

**Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
October 18, 2023 ~ 4:00 p.m.**

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

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

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

Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for October 18, 2023
- 4) **ACTION ITEM:** Approval of Minutes of August 16, 2023 (Page 3)
- 5) Public Comment
- 6) Board Chair Report
- 7) Deputy Director Report (Page 7)
- 8) Chief Financial Officer Report
 - A. FY23 PA2 Funding & Expenditures by County (Page 23)
 - B. FY23 PA2 Use of Funds by County and Provider (Page 25)
 - C. FY23 SUD Financial Summary Report of August 2023 (Page 27)
 - D. FY24 Budget Overview (Page 28)
- 9) **ACTION ITEM:** FY24 Substance Use Disorder PA2 Contract Listing (Page 32)
- 10) SUD Operating Update (Page 35)
 - A. MDHHS SUD Strategic Plan Guidance Document (Page 40)
 - B. FY2023 Q3 SUD County Reports (Page 50)
- 11) Other Business
- 12) Public Comment
- 13) Board Member Comment
- 14) Adjournment

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

**MSHN SUD Oversight Policy
Advisory Board Officers**

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

MEETING LOCATION:

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

VIDEOCONFERENCE:

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

TELECONFERENCE:

Call 1.312.626.6799
Meeting ID: 5624476175#

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

**UPCOMING FY24
SUD OVERSIGHT POLICY
ADVISORY BOARD MEETINGS**

December 20, 2023
CMHAM
507 S. Grand Ave
Lansing, MI 48933

February 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>

FY23 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	ashlevl@clareco.net		989.630.5256		Gladwin	2025
Badour	Nichole	nbadour@gihn-mi.org		989.264.5045	989.466.4124	Gratiot	2025
Cahill	Irene	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2026
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Gilmore	George	gilmoreg@clareco.net		989.329.5776		Clare	2024
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	2024
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	bryank@co.newaygo.mi.us		616.780.5751		Newaygo	2024
Kroneck	John	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	comiconkey1@outlook.com		989.280.1369		Bay	2025
Schultz	Vicky	vickylschultz@yahoo.com	schultzv@stvcc.org	810.287.0280		Shiawassee	2023
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2024
Thalison	Deb	dthalison@ioniacounty.org		616.527.5341		Ionia	2025
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2024
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2026
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2026

Alternates:

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

Administration:

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

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, August 16, 2023, 4:00 p.m.

CMH Association of Michigan (CMHAM)

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

Meeting Minutes

1. Call to Order

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:01 p.m. Chairperson Glaser welcomed new member, Irene Cahill appointed by Ingham County.

Board Member(s) Present: Lisa Ashley (Gladwin), Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Jim Moreno (Isabella)-joined at 4:15 p.m., Justin Peters (Bay), Vicky Schultz (Shiawassee), Deb Thalison (Ionia), Kim Thalison (Eaton)-joined at 4:06 p.m., Dwight Washington (Clinton), Ed Woods (Jackson)

Board Member(s) Remote: Nichole Badour (Gratiot)-joined at 4:06 p.m., George Gilmore (Clare), Christina Harrington (Saginaw)

Board Member(s) Absent: Robert Luce (Arenac), Joe Murphy (Huron), Jerrilynn Strong (Mecosta), David Turner (Osceola)

Alternate Members Present: None

Staff Members Present: Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Support Specialist), Dr. Dani Meier (Chief Clinical Officer)

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

2. Roll Call

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

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

3. Approval of Agenda for August 16, 2023

Board approval was requested for the Agenda of the August 16, 2023 Regular Business Meeting, as presented.

MOTION BY JOHN HUNTER, SUPPORTED BY BRYAN KOLK FOR APPROVAL OF THE AUGUST 16, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 12-0.

4. Approval of Minutes from the April 19, 2023 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the April 19, 2023 Regular Business Meetings.

MOTION BY DEB THALISON, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE MINUTES OF THE APRIL 19, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 12-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chair Steve Glaser called for discussion and approval of the FY24 SUD Oversight Policy Board calendar. Members discussed and proposed keeping the meeting location the same as previous meetings in Lansing at the Community Mental Health Association of Michigan office located at 507 S. Grand Ave. in Lansing.

MOTION BY BRYAN KOLK, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE FY24 SUD OVERSIGHT POLICY BOARD CALENDAR, AS PRESENTED WITH THE ADDITION OF THE LOCATION INFORMATION OF 507 S. GRAND AVE. IN LANSING FOR ALL SCHEDULED MEETINGS. MOTION CARRIED: 14-0.

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:

Regional Matters:

- Substance Use Disorder (SUD) Oversight Policy Board Bylaws
- Reminder that the Intergovernmental Agreement discussion will be reviewed at upcoming meetings to be prepared for county signatures prior to expiration of current agreement.
- 24th Annual Substance Use and Co-Occurring Disorder Conference
- Reminder – Board Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions DUE
- FY23 Substance Use, Gambling and Epidemiology Fiscal Review Results

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

State of Michigan/Statewide Activities:

- New Administrative Rules
- Michigan Department of Health and Human Services (MDHHS) Seeking Bids to Expand Medications for Opioid Use Disorder Treatment in County Jails

8. Chief Financial Officer Report

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

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

9. FY24 Substance Use Disorder PA2 Contract Listing

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

MOTION BY JOHN KRONECK, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 12-0 WITH 2 ABSTAIN VOTES.

10. SUD Operating Update

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

- SYNAR compliance checks-MSHN had a 13.98% retainer violation rate, which is very good. The State's overall rate needs to be under 20% to keep federal block grant funding for SUD services.
- LARA SUD Administrative Rules went into effect on 6/26/23. The FY24 contracts, SUD Provider Manual, and Quality Assessment Performance Improvement review tools were updated to reflect the new/revised rules.
- Opioid Health Homes currently have 215 individuals enrolled and continues to grow.
- The SUD Clinical Team will be attending the SUD & Co-Occurring Disorder Conference.
- FY24-26 SUD Strategic Plan – draft was sent to MDHHS on 8/15/23.
- The Clinical Team is engaging with Provider Issues, in particular group sizes in residential settings.

11. Other Business

There was no other business.

12 Public Comment

There was no public comment.

13. Board Member Comment

Board members shared initiatives happening in their counties.

14. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:39 p.m.

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

DRAFT

Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

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

August/September

MSHN/REGIONAL MATTERS

Substance Use Oversight Intergovernmental Agreement

The Intergovernmental contract for the establishment of a Substance Use Disorder Oversight Policy Board was fully executed on July 29, 2021. The Term of the Contract is for three years upon execution, so it expires on July 29, 2024. MSHN proposes the following timeline to review and provide an updated final version to the counties for their approval, signature and return in order to have an executed contract by the end of July, 2024.

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

MSHN administration has completed an initial review of the SUD OPB Intergovernmental Agreement. The edits are included in tracked changes for board member review. Board members may submit feedback to amanda.ittner@midstatehealthnetwork.org or sheryl.kletke@midstatehealthnetwork.org by December 5, 2023. All feedback will be gathered and presented to the full board in December.

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 past years accomplishments and upcoming goals for the new year. Attached to this report is a draft of the FY2023 SUD OPB Annual report. MSHN is seeking feedback regarding the content as well as recommendations for FY24 goals.

Please submit feedback to amanda.ittner@midstatehealthnetwork.org or sheryl.kletke@midstatehealthnetwork.org by October 31, 2023.

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

MSHN Board Approves Proposals to support the Provider Network

At the regional SUD Provider Meeting on Thursday, September 21, Mid-State Health Network (MSHN) summarized several proposals it planned to make to the Board of Directors. MSHN is pleased to report that the Mid-State Health Network Governing Board acted to approve the proposals of MSHN administration, as briefly summarized below:

- The FY 24 regional budget was approved, including a 10% Fee-For-Service rate increase for MSHN SUD Providers effective for service dates on and after 10/01/2023. Prevention providers are paid on a full cost reimbursement basis, including any increases that were proposed for their FY24 contracts.
- FY 24 provider contracts were approved, which include the increased regional rates.
- The Direct Care Worker increase will continue through 09/30/2024, with an additional \$0.85 per hour effective October 1, 2023, along with an additional \$0.11 per hour for agencies to cover their costs associated with implementing this increase. This amount supplements the \$2.35 per hour increase (plus an additional \$0.29 for agencies) previously appropriated for direct care worker wage increases, bringing the total to \$3.20 per hour for direct care workers and an additional \$0.40 per hour.

Mid-State Health Network values our relationships with our provider partners! We continue to support your efforts to ensure high quality, effective, and accessible services and supports across the region. Specific questions on these initiatives should be directed to the MSHN Chief Financial Officer, Leslie Thomas at leslie.thomas@midstatehealthnetwork.org.

Medicaid and Healthy Michigan Disenrollments

On August 10, 2023, MSHN received notice that Michigan Department of Health and Human Services (MDHHS) would begin sending a monthly file to the Prepaid Inpatient Health Plans (PIHPs) that includes the Medicaid and Healthy Michigan Disenrollments. The file received in August included disenrollments for the June renewals since MDHHS extended the time frame by 30 days to allow individuals time to submit required renewal documentation. As a region, the average rate is 2.3% of total enrollment is being disenrolled, annualized equating to about 27%. The month of July disenrollment average rate dropped to 1.7%. MDHHS anticipated that July and August have the highest rate of annual renewal packets and they also anticipate about half of the disenrollments will eventually obtain coverage again. Therefore, MSHN should see the disenrollment rate decrease until it levels off next year in July.

The latest data on Medicaid renewals can be found [on MDHHS' online dashboard](#).

Integrated Healthcare Update

MSHN has been working with the Community Mental Health Service Providers (CMHSPs) and the SUD Providers to assess and plan for integrated health home expansion in FY24. At this time, we anticipate the following providers will join the expansion efforts effective October 1, 2023.

- Certified Community Behavioral Health Clinic:
 - LifeWays CMH received CCHBC Certification approval on August 25, bringing the total to four (4) CMHSPs; CEI CMH, The Right Door and Saginaw CMH since October 2021
- Behavioral Health Home:
 - Gratiot Integrated Health bringing the total to six (6) CMHSPs; CMHCM, Newago CMH, Montcalm Care Network, Saginaw CMH, and Shiawassee CMH expanded in May 2023
- Opioid Health Home:
 - Five interested SUD providers to begin the application process joining Victory Clinic Services who began services in October 2022
 - Two SUD Providers have received provisional approval to proceed:

- Victory Clinical Services expanding to Jackson and Lansing
- Recovery Pathways, LLC in Bay City

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS seeks bids for pilot to provide incentives to Medicaid enrollees who meet substance use disorder recovery goals

The Michigan Department of Health and Human Services (MDHHS) is moving forward with plans to offer an additional evidence-based treatment for Medicaid and Healthy Michigan Plan enrollees who are recovering from substance use disorders.

