

**Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
April 17, 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 April 17, 2024
- 4) **ACTION ITEM:** Approval of Minutes of February 21, 2024 *(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 14)*
 - B. FY24 PA2 Use of Funds by County and Provider *(Page 16)*
 - C. FY24 SUD Financial Summary Report of February 2024 *(Page 18)*
- 9) **ACTION ITEM:** FY24 Substance Use Disorder PA2 Contract Listing *(Page 19)*
- 10) SUD Operating Update *(Page 22)*
- 11) Harm Reduction Presentation
- 12) Other Business
- 13) Public Comment
- 14) Board Member Comment
- 15) 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:

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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**

June 26, 2024
CMHAM
507 S. Grand Ave
Lansing, MI 48933

August 21, 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>

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	2024
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	2024
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	2024
Kroneck	John	jkroneck@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
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2024
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	2024
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry	jjaloszynski@isabellacounty.org		989.330.4890		Isabella - Alternate	2024
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	2024

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, February 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 Organizational Meeting to order at 4:00 p.m. Mr. Glaser extended a warm welcome to new member, Alaynah Smith, alternate for Midland County.

Board Member(s) Present: Lori Burke (Shiawassee), Irene Cahill (Ingham), Steve Glaser (Midland), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Jim Moreno (Isabella), Justin Peters (Bay), Jerrilynn Strong (Mecosta), Kim Thalison (Eaton), Dwight Washington (Clinton), and Ed Woods (Jackson)

Board Member(s) Remote: Bruce Caswell (Hillsdale) and Nichole Badour (Gratiot)

Board Member(s) Absent: Lisa Ashley (Gladwin), George Gilmore (Clare), Christina Harrington (Saginaw), Robert Luce (Arenac), Joe Murphy (Huron), and David Turner (Osceola)

Alternate Members Present: Simar Pawar (Ingham) and Alaynah Smith (Midland)

Alternate Members Remote: Margery Briggs (Ionia)

Staff Members Present: Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations); Sherry Kletke (Executive Support Specialist), Joseph Sedlock (Chief Executive Officer), Skye Pletcher (Chief Population Health Officer), Katy Hammack (Integrated Healthcare Coordinator)

Staff Members Remote: Sarah Andreotti (SUD Prevention Administrator), Sarah Surna (Prevention Specialist), Kari Gulvas (Prevention Specialist), and Sherrie Donnelly (Treatment and Recovery Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

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

3. Approval of Agenda for February 21, 2024

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

MOTION BY BRYAN KOLK, SUPPORTED BY JERRILYNN STRONG FOR APPROVAL OF THE FEBRUARY 21, 2024 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 13-0.

4. Approval of Minutes from the December 20, 2023 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the December 20, 2023 Regular Business Meeting.

MOTION BY JIM MORENO, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE MINUTES OF THE DECEMBER 20, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 13-0.

5. Public Comment

There was no public comment.

6. Opioid Health Home Presentation

MSHN Chief Population Health Officer, Skye Pletcher and Integrated Healthcare Coordinator, Katy Hammack provided members with a presentation about Opioid Health Homes in the MSHN region.

7. Board Chair Report

Chairperson Steve Glaser again welcomed Alaynah Smith, the alternate member from Midland County recognized earlier in the meeting. Mr. Glaser reported that prior to this meeting new member orientation was held for the four most recent new members to join the OPB.

8. Approval of the Substance Use Disorder Intergovernmental Agreement

Ms. Amanda Ittner provided an overview of the changes to the Substance Use Disorder Intergovernmental Agreement and requested board approval as presented.

MOTION BY BRYAN KOLK, SUPPORTED BY JIM MORENO FOR APPROVAL OF THE SUBSTANCE USE DISORDER INTERGOVERNMENTAL AGREEMENT, AS PRESENTED. MOTION CARRIED: 13-0.

Members requested MSHN Administration send an email notification when the Intergovernmental Agreement has been distributed to the counties for signature.

9. 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:

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

Regional Matters:

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Intergovernmental Agreement
- Coordination with Counties Regarding Opioid Settlement Funds
- Recovery Incentive Pilot
- 2023 Annual Member Perception of Care Report
- Balanced Scorecard FY2023

State of Michigan/Statewide Activities

- Governors FY2025 Executive Budget Recommendations

10. 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 December 2023

11. 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 JOHN KRONECK, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 13-0.

12. SUD Operating Update

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

- Media Campaigns-Problem Gambling aimed at Older Adults and Anti-Stigma/Recovery
- All Vendor Education materials were ordered to begin Synar work
- New team member, Jodie Smith hired as the Data and Grant Coordinator
- Expansion of additional providers as part of RFP's with North Kent Guidance in Gratiot County and Ten16 in Isabella County for outpatient SUD services
- Expansion of harm reduction vending machines

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

- Equity Upstream Learning Collaborative-implementation of focus groups to gather specific DEI feedback
- New report included in packets showing FY23 full year information by county as a follow-up request from members

13. Other Business

Ms. Amanda Ittner informed members that she will be out of state attending a conference for the April 17, 2024 meeting and MSHN Chief Executive Officer, Joe Sedlock will be covering the meeting in her absence.

14 Public Comment

There was no public comment.

15. Board Member Comment

Board members expressed appreciation to Ms. Skye Pletcher and Ms. Katy Hammack for the Opioid Health Home presentation earlier in the meeting.

16. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:55 p.m.

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

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)**

February/March

MSHN/REGIONAL MATTERS

Substance Use Oversight Intergovernmental Agreement

Mid-State Health Network has distributed the OPB approved version of the Intergovernmental Agreement to all twenty-one counties, of which board members were copied on the communication. To date, Ionia and Jackson County requested attendance by MSHN administration to review the agreement. MSHN is in the process of receiving back signatures and expects to have a fully executed agreement in the June SUD OPB packet, prior to the expiration of the current agreement in July 2024.

Thank you to those board members who communicated with your local county to ensure presentation of the agreement, approval, signature, and return.

