



Mid-State Health Network

Substance Use Disorder (SUD)

Oversight Policy Advisory Board Meeting

December 20, 2023 ~ 4:00 p.m.

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

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

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

Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for December 20, 2023
- 4) **ACTION ITEM:** Approval of Minutes of October 18, 2023 *(Page 3)*
- 5) Public Comment
- 6) Board Chair Report
- 7) Deputy Director Report *(Page 7)*
- 8) Chief Financial Officer Report
 - A. FY24 PA2 Funding & Expenditures by County *(Page 25)*
 - B. FY24 PA2 Use of Funds by County and Provider *(Page 27)*
 - C. FY24 SUD Financial Summary Report of October 2023 *(Page 29)*
- 9) **ACTION ITEM:** FY24 Substance Use Disorder PA2 Contract Listing *(Page 30)*
- 10) SUD Operating Update *(Page 33)*
FY2023 Q4 SUD County Reports *(Page 35)*
- 11) Other Business
- 12) Public Comment
- 13) Board Member Comment
- 14) Adjournment

MSHN SUD Oversight Policy

Advisory Board Officers

Chair: Steve Glaser (Midland)
Vice-Chair: Bryan Kolk (Newaygo)
Secretary: Dwight Washington (Clinton)

MEETING LOCATION:

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

VIDEOCONFERENCE:

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

TELECONFERENCE:

Call 1.312.626.6799
Meeting ID: 5624476175#

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

UPCOMING FY24

SUD OVERSIGHT POLICY ADVISORY BOARD MEETINGS

February 21, 2024
CMHAM
507 S. Grand Ave
Lansing, MI 48933

April 17, 2024
CMHAM
507 S. Grand Ave
Lansing, MI 48933

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

MSHN Board Approved Policies

May be Found at:

<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

FY23 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	ashleyl@clareco.net		989.630.5256		Gladwin	2025
Badour	Nichole	nbadour@gihn-mi.org		989.264.5045	989.466.4124	Gratiot	2025
Cahill	Irene	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2026
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Gilmore	George	gilmoreg@clareco.net		989.329.5776		Clare	2024
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	2024
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	bryank@co.newaygo.mi.us		616.780.5751		Newaygo	2024
Kroneck	John	jkronneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm	2024
Luce	Robert	rluce850@gmail.com		989.654.5700		Arenac	2026
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2024
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron	2023
Peters	Justin	comicmonkey1@outlook.com		989.280.1369		Bay	2025
Schultz	Vicky	vickylschultz@yahoo.com	schultzv@stvcc.org	810.287.0280		Shiawassee	2023
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2024
Thalison	Deb	jdthalison@yahoo.com				Ionia	2025
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2024
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2026
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2026

Alternates:

Briggs	Margery	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2025
DeLaat	Ken	kdelaat1@aol.com		231.414.4173		Newaygo - Alternate	
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry	jjaloszynski@isabellacounty.org		989.330.4890		Isabella - Alternate	2022
Pawar	Simar	spawar@ingham.org		517.290.6974		Ingham-Alternate	2026
Pohl	David	dwpohl@yahoo.com		517.927.2282	989.593.2688	Clinton - Alternate	2026

Administration:

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

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, October 18, 2023, 4:00 p.m.

CMH Association of Michigan (CMHAM)

**507 S. Grand Ave
Lansing, MI 48933**

Meeting Minutes

1. Call to Order

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:03 p.m.

Board Member(s) Present: Lisa Ashley (Gladwin)-joined at 4:05 p.m., Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm)-joined at 4:09 p.m., Jim Moreno (Isabella), Justin Peters (Bay), Jerrilynn Strong (Mecosta)-joined at 4:37 p.m., Dwight Washington (Clinton), Ed Woods (Jackson)

Board Member(s) Remote: George Gilmore (Clare), Christina Harrington (Saginaw), Deb Thalison (Ionia)

Board Member(s) Absent: Nichole Badour (Gratiot), Robert Luce (Arenac), Joe Murphy (Huron), Vicky Schultz (Shiawassee), Kim Thalison (Eaton), David Turner (Osceola)

Alternate Members Present: None

Staff Members Present: Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer); Sherry Kletke (Executive Support Specialist), Joseph Sedlock (Chief Executive Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations)

Staff Members Remote: Sarah Andreotti (Lead Prevention Specialist), Sherrie Donnelly (Treatment & Recovery Specialist), Kate Flavin (Treatment Specialist), Kari Gulvas (Prevention Specialist)

2. Roll Call

Secretary Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Steve Gleason, that a quorum was not present for Board meeting business. With the arrival

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

of additional members during the meeting, a quorum was present and action could be taken on the action items on the agenda.

3. Approval of Agenda for October 18, 2023

Board approval was requested for the Agenda of the October 18, 2023 Regular Business Meeting, as presented.

MOTION BY BRUCE CASWELL, SUPPORTED BY BRYAN KOLK FOR APPROVAL OF THE OCTOBER 18, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the August 16, 2023 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the August 16, 2023 Regular Business Meetings.

MOTION BY JOHN HUNTER, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE MINUTES OF THE AUGUST 16, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chair Steve Glaser recognized Deb Thalison for her eight years of service on the Substance Use Disorder Oversight Policy Advisory Board since the formation of the board as she is preparing to retire after 26 years from Ionia County. Mr. Glaser also reported Midland County will be appointing an alternate to the board at the November Board of Commissioners meeting. Mr. Glaser encourages all members to work with their county commissioners to appoint alternates to the board for counties that currently do not have an alternate appointed or may not be aware that they can appoint an alternate.

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:

Regional Matters:

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Intergovernmental Agreement
- SUD OPB Annual Report
- MSHN Board Approves Proposals to Support the Provider Network
- Medicaid and Healthy Michigan Disenrollments
- Integrated Healthcare Update

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

8. Chief Financial Officer Report

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

- FY2023 PA2 Funding and Expenditures by County
- FY2023 PA2 Use of Funds by County and Provider
- FY2023 Substance Use Disorder (SUD) Financial Summary Report as of August 2023
- FY2024 Budget Overview

9. FY24 Substance Use Disorder PA2 Contract Listing

Leslie Thomas provided an overview and information on the FY24 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY DWIGHT WASHINGTON, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 12-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report and the Michigan Department of Health and Human Services SUD Strategic Plan Guidance Document included in the board meeting packet, highlighting:

- Equity Upstream Learning Collaborative is establishing focus groups in Saginaw, Jackson, Lansing and Mt. Pleasant to look at gaps in populations served in those communities and will identify action plans to reduce gaps and disparities. Learning Collaborative members will implement plans and share the knowledge to other communities in the region.
- The three-year SUD Strategic Plan for FY2024 – FY2026 has been submitted to MDHHS and will be posted on the MSHN website once approval is received from MDHHS. The plan adds goals to Prevention, Treatment and Harm Reduction, Recovery and Health Equity and Disparities Reduction service areas and are listed in red font in the strategic plan that was submitted to MDHHS and included in the board meeting packet.

Board members shared concerns of community stigma related to harm reduction efforts. MSHN Administration will review regional activities and provide resources for community education related to stigma reduction.

11. Other Business

There was no other business.

12. Public Comment

Dr. Trisha Thrush informed members the [MSHN website](#) has a resource for ordering Narcan from the State. The [Narcan request form](#) on the State website can be found at this link.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

13. Board Member Comment

Members were reminded to encourage counties to appoint alternates to the board. Each county is allowed to appoint a standing member and an alternate.

14. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:21 p.m.

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

DRAFT

Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

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

October/November

MSHN/REGIONAL MATTERS

Substance Use Oversight Intergovernmental Agreement

As discussed in the October Oversight Policy Board meeting, Mid-State Health Network presents a revised version of the Intergovernmental Agreement for review by the SUD OPB, attached below. Thank you to those board members who provided feedback. As a reminder, the Intergovernmental Agreement is a contract between MSHN and the twenty-one (21) counties within the region, for the establishment of a Substance Use Disorder Oversight Policy Board and was last fully executed on July 29, 2021.

The Term of the Contract is for three years upon execution, so it expires on July 29, 2024. The timeline below will be utilized to review and provide an updated final version to the counties for their approval, signature and return in order to have an executed contract by the end of the July 2024.

- October 2023: MSHN presented first review of changes to SUD Intergovernmental Agreement
- **December 2023: SUD OPB review and revisions reviewed**
- February 2024 – SUD OPB approval of the final contract
- March 2024 – Distribution to the Counties
- April 2024 – May 2024 – County approvals, signature, and return
- June 2024 – Reminders sent for any last signatures
- July 2024 – MSHN signed/fully executed

MSHN Board Intergovernmental Agreement Board Attendance

As part of administrations review of the SUD OPB Intergovernmental Agreement, it was noted in section 2.5 regarding removal of a member, “that by majority vote of the Board of Commissioners, a County that appointed a SUD Policy Board member may remove its appointee at any time with or without cause. The SUD Policy Board is responsible for informing the relevant County of any lack of participation or attendance by the County’s appointed SUD Policy Board member.” Therefore, to ensure that the board is informed of appointee attendance, a new report will be added to the packet annually in December that includes members’ attendance.

SUD Oversight Policy Board Bylaws

As Board members are aware, MSHN held off on presenting any changes to the SUD OPB By-Laws anticipating that the Open Meetings Act would be revised and restored back to pre-COVID status. Since it no longer appears that a revision is imminent, MSHN has requested legal counsel review both the MSHN Board of Directors and the SUD Oversight Policy Board By-Laws to ensure compliance with the Open Meetings Act. For OPB, changes will include the elimination of voting via remotely (with some exceptions), and the clarification of “present” as stated currently. Once the initial review by Legal is received, MSHN will bring forth the changes to the SUD OPB for their review, feedback and approval.

