

**MSHN Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
December 20, 2017 ~ 4:00 p.m.
Meeting Agenda**

- 1) Call to Order
- 2) Roll Call
- 3) ACTION ITEM: Approval of the Agenda for December 20, 2017
- 4) ACTION ITEM: Approval of Minutes from October 18, 2017 (Item 4)
- 5) Public Comment
- 6) Board Chair Report
 - A. Welcome New Board Member – Tony Lewis, Jackson County
 - B. Committee Report
- 7) Deputy Director Report
 - A. FY2017 PA2 Receipts & Payments (Item 7A)
 - B. FY2018 PA2 Receipts & Payments (Item 7B)
 - C. MDHHS Reallocation Letter #6 (Item 7C)
 - D. FY18 SUD Financial Summary Report, as of October 2017 (Item 7D)
- 8) ACTION ITEM: FY18 Substance Use Disorder (SUD) PA2 Funding Requests/Contract Listing (Item 8)
- 9) Operating Update
 - A. FY17 Fourth Quarter Report (Item 9A)
 - B. PA2 Funding Needs Survey Results (Item 9B)
- 10) Other Business
 - A. February Meeting Agenda
 1. Annual Organizational Meeting
- 11) Public Comment
- 12) Board Member Comment
- 13) Adjournment

**Mid-State
Health Network**

**SUD Oversight
Policy Advisory Board**

MEETING LOCATION:

Michigan Association of
CMH Boards (MACMHB)
426 S. Walnut, Lansing
Upstairs Training Room

TELE-CONFERENCE:

Call in: 1.888.585.9008
Conference Room: 182 260 353

Please call/email Merre Ashley
to confirm your attendance
517.253.7525

merre.ashley@midstatehealthnetwork.org



**UPCOMING FY18
BOARD MEETINGS**

February 21, 2018
April 18, 2018
June 20, 2018
August 15, 2018

All meetings will be held
from 4:00-5:30 p.m. at MACMHB
unless noted otherwise.

MSHN Board Approved Policies
May be Found at:

<http://www.midstatehealthnetwork.org/policies/>

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, October 18, 2017, 4:00 p.m.

Michigan Association of CMH Boards (MACMHB)

Meeting Minutes

1. Call to Order

Chairperson Hunter called the MSHN SUD Regional Oversight Policy Board of Directors Meeting to order at 4:00 p.m.

Board Member(s) Present: Bruce Caswell (Hillsdale), Larry Emig (Osceola), Steve Glaser (Midland), Richard (Dick) Gromaski (Bay), John Hunter (Tuscola), Jerry Jalszynski (Isabella), Bryan Kolk (Newaygo), Tom Lindeman (Montcalm), Carl Rice (Jackson), Vicky Schultz (Shiawassee), Leonard Strouse (Clare), Debbie Thalison (Ionia), Kim Thalison (Eaton), Kam Washburn (Clinton), and Virginia Zygiel (Arenac)

Alternate Member(s) Present: John Kroneck (Montcalm)

Board Member(s) Absent: Lisa Ashley (Gladwin), Clark Elftman (Huron), Susan Guernsey (Mecosta), Christina Harrington (Saginaw), Carol Koenig (Ingham), Sabrina Sylvain (Gratiot),

Staff Members Present: Joseph Sedlock (CEO), Amanda Horgan (Deputy Director), Dr. Dani Meier (Chief Clinical Officer), Trisha Thrush (Lead Treatment Therapist), Merre Ashley (Executive Assistant), and Jennifer McCoy (Office Assistant)

2. Roll Call

Ms. Merre Ashley provided the Roll Call for Board Attendance.

3. Approval of Agenda for October 18, 2017

Board approval was requested for the Agenda of the October 18, 2017 Regular Business Meeting, as presented.

ROPB 17-18-001 MOTION BY VIRGINA ZYGIEL, SUPPORTED BY DICK GROMASKI, FOR APPROVAL OF THE AGENDA OF THE OCTOBER 18, 2017 REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

4. Approval of Minutes from August 16, 2017 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the August 16, 2017 Regular Business Meeting, as presented.

ROPB 17-18-002 MOTION BY LARRY EMIG, SUPPORTED BY JERRY JALOCZYNSKI, FOR APPROVAL OF THE MINUTES OF THE AUGUST 16, 2017 REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

5. Public Comment

Ms. Amanda Horgan provided introduction of new MSHN staff members, Alicia Harris, Intern, and Jennifer McCoy, Office Assistant, as well as recognition of other staff in attendance; Joe Sedlock and Trisha Thrush.

Chairperson Hunter welcomed staff members, and thanked them for their participation.

