer treatment resources.					✓
Prevent Overdose	Promote use of Narcan to reverse overdoses.	✓	✓		✓	✓
Prevent Overdose	Provide outreach to provide resources and encourage linkages to treatment when ready.					

Local Programming

Targeted Issue: Driving Under the Influence

Kent County - KCHD: Driving Under the Influence of Substances Messaging Campaign included a 30 second spot that ran on cable and streaming television (Effectv) and gas station pumps.

Muskegon County – PHMC: Drunk-Drugged Driving program works with local alcohol and marijuana retailers, as well as social districts to increase patron knowledge of the hazards of drunk/drugged driving and encourage safer choices. Estimated reach of 173,500 with messaging, and connection with 30 individuals at St Patrick's Day parade with 30 totes distributed and 15 contacts at Muskegon Heights festival.

Ottawa County - AC: Coordinate the Reducing Ottawa Area Drunk Driving Taskforce and collaborate with colleges to educate on marijuana's impact on driving.

Ottawa County - OCDPH: Increase awareness of the legal consequences of impaired driving through the Mobile Eyes Campaign (Call 911 on Impaired Drivers) and enhance visibility of law enforcement activities targeting Driving While Impaired. Johnny Ads ran with 1M impressions reported.

Targeted Issue: Risk of Substance Misuse During Pregnancy

Allegan County, OnPoint: Brochures distributed to 8 Ascension Borgess offices

Muskegon County – PHMC: Perinatal SUD program works with the West Michigan Perinatal Quality Collaborative to reduce substance use related poor birth outcomes for families in West Michigan primarily through the promotion of the MiRecovery website. Materials on SUD and pregnancy delivered to Hackley Community Care (50).

Ottawa County - OCDPH: Provided educational materials on marijuana use while pregnant and breastfeeding as part of the "No Matter How you Feel" campaign and lock bag distribution.

Targeted Issue: Risk of Substance Misuse for Older Adults

Muskegon County – PHMC: Senior SUD program focused on raising awareness of decreased ATOD tolerance and reducing associate hazards of use for persons over 55 years of age.

Ottawa County - AC: Provide substance use, mental health, and resilience education to older adults in Ottawa County through targeted presentations.

Targeted Issue: Overdose Related Deaths

Allegan County, OnPoint: Provided 4 trainings for 1st responders, school resource officers, OnPoint staff & AAESA staff on Naloxone use. Fentanyl testing strips distributed to all school resource officers.

Kent County, AC: Arbor Circle incorporated information about how to access Narcan/Naloxone into community training provided to 35 groups (331 individuals) for psycho-educational groups with youth and staff of external partners.

Muskegon County – MCHP: Harm reduction subcommittee collaborated with law enforcement, religious groups, business and industry, etc. to increase the locations and supply of free naloxone in Muskegon County and promote understanding of its use and importance among the general population.

Muskegon County – PHMC: Promoted "I Can Narcan" project with distribution to businesses/hotels in partnership with the Opioid Task Force. Printed MAMDP flyers and distributed.

Ottawa County - CMHOC:
- 300+ naloxone kits were distributed and 2 community training sessions held as well as 2 staff trainings.
- Conduct post-overdose wellness checks to ensure ongoing support and care for individuals.

August 2024

LAKESHORE
REGIONAL ENTITY

Substance Use Disorder Treatment Evaluation
Monitoring Report

Quarterly Update:
3rd Quarter FY 2024

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.

KWB
Strategies

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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 3rd quarter of FY24.

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 **08/05/24** for BH TEDS and **08/07/24** for encounters. Any data entered after these dates will be reflected in subsequent reports. For details on data parameters, refer to the appendix, starting on page 18.

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

OUD - Opioid Use Disorder

ST Res - Short term residential level of care

TTS - Time to Service

West MI - Lake, Mason, & Oceana Counties

SUMMARY OF TRENDS

FY24 Q3

TREATMENT ACCESS

Metrics	Page	Data Summary	Trend
Criminal Justice (CJ): ↑ admissions with CJ involvement	pg 4	Region-wide, 35% of admissions had criminal justice involvement in Q3. The majority of these were individuals 'on probation'. Rates of admissions for individuals on probation has been increasing since FY22 to a high of 25% in Q3. Rates decreased in Q2 to a low of 19%, and rebounded to 23% in Q3.	
MAT Time to Service (TTS): ↓ avg days between request and 1st service for persons with opioid use disorder (OUD)	pg 5	Region-wide, MAT achieved a low TTS of 5.6 days in FY22 and increased thru Q1 to a high of 8.3 days. Following a slight decrease in Q2 it improved substantially in Q3 to 4.7 days. TTS was longest for Mason and Oceana counties during Q3.	
Time to Service IVDU: ↓ avg days between request and 1st service for persons with IVDU.	pg 6	For admissions of individuals with IVDU, the avg time to service was 8.0 days in Q3; slightly lower than Q2 and equal to FY23. Across the region TTS for clients with IVDU ranged from a low of 3.3 in Ottawa to a high of 21.6 for Allegan. Across levels of care (LOC), TTS for LT Res improved substantially to 8.5 days in Q3 compared to 13.0 in FY23. TTS for OP remained relatively stable at 8-9 days, while IOP has been worsening to a high of 10.1 in Q3.	

ENGAGEMENT AND RETENTION

Metrics	Page	Data Summary	Trend
Integrated Treatment: ↑ % of clients w/ co-occurring diagnosis (COD) receiving integrated services	pg 8	The % of clients with COD reported as having received integrated treatment was continually increasing with a high of 32% achieved in Q2 but decreased to 29% in Q3. Since FY19, all counties improved through Q2 while in Q3 there was a slight decrease across the board with the exception of Ottawa which achieved a high of 47%.	
One Encounter: ↓ % of treatment episodes with no 2nd visit*	pg 9	Episodes w/ only 1 encounter decreased between FY22 and FY23, remained relatively stable in Q1 and Q2, and improved again to 5% in Q3.	

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 excluded from analysis.

Page 2

CONTINUITY OF CARE FOLLOWING DETOX & ST RES

Metrics	Page	Data Summary	Trend
ST Res TTS Next LOC: % of clients discharged from ST Res admitted to the next LOC) w/in 7 days ↓ avg # days between discharge and admission to next LOC following ST Res and	pg 11	Between FY22 & FY23, the % of clients discharged from ST Res who were admitted to the next LOC within 7 days improved (from 28% to 31%), followed by a decrease to 23% in Q1. Since Q1 this rate has been increasing substantially, achieving a high of 58% in Q3. Since FY22, TTS for clients discharged from ST Res who were not admitted to the next LOC within 7 days has remained relatively stable at between 15 and 17 days. In Q3, TTS for these individuals was 15.5.	↗ (green) ↘ (orange)
ST Res Discharge Reason: ↓ discharges from detox and/or residential levels of care with discharge reason identified as 'completed treatment'	pg 12	The percent of discharges from ST Res with the discharge reason incorrectly reported as 'completed treatment' worsened in FY23 to a high of 69% but has improved during FY24 with 42% in Q3. For detox, the rate of discharges with the reason incorrectly reported as "completed treatment" has been continually improving thru FY24 to a low of 17% in Q3.	↘ (green)

Other Data to Monitor

Metrics	Page	Data Summary
Admissions by Primary Drug	pg 13	In the LRE region, alcohol remains the most frequently reported primary drug at admission. Since FY22, admissions for heroin and other opiates have been decreasing while admissions for cocaine have increased. Although heroin rates have declined regionally to 12% in Q3, rates were highest in Muskegon (20%) and West MI (15%) counties during Q3.
Methamphetamine (MA) Involved Admissions	pg 16	MA-involved admissions increased to 26% in FY23 and have decreased slightly in FY24 to 24%. Admissions involving both an opioid and MA have remained stable at approximately 1-in-10 admissions since FY22. During Q3, MA-involved admissions were highest in Lake (63%) and Allegan (39%) counties. MA-involved admissions remain consistently lowest in Kent, with 14% in Q3.

TREATMENT ACCESS

Priority: CRIMINAL JUSTICE INVOLVED POPULATIONS

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

Metrics:
- Increase admissions w/ legal status, on parole/probation
- Increase admissions w/legal status as diversion pre or post booking
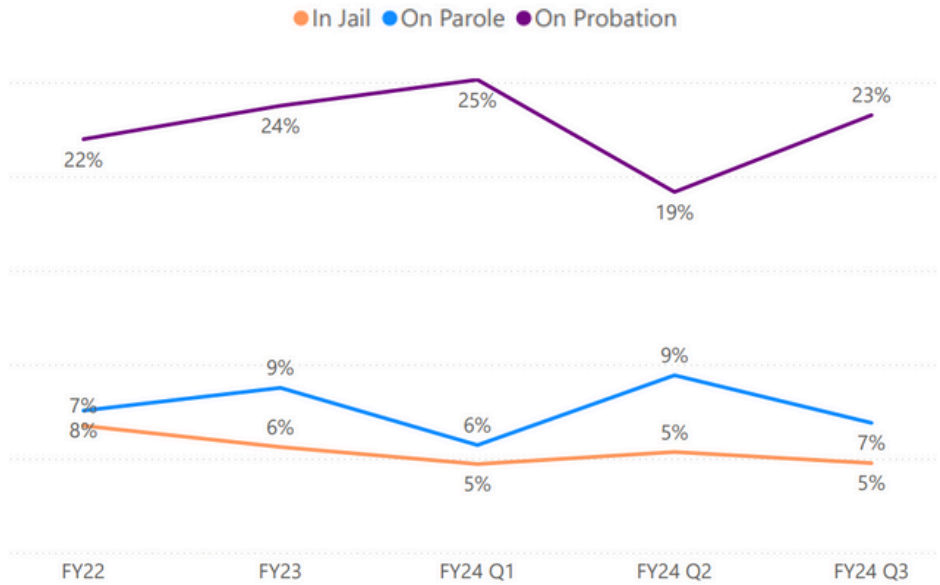- Increase admissions with legal status as 'in jail'

Data Highlights:

Region-wide, 35% of admissions had criminal justice involvement in Q3. 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 for individuals on probation increased through Q1 with a substantial decrease in Q2 across most counties, but have returned to typical rates in Q3.