1115 Behavioral Health Demonstration Renewal

The Michigan Department of Health and Human Services (MDHHS) held public hearings to obtain input on its 1115 Behavioral Health Demonstration Waiver renewal. The current Demonstration is authorized through September 30, 2024. MDHHS is seeking new authority to provide contingency management (CM) as part of a comprehensive treatment model for Medicaid beneficiaries living with substance use disorder (SUD). Public comment was open until March 20, 2024. MSHN, under the direction of Skye Pletcher, Chief Population Health Officer, provided the following feedback, seeking addition of the following services under the Medicaid 1115 Waiver:

1. Non-Emergency Medical Transportation (NEMT) for Behavioral Health & SUD, which is currently allowable under the Medicaid Health Plans for physical appointments.
2. SUD Case Management, which is currently only available under grants or local funding.
3. Re-entry Services for Individuals Transitioning Out of Carceral Settings to cover service up to 90 days prior to release.
4. Housing Supports for Individuals with SUD, including transitional housing.

For information about the Behavioral Health 1115 Renewal, visit www.michigan.gov/mdhhs >> Keeping Michigan Healthy >> Adult Behavioral Health & Developmental Disability >> [BH Recovery & Substance Use](#)

FY2023 Annual Compliance Report Available

During FY2023, both full and interim reviews were completed for the SUD Treatment Providers. The interim reviews consist of any new standards and ensure implementation of approved corrective action plans from the previous year's review. Reviews consist of chart reviews, validation of process requirements, staff files, policies, and procedures. Reviews by provider are inclusive of all provider sites. For providers that are outside of the MSHN region, MSHN honors the monitoring and auditing conducted by the PIHP in the region the providers are located.

Scores are shared quarterly and annually with MSHN departments to assist those departments in identifying training opportunities for our provider network. The QAPI team conducted eleven (11) full reviews and 6 (six) interim reviews from October 1, 2022 – September 30, 2023. The Delegated Functions Review includes a review of 116 standards. Overall compliance during this timeframe for full reviews is 93%.

FY32 SUD Delegated Functions Scores

Delegated Functions	# Of Standards	2022 Results	2023 Results
Standards			
Access and Eligibility	4	90%	84%
Information and Customer Service	17	99%	96%
Enrollee Rights and Protections	14	99%	95%
Grievance and Appeals	17	94%	93%
Compliance	11	100%	95%
Quality	4	88%	86%
Individualized Treatment & Recovery Planning & Documentation	14	86%	88%
Coordination of Care	8	81%	83%
Provider Staff Credentialing	22	81%	94%
IT Compliance/IT Management	1	100%	100%
Trauma Informed Care	6	74%	93%

The Substance Use Disorder Service Provider (SUDSP) treatment chart review tool includes a total of fifty-one (51) standards. Overall compliance during this timeframe for full reviews is 68%.

Table 10: SUD Program Specific Scores

SUDSP Chart Reviews	# Of Standards	2022 Results	2023 Results
Screening, Admission, Assessment	5	78%	73%
Treatment/Recovery Planning	10	75%	72%
Progress Notes	4	78%	69%
Coordination of Care	4	60%	59%
Discharge/Continuity of Care	3	81%	64%
Residential	4	86%	64%
Medication Assisted Treatment	15	65%	54%
Women’s Designated/Women’s Enhanced	2	81%	68%
Recovery Housing	4	74%	59%

MSHN also conducts oversight of the Medicaid claims/encounters submitted within the region by completing either an onsite review or a desk review of the claims/encounters submitted for services provided for all substance use disorder treatment providers who provide services using Medicaid funding.

The attributes tested during the Medicaid Event Verification review include A.) The code is allowable service code under the contract, B.) Beneficiary is eligible on the date of service, C.) Service is included in the beneficiary’s individual plan of service, D.) Documentation of the service date and time matches the claim date and time of the service, E.) Services were

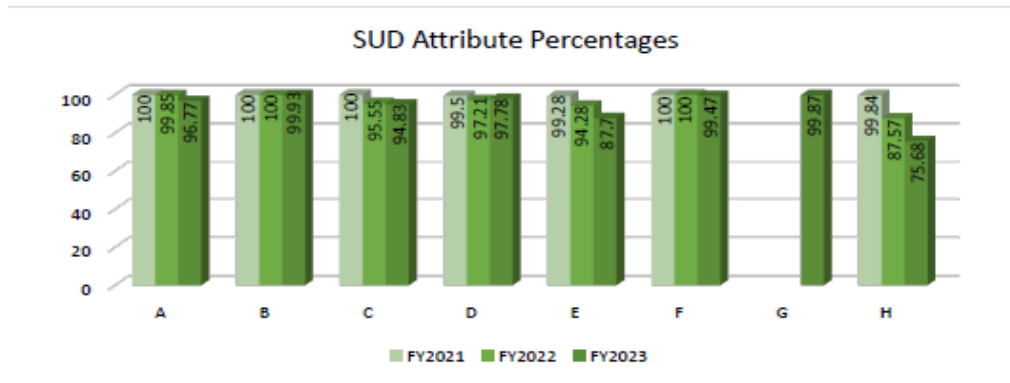
provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed, F.) Amount billed does not exceed contractually agreed upon amount, G.) Amount paid does not exceed contractually agreed upon amount, and H.) Modifiers are used in accordance with the Healthcare Common Procedure Coding System (HCPCS) guidelines.

SUD

	A	B	C	D	E	F	G	H
SUD Providers	97%	100%	95%	98%	88%	100%	100%	76%

Note: Percentages have been rounded to the nearest percent.

