

**MSHN Substance Use Disorder (SUD)  
Oversight Policy Advisory Board Meeting  
February 15, 2017 ~ 4:00 p.m.  
Meeting Agenda**

- 1) Call to Order
- 2) Roll Call
- 3) ACTION ITEM: Approval of the Agenda for February 15, 2017
- 4) ACTION ITEM: Approval of Minutes from December 21, 2016  
(Item 4, Pages 2-6 )
- 5) Public Comment
- 6) Annual Organizational Meeting (Item 6, Page 7)  
(Additional Materials to be provided in hardcopy onsite)
  - A. ACTION ITEM: Election of Board Chair
  - B. ACTION ITEM: Election of Board Vice-Chair
  - C. ACTION ITEM: Election of Board Secretary
- 7) Board Chair Report
- 8) Deputy Director Report
  - A. FY2017 PA2 Summary Report (Item 8, Pages 8-9)
- 9) ACTION ITEM: FY17 SUD PA2 Funding Requests/Contract Listing  
(Item 9, Pages 10-16)
- 10) Operating Update
  - A. Chief Clinical Officer Update
    - i) Assisted Outpatient Treatment Bill (Item 10A-1, Pages 17-20)
    - ii) MDHHS State Targeted Response (STR) to the Opioid Crisis  
Grant Application
    - iii) MSHN Opioid Regional Response (Item 10A-2, Pages 21-25)
  - B. Prevention Presentation
- 11) Other Business
- 12) Public Comment
- 13) Board Member Comment
- 14) Adjournment

Mid-State Health Network

**SUD Oversight Policy  
Advisory Board  
February 2017 Meeting**



**MEETING LOCATION**  
Michigan Association of  
Community Mental Health 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](mailto:merre.ashley@midstatehealthnetwork.org)



**UPCOMING FY17  
BOARD MEETINGS**  
April 19, 2017  
June 21, 2017  
August 16, 2017

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 (MSHN)  
Substance Use Disorder (SUD) Regional Oversight Policy Advisory Board  
Wednesday, December 21, 2016, 4:00 p.m.  
Michigan Association of CMH Boards (MACMHB)**

**Meeting Minutes**

**1. Call to Order**

Chairperson Carl Rice, Jr. called the MSHN Substance Use Disorder (SUD) Regional Oversight Policy Advisory Board Meeting to order at 4:02 p.m.

**Board Member(s) Present:** Bruce Caswell (Hillsdale), Larry Emig (Osceola), Richard Gromaski (Bay), Susan Guernsey (Mecosta) (via phone), John Hunter (Tuscola), Jerry Jaloszynski (Isabella), Steve Johnson (Newaygo), Carol Koenig (Ingham), Tom Lindeman (Montcalm), Carl Rice (Jackson), Leonard Strouse (Clare), Debbie Thalison (Ionia), Kim Thalison (Eaton), Kam Washburn (Clinton), Virginia Zygiel (Arenac)

**Alternate Board Members Present:**

**Board Member(s) Absent:** Clark Elftman (Huron), Jim Leigeb (Midland), and John McKeller (Saginaw), Vicky Schultz (Shiawassee), Sabrina Sylvain (Gratiot)

**Staff Members Present:** Amanda Horgan (Deputy Director), Dr. Dani Meier (Chief Clinical Officer), Carolyn Watters (Director of Provider Network Management), and Leathia Hodge (Office Assistant)

**2. Roll Call**

Secretary Deb Thalison provided the Roll Call for Board Attendance.

**3. Approval of Agenda for December 21, 2016 Regular Business**

Board approval was requested for the Agenda of the December 21, 2016 Regular Business Meeting, as presented.

**ROPB 16-17-005 MOTION BY RICHARD GROMASKI, SUPPORTED BY LARRY EMIG, FOR APPROVAL OF THE AGENDA OF THE DECEMBER 21, 2016 REGULAR BUSINESS MEETING, AS REVISED. MOTION CARRIED: 13-0.**

#### **4. Approval of Minutes from October 19, 2016 Regular Business Meeting**

Board approval was requested for the meeting minutes of the October 19, 2016 Regular Business Meeting, as presented.

**ROPB 16-17-006 MOTION BY RICHARD GROMASKI, SUPPORTED BY KIM THALISON, FOR APPROVAL OF THE MINUTES OF THE OCTOBER 19, 2016 REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 13-0.**

**Ms. Carol Keonig arrived at 4:08 p.m.**

#### **5. Public Comment –There was no public comment**

#### **6. Board Chair Report**

Chairperson Rice addressed the following:

- SUD Oversight Policy Advisory Board Member Terms, Appointments and Reappointments
- Board Newsletter: Eight (8) Dimensions of Wellness section, authored by Joe Sedlock
- Section 298: Robert Sheehan, MACMHB Executive Director, distributed a press release capturing the association's response to the 298 Report, released by MDHHS on 12.14.2017
- Lifeways CMHA is working hard to fulfill the Certified Community Behavior Health Clinic (CCBHC) criteria by addressing it with Key Performance Indicators. The goal is to be in a competitive position, whether privatization occurs or not.

