

**Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
April 20, 2022 ~ 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
426 S. Walnut
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 April 20, 2022
- 4) **ACTION ITEM:** Approval of Minutes of December 15, 2021 (Page 4) and February 16, 2022 (Page 8)
- 5) Public Comment
- 6) Board Chair Report
 - A. Annual Organizational Meeting: Officer Positions Held for 2 Years
- 7) Deputy Director Report (Page 12)
- 8) Chief Financial Officer Report
 - A. FY22 PA2 Funding & Expenditures by County (Page 18)
 - B. FY22 PA2 Use of Funds by County and Provider (Page 20)
 - C. FY22 SUD Financial Summary Report of February 2022 (Page 22)
- 9) **ACTION ITEM:** FY22 Substance Use Disorder PA2 Contract Listing (Page 23)
- 10) SUD Operating Update (Page 26)
 - A. Grant Funding Update
 - B. FY2022 Q1 SUD County Reports (Page 28)
- 11) Other Business

**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
(CMHAM)
426 S. Walnut, Lansing

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 Assistant, Sherry Kletke, at 517.253.8203 as soon as possible.

**UPCOMING FY22
SUD OVERSIGHT POLICY
ADVISORY BOARD MEETINGS**

June 15, 2022

August 17, 2022

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

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

- 12) Public Comment
- 13) Board Member Comment
- 14) Adjournment

FY22 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Anderson	Jim	jdeweya@yahoo.com		989.667.1313	989.327.0734	Bay	2022
Ashley	Lisa	lgashley5@yahoo.com		989.630.5256		Gladwin	2022
Badour	Nichole	nbadour@gihn-mi.org		989.264.5045	989.466.4124	Gratiot	2022
Bristol	Sandra	toadhall2@hotmail.com		989.339.7841		Clare	2024
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2022
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	2024
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2022
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2022
Kolk	Bryan	bryank@co.newaygo.mi.us		616.780.5751		Newaygo	2024
Luce	Robert	rluce850@gmail.com		989.654.5700		Arenac	2023
Mitchell	Ken	kmitchellcc@gmail.com		517.899.5334	989.224.5120	Clinton	2023
Moreno	Jim	j.moreno@frontier.com		989.954.5144		Isabella	2022
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron	2023
Painter	Scott	spainter@montcalm.us		517.444.1556		Montcalm	2024
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		517.647.1783	616.902.5608	Ionia	2022
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2022
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2024
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2023
<u>Alternates:</u>							
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry	jjaloszynski@isabellacounty.org		989.330.4890		Isabella - Alternate	2022
Kroneck	John	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm - Alternate	
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton - Alternate	2023
Whittum	Jeremy	jwhittum@eatoncounty.org		517.243.5692		Eaton-Alternate	

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, December 15, 2021, 4:00 p.m.

CMH Association of Michigan (CMHAM)

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 4:28 p.m.

Board Member(s) Present: Jim Anderson (Bay), Lisa Ashley (Gladwin), Nichole Badour (Gratiot), Sandra Bristol (Clare), Bruce Caswell (Hillsdale), Steve Glaser (Midland), Susan Guernsey (Mecosta), Christina Harrington (Saginaw), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Jim Moreno (Isabella), Todd Tennis (Ingham), Deb Thalison (Ionia), Kim Thalison (Eaton), Dwight Washington (Clinton), Ed Woods (Jackson)

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

Alternate Members Present: John Kroneck (Montcalm)

Staff Members Present: Amanda Ittner (Deputy Director), Joseph Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Lead Treatment Specialist), Rebecca Emmenecker (Treatment Specialist), Sarah Andreotti (Lead Treatment Specialist), Sarah Surna (Prevention Specialist), Kari Gulvas (Prevention Specialist)

2. Roll Call

Secretary Bruce Caswell provided the Roll Call for Board Attendance.

3. Approval of Agenda for December 15, 2021

Board approval was requested for the Agenda of the December 15, 2021 Regular Business Meeting, as presented.

MOTION BY BRYAN KOLK, SUPPORTED BY BRUCE CASWELL, FOR APPROVAL OF THE DECEMBER 15, 2021 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 18-0.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

4. Approval of Minutes from the June 16, 2021 and October 20, 2021 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the June 16, 2021 and October 20, 2021 Regular Business Meetings.

MOTION BY JIM MORENO, SUPPORTED BY TODD TENNIS, FOR APPROVAL OF THE MINUTES OF THE JUNE 16, 2021 AND OCTOBER 20, 2021 MEETINGS, AS PRESENTED. MOTION CARRIED: 18-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Board approval was requested for the FY2022 Board calendar, as presented.

MOTION BY JOHN KRONECK, SUPPORTED BY STEVE GLASER, FOR APPROVAL OF THE FY2022 BOARD CALENDAR, AS PRESENTED. MOTION CARRIED: 18-0.

Mr. John Hunter provided an overview of the SUD Oversight Policy Board Annual Report included in the board meeting packet. Commendations to the Board members for getting so much done, especially during COVID.

The annual organization meeting for the SUD Oversight Policy Board will take place at the next meeting scheduled February 16, 2022. Re-elections will take place for the Chair, Vice-Chair, and Secretary officer positions. An officer can serve for two consecutive terms. Current officers are Mr. John Hunter as Chair, Ms. Deb Thalison as Vice-Chair and Mr. Bruce Caswell as Secretary. Current officers are in their first year so each of them can run again. If anyone has interest in an office position, please contact Ms. Sherry Kletke or Ms. Amanda Ittner prior to the February meeting. A slate of officers will be put together for the February meeting and nominations can also be taken from the floor during the meeting. The question was raised if there is a training program available. All new board members receive orientation upon appointment. If a board member is interested in serving as an officer, MSHN would support that person and provide any needed training. There are also conferences available about how to be an effective officer.

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:

- Modification to the Open Meetings Act and change to the SUD OPB Bylaws: House Bill 5467 allows for remote participation; however remote participants are not allowed to vote unless they are participating remotely due to military duty, effective January 1, 2022. MSHN is seeking legal counsel and there is also lobbying efforts happening in opposition to the bill and to continue to allow remote participation voting as long as a quorum of physical

presence is reached at the meeting. MSHN is going to hold on revising the Bylaws until further information is received from legal counsel and to see if new legislation is proposed.

- Opioid Settlement: The Michigan settlement is estimated at \$776 million with payments beginning as early as April 2022. Municipalities and counties must register to participate in the settlement. MDHHS has requested from the PIHPs local information on prevention activities to share with municipalities and counties in coordination of efforts when planning for use of the funds.

8. Chief Financial Officer Report

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

- FY2021 PA2 Funding and Expenditures by County
- FY2021 PA2 Use of Funds by County and Provider
- FY2021 Substance Use Disorder (SUD) Financial Summary Report as of September 2021
- Block Grant Reduction Update & Projections

FY2022 reports have not been included because there hasn't been any action on the FY2022 PA2 contracts prior to this meeting.

Suggestions were requested to change the format and font size of the Block Grant Reduction Update report to help make it easier to read.

