MSHN
Mid-State Health Network

Substance Use Disorder (SUD) Oversight Policy Board Meeting

October 16, 2024 ~ 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 October 16, 2024
4) **ACTION ITEM:** Approval of Minutes of August 21, 2024 *(Page 4)*
5) Public Comment
6) Board Chair Report
7) Deputy Director Report *(Page 8)*
8) Chief Financial Officer Report
   A. FY24 PA2 Funding & Expenditures by County *(Page 16)*
   B. FY24 PA2 Use of Funds by County and Provider *(Page 18)*
   C. FY24 SUD Financial Summary Report of August 2024 *(Page 21)*
   D. FY25 Budget Overview
   E. PA2 Overview *(Page 22)*
9) **ACTION ITEM:** FY25 Substance Use Disorder PA2 Contract Listing *(Page 24)*
10) SUD Operating Update *(Page 27)*
    A. Impact of Cannabis Legalization on Youth Following Passage of Proposal 1 in 2018 *(Page 30)*
    B. Medication First White Paper *(Page 32)*

MSHN SUD Oversight Policy 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

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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 FY25 SUD Oversight Policy Board Meetings

December 18, 2024
CMHAM
507 S. Grand Ave
Lansing, MI 48933

February 19, 2025
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

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

11) Other Business

12) Public Comment

13) Board Member Comment

14) Adjournment

MSHN
Mid-State Health Network

FY24 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
Burke	Lori	lori.burke@myconnectedhealth.com		989.217.0412		Shiawassee	2026
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	2027
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	2027
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hemminger	Charlean	chemminger@ioniacounty.org		989.855.5235		Ionia	2025
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	bryank@newaygocountymi.gov		616.780.5751		Newaygo	2027
Kroneck	John	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm	2027
Link	Karen	karenl@huroncmh.org		989.269.1109	989.269.9293	Huron	2026
Luce	Robert	rluce850@gmail.com		989.654.5700		Arenac	2026
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2027
Peters	Justin	comicmonkey1@outlook.com		989.280.1369		Bay	2025
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2027
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2027
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
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2027
Mahar	Charlie	cmahar@greenridge.com		616.205.6435		Montcalm-Alternate	12.31.24
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron-Alternate	2026
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
Smith	Alaynah	asmith@co.midland.mi.us		989.837.6587	989.832.6389	Midland-Alternate	2027
Svetcos	Susan	ssvetcos@gmail.com		989.701.5516		Gladwin-Alternate	2025
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, August 21, 2024, 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 Meeting to order at 4:05 p.m. Mr. Glaser reminded members participating virtually may not participate in or vote on matters before the board. Mr. Glaser welcomed Charlie Mahar as the new member serving as alternate from Montcalm County and Karen Link as the new member from Huron County.

Board Member(s) Present: Irene Cahill (Ingham)-joined at 4:06 p.m., Bruce Caswell (Hillsdale), Steve Glaser (Midland), Charlean Hemminger (Ionia)-joined at 4:06 p.m., John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm)-joined at 4:06 p.m., Karen Link (Huron), Jerrilynn Strong (Mecosta), Kim Thalison (Eaton), Dwight Washington (Clinton), and Ed Woods (Jackson)

Board Member(s) Remote: Nichole Badour (Gratiot), and Jim Moreno (Isabella)

Board Member(s) Absent: Lisa Ashley (Gladwin), Lori Burke (Shiawassee), George Gilmore (Clare), Christina Harrington (Saginaw), Robert Luce (Arenac), Justin Peters (Bay), and David Turner (Osceola)

Alternate Member(s) Present: Charlie Mahar (Montcalm), and Simar Pawar (Ingham)-joined at 4:15 p.m.

Alternate Member(s) Remote: Margery Briggs (Ionia)

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

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Staff Members Remote: Sarah Andreotti (SUD Prevention Administrator), Sherrie Donnelly (Treatment and Recovery Specialist), Kate Flavin (Treatment Administrator), Sarah Surna (Prevention Specialist), Jodie Smith (Data and Grant Coordinator)

2. Roll Call

Mr. Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Steve Glaser, that a quorum was present for Board meeting business.

3. Approval of Agenda for August 21, 2024

Board approval was requested for the Agenda of the August 21, 2024 Regular Business Meeting, as presented.

MOTION BY BRYAN KOLK, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE AUGUST 21, 2024 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 12-0.

4. Approval of Minutes from the June 26, 2024 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the June 26, 2024 Regular Business Meeting.

MOTION BY JERRILYNN STRONG, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE MINUTES OF THE JUNE 26, 2024 MEETING, AS PRESENTED. MOTION CARRIED: 12-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chairperson Steve Glaser introduced Charlie Mahar, recently appointed as the alternate member from Montcalm County and Karen Link, recently appointed as the member from Huron County.

Mr. Glaser called for discussion and approval of the Fiscal Year 2025 Oversight Policy Board meeting calendar as presented.

MOTION BY JOHN HUNTER, SUPPORTED BY JOHN KRONECK, FOR APPROVAL OF THE FISCAL YEAR 2025 SUD OVERSIGHT POLICY BOARD MEETING CALENDAR, AS PRESENTED. MOTION CARRIED: 12-0.

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:

<u>Regional Matters</u>:

- MSHN Impact Report for 2024

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- 25th Annual Substance Use and Co-Occurring Disorder Hybrid Conference
- Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions
- Provider Updates

State of Michigan/Statewide Activities

- Michigan Department of Health and Human Services (MDHHS) Director Hertel visits Detroit Recovery Project to Discuss Nearly $300 Million in FY 2025 Budget to Address Substance Use Disorder (SUD)

Federal/National Activities

- A Look at Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies During the Unwinding of Continuous Enrollment and Beyond

8. Chief Financial Officer Report

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

- FY2024 PA2 Funding and Expenditures by County
- FY2024 PA2 Use of Funds by County and Provider
- FY2024 Substance Use Disorder (SUD) Financial Summary Report as of June 2024

9. Substance Use Disorder PA2 Contract Listing

A. FY24 Substance Use Disorder PA2 Contract Listing

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

MOTION BY IRENE CAHILL, SUPPORTED BY KIM THALISON, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 12-0.

B. FY25 Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY25 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY JOHN KRONECK, SUPPORTED BY JERRILYNN STRONG, FOR APPROVAL OF THE FY25 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 10-1 AND 1 ABSTENTION

DRAFT

10. SUD Operating Update

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

- Team staffing update
- Synar Check Compliance Results
- Peer 360 acknowledgement in article published by Clinical Simulation in Nursing
- Opioid Task Force Treatment Sub-Committee work on Medication First Principles

11. Other Business

There was no other business, however Administration will take into consideration OPB member discussions regarding Marijuana use and the effects on adults and children and changes in trends since legalization as well as the Medication First Principle supported by the Opioid Task Force and include a board development presentation on these topics at a future meeting.

12 Public Comment

There was no public comment.

13. Board Member Comment

Board members shared local stigma reduction and prevention efforts.

14. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:15 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist

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MSHN
Mid-State Health Network

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)
August / September

MSHN/REGIONAL MATTERS

SUD Oversight Policy Board Annual Report

The Substance Use Disorder Oversight Policy Board has responsibility to provide oversight and advisement for SUD treatment and prevention operations. Specifically, the approval of any portion of MSHN's budget containing local funding for SUD treatment or prevention, (i.e., PA2 funds) and advisory role in making recommendations regarding SUD treatment and prevention in their respective counties when funded with non-PA2 dollars.

Annually, MSHN's Boards and Councils provide a report outlining the past year's accomplishments and upcoming goals for the new year. Attached to this report is a draft of the FY2024 SUD OPB Annual report. MSHN is seeking feedback regarding the content as well as recommendations for FY25 goals.

Please submit feedback to amanda.ittner@midstatehealthnetwork.org or sherry.kletke@midstatehealth.org by October 31, 2024.

The final report will be included in the Agency's Quality Assurance and Performance Improvement Annual Effectiveness Report.

