

Meeting Agenda

**SUD OVERSIGHT POLICY BOARD**

Wednesday, March 2, 2022 4:00 PM  
Board Room – CMH 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 March 2, 2022, LRE Oversight Policy Board meeting agenda as presented.
6. Review/Approval of Minutes-Chair (Attachment 2)  
**Suggested Motion:** To approve the December 1, 2021, LRE Oversight Policy Board meeting minutes as presented.
7. Old Business
8. New Business
  - a. Election Officers – Patrick Sweeney  
**Nomination and Selection of Officers**  
**Suggested Motion:** To approve the recommendations for OPB Chair, Vice Chair and Secretary as nominated by the members.
9. Finance Report (Maxine Coleman)
  - a. Statement of Activities – (Attachment 3)
  - b. SUD Rate Group Updates
10. State/Regional Updates (Stephanie VanDerKooi/Amanda Tarantowski/Amy Embury)
  - a. Beacon Health Options
  - b. MDHHS/LRE Settlement Agreement
  - c. Bylaws/Operating Agreement Updates
  - d. Policy Updates
11. Prevention Updates

- a. Miranda/Vaping Project (Attachment 4)
- b. Prevention Services Summary of Activities FY 21 Report (Attachment 5)

12. SUD Treatment Updates

- a. Grants
  - i. Mobile Health Unit
  - ii. Gambling Disorders Grant Update (Attachment 6)
  - iii. Smoking Cessation Report (Attachment 7)
- b. 1Q22 Treatment Data

13. Next Meeting

June 1, 2022 – 4:00 PM  
CMHOC Board Room

Meeting Agenda  
**SUD OVERSIGHT POLICY BOARD**  
 Wednesday, December 1, 2021      4:00 PM  
 Board Room – CMH of Ottawa County  
 12265 James Street, Holland, MI 49424

CALL TO ORDER – Chair

Mr. Sweeney called the December 1, 2021, LRE Oversight Policy Board meeting at 4:02 p.m.

ROLL CALL/INTRODUCTION– Chair

Present at Roll Call:

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

PUBLIC COMMENT – Chair

No public comment offered

CONFLICT OF INTEREST – Chair

No Conflicts Declared

REVIEW/APPROVAL OF AGENDA– Chair

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

Moved by: Sebolt      Support: Storey

MOTION CARRIED

REVIEW/APPROVAL OF MINUTES – Chair

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

Moved by: Ponstein      Support: DeYoung

MOTION CARRIED

OLD BUSINESS

No Old Business

NEW BUSINESS

**Board Appointments:** (Attachment 3)

- i. Kent County 1 expiring 12/31
- ii. Muskegon County 1 vacancy

Current Board roster presented for information. There have been no updates on filling the vacant Muskegon seat; Ms. Hovey-Wright reported no new appointments have been made. Ms. VanDerKooi will contact Muskegon County Administrator's office to follow up. Ms. Cole-Mickens has applied and will likely be reappointed.

#### **Nominating Committee (Chair)**

No nominating committee will be appointed. Nominations will be taken from the floor during the March meeting.

#### FINANCE REPORT (Maxine Coleman)

##### **Statement of Activities**

Ms. Coleman reviewed the summary of FY21 preliminary financial statements; final statements for FY21 are pending.

Fourth quarter PA2 revenues are not received until after the fiscal year. LRE is awaiting payments from the Counties. It is anticipated that not all FY21 funds will be used and any excess PA2 funds will be carried forward into the next fiscal year. Current budget projections reflect a PA2 surplus of \$1.76 million and a Medicaid surplus of \$4.7 million.

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

A column has been added for COVID funding that reflects what each agency will receive for COVID-related prevention or treatment. A total of \$2.9 million in additional funding was reported. Additional adjustments include a reduction in MYTIE funds as that grant will end in March, 2022. SOR Grant funding adjustments for HealthWest and Network180 for HW & N180 reflect an increase in SOR grant allocations.

**OPB 2021-Motion:** The LRE Oversight Policy Board Approves the allocation of PA2 funds for the LRE SUD Budget Amendment #1 as presented and advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as presented.

Moved by: Kanten

Support: Ponstein

MOTION CARRIED

#### STATE/REGIONAL UPDATES (Stephanie VanDerKooi/Amanda Tarantowski/Amy Embury)

- Ms. Tarantowski and Ms. Embury reviewed the executive summary detailing funding sources and programs and services provided using these funds.
- Ms. Tarantowski reported on a recent meeting with Lake County at which she was able to provide information on PA2.
- Women's Specialty Site audits are almost complete. There are designated dollars and providers that have been earmarked for women who are pregnant and/or parenting and are using substances.
- Treatment providers have been working diligently to ensure individuals are receiving care during the pandemic.
- Use of PA2 funds include:
  - Naloxone education and distribution.
  - Recovery Coach services for those who have experienced overdose.
  - Funds for Mel Trotter and Community Action House.
  - Pilot program for a support group for African American men who have experienced trauma.
  - Hospital based partnership with Spectrum Health.

### **Staffing Updates**

Amy Embury, Prevention Manager and Amanda Tarantowski, SUD Manager will be taking over responsibility for the Oversight Policy Board.

Several new staff have been onboarded as functions from Beacon Health Options are being returned to the LRE.

- IT staff to develop reports and submit data reports
- Chief Compliance Officer
- Autism Manager
- Chief Quality Officer
- Clinical/UM Manager
- CCBHC/Customer Services Manager
- Quality Assurance Manager and Site Review Team

### **Talk Sooner /Gambling Disorder Prevention Project -**

Ms. Embury reviewed the most recent report focusing on prevention activities across the region. A virtual Teen Room, an interactive resource for parents to be educated on possible substance use disorders has been added to the site.

### **LARA Updates**

LARA is recommending substantial changes to the SUD provider licensing requirements; a recent Webinar presented proposed changes. Follow up webinar has been scheduled for December 9 to review questions that have been submitted. Changes include:

- Elimination of the CAIT license, which is currently required for Prevention Providers and Recovery Homes. Eliminating this license would require significant changes to the site review process to ensure providers continue to meet contractual standards. The contract with MDHHS currently requires that providers with whom the region contracts must be licensee. This change may result in a contract amendment.

### **Board member photographs**

LRE's Annual report is being developed and LRE would like to include photographs of OPB members. Members were asked to forward photos to Patricia Genesky via email. For those who do not have a photo, there will be an opportunity for OPB members to have headshots taken on December 13 at the LRE offices.

### DATA REPORTS

#### **Prevention numbers served**

Estimated reach reflects the total number for the year encompassing all activities (including geo-fencing, media campaigns, community events, etc.).

#### **4Q21 Treatment**

Successes reflected in the report include a reduction in wait time for detox, the number of days between a request for service and treatment, and the average wait time for MAT. The data also indicates areas for improvement such as increasing the number of treatment episodes with a second appointment and the average number of treatment encounters. Meth involved admissions have increased across the

region (up 9 percent). The organization wants to focus on how the region might address meth as a new emerging drug trend.

#### 2022 BOARD MEETING SCHEDULE

**OPB 2021-Motion:** To approve the 2022 LRE Oversight Policy Board Meeting as presented

Moved by: Storey

Support: Ponstein

MOTION CARRIED

#### UPDATES/COMMENTS FROM BOARD MEMBERS

Mr. Storey reported that the Allegan Board of Commissioners has adopted a resolution for a loan that will be used for the purpose of reconstructing an existing building as the new site for ACCMHS. The building is located directly across of the Allegan Hospital and will support ACCMHS with the CCBHC and Integrated Care implementation and will allow better access to services for MI and SUD population.

#### NEXT MEETING

March 2, 2022

#### ADJOURNMENT

**OPB 2021-Motion:** Motion to adjourn the December 1, 2021 Lakeshore Regional Entity Oversight Policy Board meeting

Moved by: Ponstein

Support: Zylstra

MOTION CARRIED

Mr. Sweeney adjourned the December 1, 2021, Lakeshore Regional Entity Oversight Policy Board meeting at 5:01 PM

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Patrick Sweeney, LRE Oversight Policy Board Chair

**Lakeshore Regional Entity  
Substance Use Disorders  
FY22 Block Grant Expenditures**

|   | Year Ending                 | Year To Date        |                  |                              |
|---|-----------------------------|---------------------|------------------|------------------------------|
|   | 9/30/2022                   | 1/31/2022           |                  |                              |
|   | FY22 Budget<br>Amendment #1 | FY22 Budget to Date | Actual           | Budget to Actual<br>Variance |
| <b>Block Grant</b>                                      |                             |                     |                  |                              |
| <b>Operating Revenues</b>                               |                             |                     |                  |                              |
| SUD Block Grant (Inc. SOR, Gambling, DFC, MYTIE, COVID) | 11,799,377                  | 3,933,126           | 773,660          | 3,159,465                    |
| Total Operating Revenues                                | 11,799,377                  | 3,933,126           | 773,660          | 3,159,465                    |
| <b>Expenditures - Prevention</b>                        |                             |                     |                  |                              |
| LRE Direct & Regional Administration - Prevention       | 333,635                     | 111,212             | 94,867           | 16,344                       |
| LRE Direct Administration - DFC                         | 25,000                      | 8,333               | 8,787            | (454)                        |
| LRE Direct Administration - SOR                         | 165,180                     | 55,060              | 28,522           | 26,538                       |
| Allegan County CMH - Prevention                         | 262,640                     | 87,547              | 107,505          | (19,958)                     |
| Allegan County CMH - Prevention SOR                     | 25,000                      | 8,333               | 9,137            | (804)                        |
| Arbor Circle / Pathways - Prevention                    | 311,037                     | 103,679             | 123,123          | (19,444)                     |
| Arbor Circle / Pathways - Prevention SOR                | 20,000                      | 6,667               | 5,865            | 801                          |
| District 10 Health Department - Prevention              | 121,482                     | 40,494              | 49,211           | (8,717)                      |
| District 10 Health Department - Prevention SOR          | 45,000                      | 15,000              | 14,873           | 127                          |
| District 10 Health Department - Prevention DFC          | 100,000                     | 33,333              | 22,677           | 10,656                       |
| Family Outreach Center - Prevention                     | 105,853                     | 35,284              | 38,440           | (3,155)                      |
| Kent County Health Department - Prevention              | 154,244                     | 51,415              | 83,912           | (32,497)                     |
| Kent County Health Department - Prevention SOR          | 65,000                      | 21,667              | 25,259           | (3,592)                      |
| Mercy Health - Prevention                               | 67,528                      | 22,509              | 4,045            | 18,464                       |
| Network 180 - Prevention                                | 132,830                     | 44,277              | 72,030           | (27,753)                     |
| Ottawa County Health Department - Prevention            | 47,449                      | 15,816              | 27,234           | (11,418)                     |
| Ottawa County Health Department - Prevention SOR        | 5,000                       | 1,667               | 0                | 1,667                        |
| Community Mental Health of Ottawa County                | 30,132                      | 10,044              | 0                | 10,044                       |
| Public Health Muskegon County - Prevention              | 360,714                     | 120,238             | 100,175          | 20,063                       |
| Public Health Muskegon County - Prevention SOR          | 15,000                      | 5,000               | 0                | 5,000                        |
| Salvation Army  | 18,299                      | 6,100               | 0                | 6,100                        |
| Wedgwood Christian Services - Prevention                | 134,947                     | 44,982              | 42,872           | 2,110                        |
| <b>Expenditures - Treatment</b>                         |                             |                     |                  |                              |
| LRE Indirect Administration - Treatment                 | 93,413                      | 31,138              | 0                | 31,138                       |
| Treatment Payments to Members                           |                             |                     |                  |                              |
| Allegan County CMH                                      | 740,050                     | 246,683             | 0                | 246,683                      |
| Allegan County CMH SOR                                  | 205,000                     | 68,333              | 9,076            | 59,257                       |
| Healthwest  | 1,436,102                   | 478,701             | 0                | 478,701                      |
| Healthwest SOR  | 549,052                     | 183,017             | 84,280           | 98,737                       |
| Network180  | 3,121,483                   | 1,040,494           | 59,926           | 980,568                      |
| Network180 SOR  | 835,193                     | 278,398             | 0                | 278,398                      |
| CMH of Ottawa County                                    | 1,568,182                   | 522,727             | 70,712           | 452,015                      |
| CMH of Ottawa County SOR                                | 36,000                      | 12,000              | 327              | 11,673                       |
| West Michigan CMH                                       | 550,127                     | 183,376             | 11,373           | 172,003                      |
| West Michigan CMH SOR                                   | 118,805                     | 39,602              | 9,127            | 30,475                       |
| Total Expenditures                                      | 11,799,377                  | 3,933,126           | 1,103,354        | 2,829,772                    |
| <b>Total Change in Net Assets</b>                       | <b>0</b>                    | <b>0</b>            | <b>(329,694)</b> | <b>329,694</b>               |