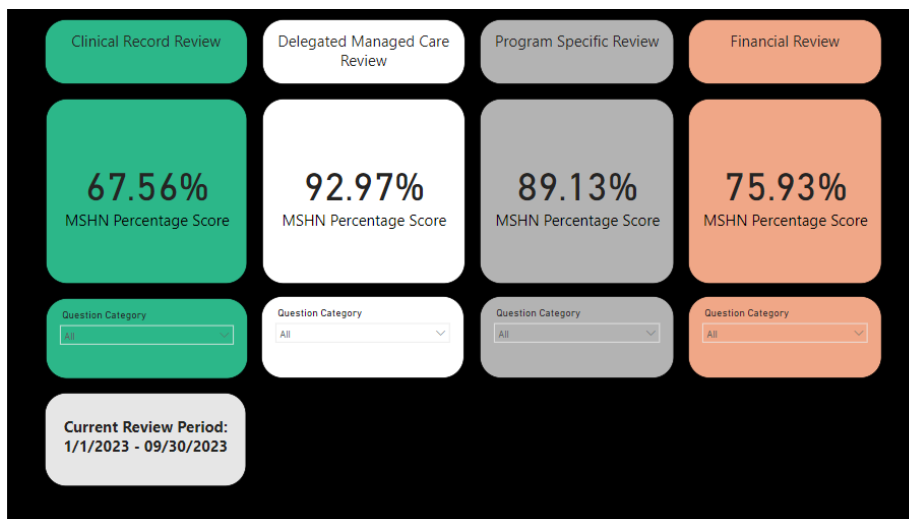
The following chart provides a comparison from FY2021 through FY2023 for the attributes tested:



The overall findings included a total dollar amount of invalid claims identified as \$94,784.51 for substance use disorder treatment providers. Of note, many of the invalid claims were corrected by submitting additional documentation and by resubmitting claims with correct modifiers, date, time, etc. The MSHN Compliance Department along with the SUD Treatment Specialist have been working with the SUD providers on their specific corrective actions plan and performance improvement opportunities.

In addition, MSHN posts the results by region that can be filtered by categories such as provider, service level, program area and financial reviews.

SUD delegated managed care review



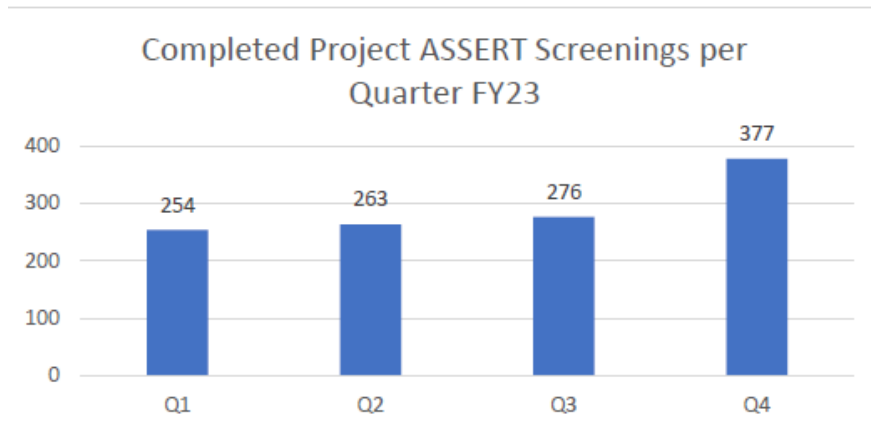
For the full report, see *MSHN’s website that includes the Compliance Plan at:*
https://midstatehealthnetwork.org/application/files/3217/0983/1024/MSHN_2023_Compliance_Summary_Report.pdf

SUD Value Based Purchasing (VBP)

MSHN seeks to increase both the total number of Project ASSERT (Alcohol & Substance Abuse Services, Education & Referral to Treatment) encounters that occur in hospital Emergency Departments (ED) and the overall rate of follow-up contacts after a person has been to the hospital ED for a drug or alcohol-related concern. The VBP pilot will explore innovative payment strategies that incentivize Project ASSERT providers to increase the rate of follow-up care for individuals who have experienced an ED visit for alcohol or other drugs. MSHN holds monthly meetings with the two participating Project ASSERT providers to review data, identify barriers to follow-up, and develop improvement strategies. In FY24, incentives have been tied to allow additional funds to the participating providers who meet or exceed targets. Expanding the number of participants in FY25 across our region will help ensure individuals are connected to needed services and timely follow-up to care.

A total of 1,170 Project ASSERT screenings were performed during FY23, with the number of completed screenings increasing each quarter over the previous quarter.

Figure 2: Number of Completed Project ASSERT Screenings per Quarter in FY23



For more information on integrated health initiatives, see the link below *FY23Q4 Integrated Health Report*.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Michigan Opioid Advisory Commission 2024 Annual Report Available

Public Act 84 of 2022 provided for the creation of the Opioid Advisory Commission (OAC) in the Legislative Council to “review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions, and establish priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature.” The commission makes an annual report to the Governor, the Attorney General, the Senate Majority Leader, the Speaker of the House, and the chairs of the Senate and House appropriation committees.

The Opioid Advisory Commission recently released the 2024 Annual Report and the 2024 Annual Brief. The brief summarizes the key takeaways to include Transparency, Inclusion, Collaboration and Accountability. It also includes the State Opioid Settlement Funding Priorities:

1. Support the Governor’s recommendation for an appropriation from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services (FY 2025).
2. Support an increase of settlement appropriations by \$6 million for a FY 2025 “Community Investments” set-aside.
3. Prioritize Tribal communities by ensuring an appropriation from the Michigan Opioid Healing and Recovery Fund to Tribal Nations for FY 2025.

This is the second annual report since the formation of the OAC. The reports along with more information about the OAC and its members, can be found at: [Opioid Advisory Commission](#)

FEDERAL/NATIONAL ACTIVITIES

The Rise of Stimulants and the Evolution of Polysubstance Use in America’s Fentanyl Crisis

Millennium Health has released a report entitled Volume 6: The Fourth Wave (The Rise of Stimulants and the Evolution of Polysubstance Use in America’s Fentanyl Crisis. “America’s overdose epidemic is complex and has been broadly described as consisting of three “waves” that have involved prescription opioids, heroin, and fentanyl. More recently, a “fourth wave” of overdose deaths co-involving fentanyl with stimulants like methamphetamine and cocaine has emerged. The 6th volume of our Signals Report analyzed urine drug test (UDT) results from more than 4 million patients who tested positive for fentanyl since it first emerged as a major driver of overdose in the U.S. in 2013. The findings show how UDT data correspond with overdose mortality trends; capture shifts in stimulant, heroin, and prescription opioid use among people who use fentanyl over time and generally illustrates the changing nature of polysubstance use in this group through 2023.

Key Takeaway 1: UDT Data Tightly Correlate with Trends in Fentanyl-Involved Overdose Mortality and Closely Follow the Evolution of America’s Fentanyl Crisis

- These findings show that our definitive UDT data are highly correlated with overdose mortality and remain a key data source because of its specificity and timeliness. This is despite the significant impacts of the pandemic and the continually evolving nature of the overdose crisis.