Michigan Health Endowment Fund Award Notice

On September 12, 2024, Michigan Health Endowment Fund announced sixty (60) new grant awards totaling over $14.7 million aimed at improving health for Michigan. The majority of the funds fuel new projects through their Behavioral Health and Nutrition & Healthy Lifestyles initiatives. Mid-State Health Network was one of the providers selected to support Behavioral Health initiatives. MSHN submitted a proposal to improve access, quality of care and timeliness of that care by proactively identifying potential health risks using real-time data and predictive models within its day-to-day clinical workflows.

MSHN proposed building and deploying predictive models for improved identification and risk stratification for most at-risk populations. These models will include the following:

- Identify enrollees most likely to become the highest cost in the coming 12 months
- Identify most at-risk enrollees for substance use disorder
- Identify enrollees not diagnosed but most at risk for anxiety/depression

The predictive models' outputs will be produced and provided monthly. They will be intelligently automated to send their outputs directly to respective Community Mental

Health's (CMH's) and MSHN. Recommended next-best actions can be automatically triggered according to MSHN's care guidelines.
Because of the predictive identification of the most at-risk enrollees and the real-time automation, all stakeholders have an exponential return on engagement, leading to proven improvements in service delivery, health outcomes, and return on investment. Short-term value impacts include the following:

- Identify enrollees for intervention who otherwise may have gone unidentified
- Identify enrollees for intervention earlier than previously able
- Higher levels of enrollee engagement, as evidenced by a variety of metrics, including touches, successful contact, new cases opened for care management, etc.

Over the long-term, the ultimate goal is to increase access to care and quality of care while lowering higher cost emergency care.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Michigan Healing and Recovery Fund (State Opioid Settlement Funds)
Pre-paid Inpatient Health Plans (PIHPs) received notice on September 10, from Michigan Department of Health and Human Services (MDHHS), that PIHPs have been approved for funding projects from the Michigan Health and Recovery Fund. The legislature has appropriated $10M, and MDHHS has indicated that it will allocate $1M to each PIHP in the State. The following was distributed as a list of allowable activities and expectations of PIHPs.

Support Infrastructure and Inventory: Appropriations are one-time but comprise several years of settlement payments. Therefore, priority should be given to investments that produce benefits extending beyond the 2025 fiscal year. These investments should facilitate support and service delivery. Considerations for infrastructure support include:

- Real estate purchases, mortgage payments, and improvements for syringe service programs, recovery community organizations, recovery community centers, and recovery residences.
- Infrastructure improvements for treatment providers.
- Vehicle purchases for community-based organizations and providers.
- Anticipatory harm reduction supplies (safer use, wound care, communicable disease testing, and drug checking supplies).
- Advanced mass spectrometry analysis equipment (FTIR) for harm reduction programs.
- Narcan distribution boxes.

Community Engagement and Planning Activities: Regional entities must collaborate with local governments to support community engagement and planning activities, such as those provided by the Technical Assistance Collaborative (TAC). County, municipal, and township governments should be encouraged to engage with their communities and neighboring subdivisions but should be considered autonomous entities that may or may not support regional approaches. Support should be provided rather than prescribed and may include:

- Providing cash incentives (equity) for participation in surveys, focus groups, planning meetings, and other engagement and planning efforts for community members with lived/living experience.
- Providing data and financial information on other PIHP SUD programs.
- Providing Matching/supplemental funds for local government initiatives.
- Providing staff, technical, and facilitation support to local planning groups.

- Providing communication support for the recruitment of planning committee members and subject matter experts, communicating funding opportunities, and communicating spend plans and reports.

Other Contract Component Considerations: PIHPs are required to meet quarterly with MDHHS to coordinate settlement investment efforts.

- Appropriated Healing and Recovery funds are not allowed to supplant other funding.
- PIHPs must follow all MDHHS interpretations of policy impacting the certification and employment of SUD workforce, billing for services, use of restricted funds, and prescribing and administration of medications related to SUD.
- PIHPs are required to submit regular (quarterly) reports on program progress and service delivery data and participate in a formal program evaluation/revision/amendment process with MDHHS.
- PIHPs must prioritize coordination with the TAC and local government associations to review work that has already occurred and utilize these organizations as resources in planning and implementation.
- PIHPs are required to establish clear performance metrics and outcomes for all funded initiatives to ensure accountability and measure success.
- PIHPs are required to develop and implement a sustainability plan for funded programs to ensure long-term benefits beyond the appropriations period.
- PIHPs are required to facilitate regular stakeholder meetings, including community members, providers, and local governments, to discuss progress, challenges, and opportunities for collaboration.
- PIHPs are required to implement a transparent reporting system accessible to the public to enhance accountability and community trust.
- PIHPs are encouraged to support innovative pilot programs that address emerging needs and that can be scaled up based on successful outcomes.
- Contract will be separate because of need to track these funds.

It was noted from MDHHS that the projects are currently in submission and would likely begin yet this calendar year.

MSHN and other PIHPs are in the process of reviewing and providing feedback regarding the requirements and allowable activities. There are also many unanswered questions related to special grant application process including legislative sponsorship and approval.

FEDERAL/NATIONAL ACTIVITIES

Centers for Medicare and Medicaid Services (CMS)

CMS reports that "on September 16, 2024, Michigan submitted a request for a new Medicaid section 1115 demonstration entitled "Reentry Services Demonstration." The demonstration includes a Reentry demonstration that requests coverage for certain pre-release services to eligible individuals who are incarcerated in state prisons, local county jails, and/or juvenile facilities and who are returning to the community. The federal comment period will be open from October 1, 2024 through October 31, 2024." The pending application is available at https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-reentry-services-10012024-pa.pdf while the site to view and submit comments is available at https://1115publiccomments.medicaid.gov/jfe/form/SV_8JsQc4HcO1JioCO.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA recently awarded $68.5 million in grants that support behavioral health education, training and community programs to help address mental health and substance use conditions.

The awards include:

- $15.4 million for the Minority Fellowship Program to recruit, train and support master's and doctoral-level students in behavioral health care professions to address services disparities for racial and ethnic minority populations;
- $11.5 million for Rural Emergency Medical Services (EMS) Training to recruit and train first responders in rural areas on how to provide trauma-informed, recovery-based care for people with substance use disorders (SUD), and co-occurring substance use and mental health disorders (COD), in emergency situations (Michigan awardee: Eastern Huron Ambulance Service, Harbor Beach, $200,000);
- $15.7 million for Assisted Outpatient Treatment (AOT) Program for Individuals with Serious Mental Illness (SMI) for community resources, such as civil courts, community partners, and other entities, to implement programs to support community-based treatment for adults with SMI who meet criteria for AOT (Michigan awardee: Oakland Community Health Network, Troy, $2,164,388);
- $9 million for the Addiction Technology Transfer Centers Cooperative Agreements to develop and strengthen the specialized behavioral health care and primary health care workforce that provides SUD treatment and recovery support services;
- $2.7 million for the National Center of Excellence for Integrated Health Solutions to advance primary and behavioral health care integration by providing high-quality, evidence-informed training and technical assistance to health systems, health care providers and members of the public;
- $2.6 million for the Minority AIDS Initiative: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project to offer behavioral health, HIV treatment and prevention services to underserved populations experiencing unsheltered homelessness;
- $5.4 million for the Minority AIDS Initiative: SUD Prevention and Treatment Pilot Program to provide prevention and treatment services for substance use disorders, HIV, viral hepatitis, and other infectious diseases like sexually transmitted infections;
- $2.4 million for the Garrett Lee Smith (GLS) Campus Suicide Prevention Grant Program to assist colleges and universities in enhancing mental health services for all college students, increasing protective factors that promote mental health, and reducing risk factors for suicide to ultimately reduce suicide attempts and deaths ($2.2 million was awarded earlier in the month for this program) (Michigan awardee: Oakland University, Rochester, $100,181)
- $1.2 million for the National Child Traumatic Stress Initiative - Category III: Community Treatment and Service Centers to increase access to effective trauma- and grief-focused treatment and service systems for children, adolescents and their families, who experience traumatic events;
- $1.6 million for the Syndemic Approach to Prevention to advance equity in health outcomes for racial and ethnic minority communities, especially all Black female identities, including cisgender, transgender, nonbinary and genderqueer/fluid individuals in the South who are experiencing disparities related to HIV/AIDS, viral hepatitis, sexually transmitted infections, substance use and substance use disorders and/or mental health conditions; and
- $1 million for the Certified Community Behavioral Health Clinic (CCBHC) Improvement and Advancement grant program, to support CCBHCs that have been certified by their states or that participated in a previous CCBHC-Expansion award to further expand or improve their CCBHC services.