6. Board Chair Report

Chairperson Hunter addressed the board, with information on the following:

- Subcommittee Formation and Member Appointments
 - To address the role and responsibilities of the SUD Oversight Policy Advisory Board as required under law, and to better define information needed from MSHN administration and staff to make informed decisions and take appropriate action, formation of a subcommittee is recommended.
 - Subcommittee members were appointed from different sectors of SUD Oversight Policy Advisory Board membership to provide a cross-section of expertise, to include:
 - Bruce Caswell (Hillsdale County)
 - Vicky Schultz (Shiawassee County)
 - Kim Thalison (Eaton County)
 - Deb Thalison (Ionia County)
 - Kam Washburn (Clinton County)

- Subcommittee membership will also include MSHN staff
- Subcommittee meeting(s) will occur on the third Wednesday of each month, which coincides with the day established for SUD Oversight Policy Advisory Board Meetings.
- Findings and information of subcommittee meeting(s) will be reported to the full board, beginning with the December 20 meeting;
 - Board members were encouraged to submit questions and suggestions for subcommittee attention to Chairperson Hunter via email between board and subcommittee meeting dates
- Board members interested in subcommittee participation were advised approach Chairperson Hunter
- Subcommittee arrangements will be coordinated by MSHN's Executive Assistant, Merre Ashley, who will provide communications to members following the day's meeting.

7. Deputy Director Report

Ms. Amanda Horgan provided information and overview of materials related to the following:

- FY2017 PA2 Receipts & Payments
- FY2017 PA2 Use by County
- MDHHS Allocation Letter
- FY17 SUD Financial Summary Report, of August 2017
 - At the request of the board, the summary report includes additional detail pertaining to SUD expenditures
 - Members were encouraged to provide feedback specific to expectations of an overall finance report via email communication(s) to Chairman Hunter and/or MSHN's executive assistant, Ms. Ashley.
- FY18 Budget Summary

8. FY18 Substance Use Disorder (SUD) PA2 Funding Requests/Contract Listing

Ms. Carolyn Watters provided an overview of the FY18 contract listing, and information included therein. Following discussion around the report which provided listings organized by county, Ms. Horgan stated additional review of details would be performed internally, and follow-up with representative(s) of respective counties and/or the full board would occur if deemed necessary.

ROPB 17-18-003 MOTION BY JERRY JALOSCYNSKI, SUPPORTED BY DICK GROMASKI, TO APPROVE THE FY18 SUBSTANCE USE DISORDER (SUD) PA2 FUNDING REQUESTS/CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 12-0. ABSTAINING: VICKY SCHULTZ, DEB THALISON AND KIM THALISON.

Ms. Horgan departed the meeting at 5:15 p.m.

9. Operating Update

Dr. Dani Meier provided updates and information on the following:

- Quarterly Report
 - County Specific Reporting
- SUD Treatment Presentation (including FY18 PA2 proposal process)
- SUD Treatment Services Request for Proposals (RFPs) Specific to Eaton, Hillsdale and Ionia Counties

10. Other Business

Chairperson Hunter initiated discussion pertaining to the December SUD Oversight Policy Advisory Board Meeting date. Following member comment, it was established the December 20, 2017 would occur as scheduled.

11. Public Comment

Mr. Joe Sedlock expressed thanks for board member's service to MSHN and the people of our region, further stating their participation and effort to participate in person is valued and appreciated.

12. Board Member Comment

Ms. Kim Thalison addressed the board, and provided information and hardcopy material related to the Opioid Awareness events being sponsored by Eaton RESA.

Mr. John Kroneck addressed the board, and provided information and hardcopy material from the Michigan Office of Highway Safety Planning pertaining to Cannabinoid drugs.

Mr. Kam Washburn publicly thanked Dr. Meier for his participation in a meeting instigated by Judge Rick of Gratiot County.

Mr. Carl Rice announced his resignation from the SUD Oversight Policy Advisory Board, stating he has made the decision to step-down due to family priorities. Chairperson Hunter thanked Mr. Rice for his service, stating he provided good leadership which helped promote outstanding relations.

Mr. Howard Spence requested information pertaining to the request for proposal (RFP) for SUD Treatment Services to Eaton County providers, so he could pass along to its county commissioners.

13. Adjournment

ROPB 17-18-004 MOTION BY JERRY JALOSZYNSKI, SUPPORTED BY TOM LINDEMAN, TO ADJOURN THE OCTOBER 18, 2017, REGULAR BUSINESS MEETING. MOTION CARRIED: 15-0.

The MSHN SUD Oversight Policy Advisory Board adjourned at 5:40 p.m.

Meeting minutes submitted respectfully by:
Merre Ashley, MSHN Executive Assistant