Percent of Admissions by Legal Status at Admission, LRE Region

● In Jail ● On Parole ● On Probation

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

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	34.5%	20.2%	18.9%	28.3%	19.7%	21.1%	17.3%
FY23	35.8%	21.9%	18.9%	27.3%	15.8%	40.0%	28.4%
FY24 Q1	32.9%	30.5%	17.1%	28.9%	20.8%	37.1%	34.1%
FY24 Q2	26.2%	20.9%	13.7%	26.5%	18.5%	23.0%	27.8%
FY24 Q3	36.7%	30.2%	15.3%	27.4%	21.1%	38.3%	25.0%

TREATMENT ACCESS

FY24 Q3

Priority: PERSONS LIVING WITH AN OPIOID USE DISORDER

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

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

Data Highlights:

TTS for individuals with an OUD is primarily affected by delays in admissions for medication assisted treatment (MAT). During Q3, TTS for individuals in the region seeking medication assisted treatment (MAT) was 4.7 days, the lowest it has been in 3 years.

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 improved substantially to a low of 5.7 days. Since then, TTS has been lengthening slightly until Q2 of FY24.

During Q3 TTS for MAT was highest in West MI counties. However, Lake and Oceana only included a total of 8 individuals. Rates were lowest in Allegan, Muskegon, Kent, and Ottawa counties.
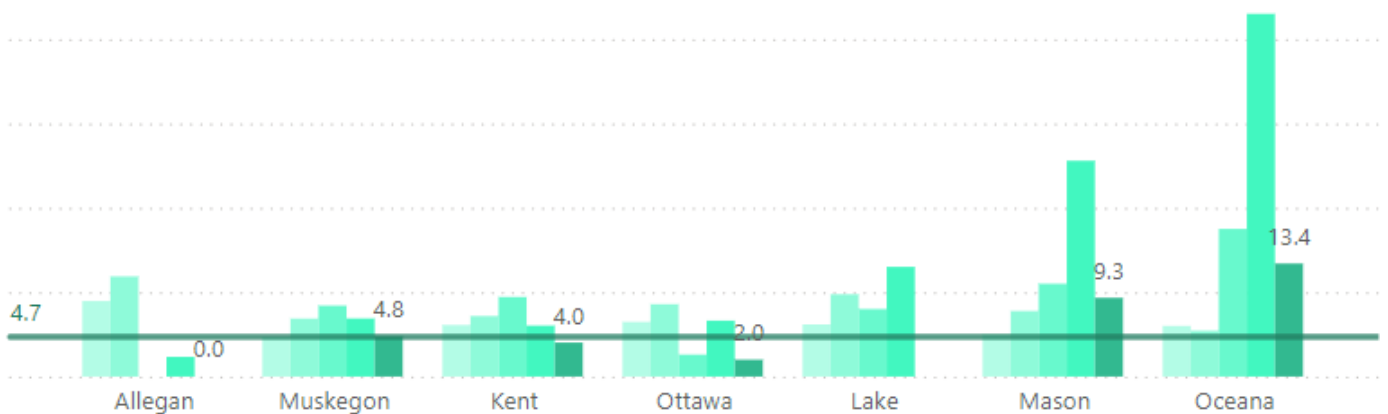
Average Time to Service (days) for Medication Assisted Treatment (MAT), LRE Region

FY22: 5.6, FY23: 7.4, FY24 Q1: 8.3, FY24 Q2: 7.8, FY24 Q3: 4.7
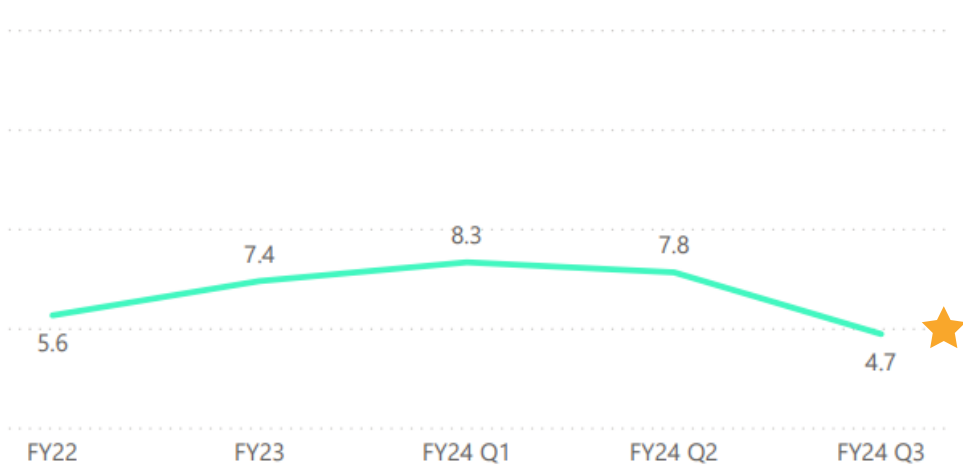
Average Time to Service (days) for Outpatient MAT by County

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	9.0	4.7	6.1	6.5	6.2	5.0	6.0
FY23	11.9	6.9	7.2	8.6	9.8	7.8	5.4
FY24 Q1		8.4	9.4	2.6	8.0	11.0	17.5
FY24 Q2	2.3	6.9	6.0	6.6	13.0	25.6	43.0
FY24 Q3	0.0 (n=2)	4.8 (n=4)	4.0 (n=42)	2.0 (n=5)		9.3 (n=3)	13.4 (n=5)

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FY24 Q3 - Treatment Access

Priority: PERSONS WITH INTRAVENOUS DRUG USE (IVDU)

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

<u>Data Highlights:</u>

Among admissions for individuals with IVDU, the average time to service was 8.0 days in Q3; slightly lower than Q2 and equal to FY23.
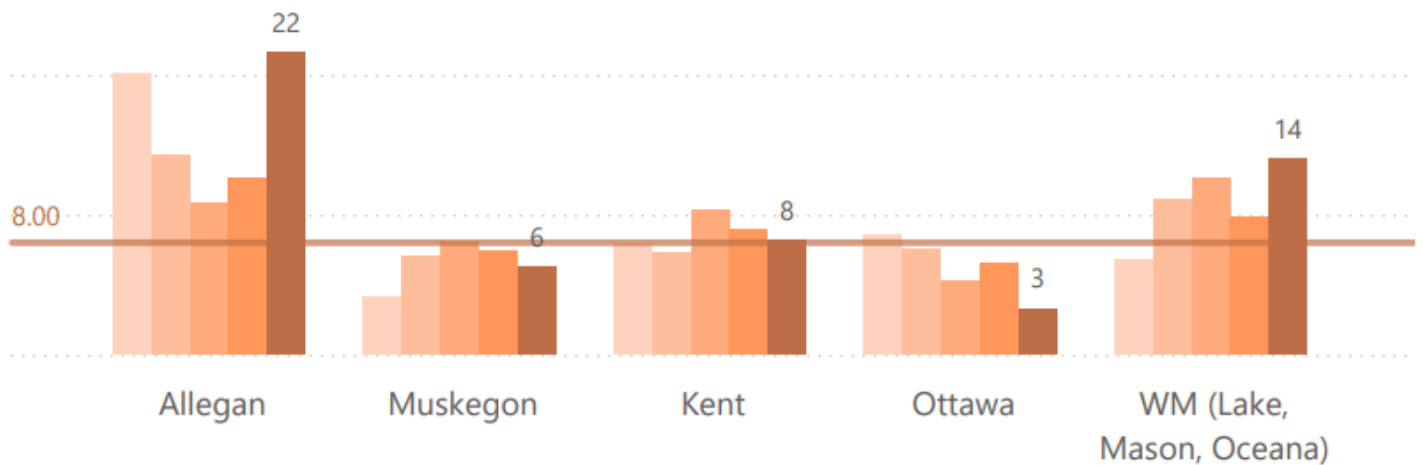
Across the region TTS for clients with IVDU ranged from a low of 3.3 in Ottawa to a high of 21.6 for Allegan.