#### **7. Deputy Director Report**

Ms. Amanda Horgan provided information on the following:

- A. Follow up: Prevention Activity Presentation: Per discussion around prevention activities, which occurred at the October 19, 2016 meeting, MSHN staff will provide board member education on regional outcomes. She recommended the presentation occur at the February 2017 meeting as FY16 year-end reporting is in process; implementing that information from regional SUD providers will lend significantly
- B. Section 298 Update: The interim report has been distributed by the Michigan Department of Health and Human Services (MDHHS). Comments are being received until January 4, 2017; after which, the report will be sent to the state legislature (deadline for submission is January 15, 2017). The report related to financial models will occur in March 2017, with time for comments and finalization before submission

to the state legislature. All recommendations in the 298 Interim Report are supported by Mid-State Health Network (MSHN).

C. Summary of PA2 Funding by County FY 2016 (Item 7C)

D. Summary of PA2 Funding by County FY 2017 (Item 7D)

**8. ACTION ITEM: FY 2017 SUD PA2 Funding Request/Contract Listing (Item 8)**

Ms. Carolyn Watters reviewed the FY 2017 SUD PA2 Funding Request/Contract Listing Following robust discussion around MSHN's fund approval and recommendation process, and the various methods of project funding, Ms. Watters committed to follow-up directly with members on funding request(s) from contractors specific to their county of representation as requested. In response to member request for additional information related to methods of funding, Ms. Horgan confirmed that budget and funding development and presentation for Board approval/action includes specificity of funding source(s); moving forward, reporting will include information, action and status specific to all proposals received.

**ROPB 16-17-007 MOTION BY BRUCE CASWELL, SUPPORTED BY JERRY JALOSZYNSKI , FOR APPROVAL OF THE FY17 SUD PA2 FUNDING REQUESTS/CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 14-0.**

**Ms. Susan Guernsey joined the meeting via teleconference at 4:30 p.m.**

**9. ACTION ITEM: Finance: Use of PA2 Dollars Revised Policy (Item 9)**

Ms. Horgan provided an overview of the Finance: Use of PA2 Dollars Policy, as revised. Following discussion, Ms. Horgan stated all PA2 funding requests would be presented to the SUD Oversight Policy Advisory Board for approval, prior to fund disbursement. Funding for new providers would follow the established contract/credentialing application procedure.

**MOTION BY JERRY JALOSZYNSKI, SUPPORTED BY LARRY EMIG, FOR APPROVAL OF THE FINANCE: USE OF PA2 DOLLARS POLICY, REVISED AS PRESENTED. MOTION CARRIED: 15-0.**

**POINT OF ORDER:** Parliamentarian Jalosczyński announced a point of order to address amendment to the Policy. The Maker and Secunder of the initial motion withdrew the action from the table.

**ROPB 16-17-008 MOTION BY CAROL KEONIG, SUPPORTED BY KAM WASHBURN, FOR APPROVAL OF THE FINANCE: USE OF PA2 DOLLARS POLICY, WITH RECOMMENDED REVISIONS. MOTION CARRIED: 15-0.**

## 10. Operating Update

Dr. Dani Meier provided information on the following:

A. Youth Access Tobacco Report

B. Compliance Monitoring Tool

1. A new tool for compliance monitoring, aimed at streamlining the site review process for providers and MSHN staff is being developed. Target for completion is December 31, 2017, prior to commencement of MSHN's 2017 site reviews

C. Prevention Provider Annual Reporting

1. Reports are being submitted from regional prevention providers
2. Information from which will be reported on at the February meeting

D. MSHN Regional Response Workgroup

1. The Workgroup is targeting the Heroin and Opioid epidemic, to include distribution of over 650 Narcan kits throughout the region.
  - i. Nine (9) of the twelve (12) Community Mental Health Service Participants (CMHSPs) in Region 5 have received kits; three (3) CMHSPs previously had them in place
  - ii. MSHN has created materials for distribution with the kits to include information on access to treatment providers

E. Internal SUD Collaboration/Discussion

1. Meetings occur monthly between MSHN's clinical team and its SUD Medical Director, Dr. Bruce Springer, to discuss and address provider questions and concerns related to all aspects of addiction
  - i. Dr. Springer will be involved in the NCQA accreditation process as required

F. Treatment Specialist Position: Vacant

## 11. ACTION ITEM: Receive SUD Quarterly Reports

Chairperson Rice referenced county-specific quarterly reports, included hardcopy in board member folders; electronic copies provided to members participating via teleconference.

**ROPB 16-17-009 MOTION BY BRUCE CASWELL, SUPPORTED JOHN HUNTER, FOR APPROVAL TO RECEIVE SUD QUARTERLY REPORTS, AS PRESENTED. MOTION CARRIED: 15-0.**

## 12. Other Business

There was no other business.

## 13. Public Comment

There was no public comment.

**14. Board Member Comment**

Mr. Bruce Caswell wished board members and staff a Merry Christmas.

**15. Adjournment**

The MSHN Substance Use Disorder Regional Oversight Policy Advisory Board of Directors Meeting adjourned at 5:17 p.m.