MDHHS is seeking bids through Aug. 25 from vendors that can offer training and technical assistance to Medicaid prepaid inpatient health plans and providers of substance use disorder treatment. The training will prepare the health plans and other providers to participate in MDHHS's Recovery Incentives Pilot.

The Recovery Incentives Pilot will use a type of cognitive behavioral therapy known as contingency management that provides motivational incentives to people living with a substance use disorder who achieve their treatment goals. Incentives will be in the form of low-denomination retail gift cards. The amount of the incentive earned increases each week that the participant abstains from a narrow set of specified substances, as evidenced by negative drug tests.

The department plans to launch the Recovery Incentives Pilot in October 2024. The pilot is one of several projects to expand access to substance use disorder treatment through the Michigan Opioid Healing and Recovery Fund.

In addition to providing training, the selected contractor will develop a training curriculum and support providers as they offer services, including developing ongoing support tools and documentation.

"Following trends across the country, the opioid epidemic in Michigan has [expanded and now includes the use of stimulants and other mixed substances](#)," said Dr. Natasha Bagdasarian, MDHHS chief medical executive. "We must continue to equip providers and beneficiaries with the latest evidence-based tools in prevention, treatment and recovery strategies to combat a persistent and evolving crisis. Providing these types of incentives has proven to be one of the most effective treatments for substance use disorder."

Proposals must be submitted electronically through [SIGMA Vendor Self Service](#) by Aug. 25. After vendors log in, they can search for RFP # 230000002778 or search for "Recovery Incentives Training and Technical Assistance."

The contract period is expected to be from Jan. 1, 2024, through Sept. 30, 2026.

MDHHS reserves the right to change contractor requirements, dates or any other information deemed necessary.

For questions regarding the pilot, contact MDHHS-RecoveryIncentives@michigan.gov.

FEDERAL/NATIONAL ACTIVITIES

Health and Human Services Center for Disease Control

Center for Disease Control (CDC), on August 31, “announced the award of \$279 million to 49 states, the District of Columbia, and 40 local health departments to help stop overdoses within their communities. The resources come from two new Overdose Data to Action (OD2A) funding opportunities and fill a longstanding gap in funding for local communities by specifically supporting city, county, and territorial health departments. The announcement of this award comes on International Overdose Awareness Day (August 31), a day to remember and grieve those that we’ve lost, take action to encourage support and recovery, and help end overdose by spreading awareness about drug overdose prevention. The OD2A funds will help states and communities respond more quickly, effectively, and equitably to prevent overdose death and injury.”

Award information for Michigan entities is as follows:

1. Barry-Easton District Health Department (OD2A:Local)
2. Michigan Department of Health and Human Services (OD2A:States)

Information on awardees is available at <https://www.cdc.gov/drugoverdose/od2a/funded-states.html>.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Substance Abuse and Mental Health Services Administration (SAMHSA) has released the *Recovery from Substance Use and Mental Health Problems Among Adults in the United States Report*. “Based on data from the National Survey on Drug Use and Health (NSDUH), an annual survey sponsored by SAMHSA, key findings from the report include recovery is real and possible, recovery is holistic and personalized, and resilience can accompany recovery.” The report is available at <https://store.samhsa.gov/product/recovery-from-substance-use-mental-health-problems-among-adults-in-us>.

SAMHSA has “announced \$131.7 million awarded this month in grant programs that connect youth and families to behavioral health services. The \$131.7 million in awards this month include:

- [\\$5.7 million for Planning and Developing Infrastructure to Promote the Mental Health of Children, Youth and Families in American Indian/Alaska Native \(AI/AN\) Communities](#). This program provides Tribes and Tribal organizations with tools and resources to plan and design a family-driven, community-based and culturally and linguistically competent system of care (SOC).
- [\\$5.5 million for Cooperative Agreements for School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth](#). This program increases student access to evidence-based and culturally relevant trauma support services and mental health care by developing innovative initiatives, activities and programs to link local school systems with local trauma-informed support and mental health systems, including those under the Indian Health Service.
- [\\$2.4 million for Linking Actions for Unmet Needs in Children’s Health \(Project LAUNCH\)](#). This program promotes the wellness of young children, from birth to 8 years of age, by addressing the social, emotional, cognitive, physical and behavioral aspects of their development, as well as preparing them to thrive in school and beyond. **Awardees included Black Family Development, Inc, Detroit, \$756,978.**
- [\\$16.4 million for Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program](#). This program improves and expands access to developmentally, culturally and linguistically appropriate services and supports for transition-aged youth and young adults (ages 16–25) who either have, or are at risk for developing, serious mental health conditions.
- [\\$41.2 million for Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts](#). This program expands substance use disorder (SUD) treatment and recovery support

services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. **Awardees included City of Grand Rapids, \$400,000; County of Lenawee, Adrian, \$300,000; Cass County District Court, Cassopolis, \$400,000; and Macomb County District Court, Warren, \$400,000; and Growth Works, Inc, Plymouth, \$349,481.**

- [\\$48.3 million for Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances \(System of Care SOC Expansion and Sustainability\)](#). This program provides resources to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with SEDs, and their families. This program supports the implementation, expansion and integration of the SOC approach by creating sustainable infrastructure and services.
- [\\$1.8 million for Preventing Youth Overdose: Treatment, Recovery, Education, Awareness and Training](#). This program improves local awareness among youth of risks associated with fentanyl, increases access to medications for opioid use disorder (MOUD) for adolescents and young adults screened for and diagnosed with opioid use disorder (OUD) and trains health care providers, families and school personnel on best practices for supporting children, adolescents and young adults with OUD and those taking MOUD.
- [\\$8.7 million for Behavioral Health Partnership for Early Diversion of Adults and Youth](#). This program establishes or expands programs that divert adults and youth with a mental illness or a co-occurring disorder from the criminal or juvenile justice system to community-based mental health and SUD and other supports prior to arrest and booking.
- [\\$1.7 million for Family Counseling and Support for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex+ Youth and Their Families](#). This program prevents health and behavioral health risks (e.g., suicide, depression, homelessness, drug use, HIV) and promotes well-being for LGBTQI+ youth in the context of their families/caregivers, cultures and communities by establishing LGBTQI+ family counseling and support programs and training providers on family counseling and support interventions.”

SAMHSA notes that *October is Prevention Month* and will be observing Youth Substance Use Prevention Month and Substance Misuse Prevention Month. In observance, SAMHSA offers a Prevention Month Toolkit available at <https://www.samhsa.gov/newsroom/prevention-month>.

Submitted by:



Amanda L. Ittner

Finalized: 10.6.23

Attachments

Intergovernmental Agreement for SUD OPB
SUD OPB Annual Report

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

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

RECITALS

MSHN is a community mental health regional entity formed under the Mental Health Code, MCL 330.1204b, that has submitted its Application For Participation as a **pP**repaid **iI**npatient **Hh**health **Pp**lan (“PIHP”) under 42 CFR Part 438.

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

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

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

MSHN, as a MDHHS-designated community mental health entity, is required, under MCL 330.1287(5) to establish a **Ss**ubstance **Uu**se **Dd**isorder **Oo**versight **Pp**olicy **Bb**oard (SUD Policy Board) through a contractual agreement, under appropriate law, between MSHN and each of the Counties in Region 5.

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

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

ARTICLE I

PURPOSE

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

ARTICLE II

SUD POLICY BOARD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE III

MSHN

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

ARTICLE IV

TERM AND TERMINATION AND DISPUTE RESOLUTION

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

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

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

- 4.3.1 If the dispute is between MSHN and the SUD Policy Board, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and SUD Policy Board in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If no mutual agreement is reached, the decision of MSHN as adopted by a majority vote of the MSHN Board will be deemed final.
- 4.3.2 If the dispute is between MSHN and one or more of the Counties, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and representatives of one or more County Boards in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If MSHN or one or more of the Counties remain dissatisfied, the Parties may mutually agree to non-binding mediation. If non-binding mediation is agreed to, the Parties may mutually agree upon a mediator or submit a request that mediation be

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

ARTICLE V

LIABILITY

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

ARTICLE VI

MISCELLANEOUS

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE VII

CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT

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

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

MID-STATE HEALTH NETWORK REGIONAL ENTITY

By: _____ Date: _____

Its: _____

ARENAC COUNTY

By: _____ Date: _____

Its: _____

BAY COUNTY

By: _____ Date: _____

Its: _____

CLARE COUNTY

By: _____ Date: _____

Its: _____

CLINTON COUNTY

By: _____ Date: _____

Its: _____

EATON COUNTY

By: _____

Date: _____

Its: _____

GLADWIN COUNTY

By: _____

Date: _____

Its: _____

GRATIOT COUNTY

By: _____

Date: _____

Its: _____

HILLSDALE COUNTY

By: _____

Date: _____

Its: _____

HURON COUNTY

By: _____

Date: _____

Its: _____

INGHAM COUNTY

By: _____

Date: _____

Its: _____

IONIA COUNTY

By: _____

Date: _____

Its: _____

ISABELLA COUNTY

By: _____

Date: _____

Its: _____

JACKSON COUNTY

By: _____

Date: _____

Its: _____

MECOSTA COUNTY

By: _____

Date: _____

Its: _____

MIDLAND COUNTY

By: _____

Date: _____

Its: _____

MONTCALM COUNTY

By: _____

Date: _____

Its: _____

NEWAYGO COUNTY

By: _____

Date: _____

Its: _____

OSCEOLA COUNTY

By: _____

Date: _____

Its: _____

SAGINAW COUNTY

By: _____

Date: _____

Its: _____

SHIAWASSEE COUNTY

By: _____

Date: _____

Its: _____

TUSCOLA COUNTY

By: _____

Date: _____

Its: _____

ANNUAL REPORT

TEAM NAME: SUD Oversight Policy Board

TEAM LEADER: Chairman Steve Glaser, SUD Board Member

REPORT PERIOD COVERED: 10.1.22 – 9.30.23

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 FY22 & related contracts
- Approved use of PA2 funds for prevention and treatment services in each county
- Received presentation on FY23 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
- Received updates on MDHHS State Opioid Response Site Visit Results
- Shared prevention and treatment strategies within region
- Received information and education on opioid settlement and strategies
- Provided input on the FY24-26 MSHN SUD Strategic Plan

b. Upcoming Goals for FY24 ending, September 30, 2024:

