

**Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
February 15, 2023 ~ 4:00 p.m.**

This meeting will be held at a physical location with appropriate social distancing and/or masking requirements

*Community Mental Health Association of Michigan
507 S. Grand Ave.
Lansing, MI 48933*

Members of the public and others unable to attend in person can participate in this meeting via Zoom Videoconference

*Meeting URL: <https://us02web.zoom.us/j/5624476175>
and Teleconference*

Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for February 15, 2023
- 4) **ACTION ITEM:** Approval of Minutes of December 21, 2022 *(Page 4)*
- 5) Public Comment
- 6) Board Chair Report
 - A. Annual Organization Meeting (Nominations from the Floor)
 - i) **ACTION ITEM:** Election of Board Chairperson
 - ii) **ACTION ITEM:** Election of Board Vice-Chairperson
 - iii) **ACTION ITEM:** Election of Board Secretary
- 7) Deputy Director Report *(Page 7)*
- 8) Chief Financial Officer Report
 - A. FY23 PA2 Funding & Expenditures by County *(Page 13)*
 - B. FY23 PA2 Use of Funds by County and Provider *(Page 15)*
 - C. FY23 SUD Financial Summary Report of December 2022 *(Page 17)*
- 9) SUD Operating Update *(Page 18)*
 - A. FY2023 Q1 SUD County Reports *(Page 20)*
- 10) Other Business
- 11) Public Comment

*Please direct questions and/or concerns pertaining to MSHN's SUD Oversight Policy Advisory Board to Sherry Kletke, Executive Support Specialist, at 517.253.8203
Mid-State Health Network | 530 W. Ionia Street | Lansing, MI 48933*

**MSHN SUD Oversight Policy
Advisory Board Officers**

Chair: John Hunter (Tuscola)
Vice-Chair: Deb Thalison (Ionia)
Secretary: Bruce Caswell (Hillsdale)

MEETING LOCATION:

Community Mental Health
Association of Michigan
507 S. Grand Ave.
Lansing, MI 48933

VIDEOCONFERENCE:

<https://us02web.zoom.us/j/5624476175>
Meeting ID: 5624476175

TELECONFERENCE:

Call 1.312.626.6799
Meeting ID: 5624476175#

Should special accommodations be necessary to allow participation, please contact MSHN Executive Support Specialist, Sherry Kletke, at 517.253.8203 as soon as possible.

**UPCOMING FY23
SUD OVERSIGHT POLICY
ADVISORY BOARD MEETINGS**

April 19, 2023
CMHAM
507 S. Grand Ave
Lansing, MI 48933

June 21, 2023
CMHAM
507 S. Grand Ave
Lansing, MI 48933

All meetings will be held from
4:00-5:30 p.m.

MSHN Board Approved Policies
May be Found at:
<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

12) Board Member Comment

13) Adjournment

FY23 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	ashleyl@clareco.net		989.630.5256		Gladwin	2025
Badour	Nichole	nbadour@gihn-mi.org		989.264.5045	989.466.4124	Gratiot	2025
Bristol	Sandra	toadhall2@hotmail.com		989.339.7841		Clare	2024
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	2024
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	bryank@co.newaygo.mi.us		616.780.5751		Newaygo	2024
Luce	Robert	rlyce850@gmail.com		989.654.5700		Arenac	2023
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2022
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron	2023
Kroneck	John	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm	2024
Peters	Justin	comicmonkey1@outlook.com				Bay	2025
Schultz	Vicky	vschultz@ccsgc.org		810.232.9950 x.118		Shiawassee	2023
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2024
Tennis	Todd	commissionertennis@gmail.com		517.202.2303		Ingham	2023
Thalison	Deb	dthalison@ioniacounty.org		616.527.5341		Ionia	2025
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2024
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2023
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2023

Alternates:

Briggs	Margery	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2025
DeLaat	Ken	kdelaat1@aol.com		231.414.4173		Newaygo - Alternate	
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry	jjaloszynski@isabellacounty.org		989.330.4890		Isabella - Alternate	2022
Pohl	David	dwpohl@yahoo.com		517.927.2282	989.593.2688	Clinton - Alternate	2023
Whittum	Jeremy	jwhittum@eatoncounty.org		517.243.5692		Eaton-Alternate	

Administration:

Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org		517.253.7551			
Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org		517.657.3036			
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org		517.253.7546			
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org		517.253.8203			

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, December 21, 2022, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave
Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson John Hunter called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:04 p.m.

Board Member(s) Present: Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Jim Moreno (Isabella), Justin Peters (Bay), Jerrilynn Strong (Mecosta), Kim Thalison (Eaton), Dwight Washington (Clinton)

Board Member(s) Remote: Nichole Badour (Gratiot), Sandra Bristol (Clare), Christina Harrington (Saginaw), Todd Tennis (Ingham), Deb Thalison (Ionia), Ed Woods (Jackson)

Board Member(s) Absent: Lisa Ashley (Gladwin), Joe Murphy (Huron), Scott Painter (Montcalm), Vicky Schultz (Shiawassee), David Turner (Osceola)

Alternate Members Present: John Kroneck (Montcalm), David Pohl (Clinton)

Staff Members Present: Amanda Ittner (Deputy Director), Sherry Kletke (Executive Assistant), Dr. Dani Meier (Chief Clinical Officer), Leslie Thomas (Chief Financial Officer); Sarah Surna (Prevention Specialist)

Staff Members Remote: Dr. Trisha Thrush (Director of SUD Services and Operations), Sarah Andreotti (Lead Prevention Specialist), Kari Gulvas (Prevention Specialist)

2. Roll Call

Ms. Sherry Kletke provided the Roll Call for Board Attendance and informed the Board Chair, John Hunter, that a quorum was present for Board meeting business.

3. Approval of Agenda for December 21, 2022

Board approval was requested for the Agenda of the December 21, 2022 Regular Business Meeting, as presented.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

MOTION BY STEVE GLASER, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE DECEMBER 21, 2022 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the October 19, 2022 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the October 19, 2022 Regular Business Meeting.

MOTION BY BOB LUCE, SUPPORTED BY DWIGHT WASHINGTON, FOR APPROVAL OF THE MINUTES OF THE OCTOBER 19, 2022 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. John Hunter provided members with a reminder of the annual organization meeting to be held at the February 15, 2023 meeting. Officer elections will take place for the Chair, Vice-Chair and Secretary positions. Current officers are each at their term limit. If anyone would be interested in an officer position, please notify Ms. Sherry Kletke or Ms. Amanda Ittner. A slate of officers can then be presented at the February 2023 meeting.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report included in the board meeting packet, and available on the MSHN website, highlighting:

- Substance Use Disorder (SUD) Oversight Policy Board Bylaws
- MSHN Provider Network Supports
- Performance Indicator Report FY22 Q3

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2023 PA2 Funding and Expenditures by County
- FY2023 PA2 Use of Funds by County and Provider
- FY2023 Substance Use Disorder (SUD) Financial Summary Report as of October 2022

9. FY23 Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY23 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

MOTION BY BRUCE CASWELL, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY2023 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 11-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report and the FY22 Quarter 4 SUD County Reports as included in the board meeting packet, highlighting:

- RFP to expand services in Montcalm and Isabella Counties were due December 16, 2022. The proposals received will be evaluated shortly after the New Year.
- Implementation of Opioid Health Home in Region 5 at Victory Clinical Services – Saginaw.

11. Other Business

Ms. Amanda Ittner introduced Ms. Sarah Surna who provided board members with an educational presentation about youth vaping and prevention programs.

12. Public Comment

There was no public comment.

13. Board Member Comment

Mr. Ed Woods thanked the Prevention Team for the work that they are doing in the field.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:57 p.m.

*Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist*

Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral Health



The Right Door for
Hope, Recovery &
Wellness (Ionia County)



LifeWays CMH



Montcalm Care Center



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

**REPORT OF THE MSHN DEPUTY DIRECTOR
TO THE MSHN SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD
(SUD OPB)**

December/January

MSHN/REGIONAL MATTERS

SUD Oversight Policy Board – Bylaws

There has been some discussion as noted below from the Michigan Association of Counties regarding the Open Meetings Act to allow for remote participation and voting.

Mid-State Health Network is still monitoring any newly proposed legislation prior to presenting any changes to the bylaws. MSHN will present an amendment to the SUD OPB in accordance with Section 7.2 as follows: “These bylaws may be amended by the members of the Board acting in accordance with the voting requirements set forth in Section 4.8. The agenda of the meeting shall set forth a summary of the proposed amendment(s) at **least fourteen (14) days prior to the date of the meeting. An affirmative vote to amend the Bylaws must be approved by the Board of Directors of MSHN.** Any amendment of these bylaws must be consistent with the Michigan law, the Code and the Intergovernmental Contract.

MSHN is planning to present an overview of the SUD Oversight Policy Board Bylaws and review any proposed edits in the spring/early summer.

MSHN Provider Network Adequacy (NAA)

The Code of Federal Regulations (CFR) at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Michigan Department of Health and Human Services (MDHHS) developed parameters for Pre-Paid Inpatient Health Plans (PIHPs) to ensure compliance with CFR requirements that includes time and distance standards as well as Medicaid Enrollee-Provider Ratio standards. MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region. Understanding regional diversity, MDHHS expects to see nuances within the PIHPs to best accommodate the local populations served. PIHPs must consider at least the following parameters for their plans:

- 1) Maximum time and distance
- 2) Timely appointments
- 3) Language, Cultural competence, and Physical accessibility

In FY22, MSHN and the Community Mental Health Service Providers (CMSHPs) began assessing the adequacy of our regional Network. The NAA plan was updated with FY21 data points, additional analysis on the above three (3) elements, and inclusion of the COVID-19 pandemic on services and provider availability. After a review of the results,

MSHN developed a list of recommendations to address identified gaps, areas for improvement and future demand considerations.

In FY23, MSHN has implemented the following as part of the NAA recommendations and feedback from MDHHS on the NAA plan:

- Request for Proposal for Montcalm and Isabella Counties that included Withdrawal Management, Residential, Outpatient and Medication Assisted Treatment;
- Developing cultural competency survey to conduct analysis of network availability;
- Added specific American Disability Act (ADA) accommodations to the website directory;
- Implemented tracking measures and reporting capabilities to timeline indicators for specific priority populations (e.g. pregnant, injecting drug users);
- Offered additional evidence-based practice trainings to the network (e.g. EMDR and FASD); and
- Assessing and developing feasibility studies to ensure availability of all levels of care for both adults and children.

For the full report, including regional, SUD Provider Network and CMHSP specific results, related to information above, see the link: [FY21 Provider Network Adequacy Assessment](#).

COVID-19 Update

On January 30, 2023, the Biden Administration announced its intent **to end the national emergency and public health emergency declarations on May 11, 2023**, related to the COVID-19 pandemic. These emergency declarations have been in place since early 2020 and gave the federal government flexibility to waive or modify certain requirements in a range of areas, including in the Medicare, Medicaid, and CHIP programs. In addition, Congress also enacted legislation—including the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the American Rescue Plan Act (ARPA), the Inflation Reduction Act (IRA), and the Consolidated Appropriations Act, 2023 (CAA) that provided additional flexibilities tied to one or more of these emergency declarations, and as such they too are scheduled to expire when (or at a specified time after) the emergency period(s) expires.

On January 5, 2023, CMS issued an informational bulletin on the provisions included in the Consolidated Appropriations Act, 2023 (CAA, 2023) related to the Medicaid continuous enrollment condition. The CAA, 2023 updates various Medicaid and CHIP provisions, including significant changes to the continuous enrollment condition of the Families First Coronavirus Response Act. **Under the CAA, 2023, expiration of the continuous enrollment condition will no longer be linked to the public health emergency (PHE) and instead the condition will end on March 31, 2023.** Following the end of the condition, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, the Children's Health Insurance Program, and the Basic Health Program.

CMS has “released information on a temporary Exceptional Circumstances Special Enrollment Period (SEP) for consumers losing Medicaid or CHIP coverage due to unwinding of the Medicaid continuous enrollment condition. From March 31, 2023, and lasting through July 31, 2024, the Marketplaces using the Federal platform will be providing additional flexibility for Marketplace-eligible consumers losing Medicaid or CHIP to enroll in Marketplace coverage during and immediately following the end of the Medicaid Continuous Enrollment Condition unwinding period. This flexibility will be provided by facilitating access on HealthCare.gov to a SEP, referred to as the “Unwinding SEP.”

The guidance is available at <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Revising Open Meetings Act Tops Michigan Association of Counties (MAC) Legislative Priorities List *from Gongwer 01/12/2023*

Reworking the Open Meetings Act to allow for remote participation and voting is one of the six policy priorities the Michigan Association of Counties released on January 12, 2023. Before the pandemic, members of a public body could participate and vote remotely at county board sessions provided a quorum of the public body was physically present in-person. However, the option for full board meetings to be held remotely ended December 2021 as the pandemic continued to wind down and being around others posed less risk of contracting COVID. MAC said it would like to revisit this policy and allow for remote participation.

The creation of a Revenue Sharing Trust Fund through a statutory earmark of the state sales tax is also a major priority for MAC. Per its priorities list, money in this fund would stay to be distributed to counties, cities, villages and townships and not lapse to the General Fund at the end of each fiscal year. Fifty percent of the fund would go to county revenue sharing and the other 50 percent would be split among cities, villages and townships.

Two of the priorities deal with better funding the court system. One priority is to create a Trial Court Fund to distribute funding to trial courts and establishing "uniform assessments and centralized collections" through the State Court Administrator's Office. The second priority supports an increase in funding to help with the juvenile justice system, including increases to help with staff recruiting, retention and training.

MAC is also seeking to have the state make up for local losses accrued by the Disabled Veterans Property Tax Exemption. It supports continuing the exemption, but it also supports a refundable income tax credit payable to local governments.

The final goal also looks at reimbursements to local governments, specifically regarding the Personal Property Tax. In 2021, the state agreed to an increase for Personal Property Tax exemption for small businesses, something MAC said reduces revenue to local governments by approximately \$75 million each year. MAC would like to see full reimbursements to local governments each year outside of the annual appropriations process.

Liquor tax funding change means \$25 million boost to counties

A two-bill package designed to extend the capture of liquor tax revenue that counties use for substance abuse programs passed during the last days of the legislative session this week and which was signed by the Governor on 12/29/2022, will soon mean a \$25 million boost to counties.

[Senate Bills 1222-23](#), by Sen Wayne Schmidt (R-Grand Traverse), amend the State Convention Facilities Authority Act to extend the sunset on the capture of liquor tax revenue for improvements to the convention facility in Detroit and therefore extend the sunset on the collection of liquor tax revenue for counties.

The issues were tied together when the act was created. Under current law, the collection and allocation of the liquor tax revenue expires once the bonds for the convention facility are paid off. Due to recent increases in liquor tax revenue, those bonds are scheduled to be paid off 13 years early, which would eliminate the future collection of revenue and deplete the allocation to counties. This two-bill package does not extend the 2039 deadline for the bonds to be paid off, but it does allow the facility authority to issue additional bonds for improvements.