**Mid-State Health Network
FY2017 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	Interest	Beginning PA2 Fund Balance and Receipts
Arenac	216,112	7,846	5.4.17	15,178	8.21.17	10,500	11.2.17	35,235	33,523	193	249,828
Bay	1,187,672	46,138	5.25.17	89,257	8.24.17	61,748	11.30.17	199,133	197,142	1,081	1,385,895
Clare	255,885	11,882	5.30.17	22,987	9.5.17	15,902		51,762	50,771	243	306,899
Clinton	560,408	27,806	5.26.17	53,792	8.25.17	37,213		118,397	118,811	515	679,734
Eaton	777,615	54,219	5.31.17	104,889	8.28.17	72,562		222,824	231,669	691	1,009,976
Gladwin	106,116	9,118	6.15.17	17,637	9.15.17	12,201		36,333	38,955	104	145,175
Gratiot	192,393	10,588	5.31.17	20,484	8.21.17	14,170		46,705	45,242	171	237,806
Hillsdale	133,206	11,216	5.2.17	21,698	8.3.17	15,011	11.7.17	48,756	47,924	153	181,283
Huron	300,274	15,170	5.4.17	29,348	8.17.17	20,302	11.27.17	63,999	64,820	310	365,404
Ingham	1,110,394	162,311	5.31.17	314,003	9.5.17	217,226		714,698	693,540	641	1,804,575
Ionia	363,711	16,487	6.5.17	31,895	8.28.17	22,065		68,927	70,446	358	434,514
Isabella	785,184	37,553	5.22.17	72,650	8.28.17	50,259		162,106	160,462	719	946,365
Jackson	1,236,068	72,862	5.31.17	140,958	8.18.17	97,514		311,106	311,333	1,038	1,548,439
Mecosta	496,753	21,584	5.19.17	41,756	8.18.17	28,887	12.1.17	91,282	92,227	469	589,448
Midland	562,495	34,271	5.19.17	66,300	8.18.17	45,866	12.1.17	148,615	146,436	497	709,427
Montcalm	463,628	21,944	5.30.17	42,452	8.31.17	29,368		94,075	93,764	428	557,821
Newaygo	190,600	15,962	6.20.17	30,880	9.15.17	21,363		69,787	68,205	217	259,022
Osceola	136,874	6,647	5.22.17	12,859	8.21.17	8,895		28,767	28,401	139	165,414
Saginaw	3,334,127	104,588	5.17.17	202,334	8.21.17	139,974		451,964	446,895	2,947	3,783,969
Shiawassee	572,567	21,310	6.27.17	41,225	8.28.17	28,519		89,624	91,054	554	664,175
Tuscola	341,573	12,200	5.19.17	23,602	8.9.17	16,328	11.16.17	52,839	52,130	335	394,037
	\$ 13,323,655	\$ 721,697		\$ 1,396,179		\$ 965,871		\$ 3,106,934	\$ 3,083,747	\$ 11,803	\$ 16,419,206

Mid-State Health Network
FY2017 PA2 Expenditure Summary by County

County	Beginning PA2 Fund Balance and Receipts	County Code	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	Final 2017	YTD Payments	Ending PA2 Fund Balance
Arenac	249,828	06	1,807	1,734	1,666	1,882	2,127	3,272	1,917	2,156	2,090	3,016	2,580	2,539	-	26,787	\$ 223,041
Bay	1,385,895	09	9,132	21,648	15,839	9,815	9,816	9,357	9,898	9,201	11,315	1,145	15,569	7,845	6,449	137,030	\$ 1,248,865
Clare	306,899	18	2,520	1,901	-	2,424	1,310	2,030	1,708	835	1,286	2,086	3,353	1,129	5,397	25,979	\$ 280,920
Clinton	679,734	19	14,311	12,380	10,093	310	15,534	5,422	5,091	6,154	8,424	5,496	521	555	104	84,394	\$ 595,340
Eaton	1,009,976	23	9,664	8,037	22,384	56,119	(9,769)	22,803	28,566	19,596	15,562	27,709	22,659	(17,950)	5,743	211,124	\$ 798,852
Gladwin	145,175	26	2,811	2,337	-	-	1,323	2,245	2,183	2,315	2,738	2,018	2,796	755	4,073	25,594	\$ 119,581
Gratiot	237,806	29	295	403	367	393	16,149	6,175	7,569	4,672	2,373	319	360	766	-	39,842	\$ 197,964
Hillsdale	181,283	30	338	300	306	432	-	930	325	807	339	279	1,785	(1,104)	-	4,736	\$ 176,547
Huron	365,404	32	106	107	154	134	513	854	2,093	-	31	234	2,897	653	-	7,776	\$ 357,628
Ingham	1,804,575	33	73,444	74,871	104,705	54,845	96,875	84,227	76,729	88,850	108,686	61,644	82,396	66,182	90,332	1,063,785	\$ 740,790
Ionia	434,514	34	194	284	518	517	467	678	457	501	4,536	3,988	457	959	7,339	20,898	\$ 413,617
Isabella	946,365	37	2,660	11,907	-	8,791	8,318	9,478	7,724	7,925	8,882	9,095	6,230	8,522	25,960	115,492	\$ 830,873
Jackson	1,548,439	38	19,081	23,818	27,312	21,847	18,982	27,708	25,624	27,717	26,360	20,482	19,920	39,078	51,779	349,707	\$ 1,198,732
Mecosta	589,448	54	4,701	3,528	-	3,925	3,027	4,233	4,060	3,114	3,940	4,056	2,601	3,712	7,099	47,996	\$ 541,452
Midland	709,427	56	6,067	4,983	2,290	4,628	5,614	14,492	7,013	8,897	8,395	10,008	11,196	9,463	42,177	135,223	\$ 574,204
Montcalm	557,821	59	4,251	1,476	3,507	3,263	3,592	2,701	3,917	4,353	3,025	3,243	3,352	12,755	13,403	62,836	\$ 494,985
Newaygo	259,022	62	-	-	-	-	-	-	15,589	-	(12,393)	-	1,465	-	3,535	8,196	\$ 250,827
Osceola	165,414	67	-	439	-	307	695	354	354	354	205	149	67	774	1,302	5,000	\$ 160,414
Saginaw	3,783,969	73	6,555	16,308	15,812	27,622	13,987	14,660	13,830	23,076	26,864	57,011	42,537	33,996	87,381	379,638	\$ 3,404,331
Shiawassee	664,175	78	637	1,505	4,936	651	654	947	1,043	1,819	828	5,588	1,766	3,587	286	24,247	\$ 639,929
Tuscola	394,037	79	1,689	1,787	1,524	-	-	-	-	-	-	1,425	-	-	286	6,711	\$ 387,326
<u>\$ 16,419,206</u>			<u>\$ 160,262</u>	<u>\$ 189,754</u>	<u>\$ 211,412</u>	<u>\$ 197,904</u>	<u>\$ 189,213</u>	<u>\$ 212,568</u>	<u>\$ 215,691</u>	<u>\$ 212,340</u>	<u>\$ 223,486</u>	<u>\$ 218,991</u>	<u>\$ 224,508</u>	<u>\$ 174,216</u>	<u>\$ 352,645</u>	<u>\$ 2,782,990</u>	<u>\$ 13,636,216</u>