- 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
FY2023 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Payment Amount	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	43,079	5,372	11,608	05.08.23	15,183	08.03.23			39,831	32,163	75,242
Bay	618,251	30,475	65,851	05.11.23	86,136	08.17.23			233,547	182,461	800,712
Clare	159,599	8,059	17,414	05.24.23	22,778	08.14.23			60,746	48,252	207,851
Clinton	453,660	19,498	42,132	05.12.23	55,110	08.11.23			148,983	116,739	570,399
Eaton	473,679	34,736	75,059	05.24.23	98,179	09.11.23			272,660	207,973	681,652
Gladwin	79,862	5,594	12,087	05.30.23	15,810	08.29.23			43,933	33,490	113,352
Gratiot	59,475	6,926	14,965	05.05.23	19,574	08.04.23			56,647	41,465	100,940
Hillsdale	211,381	7,986	17,255	05.08.23	22,571	08.02.23			60,490	47,812	259,192
Huron	150,584	10,345	22,353	05.08.23	29,238	08.03.23			75,835	61,936	212,520
Ingham	1,140,248	108,945	235,415	05.19.23	307,930	08.11.23			783,947	652,290	1,792,539
Ionia	340,146	11,203	24,207	05.30.23	31,664	08.21.23			89,033	67,073	407,220
Isabella	365,167	20,661	44,644	05.15.23	58,396	08.21.23			154,219	123,700	488,868
Jackson	669,765	49,863	107,747	08.07.23	140,936	08.07.23			386,551	298,546	968,310
Mecosta	245,292	13,195	28,513	05.08.23	37,296	08.07.23			102,884	79,003	324,295
Midland	417,386	25,590	55,297	05.12.23	72,330	08.04.23			175,440	153,217	570,602
Montcalm	302,262	15,266	32,987	05.25.23	43,148	08.17.23			121,919	91,400	393,662
Newaygo	154,400	12,003	25,936	06.20.23	33,925				96,097	71,863	226,264
Osceola	67,509	5,307	11,467	05.12.23	14,999	08.07.23			38,324	31,772	99,281
Saginaw	1,543,606	71,915	155,398	05.09.23	203,265	08.08.23			590,923	430,577	1,974,183
Shiawassee	359,793	14,648	31,651	05.15.23	41,400	08.07.23			111,203	87,699	447,492
Tuscola	137,959	8,266	17,861	05.11.23	23,362	08.10.23			66,041	49,488	187,447
	<u>\$ 7,993,104</u>	<u>\$ 485,846</u>	<u>\$ 1,049,844</u>		<u>\$ 1,373,230</u>		<u>\$ -</u>		<u>\$ 3,709,254</u>	<u>\$ 2,908,919</u>	<u>\$ 10,902,023</u>

**Mid-State Health Network
FY2023 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	YTD Payments	Ending PA2 Fund Balance
Arenac	75,242	3,151	2,572	1,460	3,766	2,737	2,446	2,010	29,954	\$ 45,288
Bay	800,712	26,060	27,076	29,750	27,395	25,627	36,270	34,844	278,917	\$ 521,795
Clare	207,851	2,692	3,177	1,884	3,363	3,956	4,852	8,555	42,822	\$ 165,029
Clinton	570,399	9,267	9,159	10,165	10,144	14,468	9,018	11,083	119,031	\$ 451,368
Eaton	681,652	21,767	22,169	20,681	20,173	25,569	21,931	19,006	238,149	\$ 443,503
Gladwin	113,352	2,702	2,938	2,870	2,906	3,322	3,395	3,342	33,420	\$ 79,932
Gratiot	100,940	4,161	4,675	4,040	3,615	4,522	3,410	3,412	44,375	\$ 56,565
Hillsdale	259,192	8,246	13,921	7,176	8,740	6,177	7,298	7,369	79,114	\$ 180,078
Huron	212,520	5,689	4,235	4,721	5,095	4,618	5,536	19,186	68,870	\$ 143,651
Ingham	1,792,539	55,144	62,088	43,058	50,172	69,802	44,172	59,440	593,909	\$ 1,198,630
Ionia	407,220	7,942	17,487	8,204	7,762	22,027	10,108	7,724	128,445	\$ 278,774
Isabella	488,868	21,732	20,303	18,780	16,838	14,594	18,262	16,693	213,896	\$ 274,972
Jackson	968,310	27,042	35,845	30,738	32,568	35,054	34,577	37,845	364,182	\$ 604,129
Mecosta	324,295	10,164	12,372	9,888	10,123	10,083	9,627	9,360	118,079	\$ 206,216
Midland	570,602	9,264	9,068	8,095	16,879	18,251	26,128	29,065	153,739	\$ 416,864
Montcalm	393,662	2,086	2,077	10,964	2,543	2,205	66,841	1,810	102,163	\$ 291,499
Newaygo	226,264	2,106	3,501	3,178	32,123	4,794	7,349	5,616	69,100	\$ 157,164
Osceola	99,281	2,709	3,251	3,126	3,011	2,428	2,927	2,570	29,542	\$ 69,739
Saginaw	1,974,183	56,960	74,805	70,053	76,952	85,224	80,459	60,956	705,067	\$ 1,269,116
Shiawassee	447,492	20,173	18,853	20,100	20,256	10,304	19,281	20,616	205,431	\$ 242,061
Tuscola	187,447	9,797	8,492	8,240	3,957	3,586	3,126	3,839	79,000	\$ 108,447
\$ 10,902,023		\$ 308,855	\$ 358,064	\$ 317,173	\$ 358,383	\$ 369,349	\$ 417,011	\$ 364,343	3,697,204	\$ 7,204,819

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2022 through August 31, 2023

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Arenac						
Peer 360 Recovery					10,247	10,247
Sterling Area Health Center				6,366		6,366
Ten Sixteen Recovery		13,341				13,341
Arenac Total		13,341		6,366	10,247	29,954
Bay						
Boys and Girls Club Bay Region				43,904		43,904
Neighborhood Resource Center				85,030		85,030
Peer 360 Recovery					50,084	50,084
Sacred Heart Rehabilitation				17,251		17,251
Sterling Area Health Center				41,264		41,264
Ten Sixteen Recovery		1,148			40,236	41,384
Bay Total		1,148		187,449	90,320	278,917
Clare						
Ten Sixteen Recovery		417		2,949	39,456	42,822
Clare Total		417		2,949	39,456	42,822
Clinton						
Eaton Regional Education Service Agency				107,168		107,168
St. John's Police Department				6,863		6,863
State of Michigan MRS	5,000					5,000
Clinton Total	5,000			114,031		119,031
Eaton						
Eaton Regional Education Service Agency				130,480		130,480
State of Michigan MRS	5,000					5,000
Wellness, InX		69,625			33,044	102,669
Eaton Total	5,000	69,625		130,480	33,044	238,149
Gladwin						
Ten Sixteen Recovery		5,617		8,068	19,735	33,420
Gladwin Total		5,617		8,068	19,735	33,420
Gratiot						
Gratiot County Child Advocacy Association				28,308		28,308
Ten Sixteen Recovery		16,067				16,067
Gratiot Total		16,067		28,308		44,375
Hillsdale						
LifeWays				79,114		79,114
Hillsdale Total				79,114		79,114
Huron						
Huron County Health Department				15,752		15,752
Peer 360 Recovery					53,118	53,118
Huron Total				15,752	53,118	68,870
Ingham						
Child and Family Charities				20,405		20,405
Cristo Rey Community Center				21,226		21,226
Eaton Regional Education Service Agency				43,027		43,027
Ingham County Health Department				28,311		28,311
Lansing Syringe Access, Inc			99,551			99,551
Prevention Network				15,472		15,472
Punks With Lunch Lansing			6,000			6,000
State of Michigan MRS	15,000					15,000
Wellness, InX		171,385			173,532	344,917
Ingham Total	15,000	171,385	105,551	128,440	173,532	593,909
Ionia						
County of Ionia				125,212		125,212
Wedgwood Christian Services					3,234	3,234
Ionia Total				125,212	3,234	128,445
Isabella						
Peer 360 Recovery					38,324	38,324
Ten Sixteen Recovery		14,285		39,694	121,593	175,572
Isabella Total		14,285		39,694	159,917	213,896

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2022 through August 31, 2023

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Jackson						
Big Brothers Big Sisters of Jackson County, Inc				15,808		15,808
Family Service and Childrens Aid (Born Free)				218,145		218,145
Henry Ford Allegiance				4,197		4,197
Home of New Vision					126,031	126,031
Jackson Total				238,150	126,031	364,182
Mecosta						
Ten Sixteen Recovery		21,234		20,213	76,632	118,079
Mecosta Total		21,234		20,213	76,632	118,079
Midland						
Peer 360 Recovery					53,170	53,170
Ten Sixteen Recovery		28,162			20,179	48,341
The Legacy Center for Community Success				52,228		52,228
Midland Total		28,162		52,228	73,349	153,739
Montcalm						
Mid-Michigan District Health Department				57,689	21,235	78,924
Wedgwood Christian Services		23,239				23,239
Montcalm Total		23,239		57,689	21,235	102,163
Newaygo						
Arbor Circle				42,535		42,535
Newaygo County RESA				26,565		26,565
Newaygo Total				69,100		69,100
Osceola						
Ten Sixteen Recovery		17,701		11,841		29,542
Osceola Total		17,701		11,841		29,542
Saginaw						
First Ward Community Service				162,314		162,314
Great Lakes Bay Health Center				59,484		59,484
Parishioners on Patrol				5,000		5,000
Peer 360 Recovery					84,129	84,129
Sacred Heart Rehabilitation				37,031		37,031
Saginaw County Youth Protection Council				165,962		165,962
Saginaw Police Department				7,095		7,095
Ten Sixteen Recovery					100,340	100,340
Women of Colors				83,712		83,712
Saginaw Total				520,598	184,469	705,067
Shiawassee						
Catholic Charities of Shiawassee and Genesee				108,558		108,558
Peer 360 Recovery					80,031	80,031
Shiawassee County				11,842		11,842
State of Michigan MRS	5,000					5,000
Shiawassee Total	5,000			120,400	80,031	205,431
Tuscola						
List Psychological Services				37,751		37,751
Peer 360 Recovery					41,249	41,249
Tuscola Total				37,751	41,249	79,000
Grand Total	30,000	382,222	105,551	1,993,833	1,185,598	3,697,204