MAC has been working with representatives from the authority to address the need to have counties’ annual allocation reflective of the collection of the liquor tax revenue. Current law states counties receive an increase in their allocation based on a percentage above the previous year’s allocation, not on a percentage of the total tax collected. The excess tax collected is instead allocated to the reduction of the bond debt of the authority. (Again, due to the increase in liquor tax revenue, those bonds are scheduled to be paid off early.)

By allowing the authority to issue additional debt for improvements, the bills do something significant for counties. **Beginning in 2023, the baseline allocation in liquor tax dollars for counties will increase by approximately 48 percent — or \$25 million.** (See county-by-county estimates.) **The annual increase will remain the same as current law of 1 percent additional each year, but the baseline will be reset every three years to reflect the increase in revenue from the liquor tax.**

Also, current law states 50 percent of the liquor tax revenue received by counties must be allocated to substance abuse programs. **SBs 1222-23 will change that requirement to 40 percent (though no less than the amount allocated in FY22).** In short, this will be a significant increase in funds toward substance abuse programs and an increase in the amount counties can allocate to their general funds.

For more information on this issue, contact Deena Bosworth at bosworth@micounties.org.

For MSHN, this change in Liquor Tax revenue is estimated at \$575,000. See below graph provided by MSHN’s Chief Financial Officer, Leslie Thomas.

FY 23 Liquor Tax (PA 2 Bills)								
	New Legislation Addition	FY 21 Liquor Tax Rounded	FY 21 MSHN Portion	FY 21 Total adjusted for additional funding from legislation	New 40% Calc	FY 22 Liquor Tax	FY 22 MSHN Portion	40% Calc Greater than FY 22 Amount
	A	B = (C*2)	C	D = A + B	E = D * 40%	F	G	H = E - G
6. ARENAC	\$32,178.27	\$67,400	\$33,700	\$99,578	\$39,831	71,966	35,983	3,848
9. BAY	\$188,672.26	\$395,194	\$197,597	\$583,866	\$233,547	384,414	192,207	41,340
18. CLARE	\$49,074.20	\$102,792	\$51,396	\$151,866	\$60,746	103,032	51,516	9,230
19. CLINTON	\$120,356.67	\$252,100	\$126,050	\$372,457	\$148,983	246,734	123,367	25,616
23. EATON	\$220,270.37	\$461,380	\$230,690	\$681,650	\$272,660	441,266	220,633	52,027
26. GLADWIN	\$35,491.68	\$74,342	\$37,171	\$109,834	\$43,933	72,966	36,483	7,450
29. GRATIOT	\$45,781.97	\$95,836	\$47,918	\$141,618	\$56,647	88,494	44,247	12,400
30. HILLSDALE	\$48,867.82	\$102,358	\$51,179	\$151,226	\$60,490	100,104	50,052	10,438
32. HURON	\$61,264.47	\$128,324	\$64,162	\$189,588	\$75,835	129,510	64,755	11,080
33. INGHAM	\$633,316.62	\$1,326,550	\$663,275	\$1,959,867	\$783,947	1,350,110	675,055	108,892
34. IONIA	\$71,925.83	\$150,656	\$75,328	\$222,582	\$89,033	143,882	71,941	17,092
37. ISABELLA	\$124,586.92	\$260,960	\$130,480	\$385,547	\$154,219	254,556	127,278	26,941
38. JACKSON	\$312,278.03	\$654,100	\$327,050	\$966,378	\$386,551	659,302	329,651	56,900
54. MECOSTA	\$83,115.54	\$174,094	\$87,047	\$257,210	\$102,884	169,880	84,840	18,044
56. MIDLAND	\$141,730.34	\$296,870	\$148,435	\$438,600	\$175,440	334,988	167,494	7,946
59. MONTCALM	\$98,493.16	\$206,304	\$103,152	\$304,797	\$121,919	194,876	97,438	24,481
62. NEWAYGO	\$77,632.26	\$162,610	\$81,305	\$240,242	\$96,097	158,190	79,095	17,002
67. OSCEOLA	\$30,960.85	\$64,850	\$32,425	\$95,811	\$38,324	65,526	32,763	5,561
73. SAGINAW	\$477,381.50	\$999,926	\$499,963	\$1,477,308	\$590,923	1,011,960	505,980	84,943
78. SHIAWASSEE	\$89,836.20	\$188,172	\$94,086	\$278,008	\$111,203	184,012	92,006	19,197
79. TUSCOLA	\$53,351.36	\$111,750	\$55,875	\$165,101	\$66,041	103,648	51,824	14,217
Total Increase	\$2,996,566.32							574,646

FEDERAL/NATIONAL ACTIVITIES

Substance Abuse and Mental Health Services Administration (SAMHSA) Proposes Update to Federal Rules to Expand Access to Opioid Use Disorder Treatment and Help Close Gap in Care Changes Would Make Permanent COVID-Timed Medication Flexibilities, and Update Decades-Old Definitions and Standards for Opioid Treatment Programs

The U.S. Department of Health and Human Services (HHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), is proposing to expand access to treatment for opioid use disorder (OUD) at a time when more than 107,000 Americans lost their lives to an overdose last year. The proposal would update the federal regulations that oversee OUD treatment standards as part of HHS' Overdose Prevention Strategy that supports President Biden's *National Drug Control Strategy* – a whole-of-government approach to beat the overdose epidemic. Specifically, the proposed rule change would allow Americans to access the treatment by allowing take home doses of methadone and the use of telehealth in initiating buprenorphine at opioid treatment programs (OTPs).

In its Notice of Proposed Rulemaking (NPRM) to update 42 CFR Part 8, SAMHSA is proposing to improve Americans' access to and experiences with OUD treatment, in particular through OTPs. The proposed changes reflect the widespread desire by many stakeholders for SAMHSA to provide greater autonomy to OTP practitioners, positively support recovery, and continue flexibilities that were extended at the start of the nation's COVID-19 public health emergency.

SAMHSA proposes to update Part 8 by removing stigmatizing or outdated language; supporting a more patient-centered approach; and reducing barriers to receiving care. For example, in March and April 2020, SAMHSA published flexibilities for the provision of take-home doses of methadone and for the use of telehealth in initiating buprenorphine in OTPs. Patients deemed stable by physicians have been able to take home up to 28 days' worth of methadone doses; other patients – again, so determined by their physicians – received up to a 14-day supply. A recent study showed that patients who received increased take-home doses after federal flexibilities were enacted during COVID-19 saw positive impacts on their recovery, including being more likely to remain in treatment and less likely to use illicit opioids.¹

SAMHSA's proposed changes also would update standards to reflect an OTP accreditation and treatment environment that has evolved since Part 8 went into effect in 2001. Accordingly, SAMHSA proposes updates that reflect evidence-based practice, language that aligns with current medical terminology, effective patient engagement approaches, and the workforce providing services in OTPs, including:

- expanding the definition of an OTP treatment practitioner to include any provider who is appropriately licensed to dispense and/or prescribe approved medications. The current Part 8 rule defines a practitioner as being: "a physician who is appropriately licensed by the State to dispense covered medications and who possesses a waiver under 21 U.S.C.823(g)(2)." During the COVID-19 public health emergency, this has been formally expanded to align with broader definitions of a practitioner (nurse practitioners, physician assistants, etc.), and OTPs reported that this change was essential in supporting workflow and access;
- adding evidence-based delivery models of care such as split dosing, telehealth and harm reduction activities;
- removing such outdated terms as "detoxification";
- updating criteria for provision of take-home doses of methadone;
- strengthening the patient-practitioner relationship through promotion of shared and evidence-based decision-making;

- allowing for early access to take-home doses of methadone for all patients, to promote flexibility in creation of plans of care that facilitate such everyday needs as employment, while also affording people with unstable access to reliable transportation the opportunity to also receive treatment; likewise, promoting mobile medication units to expand an OTP's geographic reach; and
- reviewing OTP accreditation standards.