Mid-State Health Network
FY2018 PA2 Funding Summary by County

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	Beginning PA2 Fund Balance and Receipts
Arenac	223,041									34,553	-	223,041
Bay	1,248,865									205,310	-	1,248,865
Clare	280,920									49,653	-	280,920
Clinton	595,340									126,760	-	595,340
Eaton	798,852									238,268	-	798,852
Gladwin	119,581									39,516	-	119,581
Gratiot	197,964									46,718	-	197,964
Hillsdale	176,547									50,136	-	176,547
Huron	357,628									63,579	-	357,628
Ingham	740,790									703,526	-	740,790
Ionia	413,617									73,514	-	413,617
Isabella	830,873									154,222	-	830,873
Jackson	1,198,732									319,767	-	1,198,732
Mecosta	541,452									87,244	-	541,452
Midland	574,204									150,863	-	574,204
Montcalm	494,985									98,624	-	494,985
Newaygo	250,827									73,870	-	250,827
Osceola	160,414									28,527	-	160,414
Saginaw	3,404,331									445,650	-	3,404,331
Shiawassee	639,929									98,985	-	639,929
Tuscola	387,326									55,841	-	387,326
	<u>\$ 13,636,216</u>	<u>\$ -</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,145,119</u>	<u>\$ -</u>	<u>\$ 13,636,216</u>

Mid-State Health Network
FY2018 PA2 Expenditure Summary by County

County	Beginning PA2 Fund Balance and Receipts	County Code	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Payments	Ending PA2 Fund Balance
Arenac	223,041	06	12,181												12,181	\$ 210,860
Bay	1,248,865	09	20,280												20,280	\$ 1,228,584
Clare	280,920	18	-												-	\$ 280,920
Clinton	595,340	19	11,186												11,186	\$ 584,155
Eaton	798,852	23	19,545												19,545	\$ 779,307
Gladwin	119,581	26	-												-	\$ 119,581
Gratiot	197,964	29	5,813												5,813	\$ 192,151
Hillsdale	176,547	30	-												-	\$ 176,547
Huron	357,628	32	14												14	\$ 357,614
Ingham	740,790	33	37,836												37,836	\$ 702,954
Ionia	413,617	34	399												399	\$ 413,217
Isabella	830,873	37	1,849												1,849	\$ 829,024
Jackson	1,198,732	38	29,863												29,863	\$ 1,168,868
Mecosta	541,452	54	-												-	\$ 541,452
Midland	574,204	56	5,306												5,306	\$ 568,898
Montcalm	494,985	59	2,040												2,040	\$ 492,945
Newaygo	250,827	62	4,043												4,043	\$ 246,784
Osceola	160,414	67	-												-	\$ 160,414
Saginaw	3,404,331	73	20,233												20,233	\$ 3,384,098
Shiawassee	639,929	78	7,391												7,391	\$ 632,538
Tuscola	387,326	79	4,022												4,022	\$ 383,304
<u>\$ 13,636,216</u>			<u>\$ 182,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 182,000</u>	<u>\$ 13,454,217</u>



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGRICK SNYDER
GOVERNORNICK LYON
DIRECTOR

November 13, 2017

Joseph Sedlock, Director
Mid-State Health Network
530 West Ionia Street Suite F
Lansing, MI 48933**Subject:** Fiscal Year (FY 2017) Substance Use Disorder (SUD) Projected Allocations, Reallocation #5 –
REVISED

Dear Mr. Sedlock:

This correspondence transmits the projected allocations for Mid-State Health Network from the Michigan Department of Health and Human Services (MDHHS), Bureau of Community Based Services for 2017. These allocations are subject to the availability of funds, the Appropriations Act for MDHHS for 2017, MDHHS approval, and approval by the State Administrative Board.