9. FY22 Substance Use Disorder PA2 Contract Listing

Contracts are now handled by the Finance Department so Ms. Leslie Thomas will present the contracts at future meetings. However, tonight, Ms. Amanda Ittner provided an overview and information on the FY22 Substance Use Disorder (SUD) PA2 Contract listing as provided in the packet. Discussion ensued with some OPB members expressing concern with the report appearing like some counties, in particular Montcalm County and Ingham County, had a substantial funding cut. Funding allocation is based on the provider requests and availability/allowable cost to other funding sources. MSHN utilizes Medicaid and Healthy Michigan as first use of funds, along with State Opioid Response Grant. PA2 funds are allocated as last resort. MSHN will provide an additional report, as soon as it's available, with details showing other funding sources reflecting the total funding allocated for each provider. The report will also contain any funding requests that were denied, if applicable.

MOTION BY ROBERT LUCE, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY2022 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 16-0. 2-ABSTAINED

10. SUD Operating Update

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

Dr. Dani Meier provided an overview of the written SUD Operations Report as included in the board meeting packet highlighting the addition of two new staff. Veteran's Navigator, Tammy Foster and Prevention Specialist, Sarah Surna.

Dr. Dani Meier providing a presentation on the rising rate of Methamphetamine Overdose prior to the call to order. The Power Point presentation can be viewed on the MSHN website at [this link](#). Noting, Methamphetamine Psychosis (MAP) is when meth intoxication includes psychiatric symptoms. Placing individuals with MAP is a challenge because SUD providers are not used to psychotic behaviors and drug-induced psychosis doesn't meet eligibility for inpatient psych units. MSHN's Utilization Management department, led by Ms. Skye Pletcher Négron, is developing a clinical practice guideline for MAP. MSHN is part of a pilot Contingency Management (CM) program in recovery homes in Newaygo and Montcalm Counties.

11. Other Business

There was no other business

12. Public Comment

There was no public comment

13. Board Member Comment

Board members asked about receiving hard copies of packets similar to past practice. Now that the packet is displayed during meetings, if anyone would still like a packet mailed to them, please contact Ms. Sherry Kletke or Ms. Amanda Ittner. Members can also make a note requesting hard copies and place the note in their folder tonight.

A Board member recently learned about recovery support programs that MSHN funded at Central Michigan University, Ferris State University and Mid State College. These colleges have recovery activities on campus to engage students that are in recovery or are at-risk.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:26 p.m. Mr. John Hunter wished everyone Happy Holidays and wanted to thank everyone for coming to the meeting.

*Meeting minutes submitted respectfully by:
MSHN Executive Assistant*

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, February 16, 2022, 4:00 p.m.

CMH Association of Michigan (CMHAM)

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 4:05 p.m.

Board Member(s) Present: Bruce Caswell (Hillsdale), Steve Glaser (Midland) joined at 4:14 p.m., John Hunter (Tuscola), Bryan Kolk (Newaygo), Vicky Schultz (Shiawassee), Jerrilynn Strong (Mecosta); Kim Thalison (Eaton)

Board Member(s) Remote: Nichole Badour (Gratiot), Sandra Bristol (Clare), Robert Luce (Arenac), Jim Moreno (Isabella), Todd Tennis (Ingham). Deb Thalison (Ionia), Ed Woods (Jackson)

Board Member(s) Absent: Jim Anderson (Bay), Lisa Ashley (Gladwin); Christina Harrington (Saginaw); Ken Mitchell (Clinton); Joe Murphy (Huron), Scott Painter (Montcalm), David Turner (Osceola)

Alternate Members Present: John Kroneck (Montcalm); Linda Howard (Mecosta)

Staff Members Present: Amanda Ittner (Deputy Director), Joseph Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer), Sarah Andreotti (Lead Treatment Specialist), Sarah Surna (Prevention Specialist), Kari Gulvas (Prevention Specialist); Sherrie Donnelly (Treatment & Recovery Specialist)

2. Roll Call

Secretary Bruce Caswell provided the Roll Call for Board Attendance. Only 8 represented county members were present in-person which does not meet the minimum requirement for a quorum, so no action was taken on items noted below. Items requiring action will be added to the agenda for the next meeting on April 20, 2022.

3. Approval of Agenda for February 16, 2022

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

No quorum was present to take action to approve the Agenda of the February 16, 2022 Regular Business Meeting, as presented.

4. Approval of Minutes from the December 15, 2021 Regular Business Meetings

No quorum was present to take action to approve the meeting minutes of the December 15, 2021 Regular Business Meeting. Board members did not note any corrections or changes needed to the December 15, 2021 meeting minutes.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chairperson John Hunter extended a warm welcome to new members; Scott Painter, Ken Mitchell and Jerrilynn Strong and to the new alternate member, Linda Howard.

No quorum was present to hold the annual meeting election of Board Chairperson, Vice-Chairperson and Secretary. Annual meeting elections will be on the agenda for the next meeting on April 20, 2022.

Mr. John Hunter shared a letter that he has signed for distributing to providers in the region wishing to express admiration and deep appreciation for the courage, compassion, strength and resilience shown over the past few years during the COVID-19 pandemic. A copy of the letter was in the Board member folders and was shared on screen for those members attending virtually.

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:

- **Open Meetings Act Update:** Senate Bill 854 was introduced on February 1, 2022 which proposes to add back the medical condition as a circumstance for allowing remote participation in addition to military duty. MSHN is seeking legal counsel and is continuing to hold on revising the Bylaws until further information is received from legal counsel. Since this report was prepared there has been involvement with the ADA to allow for individuals with disabilities to participate remotely.
- **Opioid Settlement Update:** MDHHS has asked PIHPs for recommendations on projects to be supported by the settlement funding at the state level. Recommendations were due on February 11, 2022. MSHNs Substance Use Disorder team has been doing research to be prepared for programs slated to begin in FY23.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

- **American Rescue Plan Act (ARPA) Substance Abuse Block Grant (SABG) Appropriation**
- **Governor Whitmer Announces 10 Million Free KN95 Masks for Michiganders.** MSHN has a supply of KN95 masks available so if any Board member hears of any resource needs, please reach out to MSHN staff.

8. Chief Financial Officer Report

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

- FY2022 PA2 Funding and Expenditures by County
- FY2022 PA2 Use of Funds by County and Provider
- FY2022 Substance Use Disorder (SUD) Financial Summary Report as of December 2021

9. FY22 Substance Use Disorder PA2 Contract Listing Report Format Changes

Ms. Leslie Thomas discussed the contract listing report format changes that arose from feedback from board members at the December 2021 meeting requesting MSHN provide an updated report with details showing other funding sources reflecting the total funding allocated for each provider. The report will also contain any funding requests that were denied, if applicable. The PA2 funding recommendations by provider is no longer broken out by county; the provider total only is reflected and a footnote added to refer to Comparison by County and Provider report for details by county. The Comparison by County and Provider report added a new column indicating if the provider is new or if the contract is a renewal. The report also adds a column to indicate date county specific coalition has or will review the new provider.