Meeting minutes submitted respectfully by:  
Leathia Hodge,  
MSHN Office Assistant

DRAFT

## SUD Regional Oversight Policy Advisory Board Roster

BOARD MEMBER	APPOINTED BY COUNTY OF	TERM END DATE
Caswell, Bruce	Hillsdale	12.31.2018
Elftman, Clark	Huron	12.31.2017
Emig, Larry	Osceola	08.31.2018
Glaser, Steve	Midland	12.31.2017*
Gromaski, Richard (Dick)	Bay	12.31.2019*
Guernsey, Susan	Mecosta	08.31.2019
Hunter, John	Tuscola	12.31.2018*
Jaloszynski, Jerry	Isabella	08.31.2017
Koenig, Carol	Ingham	12.31.2017
Kolk, Bryan	Newaygo	12.31.2017
Lindeman, Tom	Montcalm	08.31.2019
McKeller, John	Saginaw	08.31.2019
Rice, Carl	Jackson	12.31.2017
Schultz, Vicky	Shiawassee	12.31.2017
Strouse, Leonard	Clare	12.31.2018
Sylvain, Sabrina	Gratiot	12.31.2018*
Thalison, Deb	Ionia	08.31.2019
Thalison, Kim	Eaton	12.31.2018
Washburn, Kam	Clinton	12.31.2017
Zygiel, Virginia	Arenac	12.31.2017
Vacancy	Gladwin	N/A

\*County Commission appointment specified term-end date

Updated 02.08.2017

**Mid-State Health Network**  
Summary of PA2 Use of Funds by County and Provider  
October 1, 2016 through December 31, 2016

**Item 8**

Row Labels	Case Management	Detox	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
<b>Arenac</b>					<b>1,362.28</b>	<b>3,844.00</b>	<b>5,206.28</b>
Peer 360 Recovery						3,844.00	3,844.00
Sterling Area Health Center					1,362.28		1,362.28
<b>Bay</b>			<b>3,656.38</b>		<b>29,633.16</b>	<b>13,329.66</b>	<b>46,619.20</b>
Bay Regional Medical Center DBA McLaren Bay					4,160.30		4,160.30
Boys and Girls Club Bay Region					18,204.00		18,204.00
DOT Caring Center, Inc.						308.53	308.53
List Psychological Services						2,132.48	2,132.48
Peer 360 Recovery						5,767.00	5,767.00
Sacred Heart Rehabilitation			3,656.38		2,294.95	5,121.65	11,072.98
Sterling Area Health Center					4,973.91		4,973.91
<b>Clare</b>						<b>4,421.00</b>	<b>4,421.00</b>
Ten Sixteen Recovery						4,421.00	4,421.00
<b>Clinton</b>	<b>4,262.00</b>			<b>31,518.53</b>	<b>1,003.00</b>		<b>36,783.53</b>
Community Mental Health Authority of Clinton, Eaton, Ingham				31,518.53			31,518.53
Eaton Regional Education Service Agency					1,003.00		1,003.00
State of Michigan MRS	4,262.00						4,262.00
<b>Eaton</b>	<b>4,262.00</b>			<b>16,913.68</b>	<b>15,903.28</b>	<b>3,006.22</b>	<b>40,085.18</b>
Barry Eaton District Health				16,913.68	1,622.90	3,006.22	21,542.80
Eaton Regional Education Service Agency					14,280.38		14,280.38
State of Michigan MRS	4,262.00						4,262.00
<b>Gladwin</b>					<b>302.00</b>	<b>4,846.00</b>	<b>5,148.00</b>
Ten Sixteen Recovery					302.00	4,846.00	5,148.00
<b>Gratiot</b>					<b>1,065.61</b>		<b>1,065.61</b>
Gratiot County Child Advocacy Association					1,065.61		1,065.61
<b>Hillsdale</b>					<b>944.33</b>		<b>944.33</b>
McCullough, Vargas, and Associates					944.33		944.33
<b>Huron</b>					<b>9.92</b>	<b>356.91</b>	<b>366.83</b>
Huron County Health Department					9.92		9.92
List Psychological Services						356.91	356.91
<b>Ingham</b>	<b>37,604.79</b>	<b>53,695.02</b>		<b>9,658.87</b>	<b>56,554.52</b>	<b>95,505.51</b>	<b>253,018.71</b>
Child and Family Services					23,757.00	10,298.00	34,055.00
Community Mental Health Authority of Clinton, Eaton, Ingham		53,695.02					53,695.02
Cristo Rey Community Center					15,580.02	21,743.74	37,323.76
Eaton Regional Education Service Agency					17,217.50		17,217.50
Mid-Michigan Recovery Services				9,658.87		6,708.97	16,367.84
State of Michigan MRS	12,785.00						12,785.00
WAI-IAM, Inc. & RISE Recovery Community						5,922.46	5,922.46
Wellness, InX	24,819.79					50,832.34	75,652.13



**Mid-State Health Network**  
Summary of PA2 Use of Funds by County and Provider  
October 1, 2016 through December 31, 2016