Based on the 2017 Year End SUD Expenditure Projection Financial Status Report, the Budget is revised to reallocate \$49,642 from General Treatment to General Administration (\$32,567) and Access Management System (\$17,075).

The Partnership for Success 2015-2020 funding increase in the amount of \$40,920, awarded in the October 31, 2017 reallocation letter, has been removed due to MDHHS Year End budget change constraints. All other Agreement terms and conditions remain the same. Additional guidance and technical assistance will be provided by OROSC.

The projected allocations are as follows:

Allocated Categories	Code	CFDA #	Federal Allocation	State Allocation	Total Allocation
Community Grant		93.959	\$8,310,911	\$2,086,327	\$10,397,238
Prevention	E	93.959	\$2,583,176		\$2,583,176
Partnership for Success 2015-2020	E	93.243	\$152,045		\$152,045
State Disability Assistance	R			\$208,084	\$208,084
Opioid State Targeted Response	E	93.788	\$504,370		\$504,370
TOTAL:					\$13,844,913

CODES: E = Earmarked Funding R = Restricted Funding

Earmarked (E) or Restricted funds must be used as specified in the MDHHS/Prepaid Inpatient Health Plan (PIHP) contract. Earmarked funds are based on legislation or requirements of funding awards to the MDHHS. Restrictions are based on departmental administrative decisions. Any changes must be agreed to in writing by the MDHHS and the PIHP.

All allocations must be budgeted and expended consistent with requirements contained in the annual agreement.

Women's Specialty Services (WSS) Funds

Each PIHPs WSS funds are included within the Community Grant allocation. The statewide WSS minimum expenditure target for 2017 is \$5,266,880. **Mid-State Health Network's WSS target for this fiscal year is \$1,204,088**, which includes any required WSS subcontract amount. All program/services objectives related to WSS remain in place.

Attainment of the expenditure target and program/services objectives is a contract performance requirement. The target can be amended by mutual agreement. The MDHHS will not approve amendments that appear to create risk of failing to meet the Women's Specialty Maintenance of Effort.

The SAPT Block Grant Final Rule, at 45 CFR Part 96, sections 96.124(e) and 96.137, requires that Block Grant funds used for women's specialty treatment services and support services are payment of last resort. These funds cannot be used to pay for services or supports that can be paid by other sources, including public funds, private insurance or self-pay. For example, Medicaid, Medicare, Healthy Michigan Plan (HMP), and MI Child are first source of payment for women and children who are admitted to or eligible for these programs. In particular, when women and/or children are enrolled in Medicaid or are as eligible for Medicaid or HMP, SAPT BG funds cannot be used to pay for Medicaid-covered services and supports.

Required Subcontract(s)

Your agency is required to subcontract with Saginaw Odyssey House in the amount of \$389,360 for the provision of statewide Women's Specialty Services. These funds are made available to the subcontractor based on evidence of appropriate, authorized, documented units of service.

Partnerships for Success (PFS) 2015-2020

The overarching goal of the Partnerships for Success (PFS) 2015-2020 project is to utilize environmental change, community and individual level interventions to build healthier communities and increase behavioral health capacity to address underage drinking and prescription drug misuse and abuse among youth and young adults through consistent screening in primary care settings. The project will strengthen and expand the Strategic Partnership Framework five-step, data-driven process to enhance community-level infrastructure to link with primary care. These linkages, in turn, will help foster change in targeted communities that are underserved and in high need of evidence-based programs to address underage drinking among persons age 12-20 and prescription drug misuse and abuse among persons age 12-25. Regional PIHPs are the identified sub-recipients of this project, and they in turn will contract with community coalitions in each of the target counties as their sub-grantee to implement the program in their respective target county.

Prevention Allocations

There are no separate allocations for Tobacco Vendor Education or Non-Synar Tobacco Retailers Inspections. The PIHP is expected to use its Prevention allocation to meet tobacco-related performance objectives and to accomplish other Prevention objectives contained in each PIHPs Action Plan. Prevention allocation was calculated at 23% of their base allocation to ensure statewide compliance with the BG minimum Prevention expenditures.

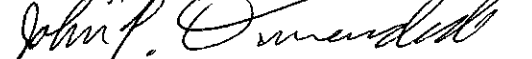
The opportunity for discretionary revisions of \$50,000 is not available for Prevention. The PIHP may request to transfer funds from or to Prevention via an Allocation Revision Request submitted by email to the PIHPs Contract Manager at: MDHHS-BHDDA-Contracts-MGMT@michigan.gov. The rationale for the transfer must be included in the email. Written MDHHS approval is required before the transfer takes place.

Categorical Funds

PIHPs who are awarded categorical funds, are required to use these funds consistent with contract requirements.