Board members wished to thank MSHN Finance staff for addressing the recommendations and making the changes to the Contract Listing reports.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report as included in the board meeting packet highlighting:

- Seeking Safety training (Evidence-based trauma training) in March 2022

Dr. Dani Meier informed the Board a provider closed yesterday after providing MSHN the required 60 days' notice and all 223 folks were transferred as of yesterday. MSHN is very grateful to all the providers and staff involved to place all 223 people.

Dr. Dani Meier also reviewed the FY2021 SUD Quarterly reports as provided in the board packet.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

11. Other Business

There was no other business

12. Public Comment

There was no public comment

13. Board Member Comment

Board Members raised the question why members are unable to attend the meeting to allow for a quorum. If a Board member has any feedback allowing members to feel more comfortable attending in-person, please submit to Ms. Amanda Ittner or Ms. Sherry Kletke.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:07 p.m. Thank you for all that attended today in-person and for those that joined remotely.

*Meeting minutes submitted respectfully by:
MSHN Executive Assistant*

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

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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

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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)

February/March

MSHN/REGIONAL MATTERS

1. Open Meetings Act Update:

There have been no further updates to the Open Meetings Act. Therefore, as indicated in my previous reports, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body, is if that member is absent due to military duty. Senate Bill 854 proposes to add back the medical condition as a circumstance for allowing remote participation.

Mid-State Health Network is still waiting for proposed legislation to be finalized 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.

2. COVID-19 Updates

On March 11, 2022, Michigan Department of Health and Human Services (MDHHS) updated their Isolation and Quarantine Guidance based on Michigan's current condition and low numbers of new COVID-19 cases, indicating the state has entered the post-surge, recovery phase. MSHN has also updated our [COVID-19 page](#) dedicated to provider and stakeholder communications, related to readiness, response and recovery.

On March 1, 2022, the MSHN Board of Directors approved for release, an additional avenue for our provider system to request funding to support all in-region behavioral health providers (including substance use disorder prevention, treatment, and recovery providers) in their efforts to address staff recruitment, attraction, commitment (and related onboarding costs), existing workforce retention strategies, temporary staffing costs, and other staffing stabilization crises they face. As of April 7, 2022, MSHN has approved over \$380,000 to support workforce retention programs. This is in addition to the funding provided for Direct Care Wage increases and Provider Stabilization. For further information and application:

[MSHN Staffing Support Provider Stabilization Program Regional Guidance](#)

3. COVID-19-Telehealth Report & Future Planning

MSHN and our Community Mental Health partners have been monitoring the regions use of telehealth over the last few years and has recently produced a three-year comparison from FY2019 through FY2021. We know our provider network has concerns and has been wondering what will happen with the flexibilities allowed during the federal Pandemic Health Emergency (PHE) declaration. MDHHS has clarified that the COVID-19 response policies will remain in effect, including the [MDHHS - COVID-19 Encounter Code Chart \(michigan.gov\)](#), until an appointed time which MDHHS will inform providers of in the future (as indicated in [MSA 20-36](#)). These temporary policies ARE NOT contingent upon the end of the federal PHE and will not be terminated on April 16, even if the federal PHE is not extended. Instead, MDHHS will inform providers of the end dates of those policies using our usual mechanisms for provider communication. Please see the [BHDDA telemedicine database](#) for allowable telemedicine services for once MDHHS transitions away from the temporary policies and stay tuned for further updates regarding post PHE telemedicine policies. [MSHNs Telehealth report can be found here.](#)

In addition, the General Accountability Office (GAO) has released a report entitled *Medicaid: CMS Should Assess Effect of Increased Telehealth Use on Beneficiaries' Quality of Care* (GAO-22-104700). "Telehealth has helped people get the health care they need while reducing their COVID-19 exposure risk. At the start of the pandemic, Medicaid data from 5 states showed exponential increases in

- the number and percentage of services delivered via telehealth
- the number of Medicaid beneficiaries receiving telehealth.

For example, from March 2020-February 2021, 32.5 million services were delivered via telehealth vs. 2.1 million services the prior year. But Medicaid hasn't collected or assessed data on the quality-of-care beneficiaries received from telehealth services. We recommended doing so." The report is available at <https://www.gao.gov/assets/gao-22-104700-highlights.pdf>.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS Issues Three-Year Report for the State Opioid Response Grant Funding

In recent decades, the State of Michigan has experienced a dramatic increase in opioid-involved overdose and death. One figure has determined that between 1999 and 2017, overdoses caused by opioid use increased by 17 times the initial rate (Drug Overdose Deaths in Michigan, 2020). Of the over 2,500 individuals who died from drug overdose in Michigan in 2018, opioids were involved in 78% of those events (n=2,038). Furthermore, drug use trends have shown an increased presence in synthetic opioids (e.g., fentanyl and its analogues, tramadol), with a nearly 11% increase between 2017 and 2018 alone. All indications show that this trend has continued to the current year (data unavailable), making the probability of an overdose occurring several times more likely.

The Michigan Department of Health and Human Services (MDHHS), seeking to address this opioid epidemic, applied for the State Opioid Response (SOR) grant released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018. The goals set forward in the application were listed as follows: (1) to increase access to Medication-Assisted Treatment (MAT) for the three medications approved by the United States Food and Drug Administration (FDA); (2) reduce unmet treatment need; (3) and reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorders (OUD).

On September 19, 2018, SAMHSA awarded MDHHS the SOR grant for \$27,914,639 per grant year. Funding began on October 1, 2018, with an additional 16-month award for a one-time SOR supplement on June 1, 2019, in the amount of \$14,571,442. After the initial two-year grant period, Michigan applied for and received a one-

year No Cost Extension (NCE) for SOR Prime and SOR Supplemental on September 21, 2020. The final amounts were \$18,972,985 for SOR Prime and \$8,960,077 for SOR Supplemental, for a total of \$27,933,062. The NCE was completed on September 29, 2021.

MDHHS allocated SOR funds to the 10 Prepaid Inpatient Health Plans (PIHPs) to implement opioid-focused initiatives strategic to their respective geographic regions. The PIHP network operates as regional managed care organizations for Michigan's 83 counties, distributing discretionary public funding to local community providers. Prevention initiatives implemented through the PIHPs include Opioid Education and Naloxone Distribution (OEND) and Youth & Family Evidence-Based Prevention programming. Treatment and recovery initiatives include placing peer recovery coaches in Federally Qualified Health Centers (FQHCs), expanding jail-based MAT services, securing mobile care units to deliver OUD services to individuals lacking transportation and underserved areas, the implementation of the Opioid Health Home model, expanding availability of and stay in recovery housing, providing employment support for those in recovery from OUD, and funding the cost of OUD treatment and OUD recovery services for uninsured and underinsured individuals.