MSHN SUD Care Navigator Update

In FY23, the Michigan Department of Health and Human Services (MDHHS) provided designated funding to all Prepaid Inpatient Health Plans (PIHPs) for the creation of a SUD Care Navigator staffing position to support individuals belonging to priority populations, with a specific focus on facilitating referrals to SUD treatment for individuals under the supervision of the Michigan Department of Corrections (MDOC). The MSHN SUD Care Navigator position was filled in February 2023 by Evan Godfrey. Priorities of the SUD Care Navigator during FY23 included:

- Outreach and introduction meetings with Michigan Department of Corrections (MDOC) supervising agents throughout the 21-county region.
- Provided refresher training for MDOC agents on the MSHN referral process to residential treatment for individuals under the supervision of MDOC.
- Met with MDOC prison re-entry staff to discuss the referral process for individuals being released from incarcerated settings to ensure timely access to medication-assisted treatment in the community post-release.
- Researched evidence-based practices for SUD treatment with individuals involved in the criminal justice system and provided recommendations to the MSHN SUD Treatment Team for future MSHN-sponsored training opportunities to increase provider network competency in treating this population.
- Participated in statewide PIHP Priority Population Navigators monthly meetings in collaboration with MDHHS and MDOC officials.
- Developed and co-presented a SUD Access webinar training for Community Mental Health (CMH) Access Centers and SUD Provider staff with an emphasis on accurate identification of priority populations and admission timeliness standards. Recorded training and slide show are available on the MSHN website: [Provider Trainings - Mid-State Health Network \(midstatehealthnetwork.org\)](https://www.midstatehealthnetwork.org/provider-trainings).
- Developed a new tracking/reporting process to gather data about priority population persons served to fulfill MDHHS reporting requirements.
- Compiled information on community resources related to social determinants of health for consumers in MSHN's catchment area. Information included is related to transportation, food, shelter, and housing assistance, among others. Information is provided to consumers who call MSHN's Utilization Management (UM) line and are identified as being in need of these resources.
- Contacted local county jail administrators to introduce the role of the SUD Care Navigator and provided information about MSHN. Communication with jail administrators encouraged them to un-restrict MSHN's toll-free UM and self-referral phone numbers so that individuals incarcerated in these settings can receive assistance from MSHN to access SUD services.

To learn more about how local communities can connect to the MSHN SUD Care Navigator, contact Mr. Godfrey at: evan.godfrey@midstatehealthnetwork.org.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

The Opioid Advisory Commission (OAC) Announcements

The [Opioid Advisory Commission \(OAC\)](#) is excited to announce the release of the [Michigan Opioid Settlement Funds: Community Impact Survey](#). The survey takes roughly ten (10) minutes to complete and covers questions related to lived experience, access to care, and recommendations for the use of state opioid settlement funds. It is entirely voluntary and anonymous. Information from the survey may be discussed in public meetings,

referenced in reports written by the OAC, and used to help the OAC develop recommendations to the state legislature for funding and policy.

The Opioid Advisory Commission (OAC) is excited to announce that its October 2023 Quarterly Bulletin is now accessible: click [here](#) to read the report. The bulletin is publicly available on the [OAC's website](#), and can be found under "Commission Documents" > "Quarterly Reports of the Opioid Advisory Commission".

Please visit the [OAC's website](#) or contact oad@legislature.mi.gov for more information.

State of Michigan is a leader in Addressing Opioid Addiction

The Michigan Department of Health and Human Services (MDHHS) has launched an [opioid settlements website](#) as part of its continued effort to provide up-to-date information about how opioid settlements funds are being invested to support programs and resources that benefit Michiganders, local communities and stakeholders. Michigan has been a leader in distributing opioid funds and ensuring the care, health and well-being of residents in need, and has been recognized as a national leader in harm reduction with efforts highlighted by the [National Governors Association](#). Michigan remains committed to 100% transparency of state dollars received.

- Michigan experienced one of the [highest rates of overdoses](#) in the country in 2017, but by 2021 had improved to a rate better than the national average.
- Michigan has recorded 6,600 overdose reversals since the 2020 launch of Michigan's [Narcan Direct Portal](#), which provides this opioid overdose reversal medication at no charge to community groups.
- Michigan began dispersing opioid settlements funds to local communities in January 2023, just one month after the first settlement dollars were received by the state.

Michigan began receiving initial payments in December 2022 as part of [nationwide opioid settlements](#) with pharmaceutical distributors McKesson, Cardinal Health, and AmerisourceBergen, opioid manufacturer Johnson and Johnson and consulting firm McKinsey. Plus, there are [additional settlements](#) still pending and some of those settlements will provide funding for local Michigan governments. The settlements address various lawsuits against companies across the U.S., including opioid manufacturers, distributors and pharmacies. MDHHS has been authorized by the Michigan Legislature to invest a total of \$62.4 million of the initial payments into opioid remediation efforts. These initiatives will support evidence-based programming to address and reduce harm associated with the opioid crisis. Settlements funds will help address the misuse and abuse of opioids, as well as help treat and mitigate opioid use and related disorders.

"In Michigan, we are using the long-term opioid settlements funding to address the multi-generational impact of the opioid epidemic as well as the racial disparities that exist as part of the opioids crisis," said Dr. Natasha Bagdasarian, Chief Medical Executive. "The new opioid settlements website will provide important updates and transparent information to community members and advocates about these investments and make Michigan residents aware of available resources."

The opioid settlements website provides a variety of information, such as:

- Overview and status of settlements.
- Links to resources to support implementation of opioid abatement strategies by local governments.
- Descriptions of opioid abatement investment initiatives made by MDHHS, including:
 - The [MDHHS FY23 Spend Plan](#) program planning overview document, which provides funded initiatives' planned activities and anticipated outputs.
 - The [FY23 Opioid Response Framework Report](#), which offers an overview of previous efforts and plans going forward.
- Information on equity-specific investments and equity considerations for all investments.

Feedback or questions regarding the opioid settlements and investments or the MDHHS opioids settlements website may be directed to MDHHS-OpioidSettlementHelp@michigan.gov.

Michigan Department of Health and Human Services (MDHHS) awards 17 grants

As part of an effort to reduce overdose deaths in Michigan, the Michigan Department of Health and Human Services (MDHHS) has awarded 17 grants totaling \$2.7 million to help increase access to services for economically disadvantaged individuals seeking or engaging in treatment, harm reduction or recovery support services.

The grants are being made available through Michigan's opioid settlement funding. Reducing health disparities in overdoses and substance use disorder treatment and recovery services is a priority for MDHHS. Lack of access to transportation is cited as a major barrier to individuals seeking to access these services, particularly in rural and economically disadvantaged areas. These grants will provide direct funding support to agencies to expand their capacity to transport participants to and from treatment appointments and other supportive services. Funding will also be provided to agencies to support the distribution of gas cards, bus passes and taxi/rideshare services.

The award period begins Nov 1, 2023, and ends Sept. 30, 2024. The awardees are:

- Blue Water Recovery & Outreach Center (St. Clair County) – \$194,338
- CARE of Southeast Michigan (Macomb County) – \$18,455
- Community Mental Health Services of Muskegon County (Muskegon County) – \$199,659
- CRC Recovery (Kent and Washtenaw Counties) – \$139,525
- Grand Traverse Band of Ottawa and Chippewa Indians (Leelanau County) – \$101,437
- Great Lakes Recovery Centers (Marquette County) – \$200,000
- Home of New Vision (Jackson County) – \$200,000
- List Psychological Services (Sanilac County) – \$200,000
- Live Rite Structured Recovery Corp (Macomb County) – \$200,000
- Mid-Michigan Recovery Services (Ingham County) – \$150,059
- Our Hope Association (Kent County) – \$200,000
- Quality Behavioral Health (Wayne County) – \$200,000
- Sacred Heart (Berrien, Mackinac, and Macomb Counties) – \$156,931
- Saginaw Chippewa Indian Tribe of Michigan (Isabella County) – \$194,776
- Serenity House of Flint (Genesee County) – \$200,000
- WAI-IAM (Ingham County) – \$120,371
- Wedgwood Christian Services (Kent County) – \$112,211

Additional information regarding proposed programming under Michigan's Opioid Healing and Recovery Fund is provided on the [opioid settlements website](#).

NEW Bill Package Would End Flavored Vapes In Michigan

New legislation in the Senate would end the sale of flavored tobacco products in Michigan and put other safeguards around tobacco use with the intent of protecting children from the dangers of using the substance. "Regardless of political affiliation, people are telling me this is a huge problem," said [Sen. John Cherry](#) (D-Flint), who is one of the bill sponsors. "If we're talking about what's driving the legislation is particularly vaping has become an epidemic in our schools and it needs to be addressed."

Cherry said the problem is so bad that school officials have told him they had to replace toilet fixtures because students are flushing vape pens down the toilet.

"The most effective way to prevent kids from getting addicted to nicotine and tobacco products is to prevent them from using it in the first place," Cherry said.

Public service announcements won't cut it, Cherry said.

"If people think that having a bunch of adults tell kids, 'Don't use tobacco,' is going to be effective? We have decades of history that show PR campaigns tend not to be effective on this," he said. "This we know is effective." The package includes SB 647, SB 648, SB 649, SB 650, SB 651, SB 652, SB 653 and SB 654. In addition to preventing the sale of flavored tobacco products, including flavored e-cigarettes and menthol flavored cigarettes, the package would require tobacco retailers to be licensed, just like liquor retailers. This would empower the state to enforce laws prohibiting the sale of tobacco to minors. SB 651 and SB 652 would create a tax on e-cigarettes and vaping products with nicotine and increase tobacco taxes. The proceeds would be used to reduce tobacco use among youth.

Legislation in the package also would allow local governments to enact tougher restrictions on tobacco sales and would allow the state to repeal ineffective penalties that punish kids for tobacco purchase, use and possession.

"It's a very good package, whether you're talking about licensing or equalization of taxes or the decriminalization on possession," Cherry said. "I think it's a very comprehensive, well-thought-out package."

Officials from anti-tobacco organizations are applauding the bills and say they are means to establish the first tobacco-free generation.

"Enough is enough. We cannot let Big Tobacco addict another generation of our kids," said a statement from Minou Jones, chair of the Detroit Wayne Oakland Tobacco-Free Coalition. "Communities across the state are ready to help push this life-saving legislation over the finish line."

The Keep MI Kids Tobacco Free Alliance said in a press release the tobacco companies have intentionally targeted Black Americans and other communities with menthol-flavored cigarettes, which are more addictive, easier for kids to start smoking and hard to quit. This leads to Black Americans dying at higher rates from tobacco-related diseases like cancer, heart disease and stroke.

Recent polling conducted by the Campaign for Tobacco-Free Kids showed that 67 percent of Michigan voters strongly support a comprehensive bill package to reduce tobacco use among kids, including the sale of flavored products. By a 2 to 1 margin, the poll also showed that Michigan voters believe protecting another generation of children from addiction to flavored tobacco is more important than protecting adults' rights to purchase flavored tobacco.