If you have any questions concerning your allocation, please contact your Contract Manager at: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

Sincerely,



John P. Duvendeck, CPA, Director
Program Development, Consultation & Contracts Division

cc: Leslie Thomas, Chief Financial Officer, Mid-State Health Network
Dani Meier, SAPT Director/Chief Clinical Officer, Mid-State Health Network
Larry Scott, MDHHS
Thomas Renwick, MDHHS
Kendra Binkley, MDHHS
Debra Schmitz, MDHHS
Kidda Smith, MDHHS

Mid-State Health Network
Summary of SUD Revenue and Expenses as of October 2017

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	1,127,900.00	12,841,377.00	11,713,477.00	8.78%
Medicaid	933,946.20	11,600,000.00	10,666,053.80	8.05%
Healthy Michigan	1,234,813.91	15,300,700.00	14,065,886.09	8.07%
PA2	181,999.63	3,145,119.00	2,963,119.37	5.79%
Totals	3,478,659.74	42,887,196.00	39,408,536.26	8.11%
Direct Expenses				
Block Grant	863,363.35	12,584,549.00	11,721,185.65	6.86%
Medicaid	854,468.20	11,070,008.00	10,215,539.80	7.72%
Healthy Michigan	1,180,453.68	14,524,644.00	13,344,190.32	8.13%
PA2	181,999.63	3,145,119.00	2,963,119.37	5.79%
Totals	3,080,284.86	41,324,320.00	38,244,035.14	7.45%
Surplus / (Deficit)	398,374.88			

**Mid-State Health Network
FY2018 PA2 Funding Recommendations
December 2017 Oversight Policy Board**

Provider	PA2 County	PA2 Amount Recommended	Other Funding	Total Funding	*New Provider / Renewal Contract
Bay Arenac Behavioral Health	Bay	3,000	152,045	155,045	Renewal
Home of New Vision	Jackson	261,984	138,500	400,484	Renewal
Family Services and Childrens Aid	Jackson	<u>19,660</u>	<u>311,906</u>	<u>331,566</u>	Additional recommendation
Totals		284,644	602,451	887,095	

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2017

**Mid-State Health Network
FY2018 PA2 Funding Recommendations**

County	Reserve Balance as of September 2017	Projected FY2018 Funding Receipts	Approved FY2018 Funding Recommendations	Funding Recommendations (December)	Projected Ending PA2 Reserve Balance
Arenac	223,041	34,553	111,379	-	146,215
Bay	1,248,865	205,310	225,145	3,000	1,226,029
Clare	280,920	49,653	77,398	-	253,175
Clinton	595,340	126,760	38,193	-	683,907
Eaton	798,852	238,268	196,263	-	840,856
Gladwin	119,581	39,516	88,618	-	70,478
Gratiot	197,964	46,718	119,263	-	125,418
Hillsdale	176,547	50,136	45,455	-	181,228
Huron	357,628	63,579	140,962	-	280,245
Ingham	740,790	703,526	328,207	-	1,116,108
Ionia	413,617	73,514	45,442	-	441,688
Isabella	830,873	154,222	251,909	-	733,186
Jackson	1,198,732	319,767	256,094	281,644	980,760
Mecosta	541,452	87,244	150,781	-	477,915
Midland	574,204	150,863	137,602	-	587,465
Montcalm	494,985	98,624	188,794	-	404,814
Newaygo	250,827	73,870	128,913	-	195,784
Osceola	160,414	28,527	31,360	-	157,581
Saginaw	3,404,331	445,650	809,280	-	3,040,701
Shiawassee	639,929	98,985	55,590	-	683,324
Tuscola	387,326	55,841	47,286	-	395,881
Total	\$ 13,636,216	\$ 3,145,119	\$ 3,473,934	\$ 284,644	\$ 13,022,757

Region 5 Quarterly Reports
FY 17 Quarter # 4

PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	Prevention Specialists participated in local community events (such as summer fairs; back to school health fairs; and education events (such as Northwood college) to share information and education with local communities they work in. Prevention Specialists worked to set up school groups that mostly began in September – primarily focused on middle and high schools. During the summer month's; several educational programs were done at local summer program events.
Reduce Prescription and Over-the-Counter Drug Abuse, Including Opiates	Coalitions continue to host and/or attend events in their individual communities focusing on the opioid epidemic across the state, including responsible prescriber practices. Several coalitions have developed sub-committees to address and/or develop specific strategic initiatives to address the problem in their communities. Additional funds through the State Targeted Response (STR) grant have allowed communities to increase or enhance local efforts. Community coalitions are active with local law enforcement and health professionals in securing and maintaining Prescription drop-off boxes Coalitions report collection numbers increase with each drop-off date.
Reduce Youth Access to Tobacco	Formal Synar was conducted in June with results recently released. Compliance checks were conducted on 76 randomly assigned sites across the MSHN region. Nine sites did not pass the inspection giving MSHN an overall rate of 11.8% non-compliance. Although this is below the mandated 20% required by the state, and significantly lower than last year's 17.5% rate, it is slightly higher than the state rate of 10.7%. Prevention Specialists are reviewing information and planning changes accordingly in the coming year. All non-Synar and vendor education was completed, and those results are summarized on the attached county report form.