Highlights from the report indicate that throughout all three years of SOR and across all programs, Michigan saw major growth in OUD prevention, treatment, and recovery services. With SOR funding, the following were accomplished:

- Over 7,000 youth and families engaged in substance abuse prevention programming.
- Over 215,000 Naloxone kits distributed.
- At least 1,275 lives saved with Naloxone.
- Six-thousand three-hundred and seven clients received OUD treatment services including MAT, case management, and transportation.
- Collaborations with 48 different correctional facilities to provide OUD services.
- One-hundred and twenty-seven new clients received telehealth services.
- Twelve-thousand five-hundred and twenty-eight individuals contacted through peer recovery coach outreach efforts.
- Collaboration with more than 30 recovery homes

Our SOR Government Performance and Results Act indicated improvements for clients in the following areas:

- Increase in housing stability
- Increase in social connectedness
- Increase in employment and education attainment
- Increase in abstinence from drugs and alcohol
- Decrease in anxiety
- Decrease in depression
- Decrease in hallucinations
- Decrease in trouble understanding, concentration, or remembering
- Decrease in trouble controlling violent behavior

For further details and specific on related activities, click the link here [State Opioid Response Final Report](#).

MSHN applauds and provides our sincere appreciation to our providers, partners, community coalitions, stakeholders, boards, and staff for implementing the projects under the Opioid Response Grants, providing prevention programming across the region, and supporting individuals served through their journey on recovery.

FEDERAL/NATIONAL ACTIVITIES

Addressing Addiction and the Overdose Epidemic

After the State of the Union, the White House released a fact sheet entitled *Addressing Addiction and the Overdose Epidemic*. The fact sheet is available at <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-addressing-addiction-and-the-overdose-epidemic/>.

“President Biden outlined the decisive actions his Administration is taking to address addiction and the overdose epidemic and laid out a vision for how his Administration will continue to expand evidence-based prevention, harm reduction, treatment, recovery, and supply reduction approaches to save lives. Specifically, the President outlined his comprehensive approach, including:

Increasing Funding for Public Health and Supply Reduction. Specifically, the President is calling for:

- A historic proposed investment of \$10.7 billion in discretionary funding for the Department of Health and Human Services (HHS) to fund research, prevention, harm reduction, treatment, and recovery support services, with a focus on meeting the needs of populations at greatest risk for overdose and substance use disorder.

- A proposed investment of \$5.8 billion for interdiction efforts, which is an increase from the FY2021 enacted level.

Removing Barriers to Treatment. Medication for opioid use disorder (MOUD), such as buprenorphine and methadone, is a safe and effective treatment. However, most Americans who need treatment for an opioid use disorder do not get it. That is why President Biden has called for universal access to MOUD by 2025.

- To further reduce burdens in accessing MOUD, the President supports eliminating outdated rules that place unnecessary administrative burdens on providers, discouraging them from prescribing effective treatments for addiction. The Administration will increase awareness and understanding of these medications so that patients and providers can make informed choices.

- The Administration has extended and will propose making permanent the emergency provisions implemented during the COVID-19 pandemic concerning MOUD authorizations.

- Over the next year, the Administration plans to establish a set of hospital recommendations for overdose care and care coordination and create a model state law.

- The Administration is working to expand MOUD throughout Federal incarcerated settings, in order to set an example for state and local jurisdictions.

Reducing Harm and Saving Lives. Harm reduction services – which include naloxone, fentanyl test strips, and syringe service programs – are a federal drug policy priority.

- The Administration has prioritized funds for harm reduction. Additionally, CDC and the SAMHSA announced that federal funding may now be used to purchase fentanyl test strips in an effort to help curb the dramatic spike in drug overdose deaths.

- The Administration is including the input of people who use drugs in designing harm reduction interventions that will help save lives.

- The Administration plans to continue efforts to support syringe services programs through funding opportunities to provide these programs with needed supplies such as fentanyl test strips and sterile syringes, which have been proven to reduce diseases such as Hep-C and HIV.

- In order to deliver resources to local communities, the Administration is working with states and communities to elevate harm reduction best practices.

- The overdose reversal medication naloxone is a critical tool for saving lives. However, equitable access to naloxone across the country is often defined by where you live. The Biden-Harris Administration is examining barriers to the acquisition and distribution of naloxone at the local level in order to increase access and availability where it is most needed.

Stopping the Trafficking of Illicit Drugs. Addressing the core causes and sources of transnational and domestic criminal activities is an urgent priority for the Administration.

In October, President Biden announced two Executive Orders to counter transnational criminal organizations and illicit drug trafficking.

Through its High Intensity Drug Trafficking Areas (HIDTA) Program, Office of National Drug Control Policy (ONDCP) is funding new initiatives to reduce the violence associated with drug trafficking, refine interdiction efforts through enhanced data sharing and targeting, and go after illicit finance using innovative approaches, including cryptocurrency investigation.

The HIDTA Overdose Response Strategy, funded by ONDCP and CDC, brings together drug intelligence officers and public health analysts at the local and regional levels to share information and develop evidence-based intervention and support services that reduce overdoses.”

Substance Abuse and Mental Health Services administration (SAMHSA)

SAMHSA has released a couple of grant opportunities of potential interest, The first is titled, “**Certified Community Behavioral Health Clinic (CCBHC)– Improvement and Advancement Grant.**” Applications are due May 17, 2022. According to the announcement, “The purpose of this program is to help transform community behavioral health systems and provide comprehensive, integrated, coordinated, and person-centered behavioral health care by enhancing and improving CCBHCs that currently meet the CCBHC Certification Criteria. The intent of the CCBHC-IA grant program is to improve access to community-based mental health and substance use disorder treatment and support, including 24/7 crisis services, to anyone in their service area who needs it, regardless of their ability to pay or place of residence. This includes any individual with a mental or substance use disorder who seeks care, including those with serious mental illness (SMI), substance use disorder (SUD) including opioid use disorder; children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis. SAMHSA expects that applicants will include a focus on groups facing health disparities as identified in the community needs assessment in the population of focus.”

More information is available at: <https://www.samhsa.gov/grants/grant-announcements/sm-22-012>

The second is titled, “Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts.” Applications are due May 9, 2022. According to the announcement, “The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs.”

More information is available at: <https://www.samhsa.gov/grants/grant-announcements/ti-22-010>

Centers for Medicare and Medicaid Services (CMS)

CMS has announced that the “Administration took another step to ensure access to comprehensive health care coverage by providing states with guidance as they plan for whenever the COVID-19 Public Health Emergency (PHE) does conclude. The CMS guidance will help states keep consumers connected to coverage by either renewing individuals’ Medicaid or CHIP eligibility or helping them look at other affordable federal and state-based health insurance options. Since the beginning of the Administration, the HHS has committed that it will provide states 60 days’ notice before any planned expiration or termination of the PHE to provide states with as much lead time as possible to plan for the eventual end of the PHE.