Average Time to Services for Clients with IVDU

	FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3
	7.1	8.0	8.8	8.4	8.0
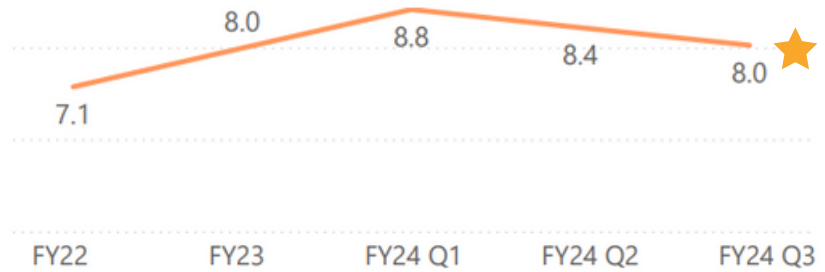
Average Time to Service for Clients w/IVDU by CMHSP

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

|	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	20.0	4.1	7.9	8.5	6.8
FY23	14.2	7.0	7.2	7.5	11.0
FY24 Q1	10.8	8.0	10.3	5.2	12.6
FY24 Q2	12.6	7.5	8.9	6.6	9.9
FY24 Q3	21.6 (N=7)	6.2 (N=63)	8.1 (N=68)	3.3 (N=11)	13.9 (N=18)

TREATMENT ACCESS

When TTS for clients with IVDU is broken out by service category, IOP had the longest TTS in Q3 at 10.1 days, followed by outpatient (8.7) and LT Res (8.5). During FY24, TTS for LT Res has improved substantially, with a TTS of 8.5 days in Q3 compared to 13.0 in FY23. TTS for IOP has remained relatively stable in recent years until this quarterly when TTS increased to 10.1 days in Q3. TTS for OP has also remained relatively stable in recent years with a TTS of 8.7 days in Q3 compared to 8.1 in FY23. Both detox and ST Res improved substantially in Q3.

Average Time to Services for Clients with IVDU by Service Category

FY22 FY23 FY24 Q1 FY24 Q2 FY24 Q3
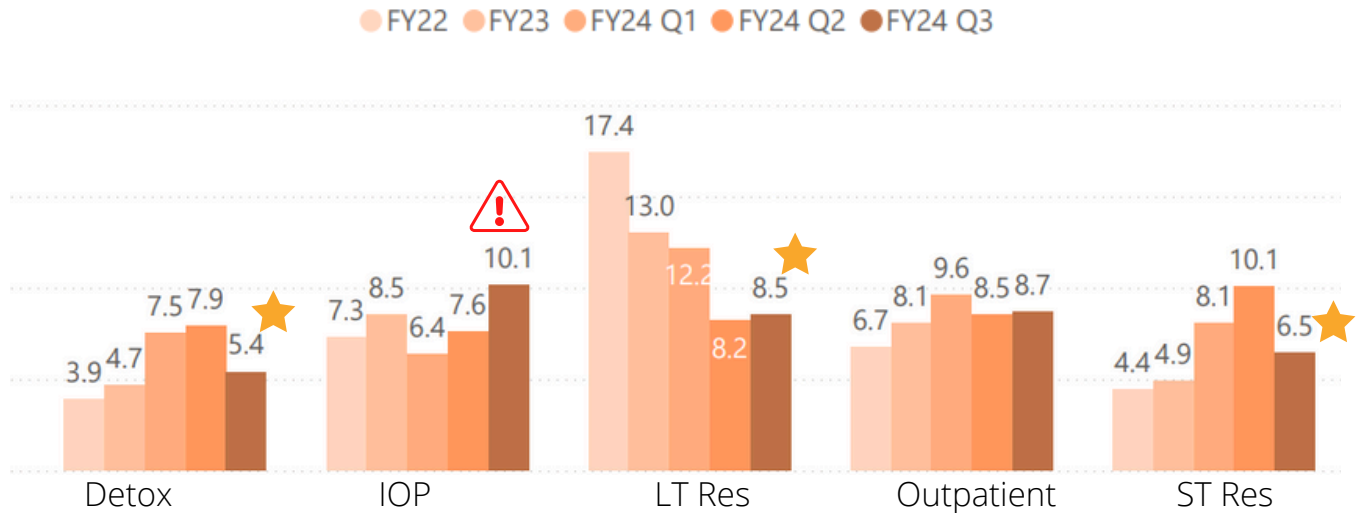
During Q3, TTS for clients with IVDU to outpatient services ranged from a high of 33.3 in Allegan to a low of 1 in Ottawa.

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

FY22 FY23 FY24 Q1 FY24 Q2 FY24 Q3
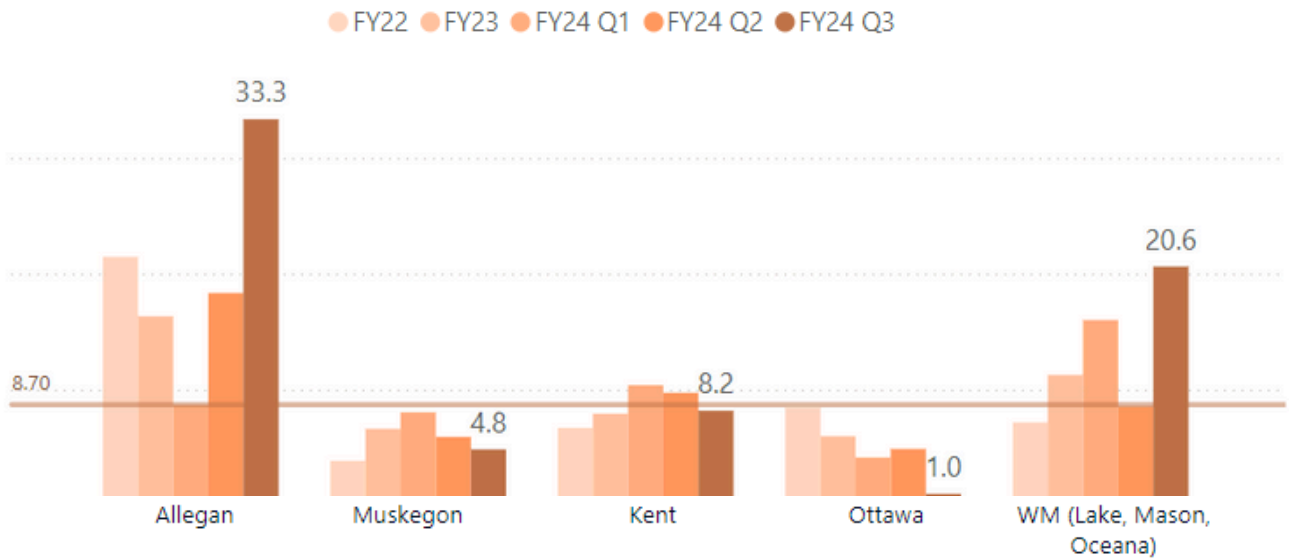
	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	21.5	3.9	6.7	8.4	7.2
FY23	16.3	6.6	7.9	6.0	11.3
FY24 Q1	8.7	8.0	10.4	4.1	16.0
FY24 Q2	18.3	5.9	9.7	4.9	8.5
FY24 Q3	33.3 (N=3)	4.8 (N= 31)	8.2 (N=35)	1.0 (N= 1)	20.6 (N=8)

FY24 Q3 - Treatment Access

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

Metric: 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 were reported as having received integrated treatment was continually increasing, until this quarter, with a high of 32% achieved in Q2 and decreasing to 29% in Q3.

Since FY19, all counties had been increasing until this quarter. Ottawa was the only CMHSP to continue improvement thru Q3; however, all CMHSPs except West MI maintained rates at or above the benchmark.

Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment, LRE Region
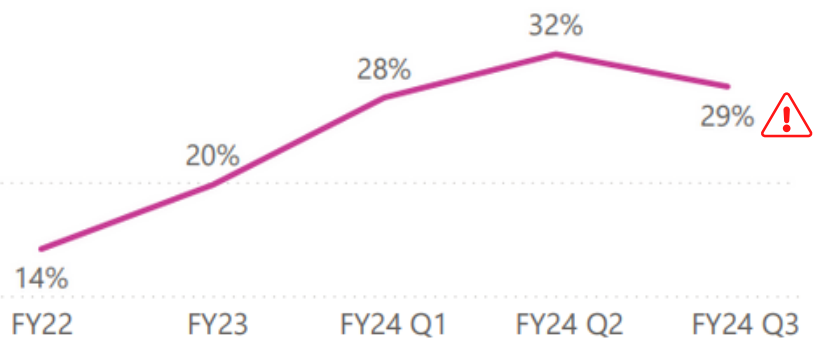
Percent of Clients with COD that Received Integrated Treatment by CMHSP