To facilitate expansion of access to care, SAMHSA proposes to update OTP admission criteria in Part 8. This includes removal of the one-year requirement for opioid addiction before admission to an OTP, in favor of considering a person's problematic patterns of opioid use. In conjunction with updated standards that include extended take-home doses of methadone and access to telehealth, these changes are likely to expand access while also improving retention in treatment. The NPRM also proposes to eliminate the requirement that practitioners who have a waiver to prescribe buprenorphine for up to 275 patients provide reports to SAMHSA on an annual basis. The NPRM also promotes the chronic disease model of management, while removing barriers to providing individualized care. The proposal, on display with the Federal Register, is viewable at <https://public-inspection.federalregister.gov>. Public comment on the proposed regulatory changes may be made until February 14, 2023.

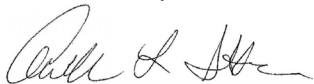
Substance Abuse and Mental Health Services Administration (SAMHSA) – Expands Access

SAMHSA has “recognized provisions included in the 2023 Consolidated Appropriations Act that will significantly expand access to medication for opioid use disorder. The act amended the Controlled Substances Act to eliminate the requirement for qualified practitioners to first obtain a special waiver to prescribe medications such as buprenorphine for the treatment of opioid use disorder. This ends a decades-long requirement, originally put in place through the Drug Abuse Treatment Act (DATA) of 2000. With the new law, the patient limits associated with this special waiver also no longer apply. The removal of the federal requirement for practitioners to obtain a waiver will make it easier for qualified practitioners to prescribe buprenorphine. With the elimination of the special waiver, SAMHSA strongly encourages all eligible practitioners, as permissible under state law, to screen each patient for OUD and offer access to buprenorphine. Additionally, all persons who obtain or renew a controlled substances license from the DEA will be required to receive eight hours of training on SUD, with certain exceptions. Given the urgency of the nation's overdose crisis, the importance of having medical professionals equipped with such training cannot be overstated.”

Center for Disease Control and Prevention (CDC) - Overdose Data

CDC has “published case studies to capture in-depth information from Overdose Data to Action (OD2A)-funded jurisdictions about current and emerging practices related to overdose prevention and response. Each of the highlighted jurisdictions is funded through the multiyear (OD2A) cooperative agreement which focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies. Six key topic areas are identified for interviews, analysis, and dissemination, and within each topic, specific activities and programs from various jurisdictions are captured as case studies.” Additional information is available at <https://www.cdc.gov/drugoverdose/od2a/funded-states.html>.

Submitted by:



Amanda L. Ittner

Finalized: 2.2.23

**Mid-State Health Network
FY2023 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	43,079	5,372						34,942	5,372	48,451
Bay	618,251	30,475						197,949	30,475	648,725
Clare	159,599	8,059						51,669	8,059	167,658
Clinton	453,660	19,498						125,416	19,498	473,157
Eaton	473,679	34,736						213,308	34,736	508,415
Gladwin	79,862	5,594						37,601	5,594	85,455
Gratiot	59,475	6,926						42,658	6,926	66,401
Hillsdale	211,381	7,986						50,511	7,986	219,366
Huron	150,584	10,345						68,545	10,345	160,929
Ingham	1,140,248	108,945						714,691	108,945	1,249,193
Ionia	340,146	11,203						69,514	11,203	351,349
Isabella	365,167	20,661						134,443	20,661	385,828
Jackson	669,765	49,863						318,039	49,863	719,628
Mecosta	245,292	13,195						83,764	13,195	258,487
Midland	417,386	25,590						170,212	25,590	442,976
Montcalm	302,262	15,266						96,171	15,266	317,528
Newaygo	154,400	12,003						72,604	12,003	166,403
Osceola	67,509	5,307						33,114	5,307	72,815
Saginaw	1,543,606	71,915						458,148	71,915	1,615,520
Shiawassee	359,793	14,648						90,904	14,648	374,441
Tuscola	137,959	8,266						49,955	8,266	146,225
	<u>\$ 7,993,104</u>	<u>\$ 485,846</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,114,158</u>	<u>\$ 485,846</u>	<u>\$ 8,478,949</u>

**Mid-State Health Network
FY2023 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Payments	Ending PA2 Fund Balance
Arenac	48,451	3,539	2,539	2,643				8,721	\$ 39,731
Bay	648,725	14,261	15,281	14,182				43,723	\$ 605,002
Clare	167,658	1,919	4,658	4,081				10,658	\$ 157,000
Clinton	473,157	15,692	9,490	11,470				36,653	\$ 436,505
Eaton	508,415	20,382	19,949	25,295				65,626	\$ 442,788
Gladwin	85,455	2,514	3,632	2,711				8,857	\$ 76,598
Gratiot	66,401	4,610	3,253	4,451				12,313	\$ 54,087
Hillsdale	219,366	6,990	-	5,024				12,014	\$ 207,352
Huron	160,929	6,640	4,547	2,882				14,069	\$ 146,860
Ingham	1,249,193	48,590	41,323	64,417				154,330	\$ 1,094,863
Ionia	351,349	9,145	10,504	12,760				32,409	\$ 318,940
Isabella	385,828	21,287	22,556	24,639				68,482	\$ 317,346
Jackson	719,628	33,916	32,669	32,145				98,730	\$ 620,898
Mecosta	258,487	11,151	12,334	11,220				34,705	\$ 223,782
Midland	442,976	12,241	8,433	7,285				27,959	\$ 415,017
Montcalm	317,528	2,027	2,041	2,121				6,189	\$ 311,339
Newaygo	166,403	2,643	2,834	2,748				8,225	\$ 158,178
Osceola	72,815	2,513	1,220	2,376				6,109	\$ 66,706
Saginaw	1,615,520	40,757	51,500	42,285				134,542	\$ 1,480,978
Shiawassee	374,441	24,810	18,405	14,087				57,302	\$ 317,139
Tuscola	146,225	9,137	8,878	10,408				28,423	\$ 117,802
\$ 8,478,949		\$ 294,763	\$ 276,046	\$ 299,230	\$ -	\$ -	\$ -	870,038	\$ 7,608,911

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2022 through December 31, 2022

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Arenac						
Peer 360 Recovery					2,714	2,714
Sterling Area Health Center				1,152		1,152
Ten Sixteen Recovery		4,855				4,855
Arenac Total		4,855		1,152	2,714	8,721
Bay						
Neighborhood Resource Center				11,163		11,163
Peer 360 Recovery					13,266	13,266
Sacred Heart Rehabilitation				5,812		5,812
Sterling Area Health Center				5,146		5,146
Ten Sixteen Recovery					8,336	8,336
Bay Total				22,121	21,602	43,723
Clare						
Ten Sixteen Recovery		417			10,241	10,658
Clare Total		417			10,241	10,658
Clinton						
Eaton Regional Education Service Agency				28,614		28,614
State of Michigan MRS	5,000					5,000
Ten Sixteen Recovery					3,039	3,039
Clinton Total	5,000			28,614	3,039	36,653
Eaton						
Eaton Regional Education Service Agency				31,996		31,996
State of Michigan MRS	5,000					5,000
Wellness, InX		20,413			8,216	28,630
Eaton Total	5,000	20,413		31,996	8,216	65,626
Gladwin						
Ten Sixteen Recovery		2,339		1,396	5,122	8,857
Gladwin Total		2,339		1,396	5,122	8,857
Gratiot						
Gratiot County Child Advocacy Association				8,514		8,514
Ten Sixteen Recovery		3,799				3,799
Gratiot Total		3,799		8,514		12,313
Hillsdale						
LifeWays Community Mental Health Authority				12,014		12,014
Hillsdale Total				12,014		12,014
Huron						
Peer 360 Recovery					14,069	14,069
Huron Total					14,069	14,069
Ingham						
Child and Family Charities				4,909		4,909
Cristo Rey Community Center				5,981		5,981
Eaton Regional Education Service Agency				11,475		11,475
Ingham County Health Department				6,455		6,455
Lansing Syringe Access, Inc			12,958			12,958
Prevention Network				4,168		4,168
State of Michigan MRS	15,000					15,000
Wellness, InX		50,248			43,136	93,385
Ingham Total	15,000	50,248	12,958	32,987	43,136	154,330
Ionia						
County of Ionia				29,175		29,175
Wedgwood Christian Services					3,234	3,234
Ionia Total				29,175	3,234	32,409