Row Labels	Case Management	Detox	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
<b>Ionia</b>					<b>996.34</b>		<b>996.34</b>
County of Ionia					996.34		996.34
<b>Isabella</b>					<b>5,222.00</b>	<b>9,345.00</b>	<b>14,567.00</b>
Ten Sixteen Recovery					5,222.00	9,345.00	14,567.00
<b>Jackson</b>					<b>30,970.41</b>	<b>39,240.84</b>	<b>70,211.25</b>
Allegiance Health Foote Memorial					6,238.08		6,238.08
Family Service and Childrens Aid (Born Free)					24,732.33	19,861.45	44,593.78
Home of New Vision						19,379.39	19,379.39
<b>Mecosta</b>					<b>2,872.00</b>	<b>5,357.00</b>	<b>8,229.00</b>
Ten Sixteen Recovery					2,872.00	5,357.00	8,229.00
<b>Midland</b>					<b>3,485.00</b>	<b>9,855.00</b>	<b>13,340.00</b>
Peer 360 Recovery						3,844.00	3,844.00
Ten Sixteen Recovery						6,011.00	6,011.00
The Legacy Center for Community Success					3,485.00		3,485.00
<b>Montcalm</b>						<b>9,233.56</b>	<b>9,233.56</b>
Cherry Street Services						5,027.04	5,027.04
Wedgewood Christian Services						4,206.52	4,206.52
<b>Osceola</b>					<b>439.00</b>		<b>439.00</b>
Ten Sixteen Recovery					439.00		439.00
<b>Saginaw</b>				<b>12,860.00</b>	<b>20,046.67</b>	<b>5,768.00</b>	<b>38,674.67</b>
10th District Court				12,860.00			12,860.00
Peer 360 Recovery						5,768.00	5,768.00
Sacred Heart Rehabilitation					10,475.75		10,475.75
Saginaw County Youth Protection Council					9,570.92		9,570.92
<b>Shiawassee</b>	<b>4,262.00</b>				<b>2,816.33</b>		<b>7,078.33</b>
Catholic Charities of Shiawassee and Genesee					1,972.47		1,972.47
Shiawassee County					843.86		843.86
State of Michigan MRS	4,262.00						4,262.00
<b>Tuscola</b>					<b>5,000.00</b>		<b>5,000.00</b>
List Psychological Services					5,000.00		5,000.00
<b>Grand Total</b>	<b>50,390.79</b>	<b>53,695.02</b>	<b>3,656.38</b>	<b>70,951.08</b>	<b>178,625.85</b>	<b>204,108.70</b>	<b>561,427.82</b>

**Mid-State Health Network  
FY2017 PA2 Funding Requests**

	<u>Arenac</u>	<u>Bay</u>	<u>Clare</u>	<u>Clinton</u>	<u>Eaton</u>
<b>Beginning PA2 Fund Balance</b>	216,112	1,187,672	255,885	560,408	777,615
<b>Projected FY2017 Funding Receipts</b>	35,235	199,133	51,762	118,397	222,824
<b>Funding Requests Approved Year to Date</b>	24,288	148,337	26,000	38,289	148,683

<u>Provider</u>	<u>Service Category</u>					
Addiction Solutions	Outpatient Services	-	-	-	-	-
CEI-CMH	Outpatient Services	-	-	-	29,027	-
Eaton Behavioral Health	Recovery and Outpatient	-	-	-	-	62,483
Eaton Regional Education Service Agency (RESA)	Prevention Services	-	-	-	-	40,377
Parishioners on Patrol	Prevention Services	-	-	-	-	-
Peer 360	Recovery Services	700	1,050	-	-	-
Wellness InX	Case Management	-	-	-	-	-
<b>Current Funding Requests</b>		700	1,050	-	29,027	102,860

<b>Projected Ending PA2 Fund Balance</b>	226,359	1,237,418	281,647	611,489	748,896
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**Mid-State Health Network  
FY2017 PA2 Funding Requests**

	<u>Gladwin</u>	<u>Gratiot</u>	<u>Hillsdale</u>	<u>Huron</u>	<u>Ingham</u>
<b>Beginning PA2 Fund Balance</b>	106,116	192,393	133,206	300,274	1,110,394
<b>Projected FY2017 Funding Receipts</b>	36,333	46,705	48,756	63,999	714,698
<b>Funding Requests Approved Year to Date</b>	29,000	5,000	5,000	10,000	995,221

<u>Provider</u>	<u>Service Category</u>					
Addiction Solutions	Outpatient Services	-	34,000	-	-	-
CEI-CMH	Outpatient Services	-	-	-	-	-
Eaton Behavioral Health	Recovery and Outpatient	-	-	-	-	-
Eaton Regional Education Service Agency (RESA)	Prevention Services	-	-	-	-	-
Parishioners on Patrol	Prevention Services	-	-	-	-	-
Peer 360	Recovery Services	-	-	-	-	-
Wellness InX	Case Management	-	-	-	-	82,320
<b>Current Funding Requests</b>		-	34,000	-	-	82,320

<b>Projected Ending PA2 Fund Balance</b>	113,449	200,098	176,962	354,273	747,551
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**Mid-State Health Network  
FY2017 PA2 Funding Requests**

	<u>Ionia</u>	<u>Isabella</u>	<u>Jackson</u>	<u>Mecosta</u>	<u>Midland</u>
<b>Beginning PA2 Fund Balance</b>	363,710	785,184	1,236,068	496,753	562,495
<b>Projected FY2017 Funding Receipts</b>	68,927	162,106	311,106	91,282	148,615
<b>Funding Requests Approved Year to Date</b>	34,662	115,026	279,498	50,320	133,941

<u>Provider</u>	<u>Service Category</u>					
Addiction Solutions	Outpatient Services	-	-	-	-	-
CEI-CMH	Outpatient Services	-	-	-	-	-
Eaton Behavioral Health	Recovery and Outpatient	-	-	-	-	-
Eaton Regional Education Service Agency (RESA)	Prevention Services	-	-	-	-	-
Parishioners on Patrol	Prevention Services	-	-	-	-	-
Peer 360	Recovery Services	-	-	-	-	700
Wellness InX	Case Management	-	-	-	-	-
<b>Current Funding Requests</b>		-	-	-	-	700