As of 2-25-22

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

| <b>PA2</b>                                   | Year Ending<br>9/30/2022    | Year To Date<br>1/31/2022 |                 |                              |
|--|-----------------------------|---------------------------|-----------------|------------------------------|
|  | FY22 Budget<br>Amendment #1 | FY22 Budget to Date       | Actual          | Budget to Actual<br>Variance |
| <b>Operating Revenues</b>                    |                             |                           |                 |                              |
| PA2 Liquor Tax - Current FY                  | 3,199,550                   | 1,066,517                 | 0               | 1,066,517                    |
| PA2 Liquor Tax - Reserves                    | 0                           | 0                         | 0               | 0                            |
| <b>Total Operating Revenues</b>              | <b>3,199,550</b>            | <b>1,066,517</b>          | <b>0</b>        | <b>1,066,517</b>             |
| <b>Expenditures - Prevention</b>             |                             |                           |                 |                              |
| Allegan County CMH - Prevention              | 308,216                     | 102,739                   | 0               | 102,739                      |
| Arbor Circle / Pathways - Prevention         | 65,050                      | 21,683                    | 0               | 21,683                       |
| District 10 Health Department - Prevention   | 48,148                      | 16,049                    | 4,558           | 11,491                       |
| Family Outreach Center - Prevention          | 35,533                      | 11,844                    | 0               | 11,844                       |
| Kent County Health Department - Prevention   | 220,899                     | 73,633                    | 0               | 73,633                       |
| Mercy Health - Prevention                    | 23,818                      | 7,939                     | 0               | 7,939                        |
| Network 180 - Prevention                     | 270,313                     | 90,104                    | 0               | 90,104                       |
| Community Mental Health of Ottawa County     | 51,000                      | 17,000                    | 0               | 17,000                       |
| Ottawa County Health Department - Prevention | 50,983                      | 16,994                    | 0               | 16,994                       |
| Public Health Muskegon County - Prevention   | 40,975                      | 13,658                    | 750             | 12,908                       |
| Wedgwood Christian Services - Prevention     | 61,034                      | 20,345                    | 0               | 20,345                       |
| <b>Expenditures - Treatment</b>              |                             |                           |                 |                              |
| Treatment Payments to Members                |                             |                           |                 |                              |
| Allegan County CMH                           | 114,013                     | 38,004                    | 0               | 38,004                       |
| Healthwest                                   | 358,554                     | 119,518                   | 0               | 119,518                      |
| Network180                                   | 1,200,609                   | 400,203                   | 42,940          | 357,263                      |
| CMH of Ottawa County                         | 249,824                     | 83,275                    | 34,394          | 48,880                       |
| West Michigan CMH                            | 100,581                     | 33,527                    | 0               | 33,527                       |
| <b>Total Expenditures</b>                    | <b>3,199,550</b>            | <b>1,066,517</b>          | <b>82,642</b>   | <b>983,875</b>               |
| <b>Total Change in Net Assets</b>            | <b>0</b>                    | <b>0</b>                  | <b>(82,642)</b> | <b>82,642</b>                |

As of 2-25-22



**Lakeshore Regional Entity  
Substance Use Disorders  
FY22 Medicaid Treatment Expenditures**

Year To Date Through 1/31/22

| CATEGORY   | CMHSP<br>Medicaid<br>YTD Totals | LRE/Beacon<br>Admin<br>Med YTD Totals | LRE<br>Medicaid Budget<br>Totals | LRE % of<br>Budget Spent |
|--|---------------------------------|---------------------------------------|----------------------------------|--------------------------|
| <b>Total Expenditures for Treatment Services</b> |                                 |                                       |                                  |                          |
|  | \$ 1,651,668.53                 | \$ -                                  | \$ 6,707,935.50                  | 24.62%                   |
| Women's Specialty Services                       | \$ 131,556.83                   | \$ -                                  | \$ 837,599.98                    | 15.71%                   |
| Other Specialty Services                         | \$ -                            | \$ -                                  | \$ -                             | 0.00%                    |
| Access Management System                         | \$ 34,737.18                    | \$ -                                  | \$ 140,202.18                    | 24.78%                   |
| General Administration                           | \$ 58,658.28                    | \$ 32,940.34                          | \$ 487,276.49                    | 18.80%                   |
| <b>GRAND TOTAL OF SA EXPENDITURES</b>            | <b>\$ 1,876,620.82</b>          | <b>\$ 32,940.34</b>                   | <b>\$ 8,173,014.15</b>           | <b>23.36%</b>            |
| <b>SOURCE OF FUNDS</b>                           |                                 |                                       |                                  |                          |
| Medicaid   | \$ 1,876,620.82                 | \$ 32,940.34                          | \$ 8,173,014.15                  | 23.36%                   |
| Other: Local                                     | \$ -                            | \$ -                                  | \$ -                             | 0.00%                    |
| Other: Federal                                   | \$ -                            | \$ -                                  | \$ -                             | 0.00%                    |
| Fees   | \$ -                            | \$ -                                  | \$ -                             | 0.00%                    |
| <b>TOTAL FUNDING</b>                             | <b>\$ 1,876,620.82</b>          | <b>\$ 32,940.34</b>                   | <b>\$ 8,173,014.15</b>           | <b>23.36%</b>            |

As of 2-25-22

**Lakeshore Regional Entity  
Substance Use Disorders  
FY22 Healthy MI Plan Treatment Expenditures**

Year To Date Through 1/31/22

| CATEGORY   | CMHSP<br>HMP<br>YTD Totals | LRE/Beacon<br>Admin<br>HMP YTD Totals | LRE<br>HMP Budget Totals | LRE % of<br>Budget Spent |
|--|----------------------------|---------------------------------------|--------------------------|--------------------------|
| <b>Total Expenditures for Treatment Services</b> |                            |                                       |                          |                          |
|  | \$ 2,121,397.79            | \$ -                                  | \$ 16,339,810.72         | 12.98%                   |
| Women's Specialty Services                       | \$ 55,199.12               | \$ -                                  | \$ 567,560.76            | 9.73%                    |
| Other Specialty Services                         | \$ -                       | \$ -                                  | \$ -                     | 0.00%                    |
| Access Management System                         | \$ 57,682.76               | \$ -                                  | \$ 210,776.51            | 27.37%                   |
| General Administration                           | \$ 72,541.61               | \$ 53,784.80                          | \$ 933,710.18            | 13.53%                   |
| <b>GRAND TOTAL OF SA EXPENDITURES</b>            | <b>\$ 2,306,821.28</b>     | <b>\$ 53,784.80</b>                   | <b>\$ 18,051,858.17</b>  | <b>13.08%</b>            |
| <b>SOURCE OF FUNDS</b>                           |                            |                                       |                          |                          |
| Healthy MI Plan                                  | \$ 2,306,821.28            | \$ 53,784.80                          | \$ 18,051,858.17         | 13.08%                   |
| Other: Local                                     | \$ -                       | \$ -                                  | \$ -                     | 0.00%                    |
| Other: Federal                                   | \$ -                       | \$ -                                  | \$ -                     | 0.00%                    |
| Fees   | \$ -                       | \$ -                                  | \$ -                     | 0.00%                    |
| <b>TOTAL FUNDING</b>                             | <b>\$ 2,306,821.28</b>     | <b>\$ 53,784.80</b>                   | <b>\$ 18,051,858.17</b>  | <b>13.08%</b>            |

As of 2-25-22

# OPPORTUNITIES

*Maranda and WOOD TV 8 will partner with the Talk Sooner team to create a series of content blocks focusing on the various aspects of bringing awareness to parents about the dangers surrounding vaping, what law enforcement is seeing, how schools are responding and what parents need to know. These segments will air April 11, 12, 18, 19, 20. They will air during Maranda Where You Live at 11:45 a.m. on WOOD TV and 3:45 p.m. on WOTV. The segments will be created in a way that they can be edited together adding intros and formatted into a longer format to be streamed on 4/20 on woodtv.com.*

*Web stories will be created for each segment and posted on-line for each partner to share through social platforms. A :15 spot will air on wotv and woodtv encouraging families to log on to woodtv.com on 4/20 to watch the special. Digital ads will also be produced to promote the streaming event.*



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# LAKESHORE REGIONAL ENTITY

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## SUMMARY OF ACTIVITIES FY21

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PREVENTION SERVICES

PREPARED BY  
KORI BISSOT



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# INTRODUCTION

## **Background Information:**

The following report provides an overview of substance use disorder prevention initiatives supported through the LRE during fiscal year 2020/2021 (FY21). As one of ten Prepaid Inpatient Health Plans (PIHP) in Michigan, the LRE is responsible for managing services provided under contract with the Michigan Department of Health and Human Services (MDHHS) substance abuse prevention.

Funding to support the initiatives for analysis is provided by Block Grant and Public Act 2. The service region includes: Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.

This report, along with future annual summary of activity reports, will provide a record of activities conducted to inform multi-year outcome evaluation for regional prevention services.

## **Prevention providers\* in the LRE region include:**

ACCMHS - Allegan County Community Mental Health Services

AC - Arbor Circle

D10HD - District 10 Health Department

FOC - Family Outreach Centers

KCHD - Kent County Health Department

N180 - Network 180

MCHP - Muskegon Community Health Project, Mercy Health

OCCMHS - Ottawa County Community Mental Health Services

OCDPH - Ottawa County Department of Public Health

PHMC - Public Health Muskegon County

WW - Wedgewood Christian Services

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

# SERVICES PROVIDED

During FY 21, prevention providers proactively responded to limitations caused by COVID-19. By developing virtual versions of existing programs and resources that schools that could use in remote settings, they ensured service continuation. Providers remained flexible and accommodating to ensure communities received the services needed as situations evolved.

## Persons Served: 162,490

During FY 21, over 160,000 individuals received prevention services throughout the region.

Due to the pandemic, many services were delivered using a virtual format rather than in-person. As a result, the numbers for each county may include residents of other areas.

|                      |                |
|----------------------|----------------|
| Allegan              | 8,660          |
| Kent                 | 137,260        |
| Lake, Mason & Oceana | 4,219          |
| Muskegon             | 5,278          |
| Ottawa               | 7,073          |
| <b>Total</b>         | <b>162,490</b> |

## Estimated Reach: 3,015,250

In addition to persons served directly, providers estimate that they have reached more than 3 million individuals with prevention messaging through campaigns such as TalkSooner, Above the Influence, as well as other campaigns.

## Hours of Service: 13,537

More than 13,000 hours of service were provided in the following strategies:

|   |               |
|---|---------------|
| Education                                 | 2,969         |
| Community-Based                           | 5,329         |
| Environmental                             | 3,664         |
| Information Dissemination                 | 561           |
| Student Assistance/ Prevention Assessment | 632           |
| Alternative                               | 383           |
| <b>Total</b>                              | <b>13,537</b> |

**Prevention Goal Areas:**

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 affect regional priorities. Each provider uses local data to determine which priorities of the LRE strategic plan to address within their area.

Priorities established in the strategic plan, the targeted intervening variables for each, and the page on which you will find information about each are as follows.

**Reduce Underage Alcohol Use .....p.4**

- Reducing youth access
- Increasing awareness of consequences
- Promoting accurate perceptions of use
- Promoting responsible adult modeling

**Reduce Underage Marijuana Use .....p.9**

- Reducing youth access
- Perception of Risk

**Reduce Underage Tobacco Use, inc. Vaping ..... p.12**

- Reducing youth access
- Perception of Risk

**Reduce Opioid and Prescription Drug Misuse .....p.16**

- Reducing youth access
- Perception of Risk

**Reduce Early Initiation of Substance Use .....p.19**

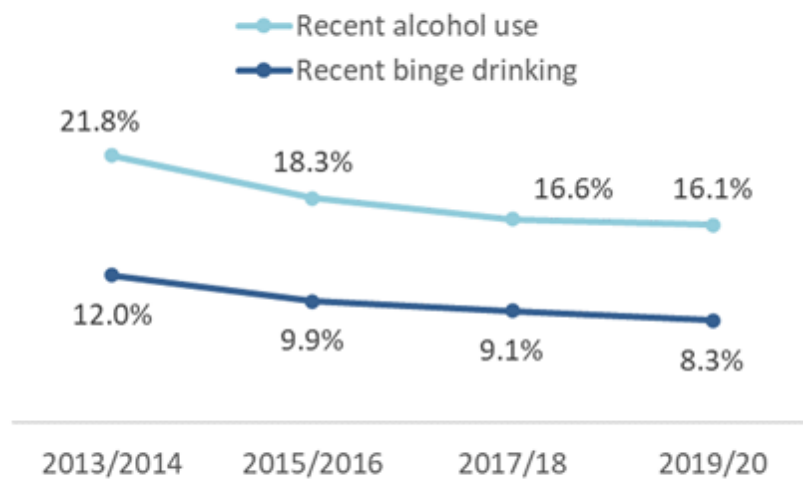
- Low Perception of Risk
- Association with Positive Peers
- Family Dynamics
- Community Resources
- Life Stressors



# ALCOHOL

Within the LRE region, 16.1% of high school students reported recent alcohol use, and 8.3% reported recent binge drinking in 2020. Childhood and underage drinking use has been declining in the LRE region and continues to be lower than statewide rates with 25.4% of high school (HS) students state-wide.

## Recent Alcohol Use Among HS Students, LRE Region



To address underage drinking, the LRE has developed strategies designed to address the following:

**Easy Access:** In 2020, more than half (59%) of HS students in the region, reported it would be 'sort of' or 'very easy' to get alcohol.

**Low Perception of Risk:** In 2020, 29.2% of HS students in the region reported that drinking 5+ drinks once or twice each weekend is 'no risk' or 'slight risk'.

**Social Norms:** In 2020, more than 1-in-4 HS students (26.6%) reported believing that more than half of the students in their grade had drunk alcohol in the past month, when only 16% actually had.

# ACCESS: SOCIAL

Reduce access to alcohol in the home, and from family members.

## Regional Strategies:

Increase awareness of social host laws and the legal consequences of providing alcohol to a minor for parents & college students age 21+.

Incorporate parent responsibility info into existing programs serving parents throughout the region.

Enhance enforcement for underage drinking parties to raise visibility of enforcement and encourage community reporting.

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Increase awareness of social host laws and the legal consequences of providing alcohol to a minor for parents & college students age 21+. |         | ✓    |      | ✓     |       |        | ✓      |
| Incorporate parent responsibility info into existing programs serving parents throughout the region.                                      |         | ✓    |      | ✓     |       |        | ✓      |
| Enhance enforcement for underage drinking parties to raise visibility of enforcement and encourage community reporting.                   |         | ✓    |      | ✓     |       |        | ✓      |

## Local Programming:

### Ottawa County:

- AC: Through the ROADD Task Force:
  - Provided education around the consequences of providing alcohol to minors in partnership with our local colleges and universities and through informational resources for parents to schools.
  - Party Patrols in the fall and spring, resulted in 99 law enforcement encounters where they issued citations and provided prevention education.
  - Distributed information on the risks of alcohol and marijuana use on youth bodies at events and in partnership with teen driving schools and through the schools.
  - Offered information to retailers with some limitations due to CVOID-19.
- D10HD, Mason County: Created and distributed post card with social hosting laws and consequences to parents through various methods.
- N180, Kent County: All populations targeted by the Above the Influence Campaign activities.