The entire report is available at https://www.kff.org/medicaid/report/a-look-at-medicaid-and-chip-eligibility-enrollment-and-renewal-policies-during-the-unwinding-of-continuous-enrollment-and-beyond/

SAMHSA has "announced $81.3 million in grant awards, including more than $16 million to support the integration of primary and behavioral health care. The announcement also included more than $24 million to expand capacity of drug treatment courts – a proven model for reducing unnecessary incarceration of individuals with substance use disorder. Additional awards will support Tribal behavioral health, advance prevention science, support communities of recovery, and connect people to care. The $81.3 million in awards includes (Michigan state or entity awardees are noted):

- Promoting the Integration of Primary and Behavioral Health Care: States ($9.2 million) – This program promotes full integration and collaboration in clinical practices between physical and behavioral health care; supports the improvement of integrated care models for physical and behavioral health care to improve overall wellness and physical health status; and promotes the implementation and improvement of bidirectional integrated care services.
- Promoting the Integration of Primary and Behavioral Health Care: Collaborative Care Model ($7.1 million) – The goal of this program is to support implementation of the Collaborative Care Model, an evidence-based, integrated care approach that addresses mental and substance use conditions in primary care settings.
- Expand SUD Treatment Capacity in Adult and Family Treatment Drug Courts ($24.6 million) – The goal of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts.
  - Van Buren County Circuit Court, Paw Paw, $400,000
  - Genesee, County of, Flint, $400,000
  - County of Livingston, Howell, $400,000
  - County of Houghton, Houghton, $379,594
- Building Communities of Recovery ($6.7 million) – This program works to mobilize and connect a broad array of community-based resources to increase the availability and quality of long-term recovery support for persons with substance use disorders and co-occurring substance use and mental disorders.
- Tribal Behavioral Health ($10.2 million) – This program works 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 support youth.
- Screening, Brief Intervention & Referral to Treatment ($9.4 million) – This program implements the screening, brief intervention, and referral to treatment public health model (or SBIRT) for children, adolescents, and/or adults in primary care and community health settings and schools, with a focus on screening for underage drinking, opioid use, and other substance use.
- Prevention Technology Transfer Centers Cooperative Agreements ($8.1 million) – This program works to maintain and enhance the Prevention Technology Transfer Center Network to provide training and technical assistance services to the substance misuse prevention field, including professionals/pre-professionals, organizations, and others in the prevention community who serve and support children, youth, young adults, families, parents, and other adults.
- First Responders – Comprehensive Addition and Recovery Act ($6 million) – This program provides resources to support first responders with training, administering, and distributing naloxone and other Food and Drug Administration (FDA)-approved overdose reversal medications or devices.

Additional information is available at https://www.samhsa.gov/newsroom/press-announcements/20240829.

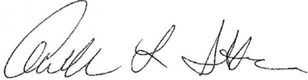
National Institute of Health (NIH)

NIH has "announced a new research program on addiction to combat the drug crisis and its disproportionate impact on indigenous people. The federal government is launching an initiative specifically meant to bolster research into addiction and overdose within native communities. NIH is effectively

handing over the reins by providing funding and infrastructure for communities to steer the research themselves. The program is being run jointly by NIDA, the National Institute of Neurological Disorders and Stroke, and the National Center for Advancing Translational Sciences. It draws its funding from the HEAL Initiative, a long-running NIH program meant to address the drug crisis and develop non-opioid painkillers. The multi-phase project will focus on both pain treatment and substance use. Its main goals are twofold: First, bolstering research capacity within native communities, and second, using the data to aid in local public health decision-making. The new research undertaking is slated to run for seven years, with the first two years dedicated to support projects as they plan and develop new research and data-collection mechanisms. The agency said in a press release that the full planned expenditure of $268 million is pending the availability of funds."

Additional information is available at a STAT Health article available at https://www.statnews.com.

Submitted by:



Amanda L. Ittner

Finalized: 10.3.24

Attachments:

FY24 SUD OPB Annual Report

MSHN
Mid-State Health Network

ANNUAL REPORT

TEAM NAME: SUD Oversight Policy Board

TEAM LEADER: Chairman Steve Glaser, SUD Board Member

REPORT PERIOD COVERED: 10.1.23 – 9.30.24

Purpose of the Board: The Mid-State Health Network (MSHN) Substance Use Disorder (SUD) Oversight Policy Board (OPB) was developed in accordance with Public Act 500 of 2012, Section 287 (5). This law obliged MSHN to "establish a substance use disorder oversight policy board through a contractual agreement between [MSHN] and each of the counties served by the community mental health services program." MSHN/s twenty-one (21) counties each have representation on the OPB, with a designee chosen from that county. The primary decision-making role for the OPB is as follows:

- Approval of any portion of MSHN's budget containing local funding for SUD treatment or prevention, i.e. PA2 funds
- Has an advisory role in making recommendations regarding SUD treatment and prevention in their respective counties when funded with non-PA2 dollars.

Annual Evaluation Process:

a. Past Year's Accomplishments:
- Received updates and presentations on the following:
  - MSHN SUD Strategic Plan
  - MSHN SUD Prevention & Treatment Services
- Approval of Public Act 2 Funding for FY24 & related contracts
- Approved use of PA2 funds for prevention and treatment services in each county
- Received presentation on FY24 Budget Overview
- Received PA2 Funding reports – receipts & expenditures by County
- Received Quarterly Reports on Prevention and Treatment Goals and Progress
- Received Financial Status Reports on all funding sources of SUD Revenue and Expenses
- Provided advisory input to the MSHN Board of Directors regarding the overall agency strategic plan and SUD budget
- Received written updates from Deputy Director including state and federal activities related to SUD
- Shared prevention and treatment strategies within region
- Received information and education on opioid settlement and strategies
- Approved the Intergovernmental Agreement contract language between MSHN and the twenty-one (21) counties in the region
- Assisted with obtaining county signatures for the Intergovernmental Agreement renewal for a three-year period
- Received presentation on Opioid Health Homes
- Received presentation on Narcan Training and Harm Reduction

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b. Upcoming Goals for FY25 ending, September 30, 2025:
- Approve use of PA2 funds for prevention and treatment services in each county
- Improve communications with MSHN Leadership, Board Members and local coalitions
- Orient new SUD OPB members as reappointments occur

- Increase communication with local counties and coalitions regarding use of state and local opioid settlement funding
- Monitor SUD spending to ensure it occurs consistent with PA 500

Mid-State Health Network
FY2024 PA2 Funding Summary by County

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	49,276	3,992	02.05.24	10,522	05.06.24	12,408	08.05.24	38,688	26,923	76,199
Bay	487,417	22,423	02.15.24	59,100	05.09.24	69,692	08.08.24	225,618	151,214	638,631
Clare	168,296	6,130	02.12.24	16,156	05.20.24	19,052	08.22.24	61,418	41,337	209,634
Clinton	475,972	14,548	02.09.24	38,345	05.10.24	45,217	08.09.24	143,218	98,110	574,082
Eaton	473,491	26,662	02.26.24	70,274	05.24.24	82,869	08.26.24	272,110	179,806	653,297
Gladwin	85,372	4,180	02.16.24	11,017	05.20.24	12,992	08.19.24	38,875	28,189	113,561
Gratiot	61,854	5,024	02.09.24	13,242	05.03.24	15,615	08.02.24	50,537	33,881	95,735
Hillsdale	187,011	5,996	02.05.24	15,803	05.03.24	18,635	07.31.24	59,966	40,434	227,445
Huron	129,124	7,986	02.08.24	21,048	05.20.24	24,821	08.05.24	82,176	53,855	182,979
Ingham	1,316,833	78,708	02.16.24	207,450	05.28.24	244,629	08.26.24	792,322	530,787	1,847,620
Ionia	293,160	8,486	02.20.24	22,366	05.15.24	26,374	08.19.24	86,379	57,226	350,386
Isabella	277,583	14,589	03.11.24	38,452	05.20.24	45,343	08.12.24	146,746	98,383	375,966
Jackson	639,760	36,604	02.12.24	96,477	05.06.24	113,767	08.05.24	368,480	246,848	886,608
Mecosta	215,325	9,854	02.05.24	25,972	05.06.24	30,627	08.12.24	100,743	66,454	281,778
Midland	426,313	18,579	02.09.24	48,968	05.10.24	57,744	08.09.24	187,807	125,291	551,604
Montcalm	275,754	11,171	02.29.24	29,443	05.31.24	34,720	08.29.24	111,112	75,333	351,087
Newaygo	175,935	9,130	02.29.24	24,065	06.14.24	28,378	08.30.24	91,576	61,574	237,509
Osceola	76,009	4,059	02.12.24	10,698	05.13.24	12,616	08.12.24	41,306	27,373	103,383
Saginaw	1,214,574	52,206	02.13.24	137,600	05.09.24	162,260	08.20.24	530,323	352,066	1,566,640
Shiawassee	240,194	11,198	02.05.24	29,516	05.06.24	34,806	08.05.24	111,870	75,520	315,713
Tuscola	116,215	6,358	02.06.24	16,758	05.24.24	19,762	08.09.24	65,669	42,879	159,094
	$ 7,385,468	$ 357,884		$ 943,272		$ 1,112,326		$ 3,606,939	$ 2,413,482	$ 9,798,949