<b>Projected Ending PA2 Fund Balance</b>	397,975	832,264	1,267,676	537,715	576,469
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**Mid-State Health Network  
FY2017 PA2 Funding Requests**

	<u>Montcalm</u>	<u>Newaygo</u>	<u>Osceola</u>	<u>Saginaw</u>	<u>Shiawassee</u>
<b>Beginning PA2 Fund Balance</b>	463,628	190,600	136,874	3,334,127	572,567
<b>Projected FY2017 Funding Receipts</b>	94,075	69,787	28,767	451,964	89,624
<b>Funding Requests Approved Year to Date</b>	70,699	5,000	5,000	340,732	29,168

<u>Provider</u>	<u>Service Category</u>					
Addiction Solutions	Outpatient Services	-	-	-	-	-
CEI-CMH	Outpatient Services	-	-	-	-	-
Eaton Behavioral Health	Recovery and Outpatient	-	-	-	-	-
Eaton Regional Education Service Agency (RESA)	Prevention Services	-	-	-	-	-
Parishioners on Patrol	Prevention Services	-	-	-	5,000	-
Peer 360	Recovery Services	-	-	-	1,050	-
Wellness InX	Case Management	-	-	-	-	-
<b>Current Funding Requests</b>		-	-	-	6,050	-

<b>Projected Ending PA2 Fund Balance</b>	487,004	255,387	160,641	3,439,309	633,023
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**Mid-State Health Network  
FY2017 PA2 Funding Requests**

	<u>Tuscola</u>	<u>Total</u>
<b>Beginning PA2 Fund Balance</b>	341,573	\$ 13,323,655
<b>Projected FY2017 Funding Receipts</b>	52,839	\$ 3,106,934
<b>Funding Requests Approved Year to Date</b>	5,000	\$ 2,498,864

<u>Provider</u>	<u>Service Category</u>		
Addiction Solutions	Outpatient Services	-	\$ 34,000
CEI-CMH	Outpatient Services	-	\$ 29,027
Eaton Behavioral Health	Recovery and Outpatient	-	\$ 62,483
Eaton Regional Education Service Agency (RESA)	Prevention Services	-	\$ 40,377
Parishioners on Patrol	Prevention Services	-	\$ 5,000
Peer 360	Recovery Services	-	\$ 3,500
Wellness InX	Case Management	-	\$ 82,320
<b>Current Funding Requests</b>		-	\$ 256,707

<b>Projected Ending PA2 Fund Balance</b>	389,412	\$ 13,675,018
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**Mid-State Health Network  
FY2017 PA2 Funding Requests**

County	Beginning PA2 Fund Balance	Projected FY2017 Funding Receipts	Approved FY2017	FY2017 PA2	Projected Ending PA2 Fund Balance
			PA2 Funding Requests	Funding Requests (February)	
Arenac	216,112	35,235	24,288	700	226,359
Bay	1,187,672	199,133	148,337	1,050	1,237,418
Clare	255,885	51,762	26,000	-	281,647
Clinton	560,408	118,397	38,289	29,027	611,489
Eaton	777,615	222,824	148,683	102,860	748,896
Gladwin	106,116	36,333	29,000	-	113,449
Gratiot	192,393	46,705	5,000	34,000	200,098
Hillsdale	133,206	48,756	5,000	-	176,962
Huron	300,274	63,999	10,000	-	354,273
Ingham	1,110,394	714,698	995,221	82,320	747,551
Ionia	363,710	68,927	34,662	-	397,975
Isabella	785,184	162,106	115,026	-	832,264
Jackson	1,236,068	311,106	279,498	-	1,267,676
Mecosta	496,753	91,282	50,320	-	537,715
Midland	562,495	148,615	133,941	700	576,469
Montcalm	463,628	94,075	70,699	-	487,004
Newaygo	190,600	69,787	5,000	-	255,387
Osceola	136,874	28,767	5,000	-	160,641
Saginaw	3,334,127	451,964	340,732	6,050	3,439,309
Shiawassee	572,567	89,624	29,168	-	633,023
Tuscola	341,573	52,839	5,000	-	389,412
Total	<u>\$ 13,323,655</u>	<u>\$ 3,106,934</u>	<u>\$ 2,498,864</u>	<u>\$ 256,707</u>	<u>\$ 13,675,018</u>

Mid-State Health Network  
FY2017 PA2 Funding Requests  
February 2017 Oversight Policy Board

PA2 County	Provider	PA2 Amount Requested	Service Description	New Provider / Renewal Contract
Arenac	Peer 360	700	Recovery Supports	Renewal
Bay	Peer 360	1,050	Recovery Supports	Renewal
Clinton	CEI CMH	29,027	Outpatient Services	Renewal
Eaton	Eaton Behavioral Health	55,225	Outpatient Services	Renewal
Eaton	Eaton Behavioral Health	7,258	Recovery Supports	Renewal
Eaton	Eaton Regional Education Service Agency (RESA)	40,377	Prevention Services	Renewal
Gratiot	Addiction Solutions	34,000	Outpatient Services	Renewal
Ingham	Wellness InX	82,320	Case Management	Renewal
Midland	Peer 360	700	Recovery Supports	Renewal
Saginaw	Parishioners on Patrol	5,000	Prevention Services	Renewal
Saginaw	Peer 360	1,050	Recovery Supports	Renewal
Total Funding Request		256,707		