"Enacting strong policies will especially benefit those communities that have been historically targeted by the tobacco industry including youth and Black Americans," said a statement from Dr. Brittany Tayler, co-chair of Keep MI Kids Tobacco Free Alliance and a pediatrician at Hurley Medical Center. "We are very encouraged by these polling results and are ready to work with the Legislature to put these prevention policies in place."

Cherry said that he was hopeful the legislation would have bipartisan support.

"In the end we'll find out," he said. "But my experience is that parents, teachers, educators, regardless of political affiliation have been telling me that there's a major issue that they want to see addressed."

FEDERAL/NATIONAL ACTIVITIES

Substance Abuse and Mental Health Services Administration (SAMHSA) Funding Opportunities

SAMHSA has "announced notices of funding opportunities for grant programs that address behavioral health challenges in local communities by preventing substance use initiation, reducing the progression of substance use, and addressing other related concerns. The grant opportunities total about \$74.4 million. The grant funding opportunities being announced are:

Children's Mental Health Initiative (CMHI)/Modified Announcement/Changes for FY 2024

(NOFO Number: SM-23-013)

Application Due Date: February 14, 2024

Description: The purpose of this program is to provide resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with serious emotional disturbances (SED), and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI). With this program, SAMHSA aims to prepare children and youth with or at risk of SED for successful transition to adulthood and assumption of adult roles and responsibilities. This NOFO will remain open for FY 2024 until February 14, 2024, and for FY 2025 until February 15, 2025.

Eligibility: Eligibility is statutorily limited to states and territories, governmental units within political subdivisions of states, and federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations.

Funding Mechanism: Grant

Anticipated Total Available Funding: Up to \$30,444,272

Anticipated Number of Awards: 23

Anticipated Award Amount: \$1,000,000 - \$3,000,000 per year

Length of Project: 4 years

Additional information is at <https://www.samhsa.gov/grants/grant-announcements/sm-23-013>.

Native Connections Modified Announcement/Changes for FY 2024: Application Due Date, Total Available Funding, and Number of Awards

(NOFO Number: SM-23-021)

Application Due Date: March 06, 2024

Description: The purpose of this program is to prevent and reduce suicidal behavior and substance use/misuse, reduce the impact of trauma, and promote mental health among American Indian/Alaska Native (AI/AN) youth, up to and including age 24, by building a healthy network of systems, services, and partnerships that impact youth. SAMHSA expects this program will be a model for community change that integrates a community’s culture, resources, and readiness to address suicide prevention and substance use/misuse among AI/AN youth. This NOFO will be open for FY 2024 and FY 2025 with application due dates of March 6 for each opportunity.

Eligibility: Eligibility is limited to federally recognized American Indian/Alaska Native (AI/AN) tribes, tribal organizations, Urban Indian Organizations, or consortia of tribes or tribal organizations.

Funding Mechanism: Grant

Anticipated Total Available Funding: \$13,051,443

Anticipated Number of Awards: 52

Anticipated Award Amount: \$250,000

Length of Project: Up to 5 years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements/sm-23-021>.

Strategic Prevention Framework – Partnerships for Success for States (SPF-PFS-States) Modified Announcement, Changes for FY 2024: Application Due Date, Total Available Funding, Number of Awards, and Key Personnel (NOFO Number: SP-23-003)

Application Due Date: February 21, 2024

Description: The purpose of the SPF-PFS program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services. This program is intended to promote substance use prevention throughout a state jurisdiction for individuals and families by building and expanding the capacity of local community prevention providers to implement evidence-based programs. This NOFO will be open for FY 2024 and FY 2025, and application due dates are February 21 of the respective years.

Eligibility: Eligibility is limited to states including U.S. Territories, Pacific Jurisdictions, and the District of Columbia.

Funding Mechanism: Grant

Anticipated Total Available Funding: Up to \$15,500,000

Anticipated Number of Awards: 12

Anticipated Award Amount: Up to \$1,250,000 per award

Length of Project: Up to five years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements/sp-23-003>.

SPF-PFS-Communities/Tribes Modified Announcement, Changes for FY 2024: Application Due Date, Total Available Funding, Number of Awards, and Key Personnel

(NOFO Number: SP-23-004)

Application Due Date: February 21, 2024

Description: The purpose of this program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of community-based substance misuse prevention and mental health promotion services. The program is intended to expand and strengthen the capacity of local community prevention providers to implement evidence-based prevention programs. This NOFO will be open for FY 2024 and FY 2025 with application due dates of February 21 for each respective year.

Eligibility: Eligibility is limited to domestic public or private, non-profit entities, including community-based organizations, federally recognized tribes, tribal organizations, local governments, and institutions of higher education.

Funding Mechanism: Grant

Anticipated Total Available Funding: Up to \$15,500,000

Anticipated Number of Awards: 41

Anticipated Award Amount: Up to \$375,000 per award

Length of Project: Up to five years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements/sp-23-004>.

Submitted by:



Amanda L. Ittner

Finalized: 12.8.23

Attachments

Intergovernmental Agreement for SUD OPB
SUD OPB Member Attendance for FY2023

**INTERGOVERNMENTAL CONTRACT FOR THE ESTABLISHMENT OF A
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD**

This Contract (this "Contract") is made as of the date it is fully executed and signed, by and among Mid-State Health Network ("MSHN"), Arenac County, Bay County, Clare County, Clinton County, Eaton County, Gladwin County, Gratiot County, Hillsdale County, Huron County, Ingham County, Ionia County, Isabella County, Jackson County, Mecosta County, Midland County, Montcalm County, Newaygo County, Osceola County, Saginaw County, Shiawassee County and Tuscola County (individually referred to as the "County," and collectively referred to as the "Counties"). This Contract is authorized and undertaken pursuant to Section 287 of the Michigan Mental Health Code (Public Act 258 of 1974, as amended the "Code"), the Michigan Intergovernmental Transfer of Functions and Responsibilities Act (Public Act 8 of 1967) and/or the Michigan Intergovernmental Contracts between Municipal Corporations Act (Public Act 35 of 1951).

RECITALS

MSHN is a community mental health regional entity formed under the Mental Health Code, MCL 330.1204b, that has submitted its Application For Participation as a ~~prepaid~~ ~~inpatient~~ ~~Health Plan~~ ("PIHP") under 42 CFR Part 438.

The Counties are located in a region designated by the Michigan Department of Health and Human Services ("MDHHS") as Region 5 under MDHHS's restructuring of PIHPs in Michigan.

Under 2012 PA 500 and 2012 PA 501, the coordination of the provision of substance use disorder services will be transferred, no later than October 1, 2014, from existing coordinating agencies to community mental health entities designated by MDHHS to represent a region of community mental health authorities, community mental health organizations, community mental health services programs or county community mental health agencies, as defined under MCL 330.1100a.

MSHN represents twelve (12) community mental health organizations in Region 5 and qualifies as a MDHHS-designated community mental health entity to coordinate the provision of substance use disorder services in Region 5.

MSHN, as a MDHHS-designated community mental health entity, is required, under MCL 330.1287(5) to establish a ~~S~~ubstance ~~U~~se ~~D~~isorder ~~O~~versight ~~P~~olicy ~~B~~oard (SUD Policy Board) through a contractual agreement, under appropriate law, between MSHN and each of the Counties in Region 5.

MSHN and the Counties desire to enter into this Contract to establish a SUD Policy Board.

NOW, THEREFORE, in furtherance of the foregoing and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

ARTICLE I

PURPOSE

Section 1.1 PURPOSE. The purpose of this Contract is to set forth the terms and conditions for the establishment of a SUD Policy Board pursuant to MCL 330.1287(5).

ARTICLE II
SUD POLICY BOARD

Section 2.1 FUNCTIONS AND RESPONSIBILITIES. The SUD Policy Board shall have the following functions and responsibilities:

2.1.1 Approval of any portion of MSHN's budget that contains 1986 PA 2 (MCL 211.24e(11)), funds ("PA 2 Funds") for the treatment or prevention of substance use disorders which shall be used only for substance use disorder treatment and prevention in the Counties from which the PA 2 Funds originated;

2.1.2 Advise and make recommendations regarding MSHN's budgets for substance use disorder treatment or prevention using non-PA 2 Funds; and

2.1.4 Advise and make recommendations regarding contracts with substance use disorder treatment or prevention providers.

2.1.5 In addition, the SUD Policy Board may be assigned by MSHN to advise and make recommendations to MSHN regarding any other matters as agreed to by the Counties and MSHN including advising and making recommendations to MSHN on issues regarding:

2.1.1.1 Methods, policies or practices to ensure quality of SUD services including culturally competent policy and practices for the delivery of those services;

2.1.1.2 Methods, policies or practices to ensure that SUD services made available through the PIHP/Regional Entity are accessible, responsive to regional needs, available to all segments of the community, and are delivered in a comprehensive manner;

2.1.1.3 Reviewing and/or providing recommendations regarding the strategic plan developed by the PIHP/Regional Entity to address the prevalence of SUD in the service areas from a recovery-oriented systems of care (ROSC) perspective and approach;

2.1.1.4 Reviewing and/or providing recommendations regarding the establishment of sustainability plans for ROSC initiatives to include prevention, treatment and recovery supports;

2.1.1.5 Reviewing and/or providing recommendations to expand and coordinate resources and activities with other agencies, community organizations and individuals to support the mission of the PIHP/Regional Entity where ROSC are concerned;

2.1.1.6 Methods, policies or practices to provide an opportunity for public comment, and receive and review comments on matters relevant to SUD prevention, treatment and recovery within the communities serviced by the PIHP/Regional Entity;

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2.1.1.7 Reviewing and/or providing recommendations on the annual application for the federal block grant, as well as the renewal and issuance of SUD services licenses;

2.1.1.8 Reviewing and/or providing recommendations on the progress and effectiveness of the delivery of SUD services in the region;

Section 2.2 APPOINTMENT/COMPOSITION. The Board of Commissioners of each of the Counties shall appoint one (1) voting member of the MSHN SUD Policy Board and one (1) alternate. The Board of Commissioners may appoint County Commissioners or others, as allowed by Michigan law, that it deems best represents the interests of its County. While the appointment decision is vested within the sole authority of the each County Board of Commissioners, Parties to this Agreement acknowledge that MDHHS encourages appointments which represent the cultural diversity of the area served, appointments of persons in recovery from a substance use disorder, underserved populations and other related constituencies such as education, health, and social services agencies; advocacy organizations; public or private substance abuse prevention, treatment or recovery providers; members of the general public, including civic organizations and the business community. The alternate shall be a voting member only if representing in the absence of the appointed member.