Mid-State Health Network
FY2024 PA2 Expenditure Summary by County

County	PA2 Balance Available for Expenses	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	YTD Payments	Ending PA2 Fund Balance
Arenac	76,199	1,346	1,587	1,591	2,892	2,391	2,990	22,863	$ 53,336
Bay	638,631	11,651	16,528	25,225	28,403	27,486	50,456	227,573	$ 411,058
Clare	209,634	8,073	8,709	6,504	6,241	8,525	9,080	91,653	$ 117,981
Clinton	574,082	10,025	2,362	8,556	4,471	2,224	9,466	89,286	$ 484,796
Eaton	653,297	41,938	31,952	31,734	35,906	38,555	29,492	334,153	$ 319,144
Gladwin	113,561	4,836	4,124	4,754	5,331	4,666	5,253	52,325	$ 61,236
Gratiot	95,735	2,245	2,015	2,797	2,485	2,794	3,149	27,543	$ 68,191
Hillsdale	227,445	7,088	-	5,996	10,727	10,257	6,056	81,266	$ 146,178
Huron	182,979	4,324	5,103	4,595	5,914	4,847	9,389	57,003	$ 125,976
Ingham	1,847,620	56,999	40,668	41,880	56,836	41,403	44,712	617,216	$ 1,230,404
Ionia	350,386	13,729	7,352	8,182	14,132	3,862	10,592	103,528	$ 246,858
Isabella	375,966	13,309	13,789	14,719	17,342	17,607	19,309	161,317	$ 214,649
Jackson	886,608	32,587	31,188	38,880	33,072	50,462	52,489	400,553	$ 486,055
Mecosta	281,778	10,847	12,004	12,689	12,031	12,982	9,902	123,054	$ 158,724
Midland	551,604	22,085	27,646	32,160	29,007	24,666	19,130	255,304	$ 296,300
Montcalm	351,087	-	12,053	-	-	-	-	17,747	$ 333,340
Newaygo	237,509	6,312	7,944	4,918	6,352	6,672	4,384	96,799	$ 140,710
Osceola	103,383	3,718	2,239	2,639	2,821	2,585	5,021	39,540	$ 63,843
Saginaw	1,566,640	60,262	46,568	44,508	45,727	37,739	70,966	605,708	$ 960,932
Shiawassee	315,713	11,023	14,189	9,052	19,369	7,940	13,952	125,923	$ 189,790
Tuscola	159,094	9,112	4,984	3,723	4,792	3,928	6,080	81,478	$ 77,616
	$ 9,798,949	$ 331,510	$ 293,004	$ 305,101	$ 343,852	$ 311,590	$ 381,867	3,611,832	$ 6,187,117

Mid-State Health Network

Summary of PA2 Use of Funds by County and Provider

October 1, 2023 through August 31, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac					
Peer 360 Recovery				10,899	10,899
Sterling Area Health Center			3,200		3,200
Ten Sixteen Recovery		8,764			8,764
Arenac Total		**8,764**	**3,200**	**10,899**	**22,863**
Bay					
Boys and Girls Club Bay Region			38,020		38,020
McLaren Prevention Services			49,063		49,063
Peer 360 Recovery				55,664	55,664
Sacred Heart Rehabilitation			17,402		17,402
Sterling Area Health Center			37,997		37,997
Ten Sixteen Recovery		14,761		14,666	29,427
Bay Total		**14,761**	**142,482**	**70,330**	**227,573**
Clare					
Ten Sixteen Recovery		2,059	37,444	52,150	91,653
Clare Total		**2,059**	**37,444**	**52,150**	**91,653**
Clinton					
Eaton Regional Education Service Agency			77,042		77,042
St. John's Police Department			7,244		7,244
State of Michigan MRS	5,000				5,000
Clinton Total	**5,000**		**84,286**		**89,286**
Eaton					
Eaton Regional Education Service Agency			95,763		95,763
State of Michigan MRS	5,000				5,000
Wellness, InX		71,622		161,767	233,389
Eaton Total	**5,000**	**71,622**	**95,763**	**161,767**	**334,153**
Gladwin					
Ten Sixteen Recovery		6,076	23,488	22,761	52,325
Gladwin Total		**6,076**	**23,488**	**22,761**	**52,325**
Gratiot					
Gratiot County Child Advocacy Association			21,203		21,203
Ten Sixteen Recovery		6,340			6,340
Gratiot Total		**6,340**	**21,203**		**27,543**
Hillsdale					
LifeWays Community Mental Health Authority			81,266		81,266
Hillsdale Total			**81,266**		**81,266**
Huron					
Huron County Health Department			1,885		1,885
Peer 360 Recovery				55,118	55,118
Huron Total			**1,885**	**55,118**	**57,003**
Ingham					
Child and Family Charities			47,095		47,095
Cristo Rey Community Center			66,462		66,462
Eaton Regional Education Service Agency			54,011		54,011
Ingham County Health Department			46,832		46,832
Lansing Syringe Access, Inc				70,509	70,509
Prevention Network			9,670		9,670
Punks With Lunch Lansing				21,298	21,298
State of Michigan MRS	15,000				15,000
Wellness, InX		223,211		63,129	286,340
Ingham Total	**15,000**	**223,211**	**224,070**	**154,936**	**617,216**

Mid-State Health Network

Summary of PA2 Use of Funds by County and Provider

October 1, 2023 through August 31, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Ionia					
County of Ionia			103,528		103,528
Ionia Total			**103,528**		**103,528**
Isabella					
Peer 360 Recovery				41,185	41,185
Ten Sixteen Recovery		8,989	13,105	98,038	120,132
Isabella Total		**8,989**	**13,105**	**139,223**	**161,317**
Jackson					
Big Brothers Big Sisters of Jackson County, Inc			15,472		15,472
Family Service and Childrens Aid (Born Free)			261,019		261,019
Henry Ford Allegiance			1,667		1,667
Home of New Vision				122,394	122,394
Jackson Total			**278,159**	**122,394**	**400,553**
Mecosta					
Ten Sixteen Recovery		17,794	37,045	68,215	123,054
Mecosta Total		**17,794**	**37,045**	**68,215**	**123,054**
Midland					
Peer 360 Recovery				61,974	61,974
Ten Sixteen Recovery		42,662		20,063	62,725
The Legacy Center for Community Success			130,605		130,605
Midland Total		**42,662**	**130,605**	**82,037**	**255,304**
Montcalm					
Mid-Michigan District Health Department			6,599	11,148	17,747
Montcalm Total			**6,599**	**11,148**	**17,747**
Newaygo					
Arbor Circle			70,104		70,104
District Health Department No. 10			1,652		1,652
Randy's House of Greenville, Inc.				25,043	25,043
Newaygo Total			**71,756**	**25,043**	**96,799**
Osceola					
Ten Sixteen Recovery		17,162	22,378		39,540
Osceola Total		**17,162**	**22,378**		**39,540**
Saginaw					
First Ward Community Service			95,761		95,761
Parishioners on Patrol			5,000		5,000
Peer 360 Recovery				81,526	81,526
Sacred Heart Rehabilitation			38,565		38,565
Saginaw County Youth Protection Council			136,617		136,617
Saginaw Police Department			12,929		12,929
Ten Sixteen Recovery				101,078	101,078
Women of Colors			134,232		134,232
Saginaw Total			**423,104**	**182,604**	**605,708**
Shiawassee					
Catholic Charities of Shiawassee and Genesee			20,848		20,848
Peer 360 Recovery				90,319	90,319
Shiawassee County			9,757		9,757
State of Michigan MRS	5,000				5,000
Shiawassee Total	**5,000**		**30,604**	**90,319**	**125,923**