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3
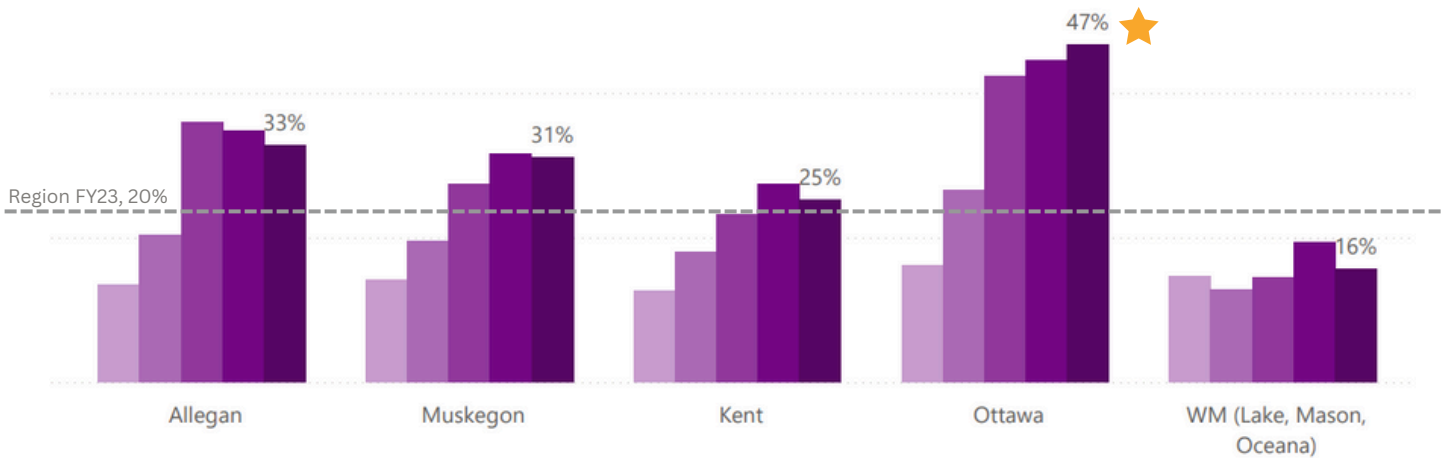
	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	13.6%	14.2%	12.6%	16.2%	14.7%
FY23	20.4%	19.6%	18.0%	26.7%	12.8%
FY24 Q1	35.9%	27.4%	23.2%	42.3%	14.5%
FY24 Q2	34.8%	31.5%	27.4%	44.5%	19.4%
FY24 Q3	32.7%	31.2%	25.2%	46.8%	15.7%

ENGAGEMENT AND RETENTION

## **Priority:**   INCREASED TREATMENT ENCOUNTERS

Metric: 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 have improved since FY22 to 7% in FY23 and remained relatively stable in FY24.

For Q3, there was an increase for IOP, a decrease for outpatient, and none reported for outpatient MAT. This is likely due to delayed data entry for services provided and more accurate data for this quarter will be provided in future reports.

Percent of Treatment Episodes with One Encounter, LRE Region
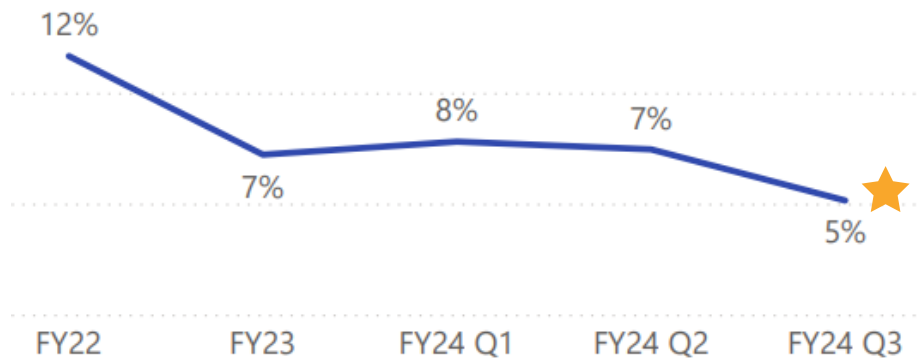
Percent of Treatment Episodes with One Encounter* by Level of Care

●FY22 ●FY23 ●FY24 Q1 ●FY24 Q2 ●FY24 Q3
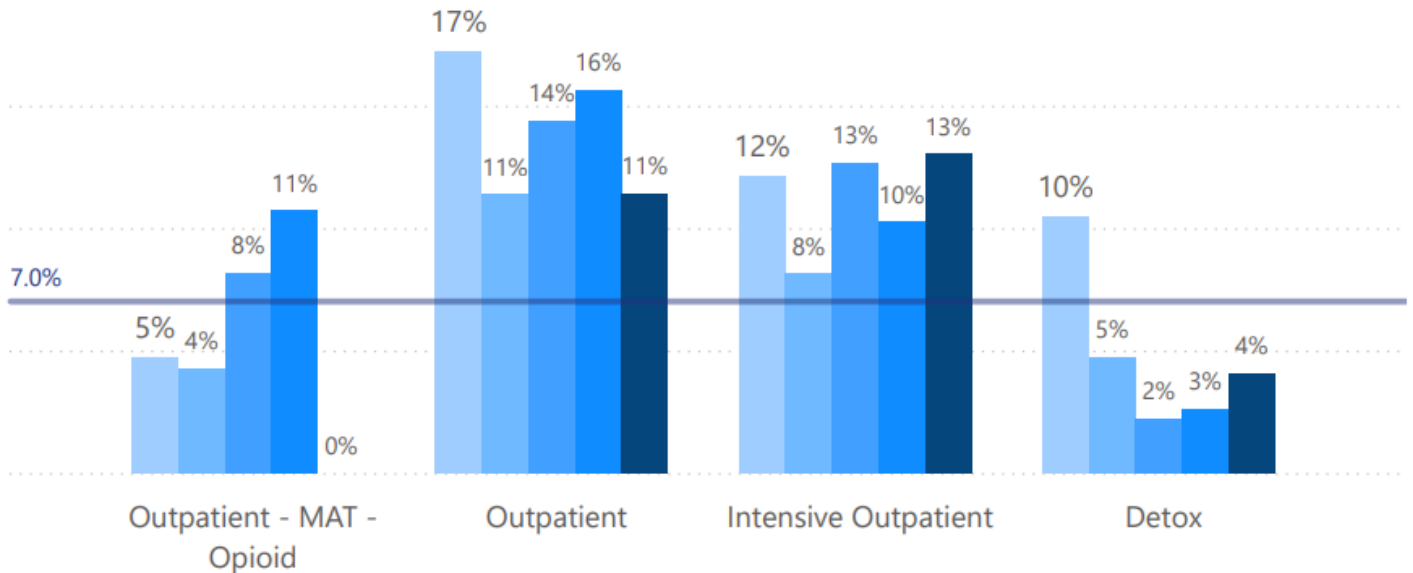
Treatment episodes with only an assessment that had a discharge reason reported as something other than having 'dropped out' are excluded from analysis.

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.

Use caution when reviewing the most recent time periods. Delays in entry of service encounters can limit the validity of results.

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

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3
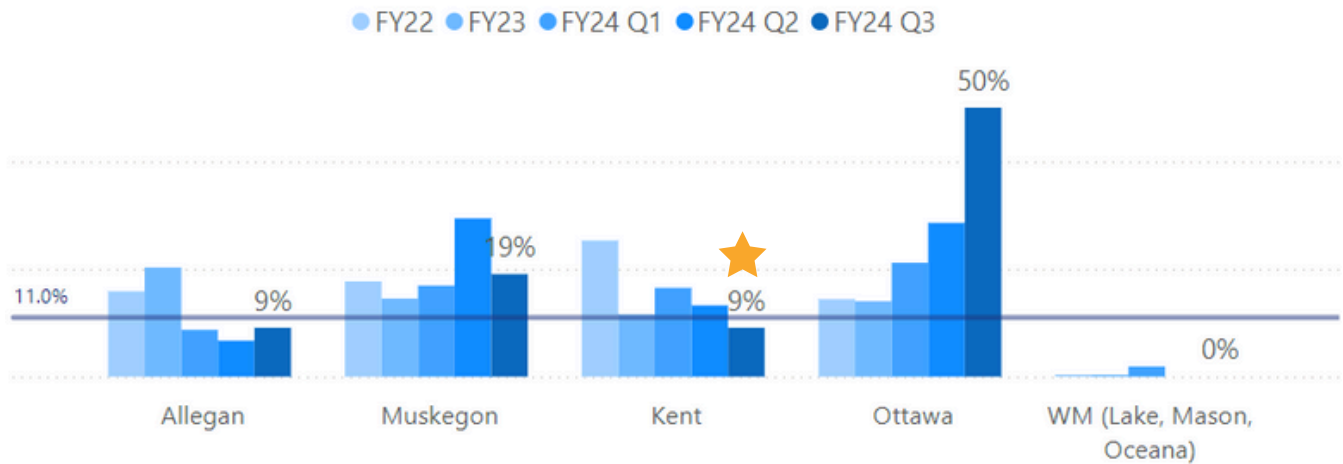
	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	15.9%	17.7%	25.3%	14.4%	0.4%
FY23	20.3%	14.5%	11.5%	14.0%	0.4%
FY24 Q1	8.7% (2)	16.9% (11)	16.5% (16)	21.2% (11)	1.9% (1)
FY24 Q2	6.7% (1)	29.4% (15)	13.2% (9)	28.6% (6)	0.0% (0)
FY24 Q3	9.1% (1)	19.0% (4)	9.1% (2)	50.0% (2)	0.0% (0)

Note: This analysis only includes treatment episodes meeting the following criteria 1) warranted more than an assessment, 2) discharge date entered, and 3) at least one service encounter entered. Due to this more recent data periods have a small sample size and may not reflect all service encounters.

CONTINUITY OF CARE AFTER DETOX & ST RES

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

Metrics:
- Increase % of discharged detox and ST Res clients successfully transitioned to the next level of care (LOC) within 7 days.
- 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.

Between FY22 and FY23, the % of clients admitted to the next LOC within 7 days following ST Res improved from 28% to 31%, followed by a decrease in Q1 to 23%.

Among the 69% (65) clients discharged from ST Res in FY23 who were not admitted to the next LOC within 7 days, the average time between discharge and readmission to the next LOC was 15.5 days. This increased slightly in Q1 but has since decreased to 15.5 in Q3.

Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days, Region
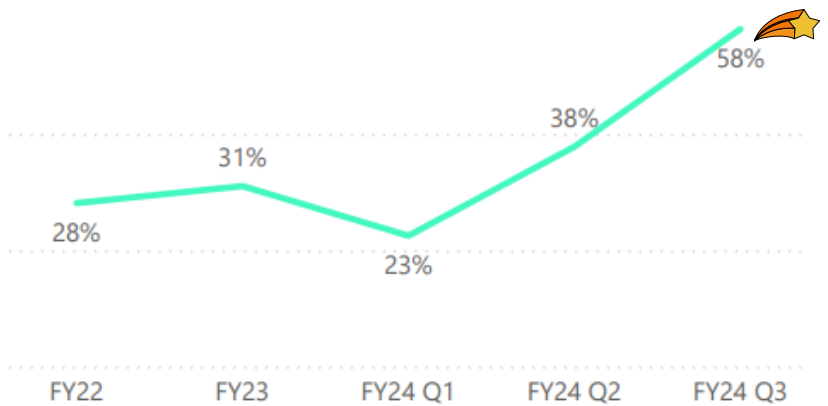
Average # Days between Discharge from ST Res and Admission to Next Level of Care (T.29)

●FY22 ●FY23 ●FY24 Q1 ●FY24 Q2 ●FY24 Q3
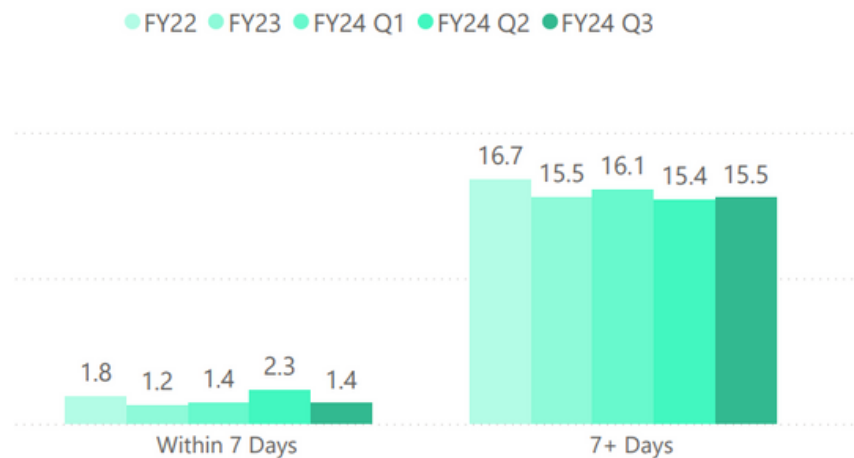
Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days by CMHSP

County	FY22	FY23		FY24 Q1		FY24 Q2		FY24 Q3	
Allegan	15%	18%	(3)	0%	(0)	100%	(3)	0%	(0)
Muskegon	34%	20%	(7)	0%	(0)	20%	(2)	17%	(1)
Kent	26%	32%	(43)	20%	(3)	25%	(1)	50%	(1)
Ottawa	35%	36%	(21)	50%	(4)	45%	(5)	89%	(8) ⭐
WM (Lake, Mason, Oceana)	30%	36%	(20)	22%	(2)	33%	(3)	67%	(8) ⭐

CONTINUITY OF CARE AFTER DETOX & ST RES

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

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

Discharge reason for detox and ST Res should never be "Completed Treatment"
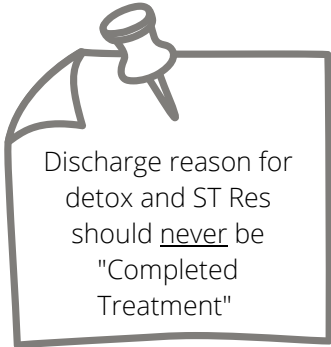
Data Highlights:

The percent of discharges from ST Res with the discharge reason incorrectly reported as 'completed treatment' worsened in FY23 but improved during Q1 and Q2 while maintaining at 42% in Q3.
Detox has been continually improving and achieved a low of 17% in Q3.

Discharges from Detox & ST Res w/ Reason as "Completed Treatment"

■ Short Term Residential   ■ Detox

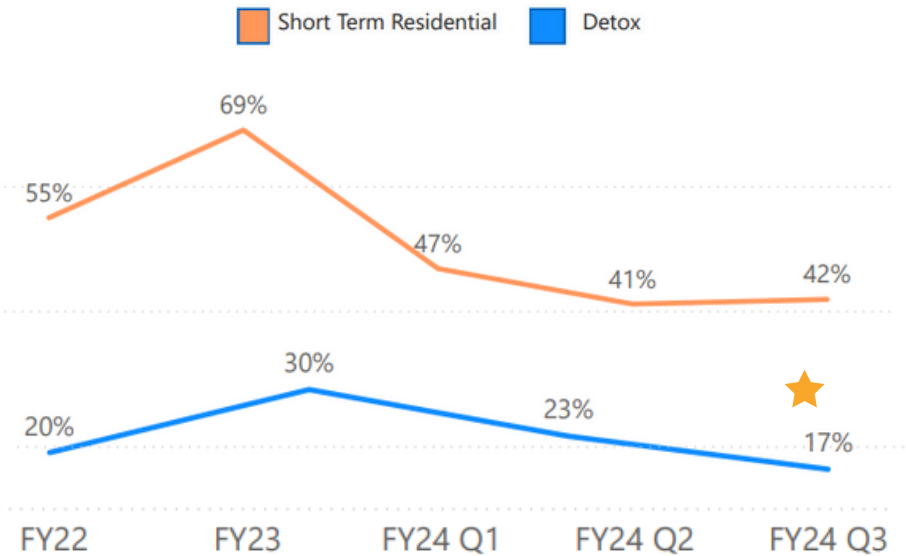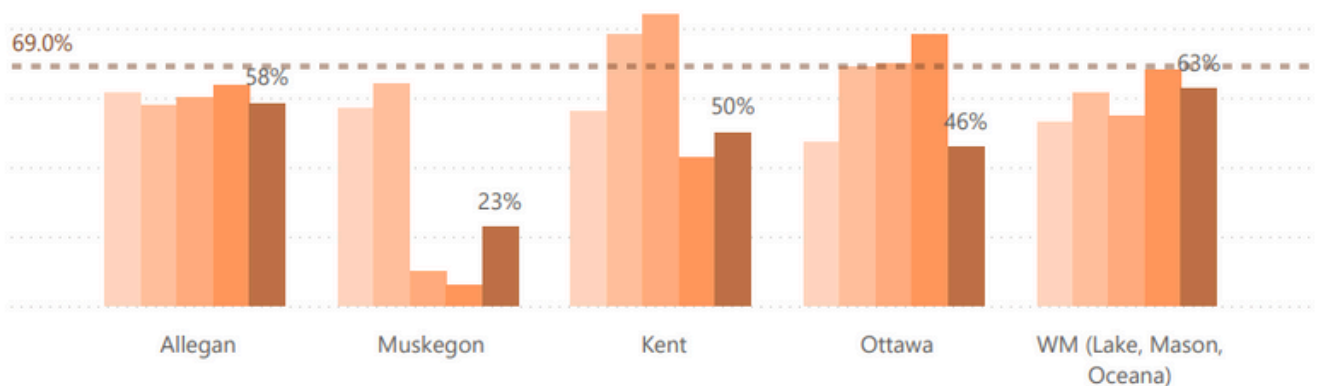| | FY22 | FY23 | FY24 Q1 | FY24 Q2 | FY24 Q3 |
| Short Term Residential | 55% | 69% | 47% | 41% | 42% |
| Detox | 20% | 30% | | 23% | 17% |

Percent of Discharges from ST Res w/ Reason as "Completed Treatment" by CMHSP
● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

|	Allegan	Muskegon	Kent	Ottawa	WM (Lake, Mason, Oceana)
FY22	61.5%	56.9%	56.2%	47.4%	52.9%
FY23	57.7% (28)	64.0% (96)	78.3% (179)	68.9% (89)	61.2% (58)
FY24 Q1	60.0% (7)	10.0% (7)	83.9% (26)	70.0% (20)	54.5% (11)
FY24 Q2	63.6% (5)	6.1% (3)	42.9% (2)	78.3% (3)	68.2% (13)
FY24 Q3	58.3% (7)	22.7% (10)	50.0% (3)	45.8% (11)	62.5% (2)

Other Data to Monitor: Primary Drug at Admission

LRE Region

Data Highlights: Alcohol remains the most frequently reported primary drug at admission in the LRE region. During recent periods, admissions for cocaine have been increasing. During Q3 admissions for methamphetamine, marijuana, and other opiates decreased in Q3 while admissions for heroin and other drugs remained stable.