# ACCESS: RETAIL

Ensure alcohol retailers do not sell to underage individuals.

## Regional Strategies:

Support and education for retailers to prevent sales to minors through retailer education such as TIPS and TAMS and vendor education.

Safe Prom and Graduation initiatives to inform retailers of local events to become more vigilant during this time to avoid alcohol sales to youth. Often paired with increased enforcement efforts.

Partner with law enforcement to conduct compliance checks.

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Support and education for retailers to prevent sales to minors through retailer education such as TIPS and TAMS and vendor education.   | ✓       | ✓    |      | ✓     | ✓     |        | ✓      |
| Safe Prom and Graduation initiatives to inform retailers of local events to become more vigilant during this time to avoid alcohol sales to youth. Often paired with increased enforcement efforts. |         | ✓    |      |       | ✓     |        | ✓      |
| Partner with law enforcement to conduct compliance checks.  |         | ✓    |      |       | ✓     |        | ✓      |

## Local Programming:

- ACCMHS, Allegan County - Provided in-person TIPS training for retailers.
- Muskegon County:
  - PHMC - Provided TIPS training and technical assistance for retailers who had a liquor control violation or requested additional information
  - MCHP: ALI coalition members supported retailer education, compliance checks, and acknowledgements.
- Kent County:
  - KCHD: Partnered with Kent County Sheriff Department during DYTUR activities.
  - N180, Kent County: Above the Influence Campaign activities including Sticker Shock.
- D10HD, Mason County: Made referrals to TIPS online training resource for interested area businesses.
- AC, Ottawa County: ROADD task force offered information to retailers; limited due to CVOID-19.

# PERCEPTION OF RISK

**Increase awareness of the legal consequences of underage alcohol use.**

**Regional Strategies:**

Increase efforts and visibility of Minor-In-Possession (MIP) enforcement at prom, graduations, and underage drinking parties.

MIP brochure distribution with local law enforcement.

FaceTheBook Campaign

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Increase efforts and visibility of Minor-In-Possession (MIP) enforcement at prom, graduations, and underage drinking parties. |         |      |      |       | ✓     |        |        |
| MIP brochure distribution with local law enforcement.   |         |      |      |       |       |        | ✓      |
| FaceTheBook Campaign  |         |      |      |       | ✓     |        |        |

Note: Additional efforts targeting perception of risk included under Early Age of Onset.

**Local Programming:**

- MCHP and PHMC, Muskegon County: Annual campaign for middle and high schools through media contest promoting the FacetheBook project. Coordinated by Mercy Health's coalitions and editing and distribution support provided by PHMC.
- OCDPH, Ottawa County: Developed a flyer outlining MIP consequences, amnesty laws, and Good Moral Standing criteria for college program admission.

# SOCIAL NORMS:

Promote accurate perceptions of peer use.

## Regional Strategies:

Engage area HS groups in development and distribution of normative messaging.

Train local youth to promote messaging among their peers.

Provide youth leadership development opportunities.

Support youth-developed messaging

Education and messaging to decrease normality of heavy/excessive drinking among adults.

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Engage area HS groups in development and distribution of normative messaging.           |         | ✓    |      |       | ✓     |        | ✓      |
| Train local youth to promote messaging among their peers.                               | ✓       | ✓    |      |       | ✓     |        |        |
| Provide youth leadership development opportunities.                                     |         | ✓    |      |       | ✓     |        |        |
| Support youth-developed messaging   |         | ✓    |      |       | ✓     |        |        |
| Education and messaging to decrease normality of heavy/excessive drinking among adults. |         |      |      |       |       |        |        |

## Local Programming:

- AC, Ottawa County: Partnered with SLIC youth coalition to develop messaging that was distributed throughout the year.
- Kent County:
  - FOC: leadership opportunities focused on programming that strengthened the leadership skills of the individual students.
  - WW: Teens provide input into awareness campaigns at their school. Teens are encouraged to submit blogs and videos that address the challenges teens face and positive ways to respond. The blogs and videos are posted on the website and social media pages.
  - N180, Kent County: Through the work of ATI.

## Promote accurate perceptions of peer use:

Education and messaging to decrease normality of heavy/excessive drinking among adults.

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Education and messaging to decrease normality of heavy/excessive drinking among adults. |         | ✓    |      |       | ✓     |        | ✓      |

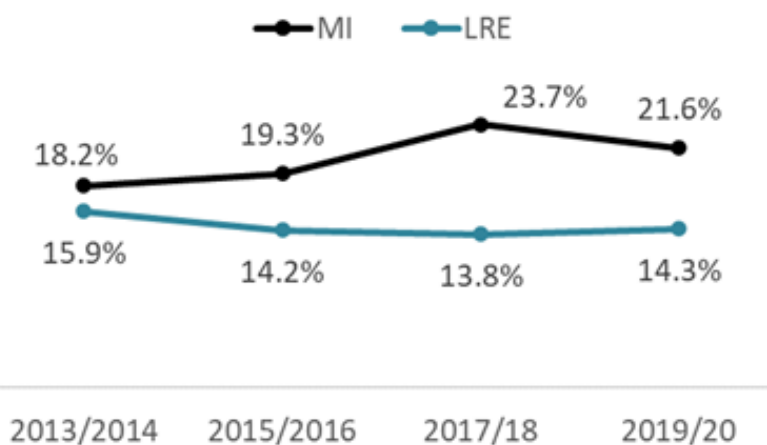
## Local Programming:

- Ottawa County:
  - AC: Provide educational information about serving size in partnership with our colleges and universities.
  - OCDPH: Prime for life programming
- KCHD, Kent County: Adult Heavy Drinking Campaign titled, 'About Last Night'. Messaging released just before many holidays.
- PHMC, Muskegon County: Messaging distributed concerning alcohol use among 55+.

# MARIJUANA

In 2020, 14.3% of HS students in the LRE region reported recent use of marijuana. Rates remain lower than state-wide and relatively stable in recent years despite legalization of recreational marijuana use in 2019.

## Recent Marijuana Use Among HS Students, LRE Region vs. Michigan in FY19/20



To address underage marijuana use, the LRE has developed strategies designed to address the following:

**Easy Access:** In 2020, almost half (47%) of HS students in the region, reported it would be 'sort of' or 'very easy' to get marijuana.

**Low Perception of Risk:** In 2020, more than half (55%) of HS students in the region reported that using marijuana once or twice per week is 'no risk' or 'slight risk'.

# REDUCE YOUTH ACCESS

Ensure proper storage of marijuana in the home to prevent youth access and advocate for appropriate regulatory oversight of marijuana sales and distribution.

|  | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|--|---------|------|------|-------|-------|--------|--------|
| Promote safe storage of marijuana in the home through education of consumers and distribution of lockboxes to medical marijuana consumers.   | ✓       |      |      |       | ✓     |        | ✓      |
| Advocate for appropriate regulatory oversight including standards for packaging, distribution, sales, and adequate monitoring for compliance.  |         |      |      |       | ✓     |        |        |
| Promote local policies that restrict or disallow retailer density, dispensaries near places frequented by youth such as schools and churches, and/or free samples and community events with marijuana. |         |      |      |       | ✓     |        | ✓      |
| Develop and promote model policies for local adoption.   |         |      |      |       | ✓     |        |        |

## Local Programming:

- AC, Ottawa County:
  - Promoted safe storage and monitoring of marijuana in the home.
  - Hosted a training around marijuana policy for local municipalities.
  - OCPHD: Provided lock bags free to the public, and distributed at multiple locations.
- ACCMHS, Allegan County: Distributed several hundred lock bags to local dispensaries for distribution to families. Schools were also provided bags to distribute as needed.
- KCHD, Kent County: Worked on Medical marijuana efforts, including a comprehensive safe storage messaging campaign. *Effort supported with LARA funds.*
- PHMC, Muskegon County:
  - Distributed lock bags to provisioning centers along with other youth access messaging.
  - Worked with Michigan Prevention Association to assure legislators are aware of issues and needs for regulation.
  - Worked with local municipalities to think about long term public health impact of marijuana use/sales in public spaces and neighborhoods.

# PERCEPTION OF RISK

Increase awareness of the risks of marijuana use.

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Incorporate marijuana info into existing educational efforts, including Prime For Life's new curricula component for marijuana. | ✓       | ✓    |      |       | ✓     |        |        |
| Provide information on the risks of marijuana use while pregnant.   | ✓       | ✓    |      | ✓     | ✓     |        | ✓      |
| Raise awareness of the risks of driving after using marijuana.  |         | ✓    |      | ✓     | ✓     | ✓      | ✓      |

Note: Additional efforts targeting perception of risk included under Early Age of Onset.

## Local Programming:

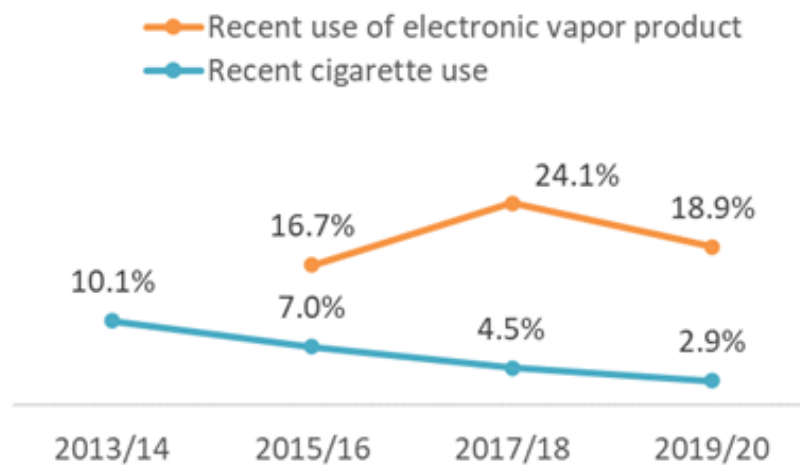
- Kent County:
  - AC: School groups followed Prime for Life curriculums for youth who self-identified wanting to avoid risky behaviors yet identified primary peer groups engaging in harmful use behaviors.
  - WW: Included in Project SUCCESS and small group education including suspension reduction groups for students caught vaping and/or using marijuana.
  - N180: Above The Influence campaign.
- ODCPH, Ottawa County: Educational materials provided with Marijuana lock bags.
- D10HD, Mason County: Hosted a presentation for coalition members on the impact of marijuana legalization on communities. Staff provided webinar training to on risks of marijuana use while pregnant.
- D10HD, Oceana County: press release and social media work done around driving under the influence of substances, including marijuana.
- ACCMHS, Allegan County:
  - New brochures were created and distributed on marijuana and pregnancy.
  - Prime for Life programming completed at 4 local high schools when teens are caught with Marijuana at school and/or school events.
- MCHP, Muskegon County: Shattering the Myths campaign of Alliance for Marijuana Prevention Coalition conducted annually within the Muskegon Area School Districts.



# TOBACCO

In 2020, only 2.9% of HS students in the region reported recent smoking, lower than state-wide (4.5%) and decreasing substantially in recent years. Rates of recent vaping decreased in 2020 with 18.9% of HS students reporting vaping and remained lower than statewide rates (20.8%)

## Recent Tobacco Use Among HS Students, LRE Region



To address underage use of tobacco and vaping products, the LRE has developed strategies designed to address the following:

**Easy Access:** In 2020, 38% of HS students in the region, reported it would be 'sort of' or 'very easy' to get cigarettes. In FY20, 1-in-10 tobacco retailers (9.5%) were willing to sell to an underage decoy during compliance checks.

**Low Perception of Risk:** In 2020, almost 1-in-5 (18%) of HS students in the region reported that smoking one or more packs per day is 'no risk' or 'slight risk'.

Regional data is not available for vaping, however in counties where this data was collected 24% of Ottawa and 39% of Lake County HS students reported that vaping is low-risk.

# REDUCE YOUTH ACCESS

**Ensure retailers do not sell tobacco products to underage youth.**

Utilized Regional No Cigs For Our Kids Campaign which consists of year-round law enforcement compliance checks for retailers, education and support for retailers, and consistent branding to enhance visibility.

Incorporated efforts to ensure retailers do not sell vaping products to minors.

| Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---------|------|------|-------|-------|--------|--------|
| ✓       | ✓    | ✓    | ✓     | ✓     | ✓      | ✓      |
| ✓       | ✓    | ✓    | ✓     | ✓     | ✓      | ✓      |

**Youth Tobacco Access:** In 1992, Congress enacted the Federal Synar Amendment requiring states to enact and enforce laws prohibiting the sale of tobacco products to individuals under the age of 18. Each state must conduct annual unannounced inspections of a random sample of tobacco retailers and achieve a compliance rate of at least 80%, or the state risks a loss of up to 40% of the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

In response to this, the No Cigs for Our Kids Campaign, which began in 2004, works to eliminate sales of tobacco to youth under the age of 18 and has been expanded throughout the region since 2012.

In each county of the region, compliance checks are conducted by law enforcement throughout the year that result in citations for those who fail, and vendor education visits provide education and support.

# REDUCE YOUTH ACCESS

**Ensure retailers do not sell tobacco products to underage youth.**

## Local Programming, continued:

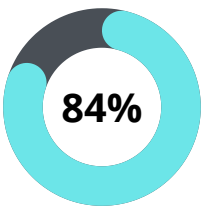


### Non-Synar Compliance Rate:

245 non-Synar compliance checks were completed, representing 26.8% of retailers in the region. Only 5.4% of retailers were willing to sell to an underage decoy.