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2022 through December 31, 2022

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Isabella						
Peer 360 Recovery					10,150	10,150
Ten Sixteen Recovery		3,837		11,813	42,682	58,332
Isabella Total		3,837		11,813	52,832	68,482
Jackson						
Big Brothers Big Sisters of Jackson County, Inc				4,289		4,289
Family Service and Childrens Aid (Born Free)				59,507		59,507
Henry Ford Allegiance				930		930
Home of New Vision					34,004	34,004
Jackson Total				64,725	34,004	98,730
Mecosta						
Ten Sixteen Recovery		6,545		5,809	22,351	34,705
Mecosta Total		6,545		5,809	22,351	34,705
Midland						
Peer 360 Recovery					14,083	14,083
Ten Sixteen Recovery		5,752			5,533	11,285
The Legacy Center for Community Success				2,591		2,591
Midland Total		5,752		2,591	19,616	27,959
Montcalm						
Wedgwood Christian Services		6,189				6,189
Montcalm Total		6,189				6,189
Newaygo						
Arbor Circle				8,225		8,225
Newaygo Total				8,225		8,225
Osceola						
Ten Sixteen Recovery		2,237		3,872		6,109
Osceola Total		2,237		3,872		6,109
Saginaw						
First Ward Community Service				42,476		42,476
Great Lakes Bay Health Center				2,332		2,332
Parishioners on Patrol				5,000		5,000
Peer 360 Recovery					27,672	27,672
Sacred Heart Rehabilitation				9,087		9,087
Saginaw County Youth Protection Council				20,304		20,304
Ten Sixteen Recovery					27,671	27,671
Saginaw Total				79,199	55,343	134,542
Shiawassee						
Catholic Charities of Shiawassee and Genesee				33,350		33,350
Peer 360 Recovery					15,810	15,810
Shiawassee County				3,142		3,142
State of Michigan MRS	5,000					5,000
Shiawassee Total	5,000			36,492	15,810	57,302
Tuscola						
List Psychological Services				17,497		17,497
Peer 360 Recovery					10,926	10,926
Tuscola Total				17,497	10,926	28,423
Grand Total	30,000	106,632	12,958	398,193	322,256	870,038

Mid-State Health Network
Summary of SUD Revenue and Expenses as of December 2022 (25% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	1,870,371.77	8,958,377.00	7,088,005.23	20.88%
SOR and Other Grants	565,812.01	6,103,984.00	5,538,171.99	9.27%
Medicaid	4,766,737.08	14,871,832.00	10,105,094.92	32.05%
Healthy Michigan PA2	9,093,672.64 870,038.36	26,450,624.00 4,506,627.00	17,356,951.36 3,636,588.64	34.38% 19.31%
Totals	17,166,631.86	60,891,444.00	43,724,812.14	28.19%
Direct Expenses				
Block Grant	1,870,371.77	8,958,377.00	7,088,005.23	20.88%
SOR and Other Grants	565,812.01	6,103,984.00	5,538,171.99	9.27%
Medicaid	3,914,993.89	13,864,740.00	9,949,746.11	28.24%
Healthy Michigan PA2	7,193,366.22 870,038.36	25,725,000.00 4,506,627.00	18,531,633.78 3,636,588.64	27.96% 19.31%
Totals	14,414,582.25	59,158,728.00	44,744,145.75	24.37%
Surplus / (Deficit)	2,752,049.61			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	851,743.19			
Healthy Michigan PA2	1,900,306.42 -			
Totals	2,752,049.61			

Actual revenue greater than budgeted revenue

Actual expenses greater than budgeted expenses

Surplus/(Deficit) by Funding Source - Please Note: A surplus or deficit listed above only relates to SUD. MSHN uses the amounts above in conjunction with behavioral health surpluses and deficits to determine a regional total. MSHN then applies MDHHS's set formula to calculate the portion of surplus dollars we can retain.

OPB Operational Report February 2023 Q1 Oct-Dec 2022

Several Clinical Team functions and activities are ongoing year-round while others are specific to requirements of that quarter's place in the fiscal year cycle or situation-specific demands prompted by new federal, state, or local mandates or regulations, shifts in epidemiological trends (e.g., COVID surges or rise in stimulant use), etc. The activities below are separated accordingly.

Prevention

- Supported distribution of \$400,000 in SOR-3 funds for SUD prevention coalition mini-grants for OEND and harm reduction activities and supplies.
- Completed Michigan Prevention Data System closeout for FY23 consisting of over 24,000 activities throughout the region.
- Ongoing implementation of web-based media campaign (My Life My Quit) information for youth vaping prevention with text # for quit support
- Implementation of streaming TV commercial media campaign for problem gambling began December 1.
- Tobacco Retailer Coverage Study was completed in five communities in the MSHN region at the request of MDHHS.
- Placed Tobacco Vendor Education material orders for all Designated Youth Tobacco Representatives (DYTURs) in the MSHN region.
- MSHN Prevention staff and multiple providers began attending a newly created state-wide youth cannabis prevention coalition
- Began preparing for 1115 Waiver SUD site review from MDHHS
- Ongoing planning for grant projects and spending in FY23, including QPR suicide prevention training, cannabis education, and gambling prevention media campaigns
- Began planning for 2023 regional prevention conference
- Hosted quarterly SUD Prevention Provider meeting
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS
- Attending coalition meetings across Region 5's 21 counties.
- Continued implementation of FY21-23 SUD Strategic plan.

Treatment

- Attendance for MDHHS Social Determinants of Health Summit January 24 – 26.
- Preparation and coordination of MDHHS 1115 waiver site review process and evidence for 1/23/2023 upload and 2/23/2023 virtual review with auditors.
- RFP released for Isabella and Montcalm counties for ASAM Levels of Care for residential (3.1, 3.3, 3.5, 3.7) and outpatient (1.0, 2.1, & MAT) services. Proposals due to MSHN by 12-16-2022.

- Implementation of Opioid Health Home in Region 5 at Victory Clinical Services – Saginaw. Currently have 76 individuals enrolled and growing daily.
- Supported 11 SUD treatment clinical supervisors to attend the MCBAP CCS 35 hour training in November 2023 with grant funds.
- Planning for Project ASSERT program at Sparrow Hospital ED in Ingham County for January-March 2023.
- Additional Narcan Vending Machines proposed for Eaton County, and 2 additional in Ingham County with SOR-3 grant funds. Currently have Narcan Vending Machines approved for Tuscola, Ionia, Jackson, Gratiot, and Ingham counties.
- Implemented process to distribute Fentanyl Test Strips, Hepatitis C tests, and HIV tests to MAT providers in the region.
- Planning and coordination of training opportunities for SUD provider network. Supported FASD (72 participants attended) and EMDR (60 participants attended) training. Participants who completed the EMDR training successfully also received a copy of the EMDR manual from MSHN with use of grant funds.
- Utilized grant funds to support SUD provider network participation in the National Stimulant Summit (19 participants) and MCBAP- CCS supervisor training (10 participants).
- Evaluation of jail-based SUD services, including MAT, and options for funding out of available fund sources.
- Assisted with QAPI site reviews for 3 providers.
- Monitoring and assisting providers with ASAM Designation process with MDHHS which is now part of the MiCAL system online.
- Conducted pre-contract site review and implementation of Ten-16 – Standish location in Arenac County. Supporting ASAM 0.5 and 1.0 outpatient services on Monday’s and Wednesdays.
- Monitoring of Public Health Emergency (PHE) unwind with MDHHS to support providers and individuals in services with guidance.
- Ongoing support of technical assistance needs with SUD treatment providers.
- Continued Treatment Team attendance at prevention community coalition meetings.
- Ongoing support of treatment providers’ strategies to stay open and viable during COVID with telemedicine, etc.
- Ongoing evaluation of opportunities to expand services for specialty populations of older adults, adolescents, veterans and military families.
- Ongoing monitoring of progress for FY21-23 SUD Strategic Plan
- Coordinate and facilitate regional ROSC meetings, regional MAT workgroup meetings, regional WSS workgroup meetings, regional WM/residential workgroup, and new outpatient provider meetings