CMS’ new guidance at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf> aims to make sure states are well-prepared to *initiate* eligibility renewals for all individuals enrolled in Medicaid and CHIP within 12 months of the eventual end of the PHE, and to complete renewals within 14 months. To help consumers maintain coverage, the guidance also emphasizes current rules requiring states to provide a smooth transition to other options for those who may no longer be eligible for Medicaid or CHIP once the PHE

eventually ends. CMS remains committed to working with state and federal partners to ensure renewals and transitions between programs result in as little disruption to individuals as possible. CMS' new guidance provides planning and reporting tools that offer states a roadmap to:

- Restore routine eligibility and enrollment operations after the PHE ends;
- Promote continuity of coverage; and
- Facilitate transitions between Medicaid, CHIP, the Basic Health Program, and the Health Insurance Marketplaces.

CMS has released an unwinding tool (attached to the email) for states and groups that assist people with Medicaid coverage to help beneficiaries through the eligibility renewal process. The agency refreshed its slide deck available at <https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf> highlighting the role Managed Care Organizations can play in supporting states in their efforts to reach people with Medicaid coverage during the PHE Unwinding period."

Submitted by:



Amanda L. Ittner

Finalized: 4.8.22

**Mid-State Health Network
FY2022 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	Beginning PA2 Fund Balance and Receipts
Arenac	78,336							38,721	-	78,336
Bay	886,059							189,737	-	886,059
Clare	172,289							51,428	-	172,289
Clinton	467,322							121,375	-	467,322
Eaton	617,925							222,938	-	617,925
Gladwin	83,646							40,014	-	83,646
Gratiot	97,521							42,938	-	97,521
Hillsdale	161,762							50,828	-	161,762
Huron	187,359							68,510	-	187,359
Ingham	947,615							643,890	-	947,615
Ionia	411,104							70,234	-	411,104
Isabella	581,463							119,105	-	581,463
Jackson	690,218							339,281	-	690,218
Mecosta	319,791							81,503	-	319,791
Midland	435,893							174,016	-	435,893
Montcalm	263,542							97,070	-	263,542
Newaygo	133,127							81,492	-	133,127
Osceola	115,952							33,294	-	115,952
Saginaw	1,807,586							531,538	-	1,807,586
Shiawassee	443,461							93,104	-	443,461
Tuscola	218,811							53,489	-	218,811
	<u>\$ 9,120,783</u>	<u>\$ -</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,144,505</u>	<u>\$ -</u>	<u>\$ 9,120,783</u>

**Mid-State Health Network
FY2022 PA2 Expenditure Summary by County**

County	Beginning PA2 Fund Balance and Receipts	County Code	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD Payments	Ending PA2 Fund Balance
Arenac	78,336	06	4,086	3,876	3,837	6,570	6,704								25,073	\$ 53,263
Bay	886,059	09	30,599	29,149	32,168	29,405	36,727								158,047	\$ 728,011
Clare	172,289	18	4,387	4,891	4,490	5,657	3,169								22,594	\$ 149,695
Clinton	467,322	19	12,950	8,250	12,095	9,006	2,294								44,595	\$ 422,727
Eaton	617,925	23	34,328	26,369	35,739	29,357	17,861								143,655	\$ 474,270
Gladwin	83,646	26	2,497	2,931	2,274	2,722	2,972								13,396	\$ 70,250
Gratiot	97,521	29	7,292	7,207	7,659	6,745	6,901								35,805	\$ 61,716
Hillsdale	161,762	30	-	-	-	-	-								-	\$ 161,762
Huron	187,359	32	5,649	5,788	5,403	5,855	5,923								28,618	\$ 158,741
Ingham	947,615	33	55,096	30,761	34,216	33,389	31,805								185,267	\$ 762,348
Ionia	411,104	34	7,889	12,223	8,947	10,393	15,631								55,082	\$ 356,022
Isabella	581,463	37	23,609	23,893	27,419	23,386	24,398								122,705	\$ 458,758
Jackson	690,218	38	13,009	24,135	28,160	21,043	16,752								103,099	\$ 587,119
Mecosta	319,791	54	10,583	9,642	9,481	9,877	9,955								49,538	\$ 270,253
Midland	435,893	56	9,387	10,434	15,652	9,839	5,384								50,697	\$ 385,197
Montcalm	263,542	59	1,963	1,889	2,071	2,124	1,967								10,014	\$ 253,527
Newaygo	133,127	62	1,433	2,788	2,598	3,742	4,821								15,382	\$ 117,745
Osceola	115,952	67	6,273	4,983	6,692	5,664	5,952								29,564	\$ 86,388
Saginaw	1,807,586	73	42,255	53,176	51,076	70,362	62,902								279,770	\$ 1,527,816
Shiawassee	443,461	78	21,469	3,750	22,850	9,773	10,504								68,346	\$ 375,116
Tuscola	218,811	79	10,068	10,252	11,749	11,002	10,822								53,891	\$ 164,920
	<u>\$ 9,120,783</u>		<u>\$ 304,820</u>	<u>\$ 276,387</u>	<u>\$ 324,576</u>	<u>\$ 305,913</u>	<u>\$ 283,443</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>1,495,139</u>	<u>\$ 7,625,645</u>

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2021 through February 28, 2022

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Arenac						
Peer 360 Recovery					17,637	17,637
Sterling Area Health Center				2,268		2,268
Ten Sixteen Recovery		5,168				5,168
Arenac Total		5,168		2,268	17,637	25,073
Bay						
Boys and Girls Club Bay Region				35,585		35,585
Neighborhood Resource Center				45,506		45,506
Peer 360 Recovery					34,757	34,757
Sacred Heart Rehabilitation				4,567		4,567
Sterling Area Health Center				6,743		6,743
Ten Sixteen Recovery					30,889	30,889
Bay Total				92,401	65,646	158,047
Clare						
Ten Sixteen Recovery		3,746	330	8,859	9,659	22,594
Clare Total		3,746	330	8,859	9,659	22,594
Clinton						
Eaton Regional Education Service Agency				37,301		37,301
State of Michigan MRS	5,000					5,000
Ten Sixteen Recovery					2,294	2,294
Clinton Total	5,000			37,301	2,294	44,595
Eaton						
Barry Eaton District Health				2,778		2,778
Eaton Regional Education Service Agency				40,565		40,565
Prevention Network				13,054		13,054
State of Michigan MRS	5,000					5,000
Wellness, InX		40,221			42,036	82,258
Eaton Total	5,000	40,221		56,397	42,036	143,655
Gladwin						
Ten Sixteen Recovery		2,904	540	2,114	7,838	13,396
Gladwin Total		2,904	540	2,114	7,838	13,396
Gratiot						
Gratiot County Child Advocacy Association				14,150		14,150
Ten Sixteen Recovery		8,342			13,313	21,655
Gratiot Total		8,342		14,150	13,313	35,805
Huron						
Peer 360 Recovery					28,618	28,618
Huron Total					28,618	28,618
Ingham						
Child and Family Charities				10,195		10,195
Cristo Rey Community Center				9,504		9,504
Eaton Regional Education Service Agency				6,420		6,420
Ingham County Health Department				4,559		4,559
Prevention Network				13,054		13,054
Punks With Lunch Lansing			950			950
State of Michigan MRS	15,000					15,000
Wellness, InX		73,031			52,555	125,585
Ingham Total	15,000	73,031	950	43,732	52,555	185,267
Ionia						
County of Ionia				41,482		41,482
Wedgwood Christian Services					13,600	13,600