Compliance checks were done in Allegan (94), Kent (74), and Muskegon Counties (77).

- All retailers that passed a compliance check were mailed a letter notifying them of the results along with a Certificate of Compliance for the store.
- Corporate headquarters of retailers receiving a compliance check that are part of a larger corporation to notify them of the results.



### Synar Compliance Rate:

For statewide assessment purposes, a random selection of retailers is selected annually for a compliance check. The sample size provides meaningful results but is too small to provide meaningful results for the region.

In FY21, 45 retailers in the region were selected for a Synar check. Of these, seven retailers were willing to sell to the underage decoy resulting in a compliance rate of 84.4%. Although, low this rate exceeds the requirement of exceeding 80% compliance.

All non-Synar checks are conducted by law enforcement and result in a citation for those who fail.

85

### Vendor Education:

Vendor education is provided to tobacco retailers to support them in the knowledge and skills necessary to avoid selling to underage persons. During FY21, 85 tobacco retailers received vendor education.

- All retailers that received a non-compliant check were visited, called, or mailed information (due to Covid-19).
- In most counties, retailers in the targeted areas were visited for vendor education prior to law enforcement compliance checks.

# PERCEPTION OF RISK

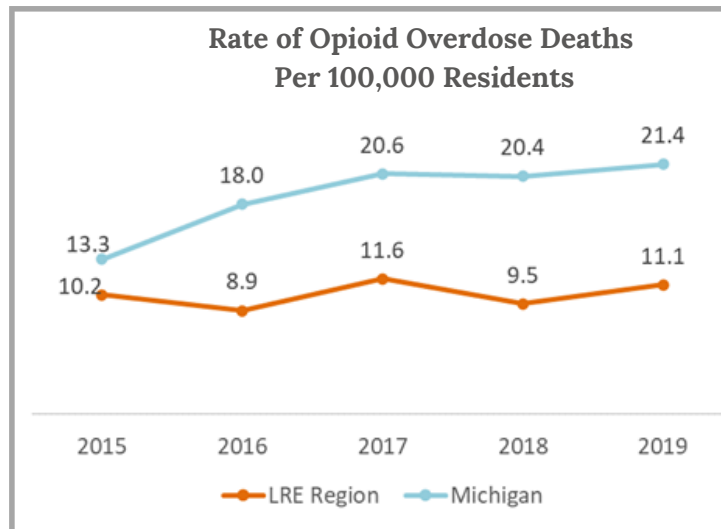
| <b>Educate youth on risks of tobacco use:</b>   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Education on risks of tobacco use, including vaping.  | ✓       | ✓    | ✓    | ✓     | ✓     | ✓      | ✓      |
| Incorporate info on e-cigs into educational programming, materials and presentations.   | ✓       | ✓    | ✓    |       | ✓     |        | ✓      |
| <b>Increase Parent Communication:</b>   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
| Presentations, workshops and informational materials to help parents and caregivers understand the health risks of vaping, identify use in their child, and communicate risks to their youth. |         | ✓    |      |       |       |        | ✓      |
| <b>Increase consequences for vaping:</b>  | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
| Promote enhanced school policy and enforcement for vaping.  |         |      |      |       |       |        |        |
| Develop model policies regarding vaping and promote adoption.   |         |      |      |       | ✓     |        |        |
| Support school personnel in identifying vaping use, provide appropriate consequences, and support youth who vape.   |         |      |      |       |       |        |        |

## Local Programming:

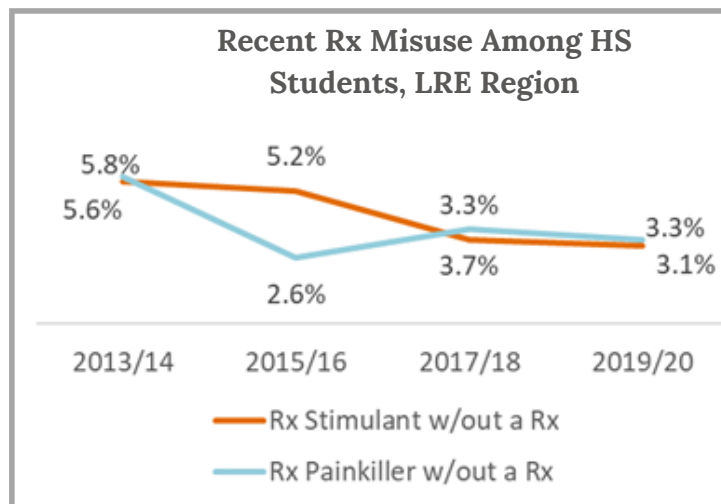
- Ottawa:
  - AC: Provided information on My Life, My Quit including some social media ads. Information on vaping in all youth and adult prevention programming was included.
  - OCDPH: Vape Education Class.
- Kent:
  - WW: Info on risks of vaping included in Project SUCCESS, small group education, and parent education workshops/videos.
  - N180: Provided information through ATI.
  - KCHD: Updated educational material for all programming with most current info. Vape Education classes included parents as well as MS and HS students.
- D10HD, Lake County: Distributed recorded presentation for community-wide sharing.
- D10HD, Oceana County: Educational sessions with youth caught vaping at school. Youth vaping presentation shared virtually with schools.
- Muskegon County:
  - PHMC: Inc. vaping in tobacco outreach efforts. Provided model ordinances for local municipalities and helped to develop compliance check efforts with law enforcement.
  - MCHP: Annual campaign with most districts in the county.

# OPIOID AND PRESCRIPTION DRUG MISUSE

In 2019, there were 145 deaths in the LRE region due to opioid related overdoses (prescription and illicit). Opioid overdose deaths have remained relatively stable in recent years in the LRE region and lower than state-wide.



Prescription drug (Rx) misuse among HS students has decreased in recent years to a low of 3.1% for Rx stimulants and 3.3% for Rx painkillers.



To address opioid misuse, the LRE has developed strategies designed to address the following:

**Over-Prescribing:** The rate of opioid prescriptions dispensed has been decreasing and in the LRE Region in 2018, there were 57 opioid prescriptions dispensed for every 100 residents, compared to 81 state-wide. Rates varied greatly by county with Lake, Mason, Muskegon, and Oceana having a rate of 99 or 100 opioid prescriptions dispensed per 100 residents.

**Low Perception of Risk:** In 2020, 1-in-5 (21.3%) of HS students reported that taking a prescription drug not prescribed to you is 'no risk' or 'slight risk'.

# OVER-PRESCRIBING

|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Education and support for pharmacists and physicians to support safe prescribing, promote disposal, and identification and referral to treatment. |         |      | ✓    |       | ✓     |        | ✓      |
| Increase proper disposal of medications through disposal opportunities and awareness of the importance of proper disposal.                        | ✓       |      | ✓    | ✓     | ✓     | ✓      | ✓      |
| Education and resources to support parents to manage, monitor, and dispose of medications in the home.  | ✓       |      | ✓    | ✓     | ✓     | ✓      | ✓      |
| Raise awareness of the risks and legal consequences of sharing prescribed medications.  |         | ✓    |      |       |       |        |        |

## Local Programming:

- Ottawa County:
  - AC: Partnered with local municipalities to place bill stuffers in each water bill to promote the prescription drug disposal boxes throughout the county. Communicated to parents about managing and monitoring prescription medication.
  - OCCMHS: Through efforts of the Opiate Taskforce, permanent disposal sites have significantly increased. Took back 400+ pounds of medications and 120 pounds of sharps. Provided medication lock boxes to community members to safely lock prescriptions. Developed a list of Suboxone providers in Ottawa County and provided this list to parties who are likely to refer to treatment.
- Muskegon County:
  - PHMC: Created MAPS awareness campaign; supported pharmacies to advertise use of system. Provided ad printing and distribution for local collection events. Lock box exchange program.
  - MCHP: Hosted 2 take back events and permanent take backs at all law enforcement agencies and Mercy Health pharmacies.
- D10HD, Mason County: Provided support for household hazardous waste event. Created and distributed a mailer to county residents noting proper disposal methods and local options for disposal. Social media posts on storage and disposal.
- KCHD, Kent County: SOR funds supported a messaging campaign for ages 14 - 25.
- ACCMHS, Allegan County: Safe disposal locations promoted.

# PERCEPTION OF RISK

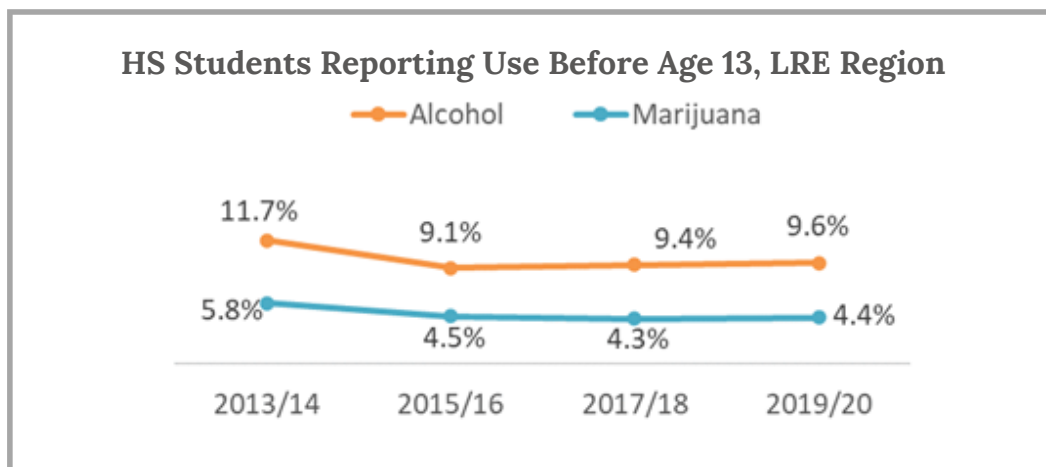
|   | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|---|---------|------|------|-------|-------|--------|--------|
| Develop materials for schools and organizations to share with youth and families on signs, symptoms, consequences of RX abuse, and resources for youth who need help. |         | ✓    |      |       | ✓     |        |        |
| Incorporate information into presentations for health education classes and other community presentations.  |         | ✓    |      |       | ✓     | ✓      | ✓      |
| Promote the risks of Rx drug misuse through the Talk Sooner Campaign.   |         | ✓    | ✓    | ✓     | ✓     |        |        |
| Partner with pharmacists to develop and promote information to patients on the risks of Rx opioids  |         |      |      |       | ✓     |        | ✓      |

## Local Programming:

- Ottawa County:
  - AC: Provided information in presentations, parenting classes and Botvin's Transitions Programs.
  - OCCMHS: Partnered with a pharmacist to develop a list of dangerous co-prescriptions and disseminated this information to stakeholders.
  - OCDPH: Included in Prevention Education as well as parent education on current trends in drug use.
- N180, Kent: Provided information through our work via ATI and the regional marketing implementation plan.
- D10HD, Mason: Promoted TalkSooner at a variety of events and outreach opportunities. This program includes RX abuse education.
- D10HD, Oceana: Coalition hosted a harm reduction presentation.
- AC, Muskegon: Included information for parents in parenting classes.

# EARLY INITIATION

Research has consistently found that alcohol or drug use at an early age increases the likelihood of developing addiction as an adult. In 2020, 9.6% of high school students in the LRE region reported use of alcohol before the age of 13 and 4.4% reported use of marijuana before age 13. Across the region, early use of alcohol ranges from a high of 20.4% in Mason, to a low of 7.4% in Oceana. Early use of marijuana ranges from a low of 2.7% in Oceana to a high of 12.6% in Lake County.



To delay the onset of substance misuse among youth, the LRE has developed strategies to address the following:

**Low Perception of Risk:** In 2020, among MS students, 41% reported marijuana use was low-risk, 32% reported binge drinking was low-risk, and 26% reported taking a prescription drug not prescribed to 1-in-5 (21.3%) of HS students reported that taking a prescription drug not prescribed to you is low-risk.

**Positive Peers:** In 2020, 72% of students (MS and HS) in the region reported they had at least one close friend who had committed to being drug-free in the past year.

**Family Dynamics:** In 2020, 84% of MS students reported they could ask their mom or dad for help with a personal problem.

**Family Communication:** In 2020, 67% of MS students reported that their parents had ever talked to them about their expectations regarding alcohol and other drugs.

**Life Stressors:** In 2020, 28% of MS students reported depression in the past year, and 18% of HS students reported having seriously considered suicide in the past year.



# PERCEPTION OF RISK

Educate elementary and MS students about immediate and long-term effects of alcohol and other drug use through youth and family programming.

Peer refusal skills training of high school students. In addition, presenting this training to younger students as well as peer counseling.

Provide Drug Risk Teaching Toolkit to teachers to provide relevant content on the risks of youth substance abuse.

Participate in national awareness weeks to promote true alcohol facts and educate youth on the risks of underage drinking (i.e. National Drug Facts Week, Red Ribbon Week, etc.)

|  | Allegran | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|--|----------|------|------|-------|-------|--------|--------|
| Educate elementary and MS students about immediate and long-term effects of alcohol and other drug use through youth and family programming.                                     | ✓        | ✓    | ✓    | ✓     | ✓     |        | ✓      |
| Peer refusal skills training of high school students. In addition, presenting this training to younger students as well as peer counseling.                                      |          | ✓    |      |       | ✓     |        | ✓      |
| Provide Drug Risk Teaching Toolkit to teachers to provide relevant content on the risks of youth substance abuse.  |          | ✓    |      |       |       |        | ✓      |
| Participate in national awareness weeks to promote true alcohol facts and educate youth on the risks of underage drinking (i.e. National Drug Facts Week, Red Ribbon Week, etc.) | ✓        | ✓    |      | ✓     | ✓     | ✓      | ✓      |

## Local Programming:

- Muskegon County:
  - AC: Provided Strengthening Families Program (SFP 10-14) and booster session, includes risks of SUD in youth portion. Total Trek quest program educates youth on the risks of substance use.
  - PHMC Muskegon: Prime for Life, LifeSkills, and working with ALI coalition on national awareness week.
- Kent County:
  - AC: Presentations on recognizing risk factors/behaviors. Groups on decision-making and learning ways to identify activities that have a positive impact.
  - FOC: Used PALS curriculum to teach about the effects of ATOD, inc. refusal skills.
  - WW Kent: Project SUCCESS includes lessons on the effects of alcohol and other drugs as well as strategies for saying no to alcohol and drugs and is provided to MS and HS based on needs. Promoted Red Ribbon Week and National Drug Facts Week.
  - N180 Kent: All strategies incorporated in the ATI mobile experiences. Youth Summit, Mobile Pop Up via prevention on wheels; Classroom Mobile Experiences; ICreate Art Prize; ATI Chronicles, and Faith Based Experience.
  - KCHD Kent: Elementary, MS, and HS LifeSkills Trainings, Yo Puedo Program provides ongoing education during school year, Juvenile Detention LifeSkills Training, and Girl's Court Programming.