Additional Activities in October-December:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above
- Ongoing support of Project ASSERT expansion in Saginaw and Jackson
- Ongoing coordination with statewide SUDS Directors
- Finalization of MCU redeployment to harm reduction – still in process
- CCO and Director of Utilization Management & Health Integration in ongoing IDEA & REACH meetings
- Ongoing coordination between CCO and DEI Director of Michigan Primary Care Association (MPCA)
- Ongoing meetings with Michigan Health Endowment Fund and Saginaw’s Women of Colors (WOC) on Phase II grant to reduce disparities in follow-up for treatment after an ER visit for SUD issue
- Development of Equity Upstream virtual lecture series and learning collaborative related to the opioid epidemic and reducing health disparities

Substance Use Disorder (SUD)
 Clinical Team
 Narrative Report
 FY23-Q1
 October-December 2022

PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	48 programs with multiple activities provided parent and community education/information across the region this quarter. Jackson county conducting 'Most Teens Don't' campaign. One vendor education session took place this period as well as one retailer education session. 38 evidence-based programs are in use with multiple activities held this period.
Reduce prescription and over-the-counter drug abuse, including opiates	38 evidence-based programs are in use with multiple groups/activities occurring using those EBPs. 59 Peer Assisted Leadership activities held this quarter focus on cannabis misuse also as well as 140 student assistance groups with multiple activities. 48 programs address AOD issues (inclusive of cannabis issues). Jackson County conducting 'Most Teens Don't' campaign.
Reduce prescription and over-the-counter drug abuse, including opiates	48 programs with multiple activities provide education/information on opioid misuse: prescription drug awareness, etc. In addition, twenty-seven naloxone/Narcan presentations were provided in the community during this period. 1,098 activities to provide peer recovery support/education were held this quarter.
Reduce youth access to tobacco	7 programs with over 150+ activities provide education/information on tobacco and OEND misuse that were conducted for parents and community members. 50 programs with multiple activities provide education/information to youth across the entire region. 3 vendor education sessions were completed this quarter as well as 17 non-formal SYNAR checks conducted.
Reduce Substance Use in Older Adults	Four counties conducted senior activity in the first quarter – Hillsdale; Huron; Saginaw; and Shiawassee. In addition, Wellness Initiative for Senior Education (WISE) was held in Eaton and Ingham counties. Seven drug disposal events were conducted this quarter.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY23-Q1
October-December 2022

TREATMENT GOALS	RESULTS & PROGRESS
Increase women’s specialty service programs	There have been no changes in Women’s Specialty services over the first quarter of FY23. Existing Women’s Specialty Services continue to remain in place throughout the region, and MSHN continues to seek out opportunities to add or increase women’s specialty programming within the region.
Increase array of medication assisted treatment programs	Medication Assisted Treatment (MAT) Programs continue to exist throughout the region. MSHN has issued an RFP requesting expansion of MAT services in Montcalm and Isabella counties. The RFP submissions for Montcalm and Isabella counties will be reviewed and a provider selected in Q2 of FY23. MSHN continues to support all Office-based Opioid Treatment (OBOT) and Opioid Treatment Programs (OTP) services throughout the 21-county region. MSHN continues to work with the jails within the region to begin to allow MAT services to be offered when an individual is incarcerated.
Expand Stimulant Use Disorder Treatment	MSHN continues to support the provider network in addressing stimulant use disorder (StUD) treatment to individuals that present to services with a stimulant use disorder. In Q1, Ten16 opened a location in Arenac County that will be supporting Contingency Management as an evidence-based practice modality with individuals with Stimulant Use Disorder in their outpatient services.
Expand Jail Based Services	Jail-based services have begun to come back into place with the COVID restrictions lessening. Limited jail-based treatment services are again being offered in Midland, Bay, Isabella, Shiawassee and Gladwin Counties. The Newaygo County Jail MAT program is continuing efforts to re-implement their program during Q2.
Expand Trauma Informed Care	MSHN has trainings scheduled for FY23 that include Trauma-Focused Yoga in May and Loss, Grieving and Substance Use in April. These trainings will assist the provider network in their trauma-focused work with the individuals that they serve. MSHN continues to support the provider network in providing trauma informed services.
Expand penetration rates for adolescents, older adults, and veterans/military families.	MSHN continues to work with our provider network to increase the penetration rates for treatment services for substance use disorders (SUD) to adolescents, older adults, and veterans. MSHN’s Veteran’s Navigator, Tammy Foster, provided services to 18 veterans during FY23 Q1, as well as collaborating with various community partners, veteran service officers and the VA. She also connected one veteran to inpatient services for SUD, provided additional resources and follow up. Tammy provided support and services for a veteran who was homeless with mental health and gambling disorder needs in Q1.

Substance Use Disorder (SUD)
 Clinical Team
 Narrative Report
 FY23-Q1
 October-December 2022

	Completion of Treatment	% Completion of Treatment	Continuing Treatment Transfer	% Continuing Treatment Transfer	Total Discharges
Outpatient	1387	38.2%	777	16.6%	4690
Withdrawal Management	155	22.2%	158	36.6%	432
Residential	576	28%	396	24.7%	1605

OPB Report

FY23 Q1

MSHN

Mid-State Health Network

Arenac

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2742

Total Attendees

124

of Activities

Admitted

Service	Adult
Outpatient	12
Residential	2
Withdrawal	4

WSS

Adult

1

MAT

Adult

6

Served

Service	Adult
Outpatient	36
Residential	6
Withdrawal	4

WSS

Adult

3

MAT

Adult

7

Primary Substance at Admission	Adult	Minor
Alcohol	8	
Heroin	7	
Other Opiates / Synthetics	3	
Methamphetamine / Speed	2	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	5	
(None)	3	
Benzodiazepines	1	
Other Amphetamines	1	
Other Drugs	1	
Other Opiates / Synthetics	1	

Bay

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

8533

Total Attendees

646

of Activities

Admitted

Service	Adult	Minor
Outpatient	114	1
Residential	32	
Withdrawal	34	

WSS

Adult

15

MAT

Adult

51

Served

Service	Adult	Minor
Outpatient	476	5
Residential	37	
Withdrawal	45	

WSS

Adult

77

MAT

Adult

104

Primary Substance at Admission	Adult	Minor
Alcohol	66	
Heroin	60	
Other Opiates / Synthetics	27	
Methamphetamine / Speed	17	
Cocaine / Crack	11	
Benzodiazepines	4	
Marijuana/Hashish	4	1
Other Amphetamines	2	
Inhalants	1	
Other Drugs	1	
Other Stimulants	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
(None)	35	1
Cocaine / Crack	32	
Marijuana/Hashish	29	
Other Opiates / Synthetics	13	
Methamphetamine / Speed	12	
Heroin	9	
Alcohol	3	
Benzodiazepines	3	
Other Drugs	2	
Hallucinogens	1	
Other Amphetamines	1	
Other Stimulants	1	