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2021 through February 28, 2022

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Ionia Total				41,482	13,600	55,082
Isabella						
Addiction Solutions Counseling Center				10,520		10,520
Peer 360 Recovery					19,723	19,723
Ten Sixteen Recovery		6,802		23,679	61,981	92,462
Isabella Total		6,802		34,199	81,704	122,705
Jackson						
Big Brothers Big Sisters of Jackson County, Inc				5,721		5,721
Family Service and Childrens Aid (Born Free)				63,250		63,250
Home of New Vision					34,128	34,128
Jackson Total				68,971	34,128	103,099
Mecosta						
Ten Sixteen Recovery		12,071	390	15,189	21,888	49,538
Mecosta Total		12,071	390	15,189	21,888	49,538
Midland						
Peer 360 Recovery					28,848	28,848
Ten Sixteen Recovery		13,233				13,233
The Legacy Center for Community Success				8,616		8,616
Midland Total		13,233		8,616	28,848	50,697
Montcalm						
Wedgwood Christian Services		10,014				10,014
Montcalm Total		10,014				10,014
Newaygo						
Arbor Circle				15,382		15,382
Newaygo Total				15,382		15,382
Osceola						
Ten Sixteen Recovery		10,274		19,290		29,564
Osceola Total		10,274		19,290		29,564
Saginaw						
First Ward Community Service				101,262		101,262
Great Lakes Bay Health Center				12,877		12,877
Parishioners on Patrol				5,000		5,000
Peer 360 Recovery					49,916	49,916
Sacred Heart Rehabilitation				4,734		4,734
Saginaw County Youth Protection Council				55,333		55,333
Ten Sixteen Recovery					50,649	50,649
Saginaw Total				179,205	100,565	279,770
Shiawassee						
Catholic Charities of Shiawassee and Genesee				41,724		41,724
Peer 360 Recovery					853	853
Prevention Network				15,665		15,665
Shiawassee County				5,104		5,104
State of Michigan MRS	5,000					5,000
Shiawassee Total	5,000			62,493	853	68,346
Tuscola						
List Psychological Services				25,607		25,607
Peer 360 Recovery					28,284	28,284
Tuscola Total				25,607	28,284	53,891
Grand Total	30,000	185,806	2,210	727,656	549,467	1,495,139

Mid-State Health Network
Summary of SUD Revenue and Expenses as of February 2022 (41.7% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	2,551,912.62	9,659,377.00	7,107,464.38	26.42%
SOR and Other Grants	371,247.42	5,490,080.00	5,118,832.58	6.76%
Medicaid	6,510,513.28	14,987,375.00	8,476,861.72	43.44%
Healthy Michigan	14,283,460.11	31,683,904.00	17,400,443.89	45.08%
PA2	1,495,138.56	4,712,059.00	3,216,920.44	31.73%
Totals	25,212,271.99	66,532,795.00	41,320,523.01	37.89%
Direct Expenses				
Block Grant	2,551,912.62	8,811,000.00	6,259,087.38	28.96%
SOR and Other Grants	371,247.42	4,081,900.00	3,710,652.58	9.09%
Medicaid	4,236,072.94	12,300,000.00	8,063,927.06	34.44%
Healthy Michigan	8,542,747.70	25,200,000.00	16,657,252.30	33.90%
PA2	1,495,138.56	4,712,059.00	3,216,920.44	31.73%
Totals	17,197,119.24	55,104,959.00	37,907,839.76	31.21%
Surplus / (Deficit)	8,015,152.75			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	2,274,440.34
Healthy Michigan	5,740,712.41
PA2	-
Totals	8,015,152.75

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.

Mid-State Health Network
FY2022 PA2 Funding Recommendations by Provider
April 2022 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Recovery Pathways	2,750	2,750	2,750
GRAND TOTAL	2,750	2,750	2,750

*Refer to *Comparison by County and Provider* report for details by county

Mid-State Health Network
FY2022 PA2 Funding Recommendations by County

County	Projected Beginning Reserve Balance	Projected FY2022 Treasury Revenue*	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations April	Projected Ending Reserve Balance
Arenac	78,336	38,721	50,854	550	65,653
Bay	886,059	189,737	497,325	800	577,671
Clare	172,289	51,428	120,738	-	102,979
Clinton	467,322	121,375	135,176	-	453,521
Eaton	617,925	222,938	377,643	-	463,220
Gladwin	83,646	40,014	47,210	150	76,300
Gratiot	97,521	42,938	50,165	-	90,294
Hillsdale	161,762	50,828	39,336	-	173,254
Huron	187,359	68,510	99,619	-	156,250
Ingham	947,615	643,890	440,649	-	1,150,856
Ionia	411,104	70,234	174,538	-	306,800
Isabella	581,463	119,105	331,320	150	369,098
Jackson	690,218	339,281	373,541	-	655,958
Mecosta	319,791	81,503	202,485	-	198,809
Midland	435,893	174,016	231,811	550	377,548
Montcalm	263,542	97,070	123,278	-	237,334
Newaygo	133,127	81,492	63,604	-	151,015
Osceola	115,952	33,294	83,000	-	66,246
Saginaw	1,807,586	531,538	954,012	550	1,384,562
Shiawassee	443,461	93,104	188,004	-	348,561
Tuscola	218,811	53,489	132,751	-	139,549
Total	\$ 9,120,783	\$ 3,144,505	\$ 4,717,059	\$ 2,750	\$ 7,545,479

*FY2022 final projected beginning balance from MDHHS made available 1.14.22

Mid-State Health Network
PA2 by County and Provider

County	Provider	MSHN Funding Recommendations April	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2022 Requests
Arenac					
	Recovery Pathways		*New		
	PA2	550		No; In Progress	Treatment: Supplies & Materials for the MCU
	Grants	-			
	Total	550			
	County Total	550			
Bay					
	Recovery Pathways		*New		
	PA2	800		No; In Progress	Treatment: Supplies & Materials for the MCU
	Grants	-			
	Total	800			
	County Total	800			
Gladwin					
	Recovery Pathways		*New		
	PA2	150		No; In Progress	Treatment: Supplies & Materials for the MCU
	Grants	-			
	Total	150			
	County Total	150			
Isabella					
	Recovery Pathways		*New		
	PA2	150		No; In Progress	Treatment: Supplies & Materials for the MCU
	Grants	-			
	Total	150			
	County Total	150			
Midland					
	Recovery Pathways		*New		
	PA2	550		No; In Progress	Treatment: Supplies & Materials for the MCU
	Grants	-			
	Total	550			
	County Total	550			
Saginaw					
	Recovery Pathways		*New		
	PA2	550		No; In Progress	Treatment: Supplies & Materials for the MCU
	Grants	-			
	Total	550			
	County Total	550			
	PA2 Subtotal	2,750			
	Grants Subtotal	-			
Grand Total		2,750			