# PERCEPTION OF RISK

## Local Programming, continued:

- Ottawa County:
  - AC: Info about risks of alcohol and other drug use through TTQ and SFP 10-14. Updated and promoted virtual DRTT. Promoted National Drug Facts week, Red Ribbon Week and Prevention week.
  - OCDPH: Vape Education classes and Prime for Life for MS and HS students, including peer refusal and risks.
- D10HD, Mason: Provided education to students caught vaping. Shared info on social media for National Drug Facts Week. Summer media campaign educating youth on risks of underage drinking.
- D10HD Lake: Red ribbon mailer promotion. information distributed as part of a toolkit for parents and kids.
- D10HD, Oceana: Facebook posts for youth on social media to promote national drug facts week.
- ACCMHS, Allegan County: Created a 15-minute video on the effects of vaping on the body and shared with Middle Schools. Otsego MS participated in Red Ribbon Week and provided resources to distribute.

# POSITIVE PEERS

Support youth in developing relationships with positive peers.

|  | Alleghen | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|--|----------|------|------|-------|-------|--------|--------|
| Peer refusal skills training of HS students. Inc. training younger peers and peer counseling.  |          | ✓    |      |       |       |        | ✓      |
| Youth leadership opportunities to develop leadership skills and provide opportunities for projects, including Annual Youth Summit.   |          | ✓    |      |       |       | ✓      | ✓      |
| Project Success- School wide awareness and community outreach activities including alcohol free activities, campaigns to increase awareness and student-developed, pro-social messaging. |          | ✓    |      |       |       |        |        |
| Yo Puedo Program - Recruitment of high-risk youth, visits to local universities, community service projects and recreational activities.   |          | ✓    |      |       |       |        |        |

## Local Programming:

- Kent:
  - N180: Mobilization of thousands of youth 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.
  - AC: Presentations provided to MS and HS youth on how to identify mental health red-flags, and seek help and support. Presentations targeted to youth who identified that mental health concerns were connected to poor decision making and unhealthy behaviors.
  - WW: Student input was sought in panning school awareness campaigns encouraging youth leadership opportunities. School-wide awareness campaigns beyond Red Ribbon Week and National Drug Fact Week included Skills for Success at school, and social media safety.
- Ottawa:
  - AC: Continued to provide the SLIC youth coalition with meetings once a month. Provided monthly youth leadership trainings on various topics of interest to youth.
  - OCDPH: Prime for Life taught to MS and HS students.
- D10HD, Oceana: Hosted virtual TOPPC youth meetings and youth participated in community service projects.

# FAMILY DYNAMICS

## Parent education and skills training.

### Parental skill training:

|  | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|--|---------|------|------|-------|-------|--------|--------|
| Parenting Skills programming   |         |      |      |       | ✓     |        | ✓      |
| Parent workshops on how to identify and respond to drug use.   | ✓       | ✓    |      |       |       |        | ✓      |
| Teach communication skills and how to prevent substance use and promote healthy choices.             | ✓       | ✓    |      | ✓     |       |        |        |
| Coordinate a collaborative committee to plan and implement enhanced parenting services and supports. | ✓       |      | ✓    | ✓     | ✓     |        | ✓      |

### Local Programming:

- AC, Muskegon and Ottawa: Provided the SFP 10-14 program, Nurturing Parenting Program, and 24/7 dads' programs. Provided a virtual parenting program similar to Circle of Parents bi-weekly. Coordinated collaboratives including the Muskegon Parents' Initiative and Ottawa County SCAN Council that work to increase parent education and support. Creation of a digital interactive Vaping Graphic and interactive virtual teen room to educate parents on signs and symptoms, also a parent education video series.
- PHMC, Muskegon: Offered Parent Cafes, facilitated Fathers Matter Collaborative; participated in Muskegon Parenting Collaborative activities.
- Kent County:
  - AC: Groups with MS and HS youth on healthy relationships and building positive, pro-social communication skills.
  - WW: Parent workshop on current trends in substance use, how to recognize a problem, talking to your child about substance use and resources for help. A video encouraging healthy communication with teens was developed for parents.
  - N180: Annual Lunch & Learns and Family Day activities
  - KCHD: Parent programming was conducted for Girl's Court groups.
- D10HD, Mason: parent prevention packets shared through community partners (ex. libraries). Coordinated with great start collaborative to plan parent/family events.
- D10HD, Lake: An ACEs committee was established as part of the prevention coalition. Presentations and resources were shared with healthcare provider providers, community health workers and board members from Children's Trust Fund and community members.
- ACCMHS, Allegan: Promoted virtual teen room as a resource. Video created and distributed to schools to use with staff and parents on current trends. Parent resource training from the national traumatic stress network, in collaboration with Great Start.

# FAMILY COMMUNICATION

## Encourage parent communication regarding substance use:

|  | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|--|---------|------|------|-------|-------|--------|--------|
| Promoted Talk Sooner Campaign to educate parents on the consequences of teen use, how to talk to their youth about the consequences through community events, social media, lunch and learns, and newsletters. | ✓       | ✓    | ✓    | ✓     | ✓     | ✓      | ✓      |
| Had Family Meals Month to promote TalkSooner & family communication.   | ✓       | ✓    |      |       |       | ✓      | ✓      |
| Provided info to parents at community events on how to talk to their kids.   | ✓       | ✓    | ✓    | ✓     | ✓     | ✓      |        |

### Regional Efforts:



The regional TalkSooner campaign continued in FY21. This campaign, developed in 2007, encourages parents of youth age 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 and to download the app on their smart phone. The campaign has continued to expand with more than 30 counties throughout Michigan participating.

During FY21, TalkSooner.org was visited 210 times, by 98 unique individuals resulting in 558 page visits. The average session duration was 1 minute and 45 seconds and the most frequently visited page was the 'What's Trending?' page.

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 and develop regional promotional materials to support local efforts and to promote TalkSooner & family communication and involvement.



## FAMILY COMMUNICATION, CONTINUED...

### TalkSooner Campaign Efforts:

- Homepage updated to include a new cover image and promote testimonials.
- Social posts on Facebook promoted the partnership between local healthcare providers, educators, law officials, and other community members with TalkSooner. Over a dozen posts with individual testimonies were shared.
- Partnered with mParks and the Michigan DNR to place promotional materials at ten Michigan parks, 77 rest stops, and 14 MDOT Welcome Centers. The posters will remain displayed indefinitely.



### Media Coverage and Partner Shares

In addition to the paid promotion the following free coverage was received through media coverage and promotion by partner organizations.

- Cherry Health publicly shared its partnership with TalkSooner.
- Interview ran on WGTV news radio with a supplemental web story.
- Interview including a pediatrician at Metro Health – University of Michigan Health – with Channel 17's WXMI.
- Priority Health published a 'Think Health' article on website promoting TalkSooner.
- WOODTV/Channel 8 and WGTV Morning Show published stories regarding National Drug Take Back Day.
- WILX News in Lansing, and Fox 17 News ran stories about TalkSooner partnership with MDNR/mParks.
- MDOT issued a news release announcing its partnership with Talksooner.
- Channel 13/WZZM aired public service announcements regarding Family Meals Month, and a sponsored Facebook article and banner ads on their website.
- Michigan State Parks distributed an e-newsletter to 595,047 people with article about TalkSooner resulting in 99 visits to the site.



# FAMILY COMMUNICATION, CONTINUED...

## Local Programming:

- Muskegon County:
  - AC: Provided TalkSooner (TS) information to all families in our parenting programs.
  - PHMC: Promoted Talk Sooner at all outreach events. Worked with Fathers Matter collaborative membership at outreach events to assure awareness of resources in the community.
- Ottawa County:
  - OCDPH: TalkSooner is promoted on Marijuana lock bag information sheets and as a resource provided to parents during the Vape Education class.
  - AC: Promoted Talk Sooner through our OSAP Digital Ecosystem (communication platforms), youth and parenting programming, and at community events. Promoted Family Meals Month through local food pantries, other organizations working on food insecurity, and OSAP Coalition.
- Kent County:
  - WW: Information about the TS website and app is always included in parent presentations and community resource fairs that we participate in.
  - FOC, Kent: Disseminated TS brochures during resource fairs and community events and spoke to parents on how to talk to their kids about drugs and alcohol.
  - Network180: Promoted via the region's TS marketing implementation plan.
- DHD10 Mason: Promoted TS campaign/provided info to parents at community outreach events.
- DHD10 Lake: Social media posts on TS. Family meals month promoted with bag giveaway. Partnered with food pantry and also Spectrum Health's Veggie Van on events. Toolkits provided at local library included TS information. TS info shared at various community events.
- DHD10 Oceana: TS included in all community outreach, social media efforts were implemented, and partnered with Shelby Public Schools for family meals month. Provided bags with educational materials during a local food distribution event.
- ACCMHS: All events (virtual and in-person) are promoted along with TS resources and materials. Virtual promotion of Family Meals Month via flyers and social media.

# LIFE STRESSORS

**Develop coping and refusal skills:**

Disseminate educational prevention material at community events.

Youth education and early intervention programs that teach refusal skills, social emotional skills, and encourage healthy choices.

Train students to provide support/mentoring to other students.

|  | Allegan | Kent | Lake | Mason | Musk. | Oceana | Ottawa |
|--|---------|------|------|-------|-------|--------|--------|
| Disseminate educational prevention material at community events.   | ✓       | ✓    |      |       | ✓     | ✓      | ✓      |
| Youth education and early intervention programs that teach refusal skills, social emotional skills, and encourage healthy choices. | ✓       | ✓    |      |       | ✓     |        | ✓      |
| Train students to provide support/mentoring to other students.   |         | ✓    | ✓    |       |       |        |        |

**Local Programming:**

During the pandemic youth experienced enhanced stressors that exacerbated mental health issues. Providers and coalitions throughout the region expanded efforts to support youth and their families to enhance coping skills and promote resiliency.

- Ottawa County:
  - AC: Provided suicide prevention info at events and assisted the Ottawa County Suicide Prevention Coalition in sending a mass mailing to every home in the county. Coordinated Building Resilient Youth who attend events and promotes suicide prevention info. Provided QPR Presentations to youth and adults. Coordinated a youth mental health first aid training.
  - OCDPH Ottawa: Addressed within Prime for Life programming.
- Kent County:
  - FOC Kent: Youth leadership programming included strategies for making good choices and peer pressure.
  - N180: ATI Kent County. Youth Mental Health First Aid.
  - KCHD: MIP Diversion Program offered monthly to youth referred by the courts.
  - AC: School groups and after-school programming on social skill building, relational aggression, positive peer relationships and healthy life skills. ABC groups focused on decision making and caregiver-child relationships to reduce delinquent behaviors.
- D10HD Oceana: TOPPC youth group conducted a community service project with outreach on suicide prevention.
- ACCMHS, Allegan County: Educational materials for suicide prevention disseminated at every parent event, school open houses etc. The Early Risers after school and summer program was conducted at Fennville Elementary. PAL's program completed at 5 schools.
- Muskegon County:
  - MCHP: Offered Mental Health First Aid and QPR trainings
  - AC: Total Trek Quest teaches peer refusal skills, coping skills, and how to make healthy choices.





**PRESENTS:**

**THE FOURTEENTH ANNUAL  
PROBLEM GAMBLING SYMPOSIUM**

# **GAMBLING: THE NEW DIRECTION**

**MARCH 3 AND 4, 2022**

**ONLINE**



## Symposium Objectives:

- Address the impact of online gambling and sports betting
- Gain an understanding of adolescent gambling problems
- Learn the effective use of self-exclusion as a harm reduction strategy
- Broaden awareness about diversity, inclusion and equity in community gambling wellness

## Who Should Attend?

CEOs, COOs, CFOs, medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all levels of practice (beginning, intermediate and/or advanced).

## Fee:

There is no fee to attend this virtual training; however, registration is required, and space is limited.

**Registration deadline: Tuesday, March 1, 2022**

## Continuing Education Credits:

**Social Workers:** This course conference series qualifies for a **maximum of 5.5 Continuing Education Hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as **“face-to-face (in-person) education.”**

**Substance Abuse Professionals:** CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance Abuse Professionals participating in the full conference series may receive a maximum of 5.5 contact hours. Qualifies as **“in-person education.”** Some "Related" workshops may meet MCBAP/IC&RC educational requirements for focused topics in addiction certification domains. It is important that attendees keep a copy of the conference program brochure containing the workshop descriptions along with their attendance record form.

**Continuing Education Requirement:** National Accreditation rules indicate that if you are over five (5) minutes late or depart early, you forfeit your continuing education hours for that session. Please note that this is a National rule that CMHA must enforce or we could lose our provider status to provide continuing education hours in the future. This rule will be strictly followed.