Percent of Treatment Admissions by Primary Drug, LRE Region

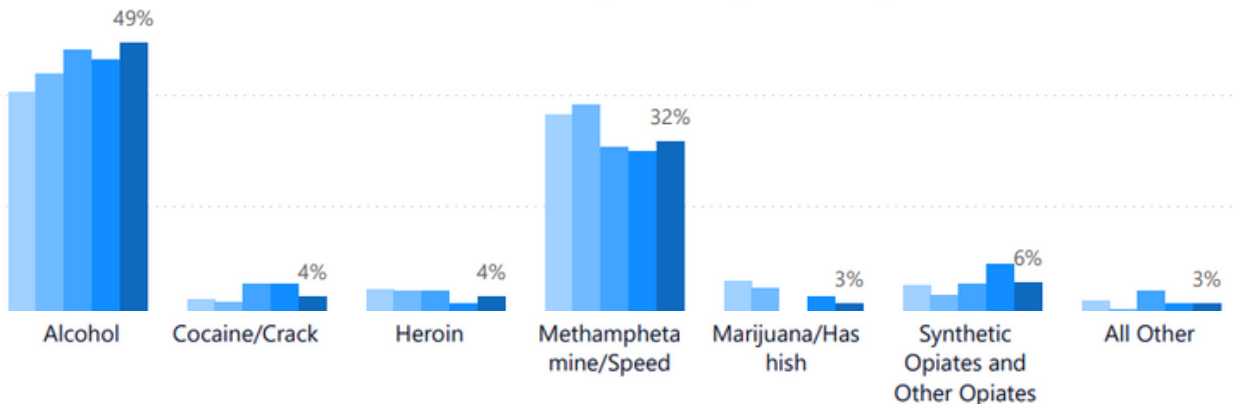● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3
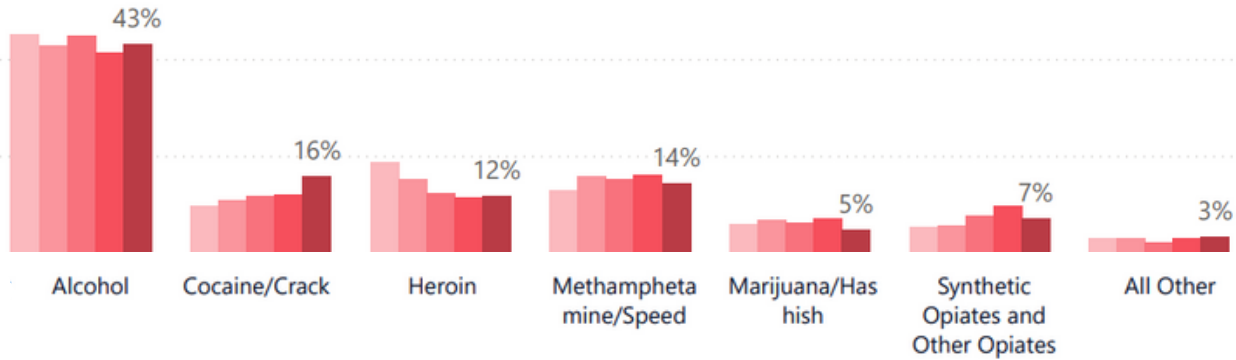
	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY22	45.1%	9.7%	18.6%	12.7%	5.7%	5.2%	3.0%
FY23	42.9%	10.7%	15.3%	15.8%	6.7%	5.6%	3.0%
FY24 Q1	44.9%	11.7%	12.3%	15.0%	6.2%	7.7%	2.2%
FY24 Q2	41.2%	11.9%	11.3%	16.0%	7.0%	9.5%	3.0%
FY24 Q3	43.1%	15.8%	11.6%	14.4%	4.7%	7.0%	3.3%

Allegan County

Data Highlights: In Allegan County, alcohol is the most frequently reported primary drug of choice followed by methamphetamine which is substantially higher than region-wide (32% vs. 14% in Q3). Admissions for cocaine, marijuana, and other opioids decreased slightly in Q3 while admissions. Admissions for heroine increased in Q3 but remain substantially lower than regional rates (4% vs. 12%) .

Allegan County - Percent of Admissions by Primary Drug

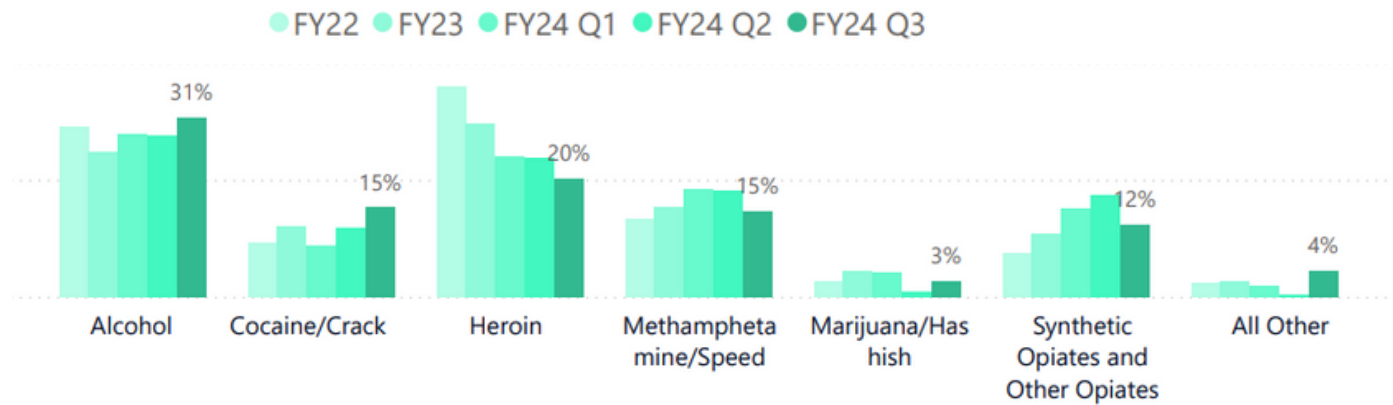● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY22	40.4%	3.1%	5.0%	36.4%	6.6%	5.6%	2.8%
FY23	43.9%	2.7%	4.8%	38.2%	5.1%	4.0%	1.3%
FY24 Q1	48.2%	5.9%	4.7%	30.6%		5.9%	4.7%
FY24 Q2	46.4%	6.0%	2.4%	29.8%	3.6%	9.5%	2.4%
FY24 Q3	49.4%	3.8%	3.8%	31.6%	2.5%	6.3%	2.5%

FY24 Q3 - Other Data: Primary Drug

Muskegon County

Data Highlights: In Muskegon County, alcohol and heroin were the most frequently reported drugs in Q3. Admissions with heroin as the primary drug of choice have been decreasing since FY22 but remain higher than region-wide (20% vs 11.6%). In Q3 there was also a decrease in admissions for methamphetamine and for other opioids; while admissions for cocaine, marijuana, and all other drugs increased.

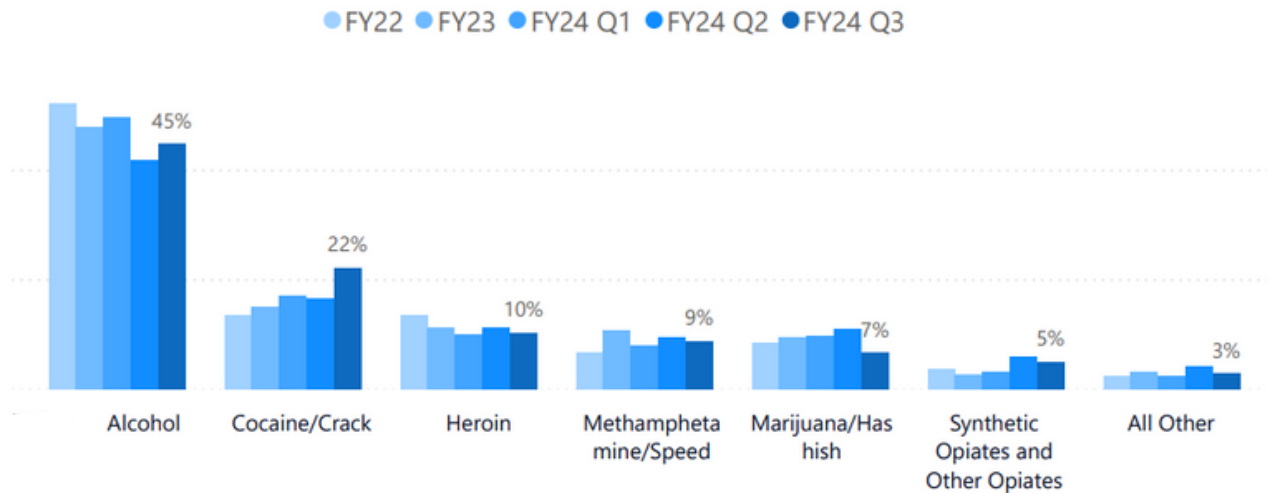**Muskegon County - Percent of Admissions by Primary Drug**

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY22	29.0%	9.3%	36.0%	13.4%	2.7%	7.4%	2.3%
FY23	24.9%	12.0%	29.7%	15.5%	4.5%	10.8%	2.7%
FY24 Q1	27.8%	8.6%	24.1%	18.4%	4.1%	15.0%	1.9%
FY24 Q2	27.7%	11.9%	23.7%	18.2%	0.8%	17.4%	0.4%
FY24 Q3	30.6%	15.3%	20.1%	14.6%	2.6%	12.3%	4.5%

Kent County

Data Highlights: In Kent County, admissions for alcohol continue to surpass other substances with 45% of admissions, followed by cocaine at 22%. Admissions for heroin, meth, marijuana, and all other opioids decreased in Q3.