Mid-State Health Network
Summary of SUD Revenue and Expenses as of August 2023 (91.73% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	7,128,334.11	9,002,742.00	1,874,407.89	79.18%
SOR and Other Grants	2,679,342.77	7,103,984.00	4,424,641.23	37.72%
Medicaid	17,819,184.89	19,608,423.00	1,789,238.11	90.88%
Healthy Michigan	33,775,722.94	36,308,041.00	2,532,318.06	93.03%
PA2	3,697,204.24	4,512,432.00	815,227.76	81.93%
Totals	65,099,788.95	76,535,622.00	11,435,833.05	85.06%
Direct Expenses				
Block Grant	7,128,334.11	9,002,742.00	1,874,407.89	79.18%
SOR and Other Grants	2,679,342.77	7,103,984.00	4,424,641.23	37.72%
Medicaid	14,580,795.69	17,600,000.00	3,019,204.31	82.85%
Healthy Michigan	25,933,709.85	29,100,000.00	3,166,290.15	89.12%
PA2	3,697,204.24	4,512,432.00	815,227.76	81.93%
Totals	54,019,386.66	67,319,158.00	13,299,771.34	80.24%
Surplus / (Deficit)	11,080,402.29			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	3,238,389.20			
Healthy Michigan	7,842,013.09			
PA2	-			
Totals	11,080,402.29			

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.



Fiscal Year (FY) 2024 Budget Presentation

Leslie Thomas, Certified Public Accountant (CPA)

Chief Financial Officer (CFO)

Mid-State Health Network

530 W. Ionia Ste F.

Lansing, MI 48933

Joseph Sedlock, Chief Executive Officer (CEO)

Amanda Ittner, Deputy Director (DD)

Budget Development

REVENUE ESTIMATES

- Michigan Department of Health and Human Services (MDHHS) along with Milliman its actuarial firm, provided a draft Rate Certification letter to PIHPs in August 2023.
- PIHP Finance Staff used details from the letter and appendices to develop revenue estimates. The draft Rate Certification revealed key items which negatively impacted the regions revenue. The items included a significant decrease in Healthy Michigan Plan (HMP) enrollees to slightly above pre-pandemic levels. In addition, there was an average decrease of 22% in HMP payment rates.
- Medicaid Savings Carryforward is at an historical low - causes include CMHSP increased spending and unexpected capitation use of nearly \$22 M for Certified Community Behavioral Health Centers (CCBHCs).
- CMHSP Supplemental Revenue increased by \$55 M - this means a larger portion of the Prospective Payment Systems (PPS-1) will be covered with this funding in FY 24.
- As in previous FYs, MSHN will continue its review of revenue and expense estimates several times throughout the FY. Review processes ensure the region can identify anticipated cost overruns or projected surpluses and facilitates future fiscal planning.

Budget Development

EXPENSE FIGURES

- ▶ Community Mental Health Services Programs (CMHSPs) - Expense numbers submitted by Ten of Twelve CMHSPs exceed projected revenue. MSHN encouraged CMHSPs to report expenses needed to address ongoing state-wide concerns in the following areas:
 - ▶ Staff Retention
 - ▶ Staff Attraction
 - ▶ Temporary Payment Adjustments
 - ▶ Provider Stabilization - Utilization Issues
- ▶ Substance Abuse Prevention and Treatment (SAPT) providers - Expense amounts based on prior year utilization or negotiated contract/cost reimbursement funding levels. In addition, the spending projections include a 10% regional rate increase for the same concerns noted in the CMHSP section. MSHN's SAPT revenue is not sufficient to cover projected expenses. Nearly all of the estimated cost overrun is in HMP.
- ▶ In past Fiscal Years, MSHN's region aggressively implemented fiscal stabilization strategies within its provider networks while also introducing incentives to address internal staffing retention. **We acknowledged and understand consumer care was at risk if we did not take measures noted. Unfortunately, the same fiscal needs are present but current revenue projections are much lower than recent historical amounts.**

FY 2024 Regional Budget Summary

CATEGORY	SAPT REVENUE		SAPT EXPENSE		SURPLUS/(DEFICIT)
Medicaid	20,142,408	29.06%	19,749,480	27.23%	392,928
HMP	27,534,504	39.73%	32,000,000	44.12%	(4,465,496)
Block Grant	16,895,320	24.38%	16,051,640	22.13%	843,680
PA 2	<u>4,736,318</u>	6.83%	<u>4,736,318</u>	6.53%	-
	69,308,550	100.00%	72,537,438	100.00%	(3,228,888)

PLEASE NOTE: MSHN received updated MDHHS rates in late September. The rates improved the Region's overall revenue position by \$21M. The Region originally anticipated a \$16M deficit and now projects a \$5M surplus (revenue over expenses).

Mid-State Health Network
FY2024 PA2 Funding Recommendations by Provider
October 2023 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Professional Psychological & Psychiatric Services	66,332	66,332	66,332
GRAND TOTAL	66,332	66,332	66,332

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

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

County	Projected Beginning Reserve Balance	Projected FY2024 Treasury Revenue*	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Projected Ending Reserve Balance
Arenac	45,296	38,688	33,292	-	50,692
Bay	450,160	225,618	310,340	-	365,438
Clare	161,346	61,418	120,275	-	102,489
Clinton	463,409	143,218	145,894	-	460,733
Eaton	475,462	272,110	297,041	-	450,531
Gladwin	87,295	38,875	61,000	-	65,170
Gratiot	65,957	50,537	31,670	-	84,824
Hillsdale	186,582	59,966	84,774	-	161,774
Huron	126,687	82,176	86,670	-	122,193
Ingham	1,231,297	792,322	874,497	-	1,149,122
Ionia	251,031	86,379	140,620	-	196,790
Isabella	260,270	146,746	186,500	-	220,516
Jackson	652,815	368,480	470,520	-	550,775
Mecosta	211,675	100,743	153,500	-	158,918
Midland	403,193	187,807	275,000	-	316,000
Montcalm	279,347	111,112	193,408	-	197,051
Newaygo	177,828	91,576	108,151	-	161,253
Osceola	69,833	41,306	47,000	-	64,139
Saginaw	1,254,400	530,323	875,548	66,332	842,843
Shiawassee	216,202	111,870	156,618	-	171,454
Tuscola	119,839	65,669	84,000	-	101,508
Total	<u>\$ 7,189,926</u>	<u>\$ 3,606,939</u>	<u>\$ 4,736,318</u>	<u>\$ 66,332</u>	<u>\$ 5,994,215</u>

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

County	Provider	FY2023 OPB Approved PA2 Provider Funding	FY2024 MSHN Funding Recommendations October	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2024 Requests
Saginaw						
	Professional Psychological & Psychiatric Services			New		SUD Early Intervention Services of Teen Intervene at the Saginaw County Youth Detention Facility (For FY23)
	PA2	66,332	-			Item for FY23 Only
	Grants	10,000	10,000			
	Total	76,332	10,000			

*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 October 2023

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

Prevention

- Supported distribution of \$400,000 in SOR-3 funds for SUD prevention coalition mini-grants for OEND and harm reduction activities and supplies
- Continuation of streaming TV commercial media campaign for problem gambling
- The MSHN region had 93 Synar (Youth Tobacco Act) compliance checks completed, with 13 sales made. This is a 13.98% Retailer Violation Rate (RVR) for our region, which is very good! The state's overall RVR needs to be under 20% in order to keep our full federal funding for SUD services. The state has not reported their overall rate at this time.
- FY23 Prevention and Community Recovery provider desk audit cycle is in progress and will wrap up in September.
- Finalized FY24 Annual Planning with providers and our internal teams
- Updated Prevention sections in contract and Provider Manual for FY24
- Research and development of an MDHHS SUD Strategic Plan for FY24-26.
- Began working with MDHHS on update to the Michigan Prevention Data System (MPDS), which is the software our providers use for activity reporting and tracking. The new system is expected to be ready for testing in FY24, and ready for full use beginning in FY25.
- Began planning annual Prevention Conference for MSHN-region Prevention and Community Recovery providers for 2024. Working with Prevention Network to host the training in 2024.
- Began planning for funding from MDHHS' FDA Tobacco Section related to Tobacco Retailer Licensing education for state and local stakeholders
- Ongoing planning for grant projects and spending in FY23, including QPR suicide prevention training, cannabis education, and gambling prevention media campaigns
- 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 FY21-23 SUD Strategic Plan.

Treatment

- LARA SUD Administrative Rules went into effect on 6/26/2023. SUD clinical team updated FY24 contracts, SUD provider manual, and QAPI review tools to reflect new/revised rules.
- Finalize data review and contract recommendations for FY24 for treatment and recovery providers.
- Approximately \$143,000 of grant funds utilized to support provider evidence-based materials requests for prevention, treatment, and recovery.
- Completed treatment and recovery goals on MSHN SUD Strategic Plan for FY24-26, submitted 8/15 to MDHHS.
- Support data review for Equity Upstream Learning Collaborative providers.
- Continued support for value-based pilot for Project ASSERT with three regional providers.
- RFP site opened in Greenville, Montcalm County with Samaritas for ASAM 1.0 and 2.1 LOC outpatient services with MAT on 7-19-2023.
- Opioid Health Home (OHH) in Region 5 at Victory Clinical Services – Saginaw currently has 215 individuals enrolled and growing daily. MSHN evaluating expansion of Health Home Partners (HHPs) for FY24.
- Clinical team planning to attend the MDHHS SUD and Co-occurring Conference on September 11-12, 2023.
- Narcan Vending Machines currently approved for Eaton, Ingham, Tuscola, Ionia, Jackson, Gratiot, and Ingham counties with SOR-3 grant funds. Additional machine for Hillsdale County approved in July 2023.
- Planning and coordination of training opportunities for SUD provider network for summer/fall of 2023. This includes Cognitive Behavioral Therapy and LGBTQ+ trainings. Training information will be released in the weekly constant contact newsletter.
- Participation and support for internal IDEA workgroup for DEI initiatives.
- Monitoring and assisting providers with ASAM Designation process with MDHHS which is now part of the MiCAL system online.
- Ongoing monitoring of Public Health Emergency (PHE) unwind with MDHHS to support providers and individuals in services with guidance.
- Ongoing support of technical assistance needs with SUD treatment providers and CAP Implementation Reviews for two 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 new outpatient provider meetings.