Key Takeaway 2: For the First Time, in 2023 both Methamphetamine and Cocaine were Detected in Fentanyl-Positive UDT Specimens More Often than Heroin and Prescription Opioids Nationally and in Nearly Every State

Key Takeaway 3: Nearly 93% of Fentanyl-Positive Specimens in 2023 Contained Additional Drugs Including a Wide Range of Potentially Dangerous Drugs.

- These findings illustrate that people who use fentanyl engage in polysubstance use that now predominantly involves stimulants but also spans an array of potentially dangerous drugs (e.g., xylazine). These combinations increase overdose vulnerability and may lessen responses to overdose reversal agents (i.e., naloxone), making treatment as challenging as any time in history.”

The entire report is available at <https://www.millenniumhealth.com/signalsreport/>.

Substance Abuse and Mental Health Services Administration (SAMHSA) Issues Final Rule on Medications for Treatment of Opioid Use Disorder

SAMHSA has issued its final rule to permanently allow Opioid Treatment Programs (OTPs) to prescribe buprenorphine through telehealth without an in-person visit, if the provider determines adequate evaluation can be done through an audio-visual telehealth platform. The National Council submitted comment on this proposal last year and below are highlights in the rule as finalized.

- Expands the definition of "qualifying practitioner" to "a health care professional who is appropriately licensed by a State to prescribe and/or dispense medications for opioid use disorders and, as a result, is authorized to practice within an OTP."
- Allows more flexibility to offer clients take-home doses of methadone, up to seven days for people who have been in treatment for at least two weeks and up to 14 doses for people who have been in treatment for at least 15 days.
- Removes the requirement for people to have had an addiction to opioids for at least one year prior to admission to an OTP for medications for the treatment of opioid use disorder.

SAMHSA recognized a) the many pathways to expanding treatment and finalized its proposal to facilitate delivery of comprehensive services in mobile units and b) the role that language plays in perpetuating stigma and made updates accordingly and is committed to taking steps to use person-centered and inclusive language.

The effective date of this final rule is April 2, 2024, and the compliance date is April 2, 2026. Please note that this final rule does not apply more broadly to prescribing outside of OTPs and the National Council expects the Drug Enforcement Administration to issue final regulations relating to virtual prescribing for controlled substances later this year.

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

Sober Truth on Preventing Underage Drinking Act Grants (SP-24-001).

Application Due Date: May 03

Description: The purpose of this program is to prevent and reduce alcohol use among youth and young adults ages 12 to 20 in communities throughout the United States. Award recipients will be expected to implement activities that support capacity building such as implementing evidence-based community approaches, enhancing collaboration, cooperation and coordination among communities, federal, state, and local and tribal governments, and convening Town Halls.

Eligibility: Eligible applicants are domestic public and private non-profit entities that are current or former Drug Free Communities (DFC) Support Program recipients.

Funding Mechanism: Grant

Anticipated Total Available Funding: \$4,566,000

Anticipated Number of Awards: 76

Anticipated Award Amount: Up to \$60,000 per year

Length of Project: Up to 4 years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements/sp-24-001>.

GLS Campus Suicide Prevention Grant Program (SM-24-004).

Application Due Date: May 06

Description: The purpose of this program is to support a comprehensive public health and evidence-based approach that: (1) enhances behavioral health services for all college students, including those at risk for suicide, depression, serious mental illness (SMI)/serious emotional disturbances (SED), and/or substance use disorders that can lead to school failure; (2) prevents and reduces suicide and mental and substance use disorders; (3) promotes help-seeking behavior and reduces stigma; and (4) improves the identification and treatment of at-risk college students so they can successfully complete their studies.

Eligibility: Eligible applicants are private and public non-profit institutions of higher education.

Funding Mechanism: Grant

Anticipated Total Available Funding: \$2,426,758

Anticipated Number of Awards: 23

Anticipated Award Amount: \$102,000

Length of Project: Up to 3 years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements/sm-24-004..>

Center for Medicare and Medicaid Services (CMS)

CMS has released an Informational Bulletin on Strategies to Improve Delivery of Tobacco Cessation Services to help more Medicaid and CHIP beneficiaries quit smoking. “The informational bulletin also provides an overview of coverage requirements in Medicaid and Children’s Health Insurance Program (CHIP), in addition to information about quality measures and resources that Medicaid and CHIP agencies can use to measure and drive improvement in their delivery of tobacco cessation services.”

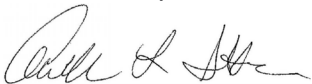
The Bulletin is available at <https://www.medicare.gov/sites/default/files/2024-03/cib03072024.pdf>.

Biden-Harris Administration Launches the White House Challenge to Save Lives from Overdose

The Administration is announcing the White House Challenge to Save Lives from Overdose. “The Challenge is a nationwide call-to-action to stakeholders across all sectors to save lives by committing to increase training on, and access to, lifesaving opioid overdose reversal medications. Today, we’re calling on organizations and businesses—big and small, public and private—across the country to help ensure all communities are ready to use this life-saving tool to reduce opioid deaths. As the drug supply has gotten more dangerous and lethal, we’re asking allies to join us because we all must do our part to keep communities safe. To help more Americans save lives, the Administration is encouraging leaders to commit to take simple measures that work, including training employees on opioid overdose reversal medications, keeping the medications in first aid kits, and distributing the medications to employees and customers so they might save a life at home, work, or in their communities. Organizations may make a commitment and share a story of how their efforts saved a life.”

The White House press release is available at <https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/13/fact-sheet-biden-harris-administration-launches-the-white-house-challenge-to-save-lives-from-overdose/>.