"New Provider / Renewal Contract" = New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2016





## **ASSISTED OUTPATIENT TREATMENT BILL (AOT)**

Senate Bill 683; Sponsor: Sen. Tom George

Senate Bill 684; Sponsor: Sen. Bruce Patterson Senate Bill

685; Sponsor: Sen. Virg Bernero

Senate Bill 686; Sponsor: Sen. Gilda Z. Jacobs

Senate Committee: Health Policy

House Committee: Health Policy

Complete to 11-22-04

A SUMMARY OF SENATE BILLS 683-686 AS PASSED BY THE SENATE

### **The bills would amend the Mental Health Code to do the following:**

- Establish criteria for "assisted outpatient treatment" (AOT) under a court order.
- Require AOT to include case management services or assertive community treatment team services.
- Limit the duration of an AOT order.
- Allow a court to order hospitalization if a person is not complying with an AOT order.
- Extend the ability of a community mental health services program (CMHSP) to carry forward a percentage of its operating budget, and increase the percentage if the program offered AOT services.

## Following is more detailed description of the bills:

**Senate Bill 683 (S-1)** (MCL 330.1401) would expand the definition of "*person requiring treatment*" for the purpose of court-ordered involuntary treatment, to include an individual who has mental illness, who is noncompliant with treatment recommended by a mental health professional, and whose noncompliance has been a factor in his or her placement in a psychiatric hospital, prison, or jail at least twice within the last 36 months or in the commission of one or more acts, attempts, or threats of serious violent behavior toward himself or herself or others within the last 48 months. An individual meeting these criteria would be eligible to receive assisted outpatient treatment.

**Senate Bill 684 (S-2)** (330.1226 et al.) would add Section 433 to the code to provide for a court order for AOT.

Under the bill, any individual at least 18 years old could file a petition asserting that a person met the criteria for AOT. The court would have to hold a hearing to determine whether the subject of the petition met the criteria. If the court verified that he or she met the criteria and was not scheduled to begin a course of outpatient mental health treatment that included case management services or assertive community treatment team services, the court would have to order the person to receive AOT through his or her local CMHSP. The order would have to include case management services or assertive community treatment team services.

In developing the order, the court would have to consider any preferences and medication experiences reported by the subject of the petition or his or her designated representative, and any directions included in a durable power of attorney or an advance directive that existed.

If the subject had not previously executed a patient advocate or advance directive, the responsible CMHSP would have to ascertain whether he or she desired to establish an advance directive and offer to provide assistance in developing one.

The bill specifies that nothing in proposed Section 433 would negate or interfere with an individual's right to appeal under any other state law or Michigan court rule.

The bill also would amend Section 469a to require a court order for AOT as an alternative to hospitalization to include case management services or assertive community treatment team services. The bill's provisions regarding the content of an AOT order, and consideration of preferences, medication experiences, and directions in a power of attorney or advance directive, would apply.

In addition, the bill would allow a CMHSP to carry forward the operating margin up to 5 percent of its state share of the operating budget for fiscal years 2004-05, 2005-06, 2006-07, and 2007-08 (as allowed for previous fiscal years). A CMHSP that provided AOT services during a fiscal year could carry forward up to 7 percent of the operating margin.

**Senate Bill 685 (S-1)** (330.1472a et al.) would limit an initial order of AOT to 180 days. An initial order for combined hospitalization and AOT could not exceed 180 days, with the hospitalization portion being not more than 60 days. A second order of AOT could not exceed one year, and a continuing order of AOT could not exceed one year.

If an agency or mental health professional supervising an individual's AOT determined that he or she was not complying with the court order, the agency or mental health professional would have to notify the court immediately. If it came to the court's attention that a person subject to an AOT order

was not complying with it, the court could require, without a hearing, that the individual be hospitalized for the duration of the order.

**Senate Bill 686 (S-2)** (330.1472a et al.) would define "*assisted outpatient treatment*" as the categories of outpatient services ordered by the court under Section 433 or 469a (under Senate Bill 684). The term would include intensive case management services or assertive community treatment team services to provide care coordination. Assisted outpatient treatment also could include one or more of the following categories of services:

- Medication.
- Periodic blood tests or urinalysis to determine compliance with prescribed medications.
- Individual or group therapy.
- Day or partial day programming activities.
- Vocational, educational, or self-help training or activities.
- Alcohol or substance abuse treatment and counseling.
- Periodic testing for alcohol or illegal drugs for a person with a history of alcohol or substance abuse.
- Supervision of living arrangements.

In addition, AOT could include any other services within a local or unified services plan developed under the code, that were prescribed to treat the individual's mental illness and to assist the person in living and functioning in the community or to attempt to prevent a relapse or deterioration that could reasonably be predicted to result in suicide or the need for hospitalization.

The bill would require the Department of Community Health (DCH) to submit to the legislature an annual report concerning AOT services in Michigan.

The bills are tie-barred to each other and to Senate Bill 1464, which would amend the Estates and Protected Individuals Code to allow an individual to designate a patient advocate to exercise powers regarding his or her mental health treatment decisions.