TREATMENT GOALS	RESULTS & PROGRESS
Increase Women's Specialty Service Programs	Mid-State Health Network (MSHN) welcomed our newest designated Women's Specialty provider, Mindful Therapy. They were designated by OROSC on November 1, 2017. This provider offers services in both Ithaca and St. Johns.
Increase Array of Medication-Assisted Treatment (MAT) Programs	MSHN received grant funding from OROSC to further develop medication-assisted treatment (MAT) services. MSHN is in the process of distributing grant funding for FY18 for transportation for individuals that are receiving medication-assisted treatment. MSHN is working with Eaton and Gratiot County jails to assist in providing grant funding for the medications Suboxone and Vivitrol while an individual is incarcerated. Also through grant funding, MSHN has provided Motivational Interviewing trainings and Advanced Motivational Interviewing trainings to MAT providers, and they are in the process of fidelity assessment now. MSHN has recently distributed naloxone injectable kits to many of the MAT providers within region, to be distributed to opioid dependent individuals.
Increase Engagement, Retention & Completion of Treatment	See table below. Individuals that have better engagement often continue in treatment and eventually complete treatment.
Increase Inter-Agency Collaboration of Service Delivery	Victory Clinical Services is working in collaboration with the Covenant Neonatal Intensive Care Unit (NICU) to assist with Neonatal Abstinence Syndrome (NAS) issues, symptoms and parenting. Cristo Rey is working in collaboration with the Sparrow NICU to assist with NAS issues, symptoms, and parenting. Victory and Cristo Rey continue to work with the new mother to assist her in providing good care to her newborn once released from NICU, in collaboration with Covenant and Sparrow.

The figures below focus on 2 of 11 discharge reason codes; Completion of Treatment (COP) Continuing in Treatment/Transfer.

FY17 Quarter 4	COP	% COP	Continuing Treatment Transfer	%Continuing Treatment Transfer	Total Discharges
Outpatient	410	25.95%	239	15.13%	1580
Detox	61	11.38%	347	64.74%	536
Level 3.3 & 3.5 Residential	82	31.78%	70	27.13%	258
Level 3.1 Residential	61	17.04%	189	52.79%	358

RESIDENTIAL TREATMENT LEVELS OF CARE:

ASAM Level 3.1: Clinically Managed Low-Intensity Residential Services: These services are directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual in the worlds of work, education, and family life. Treatment services are similar to low-intensity outpatient services focusing on improving the individual's functioning and coping skills in Dimension 5 and 6. The functional deficits found in this population may include problems in applying recovery skills to their everyday lives, lack of personal responsibility, or lack of connection to employment, education, or family life. This setting allows clients the opportunity to develop and practice skills while reintegrating into the community.

ASAM Level 3.3: Clinically Managed Medium-Intensity Residential Services: These programs provide a structured recovery environment in combination with medium-intensity clinical services to support recovery. Services may be provided in a deliberately repetitive fashion to address the special needs of individuals who are often elderly, cognitively impaired, or developmentally delayed. Typically, they need a slower pace of treatment because of mental health problems or reduced cognitive functioning. The deficits for clients at this level are primarily cognitive, either temporary or permanent. The clients in this level of care have needs that are more intensive and therefore, to benefit effectively from services, they must be provided at a slower pace and over a longer period of time. The client's level of impairment is more severe at this level, requiring services be provided differently in order for maximum benefit to be received.

ASAM Level 3.5: Clinically Managed High-Intensity Residential Services: These programs are designed to treat clients who have significant social and psychological problems. Treatment is directed toward diminishing client deficits through targeted interventions. Effective treatment approaches are primarily habilitative in focus; addressing the client's educational and vocational deficits, as well as his or her socially dysfunctional behavior. Clients at this level may have extensive treatment and/or criminal justice histories, limited work and educational experiences, and antisocial value systems. The length of treatment depends on the individual's progress. However, as impairment is considered to be significant at this level, services should be of a duration that will adequately address the many habilitation needs of this population. Very often, the level of impairment will limit the services that can actually be provided to the client resulting in the primary focus of treatment at this level being focused on habilitation and development, or re-development, of life skills. Due to the increased need for habilitation in this client population, the program will have to provide the right mix of services to promote life skill mastery for each individual.



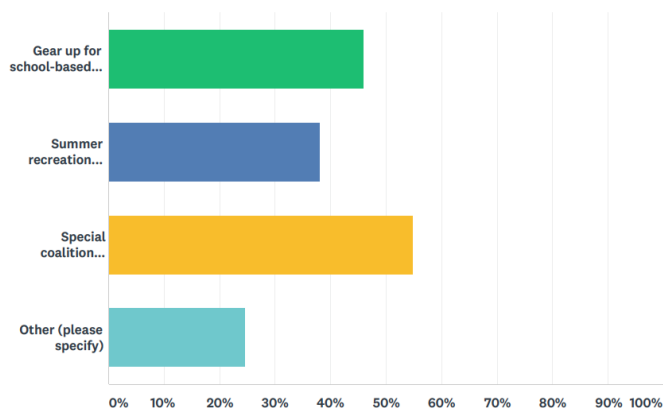
SUD Provider Survey on Funding Priority Areas

Mid-State Health Network

SurveyMonkey

Q1 Which of these prevention services do you think would be most beneficial to your community? (Please select all that apply and/or add your own ideas in the comment box below.)