Additional Activities in September-October:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above
- Ongoing coordination with statewide SUDS Directors
- SUD quarterly provider meeting took place 9/21/2023.
- Ongoing support for provider best practice issues like group size in residential settings, etc.
- Conducting 1-on-1 meetings with MSHN's *Equity Upstream* Learning Collaborative (LC) members (8 MSHN-contracted providers and includes 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). Current focus is setting up community-based focus groups to hear

from local communities about barriers, opportunities for improvement, etc. which will inform Action Plans after which LC members will work. on plan implementation

**THREE-YEAR (FY24-26)
STRATEGIC PLAN FOR
SUBSTANCE USE DISORDER (SUD)
PREVENTION, TREATMENT & RECOVERY SERVICES**
(Submitted to MDHHS on 8/15/23 – Approval pending)

Background:

When MSHN absorbed oversight of SUD services in 2015, we inherited a strategic plan that was developed previously by the three sub-regional entities that merged under MSHN’s umbrella. MDHHS did not require a new plan for several years thereafter so MSHN’s first three-year strategic plan was developed in 2020 for FY21-23 and is [here on MSHN's website](#). That plan was developed as the COVID pandemic was overwhelming health care systems around the country and globally. MSHN incorporated and anticipated what it could based on the changing landscape of health care. For FY24-26, MDHHS has provided a detailed guidance document as to what each region needs to include in their plan. Based on that guidance and the post-pandemic new normal, MSHN will be updating its FY21-23 to reflect current conditions.

Variables that inform MSHN’s FY24-26 Plan (See attached MDHHS guidance document starting on p. 5)

1. Barriers to SUD prevention, treatment, and recovery services
2. Communicable Disease
3. Regional Epidemiological Profile
4. SUD Morbidity, Mortality and Prevalence
5. Youth Epidemiological Indicators
6. Adult Epidemiological Indicators
7. Older Adult Epidemiological Indicators
8. Mechanisms for Coordination of Services
9. Decision-making Processes including Board of Directors, OPB, Leadership & Community Partnerships

Strategic Goals (new goals in red)

Prevention Goals:

1. Reduce underage drinking
2. Reduce cannabis use among youth and young adults
3. Reduce opioid prescription misuse
4. Reduce youth tobacco and nicotine use
5. Increase access to prevention services for adults 55+yr.

Treatment & Harm Reduction Goals:

Increase access to Treatment Services:

- OUD treatment & harm reduction for persons living with OUD;
- Treatment & re-entry services for incarcerated individuals returning to communities;

- Trauma-responsive services;
- Women’s Specialty Services (WSS) to reduce # of infants exposed to NAS/FAS;
- Treatment services for older adults;
- **Improved coordination of care between primary care services & behavioral health services for persons with SUD**

Recovery Goals:**Increase and enhance Recovery:**

- **Coordination of prevention, follow-up and continuing care in the recovery process;**
- **Support coordinated strategies to support recovery;**
- **Access to recovery services promoting life enhancing recovery and wellness for individuals and families.**

Health Equity & Disparities Reduction Goals:

1. Identify gaps in access to services, to quality care, and to disparate health outcomes in our region;
2. Identify upstream factors contributing to those disparities in access to services and health outcomes;
3. **Develop and implement strategies to address disparities in a pilot for Region 5;**
4. **Assess outcomes and promote successes to the broader provider network.**

Data Sources being used (this list is not all-inclusive):

1. [SUD Data Repository](#)
2. [MiPHY](#)
3. [Healthy People - Health.gov](#)
4. [MODA Dashboard](#)
5. [MI Opioids website](#)
6. [CDC](#)
7. [Census Data](#)
8. [NIDA](#)
9. [SAMHSA - National Survey on Drug Use and Health \(NSDUH\)](#)
10. [SAMHSA Evidence-Based Practices](#)
11. [SAMHSA Strategic Plan](#)
12. [Michigan Demographics per 2020 Census](#)
13. REMI (MSHN’s treatment authorization & billing system not linked here due to PHI)

GUIDELINES FOR DEVELOPING THREE-YEAR STRATEGIC PLANS FOR SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES

Fiscal Years 2024-2026

Substance Use Gambling and Epidemiology

Angie Smith-Butterwick, Section Manager

March 31, 2023

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4. A summary of key decision-making processes and findings undertaken by the SUD Policy Oversight Board or other regional advisory or oversight board.	7
5. A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services in your array necessary to support recovery.....	7
6. Provision of an allocation plan, derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery-oriented system of care	8
7. An implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three (3) year timeline	9
8. An evaluation plan that identifies baseline, process and outcome data for implementing a ROSC that includes prevention and treatment, as well as all other services necessary to support recovery,	9
9. Evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner.....	10

SUBMISSION REQUIREMENTS FOR THE THREE-YEAR SUBSTANCE USE DISORDER (SUD) STRATEGIC PLANS

All SUD Strategic Plans are due electronically in (Microsoft Word or Adobe PDF format only), no later than 5:00 p.m. on July 15th 2023 to Sandra S. Bullard at BullardS@michigan.gov. The strategic plan formatting requirements: single-spaced, Times New Roman, 12pt font, and not to exceed 36 pages (not including transmittal letters and attachments).

TRANSMITTAL OF DATA DUMPS/DOWNLOADS WILL NOT BE ACCEPTED. FURTHER DETAIL REGARDING SUBMISSION FORMATTING IS PROVIDED WITH THE APPLICABLE INFORMATION LISTED LATER IN THIS DOCUMENT.

A transmittal letter signed by the Prepaid Inpatient Health Plan (PIHP) director or designee is required and must verify that the plan submitted has been reviewed and approved by both the PIHP director and the PIHP's governing board and the Substance Use Disorder (SUD) Policy Oversight Board. The signed letter may be scanned and transmitted via e-mail with the implementation plan submission.

Required Components for Submission of the Three-Year SUD Strategic Plans

1. Submission of transmittal letter signed by the PIHP.
2. Submission of Three-Year SUD Strategic Plan including:
 - A narrative identifying and prioritizing substance use disorder problems impacting the community;
 - A narrative, based on an **epidemiological profile**, identifying and explaining data driven goals and objectives that can be quantified, monitored, and evaluated for progress;
 - A narrative illustrating the goals, objectives, and **strategies for coordinating services with public and private service delivery systems**;
 - A summary of key **decision-making processes** and findings undertaken by the **SUD Policy Oversight Board** or other regional advisory or oversight board;
 - A narrative complete with a detailed **logic model for selecting and implementing evidence-based programs**, policies, and practices for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services in your array necessary to support recovery;
 - Provision of an allocation plan derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery-oriented system of care;
 - **An implementation plan** that describes how key prevention, treatment, and recovery services, as well as all other services necessary (such as harm reduction) to support recovery, will be implemented and a three (3) year timeline that identifies persons or entities responsible for the completion of strategies and completion dates;
 - **An evaluation plan that identifies baseline and outcome data** for implementing a recovery-oriented system of care that includes prevention, treatment, and recovery services;
 - A brief narrative illustrating evidence of a process and procedure for ensuring that **policies, programs, and practices** will be conducted in a **culturally competent** manner.

Technical Assistance: Requests or questions related to these strategic plan guidelines should be directed to Angie Smith-Butterwick at SmithA8@michigan.gov.

GUIDELINES FOR DEVELOPING THREE-YEAR STRATEGIC PLANS FOR SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES

Introduction

Section 274 of P.A. 500 (Mental Health Code, P.A. 258, as amended) requires designated community mental health entities Prepaid Inpatient Health Plans (PIHPs) to develop three-year strategic plans for substance use disorder (SUD) services that must be consistent with the guidelines established by the Michigan Department of Health and Human Services (MDHHS). This document provides the guidelines for the submission of the three-year strategic plans beginning October 1, 2023, and ending September 30, 2026. The Bureau of Specialty Behavioral Health Services assures that an approved strategic plan for SUD services will satisfy the requirements set forth in P.A. 500, Section 274(a).

The strategic plan guidelines serve to facilitate the development and submission of a strategic plan for SUD services. Close adherence to the guidelines in preparing the strategic plan will provide the Bureau of Specialty Behavioral Health Services evidence of the PIHP's ability to provide SUD services in a manner that will meet the service needs of the SUD population consistent with the MDHHS 2020 Strategic Priorities, Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS-BG) priorities, and the 1115 Waiver requirements addressing substance use disorders.

Strategic Plan Guidelines

PIHP Strategic Plans for SUD must provide evidence of implementing a recovery-oriented system of care (ROSC) that includes prevention, treatment, and recovery services as well as all other services necessary to support recovery, and must align with the goals of the Substance Use, Gambling and Epidemiology (SUGE) (formerly OROSC) Strategic Plan and the associated primary focus areas as follows:

	Strategic Focus Areas		
	1. Prevention	2. Treatment/Harm Reduction	3. Recovery
	Strategic Directions		
<p>Expansion and enhancement of an array of services within the recovery-oriented system of care.</p> <p>Reduction in health disparities among high-risk populations receiving prevention, treatment and recovery services.</p>	<p>REDUCE:</p> <p>1.1 Underage drinking.</p> <p>1.2 Prescription drug misuse, including a reduction in the misuse of opioids for non-medical purposes.</p> <p>1.3 Marijuana use among youth and young adults.</p> <p>1.4 Underage youth tobacco access and tobacco use including electronic nicotine devices and vape products.</p> <p>1.5 Increase in access to prevention services for older adults 55 and older.</p>	<p>INCREASE:</p> <p>2.1 Behavioral health and primary care services for persons at-risk for and with mental health and substance use disorder.</p> <p>2.2 Access to OUD treatment and harm reduction for persons living with Opioid Use Disorder.</p> <p>2.3 Access to TX & REENTRY treatment for criminal justice involved population returning to communities.</p> <p>2.4 Access to trauma responsive services.</p> <p>2.5 Reduce in the percentage of substance exposed birth/infants. WSS/NAS/EAS</p> <p>2.6 Access to treatment services for older adults 55 and older.</p>	<p>INCREASE:</p> <p>3.1 Coordination of PX, FU, and continuing care in the recovery process.</p> <p>3.2 Support coordinated strategies to support recovery.</p> <p>3.3 Access to recovery services promote life enhancing recovery and wellness for individuals and families.</p>

Please prepare narratives consistent with the following components one (1) through nine (9). The total number of pages for components one (1) through nine (9) must not exceed 36 pages. Charts, tables, and graphs may be included in page limitation or attached to the strategic plan.