## **FISCAL IMPACT:**

The bills could increase costs for local courts due to requirements for judicial investigations, hearings, orders, and reviews pertaining to assisted outpatient treatment petitions and plans.

Court orders for assisted outpatient treatment services as defined in the Mental Health Code will result in additional costs for CMHSPs if CMHSPs' funds for non-Medicaid eligible persons with mental illnesses and developmental disabilities are not redirected from those persons currently receiving mental health services. The increased costs conceivably will be offset by increased revenue carried forward by CMHSPs that have provided assisted outpatient treatment services, as the proposed package of bills would allow those CMHSPs to carry forward up to 7% of their operating margin. CMHSPs not providing assisted outpatient treatment services are permitted to carry forward up to 5% of their operating margin. Information from the Department of Community Health (DCH) indicates that \$7.7 million was carried forward by CMHSPs in Fiscal Year 2002-03.

Minimal administrative costs will be incurred by the DCH as the proposed legislation requires an annual report on assisted outpatient treatment services that would include: statewide information on the number of individuals receiving and completing assisted outpatient treatment; costs and benefits projections; information on assisted outpatient treatment petitions; and an evaluation of assisted outpatient treatment, if resources are available.

Legislative Analyst: Susan Stutzky

Fiscal Analyst: Marilyn Peterson

Margaret Alston

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.

## MSHN Regional Response: Impacting the Opioid Epidemic

Placing a priority on impacting Michigan's opioid epidemic, Mid-State Health Network (MSHN) will collaborate with community partners to achieve *measurable reductions in* (1) accidental deaths due to opiate overdose; (2) incidence of communicable disease(s) associated with opioid use; and (3) social consequences of opioid addiction (such as homelessness, unemployment, incarceration, State-initiated removal of children). Simultaneously, Mid-State Health Network will collaborate with community partners to achieve *measurable increases in* (1) children that are both healthy and safe in relation to parental opioid use; and (2) to increase the number of people with opioid addictions that are actively engaged in addiction treatment.

**Problem Statement 1:** Accidental death rate for opioid overdose for individuals in MSHN's 21 county region is 4.5 per 100,000 (state average is 4.2 per 100,000).

Contributing Factors	Interventions & Inputs	Process Measures/Outputs	Short Term Outcomes	Long Term Outcomes
<b>High rate of opioids being prescribed in the region</b>	<ol style="list-style-type: none"> <li>1. Review MAPS data by ZIP codes to identify regional areas with high rates of opioid prescriptions.</li> <li>2. Work with local treatment and prevention providers/coalitions and MHPs provide local health care providers in high rate areas, education on the importance of utilizing the MAPS system.</li> <li>3. Encourage all CMHSP and SUD providers to check MAPS on a consistent basis.</li> <li>4. Educate MHPs and primary care providers around adoption of CDC guidelines</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop data report on opioid prescriptions by ZIP/County to share with local coalitions, CMHSPs, SUD treatment/prevention providers, MHPs, and MSHN boards.</li> <li>2. Working with local coalitions, develop a tool kit for local health care providers on the importance of utilizing MAPS.</li> <li>3. MSHN staff will contact LARA to see if we can obtain the number of health care providers who are utilizing MAPS by county.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase the number of local health care providers (including dentists) that display the "We check MAPS" signage.</li> <li>2. Increase the number of local health care providers (dentists) who have signed up to use MAPS.</li> </ol>	<ol style="list-style-type: none"> <li>1. Increased adoption of CDC guidelines on opioid prescribing.</li> <li>2. Reduce the rate of opioids being prescribed.</li> </ol>

	on opioid prescription practices.	4. MSHN will invite and engage the Medicaid Health Plans in partnering with member providers on reducing opioid prescriptions.		
<b>Lack of access to Naloxone</b>	Develop regional Naloxone distribution plan	1. Review overdose data by county. 2. Contact Narcan distributor re: pricing. 3. Develop proposal with pharmacy for distribution plan. 4. Seek input from CMHs.	1. Naloxone will be available in every county. 2. Increase in first responders able to administer Naloxone.	1. Increase # of reversals. 2. Decrease in # of opioid overdose deaths.
<b>Lack of overdose/tolerance education for opioid-dependent consumers</b>	1. Research public awareness campaigns. 2. Provide training TX providers re: overdose education. 3. Develop brochure and treatment plan inputs regarding overdose potential.	Distribute information to hospitals, jails through SUD providers and coalitions.	Increased education re: safe use after abstinence.	Decrease in # of opioid overdose deaths.

**Problem Statement 2:** Due to the increase in admissions for Opioid Use Disorder treatment in the MSHN region, capacity for and accessibility to medication assisted treatment (MAT) does not adequately support the need.