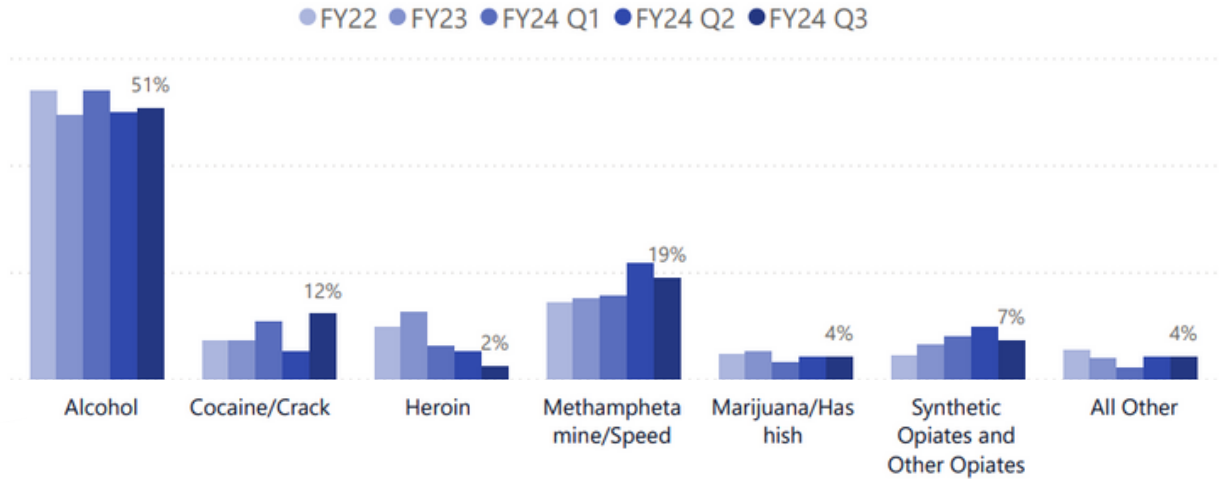**Kent County - Percent of Admissions by Primary Drug**

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY22	52.0%	13.4%	13.4%	6.6%	8.4%	3.6%	2.5%
FY23	47.8%	15.0%	11.3%	10.7%	9.4%	2.6%	3.2%
FY24 Q1	49.7%	17.0%	10.1%	8.0%	9.7%	3.2%	2.3%
FY24 Q2	41.8%	16.5%	11.3%	9.4%	11.0%	6.0%	4.0%
FY24 Q3	44.7%	22.1%	10.3%	8.7%	6.6%	4.9%	2.8%

Ottawa County

Data Highlights: In Ottawa county, alcohol remains the most frequently reported primary drug at admission with 51% of admissions, followed by methamphetamine at 19%. Admissions for heroin continue to decrease while admissions for cocaine more than doubled in Q3.

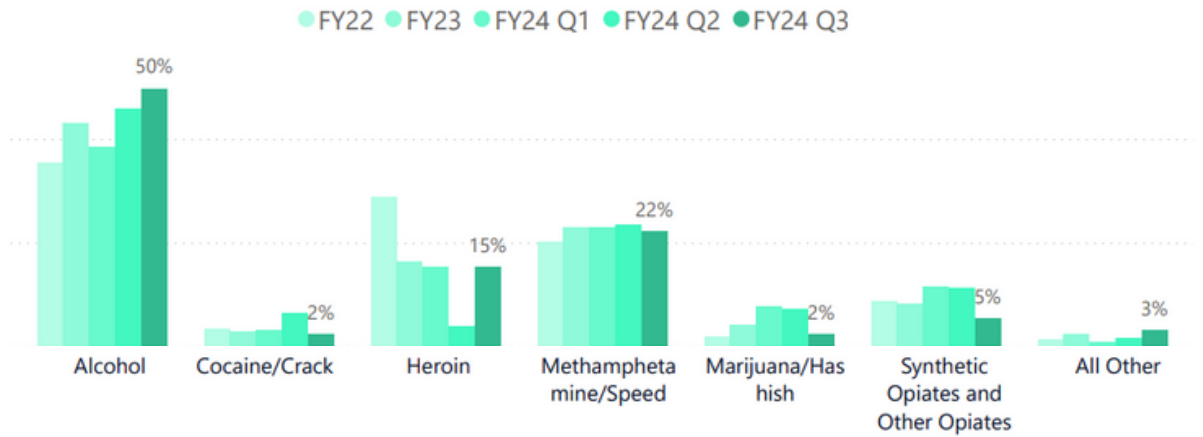**Ottawa County - Percent of Admissions by Primary Drug**

●FY22 ●FY23 ●FY24 Q1 ●FY24 Q2 ●FY24 Q3

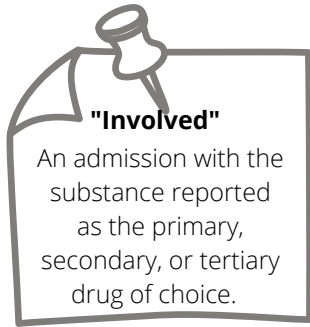|	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY22	53.8%	7.1%	9.7%	14.4%	4.8%	4.5%	5.6%
FY23	49.4%	7.2%	12.7%	15.1%	5.3%	6.5%	3.9%
FY24 Q1	54.0%	10.8%	6.3%	15.7%	3.1%	8.0%	2.1%
FY24 Q2	49.8%	5.3%	5.3%	21.6%	4.1%	9.8%	4.1%
FY24 Q3	50.6%	12.2%	2.4%	18.9%	4.3%	7.3%	4.3%

West Michigan Counties

Data Highlights: In West MI counties, alcohol continues to be the most frequently reported primary drug of choice at 50% in Q3, followed by methamphetamine at 22% which is substantially higher than region-wide (22% vs.14% in Q3). Admissions for heroin dropped substantially in Q2 but have returned to prior levels at 15% in Q3. Admissions for all other drugs remain low. Admissions for cocaine and other opioids decreased substantially in Q3.

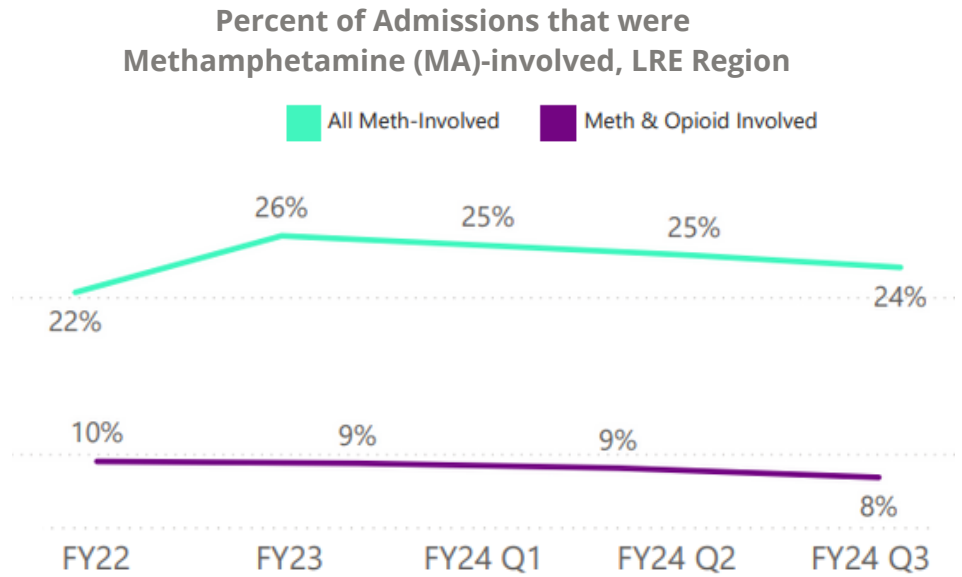**West MI - Percent of Admissions by Primary Drug**

●FY22 ●FY23 ●FY24 Q1 ●FY24 Q2 ●FY24 Q3

	Alcohol	Cocaine/Crack	Heroin	Methamphetamine/Speed	Marijuana/Hashish	Synthetic Opiates and Other Opiates	All Other
FY22	35.3%	3.4%	28.9%	20.2%	1.9%	8.7%	1.5%
FY23	43.0%	2.9%	16.4%	23.0%	4.1%	8.2%	2.3%
FY24 Q1	38.5%	3.1%	15.4%	23.1%	7.7%	11.5%	0.8%
FY24 Q2	46.0%	6.5%	4.0%	23.4%	7.3%	11.3%	1.6%
FY24 Q3	49.6%	2.3%	15.3%	22.1%	2.3%	5.3%	3.1%

Other Data to Monitor : METHAMPHETAMINE-INVOLVED ADMISSIONS

"Involved"
An admission with the substance reported as the primary, secondary, or tertiary drug of choice.
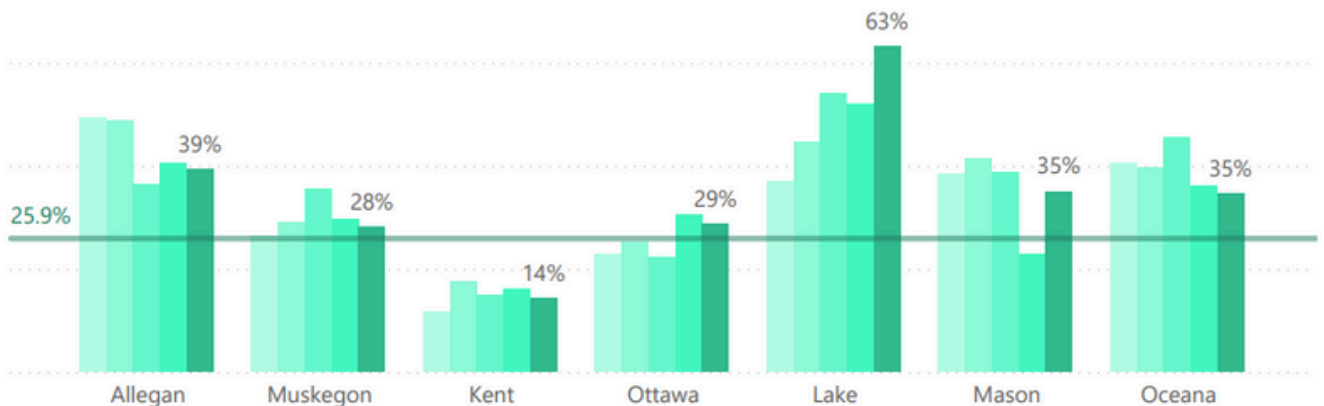
Data Highlights:

MA-involved admissions increased to 26% in FY23 and have decreased slightly during FY24 to 24% in Q3. Admissions involving both an opioid and MA decreased slightly in Q3 to 8%.