***"Grants" refers to Community Grant/State Opioid Response & COVID Grants

Annual Plans/Budgets not reviewed by Coalitions

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2021

Coalition Reviews New Providers

Substance Use Disorder (SUD) Clinical Team Operational Updates - April 2022

Prevention

- Completed RFP and implemented web-based media campaign with My Life My Quit information for youth vaping prevention and a text number for quit support
- Worked to expand cohorts of Prime for Life in Lansing schools through COVID Supplemental funding
- Worked to expand Botvin Life Skills to two cohorts in Saginaw locations through COVID Supplemental funding
- Began planning for American Rescue Plan funds to offer training for providers and funding to implement the Wellness Initiative for Senior Education (WISE) curriculum that focuses on wellness during aging including mental health, prescription drugs and alcohol use.
- Began planning to expand Student Assistance/Alternative to Suspension programming with American Rescue Plan funds.
- Worked with DYTURs to verify and update over 1700 tobacco vendors on the state's Master Retailer List.
- Completing Program and Coalition Observations for all Prevention providers
- Completed FY21 Prevention Expenditure Summary Report for submission to OROSC.
- Developed and prepared FY23 Annual Planning information and documents for providers
- Supporting prevention providers in ongoing strategies during COVID
- Inter-regional coordination through Prevention Coordinators
- Review and clean-up of prevention providers' entries into MPDS, the 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

- Annual planning with treatment providers for FY23
- Support of treatment providers with ASAM Continuum implementation
- Continued Treatment Team attendance at prevention community coalition meetings
- Support of regional workgroups for WSS, Residential, Recovery, and MAT

- Continuing preparation for Opioid Health Home in the Saginaw area in FY23
- Coordinated and supported a Seeking Safety Training with author Lisa Najavits for 200 clinicians in the MSHN region and across the State. Seeking Safety manuals provided to all participants who successfully completed the training.
- Implemented a regional Outpatient Workgroup. Attended by 16 outpatient providers in March 2022.
- Monitoring implementation of ASAM Continuum assessment in region and statewide
- Support and coordination of client transfers following program closure of opioid treatment provider in Lansing
- Support treatment providers' strategies to stay open during COVID with telemedicine, etc. Shared MSHN stabilization program information.
- Continuous evaluation and opportunities for expansion of access of 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 workgroups meetings, regional WSS workgroup meetings, regional WM/residential workgroup and new outpatient provider meetings
- Participation in the MDHHS MDOC Pilot Biweekly Check-in Meetings as well as the Opioid Treatment Ecosystem Community of Practice meetings related to MAT initiatives around the state

Additional CCO Activities in Q2:

- Coordination with statewide SUD Directors & with statewide medical directors on LARA rule changes, system redesign challenges, and other multi-regional issues
- Coordination with AG, MDHHS and PIHP's SUD Directors on opioid settlement rollout and communication
- Oversight and coordination of SUD prevention and treatment teams and all activities listed above
- Facilitated January and February meetings of MSHN Regional Equity Advisory Committee for Health (REACH) and transitioned to new facilitator starting in March
- Leading search for an organizational self-assessment related to DEI
- Continued support and TA for Saginaw Health Endowment grant workgroup
- Expanded focus on reducing health disparities, unconscious bias and harm reduction
- Coordination and onboarding with Veteran Navigator and support of outreach to provider network

FY22 Q1 - Narrative Report for OPB

PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	Many Preventionists were able to conduct face-to-face education on alcohol misuse in person once again. Classroom education is underway with programs such as Too Good for Drugs, Botvin Life Skills, Project Success and more. Many providers are involved with Michigan Coalition to Reduce Underage Drinking and have been working to inform legislators on several items related to bills on reducing the age to sell alcohol and social drinking zones.
Reduce Marijuana Use	Many marijuana education activities were completed this quarter with programs for universal populations such as Project Alert, Too Good for Drugs and other classroom presentations. Student Assistance and Early Intervention programs such as Teen Intervene, Prime for Life and JUMP are also addressing marijuana use and consequences with their participants. Many coalitions have sub-committees to address youth marijuana use, adult misuse and safe storage. Several counties are also beginning to do some vendor education activities with marijuana dispensaries.
Reduce prescription and over-the-counter drug abuse, including opiates	Classroom education is underway with programs such as Too Good for Drugs, Botvin Life Skills, Project Success, This Is Not About Drugs and more. Some community education was able to be conducted, and the DEA Takeback Day returned this fall. There was active participation in workgroups and coalitions specifically related to opiates. Narcan trainings continue to be held around the region with many populations, which are being held both in-person and virtually with Narcan being shipped through the state portal or dropped off at homes with no contact.
Reduce youth access to tobacco	Designated Youth Tobacco Representatives (DYTURs) ordered the state's vendor education materials to supplement their own materials to be shared with vendors in the second quarter. Preparations are being made to update the Master Retailer List in each county, which is then submitted to the state to pull the formal Synar checks. Many providers are being asked by schools to offer alternative to suspension/student assistance programming, as many schools are overwhelmed with youth vaping use and rules violations. INDEPTH, Catch My Breath and other program ideas are in high demand of our providers at this time.
Reduce Substance Use in Older Adults	Several education presentations and activities have been facilitated and targeted to Older Adults, which are defined as adults ages 55+. Many community peer recovery groups also support Older Adults. We are looking into offering the WISE program and Chronic Pain PATH programs, which are both geared toward Older Adults, when we receive the American Rescue Plan funding for FY22-25.

TREATMENT GOALS	RESULTS & PROGRESS
Increase women's specialty service programs	Recovery Pathways became a designated women's specialty provider at their Corunna site this quarter, totaling 3 new women's specialty providers in the last two quarters. MSHN continues to promote Women's Specialty services and encourage providers to move toward designation with OROSC.
Increase array of medication assisted treatment programs	No new MAT programming was added this quarter. The Mobile Health Unit (MHU) continues to operate in several counties in the MSHN region; including Bay, Arenac, Midland, and Saginaw counties. MSHN is working to add a location in Shiawassee County if possible, for the MHU.
Expand Stimulant Use Disorder Treatment	MSHN currently has a number of providers supporting Contingency Management (CM) in practice with individuals with Stimulant Use Disorders, and continues to offer this to providers as an option for evidence-based practice. MSHN is also working with MDHHS to support a pilot in region 5 for a revised Contingency Management Model for FY22.
Expand Jail Based Services	As jail-based services are funded by block grant, MSHN has been limited to opportunities with expansion. Therefore, MSHN has been utilizing the existing funding within the State Opioid Response Grant (SOR-2), to assist with opportunities for jail-based service expansions. Currently the grant funds are supporting the CATS program in Ingham County, and Samaritas in Eaton County. Funds have also been approved for the Newaygo County Jail MAT program, but the program has been on hold for an extended period of time due to staffing challenges.
Expand Trauma Informed Care	Through COVID-BG funds MSHN supported a Seeking Safety Training on March 8-9 with the EBP author, Lisa Najavits. Training was attended by 160 people across the State. MSHN will be providing each attendee who completed the training with a Seeking Safety Manual so they are able to begin using it in their practice ASAP.
Expand penetration rates for adolescents, older adults, and veterans/military families.	Child & Family Charities, an Ingham County based provider known for support of adolescents, notified MSHN of its intention to terminate its Treatment Contract as of 2-15-2022. The provider indicates their utilization has decreased significantly, and while they know that SUD needs are out there they are receiving overwhelming referrals for mental health services and not SUD for a period of time.