Submitted by:



Amanda L. Ittner

Finalized: 4.5.24

Links:

[**FY23Q4 Integrated Health Report**](#)

**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					38,688	3,992	53,268
Bay	487,417	22,423	02.15.24					225,618	22,423	509,840
Clare	168,296	6,130	02.12.24					61,418	6,130	174,426
Clinton	475,972	14,548	02.09.24					143,218	14,548	490,520
Eaton	473,491	26,662	02.26.24					272,110	26,662	500,154
Gladwin	85,372	4,180	02.16.24					38,875	4,180	89,552
Gratiot	61,854	5,024	02.09.24					50,537	5,024	66,878
Hillsdale	187,011	5,996	02.05.24					59,966	5,996	193,007
Huron	129,124	7,986	02.08.24					82,176	7,986	137,110
Ingham	1,316,833	78,708	02.16.24					792,322	78,708	1,395,541
Ionia	293,160	8,486	02.20.24					86,379	8,486	301,646
Isabella	277,583	14,589	03.11.24					146,746	14,589	292,172
Jackson	639,760	36,604	02.12.24					368,480	36,604	676,364
Mecosta	215,325	9,854	02.05.24					100,743	9,854	225,179
Midland	426,313	18,579	02.09.24					187,807	18,579	444,892
Montcalm	275,754	11,171	02.29.24					111,112	11,171	286,924
Newaygo	175,935	9,130	02.29.24					91,576	9,130	185,065
Osceola	76,009	4,059	02.12.24					41,306	4,059	80,069
Saginaw	1,214,574	52,206	02.13.24					530,323	52,206	1,266,780
Shiawassee	240,194	11,198	02.05.24					111,870	11,198	251,392
Tuscola	116,215	6,358	02.06.24					65,669	6,358	122,573
	<u>\$ 7,385,468</u>	<u>\$ 357,884</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,606,939</u>	<u>\$ 357,884</u>	<u>\$ 7,743,352</u>

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

County	PA2 Balance Available for Expenses	County Code	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD Payments	Ending PA2 Fund Balance
Arenac	53,268	06	2,578	2,321	1,725	1,925	1,516		10,066	\$ 43,203
Bay	509,840	09	14,744	13,381	12,220	13,839	13,640		67,823	\$ 442,017
Clare	174,426	18	12,134	7,954	7,156	9,614	7,663		44,521	\$ 129,905
Clinton	490,520	19	13,529	-	19,081	8,945	10,626		52,181	\$ 438,339
Eaton	500,154	23	24,143	22,452	23,013	19,278	35,691		124,576	\$ 375,578
Gladwin	89,552	26	4,302	3,855	5,459	4,722	5,023		23,361	\$ 66,191
Gratiot	66,878	29	2,817	2,217	2,851	2,233	1,940		12,058	\$ 54,819
Hillsdale	193,007	30	9,351	7,378	6,659	9,387	8,369		41,143	\$ 151,863
Huron	137,110	32	5,460	3,782	4,237	4,281	5,071		22,831	\$ 114,279
Ingham	1,395,541	33	91,254	69,341	74,207	54,141	45,775		334,719	\$ 1,060,823
Ionia	301,646	34	8,720	13,244	13,152	4,623	5,939		45,678	\$ 255,968
Isabella	292,172	37	13,468	12,490	13,000	13,219	13,065		65,242	\$ 226,930
Jackson	676,364	38	35,956	27,796	32,177	31,641	34,305		161,875	\$ 514,489
Mecosta	225,179	54	10,604	10,774	10,539	9,972	10,710		52,599	\$ 172,580
Midland	444,892	56	10,901	10,646	24,450	26,603	28,011		100,611	\$ 344,281
Montcalm	286,924	59	-	-	-	5,694	-		5,694	\$ 281,231
Newaygo	185,065	62	5,755	-	34,167	13,315	6,981		60,217	\$ 124,848
Osceola	80,069	67	2,708	5,200	4,167	4,714	3,728		20,517	\$ 59,552
Saginaw	1,266,780	73	54,998	56,388	59,699	41,970	86,883		299,938	\$ 966,842
Shiawassee	251,392	78	13,980	9,388	8,217	8,147	10,666		50,398	\$ 200,994
Tuscola	122,573	79	9,465	8,719	10,815	8,968	10,892		48,859	\$ 73,714
	<u>\$ 7,743,352</u>		<u>\$ 346,868</u>	<u>\$ 287,326</u>	<u>\$ 366,990</u>	<u>\$ 297,228</u>	<u>\$ 346,495</u>	<u>\$ -</u>	<u>1,644,907</u>	<u>\$ 6,098,444</u>

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2023 through February 29, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac					
Peer 360 Recovery				4,497	4,497
Sterling Area Health Center			1,651		1,651
Ten Sixteen Recovery		3,918			3,918
Arenac Total		3,918	1,651	4,497	10,066
Bay					
Boys and Girls Club Bay Region			15		15
McLaren Prevention Services			2,154		2,154
Peer 360 Recovery				22,821	22,821
Sacred Heart Rehabilitation			5,414		5,414
Sterling Area Health Center			21,425		21,425
Ten Sixteen Recovery		9,447		6,548	15,995
Bay Total		9,447	29,007	29,369	67,823
Clare					
Ten Sixteen Recovery		642	17,045	26,834	44,521
Clare Total		642	17,045	26,834	44,521
Clinton					
Eaton Regional Education Service Agency			47,181		47,181
State of Michigan MRS	5,000				5,000
Clinton Total	5,000		47,181		52,181
Eaton					
Eaton Regional Education Service Agency			43,193		43,193
State of Michigan MRS	5,000				5,000
Wellness, InX		36,895		39,488	76,383
Eaton Total	5,000	36,895	43,193	39,488	124,576
Gladwin					
Ten Sixteen Recovery		3,229	9,881	10,251	23,361
Gladwin Total		3,229	9,881	10,251	23,361
Gratiot					
Gratiot County Child Advocacy Association			8,704		8,704
Ten Sixteen Recovery		3,354			3,354
Gratiot Total		3,354	8,704		12,058
Hillsdale					
LifeWays Community Mental Health Authority			41,143		41,143
Hillsdale Total			41,143		41,143
Huron					
Peer 360 Recovery				22,831	22,831
Huron Total				22,831	22,831
Ingham					
Child and Family Charities			25,633		25,633
Cristo Rey Community Center			20,074		20,074
Eaton Regional Education Service Agency			23,061		23,061
Ingham County Health Department			21,871		21,871
Lansing Syringe Access, Inc				37,426	37,426
Prevention Network			3,860		3,860
Punks With Lunch Lansing				12,349	12,349
State of Michigan MRS	15,000				15,000
Wellness, InX		112,317		63,129	175,445
Ingham Total	15,000	112,317	94,499	112,903	334,719
Ionia					
County of Ionia			45,678		45,678
Ionia Total			45,678		45,678