Mid-State Health Network

Summary of PA2 Use of Funds by County and Provider

October 1, 2023 through August 31, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Tuscola					
List Psychological Services			37,000		37,000
Peer 360 Recovery				44,478	44,478
Tuscola Total			**37,000**	**44,478**	**81,478**
Grand Total	**30,000**	**419,440**	**1,868,971**	**1,293,421**	**3,611,832**

Mid-State Health Network
Summary of SUD Revenue and Expenses as of August 2024 (91.7% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	8,201,285.77	10,104,562.00	1,903,276.23	81.16%
SOR and Other Grants	3,028,644.07	5,947,078.00	2,918,433.93	50.93%
Medicaid	17,212,983.24	19,048,614.18	1,835,630.94	90.36%
Healthy Michigan	25,886,366.58	28,215,956.16	2,329,589.58	91.74%
PA2	3,611,832.18	4,813,170.00	1,201,337.82	75.04%
Totals	57,941,111.84	68,129,380.34	10,188,268.50	85.05%
Direct Expenses				
Block Grant	8,201,285.77	10,104,562.00	1,903,276.23	81.16%
SOR and Other Grants	3,028,644.07	5,947,078.00	2,918,433.93	50.93%
Medicaid	14,977,490.04	18,874,740.00	3,897,249.96	79.35%
Healthy Michigan	26,105,932.24	32,000,000.00	5,894,067.76	81.58%
PA2	3,611,832.18	4,813,170.00	1,201,337.82	75.04%
Totals	55,925,184.30	71,739,550.00	15,814,365.70	77.96%
Surplus / (Deficit)	2,015,927.54			

Surplus / (Deficit) by Funding Source	
Block Grant	-
SOR Grants	-
Medicaid	2,235,493.20
Healthy Michigan	(219,565.66)
PA2	-
Totals	2,015,927.54

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.

PA 2 FUNDING OVERVIEW

Background

During the August 21, 2024, Oversight Policy Board (OPB) meeting, questions were raised related to the methodology or procedure for allocating PA 2 dollars to each county within the MSHN region. MSHN informed the SUD OPB that funds are allocated based on a combination of resources and utilization of PA2 as last resort. In FY2018, MSHN presented to the OPB PA2 reserve options as identified below. At that time, the OPB decided the process of allocating PA2 would be best determined by administration, allowing the most flexibility, ensuring the most appropriate fund source was utilized, and ensuring sufficient reserve balances for each county.

Reserve Options Presented for Considered in FY 2018

MSHN considered four potential PA2 reserve methodology options:

- Average PA2 expenditures prior three fiscal years (FY) – this option does not allow a sufficient margin for continued funding. In other words, the calculated reserve amounts would only be sufficient to cover one year of anticipated expenditures with no funds available for additional request.
- Average PA2 expenditures prior two fiscal years – outcome is the same as the option above
- 40% of Prior Fiscal Year-end PA2 balance – this option covers close to 1.3 years of projected expenses from FY 15-17 divided by the projected FY 18 balance.
- 50% of Prior Fiscal Year-end PA2 balance – this option covers close to 1.5 years of projected expenses based on the average expenses from FY 15-17 divided by the projected FY 18 balance.

Current Funding Methodology

Funding allocations are done annually based on various factors such as anticipated PA2 receipts, PA2 balances by county, anticipated block grant receipts, and provider specific budgets. MSHN receives an allocation of block grant funding for regional operations for prevention and treatment services. Unlike PA2, these funds are not county specific. When allocating funds, the goal is to maximize block grant as this source of funding is not allowed to carry forward from year to year. Because block grant is not county specific, PA2 receipts and balances are also considered to meet needs of the county. PA2 funds are allowed to carry forward from year to year.

More PA2 is allocated to counties with higher number of prevention activities to stay within the anticipated block grant allocation for prevention services.

The current practice of allocating PA2 funding is performed by MSHN Finance and Clinical staff.

Challenges With PA 2 Funding Usage

1. Grant opportunities change in availability and amount from year to year. For instance, in FY24, MSHN received SOR, ARPA, COVID, and Gambling Disorder (GD) grants from MDHHS. In FY25, MSHN will only be receiving SOR, ARPA, and GD. MSHN's FY25 SOR funding was reduced by $1.5 million in comparison to the FY23 amount, and MDHHS did not approve any additional ARPA funds to offset the reduction, holding our allocation steady at $450,000. Grants have specific funding priority areas and guidelines for usage proscribed by SAMHSA or MDHHS. Not all treatment and prevention activities covered by PA 2 dollars are eligible for grant funding within the proscribed priority areas.
2. PA 2 balances may decrease more quickly as less grant offsets become available and tax collections may be negatively impacted as individuals opt for legalized marijuana.

Support Actions Taken by MSHN:

1. Advocated for MDHHS to support a more formulaic method of funds disbursement with grants like they do with Medicaid/HMP. At present they typically divide funds evenly between the PIHPs or just randomly with each PIHP getting different amounts. With MSHN supporting the second largest Medicaid eligible population in the State - this methodology does not provide adequate funding to support the needs of the region.
2. Advocated for a Marijuana Tax similar to PA2 to offset the reduction in PA2 we are seeing, as well as to provide adequate funds to support the increased needs for prevention and treatment activities.
3. Advocated for a larger and more consistent allocation of opioid settlement funds to the PIHPs, without restrictions, so it can be utilized for general block grant. At present, MDHHS has implemented several RFPs for SUD items like transportation, recovery housing, provider infrastructure, jail-based MAT, and coming soon, for Quick Response Teams (QRTs). While these are all good initiatives, MDHHS has not looked at the funding that will be needed by the PIHPs to sustain these activities after the initial capacity building RFPs are completed. Many of these initiatives are funded by SUD Block Grant, which MDHHS has not increased since the 38% reduction MSHN experienced in FY21.
4. Collaborated between city/county/township local governments and MSHN related to needed services in MSHN regional counties that local opioid settlement funds could be utilized to support with present limitations of funding. MSHN is working with Michigan Association of Counties (MAC) to provide technical assistance and guidance on the public behavioral health system and provide feedback and data, as requested.

Mid-State Health Network

FY2025 PA2 Funding Recommendations by Provider

October 2024 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			
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	95,116	96,116	96,116
LifeWays			
List Psychological Services Total			
McLaren Prevention Services Total			
Mid-Michigan District Health Department Total			
Parishioners on Patrol Total			
Peer 360 Recovery Total			
Prevention Network Total			
Punks with Lunch			
Randy's House			
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			
Ten Sixteen Recovery Network Total			
The Legacy Center Total			
Wellness, Inx Total			
Women of Colors Total			
GRAND TOTAL	**95,116**	**96,116**	**96,116**

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

Mid-State Health Network
FY2025 PA2 Funding Recommendations by County

County	Projected Beginning Reserve Balance	Projected FY2025 Treasury Revenue	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Projected Ending Reserve Balance
Arenac	54,672	44,780	57,575	-	41,877
Bay	402,695	232,767	383,850	-	251,612
Clare	109,439	64,373	86,675	-	87,137
Clinton	471,531	149,877	140,947	-	480,461
Eaton	448,560	276,447	299,889	-	425,118
Gladwin	63,247	43,802	47,100	-	59,949
Gratiot	80,721	54,584	78,300	-	57,005
Hillsdale	162,203	65,929	149,949	-	78,183
Huron	124,630	81,262	115,605	-	90,287
Ingham	1,229,310	804,327	856,805	96,116	1,080,716
Ionia	238,919	89,500	205,881	-	122,538
Isabella	237,829	148,318	187,989	-	198,158
Jackson	491,259	383,154	482,786	-	391,627
Mecosta	162,568	102,596	148,000	-	117,164
Midland	339,120	190,134	302,535	-	226,719
Montcalm	193,458	118,381	191,713	-	120,126
Newaygo	134,317	97,316	134,422	-	97,211
Osceola	70,315	39,687	64,100	-	45,902
Saginaw	869,349	552,253	661,220	-	760,382
Shiawassee	195,446	116,044	177,955	-	133,535
Tuscola	97,884	67,516	90,756	-	74,644
Total	$ 6,177,472	$ 3,723,047	$ 4,864,052	$ 96,116	$ 4,940,351