The strategic plans must include the following key components necessary for implementing a ROSC that is conducive to an individual's recovery, as well as a community's journey toward recovery:

- 1. A narrative identifying and prioritizing substance use disorder problems impacting the community** with respect to ROSC that includes prevention, treatment, and recovery services, as well as all other services necessary to support recovery. The narrative should include identification of related long term and short-term consequences at the regional/community level. There should be evidence of an epidemiological profile in the prioritization of substance use disorder issues/problems.

Evidence should include:

- A demographic profile of your populations of focus including race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics, literacy, and sexual identity;
- A description of the relationship of your populations of focus, including sub populations, to the overall population in your PIHP catchment area and target population disparities, if any, relating to access/use/outcomes of prevention, treatment, and recovery support services citing relevant data;
- A description of current system for providing substance use disorder prevention, treatment, and recovery services that are supported by research and are evidence-based in the PIHP region, including the number of prevention, treatment, and recovery support service providers currently funded by public dollars, gaps in service delivery, and barriers to service access;
- A description of the extent (morbidity and mortality) and prevalence of substance use disorder problems in the PIHP region including: a quantification of need for services; capacity of the PIHP service delivery system to provide services; a description of how the SUD focus of service gaps will meet identified needs for SUD service and reduce health disparities. An outline of the process used to determine the prioritized consequences and intervening variables (risk and protective factors) regarding the reduction of underage drinking, underage tobacco use, youth and young adult marijuana use and the reduction of opioid prescriptions and over-the-counter drug abuse, including opiates. When planning for prevention and treatment services pertaining to opioids, you must include data for both heroin and other opiates and consider the prevalence of heroin/other opiates in relation to other substances of misuse;
- A Narrative description of how communicable disease (CD) services will be implemented or maintained in the region in accordance with requirements set forth in *Prevention Policy #2: Addressing Communicable Disease Issues in the Substance Abuse Network*. Clearly indicate if the required CD services will be limited to SUD clients, or if all individuals entering the system (including mental health services) will be screened and provided information on local resources. PIHP's are strongly encouraged to include all individuals in this process, particularly those who are identified with co-occurring disorders.

Data Sources for Prevention and Treatment Needs Assessment:

- Strategic Prevention Framework – A Guide for Michigan Communities at [BH Recovery & Substance Use \(michigan.gov\)](#)
- Michigan Substance Use Disorder Data Repository at: www.mi-suddr.com
- Michigan Epidemiological Profile 2021 at [BH Recovery & Substance Use \(michigan.gov\)](#) → Prevention → Data and Statistics
- Substance Abuse Annual and Legislative Reports at: [Legislative Reports \(michigan.gov\)](#)
- Behavioral Health Treatment Episode Data Set

2. **A narrative, based on the epidemiological profile, identifying, and explaining data-driven goals and objectives that can be quantified, monitored, and evaluated for progress** (increase in access to SUD services, behavior change, quality improvement, and positive treatment outcomes, an increase in recovery support services, and improvement in wellness) over time.
3. **A narrative illustrating goals, objectives, and strategies for coordinating services with public and private service delivery systems.** Provide evidence of collaboration or coordination with primary care and all other relevant resources as provided in P.A. 500, adult and children’s services, faith-based communities, education, housing authorities, agencies serving older adults, agencies serving people who inject drugs/Syringe Service Programs, military and veteran organizations, foundations, and volunteer services.
 - **For prevention:** identify the prevention providers/coalitions and stakeholders implementing activities related to goals and objectives.
 - **For treatment:** identify key stakeholders involved in treatment services or collaborating with the PIHP in implementing services and activities related to the goals and objectives.
 - **For recovery:** identify key stakeholders involved in recovery services or collaborating with the PIHP in implementing services and activities related to the goals and objectives.
4. **A summary of key decision-making processes and findings undertaken by the SUD Policy Oversight Board or other regional advisory or oversight board.**
5. **A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention, treatment, and recovery services as well as all other services in your array necessary to support recovery.** The logic model approach should include common risk and protective factors contributing to substance use and mental health disorders and its consequences, as well as opportunities for recovery.
 - **For Prevention:** the logic model should include: Identification of an overall goal or goals for prevention, based on epidemiologic data; identification of the consequences of the primary SUD problem the region is attempting to prevent; Intervening variables (risk and protective factors) impacting the problems; Objectives for remedy; activities to employ for immediate and long-term outcomes; Counties where the activity will occur.
 - Please include youth access to tobacco planning activity.
 - For reference, see the following documents on the SUGE website at: [BH Recovery & Substance Use \(michigan.gov\)](#) *Guidance Documents: Selecting, Planning, and Implementing Evidence-Based Interventions for the Prevention of Substance Use*

Disorders; Risk and Protective Factors for Substance Use and Mental Health Disorders; Older Adult Well Being Strategic Plan; A Strategic Tobacco Plan; Strategic Plan to Reduce Underage Drinking; and Strategic Prevention Framework SPF - A Guide for Michigan Communities and A Guide to SAMHSA's Strategic Prevention Framework at <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

- **For Treatment and Recovery:** the logic model should include:
 - Identification of the primary SUD problem(s) impacting the region based on epidemiological data;
 - Identification of inputs or intervening variables;
 - Identification of strategies to employ to impact the SUD problem(s);
 - Listing of activities leading to immediate outcomes;
 - Listing of outputs from the activities; intermediate and long-term outcomes;
 - Counties where specific activities will occur.
- For reference, sample logic models may be found at www.samhsa.gov and Examples of Community- and State-level Logic Models for Addressing Opioid-related Overdose Deaths | Solutions.edc.org

6. Provision of an allocation plan, derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery-oriented system of care that includes prevention, treatment and recovery, as well as all other services in your array, necessary to support recovery in identified communities of greatest need consistent with a data-driven, needs-based approach and evidence-based practices. The allocation plan for prevention, treatment, and recovery targeted services must include the following:

- Evidence of a commitment to set aside and expend a minimum of 20 percent Community Grant funding for primary prevention services, including an emphasis on:
 - Increasing efforts targeting environmental change and community-based process;
 - Integration of SUD prevention and health promotion;
 - Collaboration with primary care;
 - Collaboration with Michigan Tribal entities;
 - Workforce development activity related initiatives.
- Evidence of the intent to allocate funding to implement a full continuum of researched and evidence-based care available to individuals seeking treatment and recovery support services;
- Evidence of the intent to maintain and enhance the provider panel for substance use disorder treatment and recovery services. The plan should include any identified deficits and strategies that will be employed to remedy such, including strategies to enhance and/or expand participation of Tribal entities on provider panels;
- Evidence of intent to ensure that priority populations are served first and foremost with SUPTRS-BG funding, and methods for tracking the need for services to increase availability as needed. The plan should also indicate how the priority population wait list will be maintained;
- Evidence that there is knowledge of the problem to be addressed and related research, and that the services plan consists of evidence-based services to impact that issue;
- A plan for a trauma-informed system of care. Highlight the steps taken at the regional entity and provider level to ensure that individuals receive services that are trauma-informed at access points, Prevention Provider, and Treatment and Recovery Services Provider.

7. **An implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three (3) year timeline** that identifies persons or entities responsible for the completion of strategies and completion dates.

8. **An evaluation plan that identifies baseline, process and outcome data for implementing a ROSC that includes prevention, treatment, and recovery services as well as all other services necessary to support recovery**, including process and procedures for conducting the evaluation. The evaluation plan should describe how the identified issues/problems, strategic plan, and evaluation data will be used for making adjustments in the implementation of a ROSC.
 - **For prevention services:** The evaluation plan must include the completion of proposed outcomes and the percentage of evidence-based programs. These indicators must be addressed in each region as part of overall statewide efforts. If additional substance misuse issues impacting communities (including the prevention of stimulants use) are chosen and planned, indicators should be identified. The plan should also include method for administering outcome surveys (e.g. pre/posttests, coalition assessment).
 - **For preventing youth access to tobacco:** The evaluation plan must include tools that measure outcomes which include indicators for reducing tobacco sales to minors (Synar compliance).
 - **For treatment and recovery services:** Indicate evaluation mechanisms to track performance in the following indicators:
 - **Domain:** Health and Safety, **Measure:** Sentinel Events
 - **Domain:** Administration: Use of Public Funds, **Measures:** On-time reporting; withdrawal management subsequent services; outpatient continuation; qualitative and quantitative outcomes (employment, housing, education, recidivism) funds spent on services; funds spent on integrated programs; funds spent on recovery supports
 - **Domain:** Treatment Penetration Rates for Selected Populations, **Measures:** Youth (12-17 years-of-age) and Young Adults; Women of Childbearing Age; African American; Hispanic; Native American; and Persons with Opioid Use Disorder

Please include information on evidence-based interventions implemented in the region, and the integration of trauma-responsive services across the continuum of care.

- **For Women's Specialty Services:** The evaluation plans must include:
 - Number and type of services currently available to the individuals in the region, including strengths and deficits;
 - A plan that illustrates and measures the effect of the strategies used to address identified women's issues and expand services;
 - The evidence-based interventions implemented;
 - The integration of trauma responsive services, including Enhanced Women's Services.
- **For persons with Opioid Use Disorder:** The evaluation plans must include:
 - Number and type of services currently available to the individuals in the region, reflecting current knowledge and research related to opioid use disorder and the service type based on current standards identified for treatment of opioid use disorder;

- Provide a plan that illustrates and measures the effect of the research-based strategies and evidence-based services used to address the needs of individuals with opioid use disorder.

9. Evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent and equitable manner. For reference, see *Transforming Culture and Linguistic Theory into Action: A Toolkit for Communities, 2016*, at [Transform Cultural-Linguistic Theory into Action.pdf \(michigan.gov\)](#) and Addressing Health Disparities in Diverse Communities [Addressing Health Disparities in Diverse Communities: A Systematic Review of the Literature \(michigan.gov\)](#).