Commented [A1]: Recommended by Board member

Commented [A2]: Added clarification to ensure 1 vote per county appointment

Section 2.3 TERM. The term of membership for a member of the MSHN SUD Policy Board shall be three (3) years, beginning in January and ending in December September and ending in August. Members may be reappointed to additional or successive terms in the discretion of the respective Board of Commissioners.

Section 2.4 VACANCIES. A vacancy on the SUD Policy Board shall be filled by the County that originally filled the vacated position in the same manner as an appointment.

Section 2.5 REMOVAL. By majority vote of the Board of Commissioners, a County that appointed a SUD Policy Board member may remove its appointee at any time with or without cause. The SUD Policy Board is responsible for informing the relevant County of any lack of participation or attendance by the County's appointed SUD Policy Board member.

Section 2.6 ETHICS AND CONFLICTS OF INTEREST. The SUD Policy Board shall adhere to all conflict of interest and ethics laws applicable to public officers and public servants, serving as members of the SUD Policy Board.

Section 2.7 COMPLIANCE WITH LAWS. MSHN, the Counties and the SUD Policy Board shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the "Open Meetings Act"), 1976 PA 422 (the "Freedom of Information Act"), 2012 PA 500, 2012 PA 501 and 1986 PA 2. MSHN and the Counties, as required by law, shall not discriminate against any Board member or applicant for appointment to the Board because of race, color, religion, sex (including gender identity or expression, sexual orientation and pregnancy), genetic information, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law race, color, religion, national origin, age, sex, height, weight, marital status, familial status, or disability. that is unrelated to the individual's ability to perform the duties of a particular job. Breach of this section shall be regarded as a material breach of this Agreement.

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Section 2.8 BYLAWS. The SUD Policy Board shall adopt Bylaws which may be amended by the SUD Board as provided in those Bylaws subject to the review and approval of MSHN.

ARTICLE III

MSHN

Section 3.1 FUNDING. Each County will provide MSHN funding, as required by Section 24e of the General Property Tax Act (MCL 211.24e as amended) to be used only for substance abuse prevention and treatment programs in each County. MSHN shall ensure that funding dedicated to substance use disorder services shall be retained for substance use disorder services and not diverted to fund services that are not for substance use disorders. MCL 330.1287(2).

ARTICLE IV

TERM AND TERMINATION AND DISPUTE RESOLUTION

Section 4.1 TERM. The Term of this Contract shall commence as of the date it is fully executed and signed by all parties and shall continue for three years unless terminated at an earlier date as provided in Section 4.2. This Agreement is subject to the precondition that this Agreement be approved by concurrent resolution by each and every County. A copy of this Agreement once approved will be filed with the Secretary of State for the State of Michigan.

Section 4.2 TERMINATION. Any party may terminate its participation as a Party to this Contract at any time for any or no reason by giving all other parties thirty (30) days written notice of the termination. Any notice of termination of this Contract shall not relieve either party of its obligations incurred prior to the effective date of such termination.

Section 4.3 DISPUTE RESOLUTION. —The Chief Executive Officer of MSHN will attempt to resolve disputes through discussion with the Chairperson of the SUD Policy Board or County Controller or Administrator, as needed. Occasionally disputes may arise between the SUD Policy Board and MSHN, or one or more of the Counties and MSHN, arising out of and relating to this Agreement or a breach thereof which cannot be resolved through amicable discussion. In such cases, if the dispute remains unresolved:

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4.3.1 If the dispute is between MSHN and the SUD Policy Board, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and SUD Policy Board in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If no mutual agreement is reached, the decision of MSHN as adopted by a majority vote of the MSHN Board will be deemed final.

4.3.2 If the dispute is between MSHN and one or more of the Counties, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and representatives of one or more County Boards in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If MSHN or one or more of the Counties remain dissatisfied, the Parties may mutually agree

to non-binding mediation. If non-binding mediation is agreed to, the Parties may mutually agree upon a mediator or submit a request that mediation be administered by the American Arbitration Association under its Mediation Procedures before resorting to arbitration, litigation, or some other dispute resolution procedure. The Parties recognize that mediation is a non-binding process to assist them to resolve their disputes by making their own free and informed choices, and that the mediator will have no authority to impose a settlement on any party but only to discuss and suggest options for resolution. If the Parties do not agree to mediation, or if the Parties do not reach a mutually agreeable settlement through mediation within 30 days after initiation of mediation, the Parties may pursue any other dispute resolution or legal recourse as provided by law. The mediation process will take place at a reasonably convenient location to be agreed upon by the parties or determined by the mediator. At the option of the Parties, mediation sessions may take place by telephone or video conference or online when the technology is available. Administrative fees and mediator compensation for the process will be paid equally by the Parties to the dispute.

ARTICLE V

LIABILITY

Section 5.1 LIABILITY/RESPONSIBILITY. No party shall be responsible for the acts or omissions of the other party or the employees, agents or servants of any other party, whether acting separately or jointly with the implementation of this Contract. Each party shall have the sole nontransferable responsibility for its own acts or omissions under this Contract. The parties shall only be bound and obligated under this Contract as expressly agreed to by each party and no party may otherwise obligate any other party.

ARTICLE VI

MISCELLANEOUS

Section 6.1 AMENDMENTS. This Contract shall not be modified or amended except by a written document signed by all parties hereto.

Section 6.2 ASSIGNMENT. No party may assign its respective rights, duties or obligations under this Contract.

Section 6.3 NOTICES. All notices or other communications authorized or required under this Contract shall be given in writing, either by personal delivery or certified mail (return receipt requested) and shall be deemed to have been given on the date of personal delivery or the date of the return receipt of certified mail.

Section 6.4 ENTIRE AGREEMENT. This Contract shall embody the entire agreement and understanding between the parties hereto with respect to the subject matter hereof. There are no other agreements or understandings, oral or written, between the parties with respect to the subject matter hereof and this Contract supersedes all previous negotiations, commitments and writings with respect to the subject matter hereof.

Section 6.5 GOVERNING LAW. This Contract is made pursuant to, and shall be governed by, construed, enforced and interpreted in accordance with, the laws and decisions of the State of Michigan.

Section 6.6 BENEFIT OF THE AGREEMENT. The provisions of this Contract shall not inure to the benefit of, or be enforceable by, any person or entity other than the parties and any permitted successor or assign. No other person shall have the right to enforce any of the provisions contained in this Contract including, without limitation, any employees, contractors or their representatives.

Section 6.7 ENFORCEABILITY AND SEVERABILITY. In the event any provision of this Contract or portion thereof is found to be wholly or partially invalid, illegal or unenforceable in any judicial proceeding, such provision shall be deemed to be modified or restricted to the extent and in the manner necessary to render the same valid and enforceable, or shall be deemed excised from this Contract, as the case may require. This Contract shall be construed and enforced to the maximum extent permitted by law, as if such provision had been originally incorporated herein as so modified or restricted, or as if such provision had not been originally incorporated herein, as the case may be.

Section 6.8 CONSTRUCTION. The headings of the sections and paragraphs contained in this Contract are for convenience and reference purposes only and shall not be used in the construction or interpretation of this Contract.

Section 6.9 COUNTERPARTS. This Contract may be executed in one or more counterparts, each of which shall be considered an original, but together shall constitute one and the same agreement.

Section 6.10 EXPENSES. Except as is set forth herein or otherwise agreed upon by the parties, each party shall pay its own costs, fees and expenses of negotiating and consummating this Contract, the actions and agreements contemplated herein and all prior negotiations, including legal and other professional fees.

Section 6.11 REMEDIES CUMULATIVE. All rights, remedies and benefits provided to the parties hereunder shall be cumulative, and shall not be exclusive of any such rights, remedies and benefits or of any other rights, remedies and benefits provided by law. All such rights and remedies may be exercised singly or concurrently on one or more occasions.

Section 6.12 BINDING EFFECT. This Contract shall be binding upon the successors and permitted assigns of the parties.

Section 6.13 NO WAIVER OF GOVERNMENTAL IMMUNITY. The parties agree that no provision of this Contract is intended, nor shall it be construed, as a waiver by any party of any governmental immunity or exemption provided under the Mental Health Code or other applicable law.

Section 6.14

ARTICLE VII

CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT

The persons signing this Contract on behalf of the parties hereto certify by said signatures that they are duly authorized to sign this Contract on behalf of said parties, and that this Contract has been authorized by said parties pursuant to formal resolution(s) of the appropriate governing body(ies), copies of which shall be provided to MSHN.

IN WITNESS WHEREOF, the parties hereto have entered into, executed and delivered this Contract as of the dates noted below.