Mid-State Health Network
Comparison of FY2024 and FY2025 PA2 by County and Provider

County	Provider		FY2024 OPB Approved PA2 Provider Funding	FY2025 MSHN Funding Recommendations October	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2025 Requests
Ingham							
	Lansing Syringe Services				Renewal		Harm Reduction funds to support Lansing Syringe Services with staffing, supplies, and materials; Request submitted after timeline requested
		PA2	95,702	96,116			
		Grants	-	-			
		Total	**95,702**	**96,116**			
	County Total		**95,702**	**96,116**			
Ionia							
	Ionia County Health Department				Renewal		Prevention: Too Good for Drugs; Teen Intervene; TIPS Training; Alcohol Vendor Education; host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Driver Education Prevention Education; MiPHY data collection; Opioid Community Prevention Presentations; Community Events.
		PA2	140,620	205,881			Reduced FY25 PA2 by 20,000
		Grants	15,000	35,000			Increased FY25 Grants by 20,000
		Total	**155,620**	**240,881**			
	County Total		**155,620**	**240,881**			
Grand Total			**251,322**	**336,997**			

*New Provider / Renewal Contract:
New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2024

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

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

MSHN
Mid-State Health Network

OPB Operational Report
October 2024

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

- Continued our streaming TV commercial media campaign for problem gambling. The video ran through the end of September. Currently researching options for an FY25 campaign.
- Participated in planning for upcoming anti-stigma media campaign and discussions with media team from Redhead Studio and Ourspace 517.
- Hosted a Train the Trainer opportunity for 13 provider staff to learn to implement the Wellness Initiative for Senior Education (WISE) program to increase programming for the Older Adult (55+) population.
- Funded a Train the Trainer opportunity for 25 provider staff for Too Good for Drugs and Too Good for Violence evidence-based programs. This training was hosted by Gratiot Child Advocacy Center.
- Worked with QAPI Department on planning FY25 Desk Audit process and schedule.
- Finalized details on provider staff supervision meetings to be held monthly with provider staff that do not have MCBAP Prevention certified supervisors in-house, which is an MDHHS requirement.
- Prepared providers for year-end data closeout in the Michigan Prevention Data System (MPDS).
- Planned for new MPDS program coming in FY25. This will require temporary procedures for collecting data until MDHHS is ready for the program to go live. Training and testing will happen during the month of October for PIHP and provider staff.
- Updated Year End Outcomes reporting template to encourage more detailed reporting for FY24.
- MSHN Prevention staff and many provider staff attended the 25th Annual Michigan SUD and Co-Occurring Conference on September 15 and 16.
- Continued working with coalitions and providers to offer guidance and technical assistance in the SOR OEND Mini Grant activities and expenditures, while encouraging engagement with county Opioid Settlement committees.
- Continued participation in MDHHS workgroup for Prevention requirement planning after the CAIT (Prevention) license is discontinued by LARA at an undetermined date in the near future
- Continued participation in the MDHHS Older Adult Prevention workgroup.
- Inter-regional coordination ongoing through Prevention Coordinators around the state.
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS
- Attending coalition meetings across Region 5's 21 counties.
- Continued implementation of FY24-26 SUD Strategic Plan.

Treatment

- MSHN Team Update: Rebecca Emmenecker will be retiring as of 10-4-24. Treatment team is hiring to fill her position and the one vacated by Kate Flavin with her promotion to Treatment Administrator in July 2024.

- Supported quarterly SUD Provider Meeting on September 19, 2024 from 12-2pm (virtual).
- 168 SUD provider staff attended the Seeking Safety Training hosted virtually by MSHN on August 27, 2024 with Lisa Najavits.
- MSHN supported 156 SUD provider network staff to attend the 25th annual MDHHS SUD and Co-occurring Conference on September 15-17, 2024.
- Supported Peer Recovery Coaching conference on August 20, 2024 for 24 peers in Mt. Pleasant as planned and coordinated with MSHN regional Recovery Workgroup members.
- Planning, training, and implementation of new MSHN Access Team to support screening and level of care determinations for individuals seeking SUD withdrawal management, residential, and recovery housing for the region in FY25. "Soft" launch began 10-1-24, with a full implementation planned for 11-1-24.
- Supported Recovery Pathways to implement adolescent ASAM 1.0 LOC services in Gladwin, Mt. Pleasant, and Midland.
- Engaging with Michigan Association of Counties (MAC) to discuss status and collaboration with counties for Opioid Settlement Funds activities.
- Support quarterly SUD MDHHS EGRAMs reporting for October 2024 for FY24-Q4.
- Participation in MDHHS ASAM Criteria 4th Edition Workgroup to update treatment policies and ASAM designations to new/revised standards. Attended ASAM Criteria 4th edition 2-day training with Train for Change hosted by MDHHS on August 6-7, 2024.
- Planning for ASAM Criteria 4th Edition revisions and roll out in Region 5, including ASAM Criteria trainings for SUD providers in the summer of FY25.
- Planning for implementation of MDHHS Recovery Incentive Pilot for FY25. MDHHS has chosen Lifeways – Jackson as the phase 1 provider for the MSHN region.
- Coordinate and support monthly Lunch & Learn series to support SUD provider network in FY24 with sessions provided by SUD Clinical, Utilization Management, QAPI, Quality, Customer Service & Recipient Rights, and Veteran Navigator. Schedule, topics, and links to sessions available in the weekly constant contact newsletter. Sessions that were recorded can also be found on the MSHN website. Began planning for FY25 Lunch & Learn sessions.
- Support Equity Upstream Learning Collaborative partners with DEI action plan implementation in FY25.
- 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. Mt. Pleasant residential location has an anticipated implementation of October/November 2024.
- Continued support for value-based pilot for Project ASSERT with two regional providers and exploration of possible future VBP initiatives for FY25.
- MDHHS will be expanding the Opioid Health Home benefit in FY25 to include not just opioids, but also stimulant and alcohol use disorders and becoming known as SUD Health Homes. Currently the SUD Health Home locations in the MSHN region have the following enrolled in services: 1) VCS – Saginaw: 204, 2) VCS – Jackson: 69, 3) VCS – Lansing: 53, 4) Recovery Pathways – Essexville: 26, & 5) MidMichigan Community Health Services: 20. MSHN region has a total of 372 beneficiaries enrolled in the SUD Health Homes.
- Harm Reduction Vending Machines currently approved for Arenac, Bay, Eaton, Hillsdale, Ingham, Tuscola, Ionia, Jackson, and Gratiot counties with SOR grant funds. Please note, more harm reduction vending machines are available in region 5 through the SUD Prevention Coalition requests and through other fund sources as well.
- 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 August - October:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above.
- Ongoing coordination with statewide SUDS Directors & development of consensus as SUD content experts, e.g., opioid settlement fund support and direction to counties, etc.
- Ongoing support for provider best practices like group size in residential settings, etc.
- MSHN's *Equity Upstream*'s Learning Collaborative (LC) finalized action plans to reduce overdose deaths in the communities they serve.
- MSHN selected Redhead Creative & Ourspace Creative Consultancy to develop a media campaign focused on reducing SUD stigma in communities where overdose death rates are highest. They are in the process of setting up focus groups this month.
- Meetings with Opioid Task Force Treatment Workgroup and development of Medication-First Principles White Paper (in packet).
- Development of document on cannabis and youth use following decriminalization for recreational use, for review by OPB and others.
- Multiple interviews for open Treatment Specialist position on SUD Clinical Team.
- Team attended SUD & COD annual conference in September.