Clare

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1361

Total Attendees

141

of Activities

Admitted

Service	Adult
Outpatient	25
Residential	16
Withdrawal	7

WSS

Adult

3

MAT

Adult

5

Served

Service	Adult
Outpatient	149
Residential	24
Withdrawal	8

WSS

Adult

7

MAT

Adult

24

Primary Substance at Admission	Adult	Minor
Alcohol	20	
Methamphetamine / Speed	20	
Other Opiates / Synthetics	5	
Heroin	3	
Cocaine / Crack	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	11	
Methamphetamine / Speed	7	
(None)	4	
Other Opiates / Synthetics	4	
Cocaine / Crack	3	
Hallucinogens	2	
Alcohol	1	
Heroin	1	
Other Stimulants	1	

Clinton

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

489

Total Attendees

44

of Activities

Admitted

Service	Adult
Outpatient	32
Residential	13
Withdrawal	10

WSS

Adult

4

MAT

Adult

4

Served

Service	Adult	Minor
Outpatient	120	1
Residential	23	
Withdrawal	11	

WSS

Adult

6

MAT

Adult

33

Primary Substance at Admission	Adult	Minor
Alcohol	24	
Methamphetamine / Speed	15	
Heroin	8	
Other Opiates / Synthetics	6	
Marijuana/Hashish	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	9	
Alcohol	6	
(None)	5	
Methamphetamine / Speed	5	
Cocaine / Crack	2	
Other Drugs	2	
Heroin	1	
Other Opiates / Synthetics	1	

Eaton

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

870

Total Attendees

134

of Activities

Admitted

Service	Adult
Outpatient	71
Residential	22
Withdrawal	21

WSS

Adult

6

MAT

Adult

13

Served

Service	Adult	Minor
Outpatient	254	3
Residential	27	
Withdrawal	23	

WSS

Adult

17

MAT

Adult

71

Primary Substance at Admission	Adult	Minor
Alcohol	47	
Methamphetamine / Speed	31	
Heroin	23	
Cocaine / Crack	8	
Marijuana/Hashish	6	
Other Opiates / Synthetics	4	
Benzodiazepines	2	
Hallucinogens	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	14	
Methamphetamine / Speed	12	
Alcohol	7	
Heroin	7	
Cocaine / Crack	6	
Other Opiates / Synthetics	5	
(None)	4	
Hallucinogens	1	
Other Stimulants	1	
Other Tranquilizers	1	

Gladwin

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

55

Total Attendees

16

of Activities

Admitted

Service	Adult
Outpatient	25
Residential	12
Withdrawal	6

WSS

Adult

5

MAT

Adult

4

Served

Service	Adult
Outpatient	107
Residential	17
Withdrawal	6

WSS

Adult

10

MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	22	
Alcohol	13	
Heroin	5	
Other Opiates / Synthetics	3	
Cocaine / Crack	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	12	
Methamphetamine / Speed	4	
(None)	2	
Alcohol	2	
Other Opiates / Synthetics	2	
Benzodiazepines	1	
Heroin	1	

Gratiot

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

855

Total Attendees

110

of Activities

Admitted

Service	Adult
Outpatient	21
Residential	12
Withdrawal	7

WSS

Adult

6

MAT

Adult

3

Served

Service	Adult
Outpatient	122
Residential	19
Withdrawal	9

WSS

Adult

14

MAT

Adult

47

Primary Substance at Admission	Adult	Minor
Alcohol	20	
Methamphetamine / Speed	9	
Cocaine / Crack	5	
Other Opiates / Synthetics	4	
Marijuana/Hashish	3	
Heroin	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	8	
Alcohol	4	
Methamphetamine / Speed	4	
(None)	3	
Benzodiazepines	2	
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Heroin	1	

Hillsdale

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

903

Total Attendees

120

of Activities

Admitted

Service	Adult
Outpatient	22
Residential	13
Withdrawal	2

WSS

Adult

7

MAT

Adult

4

Served

Service	Adult	Minor
Outpatient	68	1
Residential	21	
Withdrawal	2	

WSS

Adult

12

MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	20	
Alcohol	8	
Heroin	5	
Cocaine / Crack	3	
Other Opiates / Synthetics	3	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Heroin	4	
Marijuana/Hashish	4	
Methamphetamine / Speed	4	
(None)	3	
Alcohol	2	
Benzodiazepines	1	
Cocaine / Crack	1	
Other Drugs	1	
Other Opiates / Synthetics	1	

Huron

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2191

Total Attendees

211

of Activities

Admitted

Service	Adult
Outpatient	17
Residential	8
Withdrawal	6

WSS

Adult

0

MAT

Adult

4

Served

Service	Adult
Outpatient	85
Residential	8
Withdrawal	7

WSS

Adult

8

MAT

Adult

11

Primary Substance at Admission	Adult	Minor
Alcohol	9	
Heroin	8	
Methamphetamine / Speed	6	
Cocaine / Crack	5	
Other Opiates / Synthetics	4	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	4	
(None)	3	
Heroin	3	
Marijuana/Hashish	2	
Methamphetamine / Speed	2	
Alcohol	1	
Other Opiates / Synthetics	1	

Ingham

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

3197

Total Attendees

367

of Activities

Admitted

Service	Adult	Minor
Outpatient	358	2
Residential	148	
Withdrawal	107	

WSS

Adult

21

MAT

Adult

88

Served

Service	Adult	Minor
Outpatient	1349	4
Residential	199	
Withdrawal	124	

WSS

Adult

60

MAT

Adult

497

Primary Substance at Admission	Adult	Minor
Alcohol	309	
Heroin	132	
Methamphetamine / Speed	130	
Cocaine / Crack	58	
Other Opiates / Synthetics	41	1
Marijuana/Hashish	26	1
Hallucinogens	4	
Inhalants	2	
Other Drugs	2	
Benzodiazepines	1	
Other Sedatives / Hypnotics	1	
PCP - phencyclidine	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	91	
Methamphetamine / Speed	79	
Marijuana/Hashish	76	
(None)	60	
Alcohol	37	
Heroin	35	
Other Opiates / Synthetics	21	
Benzodiazepines	7	
Other Stimulants	2	
Barbiturates	1	
Hallucinogens	1	
Non-prescription methadone	1	
Other Amphetamines	1	1
Other Drugs	1	1
Other Sedatives / Hypnotics	1	

Ionia

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

3058

Total Attendees

133

of Activities

Admitted

Service	Adult
Outpatient	63
Residential	22
Withdrawal	11

WSS

Adult

18

MAT

Adult

20

Served

Service	Adult
Outpatient	146
Residential	32
Withdrawal	11

WSS

Adult

38

MAT

Adult

22

Primary Substance at Admission	Adult	Minor
Alcohol	36	
Methamphetamine / Speed	31	
Other Opiates / Synthetics	16	
Heroin	13	
Marijuana/Hashish	3	
Cocaine / Crack	2	
Non-prescription methadone	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	13	
Marijuana/Hashish	9	
Other Opiates / Synthetics	4	
Heroin	3	
Cocaine / Crack	2	
(None)	1	
Alcohol	1	

Isabella

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2543

Total Attendees

308

of Activities

Admitted

Service	Adult	Minor
Outpatient	13	
Residential	15	1
Withdrawal	9	

WSS

Adult

2

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	267	3
Residential	27	1
Withdrawal	10	