**Certificate Awarded:** The virtual platform will be utilized to track participation and generate certificates. No other certificate will be given outside of the virtual platform generated certificate. You will receive an email to download your conference 1 week after the conference is completed.

**Certificate Issued by:** Christina Ward, Director of Education & Training, cward@cmham.org; 517-237-3143.

**Grievance:** If you have any issues with the way in which this conference was conducted or other problems, you may note that on your evaluation or you may contact CMHA 517-374-6848 or through our webpage at [www.cmham.org](http://www.cmham.org) for resolution.

**Virtual Participation:** Virtual trainings are to be treated with the same attention and vigor as an in-person training. You are expected to actively participate in the virtual training. See below for recommendations and requirements.

- After registering through the CMHA website, you will receive a confirmation email. 3 days before the conference you will receive your activation link for the virtual platform.
- You must watch the virtual training LIVE to receive credit for the training.
- A computer or tablet is required for participating in this virtual training. Cell phones are not acceptable due to size limitation when viewing the PowerPoint slides and participating in polls. Phone audio only option is not acceptable.
- Only 1 participant per Zoom link/device—each registrant will need to log in individually for accurate CE participation tracking.
- Registration reports will indicate arrival and departure times (note for continuing education you must be logged into the virtual training within 5 minutes of the start of the training).
- Internet: A strong internet connection is highly recommended. If your internet service is not able to stream videos, it will likely not be strong enough to support a virtual training. You will want a minimum upload speed of 5mbps. If technology may be an issue for you, please contact CMHA at 517-374-6848 to discuss options further.
- Each training takes place in the time zone of its location and all agenda times reflect that.

## Sponsorship Opportunity - \$35: Sponsorship Deadline Wednesday, February 23, 2022.

As a symposium sponsor, you will gain visibility throughout the day to promote your company's brand, products and services directly to approximately 400 attendees. Your logo will be on the home page of the virtual conference website. A limited number of high-impact sponsorship opportunities are being made available. When you register as an attendee, check the sponsorship option during the registration process.

**[TO REGISTER, CLICK HERE!](#)**

# Symposium Agenda (Eastern Standard Time)

## Thursday, March 3, 2022

### 8:30am Symposium Welcome

- *Alia Lucas, Gambling Disorder Program Specialist, Office of Recovery Oriented Systems of Care, Michigan Department of Health and Human Services*

### 8:45am Opening Keynote: Sports Wagering, Problem Gambling, and What's Next

- Qualifies for 1 CE Hour for Social Work + Related MCBAP Education Contact Hours

- *Brianne Doura-Schawohl, BA, Founder and CEO, Doura-Schawohl Consulting, LLC*

This interactive session will examine an overview of the sports wagering landscape in the US, the primary ways that US gambling stakeholders are setting up a risky foundation and a foundation that is replicating the mistakes of more mature markets that are currently experiencing a great deal of harm. The presenter will cover a variety of proactive approaches legislators, regulators, health officials, and private stakeholders could and should be taking to create a safe and sustainable gambling market. The presentation will end highlighting some of the biggest takeaways and lessons learned from legalized sports wagering since the overturning of PASPA and concluding with a call to action for all problem gambling stakeholders. Objectives: 1. Describe the legislative and regulatory happenings around expanded gambling, specifically sports wagering throughout the nation. 2. Identify statutory and regulatory barriers and intersections to responsible and problem gambling policy. 3. Learn tools and strategies that individuals need to implement to create impactful and meaningful change to gambling policy.

### 9:45am "My Story"

- *Nick T.*

The individual in recovery will give their history of Gambling Disorder, how he became addicted, how his addiction evolved, how gambling disorder affected his relationship with his family, and how he finally broke free of the addiction.

### 10:00am Break

### 10:30am Concurrent Workshops 1 & 2

#### 1. Understanding Adolescent Gambling Problems Incorporating a High-Risk Framework: Implications for Prevention and Treatment

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

- *Jeffrey L. Derevensky, PhD, James McGill Professor, McGill University*

Gambling, on an international level, has become socially acceptable as a recreational pass-time. While we typically view gambling as an adult activity, there is substantial research suggesting that adolescents and young adults are actively engaged in multiple forms of gambling. More importantly, adolescents and young adults have amongst the highest prevalence rates of problem/disordered gambling. Dr. Derevensky will examine the gambling behaviors of adolescents, the risk factors associated with gambling problems and present evidence of the relationship of gambling behaviors within a high-risk mental health framework. Specific attention will address the need for more directed prevention and treatment options. Objectives: 1. To examine the prevalence of adolescent problem gambling. 2. To look at the correlates and risk factors associated with adolescent problem gambling. 3. To view adolescent gambling problems within a high-risk framework.

#### 2. Self-Exclusion as a Clinical Intervention

- Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

- *Jody Bechtold, MSW, LCSW, ICGC-II, BACC, CGT, CEO, The Better Institute*

Harm reduction refers to strategies aimed at reducing negative consequences of gambling behaviors that occurs on a continuum from responsible gambling to voluntary self-exclusion. Both strategies have positive outcomes in removing or reducing negative consequences of gambling. While promising, clinicians may not understand the differences between self-exclusion as a clinical intervention or as operator program, or how to use these strategies within clinical practice. The current presentation will highlight harm reduction and self-exclusion programs as clinical intervention strategies and provide clinical case examples with step-by-step overviews for using self-exclusion with other evidence-based strategies. Objectives: 1. Define harm reduction across the continuum. 2. Describe research on self-exclusion published to date. 3. Identify self-exclusion process across brick and mortar and online gambling websites. 4. Describe how to use self-exclusion in a clinical setting.

### 12:00pm

### Adjournment Day 1

### 3. Problem Gambling and Gambling-Motivated Crime

■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

– *Michelle L. Malkin, JD, PhD, Assistant Professor, East Carolina University*

Michelle Malkin, JD, PhD, explores the experiences of people who have a history of problem gambling. Anonymous surveys were analyzed for types of social, economic and legal consequences people faced due to their gambling. Findings allow for fuller understanding of the different ways compulsive gamblers have been involved in the legal and criminal justice system, primarily for acquisitional crimes to support gambling and pay off gambling related debts. Additionally, Dr. Malkin shares her own story of consequences due to a history of gambling. The presentation includes suggestions for counselors and others who have clients who may have been involved in gambling-motivated crimes. Objectives: 1. Provide insights into why problem gamblers commit crimes, including a personal example of carceral consequences from gambling addiction. 2. Present an overview of gambling-motivated crime, its connection to problem gambling, and describe up-to-date research with an emphasis on gender similarities and differences. 3. Explore social, economic and legal consequences of problem gambling. 4. Consider the experiences of problem gamblers in the criminal justice system. 5. Provide ideas for how the criminal justice system could provide more resources for problem gamblers. 6. Offer practical considerations for practitioners who treat problem gamblers who may be facing criminal prosecution for gambling motivated crimes.

### 4. A Series of Ted Talks: 3 Short Presentations Focused on Critical Issues and Support for Individuals with Gambling Disorder and the Clinicians who Treat Them

■ Qualifies for 1.5 CE Hour for Related MCBAP Education Contact Hours

#### A) Gamban, Online Gambling/Trading and the Layered Approach to Recovery

– *Melissa Etherington, VP of Partnerships, Gamban*

– *Matt Zarb-Cousin, Co-founder and Director of External Affairs, Gamban*

In this presentation we will share information about Gamban, gambling blocking software, how it works and what it does and does not block. We will also look at the risks that crypto, trading and NFT's pose to individuals with a gambling addiction in addition to the importance of layering tools and resources in recovery. Objectives: 1. To learn about Gamban and how it works. 2. To understand the definition of the black market. 3. To understand the risks crypto, trading and NFT's pose to those with a gambling addiction. 4. To understand the fundamental differences between gambling and investing. 5. To understand the importance of layering tools and resources in recovery.

#### B) Understanding the Michigan Fundamentals of Gambling Disorder Training

– *Lori A. Mello, MA, LPC, MPA, Program Manager, Health Management Systems of America*

– *Mae Lambert Thompkins, MA, LLPC, Youth Gambling Community Coordinator, Health Management Systems of America*

This training will focus on the fundamentals of gambling disorder training, which is a requirement to join the statewide gambling treatment panel. The various module topics will be discussed including updates on youth gambling and veterans, and requirements for completing this training and becoming a member of the gambling treatment panel will also be reviewed. Objectives: 1. Learn what is included in the Fundamentals of Gambling Disorder Training. 2. Learn what is required to complete the training. 3. Learn what is required to join the gambling disorder treatment panel.

#### C) Gambling Disorder Initiatives within our Tribal Communities; Inter-Tribal Council of Michigan, Inc.

– *Lisa Corbiere-Moran, MA, Tribal Gambling Disorder Prevention Manager & Associate Director of Behavioral Health, Inter-Tribal Council of Michigan*

– *Cody Jodoin, BA, Tribal Gambling Disorder Coordinator & Assistant Director of Behavioral Health, Inter-Tribal Council of Michigan*

This presentation will provide background information on the services provided by Inter-Tribal Council of Michigan, Inc. and their role and working relationship with the 12 tribes in Michigan. The presenters will discuss their tribal casinos, how they work with the tribal behavioral health directors and what has been accomplished in their work plan (current youth gambling initiatives with the schools, billboards/PSA stats that were created & 3-minute video on the story an individual shared on her Gambling Disorder recovery). Objectives: 1. Learn about the Inter-Tribal Council of Michigan, Inc. & the 12 federally recognized Tribes in the State of Michigan. 2. Learn about the Tribal Gaming operations and the role of tribal gaming revenues play within tribal communities. 3. Hear about ITC's plan for future gambling disorder initiatives.

10:30am

**Closing Keynote: Are We Meeting Them Where They Are or is This Just Talk: Diversity, Equity, and Inclusion (DEI) in Community Gambling Wellness**

■ Qualifies for 1.5 CE Hours for Social Work + Related MCBAP Education Contact Hours

– *Deborah G. Haskins, PhD, LCPC, ACS, MAC, ICGC-II, CCGSO, BACC, CGT, Owner/Chief Clinical Consultant, MOSAIC Consulting and Counseling Services*

Online gambling, sports betting, and gaming expanded opportunities to gamble and game 24/7. This accessible gambling and gaming 24/7 also increase problems with gambling, especially in cultural communities and communities experiencing marginalization and oppression (Haskins, In Press). Many gamble for entertainment, but many culturally diverse communities experiencing inequities and social injustice escape financial, emotional, racial, cultural, and health inequity distresses by gambling and gaming. Gambling is the solution, not the problem (Haskins, In Press). Are we still promoting gambling disorders treatment for the 5% that access treatment, or are we willing to do the hard work to expand community wellness for the 95% who may not access treatment? Are you using a health equity and social justice lens (Ortiz et al., 2021) to expand community wellness? Answer yes to “Are we really meeting gamblers and communities where they are?” and no to “Or is this just talk!” Objectives: 1. Understand the health equity and social justice challenges to community wellness. 2. Identify components of a health equity and social justice lens to improve community wellness. 3. Learn 3 innovative DEI strategies, tools, and resources for developing new DEI strategic plans to “meet communities where they really are” and expand community wellness to meet the 95% who do not access gambling disorders treatment.

12:00pm

**Adjournment**

**The Planning Committee:**

**Sarah Andreotti**, Prevention Specialist, Substance Use Disorder Services, Mid-State Health Network

**Jodie Balhorn**, Prevention Coordinator, Northern Michigan Regional Entity

**Lisa Corbiere-Moran**, MA, Tribal Gambling Disorder Prevention Manager & Associate Director of Behavioral Health, Inter-Tribal Council of Michigan

**Rebecca DuBois**, Grant Coordinator, CMH Partnership of Southeast Michigan

**Amy Embury**, MA, LLP CPC-R, CAADC, SUD Prevention Manager, Lakeshore Regional Entity

**Kari Gulvas**, Prevention Specialist, Substance Use Disorder Services, Mid-State Health Network

**Cody Jodoin**, BA, Tribal Gambling Disorder Coordinator & Assistant Director of Behavioral Health, Inter-Tribal Council of Michigan

**Sandy Kintz**, SUD Office Admin, Northern Michigan Regional Entity

**Mae Lambert Thompkins**, MA, LLPC, Youth Gambling Community Coordinator, Health Management Systems of America

**Alia Lucas**, Gambling Disorder Program Specialist, Office of Recovery Oriented Systems of Care, Michigan Department of Health and Human Services

**Lori A. Mello**, MA, LPC, MPA, Program Manager, Gambling Treatment Program, Health Management Systems of America

**Sara Sircely**, Northern MI Regional Entity

**Karra Thomas**, BS, CPC, Manager, Substance Use Disorder Prevention Initiatives, Detroit Wayne Integrated Health Network

**Alyssa Tumolo**, Grant Coordinator, Substance Used Disorder Services, CMH Partnership of Southeast Michigan

*This event is sponsored by the Michigan Department of Health and Human Services Behavioral Health & Developmental Disabilities Administration and facilitated by The Community Mental Health Association of Michigan.*

***If you have questions, please contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or call 517-237-3143.***

**[TO REGISTER, CLICK HERE!](#)**



## Evaluation of Implementation of the Dimensions Tobacco Free Program in the Region 2020 - 2021

**Introduction:** During fiscal year 2019 the Lakeshore Regional Entity (LRE) implemented the Dimensions Tobacco Free Program. LRE is a pre-paid inpatient health plan (PIHP) that manages public behavioral health services (mental health and SUD) to Medicaid enrollees in a seven-county region along the eastern shoreline of Lake Michigan. There are five Community Mental Health Service Programs (CMHSP) within the region ranging in size from network180 (serving Kent County, including the greater metropolitan area of Grand Rapids), to West Michigan Community Mental Health (serving Oceana, Mason, and Lake counties). With a Medicaid enrollment of 350,246 persons during FY2020, these CMHSPs served a total of 20,113 persons (5.7% of Medicaid enrollment in the region). This document presents evaluation findings for the Dimensions Tobacco Free Program for fiscal years 2020 and 2021.