FY 22 Quarter 1					
	COP	% COP	Continuing Treatment Transfer	%Continuing Treatment Transfer	Total Discharges
Outpatient	1327	24.3%	787	14.4%	5454

County:

Arenac

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 3 Served: 32
Residential:	Admissions: 6 Served: 6
Withdrawal Management:	Admissions: 7 Served: 7
Medication Assisted Treatment:	Admissions: 4 Served: 6
Women's Specialty Services:	Admissions: 2 Served: 2

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,152	69
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Bay

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 114 Served: 495
Residential:	Admissions: 32 Served: 49
Withdrawal Management:	Admissions: 45 Served: 54
Medication Assisted Treatment:	Admissions: 75 Served: 142
Women's Specialty Services:	Admissions: 12 Served: 100

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	13,124	783
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Clare

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 37 Served: 125
Residential:	Admissions: 17 Served: 25
Withdrawal Management:	Admissions: 11 Served: 13
Medication Assisted Treatment:	Admissions: 5 Served: 32
Women's Specialty Services:	Admissions: 3 Served: 3

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	470	74
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Clinton

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 36 Served: 122
Residential:	Admissions: 17 Served: 23
Withdrawal Management:	Admissions: 11 Served: 12
Medication Assisted Treatment:	Admissions: 12 Served: 49
Women's Specialty Services:	Admissions: 7 Served: 7

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	537	53
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Eaton

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 70 Served: 260
Residential:	Admissions: 34 Served: 44
Withdrawal Management:	Admissions: 24 Served: 26
Medication Assisted Treatment:	Admissions: 21 Served: 101
Women's Specialty Services:	Admissions: 7 Served: 7

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	732	109
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Gladwin

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 28 Served: 84
Residential:	Admissions: 15 Served: 20
Withdrawal Management:	Admissions: 5 Served: 5
Medication Assisted Treatment:	Admissions: 11 Served: 16
Women's Specialty Services:	Admissions: 4 Served: 5

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	24	21
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Gratiot

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 11 Served: 109
Residential:	Admissions: 8 Served: 11
Withdrawal Management:	Admissions: 6 Served: 6
Medication Assisted Treatment:	Admissions: 15 Served: 50
Women's Specialty Services:	Admissions: 2 Served: 7

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,304	198
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Hillsdale

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 36 Served: 83
Residential:	Admissions: 26 Served: 36
Withdrawal Management:	Admissions: 5 Served: 6
Medication Assisted Treatment:	Admissions: 10 Served: 16
Women's Specialty Services:	Admissions: 13 Served: 17

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	721	54
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Huron

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 15 Served: 66
Residential:	Admissions: 4 Served: 7
Withdrawal Management:	Admissions: 5 Served: 6
Medication Assisted Treatment:	Admissions: 6 Served: 6
Women's Specialty Services:	Admissions: 1 Served: 7

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,969	190
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Ingham

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 338 Served: 1414
Residential:	Admissions: 123 Served: 179
Withdrawal Management:	Admissions: 122 Served: 139
Medication Assisted Treatment:	Admissions: 58 Served: 504
Women's Specialty Services:	Admissions: 17 Served: 27

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	2,095	300
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Ionia

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 33 Served: 136
Residential:	Admissions: 18 Served: 28
Withdrawal Management:	Admissions: 9 Served: 9
Medication Assisted Treatment:	Admissions: 14 Served: 26
Women's Specialty Services:	Admissions: 10 Served: 20

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	2,110	141
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Isabella

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 58 Served: 275
Residential:	Admissions: 12 Served: 19
Withdrawal Management:	Admissions: 8 Served: 9
Medication Assisted Treatment:	Admissions: 21 Served: 126
Women's Specialty Services:	Admissions: 8 Served: 25

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	987	166
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Jackson

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 190 Served: 710
Residential:	Admissions: 82 Served: 123
Withdrawal Management:	Admissions: 25 Served: 33
Medication Assisted Treatment:	Admissions: 42 Served: 294
Women's Specialty Services:	Admissions: 23 Served: 37

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	11,593	992
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Mecosta

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 36 Served: 128
Residential:	Admissions: 12 Served: 19
Withdrawal Management:	Admissions: 7 Served: 7
Medication Assisted Treatment:	Admissions: 7 Served: 27
Women's Specialty Services:	Admissions: 3 Served: 10

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	946	95
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Midland

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 63 Served: 222
Residential:	Admissions: 24 Served: 32
Withdrawal Management:	Admissions: 25 Served: 31
Medication Assisted Treatment:	Admissions: 30 Served: 39
Women's Specialty Services:	Admissions: 5 Served: 10

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	4,149	314
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Montcalm

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 51 Served: 240
Residential:	Admissions: 28 Served: 40
Withdrawal Management:	Admissions: 11 Served: 14
Medication Assisted Treatment:	Admissions: 16 Served: 52
Women's Specialty Services:	Admissions: 12 Served: 29

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,705	121
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Newaygo

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 27 Served: 129
Residential:	Admissions: 10 Served: 19
Withdrawal Management:	Admissions: 11 Served: 12
Medication Assisted Treatment:	Admissions: 11 Served: 36
Women's Specialty Services:	Admissions: 7 Served: 13

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,088	96
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Osceola

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 28 Served: 78
Residential:	Admissions: 14 Served: 21
Withdrawal Management:	Admissions: 6 Served: 6
Medication Assisted Treatment:	Admissions: 4 Served: 16
Women's Specialty Services:	Admissions: 5 Served: 8

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	366	43
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Saginaw

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 221 Served: 893
Residential:	Admissions: 63 Served: 84
Withdrawal Management:	Admissions: 82 Served: 95
Medication Assisted Treatment:	Admissions: 75 Served: 261
Women's Specialty Services:	Admissions: 20 Served: 117

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	4,320	515
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Shiawassee

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 83 Served: 293
Residential:	Admissions: 20 Served: 24
Withdrawal Management:	Admissions: 15 Served: 23
Medication Assisted Treatment:	Admissions: 9 Served: 41
Women's Specialty Services:	Admissions: 6 Served: 9

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	4,107	819
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.

County:

Tuscola

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 39 Served: 191
Residential:	Admissions: 11 Served: 11
Withdrawal Management:	Admissions: 8 Served: 9
Medication Assisted Treatment:	Admissions: 13 Served: 25
Women's Specialty Services:	Admissions: 3 Served: 26

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	3,628	358
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Multiple requests for vape education. Materials ordered for vendor education. Preliminary work on MRL.