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2023 through February 29, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Isabella					
Peer 360 Recovery				16,968	16,968
Ten Sixteen Recovery		4,798	6,051	37,425	48,274
Isabella Total		4,798	6,051	54,393	65,242
Jackson					
Big Brothers Big Sisters of Jackson County, Inc			6,659		6,659
Family Service and Childrens Aid (Born Free)			117,503		117,503
Home of New Vision				37,713	37,713
Jackson Total			124,162	37,713	161,875
Mecosta					
Ten Sixteen Recovery		8,063	12,953	31,583	52,599
Mecosta Total		8,063	12,953	31,583	52,599
Midland					
Peer 360 Recovery				25,233	25,233
Ten Sixteen Recovery		19,825		9,773	29,598
The Legacy Center for Community Success			45,780		45,780
Midland Total		19,825	45,780	35,006	100,611
Montcalm					
Mid-Michigan District Health Department				5,694	5,694
Montcalm Total				5,694	5,694
Newaygo					
Arbor Circle			35,174		35,174
Randy's House of Greenville, Inc.				25,043	25,043
Newaygo Total			35,174	25,043	60,217
Osceola					
Ten Sixteen Recovery		8,847	11,670		20,517
Osceola Total		8,847	11,670		20,517
Saginaw					
First Ward Community Service			73,331		73,331
Parishioners on Patrol			1,200		1,200
Peer 360 Recovery				33,653	33,653
Sacred Heart Rehabilitation			18,561		18,561
Saginaw County Youth Protection Council			68,491		68,491
Saginaw Police Department			3,094		3,094
Ten Sixteen Recovery				45,146	45,146
Women of Colors			56,461		56,461
Saginaw Total			221,139	78,799	299,938
Shiawassee					
Catholic Charities of Shiawassee and Genesee			3,031		3,031
Peer 360 Recovery				37,436	37,436
Shiawassee County			4,931		4,931
State of Michigan MRS	5,000				5,000
Shiawassee Total	5,000		7,962	37,436	50,398
Tuscola					
List Psychological Services			30,543		30,543
Peer 360 Recovery				18,316	18,316
Tuscola Total			30,543	18,316	48,859
Grand Total	30,000	211,335	833,417	570,156	1,644,907

Mid-State Health Network
Summary of SUD Revenue and Expenses as of February 2024 (41.7% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	3,704,775.68	10,103,932.00	6,399,156.32	36.67%
SOR and Other Grants	961,677.19	5,947,708.00	4,986,030.81	16.17%
Medicaid	8,152,291.41	20,517,394.08	12,365,102.67	39.73%
Healthy Michigan	12,365,595.90	31,252,084.68	18,886,488.78	39.57%
PA2	1,644,907.39	4,736,318.00	3,091,410.61	34.73%
Totals	26,829,247.57	72,557,436.76	45,728,189.19	36.98%
Direct Expenses				
Block Grant	3,704,775.68	10,104,562.00	6,399,786.32	36.66%
SOR and Other Grants	961,677.19	5,947,078.00	4,985,400.81	16.17%
Medicaid	6,585,442.56	20,049,480.00	13,464,037.44	32.85%
Healthy Michigan	11,619,751.71	32,500,000.00	20,880,248.29	35.75%
PA2	1,644,907.39	4,736,318.00	3,091,410.61	34.73%
Totals	24,516,554.53	73,337,438.00	48,820,883.47	33.43%
Surplus / (Deficit)	2,312,693.04			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	1,566,848.85			
Healthy Michigan	745,844.19			
PA2	-			
Totals	2,312,693.04			

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
April 2024 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Allen Neighborhood Resource Center	5,348	5,348	5,348
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 Total			
LifeWays			
List Psychological Services Total			
McLaren Bay Region (McLaren Prevention Services) Total			
Michigan Rehabilitation Services Total			
Mid-Michigan District Health Department Total			
Parishioners on Patrol Total			
Peer 360 Recovery Total			
Prevention Network Total			
Professional Psychological & Psychiatric Services			
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			
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	5,348	5,348	5,348

*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 April	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	5,348	1,229,310
Ionia	293,160	86,379	140,620	-	238,919
Isabella	277,583	146,746	186,500	-	237,829
Jackson	639,760	368,480	516,981	-	491,259
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	133,194	-	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	\$ 4,807,822	\$ 5,348	\$ 6,177,472

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 April	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2024 Requests
Ingham						
	Allen Neighborhood Resource Center			New	Requested to attend next meeting in April 2024	Harm Reduction: Vending Machine
		PA2	-	5,348		
		Grants	-	-		
		Total	-	5,348		
	County Total	-	-	5,348		
	PA2 Subtotal	-	-	5,348		
	Grants Subtotal	-	-	-		
	Grand Total	-	-	5,348		

*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 April 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 was updated in mid-March and will run through the end of September.
- Our streaming TV commercial media campaign with an anti-stigma/recovery message concluded at the end of February. If COVID-BG funding is continued, we will plan to pick this campaign up again.
- DYTURs updated Master Retailer Lists for FY24 and began vendor education with the nearly 1700 vendors in the MSHN region.
- Continued FY24 Prevention and Community Recovery provider program and coalition observations.
- Hosted Quarterly SUD Provider meeting and Prevention Breakout session.
- Sent out registration for annual Prevention Conference being held May 7-8 in Frankenmuth
- Announced awards for SOR OEND Mini Grants. Began working with coalitions and providers to offer guidance and technical assistance in these activities and expenditures.
- Began planning for FY25 Annual Plan process.
- Participated in MDHHS workgroup for Prevention requirement planning after the CAIT (Prevention) license is discontinued by LARA at an undetermined date in the near future
- Welcomed District Health Department #10 as a new Prevention provider in Newaygo County. They replaced Newaygo RESA, who ended their contract at the end of FY24. They provide Prevention services to two other PIHPs for other counties in their district.
- 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

- Development and implementation of annual planning documents and process with all treatment/recovery providers for FY25.
- Participation in MDHHS ASAM Criteria 4th Edition Workgroup to update treatment policies and ASAM designations to new/revised standards.
- Coordination and support of MDHHS SOR-3 Site Review with upload of evidence (3/13/24) and meeting (3/27/24).