Contributing Factors	Interventions & Inputs	Process Measures/Outputs	Short Term Outcomes	Long Term Outcomes
<b>Lack of MAT programs in high-need areas</b>	1. Review data from MDHHS, MI Death Certificate Files, MI Inpatient Database, TEDS to identify high-risk counties to increase resources	1. Identify gaps and opioid epidemic scope and focus areas (e.g. using geo-mapping of MAT providers compared to # of	1. Support and maintain existing programs in high-risk areas. 2. Develop protocols to address access	1. Increase capacity for MAT in identified high-risk areas throughout region

	2. A gap analysis of MAT services will be conducted to indicate where network development is needed	consumers who have OUD as primary or secondary DX by county) 2. Develop plan for expansion of MAT in those target areas	barriers & implemented to address specific region needs (I.e. Transportation).	2. Increase # of waived Suboxone physicians in region, working w/ Opioid-dependent population.
<b>Abstinence-Only providers in high need areas contribute to lack of MAT services</b>	1. Identify counties where providers are abstinence-only 2. Utilize gap analysis data re: gaps in MAT and current neuroscience of addiction to provide education re: benefits of MAT to abstinence-only providers	1. Develop an MAT-promotional presentation 2. Develop MAT hand-outs/brochures for dissemination 3. Coordinate with PX team on stigma reduction	All SUD providers will be educated around neuroscience of education and value of MAT	Increase in MAT providers and reduction in abstinence-only providers in our provider network.

**Problem Statement 3: Lack of awareness of opiate addiction disorders result in social consequences such as homelessness, incarceration, state-initiated removal of children, communicable diseases.**

Contributing Factors	Interventions & Inputs	Process Measures/Outputs	Short Term Outcomes	Long Term Outcomes
<b>Local Law Enforcement Agencies lack awareness of community resources for SUD issues.</b>	1. Working through local coalitions, MHPs, county health departments and other stakeholders to identify/develop materials to assist local law enforcement. 2. MSHN to organize regional training(s) for local law	1. Number of materials developed/distributed. 2. Number of law enforcement agency participating in utilizing materials.	1. Local law enforcement identifies utilizing resources and finding them helpful. 2. Pre/Posttest law enforcement	Reduced SUD-related arrests due to increased referrals to treatment by law enforcement

	<p>enforcement on recognizing/dealing with people affected with substance use.</p> <p>3. Training of provider network re: accurate reporting of referral sources</p>	<p>3. Number of law enforcement personnel trained.</p>	<p>training participants to identify an increase in knowledge.</p>	
<p><b>Consequences of IV drug use, HIV, Hepatitis C, et al.</b></p>	<p>1. Explore needle exchange programs</p> <p>2. Communicable disease (CD) screenings with providers</p> <p>3. Provider education re: CD with high risk IV drug users.</p> <p>4. Identify rates of CD disease across Region 5 counties</p>	<p>1. # of referrals by providers for CD testing</p> <p>2. SUD providers has MOU's with community partners that offer testing</p> <p>3. Develop presentation re: needle exchange program</p>	<p>1. Increased awareness of partners in communities who do CD testing</p> <p>2. MSHN Board approval for needle exchange exploration</p> <p>3. Increase clients screened</p>	<p>1. Reduction of prevalence of CD's</p> <p>2. Increase in # of IV users who enter treatment</p>
<p><b>Lack of parenting education</b></p>	<p>1. Working through local coalitions, MHPs, county health departments and other stakeholders to identify and coordinate with local organizations whose focus is working with parents/families (to identify needs/gaps in opioid knowledge).</p> <p>2. Working through local coalitions, MHPs, county health departments and other stakeholders to identify/develop materials to inform parents/families of opioid abuse/misuse. (ex:</p>	<p>1. Local resources whose focus is parent education are identified.</p> <p>2. Number of materials developed/ distributed.</p> <p>3. Number of parents/families participating in training.</p> <p>4. Number of trainings held.</p>	<p>1. Evidence of coordination of parenting resources (list; brochure; etc.)</p> <p>2. Parents/ families identify utilizing resources and find them helpful.</p> <p>3. Pre/post test from training participants reflects increase in knowledge.</p>	<p>1. Improved care and safety for children of parents with OUD as evidenced by MDHHS data (e.g. CPS, foster care, epidemiological data, NAS birth data, etc.)</p> <p>2. Increased preservation of the family unit and reduction of</p>



	<a href="http://www.stopoverdose.org">http://www.stopoverdose.org</a> or <a href="http://store.samhsa.gov/Opioid-Overdose-Prevention-Toolkit">http://store.samhsa.gov/Opioid-Overdose-Prevention-Toolkit</a>			children being removed from the home as evidenced by data from the quarterly Children's Referral reports.
<b>Lack of community awareness/stigma</b>	<ol style="list-style-type: none"> <li>1. Working through local coalitions, identify/ develop materials to inform community of opioid issues.</li> <li>2. MSHN to support development/ implementation of local training to address awareness of and stigma (specific to opioid concern; generalized SUD).</li> <li>3. MSHN to support development/ implementation of local anti-stigma campaigns. (ex: <a href="http://www.samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns">http://www.samhsa.gov/capt/tools-learning-resources/prevention-media-campaigns</a>)</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of materials developed/ distributed to inform community of opioid abuse/ misuse.</li> <li>2. Number of trainings held addressing issues of community awareness and stigma toward opioid abuse/ misuse.</li> <li>3. Number of participants attending local training.</li> <li>4. Number of local anti-stigma campaigns developed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community members identify utilizing resources and finding them helpful. (survey)</li> <li>2. Pre/Posttest community training participants to identify an increase in knowledge.</li> </ol>	<ol style="list-style-type: none"> <li>1. Decreased homelessness for people in recovery from OUD as evidenced by CareNet</li> <li>2. Increased employment for people in recovery from OUD as evidenced by CareNet</li> </ol>