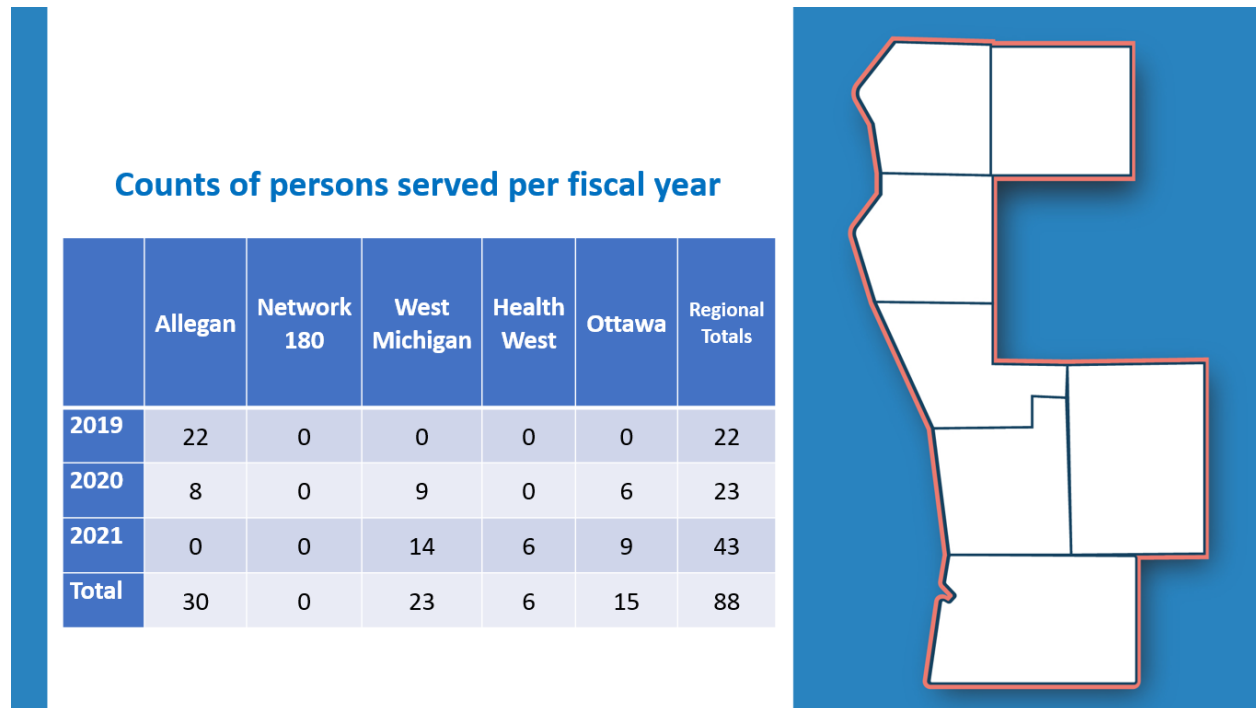
The website [bhwellness.org/programs/tobaccofree/](http://bhwellness.org/programs/tobaccofree/) describes the Dimensions Tobacco Free Program as “an evidence-based tobacco cessation program designed to teach providers and peers the necessary information and skills to promote successful tobacco cessation within their organizations. Trainees learn motivational engagement strategies, community referrals, educational activities, individual and group treatments, and policy change strategies. The program teaches trainees the skills and resources to promote positive behavior change in individuals interested in living tobacco-free.” The program provides participants with six group sessions:

- Session A: Envisioning A Tobacco Free Life – The activities in this session are designed to help group participants visualize their tobacco-free life.
- Session B: A Tobacco Free Plan – The activities in this session are designed to help group participants explore their values and preferences.
- Session C: Mindful Tobacco Free Behaviors – The activities in this session are designed to increase group participants’ awareness of cravings and create mindful ways to manage them.
- Session D: A Tobacco Free Journey – The activities in this session are designed to help group participants recognize their strengths and identify the resources they have or will need for their Tobacco Free journey.
- Session E: Living Tobacco Free – The activities in this session are designed to help group participants recognize the interconnection between, thoughts, feelings, behaviors and living tobacco-free.
- Session F: Maintaining A Tobacco Free Life – The activities in this session are designed to prevent (re)lapses by planning ahead and manage (re)lapses by getting back on track as soon as possible.

**Data Collection:** Data were collected for this evaluation through routine quarterly reporting from each participating CMHSP. In addition to a summary narrative, which included counts of persons served through the Dimensions Tobacco Free Program, participating CMHSPs submitted de-identified, individual-level information collected at each group meeting from each participant using the “Personal Progress Report” form.

**Program Participation:** All the CMHSPs in the region participated in the Dimensions Tobacco Free Program (Dimensions) during at least one of the years included in this evaluation. As the counts of person served per fiscal year chart (below) shows, Allegan County was an early adopter of the Dimensions program and served 22 individuals in 2019 that are not included in this evaluation (personal progress report information was not collected by LRE until 2020). This chart shows an aggregation by year of the counts of persons served per quarter as provided in narrative reports by each CMHSP. It is limited by the fact that persons whose participation may have spanned more than one quarter would be

counted once for each quarter in which they received services, therefore duplicating the count. As a result of the limitations placed on the evaluation project by local CMHSP's interpretation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), data could not be collected using a unique participant identification procedure, thus making it difficult to identify the true number of persons served by the Dimensions program. Therefore, two methods were used to endeavor to determine the number of people served. The first method was through review of the narrative reports submitted by each participating CMHSP at the conclusion of each quarter. Because of the duplication issue noted above, as well as reliability issues associated with the narrative reports of some CMHSPs, this method is shown to inflate the number of persons served over the evaluation period.



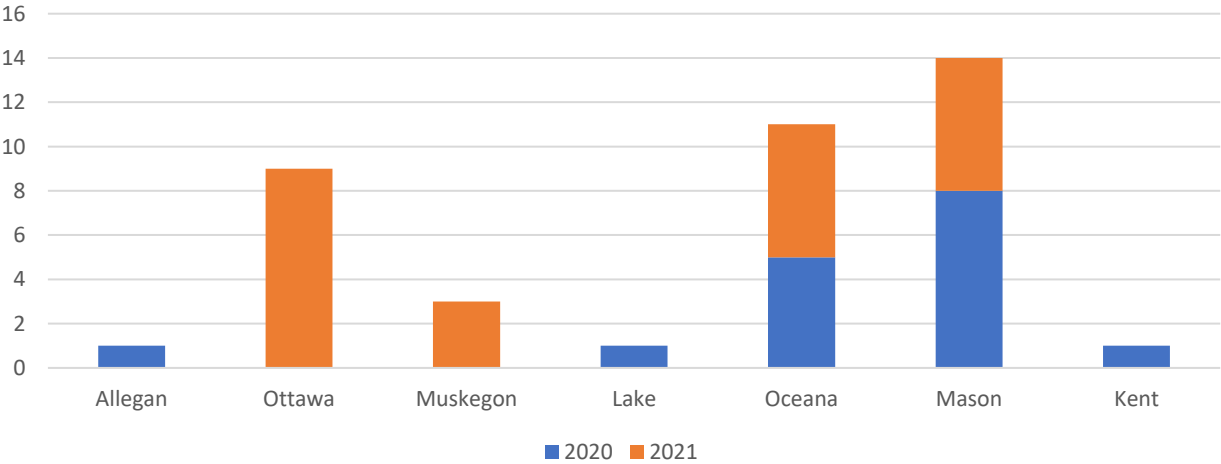
The second method to determine the Dimensions Program's reach was through the quarterly submission of data gathered through administration of the Smoking Cessation Program Personal Progress Report. Active program participants are asked to complete a Smoking Cessation Program Personal Progress Report during each session they attend. One of the questions asks, "Have you made a quit attempt since the last group you attended?" One of the response options available is, "this is my first group." The information below is an analysis, by CMHSP and gender identification of all participants during FYs 2020 and 2021 that answered "this is my first group" to that question. It shows that, over the two-year evaluation period, forty (N=40) respondents indicated that they were attending a Dimensions group for the first time.

| Fiscal Year | County   | Female | Male | Other | Total    |
|-------------|----------|--------|------|-------|----------|
| 2020        | Allegan  | 1      | 0    | 0     | <b>1</b> |
|             | Ottawa   | 0      | 0    | 0     | <b>0</b> |
|             | Muskegon | 0      | 0    | 0     | <b>0</b> |
|             | Lake     | 1      | 0    | 0     | <b>1</b> |

| Fiscal Year           | County                    | Female    | Male      | Other    | Total     |
|-----------------------|---------------------------|-----------|-----------|----------|-----------|
| 2020                  | Oceana                    | 3         | 2         | 0        | 5         |
|                       | Mason                     | 5         | 3         | 0        | 8         |
|                       | West Michigan (aggregate) | 9         | 5         | 0        | 14        |
|                       | Kent                      | 1         | 0         | 0        | 1         |
| 2021                  | Allegan                   | 0         | 0         | 0        | 0         |
|                       | Ottawa                    | 5         | 3         | 1        | 9         |
|                       | Muskegon                  | 2         | 1         | 0        | 3         |
|                       | Lake                      | 0         | 0         | 0        | 0         |
|                       | Oceana                    | 5         | 1         | 0        | 6         |
|                       | Mason                     | 5         | 1         | 0        | 6         |
|                       | West Michigan (aggregate) | 10        | 2         | 0        | 12        |
|                       | Kent                      | 0         | 0         | 0        | 0         |
| <b>2020 Total</b>     |                           | <b>11</b> | <b>5</b>  | <b>0</b> | <b>16</b> |
| <b>2021 Total</b>     |                           | <b>17</b> | <b>6</b>  | <b>1</b> | <b>24</b> |
| <b>Combined Total</b> |                           | <b>28</b> | <b>11</b> | <b>1</b> | <b>40</b> |

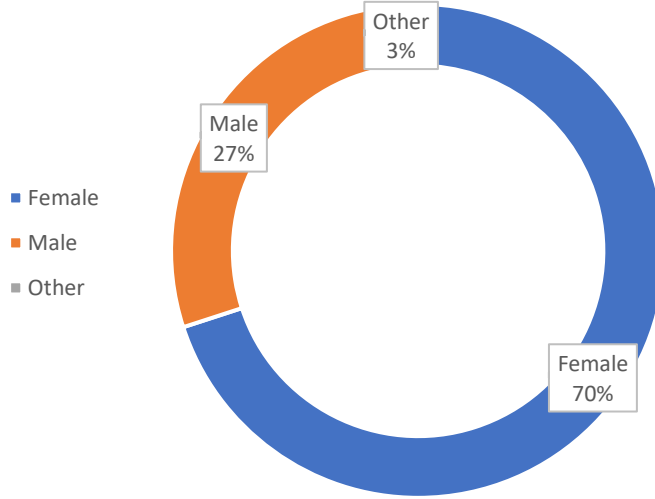
A total of 40 persons completed the personal progress report indicating that it was their first group. Narrative reports indicated that 66 people attended the smoking cessation groups during fiscal years 2020 and 2021. When compared to the 40 respondents that indicated it was their first group on the personal progress reporting form one of two options are possible. First, it is possible that not all first-time participants completed the personal progress report. Second, it is possible that the narrative reports duplicated counts of participants from quarter to quarter. For purposes of this evaluation, the count of persons served will be identified as 40, the count of persons indicating it was their first group on the personal progress report. The graph below displays the counts of persons indicating it was their first group over the two years under evaluation in aggregate. It shows that program participation was highest in Oceana and Mason counties (West Michigan Community Mental Health), followed by Ottawa.

Counts indicating "this is my first group" by county and by year



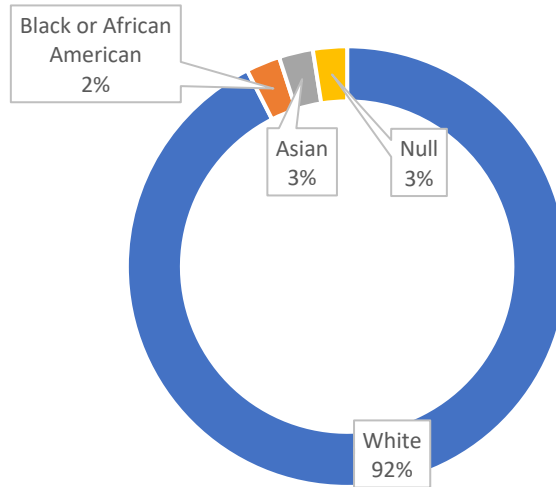


### Counts indicating "this is my first group" by gender identification

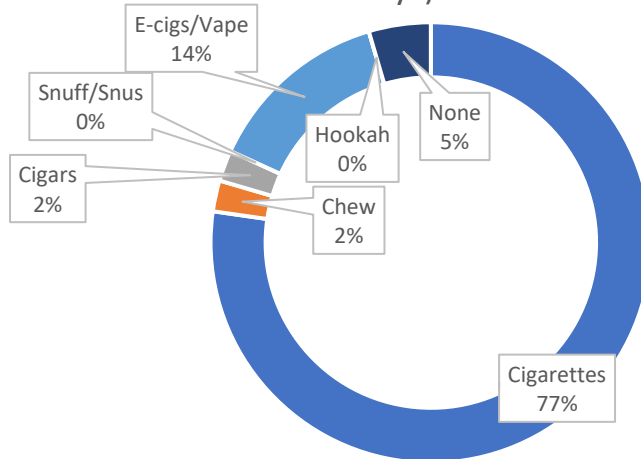


The majority of participants were female (70%), with one respondent indicating they prefer not to say (3%). Ninety-two percent (92%) of participants indicating "this is my first group" identified as white, with one (0.25%) each identifying as Black/African American, Asian, and not identified. No participant identified as Hispanic/Latino.