- Consult and support MDHHS contractors for Learning Collaborative for Jail-Based MAT for county jails in Michigan.
- Supporting RFP for expansion of adolescent outpatient, residential, and withdrawal management services in MSHN region.
- Onboarding provider who received SOR-3 Overdose Education & Naloxone Distribution (OEND) mini grants in January 2024.
- Supporting providers with technical assistance related to the LARA SUD Administrative Rules that went into effect on 6/26/2023. TA specifically focused on the Limited Certified Counselor item continues.
- MSHN planning and coordination of a monthly Lunch & Learn series to support SUD provider network in FY24. Schedule and topics are available in constant contact to providers.
- Support Equity Upstream Learning Collaborative partners with review of DEI action plans and feedback.
- 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 July 2024.
- Continued support for value-based pilot for Project ASSERT with two regional providers and exploration of possible future VBP initiatives.
- Opioid Health Home (OHH) in Region 5 at Victory Clinical Services – Saginaw currently has 211 individuals enrolled and growing daily. MSHN is working with 4 providers to expand OHH locations to 5 other locations during FY24. This expansion would assist in supporting OHH for individuals who live in the following counties: Eaton, Hillsdale, Jackson, Clinton, Ingham, Ionia, Shiawassee, Arenac, Bay, Clare, Gladwin, Isabella, Midland, Gratiot, Mecosta, Montcalm, and Osceola.
- 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. A save the date communication was sent in February 2024, with registration details being released in March 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 March - April:

- 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. Policy recommendation sent to MDHHS. MDHHS has formed a workgroup to support ASAM 4th edition revisions which include addressing treatment policies 9 & 10 related to group size.
- Ongoing support for provider best practice issues like group size in residential settings, etc.

- MSHN's *Equity Upstream's* Learning Collaborative 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.
- Learning Collaborative (LC) members conducted 15 focus groups (summary attached). Focus groups offered important insights re: barriers, opportunities for improvement, etc. which informed Learning Collaborative members' action plans, in particular, but will help MSHN improve services overall.
- Action Plans were submitted on March 1 and have been through the first stage of review. Proposed action items include:
 - Address stigma towards SUD and SUD treatment, MAT/MOUD in particular *
 - Increase community awareness of available services
 - Increase collaboration with health care partners/referral sources in the community
 - Improve data sharing to identify those at highest risk
 - Provide trainings to address implicit biases (all staff)
 - Provide trainings to address cultural competency, humility and linguistic capacity in clinical staff **

* MSHN is considering an RFP to develop improved and targeted anti-stigma messaging.

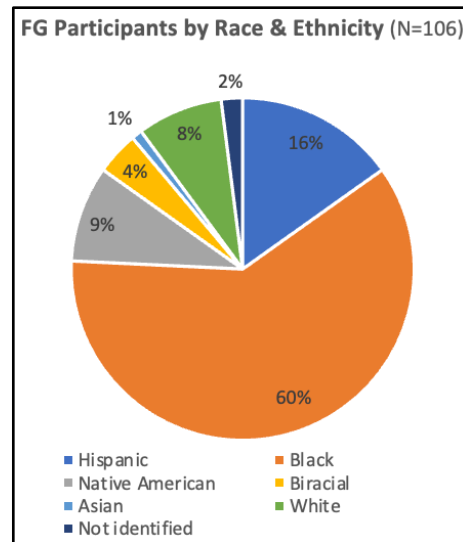
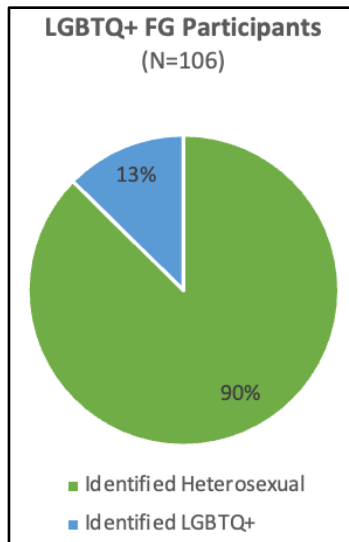
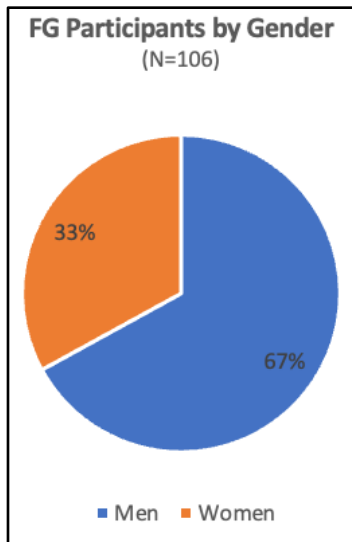
** MSHN is looking into region-wide training opportunities along these lines.

**EQUITY UPSTREAM LEARNING COLLABORATIVE
FOCUS GROUP AGGREGATED RESPONSES/THEMES**

Between November 2023 and January 2024, *Equity Upstream* Learning Collaborative partners conducted 15 focus groups with a total of 106 individuals, most of them currently in substance use disorder (SUD) treatment, living in Saginaw, Ingham, Jackson, Isabella, Tuscola and Bay counties (see demographic composition below). A summary of themes and patterns are on page 2.