Impact of Cannabis Legalization on Youth
Following passage of Proposal 1 in 2018

Sarah Surna, MSSA, MPH, Prevention Specialist
Dani Meier, PhD, LMSW, MA, Chief Clinical Officer

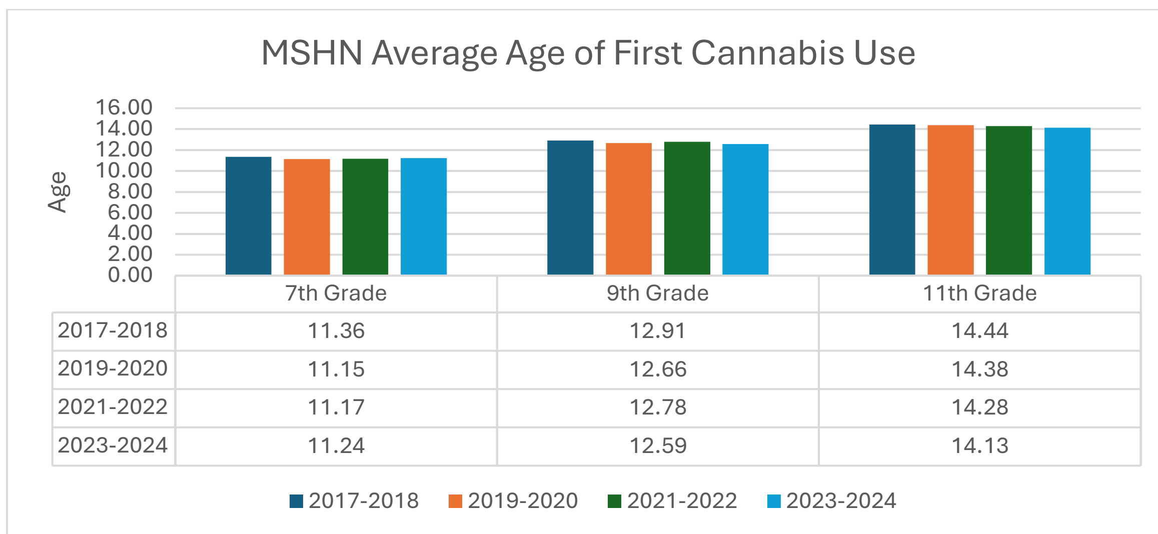
With the passage of Proposal 1 in 2018 decriminalizing recreational cannabis use in Michigan, many of us in the Substance Use Disorder (SUD) prevention, treatment and recovery community were concerned that this would increase youth access and use of cannabis products. Michigan has become the second-largest cannabis market in the country after California which has created an oversupply of cannabis product in Michigan, leading to lower prices (DFP) which makes cannabis more accessible to Michigan residents. This is particularly concerning for youth because of the known impacts of cannabis on brain development which continues until around age 25 (CDC).

A primary source for data on youth health risk behaviors is the Michigan Profile for Healthy Youth (MiPHY). It provides school building and district level reports on health risk behaviors, reported anonymously by students in grades 7, 9 and 11 on topics like substance use, violence, physical activity, nutrition, emotional health and sexual behavior. The survey also identifies risk and protective factors most predictive of these health risk behaviors. The MiPHY asks multiple questions regarding cannabis, but of special interest are age of first use, past 30-day use, and parental disapproval (i.e., where students report if they thought their parents would think the student using cannabis would be considered “wrong” or “very wrong”).

Somewhat counter-intuitively, Region 5 MiPHY data does not show significant changes for youth in the years since legalization of recreational marijuana.

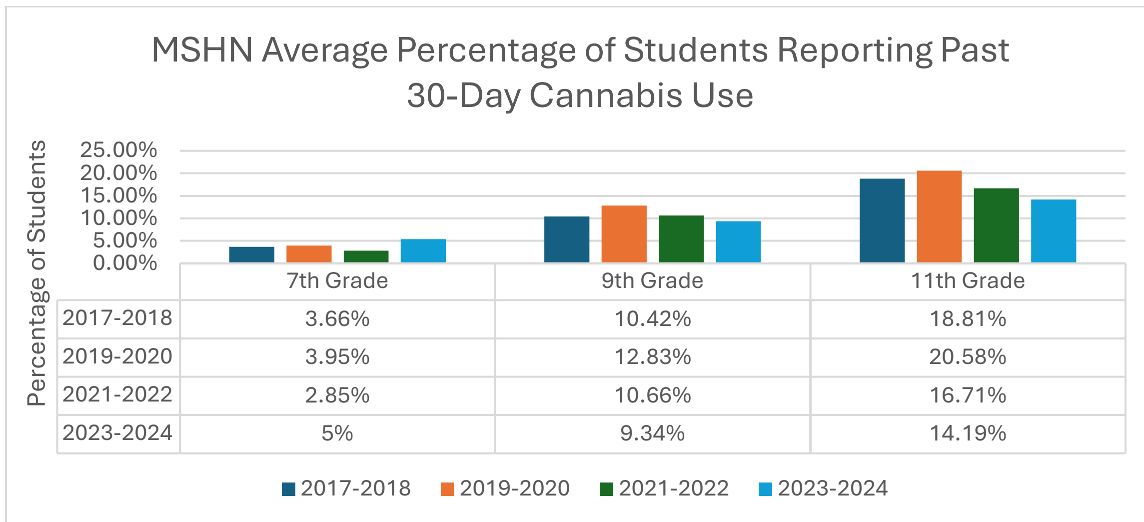
The graphs below were created for each of these questions and display region-wide averages for the 2017-2018, 2019-2020, 2021-2022, and 2023-2024 MiPHY cycles.

Age of First Use has remained very consistent across MiPHY cycles.



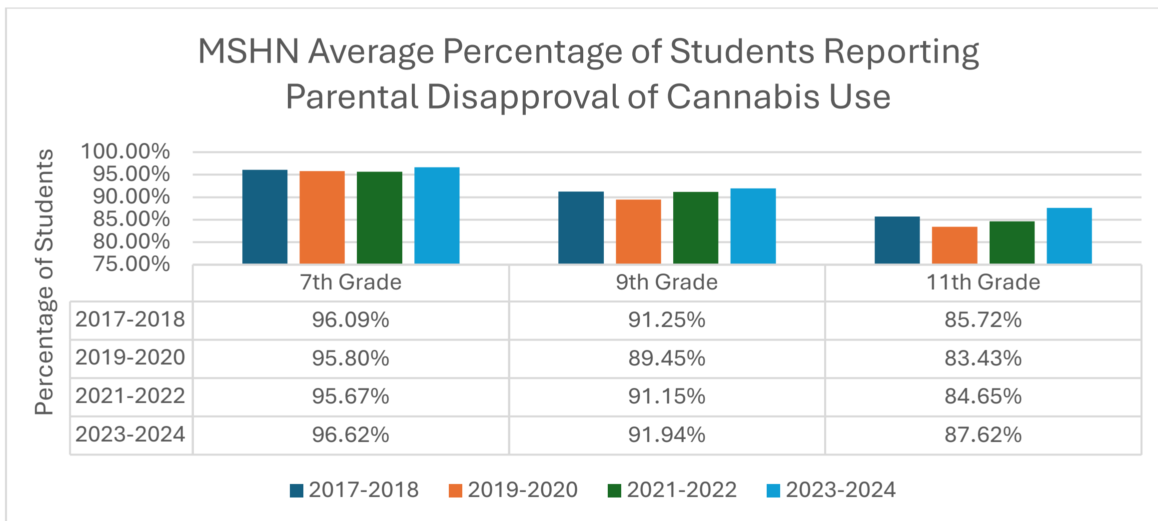
	7th Grade	9th Grade	11th Grade
2017-2018	11.36	12.91	14.44
2019-2020	11.15	12.66	14.38
2021-2022	11.17	12.78	14.28
2023-2024	11.24	12.59	14.13

Past 30-day Use has decreased for 9th and 11th grade students but rose slightly for 7th graders.



	7th Grade	9th Grade	11th Grade
2017-2018	3.66%	10.42%	18.81%
2019-2020	3.95%	12.83%	20.58%
2021-2022	2.85%	10.66%	16.71%
2023-2024	5%	9.34%	14.19%

Parental disapproval is steady for 7th graders and 9th graders and increased for 11th graders.