WSS

Adult

27

MAT

Adult

93

Primary Substance at Admission	Adult	Minor
Alcohol	15	
Methamphetamine / Speed	9	
Heroin	8	
Other Opiates / Synthetics	5	
Cocaine / Crack	2	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	8	
(None)	4	
Cocaine / Crack	4	
Other Opiates / Synthetics	4	
Heroin	3	
Other Sedatives / Hypnotics	3	
Methamphetamine / Speed	2	
Alcohol	1	1

Jackson

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

10015

Total Attendees

1061

of Activities

Admitted

Service	Adult
Outpatient	157
Residential	85
Withdrawal	34

WSS

Adult

29

MAT

Adult

23

Served

Service	Adult
Outpatient	666
Residential	124

WSS

Adult

73

MAT

Adult

270

Primary Substance at Admission	Adult	Minor
Alcohol	120	
Methamphetamine / Speed	77	
Heroin	52	
Cocaine / Crack	16	
Other Opiates / Synthetics	12	
Marijuana/Hashish	8	
Benzodiazepines	1	
Hallucinogens	1	
Inhalants	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	33	
Alcohol	28	
Methamphetamine / Speed	27	
Cocaine / Crack	16	
(None)	14	
Heroin	11	
Other Opiates / Synthetics	10	
Benzodiazepines	5	
Other Amphetamines	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	

Mecosta

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

3510

Total Attendees

314

of Activities

Admitted

Service	Adult	Minor
Outpatient	40	2
Residential	16	
Withdrawal	10	

WSS

Adult

8

MAT

Adult

10

Served

Service	Adult	Minor
Outpatient	149	3
Residential	29	
Withdrawal	10	

WSS

Adult

16

MAT

Adult

34

Primary Substance at Admission	Adult	Minor
Alcohol	32	
Methamphetamine / Speed	18	
Heroin	11	
Other Opiates / Synthetics	7	
Cocaine / Crack	2	
Marijuana/Hashish	1	2

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	12	
(None)	10	
Alcohol	5	
Benzodiazepines	3	
Marijuana/Hashish	3	
Other Opiates / Synthetics	3	
Cocaine / Crack	2	
Heroin	2	
Other Amphetamines	1	
Other Drugs	1	

Midland

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

4178

Total Attendees

431

of Activities

Admitted

Service	Adult
Outpatient	57
Residential	24
Withdrawal	26

WSS

Adult

6

MAT

Adult

32

Served

Service	Adult	Minor
Outpatient	218	1
Residential	36	2

WSS

Adult

17

MAT

Adult

31

Primary Substance at Admission	Adult	Minor
Heroin	40	
Alcohol	32	
Methamphetamine / Speed	23	
Other Opiates / Synthetics	9	
Cocaine / Crack	5	
Marijuana/Hashish	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	19	
Marijuana/Hashish	18	
Methamphetamine / Speed	16	
(None)	8	
Alcohol	7	
Heroin	5	
Other Opiates / Synthetics	3	
Benzodiazepines	2	
Other Stimulants	1	

Montcalm

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2545

Total Attendees

126

of Activities

Admitted

Service	Adult	Minor
Outpatient	40	
Residential	28	1
Withdrawal	15	

WSS

Adult

11

MAT

Adult

11

Served

Service	Adult	Minor
Outpatient	212	2
Residential	39	1
Withdrawal	17	

WSS

Adult

35

MAT

Adult

46

Primary Substance at Admission	Adult	Minor
Alcohol	30	
Heroin	24	
Methamphetamine / Speed	19	
Other Opiates / Synthetics	8	
Cocaine / Crack	5	
Inhalants	1	
Other Amphetamines	1	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	19	
(None)	6	
Marijuana/Hashish	6	
Heroin	5	
Alcohol	4	1
Cocaine / Crack	2	
Other Stimulants	2	
Benzodiazepines	1	

Newwaygo

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1037

Total Attendees

119

of Activities

Admitted

Service	Adult	Minor
Outpatient	19	1
Residential	17	1
Withdrawal	10	

WSS

Adult

4

MAT

Adult

10

Served

Service	Adult	Minor
Outpatient	113	1
Residential	18	1

WSS

Adult

19

MAT

Adult

30

Primary Substance at Admission	Adult	Minor
Alcohol	18	
Methamphetamine / Speed	11	
Other Opiates / Synthetics	7	
Heroin	6	
Cocaine / Crack	3	
Marijuana/Hashish	1	2
Non-prescription methadone	1	

Secondary Substance at Admission	Adult	Minor
(None)	4	
Alcohol	4	
Methamphetamine / Speed	4	
Heroin	3	
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Benzodiazepines	1	
Marijuana/Hashish	1	
Other Amphetamines	1	
Other Drugs		1

Osceola

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

144

Total Attendees

65

of Activities

Admitted

Service	Adult
Outpatient	11
Residential	8
Withdrawal	3

WSS

Adult

2

MAT

Age_Bracket Count of unique_pihp_ic

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Served

Service	Adult
Outpatient	88
Residential	10
Withdrawal	3

WSS

Adult

8

MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	11	
Alcohol	7	
Heroin	2	
Other Opiates / Synthetics	2	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
(None)	2	
Heroin	2	
Marijuana/Hashish	2	
Alcohol	1	
Methamphetamine / Speed	1	

Saginaw

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

11560

Total Attendees

1122

of Activities

Admitted

Service	Adult
Outpatient	191
Residential	68
Withdrawal	88

WSS

Adult

32

MAT

Adult

69

Served

Service	Adult
Outpatient	875
Residential	108
Withdrawal	103

WSS

Adult

129

MAT

Adult

235

Primary Substance at Admission	Adult	Minor
Alcohol	157	
Heroin	65	
Cocaine / Crack	60	
Other Opiates / Synthetics	36	
Marijuana/Hashish	22	
Methamphetamine / Speed	22	
Benzodiazepines	3	
Other Drugs	2	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	46	
(None)	36	
Marijuana/Hashish	30	
Other Opiates / Synthetics	26	
Methamphetamine / Speed	25	
Alcohol	23	
Heroin	13	
Benzodiazepines	3	
Other Drugs	3	
Barbiturates	1	
Other Amphetamines	1	
Other Stimulants	1	

Shiawasse

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2884

Total Attendees

562

of Activities

Admitted

Service	Adult
Outpatient	65
Residential	20
Withdrawal	21

WSS

Adult

11

MAT

Adult

23

Served

Service	Adult
Outpatient	246
Residential	28
Withdrawal	24

WSS

Adult

18

MAT

Adult

41

Primary Substance at Admission	Adult	Minor
Alcohol	39	
Heroin	24	
Methamphetamine / Speed	20	
Other Opiates / Synthetics	13	
Marijuana/Hashish	6	
Cocaine / Crack	5	
Other Amphetamines	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
(None)	25	
Methamphetamine / Speed	13	
Other Opiates / Synthetics	12	
Marijuana/Hashish	8	
Alcohol	6	
Cocaine / Crack	4	
Heroin	4	
Benzodiazepines	2	
Other Amphetamines	1	

Tuscola

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

3625

Total Attendees

280

of Activities

Admitted

Service	Adult
Outpatient	29
Residential	17
Withdrawal	6

WSS

Adult

3

MAT

Adult

4

Served

Service	Adult
Outpatient	183
Residential	17
Withdrawal	9

WSS

Adult

27

MAT

Adult

22

Primary Substance at Admission	Adult	Minor
Alcohol	19	
Methamphetamine / Speed	13	
Heroin	8	
Cocaine / Crack	7	
Other Opiates / Synthetics	6	
Marijuana/Hashish	2	

Secondary Substance at Admission	Adult	Minor
(None)	7	
Alcohol	7	
Marijuana/Hashish	4	
Cocaine / Crack	3	
Methamphetamine / Speed	3	
Other Opiates / Synthetics	3	
Benzodiazepines	1	
Heroin	1	