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY23-Q3
April – June 2023

PREVENTION GOALS	FY23 3rd QTR. RESULTS & PROGRESS
Reduce Underage Drinking	Promoted National Prevention Week May 7-13 by sharing webinars, highlighting MSHN provider activities over the past year, and a special Prevention Week newsletter. 52 programs with multiple activities provided parent and community education/information across the region this quarter. 38 evidence-based programs are in use with multiple activities conducted this period.
Reduce Underage Cannabis Use	38 evidence-based programs are in use with multiple groups/activities occurring using those EBPs. 52 Peer Assisted Leadership activities held this quarter focus on cannabis misuse also as well as 155 student assistance groups with multiple activities (individual and group). 55 programs address AOD issues (inclusive of cannabis issues).
Reduce prescription and over-the-counter drug abuse, including opiates	Supported distribution of \$400,000 in SOR-3 funds for SUD prevention coalition mini-grants for OEND and harm reduction activities and supplies. 52 programs with multiple activities provide education/information on opioid misuse: prescription drug awareness, etc. In addition, fourteen naloxone/Narcan presentations were provided in the community during this period. 936 activities to provide peer recovery support/education were held this quarter.
Reduce youth access to tobacco	Supported DYTURs as they wrapped up Vendor Education in preparation for formal Synar checks held in June. The MSHN region conducted 94 checks, with between 1-15 checks in each county in our region. 38 programs with multiple activities provide education/information to youth across the entire region. My Life My Quit (web-based media campaign for vape education) conducted in this time frame.
Reduce Substance Use in Older Adults	Saginaw and Huron counties conducted senior activity in this quarter. Wellness Initiative for Senior Education (WISE) sessions continue to be hosted in Ingham County.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY23-Q3
April – June 2023

TREATMENT GOALS	RESULTS & PROGRESS
Increase women’s specialty service programs	There have been no providers designated for Women’s Specialty services in the MSHN region for Quarter Three. Trauma-Focused Yoga trainings were held in May to increase provider capability in serving individuals that have experienced trauma. Several of our Women’s Specialty providers attended these trainings. The Regional Women’s Specialty Task Team began work on developing a comprehensive Children’s Needs Assessment that could be used by all Women’s Specialty providers.
Increase array of medication assisted treatment programs	Recovery Pathways is planning a move from their Essexville location to Bay City with expanded space. The following Office-Based Opioid Treatment (OBOT) sites that provided MAT services that had been closed due to the pandemic have reopened this year in the region: Arenac and Gladwin counties. Recovery Pathways has opened programming in Saginaw County. Samaritas is planning to open a new MAT site in Montcalm County next quarter.
Expand Stimulant Use Disorder Treatment	Samaritas’ new location in Montcalm will be offering contingency management for Stimulant use disorders. MSHN continues to support providers in the expansion of the treatment for stimulant use disorders.
Expand Jail Based Services	Jail-based treatment services have not expanded this quarter. MSHN continues to support jail-based services within the region.
Expand Trauma Informed Care	Trauma-Focused Yoga trainings were offered to the region in May. There were a total of 30 provider staff trained in this model. During the Annual Planning process, Trauma-Informed care was reviewed with providers in the form of the Agency Self-Assessment for Trauma Informed Care tool. All providers continue to work toward becoming Trauma-Responsive and Trauma-Informed.
Expand penetration rates for adolescents, older adults, and veterans/military families.	MSHN’s Veteran’s Navigator provided services to 32 veterans/military families during FY23 Q3. MSHN assisted veteran’s with VA services, suicide crisis services, community resources, hospice care and more during this quarter. PPS in Saginaw is providing services at the Saginaw Youth Detention Facility for adolescents. MSHN continues discussions with providers about expanding adolescent services in region.

OPB
Quarterly
Operational
Report:

FY23 Q3

MSHN

Mid-State Health Network

Arenac

Count of intervention/Prevention programs/activities during the period

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

1524

Total Attendees

80

of Activities

Admitted

Service	Adult
Outpatient	6
Residential	7
Withdrawal	6

WSS

Adult

1

MAT

Adult

2

Served

Service	Adult
Outpatient	41
Residential	8
Withdrawal	6

WSS

Adult

4

MAT

Adult

6

Primary Substance at Admission	Adult	Minor
Alcohol	12	
Methamphetamine / Speed	4	
Heroin	3	
Cocaine / Crack	1	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	3	
Methamphetamine / Speed	3	

Bay

Count of intervention/Prevention programs/activities during the period

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

5581

Total Attendees

464

of Activities

Admitted

Service	Adult	Minor
Outpatient	108	6
Residential	40	
Withdrawal	42	

WSS

Adult

24

MAT

Adult

58

Served

Service	Adult	Minor
Outpatient	458	9
Residential	56	
Withdrawal	45	

WSS

Adult

83

MAT

Adult

107

Primary Substance at Admission	Adult	Minor
Alcohol	68	2
Heroin	37	
Other Opiates / Synthetics	30	
Cocaine / Crack	29	
Methamphetamine / Speed	14	
Marijuana/Hashish	9	4
Benzodiazepines	3	
Over-the-Counter Medications	3	
Inhalants	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	41	2
(None)	29	1
Cocaine / Crack	21	
Methamphetamine / Speed	14	
Alcohol	11	2
Other Opiates / Synthetics	9	
Heroin	7	
Benzodiazepines	5	
Other Stimulants	3	
Other Drugs	2	
Other Sedatives / Hypnotics	1	

Clare

Count of intervention/Prevention programs/activities during the period

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

1181

Total Attendees

118

of Activities

Admitted

Service	Adult
Outpatient	34
Residential	9
Withdrawal	7

WSS

Adult

3

MAT

Adult

5

Served

Service	Adult
Outpatient	152
Residential	18
Withdrawal	7

WSS

Adult

8

MAT

Adult

32

Primary Substance at Admission	Adult	Minor
Alcohol	19	
Methamphetamine / Speed	19	
Other Opiates / Synthetics	11	
Heroin	5	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	12	
Methamphetamine / Speed	10	
Other Opiates / Synthetics	5	
(None)	4	
Heroin	2	
Alcohol	1	
Cocaine / Crack	1	

Clinton

Count of intervention/Prevention programs/activities during the period

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

350

Total Attendees

60

of Activities

Admitted

Service	Adult	Minor
Outpatient	46	1
Residential	20	1
Withdrawal	14	

WSS

Adult

8

MAT

Adult

3

Served

Service	Adult	Minor
Outpatient	139	5
Residential	29	1
Withdrawal	15	

WSS

Adult

9

MAT

Adult

33

Primary Substance at Admission	Adult	Minor
Alcohol	34	
Methamphetamine / Speed	26	
Heroin	17	
Cocaine / Crack	5	
Other Opiates / Synthetics	3	
Marijuana/Hashish	1	2
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	17	
(None)	8	
Cocaine / Crack	8	1
Methamphetamine / Speed	8	
Alcohol	7	
Benzodiazepines	2	
Heroin	2	
Other Opiates / Synthetics	2	
Other Amphetamines	1	
Other Drugs	1	

Eaton

Count of intervention/Prevention programs/activities during the period

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

695

Total Attendees

98

of Activities

Admitted

Service	Adult	Minor
Outpatient	68	4
Residential	23	
Withdrawal	24	

WSS

Adult

6

MAT

Adult

17

Served

Service	Adult	Minor
Outpatient	256	11
Residential	36	
Withdrawal	28	

WSS

Adult

12

MAT

Adult

63

Primary Substance at Admission	Adult	Minor
Alcohol	55	
Heroin	27	
Methamphetamine / Speed	21	
Other Opiates / Synthetics	14	
Cocaine / Crack	7	
Marijuana/Hashish	6	4

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	18	
Alcohol	10	2
Marijuana/Hashish	9	
Methamphetamine / Speed	9	
Benzodiazepines	5	
Other Opiates / Synthetics	5	
Heroin	4	
(None)	1	
Other Sedatives / Hypnotics	1	

Gladwin

Count of intervention/Prevention programs/activities during the period

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

528

Total Attendees

65

of Activities

Admitted

Service	Adult
Outpatient	22
Residential	11
Withdrawal	7

WSS

Adult

2

MAT

Adult

5

Served

Service	Adult
Outpatient	97
Residential	15
Withdrawal	7

WSS

Adult

5

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	19	
Alcohol	12	
Other Opiates / Synthetics	7	
Heroin	5	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	7	
Other Opiates / Synthetics	5	
Alcohol	4	
Marijuana/Hashish	4	
Cocaine / Crack	3	
(None)	2	
Heroin	1	

Gratiot

Count of intervention/Prevention programs/activities during the period

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

839

Total Attendees

105

of Activities

Admitted

Service	Adult
Outpatient	12
Residential	17
Withdrawal	4

WSS

Adult

7

MAT

Adult

8

Served

Service	Adult
Outpatient	105
Residential	21
Withdrawal	5

WSS

Adult

16

MAT

Adult

56

Primary Substance at Admission	Adult	Minor
Alcohol	15	
Methamphetamine / Speed	15	
Heroin	7	
Cocaine / Crack	1	
Marijuana/Hashish	1	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	6	
Alcohol	3	
Methamphetamine / Speed	3	
(None)	2	
Heroin	2	
Marijuana/Hashish	2	
Other Opiates / Synthetics	1	

Hillsdale

Count of intervention/Prevention programs/activities during the period

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

739

Total Attendees

68

of Activities

Admitted

Service	Adult
Outpatient	34
Residential	24
Withdrawal	3

WSS

Adult

2

MAT

Adult

6

Served

Service	Adult
Outpatient	73
Residential	33
Withdrawal	3

WSS

Adult

7

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	30	
Alcohol	17	
Heroin	12	
Marijuana/Hashish	4	
Other Opiates / Synthetics	4	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	7	
(None)	6	
Other Opiates / Synthetics	5	
Cocaine / Crack	4	
Alcohol	2	
Marijuana/Hashish	2	
Heroin	1	