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

■ All Meth-Involved   ■ Meth & Opioid Involved

22%	26%	25%	25%	24%
10%	9%	9%		8%
FY22	FY23	FY24 Q1	FY24 Q2	FY24 Q3

During Q3, MA-involved admissions were highest in Lake County at almost two-thirds of admissions. Mason also experienced a significant increase in Q3 to more than one-third of admissions. MA involved admissions decreased slightly in all other counties during Q3 from the prior reporting period. MA-involved admissions remain consistently low in Kent County, with 14% in Q3.

Percent of Admissions That Were MA-Involved by County

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3

	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	49.2%	26.5%	11.7%	22.8%	36.8%	38.6%	40.5%
FY23	48.7%	29.1%	17.5%	25.1%	44.7%	41.4%	39.7%
FY24 Q1	36.5%	35.3%	14.9%	22.3%	54.2%	38.7%	45.5%
FY24 Q2	40.5%	29.6%	16.0%	30.6%	51.9%	23.0%	36.1%
FY24 Q3	39.2%	28.0%	14.3%	28.7%	63.2%	35.0%	34.6%

Data Highlights:

Admissions involving both an opioid and methamphetamine increased substantially in Q3 for Mason County (13%). while Kent, Lake, and Ocean counties experienced small increases, while Allegan and Muskegon decreased slightly. Ottawa County experienced a substantial decrease in Q3 to 7%.

Percent of Admissions that Involved Both an Opioid & MA by County

● FY22 ● FY23 ● FY24 Q1 ● FY24 Q2 ● FY24 Q3
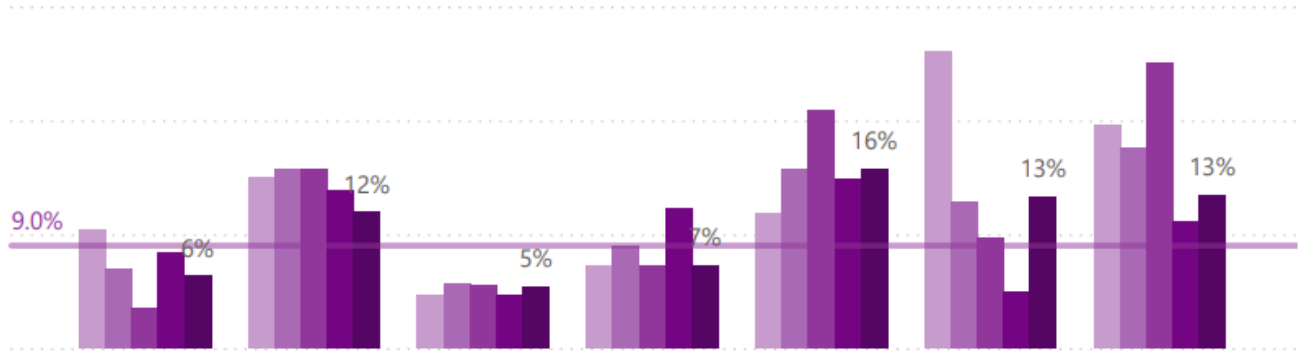
	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
FY22	10.3%	15.0%	4.6%	7.3%	11.8%	26.1%	19.7%
FY23	7.0%	15.7%	5.7%	9.0%	15.8%	12.9%	17.6%
FY24 Q1	3.5%	15.8%	5.5%	7.3%	20.8%	9.7%	25.0%
FY24 Q2	8.3%	13.8%	4.7%	12.2%	14.8%	4.9%	11.1%
FY24 Q3	6.3%	11.9%	5.4%	7.3%	15.8%	13.3%	13.5%

Appendix: Data Parameters

The following provide data parameters used for analysis for all data referenced throughout this report.

Pg. 4   **Percent of Admissions by Legal Status at Admission**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Start Date, County of Residence, Corrections Related Status

Pg. 5   **Average Time to Service (days) for Medication Assisted Treatment (MAT)**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Start Date, County of Residence, Time to Treatment, State Provider Identifier, Type of Treatment Service Setting and Medication-assisted Opioid Therapy
- *Time to Service = Days between request for service and date of first service received.
- **MAT is based on Admission Opioid Therapy = Yes and LOC = Outpatient
- Excludes those Admissions where Time to Treatment was not provided

Pg. 6   **Average Time to Services for Clients with IVDU by Service Category**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Start Date, County of Residence, Time to Treatment, Type of Treatment Service Setting, Primary and Seconday and Tertiary Route of Admission, Sustance Use Diagnosis
- *Time to Service = Days between request for service and date of first service received.
- **IVDU = Primary, Secondary or Tertiary Route of Admission =Injection
- Excludes those Admissions where Time to Treatment was not provided.

Pg. 8   **Percent of Clients with Co-Occurring Disorders that Received Integrated Treatment**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Update/End Date, County of Residence, Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment
- *Integrated services identified in discharge record for clients reports as "Client with co-occurring substance use and mental health problems is being treated with an integrated treatment plan by an integrated team."
- Only includes those episodes with a Discharge Date

Pg. 9   **Percent of Treatment Episodes with One Encounter***
- Data Source: BHTEDS and LRE Encounters
- Data only includes those episodes with a Discharge Date
- Data only includes those with a Service in the Encounter Database
- Excluded Services Codes: H0020 (Methadone Dosing) and S9976 (Room and Board)
- Excludes episodes where the only service code is H0001 and has a Discharge Reason of Completed Treatment, Death or Transferring to Another
- Program or facility/Completed Level of Care
- *MAT is based on BHTEDS Admission Opioid Therapy= Yes and LOC = Outpatient

Pgs. 9-10   **Percent of Treatment Episodes with One Encounter* by Level of Care**
- Data Source: BHTEDS and LRE Encounters
- Data only includes those episodes with a Discharge Date
- Data only includes those with a Service in the Encounter Database
- Excluded Services Codes: H0020 (Methadone Dosing) and S9976 (Room and Board)
- Excludes episodes where the only service code is H0001 and has a Discharge Reason of Completed Treatment, Death or Transferring to Another Program or facility/Completed Level of Care
- *MAT is based on BHTEDS Admission Opioid Therapy = Yes and LOC = Outpatient

         Appendix: Data Parameters

Pg. 11 **Percent of Discharges from ST Res Admitted to Next Treatment Episode w/in 7 days**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Start Date, Service Update/End Date, County of Residence, and Type of Treatment Service Setting
- If Admit Setting did not equal Discharge Setting, assumption made that readmit days is 0.
- Only includes those episodes with a Discharge Date
- Excludes discharges from ST Res that were admitted to 24-hour detox.

Pg. 11 **Average # Days between Discharge from ST Res and Admission to Next Level of Care**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Start Date, Service Update/End Date, County of Residence, and Type of Treatment Service Setting
- Only includes those episodes with a Discharge Date in the Reported FY
- Only includes those episodes with a Readmit within 30 days of Discharge
- Excludes those Readmits with a new Admission Date that is prior to the Discharge Date
- If Admit Setting did not equal Discharge Setting, assumption made that readmit days is 0

Pg. 12 **Discharges from Detox & ST Res w/ Reason as "Completed Treatment"**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Update/End Date, County of Residence, Reason for Service Update/End and Type of Treatment Service Setting at Discharge
- *Detox Includes both Ambulatory - Detox and Detox 24-hr free-standing residential
- Excludes those Discharges where Time to Treatment was not provided.

Pgs. 13-14 **Percent of Treatment Admissions by Primary Drug**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: County of Residence, Service Start Date, Primary, Secondary and Tertiary Substance Use Problem

Pg. 16 **Percent of Admissions that were Methamphetamine (MA)-involved**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: County of Residence, Service Start Date,
- Primary, Secondary and Tertiary Substance Use Problem
- *Involved includes admission with MA/Speed identified as primary, secondary or tertiary drug of choice.
- **Primary includes admission with MA/Speed identified as the primary drug of choice.
- ***Non-Primary includes admission with MA/Speed identified as secondary or tertiary drug of choice.

Pg. 17 **Percent of Admissions that Involved Both an Opioid & MA by County**
- County = If no data provided in BHTEDS - falls under Out of Region
- BHTEDS Fields Used: Service Start Date, County of Residence, Primary, Secondary and Tertiary Substance Use Problem
- Includes all Admissions with Both Methamphetamine/Speed and an Opioid (Heroin, Methadone, Synthetic Opioid) identified within Primary, Secondary or Tertiary Drug of Choice response.

Appendix: Data Parameters