MID-STATE HEALTH NETWORK REGIONAL ENTITY

By: _____ Date: _____

Its: _____

ARENAC COUNTY

By: _____ Date: _____

Its: _____

BAY COUNTY

By: _____ Date: _____

Its: _____

CLARE COUNTY

By: _____ Date: _____

Its: _____

CLINTON COUNTY

By: _____ Date: _____

Its: _____

EATON COUNTY

By: _____ Date: _____

Its: _____

GLADWIN COUNTY

By: _____ Date: _____

Its: _____

GRATIOT COUNTY

By: _____ Date: _____

Its: _____

HILLSDALE COUNTY

By: _____ Date: _____

Its: _____

HURON COUNTY

By: _____ Date: _____

Its: _____

INGHAM COUNTY

By: _____ Date: _____

Its: _____

IONIA COUNTY

By: _____ Date: _____

Its: _____

ISABELLA COUNTY

By: _____ Date: _____

Its: _____

JACKSON COUNTY

By: _____ Date: _____

Its: _____

MECOSTA COUNTY

By: _____ Date: _____

Its: _____

MIDLAND COUNTY

By: _____ Date: _____

Its: _____

MONTCALM COUNTY

By: _____ Date: _____

Its: _____

NEWAYGO COUNTY

By: _____ Date: _____

Its: _____

OSCEOLA COUNTY

By: _____ Date: _____

Its: _____

SAGINAW COUNTY

By: _____ Date: _____

Its: _____

SHIAWASSEE COUNTY

By: _____ Date: _____

Its: _____

TUSCOLA COUNTY

By: _____ Date: _____

Its: _____

MSHN Substance Use Disorder Oversight Policy Board Attendance - FY2023

OPB Member	10/19/2022	12/21/22	02/15/23	04/19/23	06/21/2023	8/16/2023	Attendance	***Notes
					CANCELED		Rate	
Ashley, Lisa (Gladwin)	P	A	P	AU	-	P	60%	
Badour, Nichole (Gratiot)	P*	P*	P*	P*	-	P*	100%	
Cahill, Irene (Ingham)						P	100%	Appointed 7/27/23
Caswell, Bruce (Hillsdale)	P	P	P*	P*	-	P	100%	
Gilmore, George (Clare)				A	-	P*	50%	Appointed 2/10/23
Glaser, Steve (Midland)	P	P	P	P	-	P	100%	
Harrington, Christina (Saginaw)	AU	P*	AU	AU	-	P*	40%	
Hunter, John (Tuscola)	P	P	P	P	-	P	100%	
Kolk, Bryan (Newaygo)	P	P	P	P	-	P	100%	
Kroneck, John (Montcalm)	-	-	P	P	-	P	100%	Appointed 1/10/23
Luce, Robert (Arenac)	P	P	P*	AU	-	AU	60%	
Moreno, Jim (Isabella)	P	P	P	P	-	P	100%	
Murphy, Joe (Huron)	AU	AU	AU	AU	-	AU	0%	
Peters, Justin (Bay)	P	P	AU	P	-	P	80%	
Schultz, Vicky (Shiawassee)	P	AU	P	P	-	P	80%	
Strong, Jerrilynn (Mecosta)	AU	P	P	P	-	AU	60%	
Thalison, Deb (Ionia)	P	P*	P*	P	-	P	100%	
Thalison, Kim (Eaton)	A	P	AU	AU	-	P	40%	
Turner, David (Osceola)	AU	AU	AU	AU	-	AU	0%	
Washington, Dwight (Clinton)	P	P	A	P	-	P	80%	
Woods, Ed (Jackson)	P	P*	AU	P	-	P	80%	

P=Present
A=Absent (Excused)
P*=Present via Phone
AU=Absent (Unexcused)

**Mid-State Health Network
FY2024 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Payment Amount	Payment Amount	Payment Amount	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	49,276				38,688	-	49,276
Bay	487,417				225,618	-	487,417
Clare	168,296				61,418	-	168,296
Clinton	474,207				143,218	-	474,207
Eaton	473,491				272,110	-	473,491
Gladwin	85,372				38,875	-	85,372
Gratiot	61,854				50,537	-	61,854
Hillsdale	187,011				59,966	-	187,011
Huron	129,124				82,176	-	129,124
Ingham	1,316,833				792,322	-	1,316,833
Ionia	293,160				86,379	-	293,160
Isabella	277,583				146,746	-	277,583
Jackson	639,760				368,480	-	639,760
Mecosta	215,325				100,743	-	215,325
Midland	426,313				187,807	-	426,313
Montcalm	275,754				111,112	-	275,754
Newaygo	175,935				91,576	-	175,935
Osceola	76,009				41,306	-	76,009
Saginaw	1,214,574				530,323	-	1,214,574
Shiawassee	240,194				111,870	-	240,194
Tuscola	116,215				65,669	-	116,215
	\$ 7,383,703	\$ -	\$ -	\$ -	\$ 3,606,939	\$ -	\$ 7,383,703

**Mid-State Health Network
FY2024 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD Payments	Ending PA2 Fund Balance
Arenac	49,276	2,578						2,578	\$ 46,698
Bay	487,417	14,744						14,744	\$ 472,673
Clare	168,296	12,134						12,134	\$ 156,162
Clinton	474,207	13,529						13,529	\$ 460,679
Eaton	473,491	24,143						24,143	\$ 449,348
Gladwin	85,372	4,302						4,302	\$ 81,070
Gratiot	61,854	2,817						2,817	\$ 59,036
Hillsdale	187,011	9,351						9,351	\$ 177,660
Huron	129,124	5,460						5,460	\$ 123,664
Ingham	1,316,833	91,254						91,254	\$ 1,225,579
Ionia	293,160	8,720						8,720	\$ 284,441
Isabella	277,583	13,468						13,468	\$ 264,115
Jackson	639,760	35,956						35,956	\$ 603,804
Mecosta	215,325	10,604						10,604	\$ 204,721
Midland	426,313	10,901						10,901	\$ 415,412
Montcalm	275,754	-						-	\$ 275,754
Newaygo	175,935	5,755						5,755	\$ 170,180
Osceola	76,009	2,708						2,708	\$ 73,301
Saginaw	1,214,574	54,998						54,998	\$ 1,159,576
Shiawassee	240,194	13,980						13,980	\$ 226,214
Tuscola	116,215	9,465						9,465	\$ 106,750
\$ 7,383,703		\$ 346,868	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 346,868	\$ 7,036,836

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2023 through October 31, 2023

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac					
Peer 360 Recovery				1,053	1,053
Sterling Area Health Center			386		386
Ten Sixteen Recovery		1,139			1,139
Arenac Total		1,139	386	1,053	2,578
Bay					
McLaren Prevention Services			526		526
Peer 360 Recovery				5,148	5,148
Sacred Heart Rehabilitation			957		957
Sterling Area Health Center			4,137		4,137
Ten Sixteen Recovery		2,775		1,201	3,976
Bay Total		2,775	5,620	6,349	14,744
Clare					
Ten Sixteen Recovery		108	5,113	6,913	12,134
Clare Total		108	5,113	6,913	12,134
Clinton					
Eaton Regional Education Service Agency			8,529		8,529
State of Michigan MRS	5,000				5,000
Clinton Total	5,000		8,529		13,529
Eaton					
Eaton Regional Education Service Agency			8,405		8,405
State of Michigan MRS	5,000				5,000
Wellness, InX		5,959		4,779	10,738
Eaton Total	5,000	5,959	8,405	4,779	24,143
Gladwin					
Ten Sixteen Recovery		706	1,641	1,955	4,302
Gladwin Total		706	1,641	1,955	4,302
Gratiot					
Gratiot County Child Advocacy Association			2,070		2,070
Ten Sixteen Recovery		747			747
Gratiot Total		747	2,070		2,817
Hillsdale					
LifeWays			9,351		9,351
Hillsdale Total			9,351		9,351
Huron					
Peer 360 Recovery				5,460	5,460
Huron Total				5,460	5,460
Ingham					
Child and Family Charities			5,186		5,186
Cristo Rey Community Center			3,702		3,702
Eaton Regional Education Service Agency			3,382		3,382
Ingham County Health Department			3,318		3,318
Lansing Syringe Access, Inc				21,469	21,469
Prevention Network			898		898
Punks With Lunch Lansing				3,812	3,812
State of Michigan MRS	15,000				15,000
Wellness, InX		18,140		16,347	34,486
Ingham Total	15,000	18,140	16,487	41,628	91,254

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2023 through October 31, 2023

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Ionia					
County of Ionia			8,720		8,720
Ionia Total			8,720		8,720
Isabella					
Peer 360 Recovery				3,939	3,939
Ten Sixteen Recovery		826	895	7,808	9,529
Isabella Total		826	895	11,747	13,468
Jackson					
Big Brothers Big Sisters of Jackson County, Inc			943		943
Family Service and Childrens Aid (Born Free)			26,631		26,631
Home of New Vision				8,382	8,382
Jackson Total			27,574	8,382	35,956
Mecosta					
Ten Sixteen Recovery		1,466	2,502	6,636	10,604
Mecosta Total		1,466	2,502	6,636	10,604
Midland					
Peer 360 Recovery				5,465	5,465
Ten Sixteen Recovery		4,031		1,405	5,436
Midland Total		4,031		6,870	10,901
Newaygo					
Arbor Circle			5,755		5,755
Newaygo Total			5,755		5,755
Osceola					
Ten Sixteen Recovery		1,689	1,019		2,708
Osceola Total		1,689	1,019		2,708
Saginaw					
First Ward Community Service			14,527		14,527
Peer 360 Recovery				7,894	7,894
Sacred Heart Rehabilitation			3,451		3,451
Saginaw County Youth Protection Council			7,717		7,717
Ten Sixteen Recovery				8,591	8,591
Women of Colors			12,817		12,817
Saginaw Total			38,513	16,485	54,998
Shiawassee					
Peer 360 Recovery				8,980	8,980
State of Michigan MRS	5,000				5,000
Shiawassee Total	5,000			8,980	13,980
Tuscola					
List Psychological Services			5,225		5,225
Peer 360 Recovery				4,240	4,240
Tuscola Total			5,225	4,240	9,465
Grand Total	30,000	37,585	147,805	131,477	346,868

Mid-State Health Network
Summary of SUD Revenue and Expenses as of October 2023 (8.3% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	672,992.91	10,103,932.00	9,430,939.09	6.66%
SOR and Other Grants	132,248.10	5,947,708.00	5,815,459.90	2.22%
Medicaid	1,603,019.45	20,517,394.08	18,914,374.63	7.81%
Healthy Michigan	2,599,513.77	31,252,084.68	28,652,570.91	8.32%
PA2	346,867.57	4,736,318.00	4,389,450.43	7.32%
Totals	5,354,641.80	72,557,436.76	67,202,794.96	7.38%
Direct Expenses				
Block Grant	672,992.91	10,104,562.00	9,431,569.09	6.66%
SOR and Other Grants	132,248.10	5,947,078.00	5,814,829.90	2.22%
Medicaid	1,118,579.00	20,049,480.00	18,930,901.00	5.58%
Healthy Michigan	2,071,091.60	32,500,000.00	30,428,908.40	6.37%
PA2	346,867.57	4,736,318.00	4,389,450.43	7.32%
Totals	4,341,779.18	73,337,438.00	68,995,658.82	5.92%
Surplus / (Deficit)	1,012,862.62			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	484,440.45			
Healthy Michigan	528,422.17			
PA2	-			
Totals	1,012,862.62			