Huron

Count of intervention/Prevention programs/activities during the period

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

3040

Total Attendees

242

of Activities

Admitted

Service	Adult
Outpatient	25
Residential	5
Withdrawal	6

WSS

Adult

1

MAT

Adult

13

Served

Service	Adult
Outpatient	101
Residential	5
Withdrawal	6

WSS

Adult

7

MAT

Adult

10

Primary Substance at Admission	Adult	Minor
Alcohol	11	
Cocaine / Crack	8	
Heroin	8	
Other Opiates / Synthetics	5	
Methamphetamine / Speed	4	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	5	
Alcohol	4	
Cocaine / Crack	4	
Marijuana/Hashish	3	
Other Opiates / Synthetics	2	
(None)	1	
Benzodiazepines	1	

Ingham

Count of intervention/Prevention programs/activities during the period

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

2467

Total Attendees

274

of Activities

Admitted

Service	Adult	Minor
Outpatient	373	1
Residential	149	
Withdrawal	136	

WSS

Adult

15

MAT

Adult

127

Served

Service	Adult	Minor
Outpatient	1485	3
Residential	198	
Withdrawal	148	

WSS

Adult

47

MAT

Adult

492

Primary Substance at Admission	Adult	Minor
Alcohol	325	
Heroin	154	
Methamphetamine / Speed	133	
Cocaine / Crack	79	
Other Opiates / Synthetics	45	
Marijuana/Hashish	31	1
Benzodiazepines	4	
Other Drugs	2	
Barbiturates	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	89	
Methamphetamine / Speed	83	
Cocaine / Crack	80	
(None)	56	
Alcohol	53	
Heroin	34	
Other Opiates / Synthetics	18	
Benzodiazepines	8	
Other Drugs	6	
Other Amphetamines	3	
Other Sedatives / Hypnotics	2	
Barbiturates	1	
Hallucinogens	1	
Non-prescription methadone	1	
Other Stimulants	1	

Ionia

Count of intervention/Prevention programs/activities during the period

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

780

Total Attendees

65

of Activities

Admitted

Service	Adult	Minor
Outpatient	77	2
Residential	16	
Withdrawal	8	

WSS

Adult

2

MAT

Adult

7

Served

Service	Adult	Minor
Outpatient	211	2
Residential	28	
Withdrawal	8	

WSS

Adult

7

MAT

Adult

18

Primary Substance at Admission	Adult	Minor
Alcohol	52	
Methamphetamine / Speed	23	
Heroin	9	
Other Stimulants	7	
Other Opiates / Synthetics	6	
Marijuana/Hashish	4	2
Cocaine / Crack	2	
Barbiturates	1	
Inhalants	1	
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	13	
Methamphetamine / Speed	10	
Other Opiates / Synthetics	6	
Cocaine / Crack	5	
Benzodiazepines	4	
Heroin	4	
Alcohol	3	
(None)	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Isabella

Count of intervention/Prevention programs/activities during the period

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

2010

Total Attendees

299

of Activities

Admitted

Service	Adult
Outpatient	22
Residential	33
Withdrawal	13

WSS

Adult

3

MAT

Adult

16

Served

Service	Adult	Minor
Outpatient	270	3
Residential	44	
Withdrawal	17	

WSS

Adult

29

MAT

Adult

112

Primary Substance at Admission	Adult	Minor
Alcohol	25	
Methamphetamine / Speed	21	
Heroin	17	
Other Opiates / Synthetics	7	
Benzodiazepines	2	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	11	
Methamphetamine / Speed	11	
Cocaine / Crack	6	
Other Opiates / Synthetics	5	
Alcohol	4	
Heroin	3	
(None)	2	
Benzodiazepines	2	
Barbiturates	1	
Inhalants	1	

Jackson

Count of intervention/Prevention programs/activities during the period

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

9968

Total Attendees

1228

of Activities

Admitted

Service	Adult
Outpatient	161
Residential	91
Withdrawal	35

WSS

Adult

27

MAT

Adult

44

Served

Service	Adult
Outpatient	641
Residential	125

WSS

Adult

55

MAT

Adult

263

Primary Substance at Admission	Adult	Minor
Alcohol	119	
Methamphetamine / Speed	76	
Heroin	52	
Cocaine / Crack	28	
Other Opiates / Synthetics	27	
Marijuana/Hashish	6	
Other Amphetamines	3	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	43	
Marijuana/Hashish	33	
(None)	21	
Cocaine / Crack	18	
Other Opiates / Synthetics	16	
Alcohol	14	
Benzodiazepines	5	
Heroin	5	
Other Sedatives / Hypnotics	1	

Mecosta

Count of intervention/Prevention programs/activities during the period

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

2310

Total Attendees

289

of Activities

Admitted

Service	Adult
Outpatient	22
Residential	20
Withdrawal	11

WSS

Adult

5

MAT

Adult

11

Served

Service	Adult
Outpatient	137
Residential	28
Withdrawal	13

WSS

Adult

14

MAT

Adult

35

Primary Substance at Admission	Adult	Minor
Alcohol	27	
Methamphetamine / Speed	13	
Heroin	10	
Marijuana/Hashish	3	
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Other Sedatives / Hypnotics	1	

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

Midland

Count of intervention/Prevention programs/activities during the period

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

3486

Total Attendees

289

of Activities

Admitted

Service	Adult	Minor
Outpatient	49	
Residential	22	1
Withdrawal	25	

WSS

Adult

4

MAT

Adult

27

Served

Service	Adult	Minor
Outpatient	216	
Residential	36	1
Withdrawal	31	

WSS

Adult

19

MAT

Adult

32

Primary Substance at Admission	Adult	Minor
Alcohol	38	
Heroin	29	
Methamphetamine / Speed	19	
Other Opiates / Synthetics	7	
Cocaine / Crack	3	
Marijuana/Hashish	3	1
Benzodiazepines	2	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	9	
Methamphetamine / Speed	9	
Marijuana/Hashish	8	
Other Opiates / Synthetics	8	
Heroin	7	
(None)	5	
Alcohol	3	1
Benzodiazepines	1	
Other Amphetamines	1	
Other Drugs	1	
Other Stimulants	1	

Montcalm

Count of intervention/Prevention programs/activities during the period

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

2258

Total Attendees

157

of Activities

Admitted

Service	Adult
Outpatient	50
Residential	36
Withdrawal	14

WSS

Adult

13

MAT

Adult

11

Served

Service	Adult	Minor
Outpatient	222	1
Residential	54	
Withdrawal	17	

WSS

Adult

36

MAT

Adult

43

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	40	
Alcohol	34	
Heroin	19	
Cocaine / Crack	9	
Other Opiates / Synthetics	3	
Other Stimulants	3	
Benzodiazepines	2	
Marijuana/Hashish	2	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	21	
Heroin	9	
(None)	5	
Alcohol	5	
Other Amphetamines	4	
Marijuana/Hashish	3	
Cocaine / Crack	2	
Other Stimulants	1	

Newwaygo

Count of intervention/Prevention programs/activities during the period

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

1325

Total Attendees

93

of Activities

Admitted

Service	Adult	Minor
Outpatient	22	
Residential	19	2
Withdrawal	12	

WSS

Adult

7

MAT

Adult

7

Served

Service	Adult	Minor
Outpatient	119	2
Residential	25	2

WSS

Adult

23

MAT

Adult

29

Primary Substance at Admission	Adult	Minor
Alcohol	30	
Methamphetamine / Speed	19	1
Heroin	9	
Other Opiates / Synthetics	3	
Cocaine / Crack	2	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	9	
Marijuana/Hashish	8	1
Heroin	5	
(None)	3	
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Alcohol	1	1

Osceola

Count of intervention/Prevention programs/activities during the period

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

439

Total Attendees

56

of Activities

Admitted

Service	Adult
Outpatient	17
Residential	8
Withdrawal	4

WSS

Adult

2

MAT

Adult

4

Served

Service	Adult
Outpatient	72
Residential	14
Withdrawal	4

WSS

Adult

8

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	15	
Alcohol	8	
Marijuana/Hashish	3	
Other Opiates / Synthetics	2	
Heroin	1	

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

Saginaw

Count of intervention/Prevention programs/activities during the period

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

12102

Total Attendees

986

of Activities

Admitted

Service	Adult
Outpatient	166
Residential	91
Withdrawal	93

WSS

Adult

43

MAT

Adult

79

Served

Service	Adult	Minor
Outpatient	741	2
Residential	119	
Withdrawal	101	

WSS

Adult

123

MAT

Adult

220

Primary Substance at Admission	Adult	Minor
Alcohol	168	
Cocaine / Crack	68	
Heroin	54	
Other Opiates / Synthetics	40	
Methamphetamine / Speed	23	
Marijuana/Hashish	18	
Benzodiazepines	6	
Other Sedatives / Hypnotics	3	
Other Drugs	2	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	51	
Cocaine / Crack	49	
Alcohol	34	
(None)	31	
Methamphetamine / Speed	18	
Heroin	16	
Other Opiates / Synthetics	10	
Benzodiazepines	5	
Other Drugs	1	

Shiawassee

Count of intervention/Prevention programs/activities during the period

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

3254

Total Attendees

703

of Activities

Admitted

Service	Adult
Outpatient	59
Residential	19
Withdrawal	16

WSS

Adult

6

MAT

Adult

16

Served

Service	Adult
Outpatient	224
Residential	26
Withdrawal	18

WSS

Adult

17

MAT

Adult

37

Primary Substance at Admission	Adult	Minor
Alcohol	51	
Methamphetamine / Speed	18	
Heroin	10	
Other Opiates / Synthetics	7	
Cocaine / Crack	4	
Marijuana/Hashish	2	
Other Stimulants	2	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
(None)	26	
Marijuana/Hashish	9	
Methamphetamine / Speed	8	
Alcohol	6	
Cocaine / Crack	4	
Benzodiazepines	3	
Other Opiates / Synthetics	3	
Other Amphetamines	2	
Other Drugs	2	
Heroin	1	

Tuscola

Count of intervention/Prevention programs/activities during the period

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

3552

Total Attendees

288

of Activities

Admitted

Service	Adult
Outpatient	43
Residential	8
Withdrawal	7

WSS

Adult

2

MAT

Adult

8

Served

Service	Adult	Minor
Outpatient	191	1
Residential	12	
Withdrawal	9	

WSS

Adult

22

MAT

Adult

20

Primary Substance at Admission	Adult	Minor
Alcohol	41	
Other Opiates / Synthetics	8	
Cocaine / Crack	7	
Heroin	7	
Methamphetamine / Speed	5	
Marijuana/Hashish	1	

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