Answered: 126 Skipped: 3



ANSWER CHOICES	RESPONSES	
Gear up for school-based prevention activities for the 2018-2019 school year (e.g., purchase curricula, etc.)	46.03%	58
Summer recreation activities	38.10%	48
Special coalition activity (e.g., training, speakers, community-wide picnic, etc.)	54.76%	69
Other (please specify)	24.60%	31
Total Respondents: 126		

November 2017

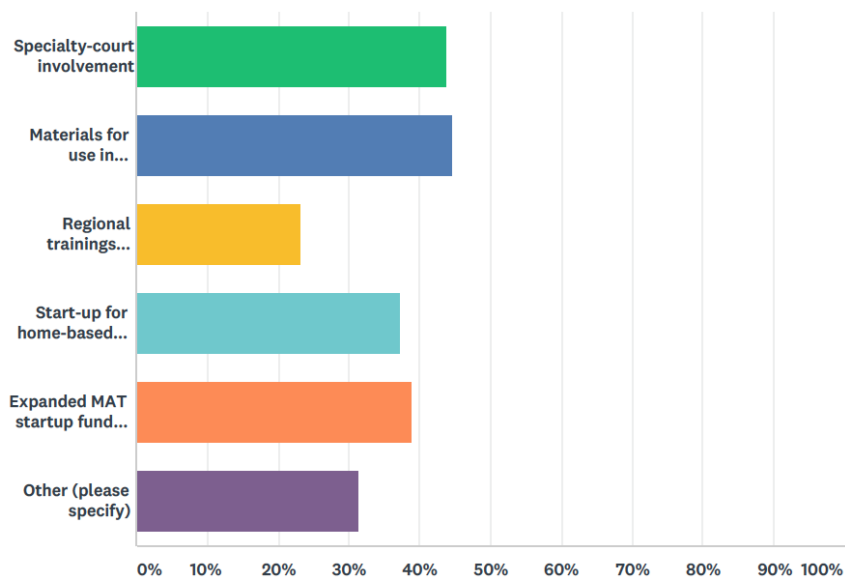
SUD Provider Survey on Funding Priority Areas

Mid-State Health Network

SurveyMonkey

Q2 Which of these treatment services do you think would be most beneficial to your community? (Please select all that apply and/or add your own ideas in the comment box below.)

Answered: 121 Skipped: 8



ANSWER CHOICES	RESPONSES	
Specialty-court involvement	43.80%	53
Materials for use in treatment services, such as trauma-informed care or co-occurring-informed materials, or other evidence-based practices (e.g., books, DVDs, program curricula, etc.)	44.63%	54
Regional trainings hosted by MSHN; please specify topics in the comment box below	23.14%	28
Start-up for home-based outpatient treatment in rural counties	37.19%	45
Expanded MAT startup funding (Suboxone/Vivitrol)	38.84%	47
Other (please specify)	31.40%	38
Total Respondents: 121		

November 2017

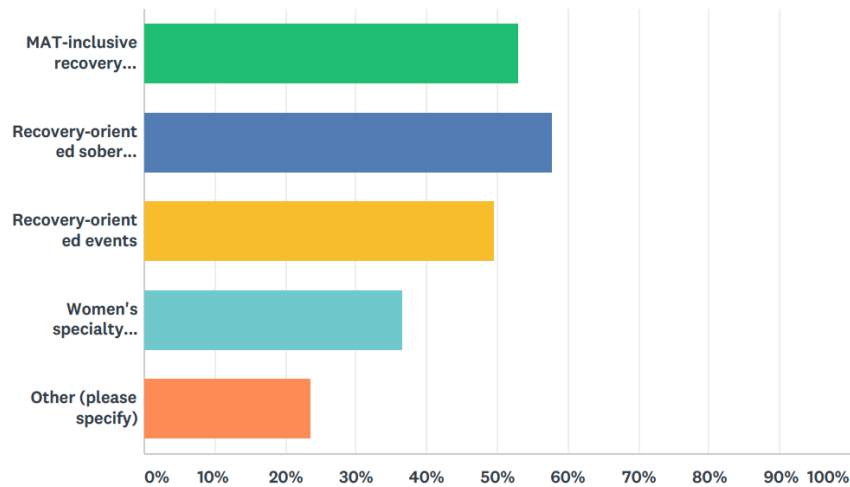
SUD Provider Survey on Funding Priority Areas

Mid-State Health Network

SurveyMonkey

Q3 Which of these recovery services do you think would be most beneficial to your community? (Please select all that apply and/or add your own ideas in the comment box below.)

Answered: 123 Skipped: 6



ANSWER CHOICES	RESPONSES	
MAT-inclusive recovery housing	52.85%	65
Recovery-oriented sober activity centers	57.72%	71
Recovery-oriented events	49.59%	61
Women's specialty recovery housing	36.59%	45
Other (please specify)	23.58%	29
Total Respondents: 123		

November 2017