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
FY2024 PA2 Funding Recommendations by Provider
December 2023 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Arbor Circle Total			
Big Brothers Big Sisters of Jackson Total			
Boys and Girls Club of Bay County Total			
Catholic Charities of Shiawassee and Genesee Counties Total			
Child Advocacy Center Total			
Child and Family Charities Total			
Cristo Rey Community Center Total			
District Health Department #10	101,305	101,305	101,305
Eaton Regional Education Service Agency (RESA) Total			
Family Services and Children's Aid Total			
First Ward Community Center Total			
Henry Ford Allegiance Health Total			
Home of New Vision Total			
Huron County Health Department Total			
Ingham County Health Department Total			
Ionia County Health Department Total			
Lansing Syringe Services Total			
LifeWays			
List Psychological Services Total			
McLaren Bay Region (McLaren Prevention Services) Total			
Michigan Rehabilitation Services Total			
Mid-Michigan District Health Department Total			
Newaygo Regional Education Service Agency (RESA) Total	(101,305)	(101,305)	(101,305)
Parishioners on Patrol Total			
Peer 360 Recovery Total			
Prevention Network Total			
Professional Psychological & Psychiatric Services			
Punks with Lunch			
Randy's House	40,000	25,043	25,043
Sacred Heart Rehabilitation Center Total			
Saginaw City Police Total			
Saginaw County Health Department Total			
Saginaw Youth Protection Council Total			
Shiawassee County Court Total			
St. Johns Police Department Total			
Sterling Area Health Center Total			
Ten Sixteen Recovery Network Total			
The Legacy Center Total			
Wedgwood Christian Services Total			
Wellness, Inx Total			
Women of Colors Total			
GRAND TOTAL	40,000	25,043	25,043

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

**Mid-State Health Network
FY2024 PA2 Funding Recommendations by County**

County	PA2 Beginning Reserve Balance	Projected FY2024 Treasury Revenue*	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations December	Projected Ending Reserve Balance
Arenac	49,276	38,688	33,292	-	54,672
Bay	487,417	225,618	310,340	-	402,695
Clare	168,296	61,418	120,275	-	109,439
Clinton	474,207	143,218	145,894	-	471,531
Eaton	473,491	272,110	297,041	-	448,560
Gladwin	85,372	38,875	61,000	-	63,247
Gratiot	61,854	50,537	31,670	-	80,721
Hillsdale	187,011	59,966	84,774	-	162,203
Huron	129,124	82,176	86,670	-	124,630
Ingham	1,316,833	792,322	874,497	-	1,234,658
Ionia	293,160	86,379	140,620	-	238,919
Isabella	277,583	146,746	186,500	-	237,829
Jackson	639,760	368,480	470,520	-	537,720
Mecosta	215,325	100,743	153,500	-	162,568
Midland	426,313	187,807	275,000	-	339,120
Montcalm	275,754	111,112	193,408	-	193,458
Newaygo	175,935	91,576	108,151	25,043	134,317
Osceola	76,009	41,306	47,000	-	70,315
Saginaw	1,214,574	530,323	875,548	-	869,349
Shiawassee	240,194	111,870	156,618	-	195,446
Tuscola	116,215	65,669	84,000	-	97,884
Total	\$ 7,383,703	\$ 3,606,939	\$ 4,736,318	\$ 25,043	\$ 6,229,281

Mid-State Health Network
Comparison of FY2023 and FY2024 PA2 by County and Provider

County	Provider	FY2023 OPB Approved PA2 Provider Funding	FY2024 MSHN Funding Recommendations October	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2024 Requests
Newaygo						
	District Health Department #10			New		Prevention: Summer Magic (multiple); TIPS training; ; host coalition activities, \$5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Rx take back projects; Community Expos, MiPHY support; Alcohol Vendor Education; Coalition Capacity Building; Opioid prevention community presentations; Teen Leadership Groups; Coalition/community group involvement (Headway, Rx Drug Action Team, Breathe Well Coalition, Trauma work group, Suicide Prevention Work group, Newaygo Community Collaborative, Youth Prevention Coalition, FAN, Domestic Violence Sexual Assault task force, and Marijuana Action Team).
		PA2	- 41,305			
		Grants	- 60,000			
		Total	101,305			
	Newaygo Regional Education Service Agency (RESA)			Not Renewing for FY24		Prevention: Summer Magic (multiple); TIPS training; ; host coalition activities, \$5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Rx take back projects; Community Expos, MiPHY support; Alcohol Vendor Education; Coalition Capacity Building; Opioid prevention community presentations; Teen Leadership Groups; Coalition/community group involvement (Headway, Rx Drug Action Team, Breathe Well Coalition, Trauma work group, Suicide Prevention Work group, Newaygo Community Collaborative, Youth Prevention Coalition, FAN, Domestic Violence Sexual Assault task force, and Marijuana Action Team).
		PA2	26,565 -			
		Grants	69,740 -			
		Total	96,305 -			
	Randy's House			New	Requested	Recovery: Stabilization funding for Randy' House Newaygo Recovery Housing.
		PA2	- 25,043			
		Grants	- -			
		Total	- 25,043			
	County Total		96,305 126,348			
	PA2 Subtotal	26,565	66,348			
	Grants Subtotal	69,740	60,000			
	Grand Total	96,305	126,348			

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2023

"Grants" refers to Community Grant, State Opioid Response and COVID Grants

Coalition does not review annual plans and budgets. Coalition reviews new providers only.

OPB Operational Report December 2023

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

Prevention

- Ordered Vendor Education materials from MDHHS for all 21 Designated Youth Tobacco Representatives to begin FY24 Synar work.
- FY24 Prevention and Community Recovery provider program observation planning began.
- Providers began FY24 Annual Plan work.
- Supported Grant Coordinator tasks of reporting and Overdose Education & Naloxone Distribution (OEND) grant planning and allocation process for FY24 while this position was vacant.
- Held two technical assistance sessions for all providers on process for SOR OEND mini grants for FY24.
- MSHN Prevention staff and many provider staff attended the Michigan Youth Cannabis Awareness and Education Alliance conference.
- Worked with Newaygo RESA and District Health Department #10 to transition Prevention work and offered technical assistance to DHD #10 in submitting a provider application and completing a pre-contract interview.
- Ongoing planning for grant projects and spending in FY24, including anti-stigma/recovery and gambling prevention media campaigns
- Began planning to increase Prevention services for Older Adults (55+) as part of new strategic plan. Beginning a new provider workgroup on this topic in November.
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) where prevention providers log their activities, persons served, etc.
- Completed MPDS FY23 data verification and closeout. There were 23,813 activities completed in FY23 throughout the 21-county region.
- Began working with MDHHS on developing new Prevention Data System to replace MPDS. System will be built and tested in FY24, with planned implementation for FY25.
- 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.
- Began implementation of FY24-26 SUD Strategic Plan.

Treatment

- SOR-3 Overdose Education & Naloxone Distribution (OEND) RFP notification provided to the SUD network 10-1-2023 with proposals due by 12-1-2023. MSHN has \$1,000,000 to support OEND items in FY24.
- Supporting providers with technical assistance related to the LARA SUD Administrative Rules that went into effect on 6/26/2023.

- Support Randy's House with development and implementation of an Engagement Center in Montcalm County.
- Implementation of SUD treatment services with MOUD in the Saginaw County Jail with Recovery Pathways.
- Support Equity Upstream Learning Collaborative partners with implementation of focus groups to gather specific DEI feedback to inform provider goals and plans moving forward and to help inform MSHN as the regional PIHP.
- Continued support for development of withdrawal management and residential levels of care with Bear River Health in Isabella County as the approved provider from WM/Residential RFP during FY23.
- Continued support for value-based pilot for Project ASSERT with three regional providers.
- Opioid Health Home (OHH) in Region 5 at Victory Clinical Services – Saginaw currently has 185 individuals enrolled and growing daily. MSHN is working with 3 providers to expand OHH functions to 4 other locations in the MSHN region during FY24. This includes Bay, Ingham, and Jackson counties.
- Harm Reduction Vending Machines currently approved for Arenac, Bay, Eaton, Hillsdale, Ingham, Tuscola, Ionia, Jackson, and Gratiot counties with SOR-3 grant funds.
- Planning and coordination of training opportunities for SUD provider network for spring of FY24. A Stephanie Covington Training for Beyond Trauma will be hosted by MSHN in Lansing on May 7th and 8th at the Kellogg Center. More details will be released on this training in January 2024.
- Participation and support for internal IDEA workgroup for DEI initiatives.
- Ongoing support of technical assistance needs with SUD treatment providers.
- Continued Treatment Team attendance at prevention community coalition meetings.
- Ongoing evaluation of opportunities to expand services for specialty populations of older adults, adolescents, veterans, and military families.
- Coordinate and facilitate regional Recovery workgroup, ROSC meetings, regional MAT workgroup meetings, regional WSS workgroup meetings, regional WM/residential workgroup, and Outpatient workgroup meetings.

Additional Activities in November-December:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above
- Ongoing coordination with statewide SUDS Directors & development of consensus around best practices. Working on policy recommendations to MDHHS.
- Ongoing support for provider best practice issues like group size in residential settings, etc.
- Conducting focus groups with MSHN's *Equity Upstream* Learning Collaborative (LC) members. This includes 8 MSHN-contracted providers and multiple levels of care (residential, outpatient, MAT/methadone providers), recovery housing, a peer-led community recovery organization and a police dept. doing post-overdose community-based outreach. Focus groups offer community members to share barriers, opportunities for improvement, etc. which will inform LC members' Action Plans.
- Chief Clinical Officer participation on 11/30 in Lansing event focused on trauma/Adverse Childhood Experiences (ACEs) with Dr. Robert Anda, architect of ACEs study in the late 1990s. Event organized by the Institute of Trauma & Economic Justice and had attendance of over 500 people in-person or virtually.
- SUD Strategic Plan FY24-26 resubmitted to MDHHS
- SOR grant spend-down with mini-grants to providers of about \$1 million.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY23-Q4
July-September 2023

PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	Multiple agencies/providers offered 114 activities promoting parent and community education/information on alcohol use/misuse this quarter. 94 were events held in Clare, Gratiot, Jackson, Ionia, Isabella, Huron, Saginaw, and Mecosta counties to promote ATOD (alcohol, tobacco and other drugs) information dissemination, education and resource sharing. TIPS training for alcohol retailers was offered in Ionia County this period as well as education to drivers training staff. Gratiot county conducted alcohol compliance checks. Bay, Arenac, Clinton, Ingham and Montcalm were among counties who hosted youth leadership groups/activities this quarter. Prevention Coordinators across the region participate in MCRUD (Michigan Coalition to Reduce Underage Drinking) focused issues as well as local Alcohol Policy Issues workgroups, and community alcohol prevention partnerships in their local communities.
Reduce prescription and over-the-counter drug abuse, including opiates	28 Peer Assisted Leadership activities were held this quarter included education on cannabis misuse also as well as 137 student assistance groups with multiple activities (individual and group). Several Prevention Coordinators across the region participate in the MYCAEA (Michigan Youth Cannabis Action and Education Alliance) – a fairly new coalition providing discussion and research on issues impacting youth related use/misuse of cannabis across the region.
Reduce prescription and over-the-counter drug abuse, including opiates	Completed distribution of \$400,000 in SOR-3 funds for SUD prevention coalition mini-grants for OEND and harm reduction activities and supplies in this period. Six Dump Your Drugs events were held in Midland County this quarter. 54 programs with multiple activities provide education/information on opioid misuse: prescription drug awareness, etc. In addition, 46 naloxone/Narcan presentations were provided in the community this quarter. 1,114 activities were held to provide peer recovery support/education (this included groups, individual activities, and community events). Multiple coalitions/prevention staff sit on local community task forces addressing opioid issues or host opioid task forces/workgroups for the communities they live in with 45 activities occurring this past quarter.
Reduce youth access to tobacco	The MSHN region conducted 94 checks in June, 93 were completed with 13 sales. This gave MSHN region 13.98% sales rate. Sales occurred to gas stations (8); one tobacco store and four sales to other type vendors (Dollar Stores, party stores, etc.). The highest number of sales occurred to youth 18 to 21 yr. (11 of the 13 sales). This will be a focus for the FY24 program year. 13 counties offered 84 educational and informational activities comprising multiple sessions of NOT (Not on Tobacco), Catch My Breath, and INDEPTH. Tobacco compliance checks (non-Synar checks) and vendor education took place in Gratiot, Ingham and Shiawassee counties also during this time period.
Reduce Substance Use in Older Adults	48 older adult groups were conducted this quarter (such as peer groups, education and information sessions). These were held in Saginaw, Shiawassee, and Huron counties. Wellness Initiative for Senior Education (WISE) sessions (focused on older adult wellness issues) continue to be hosted in Gratiot and Ingham Counties. This continues to be opportunity for growth area in the coming year.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY23-Q4
July-September 2023

TREATMENT GOALS	RESULTS & PROGRESS
Increase women’s specialty service programs	No new women’s Specialty programs have been added for contracting in Q4 of FY23. Our Hope is expanding their residential programming to add bed availability as well as adding a new withdrawal management program soon. MSHN intends to expand the contract with Our Hope to include these new services.
Increase array of medication assisted treatment programs	No new Medication Assisted Treatment programs have been contracted with in Q4 FY23. MSHN continues to promote Medication Assisted Treatment programming to assist individuals in need in the MSHN region.
Expand Stimulant Use Disorder Treatment	MSHN offered training to the region in quarter four for CBT with Beck Institute. CBT is an evidence-based model of therapy that is effective in use with individuals with Stimulant Use Disorders or any Substance Use Disorders.
Expand Jail Based Services	Newaygo-based Arbor Circle is working to implement a new jail-based program to include medications for opioid use disorders (MOUD). They are working to have this program implemented no later than 10-1-23. MSHN is working with providers to possibly begin MOUD services within the Saginaw County Jail also for FY24.
Expand Trauma Informed Care	MSHN has contracted with international author and presenter, Stephanie Covington, to present in Lansing at the Kellogg Center on May 7 and 8 of 2024. Dr. Covington will be presenting “Beyond Trauma”. MSHN continues to work with providers to expand trauma informed care and continues to have the expectations that all providers are working to become more trauma responsive throughout the year. Trauma responsiveness will be reviewed with contracted providers during the Annual Planning process in the spring.
Expand penetration rates for adolescents, older adults, and veterans/military families.	MSHN has an RFI release and upcoming RFP for expansion of adolescent services for the MSHN region. MSHN continues to work with providers to ensure that services for SUD are made available to individuals that are older as well as adolescents. For veterans services, the MSHN Veteran’s Navigator provided services to 35 new veterans/military families during FY23 Q4. She collaborated with an SUD provider on 3 separate occasions for veterans requesting region 5 SUD services that were not available at the VA. The MSHN Veteran’s Navigator referred a Vietnam veteran to the Department of Michigan VFW who assisted him with contractors and financial assistance to rehab his home to meet his health needs and remove barriers in his home, provided sexual assault resources for the spouse to an OEF/OIF veteran in SUD treatment, connected 3 veterans with income too high for Medicaid, HM and BG funding to SUD providers who were contracted with the VA for community care options. She also provided warm hand offs to housing services with VA case management for 3 veterans without housing in need of housing vouchers, financial assistance and shelter until affordable housing could be secured.

OPB Quarterly Report FY23 Q4



Arenac

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

2103

Total Attendees

56

of Activities

Admitted

Service	Adult
Outpatient	5
Residential	7
Withdrawal	6

WSS

Adult

|

MAT

Adult

| 4

Served

Service	Adult
Outpatient	35
Residential	8
Withdrawal	7

WSS

Adult

| 3

MAT

Adult

| 6

Primary Substance at Admission	Adult	Minor
Alcohol	9	
Methamphetamine / Speed	6	
Heroin	2	
Other Opiates / Synthetics	2	

Secondary Substance at Admission	Adult	Minor
Benzodiazepines	2	
Marijuana/Hashish	2	
Alcohol	1	
Other Drugs	1	
Other Opiates / Synthetics	1	

Bay

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

6747

Total Attendees

379

of Activities

Admitted

Service	Adult	Minor
Outpatient	100	1
Residential	50	1
Withdrawal	38	

WSS

Adult Minor

22

MAT

Adult

58

Served

Service	Adult	Minor
Outpatient	436	10
Residential	64	1
Withdrawal	42	

WSS

Adult

88

MAT

Adult

102

Primary Substance at Admission	Adult	Minor
Alcohol	69	
Heroin	42	1
Methamphetamine / Speed	31	
Cocaine / Crack	28	
Other Opiates / Synthetics	26	1
Marijuana/Hashish	2	
Benzodiazepines	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	38	1
Cocaine / Crack	30	1
Other Opiates / Synthetics	21	
(None)	20	
Alcohol	13	
Methamphetamine / Speed	13	
Benzodiazepines	7	
Heroin	7	
Other Drugs	2	

Clare

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

362

Total Attendees

62

of Activities

Admitted

Service	Adult
Outpatient	24
Residential	15
Withdrawal	10

WSS

Adult

1

MAT

Adult

5

Served

Service	Adult
Outpatient	139
Residential	17
Withdrawal	11

WSS

Adult

6

MAT

Adult

31

Primary Substance at Admission	Adult	Minor
Alcohol	15	
Methamphetamine / Speed	15	
Heroin	11	
Other Opiates / Synthetics	9	
Marijuana/Hashish	1	

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

Clinton

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

202

Total Attendees

38

of Activities

Admitted

Service	Adult
Outpatient	36
Residential	20
Withdrawal	13

WSS

Adult

| 2

MAT

Adult

| 3

Served

Service	Adult	Minor
Outpatient	117	
Residential	29	1
Withdrawal	13	

WSS

Adult

| 3

MAT

Adult

| 30

Primary Substance at Admission	Adult	Minor
Alcohol	32	
Methamphetamine / Speed	24	
Heroin	7	
Cocaine / Crack	5	
Other Opiates / Synthetics	5	
Marijuana/Hashish	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
(None)	10	
Marijuana/Hashish	6	
Methamphetamine / Speed	6	
Other Opiates / Synthetics	5	
Alcohol	4	
Cocaine / Crack	4	
Heroin	1	

Eaton

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

387

Total Attendees

72

of Activities

Admitted

Service	Adult	Minor
Outpatient	59	2
Residential	21	
Withdrawal	19	

WSS

Adult Minor

7	
---	--

MAT

Adult

17	
----	--

Served

Service	Adult	Minor
Outpatient	253	10
Residential	32	
Withdrawal	21	

WSS

Adult

16	
----	--

MAT

Adult

62	
----	--

Primary Substance at Admission	Adult	Minor
Alcohol	45	
Methamphetamine / Speed	25	
Heroin	15	
Cocaine / Crack	10	1
Other Opiates / Synthetics	8	
Marijuana/Hashish	3	1
Benzodiazepines	2	
Non-prescription methadone	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	14	
Marijuana/Hashish	11	
Methamphetamine / Speed	10	
Alcohol	6	1
Other Opiates / Synthetics	6	
(None)	4	
Benzodiazepines	3	
Heroin	3	
Other Amphetamines	1	
Other Stimulants	1	

Gladwin

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

431

Total Attendees

46

of Activities

Admitted

Service	Adult
Outpatient	26
Residential	15
Withdrawal	4

WSS

Adult

3

MAT

Adult

5

Served

Service	Adult
Outpatient	98
Residential	19
Withdrawal	4

WSS

Adult

6

MAT

Adult

15

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	20	
Alcohol	12	
Heroin	8	
Other Opiates / Synthetics	6	
Cocaine / Crack	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
(None)	6	
Alcohol	4	
Heroin	4	
Cocaine / Crack	3	
Marijuana/Hashish	3	
Other Opiates / Synthetics	3	
Methamphetamine / Speed	2	
Benzodiazepines	1	
Non-prescription methadone	1	
Other Stimulants	1	

Gratiot

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

798

Total Attendees

89

of Activities

Admitted

Service	Adult
Outpatient	12
Residential	19
Withdrawal	7

WSS

Adult

1

MAT

Adult

8

Served

Service	Adult
Outpatient	97
Residential	27
Withdrawal	8

WSS

Adult

9

MAT

Adult

54

Primary Substance at Admission	Adult	Minor
Alcohol	18	
Methamphetamine / Speed	13	
Other Opiates / Synthetics	7	
Cocaine / Crack	2	
Heroin	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Other Opiates / Synthetics	5	
(None)	3	
Marijuana/Hashish	3	
Alcohol	2	
Benzodiazepines	2	
Heroin	2	
Methamphetamine / Speed	2	
Other Drugs	2	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Hillsdale

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

193

Total Attendees

43

of Activities

Admitted

Service	Adult
Outpatient	27
Residential	28
Withdrawal	3

WSS

Adult

7

MAT

Adult

6

Served

Service	Adult
Outpatient	67
Residential	38
Withdrawal	3

WSS

Adult

7

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	34	
Alcohol	20	
Heroin	6	
Cocaine / Crack	3	
Marijuana/Hashish	1	
Other Amphetamines	1	