	7th Grade	9th Grade	11th Grade
2017-2018	96.09%	91.25%	85.72%
2019-2020	95.80%	89.45%	83.43%
2021-2022	95.67%	91.15%	84.65%
2023-2024	96.62%	91.94%	87.62%

At the state level, the University of Michigan's Injury Prevention Center released a 2020 report using Michigan data which noted that young adults (ages 18-25) reported the highest usage of cannabis, and also showed some of the largest increases in use, but those increases in use started after the legalization of medical cannabis back in 2008, not just after adult use legalization. Furthermore, 18–25-year-olds report the lowest amount of perceived risk related to cannabis use, and perceived risk as a whole has decreased. The report also notes that death and hospitalization due to cannabis poisoning is extremely rare since 2018 despite the potency of cannabis today far exceeding marijuana from past decades (UM Injury Prevention Center).

Further study is needed among adults regarding cannabis use. Serious adverse health events due to poisoning fortunately remain rare, and among youth, use and attitude trends have not changed much since 2018. Other data indicate that perceived risks have decreased among young adults. However, as cannabis remains easy to access within the state, these trends may change in the coming years, and it will be important to review and respond to new data as it becomes available.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani Meier@midstatehealthnetwork.org

Adopting Low-Barrier Access to Medication for Opioid Use Disorder (MOUD) Treatment To reduce Overdose Deaths in Michigan

Background:

In 2023, the U.S. lost 107,543 Americans[1] to the opioid overdose epidemic, 2,826 of which were our family, friends, and neighbors here in Michigan.[2] The gold standard of care for people addicted to opioids is Medication for Opioid Use Disorder (MOUD) which is associated with a mortality reduction of approximately 50 percent among people with an opioid addiction.[3]

Broad access to these medications has been stymied, however, by stigma towards substance misuse among healthcare professionals (including perceptions of addiction as a choice and a moral lapse), and a lack of understanding that relapse is part of the disease of addiction. Compounding these barriers, longstanding federal and state guidelines designed to influence and restrict the behavior of patients with an opioid use disorder (OUD) have pushed providers to limit or discontinue medication if a patient wasn't participating in counseling, for example, or if they had positive drug screens. Those treatment approaches have failed to meet the complex needs of individuals with OUD, leading to high relapse rates and increased mortality that fuels this epidemic.

Reflecting the urgency to step up efforts to reduce overdose deaths and aligning with Michigan's Public Health Code, Section 51, in February 2024 the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) issued its first revisions[4] in 20 years to 42 CFR Part 8 which regulates opioid treatment programs (OTPs).

Low-Barrier Access to MOUD:

At the core of these changes is eliminating these barriers to receiving evidence-based medication for OUD, methadone and buprenorphine in particular. It minimizes obstacles to treatment by promoting 1) *Immediate Access* to medication without extensive assessments; 2) *Flexible Service Delivery*, i.e., access to medication through telehealth, emergency rooms, walk-in clinics, and mobile units; 3) A *Harm Reduction Focus*, i.e., meeting patients "where they are," and not requiring abstinence or counseling to receive medications; and 4) *Patient Centered Care,* i.e., tailoring services to individuals' needs. A Low Barrier Access to Care model adopts Medication-First Principles[5] that similarly prioritize immediate access to medications for OUD, eliminate requirements around abstinence and mandatory counseling and only discontinue medications if they are worsening the patient's condition. Removing these barriers has the potential to significantly reduce opioid-

related deaths, improve treatment retention, decrease illicit opioid use by up to 75 percent, reduce criminal activity, improve employment rates, and enhance overall public health in Michigan.[6]

It should be noted that low-barrier access and Medication First principles are not meant to refute the value of individual and group counseling. Counseling should continue to be offered and available especially because as an individual's recovery progresses, underlying co-occurring mental health conditions often are exposed—anxiety, depression, PTSD and so on, all of which are often improved with a combination of medication and counseling. The change here is that clients who are *not ready to engage* in counseling will not be denied access to the life-saving medication that can help avoid withdrawal symptoms, relapse and overdoses.

In Michigan, the SUD services community—MDHHS, PIHPs, SUD providers and advocacy groups--will monitor and collect data on the impact of 42 CFR Part 8's Final Rule and a Medication-First paradigm on individuals' rates of relapse and recovery, and on the trajectory of overdose deaths.

Evidence Supporting Low-Barrier Access & Medication-First Principles

Reduction in Overdose Deaths

- Michigan Statistics: Michigan saw a 19% increase in opioid-related deaths from 2020 to 2021, with synthetic opioids involved in nearly 75% of these fatalities. Implementing MOUD has the potential to cut opioid-related deaths by 37%, providing a critical tool in combating the crisis.
- SAMHSA Advisory: SAMHSA's Low Barrier Models of Care stress the importance of offering MOUD without preconditions to reduce overdose deaths effectively.

Improved Treatment Retention

- Michigan Context: Retention rates in Michigan's OUD treatment programs have historically been low, with many patients dropping out due to barriers such as waitlists and mandatory counseling requirements. Studies show that MOUD programs double retention rates compared to non-medication-based programs.
- SAMHSA Advisory: SAMHSA recommends minimizing intake barriers, such as extensive paperwork and waitlists, which are known to contribute to low retention rates in MOUD programs.

Reduction in Health Complications

- Michigan Context: The state has seen rising rates of infectious diseases, such as hepatitis C and HIV, linked to opioid use. MOUD reduces the risk of these complications by stabilizing patients and reducing illicit drug use.
- SAMHSA Advisory: SAMHSA advises that low-barrier access to MOUD is crucial for reducing the health complications associated with untreated OUD, including the spread of infectious diseases.

Prevention of Illicit Drug Use

- Michigan Context: Michigan has struggled with high rates of illicit drug use, particularly in rural and underserved communities. MOUD has been shown to reduce illicit opioid use by up to 75%, offering a viable solution to this persistent issue.
- SAMHSA Advisory: SAMHSA supports providing MAT without requiring patients to stop drug use first, as continued engagement in treatment can lead to gradual reductions in illicit drug use.

Improved Socioeconomic Outcomes

- Michigan Context: The economic burden of the opioid crisis in Michigan is substantial, with costs related to healthcare, criminal justice, and lost productivity. MAT programs have been shown to reduce criminal activity by 40% and improve employment rates by 30%, contributing to better socioeconomic outcomes.
- SAMHSA Advisory: SAMHSA's low-barrier models suggest that reducing legal and financial barriers to MAT can enhance patients' socioeconomic stability, thereby reducing the overall burden on the state's resources.

Legislative Recommendations:

- Mandate Medication-First Approaches: Michigan should legislate that all publicly funded OUD treatment programs adopt a low-barrier Medication-First approach, eliminating barriers such as mandatory counseling before initiating medication. We can look to Rhode Island and Missouri as examples, where similar mandates have led to significant reductions in opioid-related deaths. [7, 8]
- Increase Funding for MOUD Programs: Michigan should increase funding for MAT services, particularly in underserved areas. The success of *California's MAT Expansion Project* in expanding access statewide demonstrates the impact that targeted funding can have in improving treatment availability.[8]
- Enhance Provider Training and Support: Michigan should implement comprehensive training programs for healthcare providers to improve MAT adoption and implementation. The *Show-Me ECHO* program in Missouri

and Vermont's *Hub and Spoke model* offer successful templates for such initiatives. [7, 8]

- Expand Access in Underserved Areas: Michigan should invest in telehealth and mobile treatment units to increase access to MOUD in rural and underserved areas. *Kentucky's telehealth initiatives* provide a model for how these strategies can effectively reach remote populations. [8]
- Monitor and Evaluate Outcomes: Michigan should establish robust monitoring systems to evaluate MOUD program outcomes, including overdose rates, treatment retention, and socioeconomic impacts. *Maine* and *Rhode Island* have implemented successful data-driven approaches that could serve as models for Michigan. [8]

Conclusion:

The evidence is clear: prioritizing MOUD and removing barriers to access will save lives and strengthen Michigan's response to the opioid epidemic. By aligning with Michigan Public Health Code Section 51 and incorporating successful models from other states, Michigan can significantly reduce opioid-related deaths, improve treatment retention, and enhance overall public health in Michigan.

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