### Counts indicating "this is my first group" by racial identification

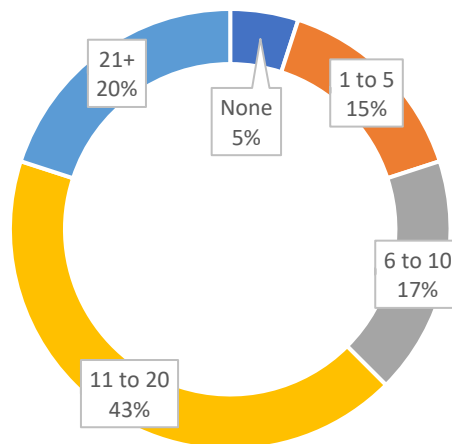


Counts indicating "this is my first group" by recent use (past 7 days)



Of the forty respondents indicating it was their first group, four (10%) had used more than one tobacco/nicotine product within the past seven days. Just over seventy-seven percent (77.3% = 34 respondents) indicated that they had used cigarettes during the past seven days. This was followed by E-cigarettes/Vape (13.6% = 6 respondents). Two respondents (4.5%) indicated they hadn't used during the past seven days.

Counts indicating "this is my first group" by volume of cigarettes/other tobacco products used (past 7 days)



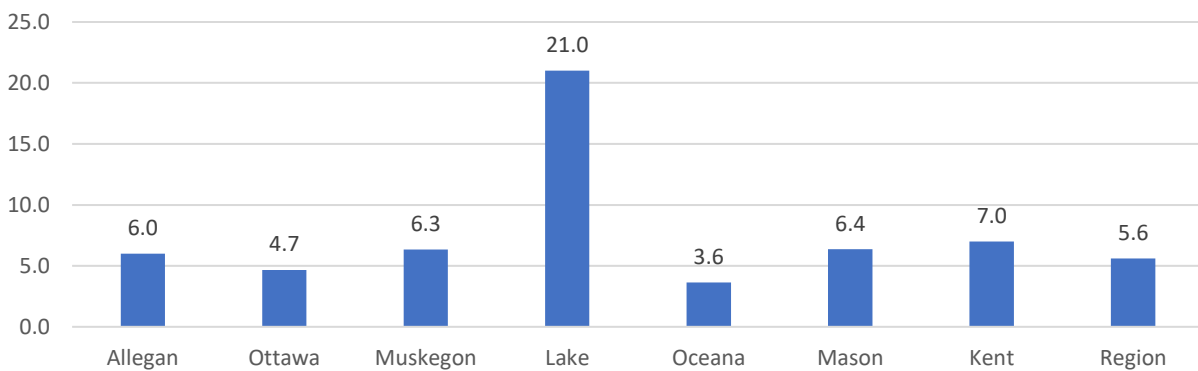
Of the forty respondents indicating it was their first group, seventeen (43%) indicated they had used an average of between eleven and twenty cigarettes (or other tobacco products) daily during the past seven days, followed by eight respondents indicating they had used an average of twenty-one or more tobacco products daily over the past seven days.

Based on the counts of participants indicating "this is my first group," the majority of participants during FY2020 and 2021 were white females that smoked an average of 11 cigarettes per day or greater.

**Outcomes:** As was noted earlier, due to the lack of individual identifiers in the dataset, it is not possible for evaluators to review such indicators as the average number of group sessions attended or the frequency or success of smoking cessation efforts (i.e., did they quit smoking and, if so, for how long).

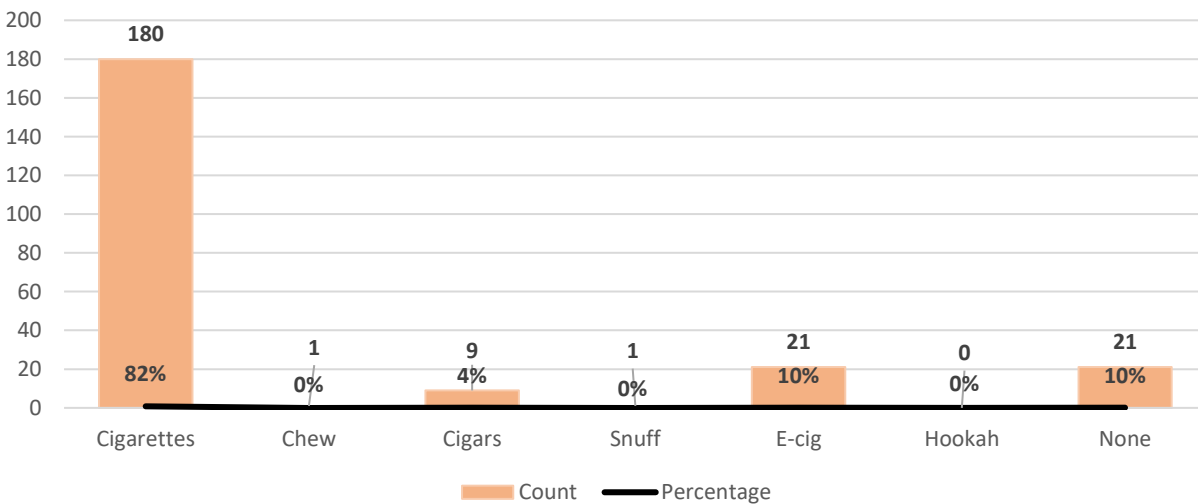
The evaluation team was able to evaluate the number of sessions per participant by comparing the total sessions reported from each county to the total number of participants that indicated “this is my first session” on the personal progress report form (shown on the graph below). An average number of sessions per participant below six (6), would indicate that some participants dropped out of the program. An average number of sessions per participant above six indicates one of two things. Either not all participants indicated “this is my first session” on the first personal progress report they completed, or individuals attended the groups more than six times.

Average Sessions per Participant by County



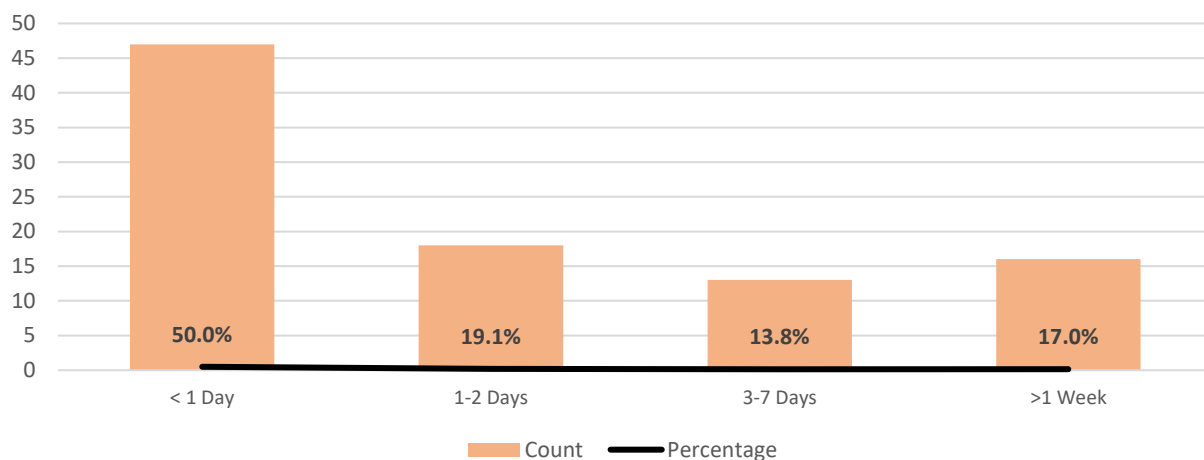
As the graph below displays, cigarettes continued to be the most common tobacco/nicotine product used by participants. Eighty-two percent (82%) of personal progress reports indicated participants used cigarettes within the most recent seven days. Ten percent (10%) indicated the use of no tobacco products in the last seven days.

Use of Tobacco Products



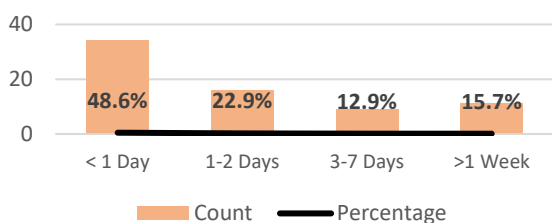
At face value the fact that eighty-two percent of participant responses indicated continued use of cigarettes would suggest the program was not every effective. However, the graph below displays more complex results. It shows that in seventeen percent (17%) of progress reports the participant reported having stayed quit for more than one week. Among the 40 participants there were sixty-two (62) quit attempts (155% of participants). This would indicate that some participants tried to quit multiple times.

Length of Time Stayed Quit

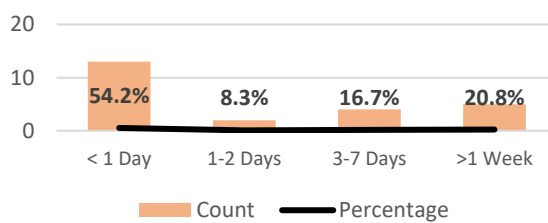


The two graphs below display this same information for women and men separately. It shows that men and women responded to the Dimensions Smoking Cessation program differently. Among women there were forty-seven quit attempts (168% of female participants) with nearly sixteen percent (15.7%) staying quit for greater than one week. Among men there were fifteen quit attempts (136% of male participants) with over twenty percent (20.8%) staying quit for greater than one week. Thus, women reported trying to quit more frequently, but men had greater success staying quit for a longer period of time.

Female LOS Stayed Quit



Male LOS Stayed Quit

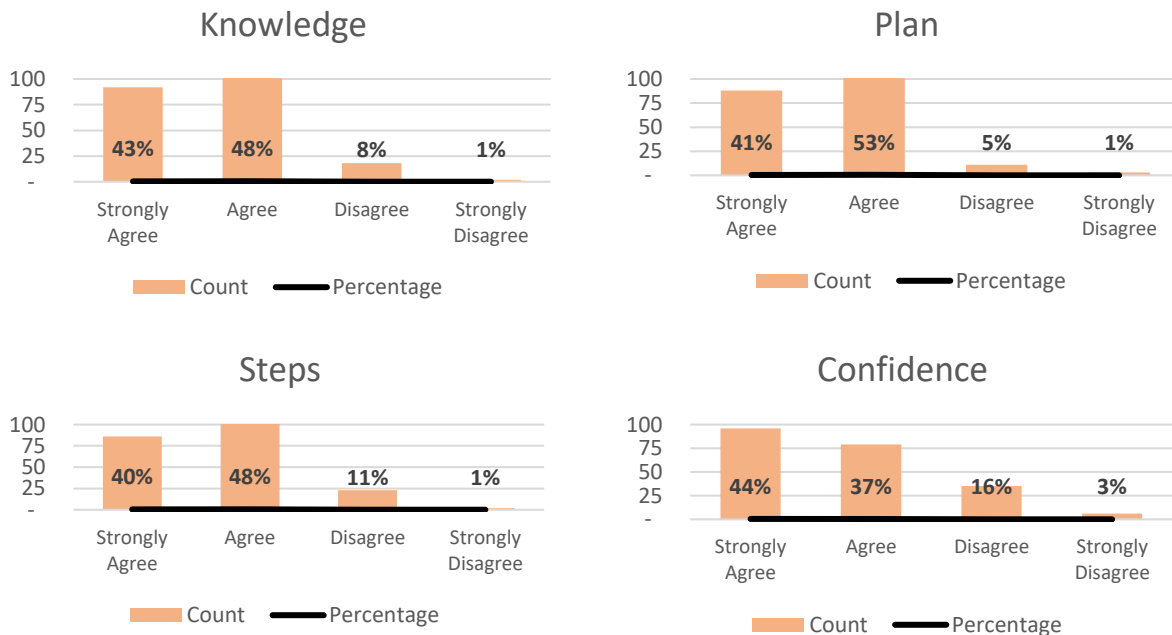


The personal progress report asked participants four targeted questions that they could answer using a four-point Likert Scale (Strongly Agree to Strongly Disagree). In order to measure improvements in agreement with these statements a baseline was set using responses on the forty personal progress reports where the participants indicated “this is my first group.” The baseline is listed below behind each question. The questions were:

1. I have the **knowledge** I need to lead a tobacco-free life. (baseline = 20% strongly agree)

2. I **plan** to take (or continue to take) steps toward living a tobacco-free life in the next 30 days. (baseline = 30% strongly agree)
3. I am **currently** taking steps toward living a tobacco free life. (baseline = 17.5% strongly agree)
4. I am **confident** I have the ability to live a tobacco free life. (baseline = 22.5% strongly agree)

The graphs below display the responses to those four questions by participants on subsequent personal progress reports. They show that, on each question the percentage of participants strongly agreeing with the statement more than doubled over baseline. Thus, the Dimensions Smoking Cessation program boosted participants’ knowledge about leading a tobacco free lifestyle, increased planning and quit attempts among participants, and bolstered participants confidence in their ability to live a tobacco-free life.



**Final Considerations:** In nearly all the counties in the region participation in the Dimensions Smoking Cessation program lagged expectations. Based on narrative and verbal reports from facilitators, this had a great deal to do with response to the COVID-19 pandemic. For a large portion of 2020 people were ordered to remain remote from one another. Even after social distancing orders were lifted, many people continued to be reluctant to engage in group activities with people outside their personal “bubble.” Most facilitators agreed that attempts to run the groups virtually were difficult. This is clearly reflected in the small numbers of participants reported in this evaluation.

Facilitators have taken some creative steps to reach more people. West Michigan CMH (Lake, Mason, and Oceana) has been offering the Dimensions program in Adult Foster Care group homes (among people already living within the same “bubble”). Community Mental Health of Ottawa County has integrated some wellness programming into their groups, which they report has been effective. Network180 (Kent) has been using Motivational Interviewing with their participants. It is hoped that these efforts are successful to increase participation in a program that shows positive results.