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

Huron

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

2343

Total Attendees

181

of Activities

Admitted

Service	Adult
Outpatient	14
Residential	7
Withdrawal	3

WSS

Adult

0

MAT

Adult

13

Served

Service	Adult
Outpatient	87
Residential	8
Withdrawal	6

WSS

Adult

6

MAT

Adult

7

Primary Substance at Admission	Adult	Minor
Alcohol	11	
Other Opiates / Synthetics	4	
Cocaine / Crack	3	
Heroin	2	
Benzodiazepines	1	
Marijuana/Hashish	1	
Methamphetamine / Speed	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	6	
Methamphetamine / Speed	2	
Cocaine / Crack	1	
Other Amphetamines	1	
Other Opiates / Synthetics	1	

Ingham

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

4182

Total Attendees

327

of Activities

Admitted

Service	Adult	Minor
Outpatient	332	2
Residential	143	2
Withdrawal	118	

WSS

Adult Minor

14

MAT

Adult

127

Served

Service	Adult	Minor
Outpatient	1394	4
Residential	197	2
Withdrawal	132	

WSS

Adult

33

MAT

Adult

477

Primary Substance at Admission	Adult	Minor
Alcohol	292	
Methamphetamine / Speed	121	1
Heroin	109	
Cocaine / Crack	59	
Other Opiates / Synthetics	52	
Marijuana/Hashish	34	3
Benzodiazepines	4	
Other Amphetamines	2	
Hallucinogens	1	
Non-prescription methadone	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	79	
Methamphetamine / Speed	75	
Marijuana/Hashish	70	
Alcohol	54	
Heroin	30	1
(None)	27	1
Other Opiates / Synthetics	18	
Benzodiazepines	15	
Hallucinogens	4	
Other Amphetamines	2	
Other Drugs	2	
Other Stimulants	2	
Other Sedatives / Hypnotics	1	
Over-the-Counter Medications	1	

Ionia

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

306

Total Attendees

37

of Activities

Admitted

Service	Adult	Minor
Outpatient	61	2
Residential	18	
Withdrawal	12	

WSS

Adult Minor

5	
---	--

MAT

Adult

7	
---	--

Served

Service	Adult	Minor
Outpatient	208	2
Residential	28	
Withdrawal	12	

WSS

Adult

7	
---	--

MAT

Adult

17	
----	--

Primary Substance at Admission	Adult	Minor
Alcohol	37	
Heroin	21	
Methamphetamine / Speed	21	
Cocaine / Crack	8	
Other Stimulants	5	
Other Opiates / Synthetics	3	
Marijuana/Hashish	2	2
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	22	
Marijuana/Hashish	9	
Alcohol	8	
Cocaine / Crack	6	1
Other Opiates / Synthetics	2	
Other Stimulants	2	

Isabella

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

1479

Total Attendees

241

of Activities

Admitted

Service	Adult
Outpatient	19
Residential	17
Withdrawal	9

WSS

Adult

2

MAT

Adult

16

Served

Service	Adult	Minor
Outpatient	271	3
Residential	34	
Withdrawal	9	

WSS

Adult

27

MAT

Adult

107

Primary Substance at Admission	Adult	Minor
Alcohol	20	
Methamphetamine / Speed	14	
Heroin	9	
Other Opiates / Synthetics	5	
Cocaine / Crack	1	

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

Jackson

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

6685

Total Attendees

900

of Activities

Admitted

Service	Adult	Minor
Outpatient	137	1
Residential	81	
Withdrawal	28	

WSS

Adult Minor

26	1
----	---

MAT

Adult

44

Served

Service	Adult	Minor
Withdrawal	31	
Residential	117	
Outpatient	594	1
	2	

WSS

Adult Minor

57	1
----	---

MAT

Adult

252

Primary Substance at Admission	Adult	Minor
Alcohol	109	
Methamphetamine / Speed	66	
Heroin	40	
Marijuana/Hashish	15	1
Cocaine / Crack	14	
Other Opiates / Synthetics	11	
Other Stimulants	4	
Benzodiazepines	3	
Barbiturates	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	23	
(None)	19	1
Methamphetamine / Speed	19	
Cocaine / Crack	16	
Alcohol	15	
Other Opiates / Synthetics	10	
Benzodiazepines	8	
Heroin	6	
Other Stimulants	3	
Other Amphetamines	2	
Hallucinogens	1	
Non-prescription methadone	1	

Mecosta

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

2872

Total Attendees

226

of Activities

Admitted

Service	Adult
Outpatient	33
Residential	23
Withdrawal	12

WSS

Adult

5

MAT

Adult

13

Served

Service	Adult
Outpatient	137
Residential	31
Withdrawal	15

WSS

Adult

11

MAT

Adult

35

Primary Substance at Admission	Adult	Minor
Alcohol	37	
Methamphetamine / Speed	21	
Heroin	7	
Other Opiates / Synthetics	5	
Marijuana/Hashish	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	9	
Methamphetamine / Speed	9	
Alcohol	5	
Cocaine / Crack	5	
Heroin	3	
Other Opiates / Synthetics	3	
(None)	2	
Benzodiazepines	2	
Other Amphetamines	1	
Other Drugs	1	

Midland

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

3941

Total Attendees

231

of Activities

Admitted

Service	Adult	Minor
Outpatient	40	
Residential	25	1
Withdrawal	22	

WSS

Adult Minor

2	
---	--

MAT

Adult

27	
----	--

Served

Service	Adult	Minor
Outpatient	200	
Residential	37	1
Withdrawal	24	

WSS

Adult

14	
----	--

MAT

Adult

30	
----	--

Primary Substance at Admission	Adult	Minor
Alcohol	38	
Other Opiates / Synthetics	18	
Heroin	15	
Methamphetamine / Speed	12	
Marijuana/Hashish	3	1
Benzodiazepines	2	
Cocaine / Crack	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	14	
Cocaine / Crack	11	
(None)	10	
Methamphetamine / Speed	10	
Other Opiates / Synthetics	4	
Alcohol	3	1
Benzodiazepines	2	
Heroin	2	
Hallucinogens	1	
Other Drugs	1	

Montcalm

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

1172

Total Attendees

101

of Activities

Admitted

Service	Adult
Outpatient	57
Residential	27
Withdrawal	12

WSS

Adult

4

MAT

Adult

11

Served

Service	Adult
Outpatient	211
Residential	43
Withdrawal	13

WSS

Adult

24

MAT

Adult

41

Primary Substance at Admission	Adult	Minor
Alcohol	36	
Methamphetamine / Speed	27	
Heroin	14	
Other Stimulants	10	
Cocaine / Crack	5	
Other Opiates / Synthetics	3	
Other Amphetamines	2	
Inhalants	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	9	
Cocaine / Crack	7	
Marijuana/Hashish	7	
Heroin	4	
(None)	3	
Alcohol	2	
Other Stimulants	2	
Other Opiates / Synthetics	1	

Newaygo

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

2236

Total Attendees

60

of Activities

Admitted

Service	Adult
Outpatient	7
Residential	8
Withdrawal	7

WSS

Adult

5

MAT

Adult

7

Served

Service	Adult	Minor
	1	
Outpatient	102	1
Residential	14	1
Withdrawal	10	

WSS

Adult

23

MAT

Adult

27

Primary Substance at Admission	Adult	Minor
Alcohol	11	
Methamphetamine / Speed	5	
Heroin	3	
Cocaine / Crack	1	
Other Opiates / Synthetics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	2	
Other Opiates / Synthetics	2	
(None)	1	
Cocaine / Crack	1	
Heroin	1	
Methamphetamine / Speed	1	
Non-prescription methadone	1	

Osceola

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

206

Total Attendees

39

of Activities

Admitted

Service	Adult	Minor
Outpatient	18	
Residential	10	1
Withdrawal	7	

WSS

Adult Minor

2	
---	--

MAT

Adult

4	
---	--

Served

Service	Adult	Minor
Outpatient	71	
Residential	12	1
Withdrawal	8	

WSS

Adult

4	
---	--

MAT

Adult

16	
----	--

Primary Substance at Admission	Adult	Minor
Alcohol	21	
Methamphetamine / Speed	14	
Marijuana/Hashish	2	1
Other Opiates / Synthetics	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	5	
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Alcohol	1	
Heroin	1	
Other Amphetamines	1	
Over-the-Counter Medications		1

Saginaw

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

9447

Total Attendees

759

of Activities

Admitted

Service	Adult	Minor
Outpatient	145	1
Residential	91	
Withdrawal	74	

WSS

Adult Minor

36

MAT

Adult

81

Served

Service	Adult	Minor
Outpatient	678	3
Residential	123	
Withdrawal	86	

WSS

Adult

126

MAT

Adult

207

Primary Substance at Admission	Adult	Minor
Alcohol	124	
Cocaine / Crack	79	
Other Opiates / Synthetics	37	
Methamphetamine / Speed	29	
Heroin	28	
Marijuana/Hashish	22	1
Benzodiazepines	2	

Secondary Substance at Admission	Adult	Minor
Alcohol	39	
Cocaine / Crack	38	
Marijuana/Hashish	30	
(None)	18	1
Other Opiates / Synthetics	16	
Methamphetamine / Speed	14	
Benzodiazepines	10	
Heroin	6	
Other Drugs	3	
Other Amphetamines	2	

Shiawasse

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

2832

Total Attendees

575

of Activities

Admitted

Service	Adult
Outpatient	43
Residential	18
Withdrawal	19

WSS

Adult

7

MAT

Adult

16

Served

Service	Adult
Outpatient	204
Residential	21
Withdrawal	22

WSS

Adult

14

MAT

Adult

33

Primary Substance at Admission	Adult	Minor
Alcohol	48	
Methamphetamine / Speed	15	
Heroin	6	
Other Opiates / Synthetics	5	
Cocaine / Crack	4	
Other Amphetamines	2	
Benzodiazepines	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
(None)	23	
Cocaine / Crack	8	
Marijuana/Hashish	7	
Methamphetamine / Speed	6	
Other Drugs	6	
Alcohol	4	
Heroin	3	
Inhalants	1	
Other Opiates / Synthetics	1	

Tuscola

FY23 Q4

Count of intervention/Prevention programs/activities during the period

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

2475

Total Attendees

238

of Activities

Admitted

Service	Adult
Outpatient	30
Residential	8
Withdrawal	6

WSS

Adult

3

MAT

Adult

8

Served

Service	Adult	Minor
Outpatient	193	1
Residential	13	
Withdrawal	6	

WSS

Adult

24

MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Alcohol	25	
Cocaine / Crack	5	
Other Opiates / Synthetics	5	
Heroin	4	
Methamphetamine / Speed	4	
Marijuana/Hashish	2	
Other Amphetamines	1	

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