Focus Group Demographics

DEMOGRAPHICS	Peer 360	CATS	MMRS	PPPS	Cristo Rey	VCS	SPD- FAN	HNV		TOTAL	%
Female	12	-	3	2	2	9	1	6		35	33%
Male	6	25	2	4	3	9	9	13		71	66%
LGBTQ	10	1	N.I.	N.I.	N.I.	1	-	1		13	12%
Hispanic	-	5	-	1	2	4	4	-		16	16%
Black	6	20	4	5	2	9	6	9		64	60%
Native American	8	-	1	-	-	1	-	-		10	9%
Biracial	1	-	-	-	1	1	-	1		4	4%
Asian	-	1	-	-	-	-	-	-		1	1%
White	9	-	-	-	-	-	-	-		9	8%
Not identified										2	2%
Age range	22- 64	21- 62	27-63	25- 37	32-63	31- 73	32-56	20- 71		20-73 Range	
Totals:	18	25	5	6	5	18	10	19		Total: 106	



Equity Upstream Learning Collaborative Focus Groups’ Aggregated responses

Negative Experiences of Health Care	Potential Action Items
<ol style="list-style-type: none"> 1. Perceived bias/poor care due to skin-color/appearance/dress /Medicaid insurance 2. Poor treatment manifested in feeling disrespected, dismissed, not listened to & assumptions by medical staff of being “drug-seeking” 3. Recovery goal of “choosing new friends/new community” to enhance recovery conflicts with cultural/ethnic practices & sense of belonging in communities of color with strong community bonds 4. Not “fitting in” in treatment settings, recovery groups, etc. due to their race, culture, age, background or other differences that may be barriers to sense of belonging 	<ol style="list-style-type: none"> 1. Consider training in hospitals & SUD facilities 2. Partnerships with peer support in hospitals (e.g., Project ASSERT) 3. Work on SUD screening tools to remove potential unintended biases 4. Strengthen internal community supports 5. Develop trainings on how best to incorporate community strengths, cultural and ethnic traditions, and population-specific historical trauma to reduce isolation/disconnectedness in treatment 6. Develop ways to incorporate culture into introductions of treatment or recovery groups 7. Find ways to recognize/incorporate participants’ culture into treatment, groups, etc. 8. Have diverse cultural events that focus on clients’ backgrounds
Barriers	Potential Action Items
<ol style="list-style-type: none"> 1. Patient lack of understanding of the SUD system, what services are available, etc. 2. Insurance issues, inconsistent coverage, few doctors who accept Medicaid 3. Long wait times 4. Limited options for transportation 5. Legal issues in the past may preclude access to some providers 6. Daily dosing conflicts with work 7. Language barriers (no translation services) 8. Fears of CPS involvement, potential loss of children, legal ramifications on work, school, etc. 	<ol style="list-style-type: none"> 1. Community education around available services 2. Improve education around insurance, Medicaid and services for uninsured 3. Explore where waitlists are a barrier in Region 5 4. Identify where public transit can be improved, e.g., work w. JTA in Jackson. Consider MOUD “shuttle” 5. Expand and/or publicize expungement opportunities 6. Identify areas in our region where language barriers exist & work with Customer Service on translation options MSHN can engage 7. Work on trainings/partnerships with CPS
Stigma	Potential Action Items
<ol style="list-style-type: none"> 1. Clients’ own shame, guilt, embarrassment 2. Community bias against SUD, lack of understanding 3. Churches biased against SUD care (“just pray”) 4. Some churches host 12-step groups but hostile to MAT/MOUD 5. Family members misunderstand addiction as a disease, expectation to “just stop,” go cold turkey 6. Feeling shunned by family, church, workplace 	<ol style="list-style-type: none"> 1. Develop outreach media campaign targeting affected communities (billboards to bathrooms, radio stations, etc.) 2. Work with local faith-based groups on more trainings 3. Possible prevention work within religious groups or outreach to churches and facilities 4. Find churches who have SUD history and experiences work with them to partner with other on trainings to enhance 5. Partnerships with churches in communities for outreach and connection to SUD services
Positive Influences	Potential Action Items
<ol style="list-style-type: none"> 1. Desire to have a healthy pregnancy 2. Desire to end CPS involvement 3. Feeling welcomed, supported & not judged by staff 4. Acceptance of multiple pathways to recovery especially not stigmatizing MAT/MOUD as “not really recovery” 5. Seeing people like themselves in care facilities (same race or ethnicity) 	<ol style="list-style-type: none"> 1. Education/collaboration with CPS 2. Support efforts to engage more diverse workforce 3. Community education for provider partners

Curated Observations/Anecdotes from Focus Group Participants:

- A Native American woman described going to the ED for abdominal pain. From the outset, she was treated as drug-seeking and was given no medication. Five hours later, they determined she had an appendicitis and removed her appendix.
- A pregnant African American woman was on a tether related to her substance use. When she went into labor and went to the hospital, medical staff treated her with open disrespect when they saw the tether. It impacted what should have been the joyous occasion of her becoming a mother.
- An African American woman was seeking pain relief following surgery for breast cancer surgery. She was dismissed from the ED without any remedy.
- A Native American woman described an episode where she was struggling to breathe. EMT workers arrived on the scene and kept asking what drugs she was on though she told them repeatedly that she was drug-free. Despite that, they administered Narcan which made her breathing worse. Upon arrival at the hospital, a chest X-ray revealed she had pneumonia.
- An African American man noted that though churches are a mainstay of support in the Black community, “church people don’t want to be around people who use drugs.”
- A Hmong individual was unable to get SUD services due to lack of translation services. He ended up incarcerated which might otherwise have been avoided had he successfully entered treatment.
- A Black man described how his record of incarceration resulted in his being denied admission to a SUD treatment provider though his legal history was due to nonviolent offences.
- A Native American woman said ““When people find out I’m Native [American], it’s expected that I am an alcoholic and I’m looked down upon.”
- An African American man said, “They didn’t focus on what I was telling them and changed topics.”
- An LGBTQ+ woman referenced unnecessary and intrusive questions about her sexual health during a doctor visit, instead of spending that time and energy to establish her diagnosis.
- An LGBTQ+ man stated, “if you are openly LGBTQ+, you “have a target on your back in treatment facilities.”
- An LGBTQ+ woman said that following a relapse and a suicide attempt, she was taken to a hospital where a male nurse sexually assaulted her. The hospital staff did not believe her.
- A Black man said that at the doctor’s office he was immediately looked at differently and tone of the entire episode changed after presenting his Medicaid card. Felt judged for being poor.

On the positive side:

- A biracial (Hispanic/Native American) woman wrote: “I’d have to say recovery here has been life changing and has given me my life back. It healed unhealthy, broken, toxic relationships, it gave me stability and helped me exit the system.”
- A Hispanic man said he’d felt judged all his life. However, he said of his SUD provider “our voices matter here.”
- A biracial woman said of her provider “I wouldn’t be alive today if not for this provider.”
- A Black man said, “My therapist is always uplifting and encouraging, and the front office always talks to me like I am part of the family.”